# MANUAL IMCI-C

## Integrated Management of Childhood Illness for Family & Community (Wellness Approach)



# Caring for the Newborn and the Sick Child

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The contents of this Manual have been adapted from UNICEF and WHO publications:

1. Caring for the Newborn at Home: A training course for community health workers: Community Health Worker Manual (WHO 2012).

2. Integrated Management of Childhood Illness: caring for newborns and children in the community (WHO 2011).

3. Care for Child Development (C4CD) – An early childhood intervention (WHO/UNICEF)

## SUPPORT FOR PARENTS AND CAREGIVERS

All children need the basics of life – food, warmth, shelter and clothing. But they also need to feel loved, secure, receive appropriate stimulation from caregivers and receive special care when they become ill. By giving our children all the things they need, we can help them to be safe, strong and healthy.

Although parents and caregivers are the best persons to care for babies, they need the support of professionals and the community. This is where community health workers (CHWs) and other community health personnel can make their contribution. CHWs and other community health personnel are trained to support the growth and development of children and also to support families in caring for children when they are ill.

This Integrated Management of Childhood Illness Handbook for Community Health Workers provides guidance to CHWs in how to assist sick children; however, its main focus is assisting families and communities in promoting the health of children. Health is not only physical; it includes social health, mental health and cognitive health (learning). Therefore, helping to keep children healthy is our goal.

## OBJECTIVES OF THIS HANDBOOK

This resource guide will assist CHWs and other community health personnel to:

- Effectively communicate with parents and caregivers
- Recognize the general danger signs in sick children & mothers
- Recommend stimulation activities and solve problems together with families
- Record information
- Prepare the referral form correctly

This Handbook is divided into three (3) sections

Section I – Addresses the Danger signs and interventions for the Newborn

Section II – Addresses danger signs and interventions of Infants and children up to 5 years old

Section III – Recommendations for Stimulating Children through Play

Section IV – Warning signs for mother during the Post-Partum time

## WHAT IS IMCI?

Children under 5 years of age die mainly from pneumonia, diarrhea, and malnutrition. All of these can easily be treated or prevented. The Integrated Management of Childhood Illness (IMCI) is a combined effort of health facilities, professionals, agencies, families and communities to support children in being healthy. Its main goal is reducing death, illness and disability, and improving growth and development of children under five years of age. IMCI includes both preventive and curative measures.

The strategy includes three main components:

- Improving case management skills of health professionals
- Improving overall health systems
- Improving family and community health practices (IMCI-C)

In health facilities, the IMCI strategy promotes the accurate identification of childhood illnesses in outpatient settings, ensures appropriate combined treatment of all major illnesses, strengthens the counseling of caretakers, and speeds up the referral of severely ill children. IMCI– C in the community and home settings helps caregivers improve nutrition, promote wellness, prevent illness and get the child appropriate care in a health facility as needed. An extension of IMCI-C is helping caregivers to give appropriate stimulation to children to help them learn and improve social, emotional and psychological health.

## ROLE OF THE COMMUNITY HEALTH WORKER (CHW)

Children can become sick many times in a year. Children often have cough and cold, diarrhea, or fever. Sometimes these illnesses become severe, especially when children are weak from poor nutrition or have other health issues.

The health facility (hospital or health center) can provide life-saving care; however, some children have difficulty going to a health facility. Their families may not know they should seek care, the health facility may be far, transportation and medicine may be expensive or the health facility staff may seem unfriendly. Unfortunately, there are many reasons that sick children die without going to a health facility.

Trained CHWs can identify signs of illness and help families take care of their sick children at home. Some children who are too sick to be treated at home must be treated in a health facility.

CHWs can also work with families to keep children healthy through advice, education, problem-solving and being a good example.

### Home Visitation Skills

Community health workers are required to do a minimum of 12 home visits monthly. Skills in communicating with parents and caregivers during home visits are necessary to show respect, build relationship and trust, and for doing whatever is needed to be able to assist the child.

Basic communication skills covered in the initial CHW training are required for this relationship. The CHW needs to listen, understand the situation, provide appropriate information, and encourage parents and caregivers to make good decisions.

The following are steps for communicating with parents and caregivers:

1. Greet family
2. Ask questions and listen; understand the situation
3. Share the correct information
4. Check to see if the persons understands
5. Discuss what the caregiver will do
6. Together, try to solve any problem
7. Thank the family



## COMMUNITY HEALTH WORKER TOOLS

- **CHW Manual** to provide the CHW with information needed to carry out the work.

- **Referral Forms** to be used when referring a family to the health facility

- **CHW Register/ Log Book** to use for recording important information

- **Equipment and supplies:** scale, thermometer, measuring tape, growth charts, ORS, zinc tablets and other supplies

## SECTION I – THE NEWBORN

### Newborn babies need extra care



The first month of life, called the newborn or neonatal period, is the most risky period in the life of a person.

Many newborns fall sick in the first days of life due to complications of childbirth. It is therefore important to have skilled care at birth so that any complications can be prevented or treated. The first day of life is very important. While inside their mother, babies are safe, warm and well fed. After birth, newborns have to adapt to a different way of feeding, breathing and staying warm. It is very important to help them meet their new needs. At this time babies can get sick easily and the sickness can become serious very quickly. This is why home visits by the CHW are important.

### Home Visitation Schedule

| BABY | MOTHER |
|---|---|
| Three (3) home visits<br>• First visit: day 1 (within 24 hours of birth or the day that the baby arrives home)<br>• Second visit: day 2<br>• Third visit: day 3 | Three (3) home visits<br>• First visit: day 1<br>• Second visit: day 2<br>• Third visit: day 3 |
| During home visits:<br>Check the baby and mother for danger signs<br>Counsel and give appropriate support | |

- Based on your assessment, decide if more home visits are necessary.
- In your community, decide which babies, mothers and caregivers require more home visits

## DANGER SIGNS - NEWBORN BABIES

| Danger Signs in a Newborn Baby |
|---|
| • Not able to feed since birth, or stopped feeding well<br>• Had a convulsion or fit since birth<br>• Fast breathing: Two counts of 60 breaths or more in one minute<br>• Chest indrawing<br>• High temperature: 37.5°C or more<br>• Very low temperature: 35.4°C or less<br>• Yellow soles of feet<br>• Movement only when stimulated, or no movement even when stimulated<br>• Signs of local infection: umbilicus red or draining pus, skin boils, or eyes draining pus |



## DANGER SIGN: NOT ABLE TO FEED SINCE BIRTH, OR STOPPED FEEDING WELL

If the baby is not able to suck the breast even when the mother has tried several times over a few hours, this indicates the baby may have a severe illness.



If the mother tells you that the baby was feeding well after birth but has stopped feeding well, this indicates that the baby may have a severe infection.

A baby with these danger signs should be immediately referred to the nearest health center or hospital. If the CHW finds a danger sign, there is no need to spend time to complete the rest of the assessment; **instead the CHW should make urgent arrangements for referral.**

## DANGER SIGN: CONVULSIONS OR FITS

A convulsion or fit means severe illness in the baby and is therefore a danger sign. During a fit, the baby's arms and legs may become stiff. The baby may stop breathing and become blue. Many times there may only be a recurring

movement of a part of the body, such as twitching of the mouth or blinking of eyes.



When you ask the mother "Has the baby convulsed had a fit since birth?" and she says “yes”, **this is a danger sign and the baby should be referred immediately to the nearest health center or hospital**. If she does not understand what a fit is, explain. If she says the baby did not have a fit, do not ask any further questions.

## DANGER SIGN: FAST BREATHING

### What is fast breathing in a newborn?



If the breathing rate of a newborn is 60 per minute or more the first time, the CHW should repeat the count.

If the second count is still 60 breaths per minute or more, the newborn has "fast breathing", which is a danger sign. **A baby with fast breathing should be referred to the nearest health center or hospital.**

To know if the baby has fast-breathing, the baby’s breaths must be counted.

Counting Breaths that the Newborn Takes in One Minute:

| *Counting Breaths in One Minute* |
| --- |
| • *Wait for the newborn to be calm (or sleeping). Do not count when the baby is breastfeeding.*<br>• *Make sure that there is enough light to see the breathing movements.*<br>• *Gently lift the baby's shirt so you can see breathing movements. The chest and abdomen rising and falling once makes one breath.*<br>• *Watch a few breaths until you are sure when the baby is breathing in and out.*<br>• *Start the timer and count the breaths for one full minute (until the final beep, which is at the end of one minute).*<br>• *Record the number of breaths.* |

- *If there are 60 breaths per minute or more, repeat the count and record the number of breaths counted the second time.*

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### *Common Errors in Counting Breaths*

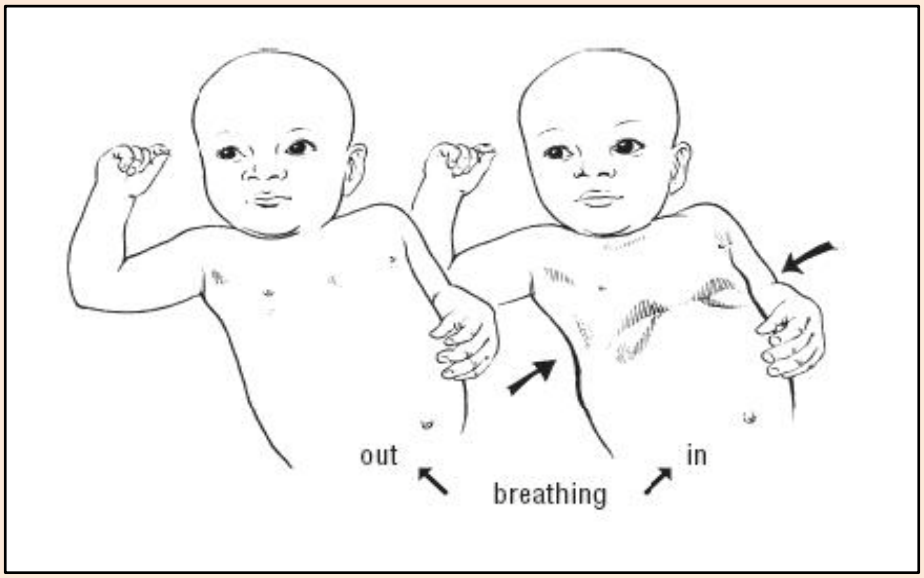
- *Counting when the baby is not calm or is breastfeeding*
- *Making up your own rhythm of respiratory movements and not observing the abdomen of the baby*
- *Counting for less than a minute and multiplying the result. It does not take account of irregular breathing which is normal in newborn babies.*
- *Counting breaths loudly and slower than the actual movement of the abdomen*
- *Counting up and down movements of chest and abdomen as 2 breaths instead of one.*
- *Not repeating the count when the first count is 60 or more.*

## DANGER SIGN: CHEST INDRAWING

### What is chest indrawing?

Normally the abdomen and chest move out when the baby breathes in. Both the upper and lower part of the chest move out when the baby breathes in.

When the baby has a problem with his lungs, the LOWER chest wall goes IN when the child breathes IN. At the same time, the upper chest and abdomen move out. You can therefore see a groove forming between the chest and abdomen. Chest indrawing is a danger sign. **A newborn with chest indrawing should be referred immediately to the nearest health center or hospital.**



**Chest indrawing: Lower chest wall going in while breathing in**

In the picture above, the baby on the left is breathing out. On the right, the same baby is breathing in. See the groove between the chest and abdomen as the baby on the right breathes in. The lower part of the chest moves in while the abdomen and upper chest move out normally.

### How to Look for Chest Indrawing

- To look for chest indrawing, the child must be calm. The child should not be breastfeeding.
- Ask the caregiver to raise the child's clothing above the chest just like while counting breaths.
- Look at the lower chest wall when the child breathes IN
- For chest indrawing to be present, it must be clearly visible and present at every breath.
- If you see chest indrawing only when the baby is crying or feeding, the baby does not have chest indrawing. If you are unsure, decide that the baby does not have chest indrawing.

## DANGER SIGN: HIGH OR VERY LOW TEMPERATURE

A well-baby is not hot nor too cold. When a newborn has a serious infection, his body can become very cold. In some cases, the baby may have fever instead. So, both very low temperature and high temperature are danger signs of severe illness in a baby.

It can be difficult to tell whether the baby is too hot or too cold just by touching them. The best way to know is to use a thermometer to measure temperature.

### Temperature Scale

32……33……34……35……36……37……38……39……40……41

Very low temperature (danger sign)

High temperature (danger sign)

## How to Measure Temperature

- Clean the thermometer well with soap and water, or alcohol. Air dry well before using.
- Hold the thermometer at the end without the silver (or red) and shake it hard, with a shake of the wrist until it reads less than 36 degrees.
- Place the shining tip under the arm in the center of the armpit. Press the arm against the side of the baby. Do not change the position.
- Leave the thermometer there for 3 to 4 minutes.
- Remove the thermometer to read the temperature. You may need to rotate (turn) the thermometer to see where the silver line stops. Record the temperature reading.
- Clean the thermometer again with soap and water or alcohol. Dry it and put it back into storage case.

## Common Errors in Measuring Temperature

- Thermometer not properly placed in the armpit so that the tip juts out at the other end of the armpit of the baby.
- Thermometer not held firmly under the arm of the baby.
- Removing the thermometer from the armpit before the time.
- Not recording the temperature immediately after measuring it.

## How to Interpret Temperature?

If a baby's temperature is:

- **37.5°C (99.5°F) or more:** the baby has high temperature (fever) - this is a danger sign and the baby should be **immediately referred to the nearest health center or hospital.**

- **35.4°C (95.7°F) or less:** the baby has very low temperature and this is a danger sign and the baby should be **immediately referred to the nearest health center or hospital.**

A baby with temperature between 35.5°C **(99.5°F)** and 37.4°C **(95.7°F)** does NOT have a danger sign. However, the family of a baby with temperature between 35.5°C and 36.4°C should be specially counselled on keeping the baby warm.

# DANGER SIGN: YELLOW SOLES OF FEET

## How to look for yellow soles of the feet

Many babies have some jaundice (yellow eyes or skin) in the first week of life. This is normal and disappears in a few days. However, some babies can develop severe jaundice, which can be dangerous. If the baby has yellow soles, it means that the jaundice is severe.



Check every baby for yellow soles of the feet:

- Always look for this sign in natural light because it is difficult to decide if the skin colour is yellow in artificial light.
- Press the infant's soles with your thumbs to blanch, remove your thumbs and look for yellow colour.

- **A baby with yellow soles should be immediately referred to the nearest health center or hospital for treatment of severe jaundice.**

## DANGER SIGN: MOVEMENT ONLY ON STIMULATION OR NO MOVEMENT EVEN WITH STIMULATION

### How to look for movement



Babies often sleep most of the time, and this is not a sign of illness. Observe the baby's movement while you do the assessment. If a baby does not wake up during the assessment, ask the mother to wake him or her.

- A baby who is awake will normally move his arms or legs or turn his head several times in a minute if you watch him closely. If you see the baby moving on his or her own, the baby does not have this danger sign.

- If the baby is awake but does not move on his own, gently stimulate the baby by tapping or flicking the sole. If the baby moves only on stimulation and then stops moving, the baby has a danger sign.

- If the baby does not move at all even after stimulation, this is also a danger sign. A baby who cannot be woken up even after several efforts to wake him or her up also has this danger sign.

**A baby who moves only on stimulation or does not move even with stimulation should be immediately referred to the nearest health center or hospital.**

## DANGER SIGN: SIGNS OF LOCAL INFECTION

Most common local infections occur on skin, umbilicus and eyes. Pus and redness are signs of local infection. You should therefore look at the:

1. **Umbilicus:** Is there pus coming out of umbilical stump? Is the skin around the umbilical stump red?
2. **Skin:** Are there skin boils filled with pus? Look at the whole body including the back, armpits and groin area.
3. **Eyes**: Is pus coming out from the eyes? Look at both the eyes.

A baby with any local infection needs treatment because local infection may progress to a severe infection if it is not treated. **A baby with a local infection should be immediately referred to the nearest health center or hospital.**







## How can infection be prevented?

Newborns can get an infection if caregivers are not careful about hygiene. A family can help their baby stay healthy by following these simple steps:

- Wash hands after going to toilet, before attending to the baby and after changing dirty diapers.
- Keep the cord clean and dry, and do not apply anything to the cord.
- Clean the baby every time he or she passes stools or urine, and keep the baby dry.
- Put clean clothes on the baby.

## SMALL BABIES

It is difficult to tell if a baby is small or normal size just by looking at him or her. The best way to tell if a baby is small is to weigh the baby. If a baby is born in a health facility, weight is taken soon after birth and recorded on the discharge paper given to the family.

Small babies are more likely to become seriously ill or die than normal size babies. They are most at risk during the first days so special care needs to start as soon as possible. **If you find a danger sign on the first day of life, you should not waste time to measure weight but instead arrange for referral urgently.**

| Problems faced by small babies |
| --- |
| *Low temperature:* Small babies have little fat on their bodies and are often not able to keep their temperature. This means that they can get |

cold and sick easily and need to be kept extra warm.

*Feeding problems:* Small babies need breast milk to survive and grow, but they have small stomachs, get tired easily as they do not have enough energy to suck, and may not attach well to the breast. This means small babies are at risk of not getting enough breast milk and need to be fed very often.

*Infection:* Small babies may not have enough strength to fight disease and so can get infections and illnesses easily. This means that it is even more important to do things that help prevent infection, such as hand washing.

*Breathing:* Very small babies may have difficulty in breathing because their lungs have not yet matured.

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## INTERPRETING WEIGHT

If the birth weight is in the:

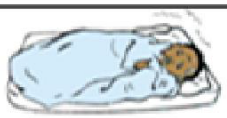
Red zone (less than 2.0 kg): The baby is very small and can have severe problems with keeping warm, feeding and breathing. **This baby should be immediately referred to a health center or hospital.**

Yellow zone (2.0 to 2.4 kg): The baby is small and needs special care because they can get sick easily. Special care must be given to this baby at home.

Green zone (2.5 kg or more): This is a normal size baby and needs normal care. Care must be given to the normal weight baby.

However, remember that if a baby has any danger sign, even if the weight is in the yellow or green zone, you should refer the baby to the health facility.

Below are pictures with the warning signs and how to look for them:

| | DANGER OR WARNING SIGNS | ILLUSTRATIONS | HOW TO LOOK FOR THEM |
|---|---|---|---|
| 1 | Infant, 1 week to 2 monhs brought to the site. |  | From the moment that the mother brought him to the site, the infant should be referred to the HC |
| 2 | Child's nutri-tional status - RED |  | The child's weight for age is below the lower curve on CPS card |
| 3 | The child is unable to drink or breastfeed. |  | When the baby is given breast-milk or water, there is no swallowing movement at the throat. The breastmilk or water falls without being swallowed. |

| | DANGER OR WARNING SIGNS | ILLUSTRATIONS | HOW TO LOOK FOR THEM |
|---|---|---|---|
| 7 | Anemia or Palmar pallor |  | The palor will show a white hand<br><br>But good colouring will show redness of the palm of the child's hand. |
| 8 | Difficult breathing Costal breathing or wheezing |   | In case of difficult breathing, we can observe:<br>- regular titration or sag on the thorax during inspiration (at the base of the chest or above the chest)<br>- You can also hear a regular hiss during breathing.<br>- There often are mouvements of nose wings as well. |
| | |  |  |
| 9 | Any disease that lasts 15 days or more |  | |
| 10 | Every child who is often sick |  | |
| 11 | The child becomes sicker despite adequate health care given at home |   | The state of the child gets worse or other signs appear while he is receiving treatment. |
| 12 | Very weak child |  | |

**P.S IN CASE OF A SINGLE DANGER OR WARNING SIGN , STOP EXAMINATION AND REFER THE CHILD FOLLOWING ADVICE ON REFERRED CASES.**

## WHEN SHOULD A FAMILY SEEK CARE FROM A HEALTH FACILITY?

A baby with a danger sign needs to be taken for URGENT treatment in a health facility. However, you will only see the baby three times during the first week of life. A baby may become sick in between your visits or after the first week of life. It is therefore important to teach the family about the conditions that require immediate treatment and how they should look for them.

The family should take their baby to a health facility urgently if the baby has any of the following:

- Stops breastfeeding well
- Has fits
- Has difficult or fast breathing
- Fever or unusually cold
- Becomes less active
- Whole body becomes yellow

In addition, the mother should be taken to a health facility immediately for treatment if she has any of the following:

- Heavy bleeding
- Severe abdominal pain
- Fever
- Fits
- Severe headache
- Difficult breathing

## CONVINCING FAMILIES OF NEED FOR REFEERRING

Sometimes, even if the family knows the baby should go to the health facility, they don't go. It is important for the CHW to understand their reasons so she can help families overcome these obstacles.

| Difficulties in taking the baby to a health facility | |
|---|---|
| *Problem* | *Advice* |
| Fear that the health facility is a place where babies often die | Explain that the health facility has doctors, supplies, and equipment that can help sick babies get better. A sick baby with danger signs can get worse without treatment. |
| No one to care for the other children or to do the daily tasks | Ask who could help with the children/tasks, for example, a relative or neighbour. Help the mother contact these people. |
| Lack of transport | Assist the family in finding a means of transport. |
| Lack of money | Ask if the family had saved money for an emergency during pregnancy. If not available, suggest that they approach other family members or a village committee for help. |
| Family wants to take the baby to a traditional healer first | Explain that a baby with a danger sign needs urgent treatment in a health facility. Delaying treatment may make the baby worse. |
| Mother is alone and needs permission of a family elder or her husband | Help the mother to contact a person who can give her permission to take the baby to the health facility. |

## ON THE WAY TO THE HOSPITAL

If the baby is able to breastfeed, feed the baby at least every two hours. Give only breast milk.

Keep the baby warm. Keeping the baby skin-to- skin is best. The baby is:

- Naked except for a diaper, cap and socks
- Placed between the mother's breasts with the baby's legs along her ribs and the head turned to the side
- Secured with a cloth

If skin-to-skin care is not possible, wrap the baby well and keep him or her close to the mother.

## SECTION II – THE YOUNG CHILD

Just like newborn babies, a baby with a danger sign is at risk of dying and therefore an urgent referral is needed to a health center or hospital. At the health facility, professionally trained persons are able to give the child specialized treatment such as oxygen, intravenous medication ("drips"), antibiotics, surgery and care that needs special equipment, medication and procedures.

### Identify Problems

Identify the child's health problems and signs of illness. Any problems you find will help to decide whether to:

I. **Refer** the child to a health facility (health center or hospital) or
II. **Treat** the child at home and **advise** the family on home care.

### Decide: Refer or Treat the Child

The problems identified will help you decide whether to **refer** the child to the health facility or **treat** the child at home.

Some problems are **Danger Signs.** A danger sign indicates that the child is too ill for you and the family to treat in the community. To help this child survive, you must URGENTLY refer the child to the health facility.

Families can treat some sick children at home with your help. If you have the appropriate medicine, they can care for children with diarrhea, fever and cough with fast breathing.

## DANGER SIGN: CONVULSIONS

A convulsion during the child's current illness is a danger sign. A serious infection or a high fever may be the cause of the convulsion. The health facility can provide the appropriate medicine and identify the cause. **A child with convulsions should be immediately referred to the nearest health center or hospital.**



## DANGER SIGN: NOT ABLE TO EAT OR DRINK ANYTHING

One of the first indications that a child is very sick is that the child cannot drink or swallow. Dehydration is a risk. Also, if the child is not able to drink or eat

anything, then the child will not be able to swallow the oral medicine you have in your medicine kit. **Refer a child who is not able to drink or eat anything.**

## DANGER SIGN: VOMITS EVERYTHING



When the child vomits everything, the child cannot hold down any food or drink at all. The child will not be able to replace the fluids lost during vomiting and is in danger from dehydration. A child who vomits several times but can hold down some fluids does not "vomit everything". This child can be given Oral Rehydration Solution (ORS). A child who vomits everything also cannot take the oral medicine you have in your medicine kit. **Refer a child who vomits everything to the nearest health center or hospital.**

## DANGER SIGN: FAST BREATHING, CHEST INDRAWING & STRANGE BREATHING SOUNDS

A child who has fast breathing or strange breathing sounds has a danger sign. If the child has fast breathing OR chest indrawing OR strange sounds, the child may have pneumonia. **Refer a child with fast breathing, chest indrawing or strange breathing sounds to the nearest health center or hospital.**

Normal breathing numbers per minute are higher in children age 2 months up to 11 months than in children aged 1-year-old to 5 years old. For this reason, the cut-off for identifying fast breathing is different for these two groups of children, so:

| Child's Age | Fast Breathing |
|---|---|
| Child is 2 months to 11 months old | 50 breaths per minute or more |
| Child is 12 months to 5 years old | 40 breaths per minute or more |

## DANGER SIGN: UNUSUALLY SLEEPY OR UNCONSCIOUS



While looking for signs of illness, look at the child's general condition. Look to see if the child is unusually sleepy or unconscious.

If the child has been sleeping and you have not seen the child awake, ask the caregiver if the child seems unusually sleepy. Gently try to wake the child by moving the child's

arms or legs. If the child is difficult to wake, see if the child responds when the caregiver claps.

**An unusually sleepy child** is not alert when the child should be. The child is drowsy and does not seem to notice what is around him or her.

**An unconscious child** cannot awaken. The child does not respond when touched or spoken to. An unusually sleepy or unconscious child will not be fussy or crying.

In contrast, an alert child pays attention to things and people around him or her. Even though the child is tired, the child awakens. **Immediately refer a child who is unusually sleepy or unconscious to the nearest health center or hospital.**

## DANGER SIGN: COUGH

### Cough for 21 days or more

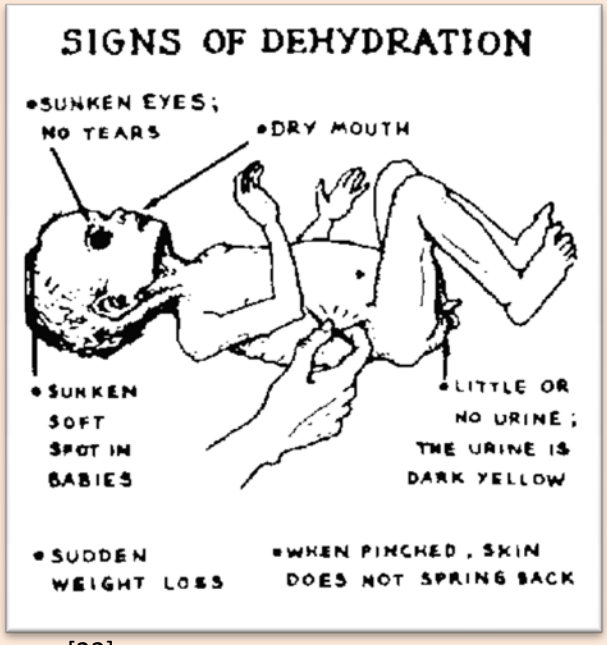
A child who has had cough for 21 days or more has a danger sign. The child may have tuberculosis (TB), asthma, whooping cough, or another problem. **Refer a child with cough for 21 days or more to the nearest health center or hospital.**

## DANGER SIGN: DIARRHEA

### Diarrhea for 14 days or more (3 or more loose stools in 24 hours)

Diarrhea is defined as 3 or more stools in 24 hours. Diarrhea for 14 days or more is a danger sign. It may be a sign of a severe disease. Diarrhea also can cause dehydration, when the body loses more fluids than are being replaced. If not treated, dehydration results in death. **Refer a child with diarrhea for 14 days or more.**

Refer Urgently to Health Center if the child has any of the following signs:
- Very sleepy
- Unconscious
- Not able to drink
- Has sunken eyes;
- When you pinch the skin of the abdomen, the skin goes back slowly;
- has blood in the stool



Refer to the nearest health center or hospital if child has either of the following signs:
• Irritable or restless
• Drinks willingly; thirsty child

Home Care can be given to child if the child does NOT have any of the above listed signs. **Give the child oral rehydration solution (ORS) and Zinc.** Also give good advice to caregivers. The CHW should work with the home on the prevention of diarrhea through better hygiene.

### Preparation of ORS (Oral Rehydration Solution)

| | | |
|---|---|---|
| 1 | Wash hands and utensils which will be used, with soap and clean water |  |
| 2 | Measure the safe water in a clean bottle of about one litre (eg: a large Crystal water bottle or a Coco-Cola litre bottle) |  |
| 3 | • Pour the safe water in a clean container<br>• Add one packet of ORS and mix |  |
| 4 | This mixture should be given to the patient within 24 hours or one day |  |

| Age | How Much ORS to Give | Note |
|---|---|---|
| Up to 2 years | 50-100 ml (half cup) | Other recommended liquids are: coconut water, safe water, soup, corn porridge, soy milk |
| 2 years and over | 100-200 ml (1 cup) | |

### Treatment on Zinc (Zinc + ORS must be given)

| Children less than 6 months | Children more than 6 months |
|---|---|
| 10 mg tablet daily for 10 days | 20 mg tablet for 10 days |

## DANGER SIGN: DIARRHEA WITH BLOOD IN STOOL



Diarrhea with blood in the stool, with or without mucus, is *dysentery.* **Refer a child with blood in the stool to the nearest health center or hospital.**

## DANGER SIGN: FEVER

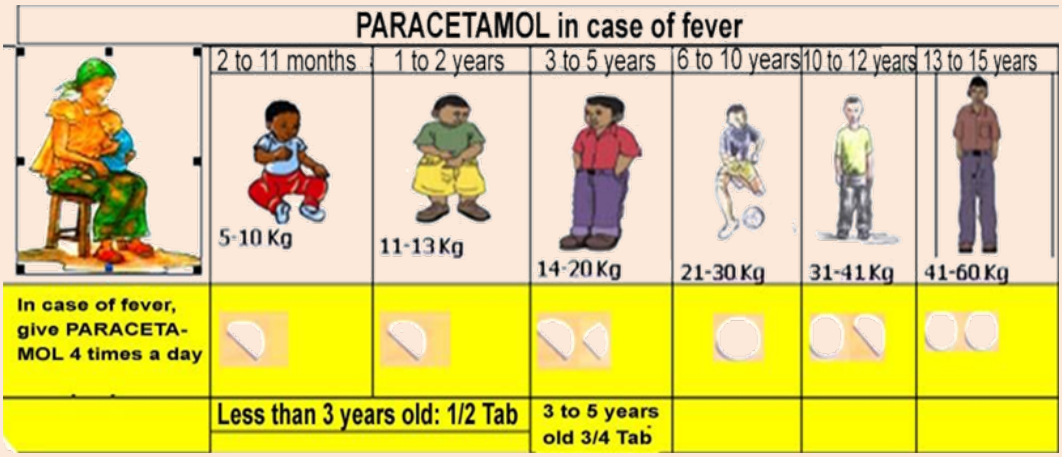
**Fever for last 7 days or more or**
**37.5˚C (99.5˚F) or more:** the baby has fever.

Fever that has lasted for 7 days or more can mean that the child has a severe disease. The fever does not have to occur every day, all the time. **Refer a child who has had fever for the last 7 days or more**.

**COMPLICATED FEVER**: If child has fever present for 7 days or more, the child has complicated fever. Refer urgently to health center

**UNCOMPLICATED FEVER**: If child has fever, but answered NO to questions for complicated fever and measles, child has uncomplicated fever. Refer urgently to health center

**MEASLES:** If child has fever with generalized rash with either a cough, runny nose, or red eyes, this child may have measles. **Refer urgently to the nearest health center or hospital.**



## DANGER SIGN: EAR INFECTION

### Acute ear infection

If child has ear pain and/or pus present less than 2 weeks, child has acute ear infection. Give one dose of appropriate antibiotic. If pain is present, give one dose of paracetamol. **Refer urgently to the nearest health center or hospital**.

### CHRONIC EAR INFECTION

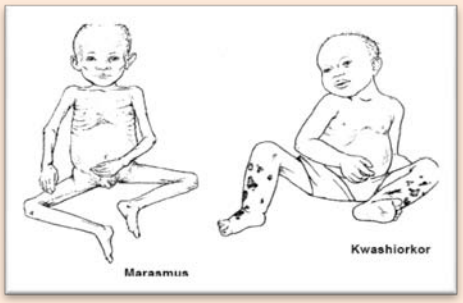
If child has pus in ear for 2 weeks or longer, child has chronic ear infection. If pain is present, give one dose of Paracetamol. **Refer to the nearest health center or hospital.**

If child has tender swelling behind either ear, child has mastoiditis. Give one dose of appropriate antibiotic. Give one dose of Paracetamol for pain. **Refer urgently to the nearest health center or hospital.**

## DANGER SIGN: MALNUTRITION

### Swelling of both feet or Very thin ("Skin and bones")

The visible effects of malnutrition are seen when a child is skin-and-bones, which is known as MARASMUS. Another form of malnutrition to be seen is when the child has swollen feet, which is known as KWASHIORKOR (both feet need to be swollen). Marasmus and kwashiorkor, are the extreme forms of malnutrition.




The most common nutritional deficiency that affects children is protein-energy malnutrition. The two main causes of protein-energy malnutrition are not enough food and frequent infections such as diarrhea, worms and others.

MARASMUS: To look for severe wasting, remove the child's clothes, and look for the following signs:

- Look to see if the outline of the child's ribs is easily seen.
- Look the child from the side to see if the fat of the buttocks is missing.
- Look for severe wasting of the shoulders, arms, buttocks and thigh.

Severe wasting (Skin and bones) indicates severe malnutrition due to starvation. **The child needs to be referred to the nearest health center or hospital.**

KWASHIORKOR: To look for swelling:

- Apply applying pressure for a few seconds on the dorsum of foot, a pit or depression remains after the finger is removed.

- The depression or pit needs to be present on both feet at the same time. If the depression or pit is present on only one foot, then this is not a sign of severe malnutrition

Swelling of both feet indicates severe malnutrition due to the lack of specific nutrients in the child's diet. **Refer a child who has swelling of both feet to the nearest health center or hospital.**

Another way to identify a child who suffers from nutritional deficiency is through their weight for age. Weigh the child and decide if the point is above, on or below the bottom curve.

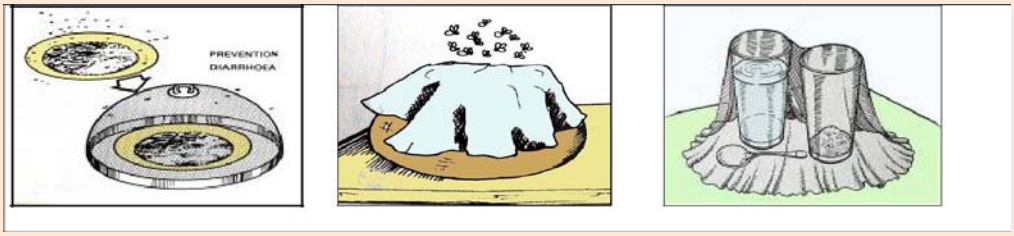
a. If the point is below the bottom curve, the child is very low weight for age.
b. If the point is above or on the bottom curve, the child is not very low weight for age.

## Growth Chart




If the child is NOT showing visible signs of severe wasting and/or edema of both feet; then the child has no signs of severe malnutrition. This child can be treated at home under the guidance of a nurse. Incaparina can be given as directed:

- Wash hands before preparing Incaparina as directed on the package.
- Sit with the child on the lap and gently offer the food
- Encourage the child to eat without forced feeding.
- Give small, regular meals 5 to 6 times per day.
- If still breastfeeding, continue by offering breast milk first before every Incaparina meal.
- Give only Incaparina for at least two weeks. If breastfeeding, continue to breastfeed and gradually introduce foods recommended for the age.
- Keep food safe from flies and germs.




| Recommendations for Feeding Child with Persistent Diarrhoea |
|---|
| • Breastfeed the baby more frequently and for longer time during the day and night<br>• If baby takes formula (milk in tin):<br>• Replace that milk by increasing breast milk **or**<br>• Replace that milk with Incaparina or porridge + milk |

## Infant Feeding Recommendations

| INFANT FEEDING RECOMMENDATIONS (For healthy and sick children) | | | |
|---|---|---|---|
|  |  |  |  |
| From 0-6 months | From 6 to 11 months | From 12 to 23 months | 2 years and above |
| - Breastfeed the baby whenever he/she wants it. At least 8 times in 24 hours.<br>**No other food or drinks should be given.**<br>- Baby and mother body contact<br>- Start breastfeeding right after birth | - Continue breastfeeding anytime the baby wants<br>- Give healthy porridge with corn, rice, cassava, breadfruit enriched with either vegetables, fruit, meat, eggs, beans<br>- Add a little | - Continue breastfeeding everything the baby wants it<br>- Slowly reduce giving porridge as the child eats more family meals<br>- 5 meals a day (meat, fish, vegetables, fruits, etc. | - Give family meals food<br>- 3 meals per day PLUS<br>- Give 2 nourishing foods between meals such as: Porridge, Incaparina, tortilla, rice and beans, soup, etc.<br>- Give different fruits |

| | | | |
|---|---|---|---|
| | vegetable, cohune or coconut oil<br>- Give mashed vegetables and fruit Increase meals little by little from 3 to 4 per day (if baby is breastfed)<br>- Give up to 5 times per day when baby is weaned | | by season |
| Every good food diet must be appropriate in quantity and include foods rich in energy (eg corn, rice, cereal) with proteins (e.g. meat, fish, eggs, beans) and vitamins (fruits and vegetables) | | | |

- When introducing recommended foods, make sure that the child completes his daily ration of Incaparina before giving other foods.
- Offer plenty of clean water, to drink from a cup.
- Continue weighing and measuring the child every 2 weeks.
- Work closely with the community nurse to help the child and his/her family.

## SUMMARY

There are **Eleven danger signs** for which a child must be referred to a health facility:

1. Convulsions (Fits)
2. Not able to drink or feed anything
3. Vomits everything
4. Has chest indrawing
5. Is unusually sleepy or unconscious
6. Cough for 21 days or more
7. Diarrhea for 14 days or more,
8. Diarrhea with blood in the stool
9. Fever for 7 days or more
10. Ear Infection
11. Severe Malnutrition - Swelling of both feet & Very thin

## SECTION III – RECOMMENDATIONS FOR STIMULATING YOUNG CHILDREN THROUGH PLAY

Early childhood is a very important time in life which shapes the health, learning and behaviour for adulthood. It is a time when the child is sensitive to poor care, germs, and poor care but is also a time when good habits, caring and brain development can be started. Parents are the child's first teachers and as they care for children every day, children get what they need for healthy physical, social, language, psychological and emotional development.

Children need to be stimulated every day through different experiences in a loving and caring environment. Stimulation of all the senses can include many experiences, including being physically held, exploring a textured object (touch), tasting breast milk or a new fruit (taste), smelling mother's breast or a flower (smell), looking at objects or people (seeing), listening to a parent's voice singing (hearing), or rocking in a hammock (motion). All of these experiences occur naturally in the environment, and no special toys, tools, or technology are required to provide the experiences a baby naturally seeks for healthy development.

### Points to remember …

Children have the right to life, survival, and development. Early care and learning helps to start children on the path to develop their full potential.

Every child must have a good start in life: with a nurturing, caring, and a safe environment – to survive, be physically healthy, mentally alert, emotionally secure, socially competent, and able to learn.

A child's survival, growth and development depend on the care and nurturing the child receives within the family and community. Parents are their first teachers.

The most important stage in child development is the period between gestation to 6 years, with rapid motor, cognitive, sensory, social and emotional development during the birth to 3 year period.

Family counseling on care helps mothers, fathers, and other caregivers support their child's healthy development. The quality of caregiver interaction with a child can affect child survival and development.

Providing timely early intervention and support for children with developmental delays or disabilities and their families can prevent their difficulties from becoming more severe – helping to reach their full potential and avoid increased poverty and exclusion.

## HOW CAN CAREGIVERS HELP THE BABY TO DEVELOP?

It is important for the family to know that the baby learns from birth.

- **Play**: If the baby is provided ways to see, hear, move arms and legs freely and the baby is touched, gently stroked and held, it helps in baby's development.

- **Communicate**: If the mother and other family members look into the baby's eyes and talk to the baby, it also helps in the baby's development. They should try to do this as often as possible. The mother can also talk to the baby while breastfeeding. Even a newborn baby sees the mother's face and hears her voice.

## Recommendations for Stimulating Young Children through Play (Care for Child Development)

| NEWBORN, BIRTH UPTO 1 WEEK | 1 WEEK UP TO 6 MONTHS | 6 MONTHS UP TO 9 MONTHS |
|---|---|---|
|  |  |  |
| Play Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good | Play Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, big ring on a string. | Play Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon. |
|  |  |  |
| Communicate<br>Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice. | Communicate<br>Smile and laugh with your child. Talk to your child. Gets a conversation going by copying your child's sounds or gestures. | Communicate<br>Respond to your child's sounds and interests. Call the child's name and see your child respond. |

| 9 MONTHS UP TO 12 MONTHS | 12 MONTHS UP TO 2 YEARS | 2 YEARS AND OLDER |
|---|---|---|
|  |  |  |
| Play Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo. | Play Give your child things to stack up, and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips. | Play Help your child count, name and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle. |
|  |  |  |
| Communicate<br>Tell your child the names of things and people. Show your child how to say things with hands, like " bye bye" . Sample toy: doll with face. | Communicate<br>Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things. | Communicate<br>Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. Sample toy: book with pictures. |

| | | |
|---|---|---|
| **Give the child lots of love** | **Know what the child likes and respond to him/her** | **Praise the child for trying new things** |



## Counsel the Family about Problems Experienced in Caring for the Child

If the mother does not breastfeed, counsel the mother, father or caregiver to:

Hold the child close when feeding, look at the child and talk or sing to the child.

If the caregivers do not know what the child does to play or communicate:

- Remind caregivers that children play and communicate from birth
- Explain that play is one important way children learn and develop.
- Show how the child responds to activities.

If caregivers feel too busy or stressed to play and communicate with the child:

- Listen to the caregiver's feelings and help them identify a person who can share their feelings and help them with their child.
- Build their confidence by showing them how to do simple activities.
- Encourage fathers to get involved.
- Refer caregivers to a local service, if available.

If caregivers feel they do not have time to play and communicate with the child:

- Encourage them to mix play and communication activities with other care for the child.
- Explain how they can arrange the child's environment to play, communicate and learn near them while they work at home.
- Ask family members to help care for the child or help with house work.

If caregivers have no toys for the child to play with, counsel them to:

- Use household objects that are clean and safe.
- Make simple toys.
- Play with the child. The child will learn by playing with the caregivers and other people.
- Avoid spending family money on expensive toys from the store.

If the child is not responding, or seems slow:
Ask the caregiver and observe to see if the child has problems hearing or seeing.

- Encourage the family to do extra play and communication activities with the child.
- Encourage the family to play and communicate with the child through touch and movement as well as through language.
- Refer the child with problems to special services. Also encourage caregivers.

If the mother or father has to leave the child with someone else for a period of time:

- Find at least one person who can care for the child and give the child love and attention.
- Slowly get the child to being with the person.
- Encourage parents to spend time with the child when possible.

If it seems that the child is being treated badly:

- Try to understand what could be the stressful situation in the family that causes the possible bad treatment.
- Ask the caregiver who usually disciplines the child and how.
- Explain that all children need discipline in certain moments to teach self-control, but that physical and verbal punishment is not appropriate.
- Recommend ways for dealing with the child in stressful situations.
- Encourage the family to pay attention and play with the child when calm and happy and not just when there is bad behavior.
    - Look for many opportunities to praise the child for good behavior.
    - Give the child choices about what to do instead of saying “do not”.
- Try to understand why the child is crying, sad or angry and respect their feelings. During the early months, crying is one of the main ways for babies to communicate with caregivers about how they feel.
- With tantrums, the baby is often trying to communicate how they feel. Remain calm, wait and try to understand what is bothering the child. Do not let the child’s behavior cause you to lose control.

## SECTION IV – WARNING SIGNS FOR THE MOTHER DURING THE POST-PARTUM PERIOD

### Immediate referral to hospital

- Shortness of breath or chest pain, or coughing up blood.
- Heavy bleeding.
- Signs of shock, including dizziness, weakness, fast or unusual heartbeats, fast or shallow breathing, cold clammy skin, restlessness or confusion.

### Immediate referral to nearest health facility

Deep sadness or having beliefs or thoughts of harming herself or the baby

Bleeding continues to be bright red after the first four days, comes back after slowing down, has clots bigger than a “shilling”, or has a bad smell.

Fever, even a little bit. A low fever can be something slight, but it can also be a sign of a bad infection.

Worsening pain or soreness that last more than the first few weeks, or redness, swelling, or discharge at the C-section cut.

Severe or worsening pain in the vagina or vagina area, bad-smelling vaginal discharge, or swelling or discharge from the vaginal cut (episiotomy) or tear.

Pain or soreness in one area of the breast that does not ease by warm soaks and breastfeeding. Or swelling or redness in one area, sometimes along with flu-like symptoms or fever.

Hard or continuous pain anywhere in the belly or hip area, or after-pains that get worse instead of get better

Hard or continuous pain and warmness in one area of your leg, or one leg is more swollen than the other.

Double vision, blurry vision or flashing spots or lights in sight

Hard or continuous headaches.

Bad vomiting

Pain or burning when urinating; wanting to pee-pee often but not a lot comes out; Urine is dark and very little or bloody; or you have any combination of these symptoms.

The spot from the “drips” (IV insertion) is painful, hot and red.

# ANNEX

## CHW report form

### Community Health Worker Monthly Report

**Reporte mensual de promotores de salud**

Community: _____

Month/Year: _____

CHW: _____

**Number of Births** Numero de bebes nacidos

| | Live Births nacidos vivos | Still Births nacidos muertos |
|---|---|---|
| Boy niño | | |
| Girl niña | | |
| Total | | |

**Monthly Statistics**

| Age range in years<br>Edad | NUMBER OF PATIENTS SEEN<br>Pacientes attendidos | | NUMBER OF DEATHS<br>Muertos<br>Do not include still births | | NUMBER OF COMPLAINTS<br>Numero de quejas | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Malnutrition<br>Desnutricion | | Diarrhea<br>and or vomit | Cough/ Cold/<br>Breathing problems | Fever | Fever/ Rash | Sores and Rashes |
| | Male | Female | Male | Female | Male | Female | Diarrea/ vomito | Resfriado/tos | Fiebre | Fiebre y ronchas | Ronchas y llagas |
| Under 1 year | | | | | | | | | | | |
| 1-4 years | | | | | | | | | | | |
| 5-9 | | | | | | | | | | | |
| 10-14 | | | | | | | | | | | |
| 15-19 | | | | | | | | | | | |
| 20-24 | | | | | | | | | | | |
| 25-29 | | | | | | | | | | | |
| 30-34 | | | | | | | | | | | |
| 35-39 | | | | | | | | | | | |
| 40-44 | | | | | | | | | | | |
| 45-49 | | | | | | | | | | | |
| 50-54 | | | | | | | | | | | |
| 55-59 | | | | | | | | | | | |
| 60-64 | | | | | | | | | | | |
| 65 or more | | | | | | | | | | | |
| Total | | | | | | | | | | | |

**Details of other types of complaints seen**

Otras quejas atendidas

**Duties performed** Numero de tareas

| NUMBER OF DUTIES PERFORMED<br>Numero de tareas | Amount<br>Cantidad |
|---|---|
| Home Visit Visitas de hogar | |
| Health Education done at home visit<br>Educacion de salud durante visita de hogar | |
| Health Education in Schools | |
| Health Education with other groups | |
| Blood pressure checks Medida de precion | |
| Blood sugar checks Medida de sangre dulce | |
| Pregnancy Test prueba de embarazo | |
| Weight and Height Check Peso y estatura | |
| ORS Distributed solucion oral repartidos | |
| Incaparina Distributed Bolsas de Incaparina repartidos | |
| Referrals given Remitidos | |
| Counter referrals received contra remiciones | |
| Health Fairs in community Ferias de salud en la communidad | |
| First Aid Given Primer auxilio | |
| Mobile Clinic Assistance Ayuda de clinica mobil | |
| Rabies Campaign campaña del control de rabia | |
| | |

| HEALTH EDUCATION SESSIONS CONDUCTED Sesiones de educacion de salud | | | | |
|---|---|---|---|---|
| Date Fecha | Topic Tema | Venue Lugar | Total Participants | |
| | | | Male | Female |
| | | | | |
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| Meetings held and attended by CHW Conferencias atendidas | Amount Cantidad |
|---|---|
| Number of Community Meetings attended Reuniones De comunidad | |
| Number of meetings organized Juntas organizados por mi | |
| Number of training sessions attended Juntas de entrenamiento | |
| Number of other workshops attended Otros talleres | |
| Other | |
| Comments Comentarios | |

Rural Health Nurse: _____ Date: _____ District Health Educator: _____ Date:_____

## CHW home visit form

**COMMUNITY HEALTH WORKER HOME VISIT RECORD**

Name of patient _____ Age _____ Sex _____

Address _____

Name of parent (if patient is a child) _____

Reason for special attention: _____

| Findings include B/P, Blood Glucose, Temperature, Weight, Length | Action Taken | Health Education Notes | Follow Up | Other Notes |
|---|---|---|---|---|
| | | | | |

Name and signature of Community Health Worker _____ Date _____

Supervisor : _____

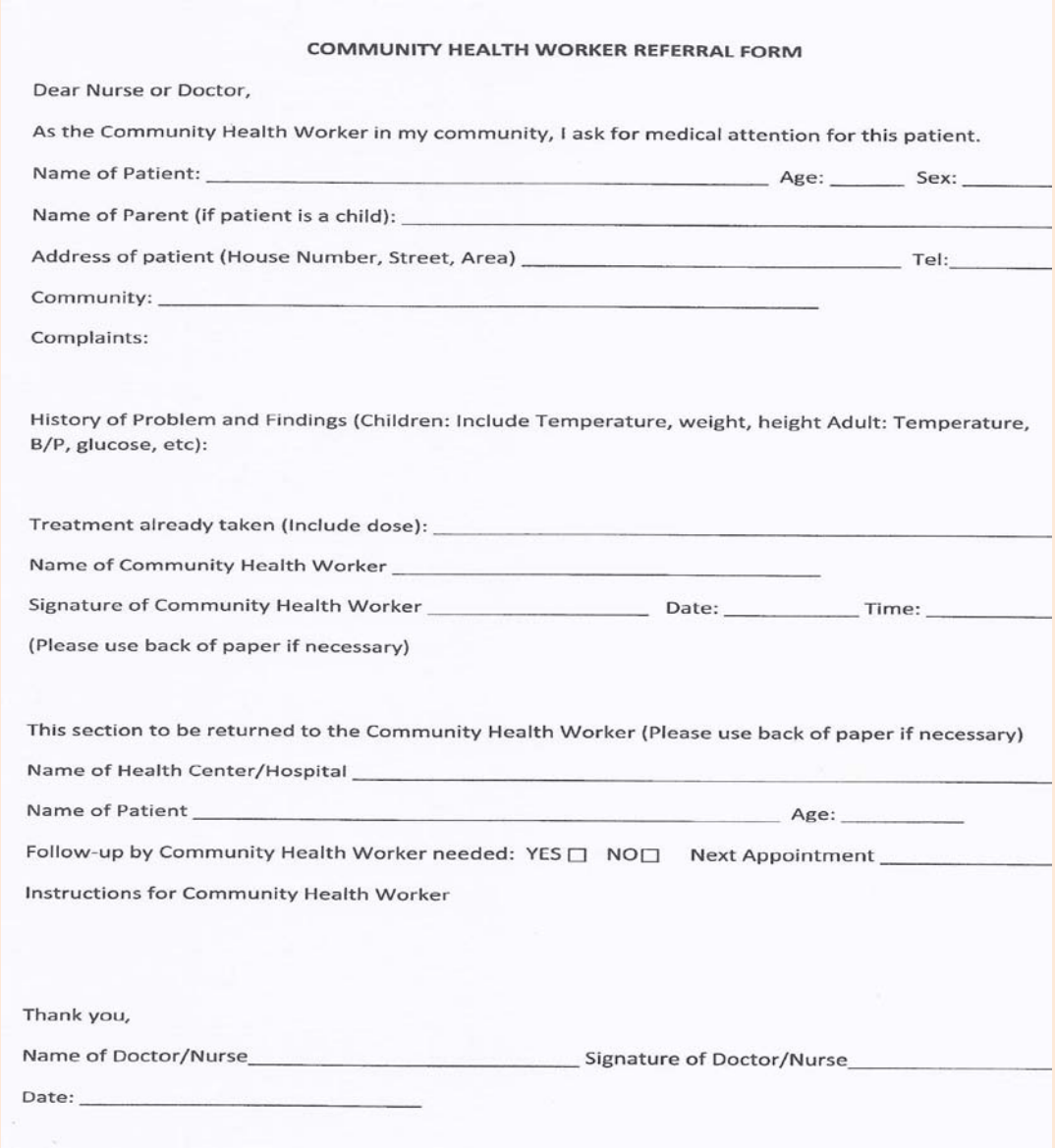
## CHW Log Book Ruling

***COMMUNITY HEALTH WORKER PATIENT REGISTER***

***Month:*** _____

| Date | Name and Address of Patient | Age | Sex | | Complaint | Findings | Action Taken | Notes |
|---|---|---|---|---|---|---|---|---|
| | | | F | M | | | | |
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## CHW Referral Form



**COMMUNITY HEALTH WORKER REFERRAL FORM**

Dear Nurse or Doctor,

As the Community Health Worker in my community, I ask for medical attention for this patient.

Name of Patient: _____ Age: _____ Sex: _____

Name of Parent (if patient is a child): _____

Address of patient (House Number, Street, Area) _____ Tel:_____

Community: _____

Complaints:

History of Problem and Findings (Children: Include Temperature, weight, height Adult: Temperature, B/P, glucose, etc):

Treatment already taken (Include dose): _____

Name of Community Health Worker _____

Signature of Community Health Worker _____ Date: _____ Time: _____

(Please use back of paper if necessary)

This section to be returned to the Community Health Worker (Please use back of paper if necessary)

Name of Health Center/Hospital _____

Name of Patient _____ Age: _____

Follow-up by Community Health Worker needed: YES ☐ NO☐ Next Appointment _____

Instructions for Community Health Worker

Thank you,

Name of Doctor/Nurse_____ Signature of Doctor/Nurse_____

Date: _____