Integrated Management of Childhood Illness

Caring for Newborns and Children in the Community

REPUBLIC OF ZAMBIA

MINISTRY OF HEALTH

Manual for the Community Health Worker

Caring for the sick child in the community

Identify signs of illness, and refer or treat the child (diarrhoea, fever, cough or difficult breathing and severe malnutrition)

February 2017

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1. Introduction: Caring for children in the community

Situation analysis

In Zambia, one in every 9 children will die before their fifth birthday. The infant mortality rates and under-five mortality rates have reduced from 109 to 70 per 1000 live births and 168 to 119 per 1000 live births respectively. This is still unacceptably high. The main causes of death remain the same: newborn illnesses (*26%* - infection, asphyxia, prematurity), malaria (*15%*), diarrhoea (14%) and pneumonia (*13%*). Malnutrition underlies about 42 percent of all under-five deaths. Most (52%) mothers deliver at home and only 39 percent of mothers attend post-natal care within 48 hours of delivery. In the2007 ZDHS the number of children receiving correct treatment for malaria (fever), pneumonia, and diarrhoea were 43 percent, 47 percent and 56 percent respectively. From the information given, you will note that a significant number of newborns and young children do not receive treatment and quite a significant number do not seek treatment at health facilities and die at home for various reasons. Some reasons given for not going to a health facilities include: distance to the health facilities, health worker attitudes, lack of drugs at the health facilities, poor health care seeking behaviour and traditional beliefs.

Having a community health worker who is able to identify an ill child and decide on treatment and when to refer a sick child within 24 hours of onset of problems can make a difference in the survival of children.

THE FOLLOWING IS AN EXAMPLE OF THE BENEFITS OF TIMELY AND APPROPRIATE MANAGEMENT OF ILLNESS IN THE COMMUNITY

One-year-old Lindi has diarrhoea. She needs to go to the health facility.

The health facility, however, is very far away. Mrs. Shoba, her mother, is afraid that Lindi is not strong enough for the trip.

So Mrs. Shoba takes her daughter to see the community health worker. The community health worker asks questions. He looks at Lindi from head to toe. Lindi is weak. The community health worker explains that Lindi is losing a lot of fluid with the diarrhoea. She is in danger from dehydration. Lindi needs treatment right away. The community health worker praises Mrs. Shoba for seeking help for Lindi.

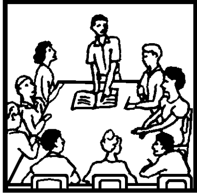
The community health worker shows Mrs. Shoba how to prepare Oral Rehydration Salts (ORS) solution and how to give it slowly with a spoon. Lindi eagerly drinks the ORS solution and becomes more awake and alert. Mrs. Shoba continues to give Lindi the ORS solution until Lindi no longer seems thirsty and is not interested in drinking. The community health worker then gives Mrs. Shoba more ORS packets for her to use at home. He explains when and how much ORS solution to give Lindi.

Before the Shobas leave, the community health worker dissolves a zinc tablet in water for Mrs. Shoba to give Lindi by spoon. He gives Mrs. Shoba a packet of zinc tablets and asks her to give Lindi one tablet each morning until all the tablets are gone. The zinc will help prevent Lindi from having severe diarrhoea for the next few months.

The community health worker also explains how to care for Lindi at home. Mrs. Shoba should give breast milk more often, and continue to feed Lindi while she is sick. If she becomes sicker or has blood in her stool, Mrs. Shoba should bring Lindi back right away.

Even if Lindi improves, the community health worker wants to see her again. Mrs. Shoba agrees to bring Lindi back in 3 days for a follow-up visit.

Mrs. Shoba is grateful. Lindi has already begun treatment. If Lindi gets better, they will not need to go to the health facility. And soon Lindi will be smiling and playing again.



Discussion: Care-seeking in the community

Your facilitator will lead a group discussion with these questions.

1. **Common childhood illnesses.** In your community, what are the most common illnesses children have?

2. **Cause of deaths.** Do you know any children under 5 years old who have died in your community?

   If so, what did they die from?

3. **Where families seek care.** When children are sick in your community, where do their families seek help?
   - __ Neighbour or another family member
   - __ Traditional healer
   - __ Community health worker
   - __ Private doctor
   - __ Hospital
   - __ Health centre
   - __ Drug seller
   - __ Other? _____________

4. Where do families usually **first** seek care for their sick children?

   For what reason?

5. Why do families seek care for their sick children at the hospital?

6. **Time to hospital.** How long does it take to go from your community to the nearest hospital? And how—by foot or transportation?

7. **Time to health facility.** How long does it take to go from your community to the nearest health facility (clinic)? And how—by transportation or by foot?

What community health workers can do

Children can become sick many times in a year. Children often have cough, diarrhoea, or fever.

These illnesses are common in childhood. Sometimes they become very severe, especially when children are weak from poor nutrition.

The health centre and hospital can provide life-saving care. However, some children, like Lindi, 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. The health facility may seem strange and the staff unfriendly. Unfortunately, there are many reasons that sick children die without going to a health facility.

Lindi has a better chance to survive because one of her neighbours is a community health worker.

1. Trained community health workers identify signs of illness and help families take care of their sick children at home.

   Some children are very sick, and treatment at home is not enough. Community health workers help families take their very sick children to a health facility.

2. Community health workers also promote good health:
   - They advise families on how to care for their children at home.
   - They help families prevent illness, give their children nutritious food, and take them for vaccinations.
   - They support families as they teach their children the first steps to becoming happy and productive adults.
   - They encourage families on the importance of using safe water and improving sanitation in the community
3. Community health workers also organize their communities. They help their neighbours make a **safer environment**, and increase demand for health and other services for children.

Course objectives

In this course on "***Caring for the Sick child in the Community***" which is part of the strategy called integrated management of child hood illness (IMCI) you will learn to identify signs of illness in a sick child, age 2 months up to 5 years. Some children you will refer to the health facility for more care. You will be able to help families treat some children with diarrhoea, malaria, and cough or difficult breathing at home.

This version of the course also includes the actions that a CHW should take in high HIV or TB settings to identify sick children who have HIV, or risk of HIV or TB, in addition to the current illness, and see that they are taken to a health facility for assessment and any special care needed

At the end of this course, you will be able:

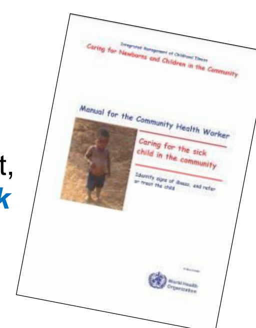
- To identify signs of common childhood illness, test children with fever for malaria, and identify malnutrition.
- To decide whether to refer children to a health facility, or to help the families treat their children at home.
- For children who can be treated at home, to help their families provide basic home care and to teach them how to give ORS solution and zinc for diarrhoea, an antimalarial medicine for children with fever who test positive for malaria, and an antibiotic for some children with cough or difficult breathing .
- For children who are referred to a health facility, to begin treatment and assist their families in taking the children for care.
- To counsel families to bring their children right away if they become sicker, and to return for scheduled follow-up visits.
- On a scheduled follow-up visit, to identify the progress of children and ensure good care at home; and, if children do not improve, to refer them to the health facility.
- To advise families on using an Insecticide Treated mosquito Net (ITN).
- To use a Sick Child Recording Form to guide the tasks in caring for a sick child and to record decisions and actions.

With this training, you can be a more valuable member of your community.

Course methods and materials

In this course, you will read about, observe, and practise the tasks in the above list.

The course provides these materials:



- ***Manual for the Community Health Worker***
  You are now reading the *CHW Manual.* It contains the content, discussions, and exercises for the course "***Caring for the Sick Child in the Community***".

- ***Sick Child Recording Form***
  The recording form is a guide to identify signs of illness and to decide to refer or treat the child. On the form, you will record information on the child and the child's family. You will also record the child's signs of illness, treatments, and other actions.

- ***Chart Booklet:** Caring for the Sick Child in the Community*

At the end of the course, you will receive a chart booklet. It summarizes the steps you have learned in order to identify signs of illness, refer or treat the sick child, and counsel the caregiver.

You will not need to memorize the chart booklet. It is yours to keep and use. After the course, it will remind you about the important activities and tasks that you have learned.

- ***Other materials***

The facilitator will use *charts, photos, videotapes or DVDs,* and other materials to introduce and review the case management tasks.

You will have many chances to practise what you are learning: written exercises, games, and role plays in the classroom; and skill practice in the health centre and hospital.

Also, you will practise your new skills in the community. At the end of this unit, the facilitator will discuss ways to supervise you as you continue to develop your skills in the community.

2. Welcoming the Caregiver and Child

Who is the caregiver?

The caregiver is the most important person to the young child. The caregiver feeds and watches over the child, gives the child affection, communicates with the child, and responds to the child's needs. If the child is sick, the caregiver is usually the person who brings the child to you.

Who are caregivers in your community? Often the caregiver is the child's mother. But the caregiver may be the father or another family member. When both parents are sick or absent, the child's caregiver may be a relative or neighbour.

In some communities, children have several caregivers. A grandmother, an aunt, an older sister, and a neighbour may share the tasks of caring for a child. Also, a community child care centre may have several caregivers who take care of children a few hours each day.

You will learn to know the families with children in your community, and the caregivers of each child. Your efforts will help them raise healthier children.

One of the most important things to do is to encourage caregivers to bring all sick children to you without delay. If they have any questions or concerns about how to care for the child, welcome them. You may be able to help provide better home care, or you can assist the family in getting care at the health facility. If the child cannot come, you may visit the child at home.

Greet caregivers in a friendly way whenever and wherever you see them. Through good relationships with caregivers, you will be able to improve the lives of children in your community.

Ask about the child and caregiver

Greet the caregiver who brings a sick child to you or asks you to visit the child. Invite the caregiver to sit with the child in a comfortable place while you ask some questions. Sit close, talk softly, and look directly at the caregiver and child. Communicate clearly and warmly throughout the meeting.

Ask questions to gather information on the child and the caregiver. Listen carefully to the caregiver's answers. Record information about the child and the visit on a Sick Child Recording Form. *[The facilitator will now give you a recording form.]*

During the course, you will learn about the recording form, section by section. We will now start with the information on the top of the form.

- **Date:** the day, month, and year of the visit.
- **CHW:** the name of the community health worker seeing the child.
- **Child's name:** the first name and surname.
- **Other information on the child:**
    - Write the **age** in years and/or months.
    - Circle **boy** or **girl.**
- **Caregiver's name, and relationship to child** Write the caregiver's name. Circle the relationship of the caregiver to the child: **Mother, Father,** or **Other**. If other, describe the relationship (for example, grandmother, aunt, or neighbour).
- **Address** or **Community:** to help locate where the child lives, in case the community health worker needs to find the child.

What do we know about Grace from the information on her recording form below?

Sick Child Recording Form

(for community -based treatment of child age 2 months up to 5 years)

Date of visit: 16/5/2010 (Day/Month/Year) CHW: Jojo Bwelani

Child's First Name: Grace Surname Chanda Age: 2 Years/ 2 Months Boy / Girl (circled)

Caregiver's name: Patricia Chanda Relationship: Mother (circled) / Father / Other:______

Physical Address: Next Ministry Church Compound/Village: Chanyanya Cpd

Exercise: Use the recording form (1)

You will now practise completing the top of the recording form.

Child 1: Jane Mwale

First, write today's date—the day, month, and year—in the space provided on the form below. You are the community health worker. Write your initials.

Jane Mwale is a 3 year old girl. Her mother Joyce Mwale brought her to your home. Her address is 44A/1B, Chawama compound. Complete the recording form below.

Sick Child Recording Form

(for community -based treatment of child age 2 months up to 5 years)

Date of visit: ___/____/_____ (Day/Month/Year) **CHW**: ________________

Child's First Name: ___________**Surname** ________ Age: __Years/__Months **Boy** / **Girl**

Caregiver's name: ________________**Relationship**: Mother / Father / Other:_______

Physical Address: ________________________**Compound/Village**_________________

Child 2: Comfort Hamududu

Comfort Hamududu is a 4 month old boy. His father, Paul Hamududu, brought Comfort to see you. He usually takes care of the baby. The Hamududus live in Shangandu village. Complete the recording form below.

Sick Child Recording Form

(for community -based treatment of child age 2 months up to 5 years)

Date: ______/____/_____ (Day/Month/Year) **CHW**: ________________

Child's First Name: ___________**Surname** ________ **Age**: __Years/__Months **Boy** / **Girl**

Caregiver's name: ________________**Relationship**: Mother / Father / Other:_______

Physical Address: ______________________**Compound/Village** __________________

Did you remember to add today's date and your name in full?

3. Identify problems

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

- **Refer** the child to a health facility or
- **Treat** the child at home and **advise** the family on home care.

To identify the child's problems, first **ASK** the caregiver. Then **LOOK** at the child for signs of illness.

ASK: What are the child's problems?

Identify any concerns the caregiver has. Ask the caregiver: **What are the child's problems?** These are the reason the caregiver wants you to see the child.

The recording form lists common problems. A caregiver may report: **cough, diarrhoea, blood in stool, fever, convulsions, difficulty drinking or feeding,** and **vomiting**, or other problems**.**

◻ Cough

If the child has cough, ask: *"For how long?"* Write how many days the child has had cough.

◻ Diarrhoea (3 or more loose stools in 24 hours)

If the child has diarrhoea, ask: *"For how long?"*

Use words the caregiver understands. For example, ask whether the child has had loose or watery stools. If yes, then ask how many times a day. It is diarrhoea when there are *3 or more loose or watery stools in a 24-hour day.* Frequent passing of normal, formed stools is not diarrhoea.

◻ Blood in stool

If the child has diarrhoea, ask: *"Is there blood in the stool*?" Check the caregiver's understanding of what blood in stool looks like.

◻ Fever (reported or now)

Identify fever by the caregiver's report or by feeling the child. For the caregiver's report, ask: *"Does the child have fever now or did the child have fever anytime during the last 3 days?"* You ask about fever anytime during the last 3 days because fever may not be present all the time. If the caregiver does not know, feel the child's stomach or underarm. If the body feels hot, the child has a fever now.

If the child has fever, ask *"When did it start?"* Record how many days since it started. The fever does not need to be present every day, all the time. Fever caused by malaria, for example, may not be present all the time or the body may be hotter at some times than other times.

◻ Convulsions

During a convulsion, the child's arms and legs stiffen. Sometimes the child stops breathing. The child may lose consciousness and for a short time cannot be awakened. When you ask about convulsions, use local words the caregiver understands to mean a convulsion from this illness. Ask whether there was a convulsion in this episode of illness.

◻ Difficulty drinking or feeding

Ask if the child is having any difficulty drinking or feeding. If there is a problem, ask: *"Is the child not able to drink or feed anything at all?"* A child is not able to drink or feed if the child is too weak to suckle or swallow when offered a drink or breast milk.

TIP: If you are unsure whether the child can drink, ask the **caregiver** to offer a drink to the child.

For a child who is breastfed, see if the child can breastfeed or take breast milk from a cup.

◻ Vomiting

If the child is vomiting, ask: "*Is the child vomiting everything?*" A child who is not able to hold anything down at all has the sign "vomits everything". Ask the caregiver how often the child vomits. Is it every time the child swallows food or fluids, or only some times? A child who vomits several times but can hold down some fluids does not "vomit everything". The child who vomits everything will not be able to use the oral medicine you have in your medicine kit.

◻ HIV

Ask if the child has HIV. If the mother says "Yes," the child has this sign. If the mother says "No," or "I don't know," go to the next question.

About HIV transmission

HIV is a virus infection. Transmission may occur:

- *Through unprotected sex with a person who has HIV*
- *Through sharing of needles or blades (e.g. between intravenous drug users)*
- *From a mother who has HIV to her baby:*
  - *during pregnancy*
  - *during labour and delivery*
  - *during breastfeeding*

HIV cannot be transmitted by:

- *Touching or hugging a person who has HIV*
- *Using the same eating utensils as a person who has HIV*
- *Using the same toilet or chair as a person who has HIV*
- *Mosquitoes*

Preventing transmission of HIV

- *Using condoms will prevent transmission of HIV and other infections during sexual contact. Condoms must be used even while a woman is pregnant and while breastfeeding.*
- *A pregnant woman who has HIV can prevent passing HIV to her baby by taking ARVs. ARVs are available at health facilities.*
- *It is important that all adults have an HIV test to learn their HIV status, so that they can know how to best protect themselves and their partners.*
  - *If a person has HIV, daily ARVs can improve his or her own health and prevent transmission to others.*
  - *If a person does not have HIV, he or she should practice safe sex using condoms to prevent becoming infected with HIV.*
  - *In either case, the couple should share their HIV status with each other, and find out how to best care for their health and support each other.*

☐ At risk of HIV

To determine whether the child is at risk of HIV, **ask whether one or both parents have HIV.** This question aims to determine whether there is a risk that the child was infected with HIV during pregnancy or breastfeeding.

If a parent or caregiver chooses not to answer whether one or both parents have HIV, you may explain that the answer will remain confidential, or private, and will not be shared with anyone. Explain that you will use the information only to assess whether the child's illness could be related to having HIV. If the individual still chooses not to answer, consider the parents' HIV status unknown.

Also **ask if the child has been tested for HIV**.

If one or both parents have HIV and the child has not been tested, there is a risk that the child may have HIV. Also, if the parents' HIV status is unknown (to them or to the CHW), the risk of HIV cannot be ruled out; therefore, there is a risk that the child may have HIV.

If both parents are known to NOT have HIV, or if the child was tested and found NOT to have HIV, the CHW can conclude that the child is not at risk of HIV.

☐ Lives in household with someone on TB treatment

Ask the caregiver if anyone living in the household with the child is on treatment for TB. If so, the child is exposed to TB.

TB is spread from person to person through the air. If a person has TB of the lung and they cough, sneeze or spit, the TB germs are propelled into the air. If a child inhales only a few of these TB germs, they will be infected with TB.

Infants and children who live in the household with someone who has TB can become ill with TB, even if they are vaccinated. Children who have HIV or malnutrition are most at risk of falling ill or dying from TB.

☐ Any other problem

There is a small space to write any other problem to refer because you cannot treat it. For example, a child may have a problem breast feeding, a skin or eye infection, or a burn or other injury.

On the other hand, some other problems you may be able to treat. For example, you may have learned how to advise caregivers on how to feed their children. If the caregiver might have a question about feeding the child, you would be able to help with a feeding problem. The child may not need to be referred.

Record the child's problems

As the caregiver lists the problems, listen carefully and record them on the Sick Child Recording Form. The caregiver may mention more than one problem. For example, the child may have cough and fever.

If the caregiver reports any of the listed problems, tick [✓] the small empty box ☐ next to the problem.

Some items ask you to add brief answers. For example, write how many days the child has been sick.

Ask about ***all*** the problems on the list, even if the caregiver does not mention them. Perhaps the caregiver is only worried about one problem. If you ask, however, the caregiver may tell you about other problems. Record (tick or write) any problems you find.

If the caregiver says the child does NOT have a problem, circle ⬭ the solid box ■ next to the listed problem.

Now, look at the sample form for Grace Chanda below. The community health worker asked the caregiver, "What are the child's problems?"

What problems did the mother identify?

What problems did the mother say Grace does not have?

Sick Child Recording Form

(for community -based treatment of child age 2 months up to 5 years)

Date of visit: 16/5/2010 (Day/Month/Year) CHW: JoJo Bwelani

Child's First Name: Grace Surname: Chanda Age: 2 Years/ 2 Months **Boy** /**Girl**

Caregiver's name: Bwalya Chanda Relationship: Mother / Father / Other:______

Physical Address: Next Ministry Church Compound/Village: Chanyanya Cpd

1. Identify problems

	ASK and LOOK
	ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present → Tick ☐ **NO** sign → Circle ■
☑	■ Cough? IF YES, for how long? 2 days
☐	■ Diarrhoea (3 or more loose stools in 24 hours)? IF YES, for how long? ____days.
☐	■ IF DIARRHOEA, blood in stool?
☑	■ Fever (reported or now)? IF YES, started 4 days ago.
☐	■ Convulsions?
☑	■ Difficulty drinking or feeding? IF YES, ☑ not able to drink or feed anything?
☐	■ Vomiting? If yes, vomits everything?
☐	■ Has HIV?
☑	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? Or ☑ Parents' current HIV status is unknown?
☐	■ Lives in household with someone on TB treatment?
☐	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer

Exercise: Use the recording form to identify problems (2)

For practice, complete the recording form below for Joana. Indicate whether you found any problems.

Child: Joana Vulani

Joana Vulani is 3 and a half years old. She lives with her aunt Maria Lombe. They are your neighbours in the village of Kalabwe. Miss Lombe asked you to visit their home because

Joana has been coughing. You ask her, "*For how long*?" She says, "*For 5 days.*" Joana now seems to be breathing with greater difficulty than usual.

Miss Lombe says that Joana does not have any other problems. However, when you ask about diarrhoea, you learn that Joana has had diarrhoea for 3 days. You also ask about blood in stool, fever, convulsions, difficulty drinking or feeding, vomiting, and any other problem. To each, Miss Lombe says, "No." Joana does not have any of these problems.

Sick Child Recording Form

(for community -based treatment of child age 2 months up to 5 years)

Date of visit: _/_/__ (Day/Month/Year) **CHW:** _

Child's First Name: _____Surname: _______ Age: __Years/__Months **Boy/ Girl**

Caregiver's name: _________Relationship: **Mother / Father / Other**: ______

Physical Address:______________________Compound/Village:____________________

1. Identify problems

ASK and LOOK	
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔Tick ☑ **NO** sign ➔ Circle (■)	
☐	■ Cough? If yes, for how long? ___ days
☐ ☐	■ Diarrhoea (loose stools)? IF YES, for how long? _______days. Blood in stool? ☐ ■
☐	■ Fever (reported or now)? If yes, started ___days ago.
☐	■ Convulsions?
☐	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■
☐	■ Vomiting? If yes, vomits everything? ☐ ■
☐	■ Has HIV?
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? Or ☐ Parents' current HIV status is unknown?
☐	■ Lives in household with someone on TB treatment?
☐	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.

Role Play Demonstration and Practice: Ask the caregiver

Part 1. Role play demonstration

Chowa Hanjala has brought her 12 week old baby **Tendai** to see the community health worker at her home today. The community health worker greets Mrs. Hanjala at the door, and asks her to come in. You will observe the interview, and complete the recording form. Start by filling in the date, your name, the child's name and age, and the caregiver's name.

After the role play, be prepared to discuss what you have seen.

1. How did the community health worker greet Mrs. Hanjala?
2. How welcome did Mrs. Hanjala feel in the home? How do you know?
3. What information from the visit did you record? How did the community health worker gather the information?

Sick Child Recording Form

(for community -based treatment of child age 2 months up to 5 years)

Date of visit: _/_/_ _ (Day/Month/Year) CHW: ___________________

Child's First Name: _____Surname ________ Age: __Years/__Months **Boy/ Girl**

Caregiver's name: __________Relationship: **Mother / Father / Other**:______

Physical Address:________________________Compound/Village:______________________

1. **Identify problems**

	ASK and LOOK
	ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present → Tick ☐ **NO** sign → Circle ■
☐	■ Cough? If yes, for how long? ____ days
☐ ☐	■ Diarrhoea (loose stools)? IF YES, for how long? ________days. Blood in stool? ☐ ■
☐	■ Fever (reported or now)? If yes, started ____days ago.
☐	■ Convulsions?
☐	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■
☐	■ Vomiting? If yes, vomits everything? ☐ ■
☐	■ Has HIV?
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? Or ☐ Parents' current HIV status is unknown?
☐	■ Lives in household with someone on TB treatment?
☐	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.

Part 2. Role play practice

Your facilitator will form groups of three persons each. In your group, decide who will be a **caregiver** with a child, the **community health worker**, and an **observer.**

- A **caregiver** (mother or father) takes a sick child to the community health worker. When asked, the caregiver provides information on the child and family. (There is no script.)

- The **community health worker** greets the caregiver and asks questions to gather information. The community health worker completes the recording form below.

- The **observer** observes the interview. The observer also completes the recording form below. Be prepared to discuss the following questions:

1. How well does the community health worker greet the caregiver?
2. How welcome does the caregiver feel in the home? How do you know?
3. What information from the visit did you record? How complete was the information?

Sick Child Recording Form

(for community –based treatment of child age 2 months up to 5 years)

Date of visit: _/_/_ _ (Day/Month/Year) **CHW:** ______________________

Child's First Name: _____Surname _______ Age: __Years/__Months **Boy/ Girl**

Caregiver's name: _________Relationship: **Mother / Father / Other**:______

Physical Address:______________________Compound/Village:____________________

1. Identify problems

	ASK and LOOK
	ASK: What are the child's problems? If not reported, then ask to be sure. **YES,** sign present ➔Tick ☐ **NO** sign ➔ Circle ■
☐	■ Cough? If yes, for how long? ____ days
☐ ☐	■ Diarrhoea (loose stools)? IF YES, for how long? _______days. Blood in stool? ☐ ■
☐	■ Fever (reported or now)? If yes, started ___days ago.
☐	■ Convulsions?
☐	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■
☐	■ Vomiting? If yes, vomits everything? ☐ ■
☐	■ Has HIV?
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? Or ☐ Parents' current HIV status is unknown?
☐	■ Lives in household with someone on TB treatment?
☐	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.

After the first role play, **change roles.** Each person will play the caregiver, community health worker, and observer at least once. Use the recording form below. Be prepared to discuss the role play practice when you are finished.

Sick Child Recording Form

(for community -based treatment of child age 2 months up to 5 years)

Date of visit: _/_/_ _ (Day/Month/Year) **CHW:** ________________

Child's First Name: _____Surname _______ Age: __Years/__Months **Boy/ Girl**

Caregiver's name: _________Relationship: Mother / Father / Other:______

Physical Address:_________________Compound/Village:____________________

1. Identify problems

ASK and LOOK	
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔Tick ☐√ **NO** sign ➔ Circle ■	
☐	■ Cough? If yes, for how long? ___ days
☐ ☐	■ Diarrhoea (loose stools)? IF YES, for how long? _______days. Blood in stool? ☐ ■
☐	■ Fever (reported or now)? If yes, started ___days ago.
☐	■ Convulsions?
☐	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■
☐	■ Vomiting? If yes, vomits everything? ☐ ■
☐	■ Has HIV?
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? Or ☐ Parents' current HIV status is unknown?
☐	■ Lives in household with someone on TB treatment?
☐	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.

LOOK for signs of illness

Community health workers ask caregivers questions to identify the child's problems. They also look for signs of illness in the child and check for malnutrition.

Three signs of illness are introduced here: **chest indrawing, fast breathing,** and **unusually sleepy or unconscious.**

These signs require skill and practice to learn to identify them and use them to determine what the child needs. You will practise looking for these signs in exercises, on videotapes, and with children in the health centre and hospital.

Chest indrawing

Children often have cough and colds. A child may have a cough because moisture drips from the nose down the back of the throat. The child with only a cough or cold is not seriously ill.

Sometimes a child with cough, however, is very sick. The child might have pneumonia. Pneumonia is an infection of the lungs. In our communities, bacteria are usually the cause of pneumonia.

Pneumonia can be severe. You identify SEVERE PNEUMONIA by looking for ***chest indrawing.***

When pneumonia is severe, the lungs become very stiff. Breathing with very stiff lungs causes chest indrawing. The chest works hard to pull in the air, and breathing can be difficult. Children with severe pneumonia cannot be treated well at home. They must be referred to a health facility.

*Look for chest indrawing in **all** sick children.* Pay special attention to children with cough or cold, or children who are having any difficulty breathing.

To look for chest indrawing, the child must be calm. The child should not be breastfeeding. If the child is asleep, try not to waken the child.

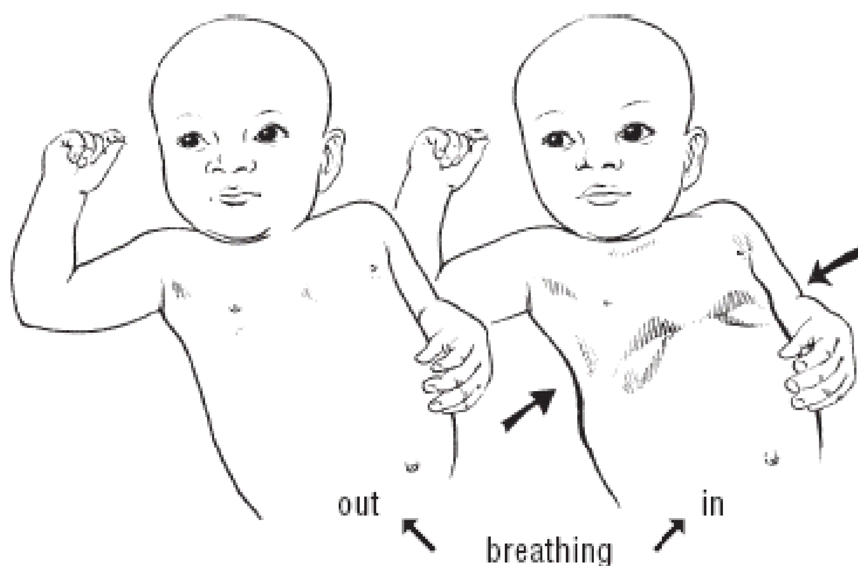
Ask the caregiver to raise the child's clothing above the chest. Look at the lower chest wall (lower ribs).

Look for chest indrawing when the child breathes IN.

Normally when a child breathes IN, the chest and stomach move out together. Chest indrawing is not visible when the child breathes OUT.

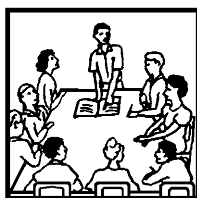
In a child with chest indrawing, however, the chest below the ribs pulls in instead of filling with air.

In the picture below, the child on the left is breathing out—pushing the air out. The child on the right has chest indrawing. See the lines on the chest as the child on the right breathes in. The chest below the ribs pulls in instead of filling with air. The child has chest indrawing if the lower chest wall goes IN 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 child is crying or feeding, the child does not have chest indrawing. If you are unsure whether the child has chest indrawing, look again. If other community health workers are available, ask what they see.



Discussion: Chest indrawing

The facilitator will show photos of children with chest indrawing.

After you discuss chest indrawing in the photos, review the questions below with the facilitator.

1. Will you be able to look for chest indrawing in a child when:
    a. The child's chest is covered? __Yes __No

b. The child is upset and crying? __Yes __No
c. The child is breastfeeding or suckling? __Yes __No
d. The child's body is bent? __Yes __No

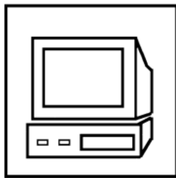
2. The child must be calm for you to look for chest indrawing. Which of these would be appropriate to calm a crying child? Discuss these methods with the facilitator.

a. Ask the caregiver to breastfeed the child, and look at the child's chest while the caregiver breastfeeds.

b. Take the child from the caregiver and gently rock him in your lap.

c. Ask the caregiver to breastfeed until the child is calm. Then, look for chest indrawing while the child rests.

d. Continue looking for other signs of illness. Look for chest indrawing later, when the child is calm.



Video exercise: Identify chest indrawing

There will be a demonstration on chest indrawing and you will see 5 children
For each of the children shown in the video, answer the question: ***Does the child have chest indrawing?*** Circle Yes or No.

Does the child have chest indrawing?		
Mary	**Yes**	**No**
Jenna	**Yes**	**No**
Ho	**Yes**	**No**
Amma	**Yes**	**No**
Lo	**Yes**	**No**

You may ask to see any of these children again.

For additional practice, your facilitator will show you more children on the video. For each child, decide if the child has chest indrawing. Circle Yes or No.

Does the child have chest indrawing?		
Child 1	**Yes**	**No**
Child 2	**Yes**	**No**
Child 3	**Yes**	**No**
Child 4	**Yes**	**No**
Child 5	**Yes**	**No**
Child 6	**Yes**	**No**
Child 7	**Yes**	**No**

Look for signs of illness (continued)

◻ Fast breathing

Another sign of pneumonia is **fast breathing**.

To look for fast breathing, count the child's breaths for one full minute. Count the breaths of all children with cough or cold.

Tell the caregiver you are going to count her child's breathing. Ask her to keep her child calm. If the child is sleeping, do not wake the child.

The child must be quiet and calm when you count breaths. If the child is frightened, crying, angry, or moving around, you will not be able to do an accurate count.

Choose a place on the child's chest or stomach where you can easily see the body expand as the child breathes in. To count the breaths in one minute:

1. Use a watch with a second hand (or a digital watch). Put the watch in a place where you can see the watch and the child's breathing.

TIP: Looking at the watch and the child's breathing at the same time can be difficult.

Ask someone, if available, to help time the count. Ask them to say "Start" at the beginning and "Stop" at the end of 60 seconds.

2. Look for breathing movement anywhere on the child's chest or stomach.

3. Start counting the child's breaths when the child is calm. Start when the second hand on the watch reaches an easy point to remember, such as at the number 12 or 6 on the watch face. (On a digital watch, start when the second numbers are :00.)

4. When the time reaches exactly 60 seconds, stop counting.

5. Repeat the count if you have difficulty. If the child moves or starts to cry, wait until the child is calm. Then start again.

   After you count the breaths, record the breaths per minute in the space provided on the recording form. Decide if the child has fast breathing.

   Fast breathing depends on the child's age:

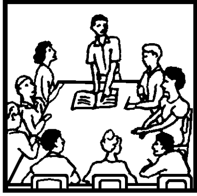
   - In a child age 2 months up to 12 months, fast breathing is 50 breaths per minute or more.
   - In a child age 12 months up to 5 years, fast breathing is 40 breaths per minute or more.

A child with fast breathing has **PNEUMONIA**.

Photo WHO SEARO

[If 60 second timers are available, your facilitator will now show you how to use

them. See the community health worker using a timer in the picture.]

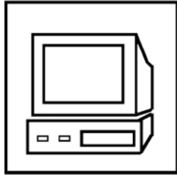


Exercise: Identify fast breathing

For each of the children below, decide if the child has fast breathing. Circle Yes or No.

Refer to the Sick Child Recording Form for the breathing rates per minute of children with fast breathing, depending on age.

	Does the child have fast breathing?	
Inonge Age 2 years, has a breathing rate of 45 breaths per minute	**Yes**	**No**
Mulenga Age 4½ years, has a breathing rate of 38 breaths per minute	**Yes**	**No**
Jelita Age 2 months, has a breathing rate of 55 breaths per minute	**Yes**	**No**
Mapalo Age 3 months, has a breathing rate of 47 breaths per minute	**Yes**	**No**
Mambwe Age 3 years, has a breathing rate of 35 breaths per minute	**Yes**	**No**
Chipo Age 4 months, has a breathing rate of 45 breaths per minutes	**Yes**	**No**
Chimuka Age 10 weeks, has a breathing rate of 57 breaths per minute	**Yes**	**No**
Misozi Age 4 years, has a breathing rate of 36 breaths per minute	**Yes**	**No**
Mutinta Age 36 months, has a breathing rate of 47 breaths per minute	**Yes**	**No**
Natasha Age 8 months, has a breathing rate of 45 breaths per minute	**Yes**	**No**
Mwiza Age 3 months, has a breathing rate of 52 breaths per minute	**Yes**	**No**



Video exercise: Count the child's breaths

You will practise counting breaths and looking for fast breathing on children in the videotape.

For each of the children shown:

1. Record the child's age below.

2. Count the child's breaths per minute. Write the breaths per minute in the box.

3. Then, decide if the child has fast breathing. Circle Yes or No.

	Age?	**Breaths per minute?**	**Does the child have fast breathing?**	
Mano			**Yes**	**No**
Wumbi			**Yes**	**No**

If there is time, the facilitator will ask you to practise counting the breaths of more children on the videotape. Complete the information below on each child.

	Age?	**Breaths per minute?**	**Does the child have fast breathing?**	
Child 1			**Yes**	**No**
Child 2			**Yes**	**No**
Child 3			**Yes**	**No**
Child 4			**Yes**	**No**

TIPS on looking for chest indrawing and counting the child's breaths:

Try not to upset the child. The child must be calm to look for chest indrawing and count the child's breaths.

Look for signs of illness in the order they are listed on the recording form. The tasks start with those that require a calm child. Look for chest indrawing and count breaths before the tasks which require waking or touching the child.

If the child becomes upset, wait until the caregiver calms the child.

Ask the caregiver to slowly roll up the child's shirt. A rolled shirt will stay in place better. Tugging and pulling the shirt upsets the child.

If the child's body is bent at the waist, it is difficult to see the chest move. If you cannot see the chest, ask the caregiver to slowly, gently lay the child on her lap.

Stand or sit where you can see the chest movement. There needs to be enough light. The angle of light needs to show the indentation on the chest wall that occurs when there is chest indrawing.

A contrast in colour or light between the child's chest and the background makes it easier to see the chest expand when you count the child's breaths.

Look for signs of illness (continued)

- **Unusually sleepy or unconscious**

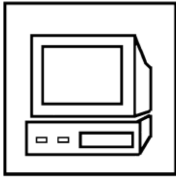
While looking for signs of illness, look at the child's general condition. Look to see if the child is unusually sleepy or unconscious.

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.



Video exercise: Identify an unusually sleepy or unconscious child and other signs of illness

Your facilitator will now show a video of signs of illness: not able to drink or feed, vomiting everything, convulsions, and unusually sleepy or unconscious.

You might not see these signs very often. However, when you do see these signs, it is important to recognize them. These children are very sick.

The video will then show an exercise with four children. For each child, answer the question: ***Is the child unusually sleepy or unconscious?*** Circle Yes or No.

Is the child unusually sleepy or unconscious?		
Child 1	**Yes**	**No**
Child 2	**Yes**	**No**
Child 3	**Yes**	**No**
Child 4	**Yes**	**No**

How are the children who are unusually sleepy or unconscious different from those who are not?

LOOK for signs of severe malnutrition

Mrs. Banda brought her son Mabvuto to see you because she is worried that Mabvuto is sick. Mabvuto is also malnourished. However, Mrs. Banda seems unconcerned. Many children in the community are small like Mabvuto.

But you are concerned. Malnutrition is a condition that arises when the body does not get enough foods to meet its needs. The word malnutrition means bad nutrition.

Children may get malnutrition due to several reasons such as:

4. **Not eating enough**

When the body receives fewer foods, it will not be able to grow, repair itself and replace the parts that are wearing out.

5. **Infection and diseases**

Infections and diseases such as diarrhoea, measles and acute respiratory infections (ARI) can prevent a child from getting and using the nutrients that they need. Sickness also reduces a child's appetite.

6. **Poverty**

Poverty may keep a family from being able to get enough food and the right kinds of foods.

7. **Mother's ignorance about proper feeding practices**

Mothers may not know how or what to feed their young children.

8. **Lack of child spacing**

When a mother has her children too close together, she is not able to continue breastfeeding the older child. She will also not be able to give the older child the needed care. This can result in malnutrition in the older child.

Malnourished children do not grow well. If children are malnourished for a long time, they are shorter than other children the same age. They are less active when they play and have less interest in exploring. They may have difficulty learning new skills, such as walking, talking, counting, and reading.

The bodies of malnourished children do not have enough energy and nutrients (vitamins and minerals) to meet their needs for growing, being active, learning, and staying healthy. By helping children receive better nutrition, you can help children develop stronger bodies and minds.

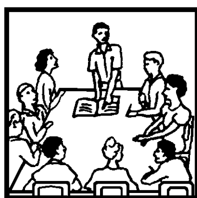
Also, malnourished children are often sick. Illness is a special challenge for a body that is weak from poor nutrition.

Malnourished children are more likely to die than well-nourished children. Almost half the children who die from common childhood illness—diarrhoea, pneumonia, malaria, and measles—are poorly nourished. If you identify children with malnutrition, you can help them get proper care. You might be able to prevent these children from dying.

When many children in a community are poorly nourished, it is sometimes difficult to identify which children are severely malnourished. Your facilitator will demonstrate two ways to look for SEVERE ACUTE MALNUTRITION:

- **Use a MUAC (Mid-Upper Arm Circumference) strap.** A small arm circumference (red on the MUAC strap) identifies severe malnutrition in children with severe wasting (very thin), a condition called **marasmus.**

- **Look at both of the child's feet for swelling (oedema).** This identifies severe malnutrition in children with the condition called **kwashiorkor**. Although these children have severe malnutrition, their bodies are swollen, round and plump, not thin. A child may have a combination of severe wasting and swelling of both feet a condition known as marasmic-kwashiokor.



Discussion: Severe malnutrition

Your facilitator will show photos of malnourished children and will demonstrate two ways to identify children with SEVERE malnutrition.

After the discussion, read below and on the following pages to review how to identify severe malnutrition.

Look for signs of severe malnutrition (continued)

The two signs of severe malnutrition are: Red on MUAC strap, and swelling on both feet.

- ☐ **Red on MUAC strap**

The circumference of the arm is the distance around the arm. Measure the arm circumference of all children age 6 months up to 5 years with a MUAC strap. A RED reading on the MUAC strap indicates severe malnutrition.

A MUAC strap is easy to use to identify a child with a very small mid-upper arm circumference. [1] Review the instructions in the box on the next page.

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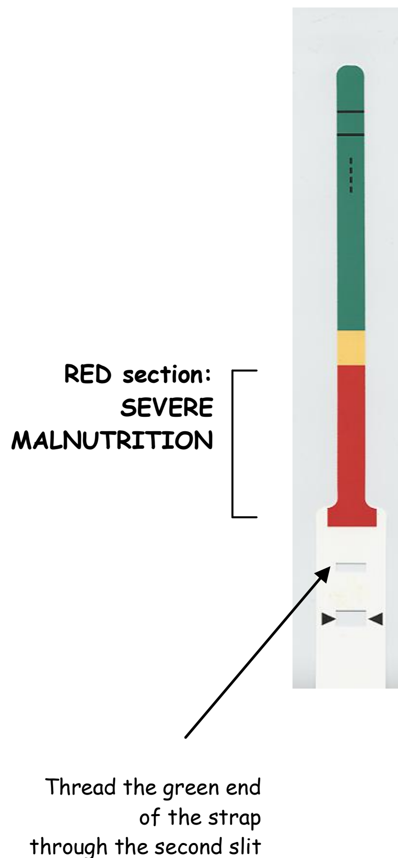
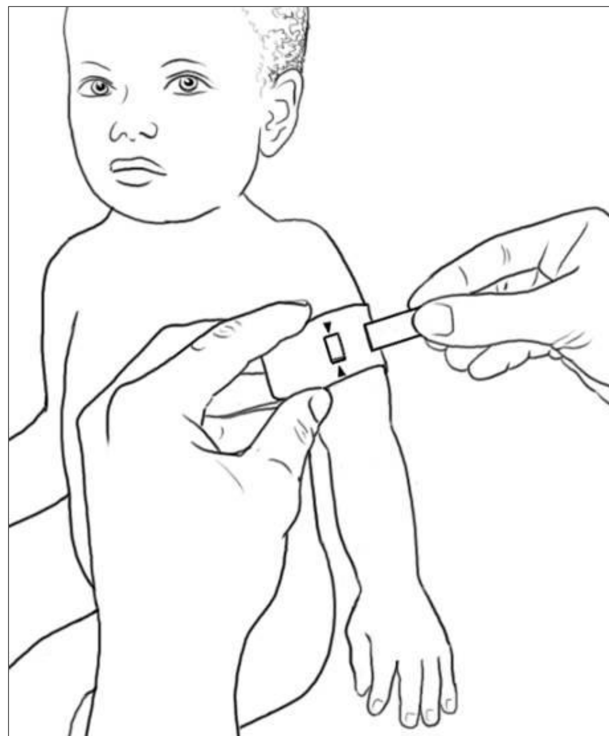
[1] The RED area on the MUAC strap indicates a mid-upper arm circumference of less than 115 mm.

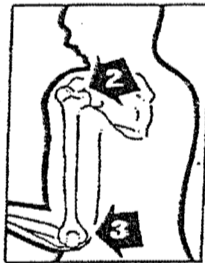


How to use a MUAC strap

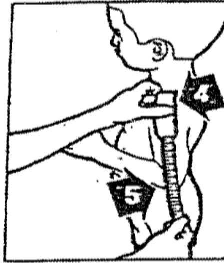
1. The child must be age 6 months up to 5 years.
2. Gently outstretch the child's arm to straighten it.
3. On the upper arm, find the midpoint between the shoulder and the elbow.
4. Hold the large end of the strap against the upper arm at the midpoint.
5. Put the other end of the strap around the child's arm. And thread the green end of the strap through the second small slit in the strap—coming up from below the strap.
6. Pull both ends until the strap fits closely, but not so tight that it makes folds in the skin.
7. Press the window at the wide end onto the strap, and note the colour at the marks.
8. The colour indicates the child's nutritional status. If the colour is **RED** at the two marks on the strap, the child has **SEVERE MALNUTRITION**.



1 LOCATE TIP OF SHOULDER

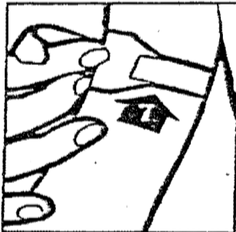


2 TIP OF SHOULDER
3 TIP OF ELBOW

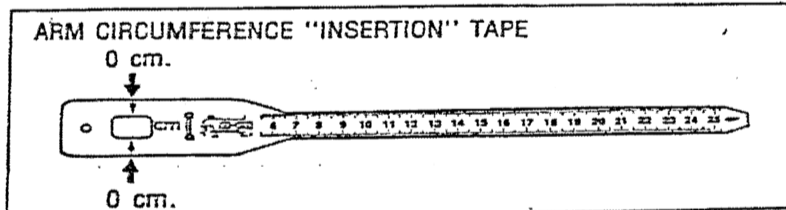


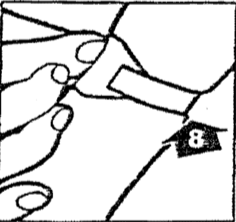
4 PLACE TAPE AT TIP OF SHOULDER
5 PULL TAPE PAST TIP OF BENT ELBOW

6 MARK MIDPOINT

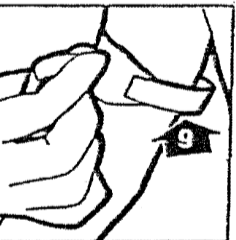


7 CORRECT TAPE TENSION

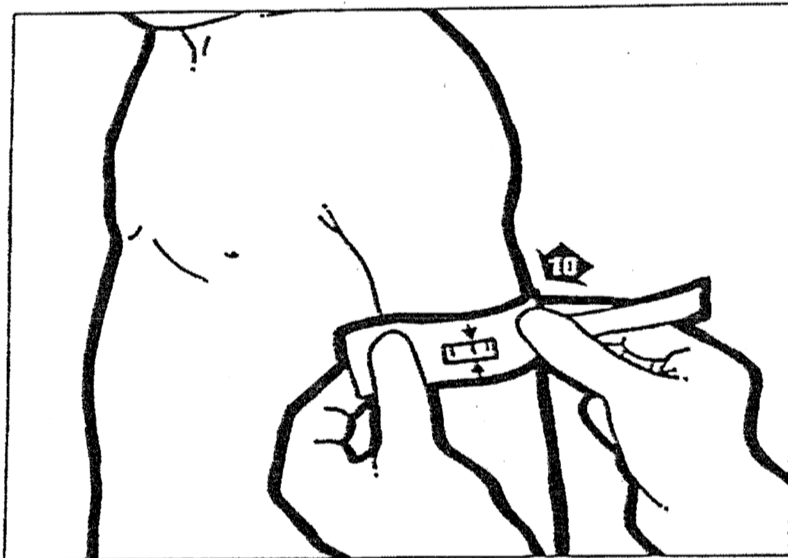




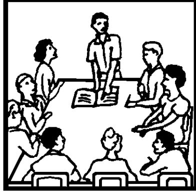
8 TAPE TOO TIGHT



9 TAPE TOO LOOSE



10 CORRECT TAPE POSITION FOR ARM CIRCUMFERENCE



Exercise: Use the MUAC strap

Use the MUAC strap on ten sample children. The arm of each is represented by a paper roll.

For each child, is the child severely malnourished (very thin or wasted)? Circle Yes or No.

Is the child severely malnourished (very thin or wasted)?		
Child 1. Anna	**Yes**	**No**
Child 2. Dan	**Yes**	**No**
Child 3. Bwalya	**Yes**	**No**
Child 4. Mwiza	**Yes**	**No**
Child 5. Chileshe	**Yes**	**No**
Child 6. Liseli	**Yes**	**No**
Child 7. Miyanda	**Yes**	**No**
Child 8. Walubita	**Yes**	**No**
Child 9. Mubanga	**Yes**	**No**
Child 10. Nkumbu	**Yes**	**No**

Look for signs of severe malnutrition (continued)

- **Swelling of both feet**

With severe malnutrition, a large amount of fluid may gather in the body, which causes swelling (oedema). For this reason, a child with severe malnutrition may sometimes look round and plump.

Because the child does not look thin, the best way to identify severe malnutrition is to look at the child's feet.

Gently press with your thumbs on the top of each foot for three seconds. (Count 1001, 1002, 1003.) The child has SEVERE malnutrition, if dents remain on the top of BOTH feet when you lift your thumbs.

For the sign to be present, the dent must clearly show on both feet.

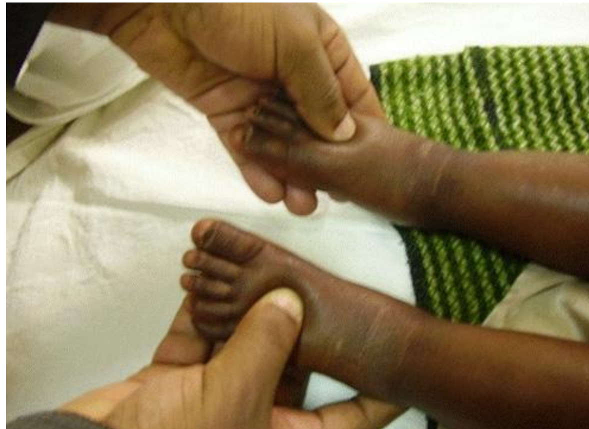


Photo: Motherandchildnutrition.org

Press your thumbs gently *for a few seconds* on the top of each foot.

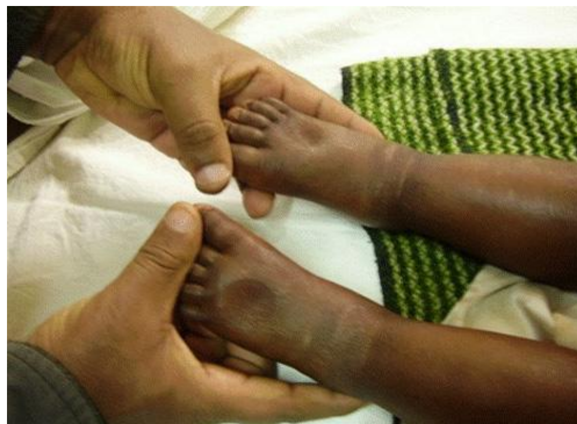


Photo: Motherandchildnutrition.org

Look for the dent that remains after you lift your thumb.

Video Demonstration: Look for severe malnutrition

A short DVD will summarize how to look for severe malnutrition using the MUAC strap and checking for swelling of both feet (oedema).

Take-home messages for this section:

- The recording form is like a checklist. It helps you remember everything you need to ask the caregiver.
- It is also a record of what you learned from the caregiver. With this information, you will be able to plan the treatment for the child.
- You learn some information by asking questions (about cough, diarrhoea, fever, convulsions, difficult drinking or feeding, vomiting, HIV, exposure to HIV, TB in the household, and any other problems).
- You learn other information by examining the child (for chest indrawing, fast breathing, unusually sleepy or unconscious, colour of the MUAC strap, and swelling of both feet).
- This section, *Identify Problems*, is summarized on page 5 of the Chart Booklet.

9. Decide: Refer or treat the child

Use the problems identified—the results of ASK the caregiver and LOOK at the child—to 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. You do not have the medicines this child needs. To help this child survive, you must URGENTLY refer the child to the health facility.

You may see another problem you cannot treat. You may not be able to identify the cause of the problem, or you may not have the correct medicine to treat it. Although the problem is not a danger sign, you will refer the child to the health facility. There a trained health worker can better assess and treat the child.

Families can treat some sick children at home with your help. If you have the appropriate medicine, they can care for children with diarrhoea, fever (in a malaria area), and cough or difficult breathing.

Any DANGER SIGN: Refer the child

On the recording form, the middle column—**Any DANGER SIGN?**—lists the danger signs. *[Find the column that lists the danger signs.]*

Any one of these signs is a reason to refer the child URGENTLY to the health facility. Using the information you have about the child, tick [✓] the danger sign or signs you find, if any. The first seven danger signs are found by asking the caregiver about the child's problems.

- **Cough for 14 days or more**

  A child who has had cough for 14 days or more has a danger sign. The child may have tuberculosis (TB), asthma, whooping cough, or another problem. The child needs more assessment and treatment at the health facility. **Refer a child with cough for 14 days or more.**

- **Diarrhoea for 14 days or more**

  Diarrhoea often stops on its own in 3 or 4 days. Diarrhoea for 14 days or more, however, is a danger sign. It may be a sign of a severe disease. The diarrhoea will contribute to malnutrition. Diarrhoea 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 diarrhoea for 14 days or more.**

- **Blood in stool**

  Diarrhoea with blood in the stool, with or without mucus, is *dysentery danger sign.* If there is blood in the stool, the child needs medicine that you do not have in the medicine kit. **Refer a child with blood in the stool.**

- **Fever for last 7 days or more**

Most fevers go away within a few days. 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 for assessment and treatment at the health facility.**

- **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. **Refer a child with convulsions.**

- **Not able to drink or eat 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.**

- **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 everything also cannot take the oral medicine you have in your medicine kit. **Refer a child who vomits everything.**

- **Has HIV and any other illness**

  A child who has HIV is more likely to get diarrhoea, pneumonia, TB and to become malnourished. When this child becomes sick, he or she is at risk of developing severe illness and needs special care for the illness. Refer a child who has HIV and any other illness.

These danger signs are identified based on the caregiver's answers to your questions. Other danger signs you identify by looking at the child. The list of danger signs will continue after an exercise.

Exercise: Decide to refer (1)

The children below have cough, diarrhoea, fever, and other problems reported by the caregiver. Assume the child has no other relevant condition for deciding whether to refer the child. **Which children have a danger sign?** Circle Yes or No. To guide your decision, refer to the recording form.

Which children must be referred to the health facility? Tick [✓] if the child should be referred.

[The facilitator may ask you to do this exercise as a group discussion.]

Does the child have a danger sign? (Circle Yes or No.)			**Refer child?** Tick [✓]
Sam – cough for 2 weeks	**Yes**	**No**	
Chibwe – cough for 2 months	**Yes**	**No**	
Beauty – diarrhoea with blood in stool	**Yes**	**No**	
Malita – diarrhoea for 10 days	**Yes**	**No**	
Mundia – fever for 3 days	**Yes**	**No**	
Kasonde – low fever for 8 days,	**Yes**	**No**	
Ida – diarrhoea for 2 weeks	**Yes**	**No**	
Esnati – cough for 1 month	**Yes**	**No**	
Tika – convulsion yesterday	**Yes**	**No**	
Molly – very hot body since last night,	**Yes**	**No**	
Maria – vomiting food but drinking water	**Yes**	**No**	
Thomas – not eating or drinking anything because of mouth sores	**Yes**	**No**	

Any DANGER SIGN: Refer the child (continued)

Cough for 14 days or more, diarrhoea for 14 days or more, blood in stool, fever for the last 7 days or more, convulsions, not able to drink or eat anything, and vomits everything—all are danger signs, based on the caregiver's report.

There are four more danger signs. You may find these danger signs when you LOOK at the child:

- **Chest indrawing**

  Chest indrawing is a sign of severe pneumonia. This child will need oxygen and appropriate medicine for severe pneumonia. **Refer a child with chest indrawing.**

- **Unusually sleepy or unconscious**

  A child who is unusually sleepy is not alert and falls back to sleep after stirring. An unconscious child cannot awaken. There could be many reasons. The child is very sick and needs to go to the health facility urgently to determine the cause and receive appropriate treatment. **Refer a child who is unusually sleepy or unconscious.**

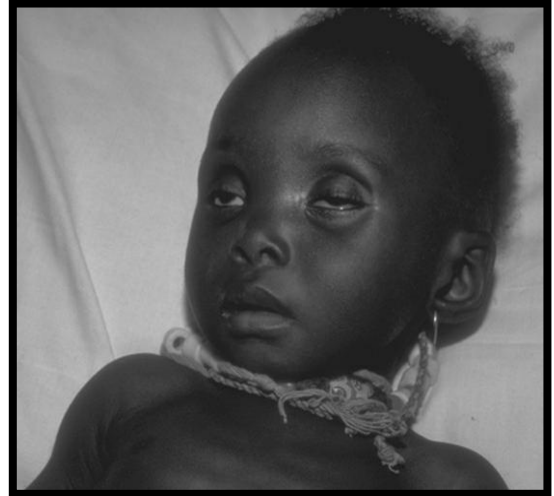


Photo WHO CAH

Refer an unusually sleepy or unconscious child urgently to the nearest health facility.

- **Red on MUAC strap**

  Red on the MUAC strap indicates severe malnutrition. The child needs to be seen at a health facility to receive proper care and to identify the cause of the severe malnutrition.

  Refer a child who has a red reading on the MUAC strap.

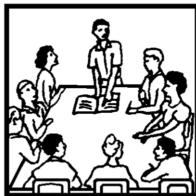
- **Yellow on MUAC strap and has HIV**

  Yellow on the MUAC strap indicates the child is at risk for acute malnutrition. If the child also has HIV, the child needs to be seen urgently at the health facility to receive proper care. **Refer a child who has a yellow reading on the MUAC strap and has HIV.**

  [Where there is a community-based feeding programme, you will refer the child with yellow on the strap for supplemental feeding.]

- **Swelling of both feet**

  Swelling of both feet indicates severe malnutrition due to the lack of specific nutrients in the child's diet. The child needs to be seen at a health facility for more assessment and treatment. **Refer a child who has swelling of both feet.**



Exercise: Decide to refer (2)

The children below have cough, diarrhoea, fever, and other problems reported by the caregiver and found by you. Assume the child has no other relevant condition for deciding whether to refer the child.

Does the child have a danger sign? Circle Yes or No.

Should you urgently refer the child to the health facility? Tick [✓] if the child should be referred.

To guide your decision, use the recording form. *[The facilitator may ask you to put the example on a chart for the group discussion.]*

Does the child have a danger sign? (Circle Yes or No.)			**Refer child?** Tick [✓]
1. Child age 11 months has cough three days; he is not interested in eating but will breastfeed; grandfather lives in same household and is on TB treatment	**Yes**	**No**	
2. Child age 4 months is breathing 48 breaths per minute	**Yes**	**No**	
3. Child age 2 years vomits all liquid and food her mother gives her	**Yes**	**No**	
4. Child age 3 months frequently holds his breath while exercising his arms and legs	**Yes**	**No**	
5. Child age 12 months is too weak to drink or eat anything	**Yes**	**No**	
6. Child age 3 years with cough cannot swallow	**Yes**	**No**	
7. Child age 10 months vomits ground food but continues to breastfeed for short periods of time	**Yes**	**No**	
8. Arms and legs of child, age 4 months, stiffen and shudder for 2 or 3 minutes at a time	**Yes**	**No**	
9. Child age 4 years has swelling of both feet	**Yes**	**No**	
10. Child age 6 months has chest indrawing	**Yes**	**No**	
11. Child age 2 years has a YELLOW reading on the MUAC strap and does not have HIV	**Yes**	**No**	
12. Child age 10 months has had diarrhoea with 4 loose stools since yesterday morning	**Yes**	**No**	
13. Child age 8 months has a RED reading on the MUAC strap	**Yes**	**No**	
14. Child age 36 months has had a very hot body since last night	**Yes**	**No**	
15. Child age 4 years has loose and smelly stools with white mucus for three days	**Yes**	**No**	
16. Child age 4 months has chest indrawing while breastfeeding	**Yes**	**No**	
17. Child age 4 and a half years has been coughing for 2 months	**Yes**	**No**	
18. Child age 2 years has diarrhoea with blood in her stools	**Yes**	**No**	
19. Child age 2 years has had diarrhoea for 2 weeks with no blood in her stools	**Yes**	**No**	
20. Child age 18 months has had a low fever (not very hot) for 2 weeks	**Yes**	**No**	
21. Child has had fever and vomiting (not everything) for 3 days	**Yes**	**No**	

22. Child age 19 months has had diarrhoea for 14 days; his mother has HIV; child has not tested for HIV	**Yes**	**No**	
23. Child age 9 months has coughed for 10 days; she is breastfed; her parents have HIV; child has not tested for HIV	**Yes**	**No**	

SICK but NO DANGER SIGN: Treat the child

Look at the far right column on the recording form—**SICK but NO Danger Sign?** The column lists signs of illness that can be treated at home if the child has no danger sign. You will tick [✓] the signs of illness that are listed in this column, if the child has any.

For these problems, you treat the child with medicine, advise the family on home care for the sick child, and follow up until the child is well. If the child does not improve with home care, then refer the child to a health facility for assessment and treatment.

The list includes three signs of illness that require attention and can be treated at home:

- **Diarrhoea (less than 14 days AND no blood in stool)**

  Diarrhoea for less than 14 days, with no danger sign, needs treatment. You will be able to give the child Oral Rehydration Salts (ORS) and zinc. ORS in water prevents and treats dehydration. Zinc helps to reduce the severity of diarrhoea and can even prevent diarrhoea in future months.

- **Fever for less than 7 days**

  Any fever may be a sign of malaria. Therefore, it is important to do a rapid diagnostic test (RDT) for all children with fever. If the test result is positive for malaria, you will treat the child with an antimalarial. If the test is negative you will decide whether to refer the child or wait and observe depending on whether the child does not have any other danger sign. The child should return for a follow-up visit in 3 days or sooner if the child becomes sicker.

- **Fast breathing**

  Cough with fast breathing is a sign of pneumonia. If there is no chest indrawing or other danger sign, you can treat the child with an antibiotic.

In addition, **a cough for less than 14 days** may be a simple cough or cold, if the child does not have a danger sign AND does not have fast breathing. A cough can be uncomfortable and can irritate the throat. A sore throat may prevent the child from drinking and eating well.

For a child who is not exclusively breastfed, sipping a safe, soothing remedy—like honey in warm (not hot) water—can help relieve a cough and soothe the throat. There is no need for other medicine. Tell the caregiver that cough medicines may contain harmful ingredients, and they are expensive.

Discuss: What is a safe, soothing remedy for a sore throat, which is used in your community?

Advise the caregiver to bring the child right away if the child cannot drink or eat or has any other signs that the child is getting sicker. Especially watch for any difficulty breathing. If

the child becomes sicker, ask the caregiver to bring the child back right away. Even if the child improves, ask to see the child with cough again in 3 days for a follow-up visit.

- **At risk of HIV because**
  - One or both parents have HIV and child has not tested for HIV
  - Parents' current HIV status is unknown

A sick child who is at risk of HIV needs to be tested for HIV. Advise the caregiver to take the child to the health facility soon for HIV testing. If the child is found to have HIV, the child can start taking ARVs and other medications to help the child stay healthy and grow. The child who has HIV will also receive special care for the current illness.

If the child does not have HIV, the health worker will know that the child can receive standard care for the illness.

If the parents' HIV status is unknown, advise the mother and father to test for HIV also.

- **Living in household with someone on TB treatment**

A child who lives in the same household with someone who is on TB treatment is exposed to TB. Advise the caregiver to take the child to the health facility soon to be screened for TB.

If the child has TB, the child will start TB treatment. If the child does not have TB, the child will be given TB preventive medicine (isoniazid preventive treatment, or IPT) for 6 months to prevent development of TB disease.

- **Yellow on MUAC strap** (no HIV)

Counsel the caregiver on how to feed the child. If there is a community-based feeding programme, refer the child with yellow on the MUAC strap for supplemental feeding.

Remember that a child with yellow on the MUAC strap and HIV has a danger sign and should be referred urgently.

There will be more information later on how to treat children with diarrhoea, malaria, or pneumonia. You will also need to follow up these children. You will make sure that, if they become sicker, they go to a health facility for appropriate treatment without delay.

Demonstration and practice: Use the recording form to decide to refer or treat

The recording form guides you to make correct decisions. It helps you identify danger signs. It helps you decide whether to refer the child or treat the child at home.

Part 1. Demonstration

On the next page is the recording form for Grace Chanda. Your facilitator will use the recording form to guide you through the following steps.

1. What signs of illness did the community health worker find? (See the ticked boxes in the first column, on the left.)

2. Identify danger signs or other signs of illness.

   For each sign found, the community health worker ticked [✓] the appropriate box. She indicated ***Any DANGER SIGN?*** (in Column 2) or ***SICK but NO Danger Sign?*** (in Column 3, on the right).

   For example, Grace is not able to eat or drink anything. To decide whether to refer or treat Grace, which box, in which column, did the community health worker tick?

3. What would you decide to do—refer Grace to the health facility or treat Grace at home and advise her mother on home care? For what reason?

   Tick the decision box at the bottom of the recording form to indicate your decision to **refer to health facility** or **treat at home and advise caregiver.**

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date: 15/5/2010 (Day / Month / Year) CHW: **Jojo Bwelani**

Child's First Name: Grace Surname: Chanda **Age:** 2 Years/_2_Months **Boy** / (**Girl**)

Caregiver's name: Bwalya Chanda Relationship: (Mother) / Father / Other: ________

Physical Address: Next Ministry Church Compound/Village: Chanyanya Cpd

1. Identify problems

	ASK and LOOK	Any DANGER SIGN or other problems to refer?	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. **YES,** sign present ➔Tick ☐√ **NO** sign ➔ Circle (■)			
☐√	■ Cough? If yes, for how long? 2 days	☐Cough for 14 days or more	
☐	(■) Diarrhoea (loose stools)? IF YES, for how long? _______days.	☐Diarrhoea for 14 days or more	☐Diarrhoea (less than 14 days AND no blood in stool)
☐	(■) Blood in stool?	☐Blood in stool	
☐√	■ Fever (reported or now)? If yes, started 4 days ago.	☐Fever for last 7 days	☐√Fever (less than 7 days)
☐	■ Convulsions?	☐Convulsions	
☐√	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐√■	☐√Not able to drink or feed anything	
☐√	■ Vomiting? If yes, vomits everything? ☐√ ■	☐√Vomits everything	
	(■) Has HIV?	☐Has HIV and any other illness	
☐√	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐√ Parents' current HIV status is unknown? √		☐ One or both parents have HIV and Child has not tested for HIV ☐√Parents' current HIV status unknown
☐	(■) Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
☐	(■) Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.	☐ If any other problem refer:	
LOOK:			
☐	(■)Chest indrawing? (FOR ALL CHILDREN)	☐Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** 36 breaths per minute (bpm) (■) Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐Fast breathing
☐	(■)Very sleepy or unconscious?	☐Very sleepy or unconscious	
	For child 6 months up to 5 years, MUAC tape colour: Red___yellow___ green_√_	☐Red on MUAC tape ☐ Yellow on MUAC tape and has HIV	☐ Yellow on MUAC tape (no HIV)
☐	(■)Swelling of both feet?	☐Swelling of both feet	

Decide: Refer or treat the child

2. **Decide: Refer or treat child**
(tick decision)

☐ **If ANY Danger sign, refer to health facility**

☐ **If NO Danger Sign, treat at home and advise caregiver**

GO TO PAGE 2 →

Part 2. Practice

The community health worker found the signs for each of the children below. Identify which are **DANGER SIGNS** and which are other signs that the child is **SICK but NO Danger Sign**. Tick [✓] the appropriate box to indicate your decision. Then, decide to **refer or treat the child at home**. Tick [✓] the appropriate decision box to indicate your decision.

Child 1: Sandra Nyirenda

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date: 15/7/2010 (Day / Month / Year) CHW: **Beauty Ngosa**

Child's First Name: Sandra Surname: Nyirenda Age: __Years/_6_Months **Boy** / **Girl**

Caregiver's name: Jelita Nyirenda Relationship: **Mother / Father / Other**: ________

Physical Address: Behind Twikatane bar __ Compound/Village: Mikomfwa Vge

1. dentify problems

	ASK and LOOK	Any DANGER SIGN or other problems to refer?	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔Tick ☐√ **NO** sign ➔ Circle ■			
☐	■ Cough? If yes, for how long? _ days	☐Cough for 14 days or more	
☐√	■ Diarrhoea (loose stools)? IF YES, for how long? ___2__days.	☐Diarrhoea for 14 days or more	☐Diarrhoea (less than 14 days AND no blood in stool)
☐√	■ Blood in stool?	☐Blood in stool	
☐	■ Fever (reported or now)? If yes, started _ days ago.	☐Fever for last 7 days	☐Fever (less than 7 days)
☐	■ Convulsions?	☐Convulsions	
☐	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■	☐Not able to drink or feed anything	
☐√	■ Vomiting? If yes, vomits everything? ☐ ■	☐Vomits everything	
	■ Has HIV?	☐Has HIV and any other illness	
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and Child has not tested for HIV ☐ Parents' current HIV status unknown
☐	■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
☐	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.	☐ If any other problem refer:	
LOOK:			
☐	■ Chest indrawing? (FOR ALL CHILDREN)	☐Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** **45** breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐Fast breathing
☐	■Very sleepy or unconscious?	☐Very sleepy or unconscious	
	For child 6 months up to 5 years, MUAC tape colour: Red___yellow√___ green____	☐Red on MUAC tape ☐ Yellow on MUAC tape and has HIV	☐ Yellow on MUAC tape (no HIV)
☐	■ Swelling of both feet?	☐Swelling of both feet	

Decide: Refer or treat the child

2. Decide: Refer or treat child
(tick decision)

☐ If ANY Danger sign, refer to health facility	☐ If NO Danger Sign, treat at home and advise caregiver

Child 2: Comfort Hamududu

Sick Child Recording Form
(for community-based treatment of child age 2 months up to 5 years)

Date: 15/7/2010 (Day / Month / Year) CHW: Beauty Ngosa

Child's First Name: Comfort Surname: Hamududu Age: __Years/_4_Months Boy / Girl

Caregiver's name: Paul Hamududu Relationship: Mother / Father / Other: ________

Physical Address: Next to Twangombo bus stop Compound/Village: Chawama Cpd

1. Identify problems

	ASK and LOOK	Any DANGER SIGN or other problems to refer?	SICK but NO Danger Sign?
	ASK: What are the child's problems? If not reported, then ask to be sure. **YES,** sign present ➔Tick ☐ **NO** sign ➔ Circle ■		
☐	■ Cough? If yes, for how long? 3 days	☐Cough for 14 days or more	
☐	■ Diarrhoea (loose stools)? IF YES, for how long? ______days.	☐Diarrhoea for 14 days or more	☐Diarrhoea (less than 14 days AND no blood in stool)
☐	■ Blood in stool?	☐Blood in stool	
☐	■ Fever (reported or now)? If yes, started 3 days ago.	☐Fever for last 7 days	☐Fever (less than 7 days)
☐	■ Convulsions?	☐Convulsions	
☐	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■	☐Not able to drink or feed anything	
☐	■ Vomiting? If yes, vomits everything? ☐ ■	☐Vomits everything	
	■ Has HIV?	☐Has HIV and any other illness	
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and Child has not tested for HIV ☐ Parents' current HIV status unknown
☐	■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
☐	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.	☐ If any other problem refer:	
LOOK:			
☐	■ Chest indrawing? (FOR ALL CHILDREN)	☐Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** 63 breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐Fast breathing
☐	■Very sleepy or unconscious?	☐Very sleepy or unconscious	

	For child 6 months up to 5 years, MUAC tape colour: Red___yellow___ green____	☐Red on MUAC tape ☐ Yellow on MUAC tape and has HIV	☐ Yellow on MUAC tape (no HIV)
☐	■ Swelling of both feet?	☐Swelling of both feet	

2. Decide: (tick decision) **Refer**

☐ **If ANY Danger sign, refer to health facility**

☐ **If NO Danger Sign, treat at home and advise caregiver**

GO TO PAGE 2 →

Child 3: Karen Bangani

Sick Child Recording Form
(for community-based treatment of child age 2 months up to 5 years)

Date: 15/07/2010 (Day / Month / Year) CHW: Odi Zikomo

Child's First Name: Karen Surname: Bangani Age: _1_Years/_3_Months Boy / Girl

Caregiver's name: Mona Bangani Relationship: Mother / Father / Other: Auntie

Physical Address: Four Corner Stores Compound/Village: Yanganani Chawama Cpd

1. Identify problems

	ASK and LOOK	Any DANGER SIGN or other problems to refer?	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure.	**YES**, sign present → Tick ☐ **NO** sign → Circle ■		
☑	■ Cough? If yes, for how long? 3 days	☐Cough for 14 days or more	
☐	■ Diarrhoea (loose stools)? IF YES, for how long? _____days.	☐Diarrhoea for 14 days or more	☐Diarrhoea (less than 14 days AND no blood in stool)
☐	■ Blood in stool?	☐Blood in stool	
☐	■ Fever (reported or now)? If yes, started 3 days ago.	☐Fever for last 7 days	☐Fever (less than 7 days)
☐	■ Convulsions?	☐Convulsions	
☑	■ Difficulty drinking or feeding? **Sore throat** IF YES, not able to drink or feed anything? ☐ ■	☐Not able to drink or feed anything	
☐	■ Vomiting? If yes, vomits everything? ☐ ■	☐Vomits everything	
	■ Has HIV?	☐Has HIV and any other illness	
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and Child has not tested for HIV ☐ Parents' current HIV status unknown
☐	■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
☑	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? **Sore throat** See 5 If any OTHER PROBLEMS, refer.	☐ If any other problem refer:	
LOOK:			
☐	■ Chest indrawing? (FOR ALL CHILDREN)	☐Chest indrawing	

√	**IF COUGH, count breaths in 1 minute:** **47** breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐Fast breathing
☐	■Very sleepy or unconscious?	☐Very sleepy or unconscious	
	For child 6 months up to 5 years, MUAC tape colour: Red___yellow___green_√_	☐Red on MUAC tape ☐ Yellow on MUAC tape and has HIV	☐ Yellow on MUAC tape (no HIV)
☐	■Swelling of both feet?	☐Swelling of both feet	

2. Decide: (tick decision) **Refer** or

☐ If ANY Danger sign, refer to health facility

☐ If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2 →

Looking ahead

So far, you have learned to ASK and LOOK to identify signs of illness. Then, using the signs, you decided whether to refer a child or treat the child at home. Page 1 of the Sick Child Recording Form guides you in identifying signs of illness and deciding whether to refer the child or treat the child at home.

Next you will learn how to treat a child at home. If you refer a child to the health facility, you can also prepare a child and the child's family for referral. Page 2 of the recording form helps you decide what to do to assist referral or treat the child at home. Page 2 also lists the schedule of vaccines the child needs to prevent many common childhood illnesses.

5. No danger sign: Treat the child at home

A community health worker who has medicine for common childhood illness—and with the training to use it correctly—can bring treatment to many children. Children receive life-saving treatment with less delay when medicine is available in the community.

You have learned to identify signs of illness and to use the signs to decide whether to refer the child to a health facility or treat the child at home.

You will now learn how to give children life-saving medicine—Oral Rehydration Salts (ORS) solution, zinc, an antimalarial, and an antibiotic.

Here is a Case study:

One-year-old Suzyo has a fever and is coughing. He is weak. He needs to go to the health facility. The health facility, however, is very far away.

So Mrs. Njobvu first takes her son to see the community health worker. The community health worker now has medicine for children. He asks questions. He looks at Suzyo from head to toe. He decides that Suzyo does not have any danger sign.

Since Suzyo has a fever the community health worker does a rapid diagnostic test (RDT) for malaria. The RDT result is positive for malaria. Suzyo needs an antimalarial.

The community health worker also counts Suzyo's breaths. He decides that Suzyo has pneumonia and needs an antibiotic right away.

The community health worker shows Mrs. Njobvu how to prepare the antimalarial medicine and the oral antibiotic by mixing each with breast milk. Mrs. Njobvu then gives Suzyo the first dose of each medicine slowly with a spoon.

The community health worker then gives Mrs. Njobvu medicine to give Suzyo at home. He explains how much, when, and how many days to give the antibiotic and antimalarial to Suzyo.

The community health worker also explains how to care for Suzyo at home. Mrs. Njobvu should give breast milk more often, and continue to feed Suzyo while he is sick. If Suzyo's breathing becomes more difficult or he becomes sicker, Mrs. Njobvu should bring him back right away.

At home Mrs. Njobvu has an ITN . The community health worker asks Mrs. Njobvu to describe how she uses the ITN. He explains that it is very important for Suzyo and the other young children to sleep under the ITN, to prevent malaria.

Before Suzyo leaves, the community health worker checks his vaccination record. Suzyo has had all his vaccines.

Mrs. Njobvu agrees to bring Suzyo back in 3 days for a follow-up visit. Even if Suzyo improves, the community health worker explains that he wants to see him again.

Mrs. Njobvu is grateful. Suzyo has already begun treatment. If Suzyo gets better, they will not need to go the long distance to the health facility.

In the previous lessons, you have learnt many tasks in caring for Suzyo. Discuss with your facilitator: Which of these tasks can you do already? What new tasks do you need to learn?

6. If NO danger sign: Treat the child at home

You will see many sick children who do not have danger signs or another problem needing referral. Children with diarrhoea, malaria, and fast breathing may be treated at home. This treatment, with good basic home care, is essential. Without treatment, they may become sicker and die.

This box below, from the recording form, summarizes the home treatments for diarrhoea, fever, and cough or difficult breathing:

☐ If diarrhoea	☐ Give ORS. ☐ Give zinc supplement.
☐ If fever	Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE If RDT is positive, give oral antimalarial ACT
☐ If fast breathing	☐ Give oral antibiotic.

For diarrhoea, give the child Oral Rehydration Salts (ORS) and a zinc supplement. For fever (less than 7 days), first do a rapid diagnostic test for malaria. (You will learn how to do the test later.) If the test is positive, give the child an oral antimalarial ACT. For fast breathing, give the child an oral antibiotic.

It is common for a child to have two or all three of these signs. The child needs treatment for each. If a child has diarrhoea and malaria, for example, give the child: Oral Rehydration Salts (ORS), zinc supplement, and an oral antimalarial for treatment at home. More details on these medicines and how to give them will be discussed later.

The following box from the recording form states the advice to give the caregiver when a child is at risk of HIV or is living in a household with someone on TB treatment. In these situations, you will provide treatment at home for the child's diarrhoea, malaria, and fast breathing and also advise the caregiver to take the child to the health facility soon.

☐ If at risk of HIV	☐ Advise caregiver to take the child for HIV test soon and, if parents' HIV status is unknown, advise mother and father to test for HIV also.
☐ If living in household with someone on TB treatment	☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine.

If at risk of HIV, advise the caregiver to take the child to the health facility to test for HIV soon.

A child who is at risk of HIV should test for HIV soon. If the child has HIV, it is important to start the child on lifelong ARV treatment as soon as possible. Knowing the child's HIV status will also help the health worker decide how to treat the child's current illness.

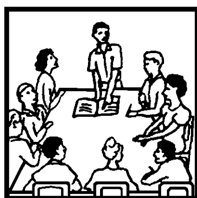
It is important that all adults have an HIV test to learn their HIV status, so that they can know how to best protect themselves and their partners.

- If a person has HIV, daily ARVs can improve his or her own health and prevent transmission to others. A pregnant woman who has HIV can prevent passing HIV to her baby by taking ARVs.
- If a person does not have HIV, he or she should practice safe sex using condoms to prevent becoming infected with HIV. Condoms must be used even while a woman is pregnant and while breastfeeding.
- In either case, the couple should share their HIV status with each other, and find out how to best care for their health and support each other.

If living in a household with someone on TB treatment, advise the caregiver to take the child to the health facility soon for TB screening.
Children who live in a household with someone on TB treatment are exposed to TB. The caregiver should take the child to the health facility to be screened for TB. If the child is found to have TB, the health worker will start treating the child for TB right away. If the child does not have TB, the health worker will start the child on isoniazid preventive therapy (IPT) to prevent development of the disease.

In addition, advise caregivers of all sick children on home care. The box below, from the recording form, summarizes the basic home care.

☐ For **ALL children treated at home, advise on home care**	**Advise caregiver to give more fluids and continue feeding.** **Advise on when to return.** Go to nearest health facility or, if not possible, return immediately if child: Cannot drink or feed Becomes sicker Develops a fever (for a child that did not have a fever) Develops blood in the stool(for child with diarrhoea) ☐ **Follow up child in 3 days.**



Demonstration and Practice: Decide on treatment for the child

Part 1. Demonstration

Your facilitator will show you examples of the medicine you can give a child: ORS, zinc supplement, an oral antimalarial – coartem, and an oral antibiotic – amoxicillin .

Part 2. Practice

For each child below, tick [✓] all the treatments to give at home. No child has a danger sign.

To decide, refer to the yellow box for **TREAT at home and ADVISE on home care** on page 2 of the Sick Child Recording Form. Discuss your decisions with the group.

After you decide the treatment, the facilitator will give you medicine to select for one or more child's treatment. For a child with fever, the facilitator will tell you whether the RDT was positive or negative for malaria.

1. Child age 3 years has cough and fever	☐ Give ORS ☐ Give zinc supplement Do a rapid diagnostic test (RDT): __POSITIVE _✓_NEGATIVE ☐ If RDT is positive, give oral antimalarial- coartem ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise on home care ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Follow up child in 3 days

2. Child age 6 months has fever for 2 days and is breathing 55 breaths per minute. His mother has HIV. The child has not been tested for HIV	☐ Give ORS ☐ Give zinc supplement Do a rapid diagnostic test (RDT): _✓_POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial - coartem ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise on home care ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Follow up child in 3 days
3. Child age 11 months has diarrhoea for 2 days; he is not interested in eating but will breastfeed	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial - coartem ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise on home care ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Follow up child in 3 days

4. Child age 2 years has a fever and a yellow reading on MUAC strap and no HIV	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial - coartem ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise on home care ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Follow up child in 3 days
5. Child age 1 year had fever, diarrhoea and vomiting (not everything) for 3 days	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial - coartem ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise on home care ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Follow up child in 3 days

6. Child age 10 months with cough; vomits ground food but continues to breastfeed for short periods of time. His HIV status and the HIV status of his parents are unknown.	☐ **Give ORS** ☐ **Give zinc supplement** ☐ **Do a rapid diagnostic test (RDT):** __POSITIVE __NEGATIVE ☐ **If RDT is positive, give oral antimalarial - coartem** ☐ **Give oral antibiotic** ☐ **Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.** ☐ **Advise caregiver to take the child soon for TB screening and TB preventive medicine** ☐ **Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available** ☐ **Advise on home care** ☐ **Advise caregiver to give more fluids and continue feeding** ☐ **Advise on when to return** ☐ **Follow up child in 3 days**
7. Child age 4 years has diarrhoea for 3 days and is weak. His father is on TB treatment.	☐ **Give ORS** ☐ **Give zinc supplement** ☐ **Do a rapid diagnostic test (RDT):** __POSITIVE __NEGATIVE ☐ **If RDT is positive, give oral antimalarial - coartem** ☐ **Give oral antibiotic** ☐ **Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.** ☐ **Advise caregiver to take the child soon for TB screening and TB preventive medicine** ☐ **Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available** ☐ **Advise on home care** ☐ **Advise caregiver to give more fluids and continue feeding** ☐ **Advise on when to return** ☐ **Follow up child in 3 days**

8. Child age 6 months has fever and cough for 2 days	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial - coartem ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise on home care ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Follow up child in 3 days

7. Give oral medicine and advise the caregiver

Sick children need treatment without delay. Begin treatment before the child leaves, if the child can drink.

Help the caregiver give the first dose in front of you. This way you can make sure the treatment starts as soon as possible, and the caregiver knows how to give it correctly. Then ask the caregiver to give the child the rest of the medicine at home.

The child you refer to a health facility should also receive the first dose, if the child can drink. It takes time to go to the health facility. The child may have to wait to receive treatment there. In the meantime, the first dose of the medicine starts to work.

This section presents:

- The treatment for diarrhoea (give ORS solution and a zinc supplement)
- The treatment for children with malaria (an antimalarial) plus advice on using an ITN.
- The treatment for fast breathing (an antibiotic).
- Home care for all sick children not referred to the health facility.

Check the expiry date

Old medicine loses its ability to cure the illness. Check the expiry date on the package of antibiotics and all other medicine before you use them. Today's date should not be later than the expiry date.

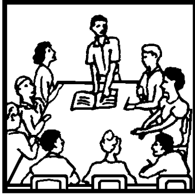
For example, if it is now May 2008 and the expiry date is December 2007, the medicine has expired. Do not use expired medicines. They may no longer be effective and may be poisonous. If medicines are about to expire, exchange them at the earliest possible time at the health facility, so that it can be used.

The manufacturer put this stamp on the box of an antibiotic. In addition to the manufacturer's batch number, there are two dates: the medicine's manufacturing date and the expiry date.

BATCH No. :	6H 89
MFD. DATE:	AUG 06
EXP. DATE :	JULY 09

What is the expiry date?
Has this medicine expired?
If this antibiotic was in your medicine kit, what would you do with it? Return it or use it?

Also check the expiry date on the rapid diagnostic test packet (RDT). Do not use an expired test. It may give false results.



Exercise: Check the expiry date of medicine

The facilitator will show you sample packages of medicine and rapid diagnostic tests (RDT) for malaria. Find the expiry date on the samples. Decide whether the items have expired or are still useable.

Medicine or RDT	**Expiry date**	**Expired? Circle Yes or No**		**Return? Tick [✓]**	**Use? Tick [✓]**
		Yes	**No**		
		Yes	**No**		
		Yes	**No**		
		Yes	**No**		
		Yes	**No**		
		Yes	**No**		

☐ *If diarrhoea*

Diarrhoea is the passage of unusually loose or watery stools, at least 3 times within 24 hours. Mothers and other caregivers usually know when their children have diarrhoea.

Diarrhoea with dehydration is a major cause of childhood deaths. Frequent bouts of diarrhoea also contribute to malnutrition.

If the child has diarrhoea less than 14 days, with no blood in stool and no other danger sign, the family can treat a child with diarrhoea at home. A child with diarrhoea receives ORS solution and a zinc supplement.

Below is the box on treating diarrhoea on page 2 of the recording form. The box is there to remind you about what medicine to give and how to give it.

☐ If **diarrhoea** (less than 14 days AND no blood is stool)	☐ **Give ORS.** Help caregiver to give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as the child wants, but at least 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 14 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 7 tabs) ☐ Age 6 months up to 5 years—1 tablet (total 14 tabs) Help caregiver to give first dose now.

☐ Give ORS

A child with diarrhoea can quickly become dehydrated and may die. The body loses water and salts in diarrhoea. These must be replaced. Giving water, breast milk, and other fluids to children with diarrhoea helps to prevent dehydration.

However, children who are dehydrated—or are in danger of becoming dehydrated—need Oral Rehydration Salts solution. The ORS solution replaces the water and salts that the child loses in the diarrhoea. It prevents the child from getting sicker. The new, improved ORS also helps shorten the time the child will suffer with diarrhoea.

Use every opportunity to teach caregivers how to prepare ORS solution.

Ask caregivers to begin giving ORS in front of you, and give it until the child has no more thirst. The time the

child is in front of you taking ORS helps you to see whether the child will improve. You also have a chance to see that the caregiver is giving the ORS solution correctly and continues to give it.

If the child does not improve, or develops a danger sign, urgently refer the child to the health facility.

If the child improves, give the caregiver 2 packets of ORS to take home. If diarrhoea continues, advise the caregiver to give as much ORS solution as the child wants. But give ***at least 1/2 cup*** of a 250 ml cup (about 125 ml) after each loose stool.

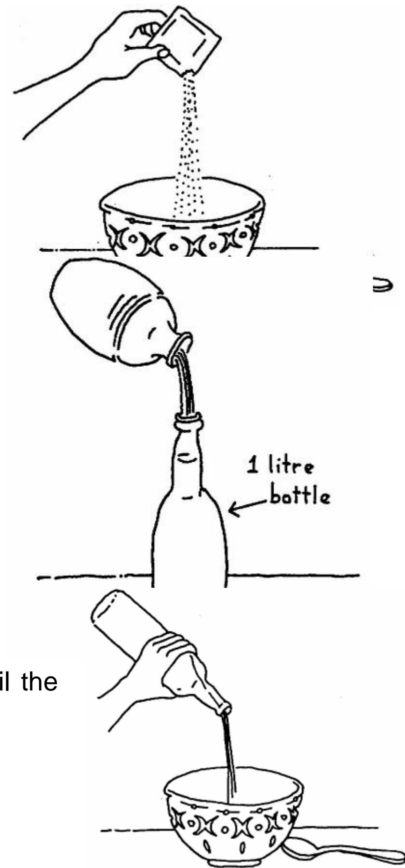
ORS mixed with water replaces the fluids and salts lost during diarrhoea.

The new formulation of ORS—low osmolarity ORS—helps to reduce the amount of fluids the child loses during diarrhoea. It also helps shorten the number of days the child is sick with diarrhoea.

(UNICEF distributes this packet of ORS to mix with 1 litre of water. A locally produced packet will look different and may require less than 1 litre of water. Check the packet for the correct amount of water to use.)

[If community health workers are already preparing and giving ORS, the facilitator may go directly to the exercises. The exercises review how to prepare and give ORS solution. Participants will demonstrate their knowledge and skills in the review and role play exercises.]

Prepare ORS solution



1. Wash your hands with soap and water.
2. Pour the entire contents of 1 packet of ORS into a clean container (a mixing bowl or jar) for mixing the ORS. The container should be large enough to hold at least 1 litre.
3. Measure 1 litre of clean water (or correct amount for packet used). Use the cleanest drinking water available.
   In your community, what are common containers caregivers use to measure 1 litre of water?
4. Pour the water into the container. Mix well until the salts completely dissolve.

Give ORS solution

1. Explain to the caregiver the importance of replacing fluids in a child with diarrhoea. Also explain that the ORS solution tastes salty. Let the caregiver taste it. It might not taste good to the caregiver. But a child who is dehydrated drinks it eagerly.
2. Ask the caregiver to start giving the child the ORS solution in front of you. Give frequent small sips from a cup or spoon. (Use a spoon to give ORS solution to a young child.)
3. If the child vomits, advise the caregiver to wait 10 minutes before giving more ORS solution. Then start giving the solution again, but more slowly. She should offer the child as much as the child will take, or at least ½ cup ORS solution after each loose stool.

4. Check the caregiver's understanding. For example:

- Observe to see that she is giving small sips of the ORS solution. The child should not choke.
- Ask her: How often will you give the ORS solution? How much will you give?

5. The child should also drink the usual fluids that the child drinks, such as breast milk.

   If the child is not exclusively breastfed, the caregiver should offer the child clean water. Advise the caregiver not to give very sweet drinks and juices to the child with diarrhoea who is taking ORS.

6. How do you know when the child can go home?

   A dehydrated child, who has enough strength to drink, drinks eagerly. If the child continues to want to drink the ORS solution, have the mother continue to give the ORS solution in front of you.

   If the child becomes more alert and begins to refuse to drink the ORS, it is likely that the child is not dehydrated. If you see that the child is no longer thirsty, then the child is ready to go home.

7. Put the extra ORS solution in a container and give it to the caregiver for the trip home (or to the health facility, if the child needs to be referred). Advise caregivers to bring a closed container for extra ORS solution when they come to see you next time.

8. Give the caregiver 2 extra packets of ORS to take home, in case she needs to prepare more.

   Encourage the caregiver to continue to give ORS solution as often as the child will take it. She should try to give at least ½ cup after each loose stool.

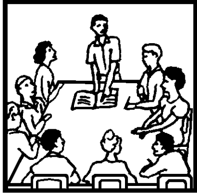
TIP: Be ready to give ORS solution to a child with diarrhoea. Keep with your medicine kit:

- A supply of ORS packets
- A 1 litre bottle or other measuring container
- A container and spoon for mixing the ORS solution
- A cup and small spoon for giving ORS
- A jar or bottle with a cover, to send ORS solution with the caregiver on the trip to health facility or home.

Store ORS solution

1. Keep ORS solution in a clean, covered container.

2. Ask the caregiver to make fresh ORS solution when needed. Do not keep the mixed ORS solution for more than 24 hours. It can lose its effectiveness.



Discussion: How to prepare and give ORS solution

Marianna is 2 years old. She has diarrhoea. Review what the community health worker should do to treat Marianna's diarrhoea. **With the group, fill in the blanks with the correct words, listed below:**

solution	no longer thirsty	one packet	litre	spoon
slowly	Dehydration	dissolve	spits up	loose stool
water	24 hours	cup	one half	

The community health worker will give Marianna ORS ___________ for her diarrhoea. It will help prevent __________________________.

He empties _________________ of ORS into a bowl. He pours one _________ of drinking water into the bowl with the **ORS**. He stirs the ORS solution with a spoon until the salts _________________.

He asks the mother to begin giving Marianna the ORS solution with a ______________ or with a _____________. He advises the mother to wait 10 minutes, if Marianna _____________________. Then she can start giving the ORS solution again, but more _____________.

Marianna no longer breastfeeds. Therefore, Marianna should also drink more ___________, to increase the fluids she takes.

Marianna's mother should try to give her child ______ cup of ORS solution after each _______________________, or as much as Marianna wants.

How does the community health worker know that Marianna is ready to go home? __________________________________.

Her mother can keep unused ORS solution for _____ hours in a covered container.

What can the community health worker do to check the mother's understanding of how to give Marianna ORS solution at home?

____

☐ Give zinc supplement

Zinc is an important part of the treatment of diarrhoea. Zinc helps to lessen the amount of fluid lost during diarrhoea so that the diarrhoea is less severe. Zinc shortens the number of days of diarrhoea. It increases the child's appetite and makes the child stronger.

Zinc also helps prevent diarrhoea in the future. Giving zinc for the full 14 days can help prevent diarrhoea for up to the next three months.

For these reasons, we now give zinc to children with diarrhoea. The diarrhoea treatment box on the recording form tells how much zinc to give—the dose. It also tells how many tablets (tabs) the child should take in 14 days. You will give the caregiver the total number of tablets for the 14 days, and help her as she gives the first dose now.

Before you give a child a zinc supplement, **check the expiry date** on the package. Do not use a zinc supplement that has expired.

Zinc supplements may come in a different size tablet, or may be in syrup. For Zambia, the 20mg tablet is available and recommended.

☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** Help caregiver to give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as the child wants, but at least 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 14 days: Age 2 months up to 6 months—1/2 tablet (total 7 tabs) Age 6 months up to 5 years—1 tablet (total 14 tabs) Help caregiver to give first dose now.

Refer again to the diarrhoea box above (from your recording form). **How much zinc do you give a *child age 2 months up to 6 months?***

- Half (1/2) tablet of zinc
- One time daily
- For 14 days

Give the caregiver a supply of 7 tablets for a child age 2 months up to 6 months. Then, teach the caregiver how to cut the tablet and give the first dose—half a tablet—to the child now.

How much zinc do you give a *child age 6 months up to 5 years?*

- One (1) whole tablet of zinc
- One time daily
- For 14 days.

Give the caregiver a supply of 14 tablets for the 14 days. Ask the caregiver to give the first dose now.

For each child below, what dose of zinc supplement do you give?

Also, how many tablets totally would you give for the full 14-day treatment?

- ***For a child age 2 months***
- ***For a child age 3 months***
- ***For a child age 6 months***
- ***For a child age 3 years***
- ***For a child age 5 months***
- ***For a child age 4 years***
- ***For a child age 4 months***

A 14-day treatment with zinc supplements helps to prevent diarrhoea for the next three months.

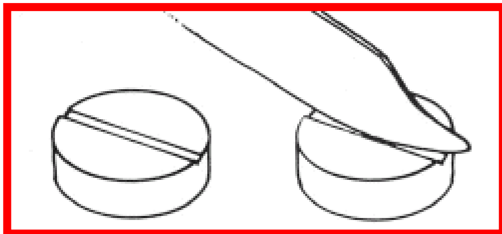
Zinc supplements comes in a 10-tablet blister pack. You will need 14 tablets for treatment of

a child age 6 months up to 5 years -

For the infants age 2 months up to 6 months they will need 7 tablets

Help the caregiver give the first dose now

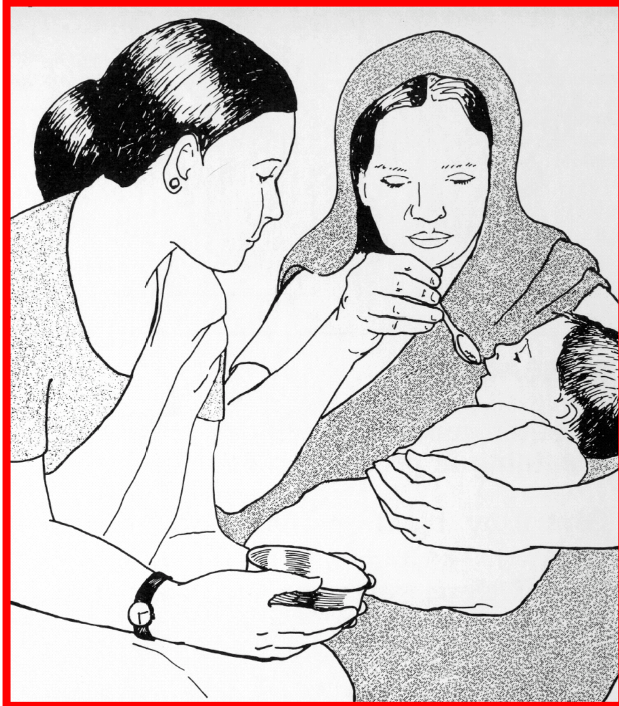
1. If the dose is for half of a tablet, help the caregiver cut it into two parts.



2. Ask the caregiver to put the tablet or half tablet into a spoon with breast milk or water. The tablet will dissolve. The caregiver does not need to crush the tablet before giving it to the child.

3. Now, help the caregiver give her child the first dose of zinc. The child might spit out the zinc solution. If so, then use the spoon to gather the zinc solution and gently feed it to the child again. If this is not possible and the child has not swallowed the solution, give the child another dose.

4. Encourage the caregiver to ask questions. Praise the caregiver for being able to give the zinc to her child. Explain how the zinc will help her child.



Give the caregiver enough zinc for 14 days. Explain how much zinc to give, once a day. Mark the dose on the packet of tablets.

Emphasize that it is important to give the zinc for the full 14 days, even if the diarrhoea stops. 14 days of zinc will help her child have less diarrhoea in the months to come. The child will have a better appetite and will become stronger.

Then, advise the caregiver to keep all medicines out of reach of children. She should also store the medicines in a clean, dry place, free of mice and insects.

Finally, tick [✓] the treatment you gave in the diarrhoea box on the recording form (☐ Give ORS and ☐ Give zinc supplement). The form is a record of the treatment, as well as a guide for making decisions.

Role play practice: Prepare and give ORS solution and zinc supplement

[This may be the first time that community health workers will prepare an ORS solution or a zinc supplement. If so, the facilitator will demonstrate the unfamiliar tasks before this role play practice.]

Roll play practice

Work with a partner who will be the caregiver. Make sure that the caregiver has a doll. If none is available, wrap a cloth to serve as a small child.

1. Follow the steps described in this manual to show the caregiver how to prepare the ORS solution.

   The caregiver should do *all* tasks. The community health worker should coach so that the caregiver learns to prepare the ORS solution correctly. Guide the caregiver in measuring the water, emptying the entire packet, stirring the solution, and tasting it.

2. Help the caregiver give the ORS solution to her child.

3. Help the caregiver prepare and give the first dose of the zinc supplement to her child. Follow the steps in this manual.

4. Discuss any difficulties participants had in preparing and giving ORS solution and zinc supplement. Identify how to involve the caregiver in doing the tasks.

☐ *If fever*

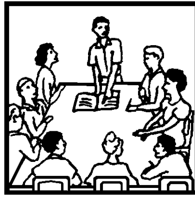
Many children become sick with fever. You can identify fever by touch. Fever in a sick child, however, is not always present. Therefore, also ask the caregiver and accept the caregiver's report of fever now or in the last three days.

Often fever is a sign of malaria. Malaria is the most common cause of childhood deaths in our communities. Therefore, it is important to treat children who have malaria with an antimalarial.

We cannot assume, however, that a child with fever has malaria. The antimalarial medicine is strong and expensive and should not be given to a child who does not need it. It antimalarials are used anyhow, there is a risk of building the resistance of the malaria parasite to the specific antimalarial. Over time, this decreases its ability to be effective in treating malaria.

We now have a rapid diagnostic test (RDT) to determine whether a child has malaria. The test can be done in the community. Before treating a child with fever, therefore, you will determine whether the child has malaria by doing an RDT. The fever box (below) on the recording form reminds you to do the RDT before you treat the child for malaria.

☐ If **Fever** (less than 7 days)	☐ **Do a rapid diagnostic test (RDT):** __Positive __Negative ☐ **If RDT is positive, give oral antimalarial ACT.** Age 2 months up to 3 years—1 tablet (total 6 tabs) Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now, and 2nd dose after 8 hours. Then give dose twice daily for 2 more days. **Advise caregiver on use of a bednet (ITN).**



Demonstration: Do a rapid diagnostic test for malaria

Your facilitator will demonstrate the steps to do the RDT. As you follow the demonstration, read the summary of the steps in the section that follows, starting on the next page.

◻ Do a rapid diagnostic test (RDT)[1]

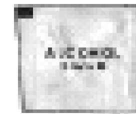
Organize the supplies

First, collect the supplies for doing the RDT (see below). Organize a table area to keep all supplies ready for use.

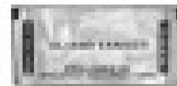
For each child with fever, collect these supplies for the RDT:

1. NEW unopened **test packet**
2. NEW unopened **spirit (alcohol) swab**
3. NEW unopened **lancet**
4. New pair of **disposable gloves**
5. **Buffer**
6. **Timer** (up to at least 15 minutes)
7. **Sharps box**

1. Test packet

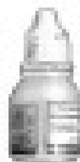


2. Spirit (alcohol) swab



3. Lancet

4. Disposable gloves



5. Buffer

6. Timer

7. Sharps box

Perform the test

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[1] The instructions with diagrams, here and in Annex A, are taken from *How to use a rapid diagnostic test (RDT): A guide for training at a village and clinic level* (2006). The Quality Assurance Project (QAP) and the World Health Organization (WHO). Bethesda, MD, and Geneva, Switzerland.

1. **Check the expiry date of the packet.**

The expiry date marked on the test package must be after today's date to be more confident of the effectiveness of the test materials.

2. **Put on the gloves. Use new gloves for each child.**

3. **Open the test packet and remove the test items: test, loop, and desiccant sachet.**

The desiccant sachet is not needed for the test. It protects the test materials from humidity in the packet. Throw it away in a non-sharps waste container.

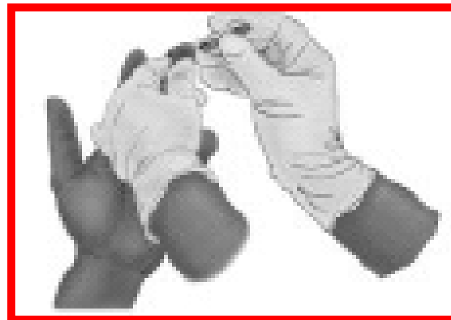
4. **Write the child's name on the test.**

5. **Use the spirit swab to clean the child's fourth finger on the left hand** (or, if the child is left-handed, clean the fourth finger on the right hand).

Then, allow the finger to dry in the air. Do not blow on it, or you will contaminate it again.

6. **Open the lancet. Prick the child's fourth finger—the one you cleaned—to get a drop of blood.** Prick towards the side of the ball of the finger, where it will be less painful than on the tip.

Then, turn the child's arm so the palm is facing downward. Squeeze the pricked finger to form a drop of blood.

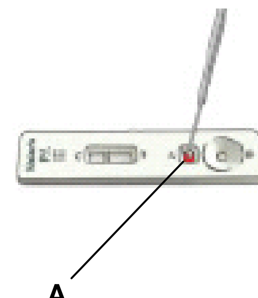


7. **Discard the lancet *immediately* in the sharps box.**

   Do not set the lancet down. There is an increased risk of poking yourself (with contamination by the blood) when you try to pick up the lancet later..

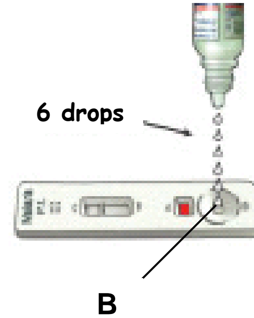
8. **Use the loop in the test kit to collect the drop of blood.**

9. **Use the loop to put the drop of blood into the square hole marked A.**



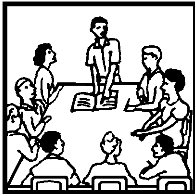
10. **Discard the loop in the sharps box.**

11. Put six drops of the buffer into the round hole marked B.



12. Wait 15 minutes after adding the buffer.

Record the time you added the buffer. After 15 minutes the red blood will drain from the square hole **A.**



Exercise: Do an RDT

Your facilitator will divide the participants into groups of two or three participants to practice doing an RDT.

1. **Organize the supplies.** From the table display, take a set of supplies for performing the tests—one for each participant in your group. Lay them out in order of their use.

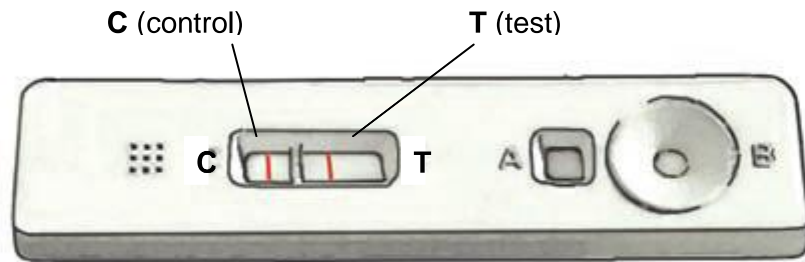
2. **Perform the test.** Do a rapid diagnostic test on each other. Use the job aid in Annex A to guide the test.

   A facilitator will observe to ensure that the test is done correctly and the safety procedures are followed.

   When you add the buffer, write the time on a piece of paper. Keep the test until later, when you will read the results.

Read the test results

13. Read the results in the C (control) and T (test) windows.



14. How to read the results:

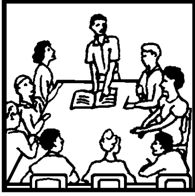
Result	Decide	Comment
INVALID test: **No line in control window C.**	Repeat the test with a new unopened test kit	Control window C must *always* have a red line. If it does not, the test is damaged. The results are INVALID.
POSITIVE: **Red line in control window C AND** **Red line in test window T.** See the example in above test.	Child has **MALARIA**	The test is POSITIVE even if the red line in test window T is faint.
NEGATIVE: **Red line in control window C AND** **NO red line in test window T.**	Child has **NO MALARIA**	To confirm that the test is NEGATIVE, be sure to wait the full 15 minutes after adding the buffer.

15. Dispose of the gloves, spirit swab, desiccant sachet, and packaging in a non-sharps waste container.

16. Record the test results on the recording form. Tick [✓] the results of the test for malaria, __Positive or __Negative, in the fever box on the back of the recording form.

Then dispose of the test in a non-sharps waste container.

Each test can be used only once. For the safety of the child, start with a new unopened test packet, spirit (alcohol) swab, lancet, and disposable gloves. While doing the test and disposing of used items, prevent the possibility that one child's blood will be passed to yourself or to another child.



Exercise: Read the RDT

1. The results of the test done during the demonstration should now be ready. Your facilitator will ask you to read the results of the demonstration test. Tick [✓] the result here (do not share your answer with others): __Positive __Negative __Invalid

   The facilitator will then discuss the results. Be ready to explain your decision. What do the results mean?

2. If 15 minutes have passed since you added the buffer to the test you gave your partner, then read the results of the test: Tick [✓] the result here: __Positive __Negative __Invalid

   Discuss the results with the facilitator.

3. The facilitator will give you cards with sample test results on them. Write the test number for each below. Then read the results and record [✓] the results here:

   Test number:____ __Positive __Negative __Invalid

   Test number:____ __Positive __Negative __Invalid

   Test number:____ __Positive __Negative __Invalid

   Test number:____ __Positive __Negative __Invalid

   When you have finished, the facilitator will discuss the test results with you.

☐ If RDT is positive, give oral antimalarial ACT

If the rapid diagnostic test results are positive for malaria, your ability to start treatment quickly with an antimalarial medicine can save the child's life.

The Ministry of Health recommends the oral antimalarial ACT- coartem. It combines medicines that together are currently effective against malaria in Zambia.

Before you give a child an antimalarial, **check the expiry date** on the package. Do not use an antimalarial that has expired.

Refer to the fever box below, which is also on the recording form.

☐ If **Fever** (less than 7 days)	☐ **Do a rapid diagnostic test (RDT):** __POSITIVE __NEGATIVE ☐ **If RDT is positive, give oral antimalarial ACT.** ☐ Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now, and 2nd dose after 8 hours. Then give dose twice daily for 2 more days. ☐ **Advise caregiver on use of a bednet (ITN).**

What is the dose for a child age 2 months up to 3 years?

- One (1) tablet of ACT: coartem
- Twice daily
- For 3 days

You will give a total of 6 tablets for the full 3-day treatment. Ask the caregiver to give the first dose immediately—1 tablet, and then after 8 hours again give 1 tablet. Then, give the remaining tablets, 1 in the morning and 1 at night until the tablets are finished (for 2 more days).

What is the dose for a child age 3 years up to 5 years?

- Two (2) tablets of ACT: coartem.
- Twice daily

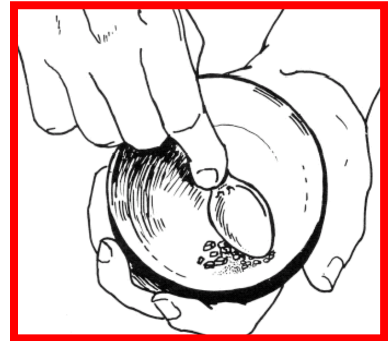
- For 3 days

You will give a total of 12 tablets for the full 3-day treatment. Ask the caregiver to give the first dose immediately—2 tablets, and then give 2 tablets again after 8 hours. (It may be helpful to remember that the dose for a child this age is 2 times or double the dose for a child age 2 months up to 3 years.)

Then, ask the caregiver to give the remaining tablets, 2 in the morning and 2 at night, until the tablets are finished (for 2 more days).

Help the caregiver give the first dose now

You will help the caregiver give the child the first dose right away in front of you. To make it easier for the child to take the tablet, help the caregiver prepare the first dose:



1. Use a spoon to crush the tablet in a cup or small bowl.
2. Mix it with breast milk or with water. Or crush it with banana or another favourite food of the child.
3. Ask the caregiver to give the solution with the crushed tablet to the child with a spoon. Help her give the whole dose.

Then, ask the caregiver to give the child a second dose after 8 hours. The recommended time between tablets is to prevent giving the second dose too soon. This would make the dose too strong for the child. This recommendation also makes sure that the child does not wait until the next day to get the second dose. This would be too late.

On the next day (tomorrow), advise the caregiver to give one dose in the morning and one dose at night. Continue with this dose morning and night the following day to finish all the pills. Emphasize that it is important to give the antimalarial for 3 days, even if the child feels better.

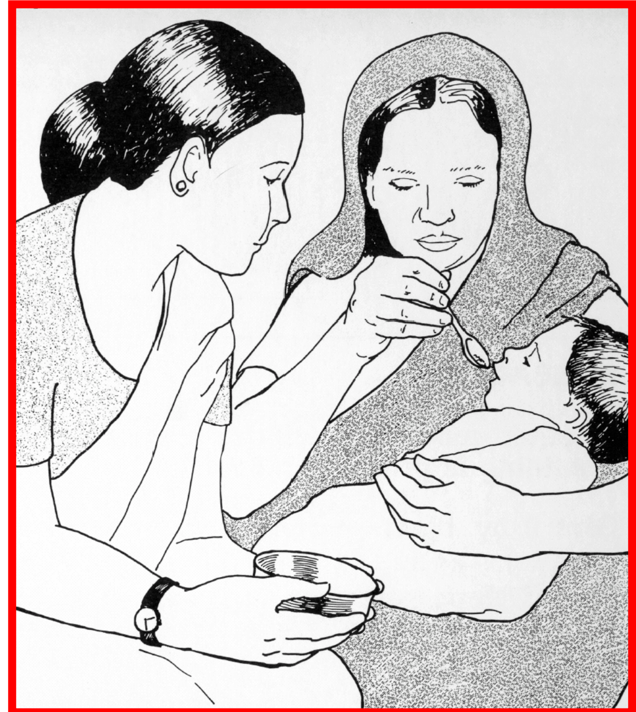
You do not have to memorize the doses. As with zinc and other treatments, refer to the box on the recording form. Tick [✓] the treatment you give for fever in the fever box.

Ask the caregiver for any questions or concerns she may have, and answer them. The caregiver should give the child the antimalarial the same way at home.

Before the caregiver leaves, ask the caregiver to repeat the instructions. Mark the dose on the packet to help the caregiver remember.

Help the caregiver give the first dose of a medicine. If the child spits up the medicine, help the caregiver use the spoon to gather up the medicine and try to give it again.

If the child spits up the entire dose, give the child another full dose. If the child is unable to take the medicine, refer the child to the health facility.



Many fevers are due to illnesses that go away within a few days. If the child has had fever for less than 7 days and the results of the RDT are negative, then ask to see the child in 3 days for a follow-up visit. Also counsel the caregiver to bring the child back right away if the child becomes sicker.

If the child is not better when you see the child during the follow-up visit, refer the child to a health facility.

Exercise:
Decide on the dose of an antimalarial to give a child

Your facilitator will give you a card with the name and age of a child, from the list below. The child has fever (less than 7 days with no danger sign) and lives in a malaria area. The results of the RDT are **positive** for malaria, and the child will be treated at home. Complete the information for your child in the table below.

The facilitator will also give you blister packs of tablets of the antimalarial ACT. Demonstrate the dosage using the tablets. Refer to the box on the treatment of fever on the recording form to guide your answers.

1. How much should the child take in **a single dose? How many times a day? For how many days?**

2. Count out the tablets for the child's full treatment. (If the tablets are in a blister pack, do not remove them from the pack.) **How many tablets totally should the child take?**

3. Based on the time when the child received the first dose, **what time should the caregiver give the child the next dose?**

Raise your hand when you have finished. The facilitator will check your decisions, and then will give you a card for another child.

Child with fever	**Age**	**How much is a single dose?**	**How many times a day?**	**For how many days?**	**How many tablets totally?**	**First dose was given at:**	**What time to give next dose?**
1.Mwiya	2 years					8:00	
2.Bwalya	4 and a half years					14:00	
3. Monde	3 months					now	
4.Mabvuto	8 months					10:00	
5. Chileshe	6 months					15:00	
6. Yande	36 months					11:00	
7. Liseli	4 years					9:00	
8. Mwaka	3 and a half years					13:00	
9. Lulu	12 months					14:00	
10. Andrew	4 years					7:00	
11. Lombe	Almost 5 years					12:00	
12. Peter	5 months					16:00	

☐ Advise caregiver on use of Insecticide Treated Mosquito nets (ITNs)

Children under 5 years (and pregnant women) are particularly at risk of malaria. They should sleep under an ITN to repel and kill mosquitoes.

The mosquitoes that carry the malaria parasite come out to bite at night. Without the protection of ITN, children will get malaria repeatedly. They are at great risk of dying.

Further, malaria is a major cause of anaemia in young children. Anaemia makes a child very weak and tired. It limits the child's ability to learn.

Advise caregivers on using an ITN for their young children. This advice is especially important for a caregiver of a child who receives an antimalarial.

If the family does not have an ITN, provide information on where to get an ITN. Often the Ministry of Health distributes free ITN or ITN at reduced cost.

Types of insecticide-treated bednets (ITNs)

- A ***regular insecticide-treated bednet*** is effective for up to 3 washes. It must be re-treated with insecticide after 3 washes or at least once a year to remain effective.
- The recommended net is now a ***long-lasting insecticidal net (LLIN)***. It is effective for at least 20 washes and up to three years of normal use.

Discuss with the facilitator: **How do families get an** ITN **in your community?** Some ways to get a ITN might be:

- From the health facility—the national programme may give an ITN to all families with children under age 5 years or with a pregnant woman.
- From a local seller—a local store or market stand may sell ITN at a reduced cost.
- From a buying club—some villages organize buying clubs to buy ITN at reduced prices for families who need them.

Unfortunately, many families who have an ITN do not use it correctly. They do not hang the net correctly over the sleeping area. Or they do not tuck it in. They may wash the insecticide out of the net. They may not replace a damaged or torn net.

Discuss: Where do families learn how to use and maintain an ITN**?** Refer families to the person in the community who is responsible for promoting the use of ITNs. You can also invite someone from the health facility to speak at a village health day about how to use an ITN. How to maintain the effectiveness of an ITN depends on the type of net (see the box).

☐ *If fast breathing*

Fast breathing is a sign of pneumonia. The child must have an antibiotic or the child will die. With good care, families can treat a child with fast breathing—with no chest indrawing or other danger sign—at home with an antibiotic.

☐ Give oral antibiotic

A child with fast breathing needs an antibiotic. An antibiotic, amoxycillin, is in your medicine kit. It may be in the form of a tablet or it may be a suspension in a bottle to mix with water to make syrup.

Check the expiry date on the antibiotic package. Do not use an antibiotic that has expired.

The instructions here are for amoxycillin in the form of an adult 250 mg tablet, and a dispersible paediatric 125mg tablet.

☐ If **Fast Breathing**	☐ **Give oral antibiotic** (amoxycillin—250 mg). Give twice daily for 5 days: ☐ Age 2 months up to 12 months— 1tablet (total 10 tabs) ☐ Age 12 months up to 5 years— 2 tablets (total 20 tabs) Help caregiver give first dose now. Or amoxycillin tablet—125 mg dispersible tablets). Give twice daily for 5 days: ☐Age 2 months up to 12 months—2 tablets (total 20 tabs) ☐Age 12 months up to 5 years—4 tablets (total 40 tabs) Help caregiver give first dose now.

Look in the box above (from the recording form). **What is the dose for a child age 2 months up to 12 months?**

- One (1) adult tablet of amoxycillin
- Twice daily (morning and night)
- For 5 days

You will give the caregiver a supply of 10 tablets for the 5-day treatment for a child age 2 months up to 12 months.

Or

- Two (2) dispersible tablets of amoxycillin
- Twice daily (morning and night)
- For 5 days

What is the dose for a child age 12 months up to 5 years?

- Two (2) adult tablets of amoxycillin
- Twice daily (morning and night)
- For 5 days.

You will give the caregiver a supply of 20 tablets for the 5-day treatment for a child age 12 months up to 5 years.

Or

- Four (4) dispersible tablets of amoxycillin
- Twice daily (morning and night)
- For 5 days

Ask the caregiver to give the first dose immediately. Help the caregiver crush the antibiotic and add water or breast milk to it to make it easier for the child to take.

Antibiotics and antimalarials are valuable when used correctly to save the life of a child who needs them.

Do not give medicine to a child who does not need it.

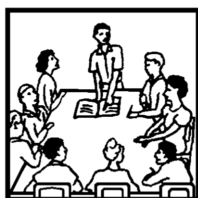
- Giving medicine to a child who does not need it will not help the child get well. An antibiotic, for example, does not cure a simple cough.
- Misused medicines can be harmful to the child.
- Misused medicines become ineffective. They lose their strength in fighting illness.
- Giving medicine to a child who does not need it is wasteful. It can mean that later the medicine is not there for that child or other children when they need it.

Then tell the caregiver to continue giving the dose morning and evening until the tablets are finished (for 5 days). Mark the dose on the package.

Ask the caregiver to repeat the instructions before leaving with the child. Make sure that the caregiver understands how much antibiotic to give, when, and for how long. Emphasize that it is important to give the antibiotic for the full 5 days, even if the child feels better.

If the caregiver must give more than one medicine, review how to give each medicine to the child. Check the caregiver's understanding again.

Finally, advise the caregiver to keep all medicine out of reach of children. She should also store the medicine in a clean, dry place, free of mice and insects.



Exercise and demonstration: Decide on the dose of an oral antibiotic to give a child

Your facilitator will give you a card with the name and age of a child, from the list below. The child has fast breathing (with no danger sign) and will be treated at home. On the table below, write the dose of the antibiotic to give the child. Complete the information for the child's treatment.

The facilitator will also give you antibiotic tablets. Demonstrate the dosage using the tablets. Refer to the box on the treatment of fast breathing on the Recording Form to guide your answers.

1. How much should the child take in **a single dose? How many times a day? For how many days?**

2. Count out the tablets for the child's full treatment. (If the tablets are in a blister pack, do not remove them from the pack.) **How many tablets totally should the child take?**

   Raise your hand when you have finished. The facilitator will check your decisions, and then will give you a card for another child.

Child with fast breathing	**Age**	**How much is a single dose?**	**How many times a day?**	**For how many days?**	**How many tablets totally?**
1. Mwiya	2 years				
2.Bwalya	4 and a half years				
3.Monde	3 months				
4. Mabvuto	8 months				
5. Chileshe	6 months				
6. Yande	36 months				
7. Liseli	4 years				
8.Mwaka	3 and a half years				
9. Lulu	12 months				
10. Andrew	4 years				
11. Lombe	Almost 5 years				
12. Peter	5 months				

☐ *If at risk of HIV*

☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also

The risk is that the child may have been infected with HIV by the mother during pregnancy or breastfeeding.

Infants and children who have HIV are more likely to get diarrhoea, pneumonia and to become malnourished. However, ARVs and other medications that can help these children are available at the health facility. For this reason, it is important that infants and children born to mothers who have HIV are tested for HIV, to know if they need ARVs.

Advise the caregiver to take the child for an HIV test soon. This is the only way to determine if the child's illness may be related to or complicated by HIV. If the parents' HIV status is unknown, advise the mother and father to test for HIV also. If one or both parents have HIV, they can benefit from ARVs and special care.

The community health worker should share information on where and how to test for HIV.

☐ *If living in household with someone on TB treatment*

☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine

Any infant or young child who lives in the household with a TB patient is exposed to TB. A young child who is exposed to TB is at risk of developing TB disease, even if the child has received BCG vaccine. Children with HIV or severe malnutrition are most at risk for falling ill or dying from TB.

Advise the caregiver to take the child to a health facility soon to be screened for TB.

If the child does not have TB, he should begin taking TB preventive medicine (isoniazid preventive treatment, also called IPT) for 6 months. This treatment can prevent the development of TB disease.

If the child has TB, he must begin TB treatment.

When any person in the household is diagnosed with TB, it is important that the person start TB treatment right away, take the TB medicines correctly, and complete the TB treatment. After 2 months of treatment, the TB is no longer contagious.

It is also important to ventilate the home well and protect young children from close contact (sharing air) with the TB patient.

☐ *For ALL children treated at home: Advise on home care*

Treatment is only one part of good care for the sick child. All sick children also need good home care to help them get well.

The box below (from the Recording Form) summarizes the advice on home care for a sick child.

☐ For **ALL children treated at home, advise on home care**	☐ **Advise the caregiver to give more fluids and continue feeding.** ☐ **Advise on when to return.** Go to nearest health facility or, if not possible, return immediately if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Develops a fever(for a child that did not have a fever) ☐ Develops blood in the stool (for a child that has diarrhoea) ☐ **Follow up child in 3 days.**

☐ Advise to give more fluids and continue feeding

During illness a child loses fluid. For children who are exclusively breastfeeding, advise the mother to breastfeed more frequently, and for longer at each feed. This should be enough fluid, even when the weather is hot and dry.

For children who are not exclusively breastfed, give clean water and more fluid foods. Soup, rice water, and yoghurt drinks will help to replace the lost fluid during illness. The child with diarrhoea should also take ORS solution.

A child often loses an appetite during illness and has less interest in food. The caregiver might think that she should stop offering food until the child feels better.

Instead, advise the caregiver of a sick child to continue feeding. If the child is breastfed, continue breastfeeding.

For the child who is taking foods, advise the caregiver to offer the child's favourite nutritious foods. Do not force the child to eat. But take more time and offer food more often. Expect that the appetite will improve as the child gets better.

Unfortunately, children who are frequently sick can become malnourished. Being malnourished makes the child more at risk of serious illness. Advise the caregiver to continue to offer more foods, more frequently after the child is well. This will help the child catch up after the illness.

A child with cough may also have a sore throat. A sore throat is uncomfortable and can prevent the child from drinking and feeding well.

If the child is exclusively breastfed, advise the caregiver to continue offering the breast. A child, even with a sore throat, will usually take the breast when offered.

If the child is *not* exclusively breastfed, advise the caregiver to soothe the throat with a safe remedy. For example, give the child warm—not hot—water with honey.

Tell the caregiver not to give any throat or cough medicines to a child. Cough medicines are expensive. And they often contain ingredients that are harmful for children. Warm water with honey will be comforting. It will be all that the child needs.

☐ Advise on when to return

Advise the caregiver to go to the nearest health facility if the child becomes sicker. This means that the medicine is not working or the child has another problem.

Emphasize that it is urgent to seek care immediately if the child:

- Cannot drink or feed
- Becomes sicker
- Develops a fever for a child that did not have a fever
- Develops blood in the stool for a child who has diarrhoea

Usually a caregiver will know when a child is improving or becoming sicker. Ask the caregiver what she will look for. A child may become weaker and very sleepy. A child with a cough may have difficulty breathing. Make sure that the caregiver recognizes when the child is not getting better with home care.

If the caregiver sees signs that the child is getting sicker, she should take her child directly to the health facility. She should not delay. If this is not possible, she should return immediately to you, and you will assist the referral.

Check the vaccines the child received

Today vaccines protect children from many illnesses. With a vaccine, children no longer need to suffer and die from diphtheria, whooping cough, tetanus, hepatitis, or measles. A vaccine can protect against a life-long disability from polio.

Health workers, who give the vaccines, will tell the caregiver when to bring a child for the next vaccine. Your role with the caregiver is to ask about and help make sure that child receives each vaccine according to schedule.

Ask the caregiver to always bring the child's health card or other health record with her. Look at the child's record to see whether the vaccines are up to date. (If the caregiver forgets to bring the record, she may be able to tell you when and which vaccines the child has received.)

[The facilitator will show how the vaccines are recorded on the health card or other record.]

Note: Do not ask about the child's vaccines when you refer a child with a danger sign. Avoid any discussions that delay the child from going right away to the health facility.

With other children treated at home, however, do not miss the opportunity. Check whether the child's vaccines are up to date. Counsel the caregiver on when and where to take the child for the next vaccine.

Childhood vaccines

- BCG—tuberculosis vaccine
- OPV—oral polio vaccine
- DPT-Hib-HepB — a combined vaccine with 5 vaccines: DPT is diphtheria, pertussis (or whooping cough), and tetanus vaccine; Hib—meningitis, pneumonia and other serious infections vaccine; HepB—hepatitis B vaccine
- Pnuemo - Puemonia vaccine
- Rota - Rota diarrhoea vaccine
- Measles vaccine

Health cards list some vaccines by their initials. The recording form uses the same initials. (See the box.)

For example, OPV is the Oral Polio Vaccine. For the *best protection* against polio, one vaccine is not enough. The child must receive the vaccine four times. The polio vaccines are: OPV-0, OPV-1, OPV-2, and OPV-3. (The child receives OPV-4 only if the child did not receive the first vaccine at birth.)

4. CHECK VACCINES RECEIVED (tick☑ vaccines completed, circle■ vaccines missed)

Age	Vaccine				→ Advise caregiver, if needed:
Birth	□ ■ BCG	□ ■ OPV-0			WHEN is the next vaccine to be given?
6 weeks*	□ ■ DPTHib - HepB 1	□ ■ OPV-1	□ ■ Pneumo 1	□ ■ Rota 1	
10 weeks*	□ ■ DPT—Hib - HepB 2	□ ■ OPV-2	□ ■ Pneumo 2	□ ■ Rota 2	
14 weeks*	□ ■ DPT—Hib - HepB 3	□ ■ OPV-3	□ ■ Pneumo 3		WHERE?
9 months	□ ■ Measles Rubella 1	[Give OPV-4,if OPV-0 not given at birth]			
18 months	□ ■ Measles Rubella 2				

The box above, on the recording form, lists the vaccines according to the recommended schedule. It lists the vaccines given at birth, and at age 6 weeks, 10 weeks, 14 weeks, 9 months and 18 months.

For each vaccine:

1. ***How many times does the child receive the vaccine?***
2. ***What are the recommended ages to receive the vaccine?***

A child should receive the vaccines at the recommended age. If the child is too young, the child cannot fight the illness well. If the child is older, then the child is at greater risk of getting the illness without the vaccine.

BCG and OPV-0 are given at birth. Do not give OPV-0 if the child is older than 13 days The DPT, Hib, HepB vaccines are a combined as a pentavalent vaccine: DPT-Hib-HepB the oral polio vaccine (OPV), Pnuemococcal vaccine and Rota vaccines are given at the same time in series. The first time is when the child is age 6 weeks. Keep an interval of 4 weeks between the DPT-Hib - HepB vaccines, the OPV vaccine, Pnuemococcal vaccine and Rota vaccines.

The measles rubella vaccine should not be given before the child is 9 months old. The child should receive OPV-4 only if the child did not receive the OPV-0 vaccine at birth. The child should receive all the vaccines, however, by no later than the child's first birthday.

Even if the child is sick and will be treated at home, refer the child for the needed vaccine at the first opportunity.

In the sample below, the community health worker checked the vaccines given to Sipho Mwale, a 12 week old child. A tick [✓] in the sample recording form below indicates a vaccine that Sipho has received. A circle [O] indicates a missed vaccine—that is, a vaccine Sipho should have received based on her age and the schedule.

4. CHECK VACCINES RECEIVED (tick ☑ vaccines completed, circle ■ vaccines missed)

Age	Vaccine				➔ Advise caregiver, if needed:
Birth	☑ ■ BCG	□ (■) OPV-0			WHEN is the next vaccine to be given?
6 weeks*	☑ ■ DPTHib - HepB 1	☑ ■ OPV-1	□ (■) Pneumo 1	☑ ■ Rota 1	
10 weeks*	□ ■ DPT—Hib - HepB 2	□ ■ OPV-2	□ ■ Pneumo 2	□ ■ Rota 2	
14 weeks*	□ ■ DPT—Hib - HepB 3	□ ■ OPV-3	□ ■ Pneumo 3		WHERE?
9 months	□ ■ Measles Rubella1	[Give OPV-4, if OPV-0 not given at birth]			
18 months	□ ■ Measles Rubella2				

What vaccines did Sipho receive?

Sipho is 12 weeks old. Is she up to date on her vaccines? What vaccines did she miss?

Which vaccines should she receive next time?

The community health worker counselled Mrs. Mwale to be sure to take her daughter for her vaccination. When and where should they go, if they live in your village?

Which vaccines remain on the schedule to be completed later?

Reminder: A child may need to receive a set of vaccines to catch up on missed ones. If so, the child should wait 4 weeks before receiving the next, subsequent set of vaccines.

Beauty is 2 and a half years old and has not received any vaccines. What vaccines should Beauty receive today? (Use the blank form below to make your decision.)

4. CHECK VACCINES RECEIVED (tick ☑ vaccines completed, circle ■ vaccines missed)

Age	Vaccine				➔ Advise caregiver, if needed:
Birth	□ ■ BCG	□ ■ OPV-0			WHEN is the next vaccine to be given?
6 weeks*	□ ■ DPTHib - HepB 1	□ ■ OPV-1	□ ■ Pneumo 1	□ ■ Rota 1	
10 weeks*	□ ■ DPT—Hib - HepB 2	□ ■ OPV-2	□ ■ Pneumo 2	□ ■ Rota 2	
14 weeks*	□ ■ DPT—Hib - HepB 3	□ ■ OPV-3	□ ■ Pneumo 3		WHERE?
9 months	■ Measles Rubella 1	[Give OPV-4, if OPV-0 not given at birth]			
18 months	□ ■ Measles Rubella 2				

How long should Beauty wait before going for her next vaccines?

Then, which vaccines should Beauty receive?

Exercise: Advise on the next vaccines for the child

Check the vaccines given to the three children below. For each child:

1. Which vaccines did the child receive?
2. Which vaccines, if any, did the child miss?
3. Which vaccines should the child receive next time?
4. The child lives in your community. When and where would you advise the caregiver to take the child for the next vaccine? Write your advice in the space provided.

Discuss with your facilitator what to advise caregivers to do when their children are behind more than one set of scheduled vaccines.

Child 1. Sam Kawatu, age 6 months

The facilitator will read some information about Sam for you to fill in the form below.

4. CHECK VACCINES RECEIVED (tick ☑ vaccines completed, circle (■) vaccines missed)

Age	Vaccine				➔ Advise caregiver, if needed:
Birth	□ ■ BCG	□ ■ OPV-0			WHEN is the next vaccine to be given?
6 weeks*	□ ■ DPTHib - HepB 1	□ ■ OPV-1	□ ■ PCV1	□ ■ Rota 1	
10 weeks*	□ ■ DPT—Hib - HepB 2	□ ■ OPV-2	□ ■ PCV 2	□ ■ Rota 2	
14 weeks*	□ ■ DPT—Hib - HepB 3	□ ■ OPV-3	□ ■ PCv 3		WHERE?
9 months	□ ■ Measles Rubella1	[Give OPV-4, if OPV-0 not given at birth]			
18 months	□ ■ Measles Rubella 2				

Child 2. Wilson Siakantu, age 5 months

The facilitator will read some information about Wilson for you to fill in the form below.

4. CHECK VACCINES RECEIVED (tick ☑ vaccines completed, circle (■) vaccines missed)

Age	Vaccine				➔ Advise caregiver, if needed:
Birth	□ ■ BCG	□ ■ OPV-0			WHEN is the next vaccine to be given?
6 weeks*	□ ■ DPTHib - HepB 1	□ ■ OPV-1	□ ■ PCV1	□ ■ Rota 1	
10 weeks*	□ ■ DPT—Hib - HepB 2	□ ■ OPV-2	□ ■ PCV 2	□ ■ Rota 2	
14 weeks*	□ ■ DPT—Hib - HepB 3	□ ■ OPV-3	□ ■ PCv 3		WHERE?
9 months	□ ■ Measles Rubella1	[Give OPV-4, if OPV-0 not given at birth]			
18 months	□ ■ Measles Rubella 2				

Child 3. Joyce Tanganda, age 12 weeks

The facilitator will read some information about Joyce for you to fill in the form below

4. CHECK VACCINES RECEIVED (tick ☑ vaccines completed, circle ■ vaccines missed)

Age	Vaccine				➔ Advise caregiver, if needed:
Birth	□ ■ BCG	□ ■ OPV-0			**WHEN is the next vaccine to be given?**
6 weeks*	□ ■ DPTHib - HepB 1	□ ■ OPV-1	□ ■ PCV1	□ ■ Rota 1	
10 weeks*	□ ■ DPT—Hib - HepB 2	□ ■ OPV-2	□ ■ PCV 2	□ ■ Rota 2	
14 weeks*	□ ■ DPT—Hib - HepB 3	□ ■ OPV-3	□ ■ PCv 3		
9 months	□ ■ Measles Rubella1	[Give OPV-4, if OPV-0 not given at birth]			**WHERE?**
18 months	□ ■ Measles Rubella 2				

Check the vaccines the child received

Follow up the sick child treated at home

☐ Follow up child in 3 days

All sick children sent home for treatment or basic home care need your attention. This is especially important for children who receive an antimalarial for fever or an antibiotic for fast breathing, as well as ORS and zinc for diarrhoea. The follow-up visit is a chance to check whether the child is receiving the medicine correctly and is improving.

Set an appointment for the follow-up visit

Even if the child improves, ask the caregiver to bring the child back to see you in 3 days for a follow-up visit. Help the caregiver agree on the visit. Record the day you expect the follow-up visit on the back of the Recording Form (item 6). If a time is set—for example, at 9:00 in the morning—also record the time.

If the caregiver says that the family cannot bring the child to see you, it is important to find a way to see the child. If the family cannot come, perhaps a neighbour might be willing to bring the child to see you. **If not, you must go to visit the child at home, especially if you have given the child an antimalarial or antibiotic.**

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Weekend

7. Note on follow up:

☐ Child better—continue to treat at home. Day of next follow up:__________.
☐ Child is not better—refer URGENTLY to health facility.
☐ Child has danger sign—refer URGENTLY to health facility.

During the follow-up visit

During the follow-up visit, ask about and look for the child's problems. Look for danger signs, and any new problems to treat.

Then, make sure that the child is receiving correct treatment. Find out if the caregiver is continuing to give the medicine. Remind her that she must give the daily dose of zinc, the antimalarial, or the antibiotic, until the tablets are gone, even if the child is better.

If it is a new problem that you can treat, treat the child at home, and advise on good home care.

If you find that—in spite of treatment—the child has a danger sign, is getting sicker, or even is not getting better, refer the child urgently to the health facility. On the Recording Form, tick [✓] the appropriate note to indicate what you have found and your decision (item 7): **Child better, Child is not better;** or **Child has a danger sign**.

If you advised the caregiver to take the child to the health facility soon for HIV testing or TB screening, ask if she has taken the child yet. If not, encourage the caregiver again to take the child as soon as she can.

If the child is not better or now has a danger sign, write a referral note, and assist the referral to prevent delay.

If the child continues treatment at home, write the next follow-up day in the blank. Ask the caregiver to bring the child back, for example, if you have found a new problem or you are concerned about whether the caregiver will finish the treatment with the oral medicine.

Remind the caregiver to bring the child back immediately if the child cannot drink or feed, becomes sicker, or has blood in the stool.

Record the treatments given and other actions

The Recording Form lists the treatments and home care advice for children treated at home. This list is a reminder of the important tasks to help the child get correct treatment at home. It also is a record. Tick [✓] the treatments given and other actions as you complete them.

> Note: During practice in the classroom, hospital, or outpatient facility, you may not be able to give a recommended treatment to a sick child.
>
> If so, on the Recording Form ***tick [✓] all the treatments and other actions you would plan to give the child,*** if you saw the child in the community.

Exercise: Decide on and record the treatment and advice for a child at home

Jenny Bwezani, age 6 months, has visited the community health worker.

1. Use the information on the child's recording form on the next page to complete the rest of the form.

    a. Decide whether Jenny has fast breathing.

    b. Identify danger signs, if any, and other signs.

2. Decide to refer or treat Jenny.

3. Decide on treatment.

    a. Tick [✓] the treatment you would give the child. Select the medicine to give, the dose, and how much to send home with the caregiver. Use your supply of medicine to demonstrate the treatment.

    b. Decide on the advice on home care to give the caregiver. Tick [✓] the advice.

    c. Indicate when the child should come back for a follow-up visit.

    d. At birth, Jenny received her BCG and OPV vaccines. At six weeks, Jenny had her full series of vaccines, but since then she has not received any vaccines. Indicate on the form what vaccines, if any, the child needs. In your community, when and where should the child go to receive the vaccines?

4. Do not complete item 7, the note on the follow-up visit that will happen later.

5. Make sure that you have recorded all the decisions on the Recording Form.

Ask the facilitator to check the Recording Form and the medicine you have selected to give the child. If there is time, the facilitator will give you a second Recording Form to complete.

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date: *15/7/2008* (Day / Month / Year) **CHW: Beauty Ngosa**

Child's First Name: *Jenny* **Surname** *Bwezani* **Age:** __Years/_6_Months **Boy** / (**Girl**)

Caregiver's name: *Peter Bwezani* **Relationship:** Mother / (Father) / Other: _________

Physical Address: *Near Changani Market* __ **Compound/Village:** *Kalonga Vge*

1. Identify problems

	ASK and LOOK	Any DANGER SIGN or other problems to refer?	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔Tick ☑ **NO** sign ➔ Circle (■)			
☑	■ Cough? If yes, for how long? *3* days	☐Cough for 14 days or more	
☑	■ Diarrhoea (loose stools)? IF YES, for how long? *3* days.	☐Diarrhoea for 14 days or more	☐Diarrhoea (less than 14 days AND no blood in stool)
☐	(■) Blood in stool?	☐Blood in stool	
☑	■ Fever (reported or now)? If yes, started *2* days ago.	☐Fever for last 7 days	☐Fever (less than 7 days)
☐	(■) Convulsions?	☐Convulsions	
☐	(■) Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■	☐Not able to drink or feed anything	
☑	■ Vomiting? If yes, vomits everything? ☐ (■)	☐Vomits everything	
	(■) Has HIV?	☐Has HIV and any other illness	
☐	(■) At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and Child has not tested for HIV ☐ Parents' current HIV status unknown
☑	■ Lives in a household with someone who is on TB treatment?		☑ Lives with someone on TB treatment
☐	(■) Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.	☐ If any other problem refer:	
LOOK:			
☐	(■) Chest indrawing? (FOR ALL CHILDREN)	☐Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** 45 breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐Fast breathing
☐	(■) Very sleepy or unconscious?	☐Very sleepy or unconscious	
	For child 6 months up to 5 years, MUAC tape colour: Red___yellow___ green_√_	☐Red on MUAC tape ☐ Yellow on MUAC tape and has HIV	☐ Yellow on MUAC tape (no HIV)
☐	(■) Swelling of both feet?	☐Swelling of both feet	

2. **Decide: Refer or treat child**
(tick decision)

☐ **If ANY Danger Sign, refer to health facility**	☐ **If NO Danger Sign, treat at home and advise caregiver**

GO TO PAGE 2 →

Child's name: Jenny Bwezani Age: 6___________________

3. Refer or treat child
(tick treatments given and other actions)

If any danger sign,
REFER URGENTLY to health facility:

ASSIST REFERRAL to health facility:
☐Explain why child needs to go to health facility.
☐FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:

☐ If **Diarrhoea**	☐Begin giving ORS solution right away
☐ If **Fever and danger sign**	☐ Quickly do an RDT __Positive __Negative ☐If RDT is positive, give stat dose of oral antimalarial ACT if the child is able to take orally ☐Age 2 months up to 3 years—1 tab ☐Age 3 yrs up to 5 yrs—2 tabs
☐ If **Chest indrawing,** or ☐ **Fast breathing and danger sign**	☐**Give first dose of oral antibiotic** (amoxycillin adult tablet 250mg) ☐Age 2 months up to 12 months—1 tablet ☐Age 12 months up to 5 years— 2 tablet OR (Amoxycillin syrup - 125mg per 5mls) ☐Age 2 months up to 12 months—10mls ☐Age 12 months up to 5 years—20mls OR (Amoxycillin tablet - 125mg dispersible tablets) ☐Age 2 months up to 12 months— 2 tablet ☐Age 12 months up to 5 years—4 tablet

If no danger sign,
TREAT at home and ADVISE on home care:

☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐**Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐**Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but **at least** ½ cup ORS solution after each loose stool. ☐**Give zinc supplement.** Give 1 dose daily for 14 days: ☐Age 2 months up to 6 months— ½ tablet (total 7 tabs) ☐Age 6 months up to 5 years—1 tablet (total 14 tabs) Help caregiver to give first dose now.
☐ If **Fever** (less than 7 days)	☑**Do a rapid diagnostic test (RDT)** __✓__Positive ________Negative ☐**If RDT is positive, give oral antimalarial ACT** ☐Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now and 2nd dose after 8 hours. Then give dose twice daily for 2 more days. ☐**Advise caregiver on use of an ITN**
☐ If **Fast breathing**	☐Give oral antibiotic (amoxycillin tablet—250 mg). Give twice daily for 5 days: ☐Age 2 months up to 12 months—1 tablet (total 10 tabs) ☐Age 12 months up to 5 years—2 tablets (total 20 tabs) Help caregiver give first dose now. OR amoxycillin syrup—125 mg per 5 mls). Give twice daily for 5 days: ☐Age 2 months up to 12 months— 10mls ☐Age 12 months up to 5 years—20mls Help caregiver give first dose now. **OR** amoxycillin tablet—125 mg dispersible tablets). Give twice daily for 5 days: ☐Age 2 months up to 12 months—2 tablet (total 20 tabs) ☐Age 12 months up to 5 years—4 tablets (total 40 tabs) Help caregiver give first dose now.
☐ If at risk of HIV	☐ Advise caregiver to take the child for HIV test soon, and if parents HIV status is not known, advise the mother and father to test for HIV also
☐ If living if hold with someone on TB	☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine

☐For any sick child who can drink, advise to give fluids and continue feeding. ☐Advise to keep child warm, if child is NOT hot with fever. ☑Write a referral note. ☐Arrange transportation, and help solve other difficulties in referral. ➔FOLLOW UP child on return at least once a week until child is well.	

treatment	
☐ If yellow on MUAC tape (No HIV)	☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme if available
☐ For **ALL** children treated at home, advise on home care	☐**Advise caregiver to give more fluids and continue feeding.** ☐**Advise on when to return.** Go to nearest health facility or, if not possible, return immediately if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐**Follow up child in 3 days** (schedule appointment in item 6 below).

4. CHECK VACCINES RECEIVED

(tick ☑ vaccines completed,

circle ■ vaccines missed)

*Keep an interval of 4 weeks between DPT-Hib - HepB, OPV, Pneumo and Rota doses. Do not give OPV 0 if the child is 14 days old or more

Age	Vaccine		➔ Advise caregiver, if needed:
Birth	☐ ■ BCG	☐ ■ OPV-0	**WHEN is the next vaccine to be given?**
6 weeks*	☐ ■ DPTHib - HepB 1	☐ ■ OPV-1 ☐ ■ PCV1 ☐ ■ Rota 1	
10 weeks*	☐ ■ DPT—Hib - HepB 2	☐ ■ OPV-2 ☐ ■ PCV2 ☐ ■ Rota 2	
14 weeks*	☐ ■ DPT—Hib - HepB 3	☐ ■ OPV-3 ☐ ■ PCV3	**WHERE?**
9 months	☐ ■ Measles Rubellla 1	[Give OPV-4, if OPV-0 not given at birth]	
18 months	☐ ■ Measles Rubella 2		

5. If any OTHER PROBLEM or condition I cannot treat, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)

Describe problem: ____

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Weekend

7. Note on follow up:

☐ Child better—continue to treat at home. Day of next follow up:__________.

☐ Child is not better—refer URGENTLY to health facility.

☐ Child has danger sign—refer URGENTLY to health facility.

8. If DANGER SIGN, refer urgently: Begin treatment and assist referral

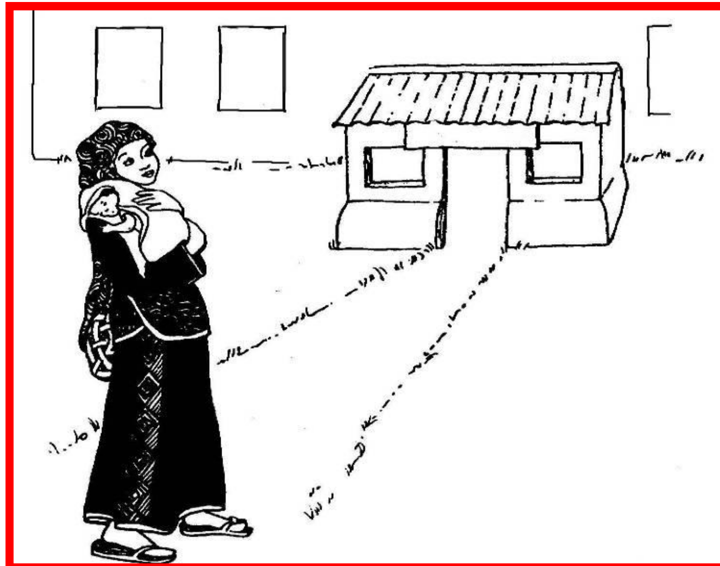
Joseph is very sick. He has had fever for 2 days and he has chest indrawing. He has a red reading on the MUAC strap. Joseph can still drink, but he is not interested in eating.

The community health worker says that Joseph must go right away to the health centre. She explains that Joseph is very sick. He needs treatment that only the health facility can provide. Mrs. Gunduzani agrees to take Joseph.

Before they leave, the community health worker begins treatment. She helps Mrs. Gunduzani give her son the first dose of an antibiotic for the chest indrawing (severe pneumonia). She explains that Joseph will receive additional treatment at the health centre.

She advises Mrs. Gunduzani to continue giving breast milk and other fluids on the way. She wants her to lightly cover Joseph so he does not get too hot.

The community health worker knows that she must do everything she can to assist the referral. Joseph must reach the health centre without delay.



The community health worker writes a referral note to explain why she is sending Joseph to the health centre and what treatment Joseph has started.

She walks with Mrs. Gunduzani and her son to the roadway in order to help them find a ride to the health centre.

As they leave, Mrs. Gunduzani asks, "Will Joseph need to go to the hospital?" The community health worker says she does not know. The nurse at the health centre will decide how to give Joseph the best care.

If Joseph must go to the hospital, the community health worker says that she will find neighbours to help the family until she returns. Mrs. Gunduzani should not worry about her family at home.

What did the community health worker do to help Joseph get care at the health centre?

- ***What did the community health worker do to encourage Mrs.* Gunduzani *to agree to take Joseph to the health centre?***
- ***What treatment did Joseph begin?***
- ***What did the community health worker do to help Joseph receive care as soon as possible after he arrives at the health centre?***

In some situations, it might be better for the child to go directly to the hospital. Discuss with the facilitator when, if ever, you might refer the child directly to the hospital.

□ *Begin treatment*

A very sick child needs to start treatment right away. If the child can drink, you will be able to start *pre-referral treatment* before the child leaves for the health centre. You will begin treating a child with a danger sign and diarrhoea or fast breathing. Also, you will begin treating a child with chest indrawing, one of the danger signs.

The pre-referral treatment is the same as **the first dose** of the medicine. The first dose of the medicine will start to help the child on the way to the health facility. ORS, an antimalarial, and an antibiotic are in your medicine kit to use as pre-referral treatments.

[Note that a zinc supplement is not a pre-referral treatment. You do not need to give it before referral.]

Note that a pre-referral treatment may not be for the reason the child is being referred.

For example, you are referring a child with cough for 14 days or more. Do you give a pre-referral treatment for the cough? No, there is no pre-referral treatment for cough.

If the child also has had diarrhoea for 3 days, however, you will start a pre-referral treatment. What pre-referral treatment do you give for diarrhoea?

Discuss: Refer to the box on the Recording Form to guide you in selecting and giving a pre-referral treatment. Discuss the examples below.

Use the recording forms from your facilitator which include information on pre-referral treatment for a child who has fever and a danger sign.

EXAMPLE 1. Musonda is 6 months old with cough and chest indrawing for 3 days.

What is the reason to refer this child (the danger sign or other problem)?____________________

On the form, tick [✓] all the signs requiring pre-referral treatment.

Then, tick [✓] the pre-referral treatment you would give the child.

Finally, tick [✓] the dose for the pre-referral treatment.

If any danger sign, **REFER URGENTLY to health facility:**	
ASSIST REFERRAL to health facility: ☐**Explain why child needs to go to health facility.** ☐**FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:**	
☐ If **Diarrhoea**	☐**Begin giving ORS solution** immediately.
☐ If **Fever**	☐Quickly do a rapid diagnostic test (RDT). __Positive __Negative ☐If RDT is positive, give stat dose of oral antimalarial – coartem if the child is able to take orally. ☐Age 2 months up to 3 years—1 tablet ☐Age 3 yrs up to 5 yrs—2 tablets
☐ If **Chest indrawing,** or ☐ **Fast breathing and danger sign**	☐**Give first dose of oral antibiotic** (amoxycillin adult tablet 250mg) ☐Age 2 months up to 12 months— 1 tablet ☐Age 12 months up to 5 years— 2 tablet OR (Amoxycillin syrup – 125mg per 5mls) ☐Age 2 months up to 12 months— 10mls ☐Age 12 months up to 5 years—20mls OR (Amoxycillin tablet – 125mg dispersible tablets) ☐Age 2 months up to 12 months— 2 tablet ☐Age 12 months up to 5 years—4 tablet
☐**For any sick child who can drink, advise to give fluids and continue feeding.** ☐**Advise to keep child warm, if child is NOT hot with fever.** ☐**Write a referral note.** ☐**Arrange transportation, and help solve other difficulties in referral. FOLLOW UP child on return at least once a week until child is well.**	

EXAMPLE 2. Ali is 4 years old. He has a red reading on the MUAC strap and has had

diarrhoea for 6 days.

What is the reason to refer this child (the danger sign or other problem)?____________________

On the form, tick [✓] all the signs requiring pre-referral treatment.

Then, tick [✓] the pre-referral treatment you would give the child.

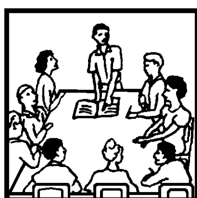
Finally, tick [✓] the dose for the pre-referral treatment.

Note that the pre-referral dose for ORS solution is: As much as the child will take. Then, help the caregiver start giving ORS right away. Continue to give ORS on the way to the health facility.

<table>
<tr><td colspan="2">If any danger sign, REFER URGENTLY to health facility:</td></tr>
<tr><td colspan="2">ASSIST REFERRAL to health facility:
☐Explain why child needs to go to health facility.
☐FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:</td></tr>
<tr><td>☐ If
Diarrhoea</td><td>☐Begin giving ORS solution immediately.</td></tr>
<tr><td>☐ If
Fever</td><td>☐Quickly do a rapid diagnostic test (RDT).
__Positive __Negative
☐If RDT is positive, give stat dose of oral antimalarial - coartem if the child is able to take orally.
☐Age 2 months up to 3 years—1 tablet
☐Age 3 yrs up to 5 yrs—2 tablets</td></tr>
<tr><td>☐ If
Chest indrawing, or
☐ Fast breathing and danger sign</td><td>☐Give first dose of oral antibiotic
(amoxycillin adult tablet 250mg)
☐Age 2 months up to 12 months— 1 tablet
☐Age 12 months up to 5 years— 2 tablet
OR
(Amoxycillin syrup - 125mg per 5mls)
☐Age 2 months up to 12 months— 10mls
☐Age 12 months up to 5 years—20mls
OR
(Amoxycillin tablet - 125mg dispersible tablets)
☐Age 2 months up to 12 months— 2 tablet
☐Age 12 months up to 5 years—4 tablet</td></tr>
<tr><td colspan="2">☐For any sick child who can drink, advise to give fluids and continue feeding.
☐Advise to keep child warm, if child is NOT hot with fever.
☐Write a referral note.
☐Arrange transportation, and help solve other difficulties in referral. FOLLOW UP child on return at least once a week until child is well.</td></tr>
</table>

Remember: You cannot give oral medicine to a child who cannot drink.

If the child is unusually sleepy or unconscious, vomiting everything, or in any other way unable to drink, do not give oral medicine. Refer the child **urgently** to the health facility.



Discussion: Select a pre-referral treatment for a child

For each child listed below:

1. Circle the sign or signs for which the child needs referral.

2. Decide which sign or signs need a pre-referral treatment.

3. Tick [✓] all the pre-referral treatments to give before the child leaves for the health facility.

4. Write the dose for each pre-referral treatment. Refer to the Recording Form to guide you. Be prepared to discuss your decisions. *[The facilitator may give you a child's card for the group discussion.]*

Circle the **signs to refer the child**	Tick [✓] **pre-referral treatment**	Write the **dose** for each pre-referral treatment
Mbangu (4 year old boy) – Cough for 14 days Fever (RDT positive)	☐ **Begin giving ORS solution** ☐ **Give first dose of oral antimalarial** ☐ **Give first dose of oral antibiotic**	
Annie (2 year old girl) – Cough for 14 days Diarrhoea for 3 days No blood in stool	☐ **Begin giving ORS solution** ☐ **give first dose of oral antimalarial** ☐ **Give first dose of oral antibiotic**	
Sam (2 month old boy) – Diarrhoea for 3 weeks No blood in stool Fever for last 3 days (RDT negative)	☐ **Begin giving ORS solution** ☐ **Give first dose of oral antimalarial** ☐ **Give first dose of oral antibiotic**	
Chongo (3 year old boy) – Cough for 3 days Chest indrawing Unusually sleepy or unconscious	☐ **Begin giving ORS solution** ☐ **Give first dose of oral antimalarial** ☐ **Give first dose of oral antibiotic**	
Sara (3 year old girl) – Diarrhoea for 4 days Burns on both feet	☐ **Begin giving ORS solution** ☐ **Give first dose of oral antimalarial** ☐ **Give first dose of oral antibiotic**	
Thomas (3 year old boy) – Diarrhoea for 8 days Fever for last 8 days Vomits everything Red on MUAC strap	☐ **Begin giving ORS solution** ☐ **Give first dose of oral antimalarial** ☐ **Give first dose of oral antibiotic**	
Maggie (5 month old girl) –	☐ **Begin giving ORS solution**	

Fever for last 7 days Diarrhoea less than 14 days Swelling of both feet	☐ **Give first dose of oral antimalarial** ☐ **Give first dose of oral antibiotic**	

☐ *Assist referral*

A pre-referral treatment for fever or fast breathing is only the first dose. This is not enough to treat the child. The child with a danger sign must go to the health facility to identify what is the problem and to receive the full treatment.

The Recording Form guides you through a list of tasks to assist the child's urgent referral to the health facility. As you complete each task to assist referral, tick [✓] each task on the Recording Form.

☐ Explain why the child needs to go to the health facility

Once you have given the first dose, the caregiver may think that you have the medicine to save the child. You must be firm. Explain that this medicine alone is not enough. The child must go to the health facility for treatment.

Going right away to the health facility may not be possible in some conditions. Perhaps the child is too sick. Perhaps travel at night is dangerous. Perhaps the rains have closed or blocked the roads.

Discuss with your facilitator what you can do when referral is not possible. Remember that your medicine will not be enough for the child. You must try to get a child with a danger sign to a health facility as soon as possible.

☐ For any sick child who can drink, advise to give fluids and continue feeding

If the child can drink and feed, advise the caregiver to continue to offer fluids and food to the child on the way to the health facility.

If the child is still breastfeeding, advise the mother to continue breastfeeding. Offer the breast more frequently and for a longer time at each feed.

If the child is not breastfeeding, advise the caregiver to offer water to drink and some easy-to-eat food.

If the child has diarrhoea, help the caregiver start giving ORS solution right away. Sometimes the ORS solution can help the child to stop vomiting. Then the child can take other oral medicines.

☐ Advise to keep child warm, if child is NOT hot with fever

Some children have a hot body because of fever. The bodies of other sick children, however, may become too cold. How the caregiver covers the child's body will affect the body temperature. What to advise depends on whether the child has a fever and on the weather.

To keep the child warm, cover the child, including the child's head, hands, and feet with a blanket. Keep the child dry if it rains. If the weather is cold, advise the caregiver to put a cap on the child's head and hold the child close to her body.

If the child is hot with fever, covering the body too much will raise the body temperature. It may make the child sicker and increase the danger of convulsions.

A light blanket may be enough to cover the child with fever if the weather is warm. If the body becomes very hot, advise the caregiver to remove even the light blanket.

☐ Write a referral note

To prevent delay at the health facility, write a referral note to the nurse or other person who will first see the child. You may have a specific referral form to complete from your health facility.

If there is no referral form, write a referral note. A referral note should give:

1. The name and age of the child
2. A description of the child's problems
3. The reason for referral (list the danger signs or other reason you referred the child)
4. Treatment you have given
5. Your name
6. The date and time of referral

You also can make a simple referral note based on the Sick Child Recording Form. (An example of a referral note is in the next exercise.)

Tick [✓] each medicine and the dose you gave. It is very important for the health worker to know what medicine you have already given the child, and when. Send the referral note with the caregiver to the health facility.

☐ Arrange transportation, and help solve other difficulties in referral

Communities may have access to regular bus, mini-bus, car, bicycle or ox-driven cart transportation to the health facility.

If so, know the transportation available. Keep the schedule handy. You do not want to miss the bus or other transportation by a few minutes. You may need to rush or send someone to ask the driver to wait, if the child is very sick.

Some communities have no direct access to transportation. A community health worker can help leaders understand the importance of organizing transportation to the health centre (and hospital). Or they can organize assistance to a road where there is regular bus service. A community leader may call on volunteers to assist families.

This service can be critical, especially for very sick children. Others also need this service, including women who have difficulty during pregnancy and delivery.

Keeping track of the numbers of children you have referred can help show the need. Use the recording forms or a log book for this information.

Transportation is only one of the difficulties a family faces in taking a sick child to the health facility. Mrs. Gunduzani may have been concerned about how to reach her husband who was working in the field. She could not go without telling him. She also needed someone to care for the other children remaining at home, if Joseph needed to go to the hospital.

The community health worker knew her community. She knew the family and neighbours of the sick child. Her knowledge helped Mrs. Gunduzani solve the problems that prevented her from taking Joseph to the health facility.

Always ask the caregiver if there are any difficulties in taking the child to the health facility. Listen to her answers. Then, help her solve problems that might prevent her or delay her from taking the child for care.

If the caregiver does not want to take the child to the health facility, find out why. Calm the caregiver's fears. Help her solve any problems that might prevent the child from receiving care. Here are some examples:

The caregiver does not want to take the child to the health facility because:	How to help and calm the caregiver's fears:
The health facility is scary, and the people there will not be interested in helping my child.	Explain what will happen to her child at the health facility. Also, you will write a referral note to help get care for her child as quickly as possible.
I cannot leave home. I have other children to care for.	Ask questions about who is available to help the family, and locate someone who could help with the other children.
I don't have a way to get to the health facility.	Help to arrange transportation. In some communities, transportation may be difficult. Before an emergency, you may need to help community leaders identify ways to find transportation. For example, the community might buy a motor scooter, or arrange transportation with a produce truck on market days.
I know my child is very sick. The nurse at the health centre will send my child to the hospital to die.	Explain that the health centre and hospital have trained staff, supplies, and equipment to help the child.

Even if families decide to take their sick child to the health facility, they face many difficulties. The difficulties add delay. A study in rural Tanzania, for example, found that almost half of referrals took two or more days for the children to arrive at a health facility.[1] Delaying care—even only a few hours—for some sick children with danger signs can lead to death.

Discuss: What are the reasons that sick children in your community do not get to the health facility on time?

You and your community can help families solve some of the delays in taking children for care. Also, when you assist the referral, families are more willing to take their children. Children can arrive at the health facility and receive care with less delay.

[1] Font, F. and colleagues. (2002). Paediatric referrals in rural Tanzania: The Kilombero District study—a case series. *BMC International Health and Human Rights, 2(1),* 4-6, April 30.

☐ Follow up the child on return at least once a week until child is well

The child will need care when he or she returns from the health facility. Ask the caregiver to bring the child to see you when they return. Ask her to bring any note from the health worker about continuing the child's treatment at home.

During the follow-up visit, check for danger signs. If there are any danger signs, you will need to refer the child again to the health facility. The child is not improving as expected.

If there are no danger signs, help the caregiver continue appropriate home care. If the health worker at the health facility gave the child medicine to take at home, make sure that the caregiver understands how to give it correctly. Giving the medicine correctly means:

- The correct medicine
- The correct dose
- The correct time or times of the day
- For the correct number of days

Help the caregiver continue to follow the treatment that the health worker recommended to continue at home.

Remind the caregiver to offer more fluids and to continue feeding the child. Also, offer more food to the child as the child gets better. The extra food will help the child catch up on the growth the child lost during the illness.

If the child becomes sicker, or if the caregiver has any concerns, advise the caregiver to bring the child to you right away.

Follow up the child on return at least once a week until the child is well. If the child has an illness that is not curable, continue to support the family. Help the family give appropriate home care for the child.

Exercise: Complete a Recording Form and write a referral note

You are referring Chimwemwe Insansa to the health facility.

1. Complete Chimwemwe's **Recording Form** on the next two pages. Based on the signs of illness found:

   a. Decide which signs are Danger Signs or other signs of illness. Tick [✓] any DANGER SIGN and other signs of illness.
   b. Decide: Refer, or treat Chimwemwe at home
   c. Act as if you have seen Chimwemwe. Tick [✓] treatments given and other actions.
   d. You will refer Chimwemwe. Therefore, do not complete item 4 (vaccines), item 6 (follow up), or item 7 (note on follow up).

2. Then, use Chimwemwe's Recording Form to complete a **referral note** for Chimwemwe.

If there is time, the facilitator will give you a sample Recording Form for another child. Complete the Recording Form and a referral note for the child.

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date: 15/7/2009 (Day / Month / Year) **CHW: Bangu Bweupe**

Child's First Name: Chimwemwe **Surname** Insansa **Age:** __Years/_8_Months (Boy) / **Girl**

Caregiver's name: Sansamukeni Insanasa **Relationship:** (Mother) / Father / Other: ________

Physical Address: Behind Cholwe Shops_ **Compound/Village:** Kalabwe kangwa Cpd

1. Identify problems

	ASK and LOOK	Any DANGER SIGN or other problems to refer?	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔Tick ☐√ **NO** sign ➔ Circle (■)			
☐√	■ Cough? If yes, for how long? 2 days	☐Cough for 14 days or more	
☐	(■) Diarrhoea (loose stools)? IF YES, for how long? _______days.	☐Diarrhoea for 14 days or more	☐Diarrhoea (less than 14 days AND no blood in stool)
☐	(■) Blood in stool?	☐Blood in stool	
☐√	■ Fever (reported or now)? If yes, started 2 days ago.	☐Fever for last 7 days	☐Fever (less than 7 days)
☐	(■) Convulsions?	☐Convulsions	
☐	(■) Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■	☐Not able to drink or feed anything	
☐	(■) Vomiting? If yes, vomits everything? ☐ ■	☐Vomits everything	
	(■) Has HIV?	☐Has HIV and any other illness	
☐	(■) At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and Child has not tested for HIV ☐ Parents' current HIV status unknown
☐	(■) Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
☐	(■) Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.	☐ If any other problem refer:	
LOOK:			
☐√	■ Chest indrawing? (FOR ALL CHILDREN)	☐Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** 42 breaths per minute (bpm) (■) Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐Fast breathing
☐	(■) Very sleepy or unconscious?	☐Very sleepy or unconscious	
	For child 6 months up to 5 years, MUAC tape colour: Red√ yellow___ green____	☐Red on MUAC tape ☐ Yellow on MUAC tape and has HIV	☐ Yellow on MUAC tape (no HIV)
☐	(■)Swelling of both feet?	☐Swelling of both feet	

Child's name: Jenny Bwezani Age: 6__________________

2. Decide: Refer or treat child (tick decision)

☐ If ANY Danger Sign, refer to health facility

☐ If NO Danger Sign, treat at home and advise caregiver

3. Refer or treat child
(tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: ☐Explain why child needs to go to health facility. ☐FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:	
☐ If **Diarrhoea**	☐Begin giving ORS solution right away
☐ If **Fever and danger sign**	☐ Quickly do an RDT __Positive __Negative ☐If RDT is positive, give stat dose of oral antimalarial ACT if the child is able to take orally ☐Age 2 months up to 3 years—1 tab ☐Age 3 yrs up to 5 yrs—2 tabs
☐ If **Chest indrawing,** or ☐ **Fast breathing and danger sign**	☐**Give first dose of oral antibiotic** (amoxycillin adult tablet 250mg) ☐Age 2 months up to 12 months—1 tablet ☐Age 12 months up to 5 years— 2 tablet OR (Amoxycillin syrup - 125mg per 5mls) ☐Age 2 months up to 12 months—10mls ☐Age 12 months up to 5 years—20mls OR (Amoxycillin tablet - 125mg dispersible tablets) ☐Age 2 months up to 12 months— 2 tablet ☐Age 12 months up to 5 years—4 tablet

If no danger sign, **TREAT at home and ADVISE on home care:**	
☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐**Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐**Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but **at least** ½ cup ORS solution after each loose stool. ☐**Give zinc supplement.** Give 1 dose daily for 14 days: ☐Age 2 months up to 6 months— ½ tablet (total 7 tabs) ☐Age 6 months up to 5 years—1 tablet (total 14 tabs) Help caregiver to give first dose now.
☐ If **Fever** (less than 7 days)	☐**Do a rapid diagnostic test (RDT)** _____Positive _________Negative ☐**If RDT is positive, give oral antimalarial ACT** ☐Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now and 2nd dose after 8 hours. Then give dose twice daily for 2 more days. ☐**Advise caregiver on use of an ITN**
☐ If **Fast breathing**	☐Give oral antibiotic (amoxycillin tablet—250 mg). Give twice daily for 5 days: ☐Age 2 months up to 12 months—1 tablet (total 10 tabs) ☐Age 12 months up to 5 years—2 tablets (total 20 tabs) Help caregiver give first dose now. OR amoxycillin syrup—125 mg per 5 mls). Give twice daily for 5 days: ☐Age 2 months up to 12 months— 10mls ☐Age 12 months up to 5 years—20mls Help caregiver give first dose now. **OR** amoxycillin tablet—125 mg dispersible tablets). Give twice daily for 5 days: ☐Age 2 months up to 12 months—2 tablet (total 20 tabs) ☐Age 12 months up to 5 years—4 tablets (total 40 tabs) Help caregiver give first dose now.
☐ If at risk of HIV	☐ Advise caregiver to take the child for HIV test soon, and if parents HIV status is not known, advise the mother and father to test for HIV also
☐ If living if hold with someone on TB treatment	☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine
☐ If yellow on MUAC tape (No HIV)	☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme if available

☐**For any sick child who can drink, advise to give fluids and continue feeding.** ☐**Advise to keep child warm, if child is NOT hot with fever.** ☑**Write a referral note.** ☐**Arrange transportation, and help solve other difficulties in referral.** ➔**FOLLOW UP child on return at least once a week until child is well.**	☐ For **ALL children treated at home, advise on home care**	☐**Advise caregiver to give more fluids and continue feeding.** ☐**Advise on when to return.** Go to nearest health facility or, if not possible, return immediately if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐**Follow up child in 3 days** (schedule appointment in item 6 below).

4. CHECK VACCINES RECEIVED

(tick ✓ ☐ vaccines completed, circle ■ vaccines missed)

*Keep an interval of 4 weeks between DPT-Hib + HepB and OPV doses.

Do not give OPV 0 if the child is 14 days old or more

Age	Vaccine	➔ Advise caregiver, if needed:
Birth	☐ ■ BCG ☐ ■ OPV-0	**WHEN is the next vaccine to be given?**
6 weeks*	☐ ■ DPTHib - HepB 1 ☐ ■ OPV-1 ☐ ■ Pneumo 1 ☐ ■ Rota 1	
10 weeks*	☐ ■ DPT—Hib - HepB 2 ☐ ■ OPV-2 ☐ ■ Pneumo 2 ☐ ■ Rota 2	
14 weeks*	☐ ■ DPT—Hib - HepB 3 ☐ ■ OPV-3 ☐ ■ Pneumo 3	**WHERE?**
9 months	☐ ■ Measles Rubella1 [Give OPV-4, if OPV-0 not given at birth]	
18 months	☐ ■ Measles Rubella 2	

5. If any OTHER PROBLEM or condition I cannot treat, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)

Describe problem: ____

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Weekend

7. Note on follow up:

☐ Child better—continue to treat at home. Day of next follow- up:__________.

☐ Child is not better—refer URGENTLY to health facility.

☐ Child has danger sign—refer URGENTLY to health facility.

Referral note from Community Health Worker: Sick Child

Child's First Name: ____________ **Surname** ______________ **Age**: __Years/__Months **Boy** / **Girl**

Caregiver's name: ______________________**Relationship**: Mother / Father / Other: ________

Physical Address:_____________________________**Compound/Village**_____________________

	The child has (tick ☐ sign, circle ■ no sign):	**Reason for referral**:	**Treatment given**:
☐	■ Cough? If yes, for how long? __ days	☐ Cough for 14 days or more	☐ Oral Rehydration Salts (ORS) solution for diarrhoea
☐	■ Diarrhoea (loose stools)? ____days.	☐ Diarrhoea for 14 days or more	
☐	■ If diarrhoea, blood in stool?	☐ Blood in stool	
☐	■ Fever (reported or now)? ____ days.	☐ Fever for last 7 days	
☐	■ Convulsions?	☐ Convulsions	☐ Coartem for fever (if able to take orally)
☐	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? ☐ ■	☐ Not able to drink or feed anything	
☐	■ Vomiting? If yes vomits everything? ☐ ■	☐ Vomits everything	
☐	■ Chest indrawing?	☐ Chest Indrawing	
☐	**IF COUGH, breaths in 1 minute**: _______ ■ Fast breathing: ☐ Age 2 months up to 12 months: 50 bpm or more ☐ Age 12 months up to 5 years: 40 bpm or more		☐ Oral antibiotic amoxicillin for chest indrawing or fast breathing
☐	■ Very sleepy or unconscious?	☐ Very sleepy or unconscious	
	For child 6 months up to 5 years, MUAC Tape colour: __________	☐ Red on MUAC Tape	
☐	■ Swelling of both feet?	☐ Swelling of both feet	

Any OTHER PROBLEM or reason referred:____

Referred to (name of health facility): ____

Referred by (name of CHW):_________________________Date: _______ Time: ______

✂ --------------------------------**Cut Here**--------------------

FEEDBACK FROM HEALTH FACILITY (Please give feedback)

Date : ………………………………………………………………………………………………

Child's identified problem(s) : ………………………………………………………………………………………………

Treatments given and actions taken : ………………………………………………………………………………………………

Advice given and to be followed : ………………………………………………………………………………………………

Name of attending health worker : ………………………………………………………………

Signature : ………………………………………………………………

Name of Health Facility :………………………………………………………………

9. Use good communication skills

Where you sit and how you speak to the caregiver sets the scene for good communication. Welcome the caregiver and child. Sit close, look at the caregiver, speak gently. Encourage the caregiver to talk and ask questions. The success of home treatment very much depends on how well you communicate with the child's caregiver.

The caregiver and others in the family need to know how to give the treatment at home. They need to understand the importance of treatment. They need to feel free to ask questions when they are unclear. You need to be able to check their understanding of what to do.

You have practised good communication throughout this course.
As a reminder, for good communication:

- **Ask** questions to find out what the caregiver is already doing for her child.
- **Praise** the caregiver for what she or he has done well.
- **Advise** the caregiver on how to treat the child at home.
- **Check** the caregiver's understanding.
- **Solve problems** that may prevent the caregiver from giving good treatment.

Here, we will focus on how to **advise the caregiver on how to treat the child,** and how to **check the caregiver's understanding.**

Advise the caregiver on how to treat the child at home

Some advice is simple. Other advice requires that you teach the caregiver how to do the task. For example, you have learned to teach a caregiver how to give an antibiotic. Teaching how to do a task requires several steps:

1. Give information.
2. Show an example.
3. Let the caregiver practice.

To give information, explain how to do the task. For example, how to divide a tablet, crush a tablet, mix it with water, and give it to the child.

To show an example, show how to do the task. For example, cut a tablet in half.

To let the caregiver practice, ask the caregiver to do the task. For example, ask her to cut another tablet, and give the first dose to the child.

Letting the caregiver practise is the most important part of teaching a task. You will know what the caregiver understands and what is difficult. You can then help the caregiver do it better. The caregiver is more likely to remember something he or she has practised, than something just heard.

Also, when the caregiver practises the task, the caregiver gains more confidence to do it at home.

When teaching the caregiver:

- Use words that the caregiver understands.
- Use teaching aids that are familiar, such as common containers for measuring and mixing ORS solution.
- Give feedback. Praise what the caregiver does well. Make corrections, if necessary. Allow more practice, if needed.
- Encourage the caregiver to ask questions. Answer all questions simply and directly.

Check the caregiver's understanding

Giving one treatment correctly is difficult. The caregiver who must give the child two or more treatments will have greater difficulty. The caregiver may have to remember the instructions for several—ORS, zinc, an antimalarial, and an antibiotic.

After you teach the caregiver how to treat the child, be sure that the caregiver understands how to give the treatment correctly. Asking checking questions and asking the caregiver to show you are two ways to find out what the caregiver has learned.

State a checking question so that the caregiver answers more than "yes" or "no". An example of a yes/no question is, "Do you know how to give your child his antibiotic?"

Most people will probably answer "Yes" to this question, whether they do or do not know. They may be too embarrassed to say "no". Or they may think that they do know.

It is better to ask a few good checking questions, such as:

"When will you give the medicine?"
" How much will you give?"
"For how many days will you give the medicine?"
" What mark on the packet would help you remember?"
" When should you bring your child back to see me?"

With the answer to a good checking question, you can tell whether the caregiver has understood. If the answer is not correct, clarify your instructions. Describing how to give the treatment and demonstrating with the first dose will also help the caregiver to remember.

Good checking questions require the caregiver to **describe how** to treat the child at home. They begin with questions, such as **what, how, when, how many,** and **how much.** You might also ask **why** to check the understanding of the importance of what the caregiver is doing. You can also ask for a demonstration: **show me.**

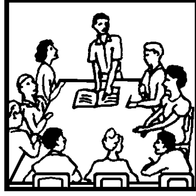
A question that the caregiver can answer with a "yes" or "no" is a poor question. It does not show you how much the caregiver knows.

Good checking questions	Poor questions
How will you prepare the ORS solution?	Do you remember how to mix ORS?
How much ORS solution will you give after each loose stool?	Will you try to give your child 1/2 cup of ORS after each loose stool?
How many tablets will you give next time? **What** will help you remember how many tablets you will give?	Can you keep the tablets straight: which is which, and how much to give of each?
When should you stop giving the medicine to the child?	You know how long to give the medicine, right?
Let's give your child the first dose now. **Show me** how to give your child this antibiotic.	Do you think you can give the antibiotic at home?

Ask only one question at a time. After you ask a question, wait. Give the caregiver a chance to think and then answer. Do not answer the question for the caregiver.

Asking checking questions requires patience. The caregiver may know the answer, but may be slow to speak. The caregiver may be surprised that you asked, and that you really want an answer. Wait for the answer. Do not quickly ask a different question.

If the caregiver answers incorrectly or does not remember, be careful not to make the caregiver feel uncomfortable. Give more information, another example or demonstration, or another chance to practice.



Exercise: Use good communication skills

In this exercise, you will review good communication skills.

Child 1. Zaliwe

The community health worker must teach a mother to prepare ORS solution for her daughter Zaliwe who has diarrhoea. First the community health worker explains how to mix the ORS, and then he shows Zaliwe's mother how to do it. He asks the mother, "Do you understand?" Zaliwe's mother answers, "Yes." The community health worker gives her 2 ORS packets and says good-bye. He will see her in 3 days.

Discuss with the facilitator:

1. What information did the community health worker give Zaliwe's mother about the task?
2. Did he show her an example? What else could he have done?
3. How did he check the mother understands?
4. How would you have checked the mother understands?

Child 2. Morris

The community health worker gives Morris' mother some oral antibiotics to give her son at home. Before the community health worker explains how to give them, he asks the mother if she knows how to give her child the medicine. The mother nods her head yes. So the community health worker gives her the antibiotics, and Morris and his mother leave.

If a mother tells you that she already knows how to give a treatment, what should you do?

Checking questions

The following are yes/no questions. Discuss how you could make them good checking questions or ask the caregiver to demonstrate.

1. Do you remember how to give the antibiotic and the antimalarial?
2. Do you know how to get to the health facility?
3. Do you know how much water to mix with the ORS?
4. Do you have a 1 litre container at home?

Role Play Practice: Give an oral antibiotic to treat child at home

You will go into groups of three for the role play. In your groups, first identify who will be the caregiver, the community health worker, and an observer. Refer to the Recording Form on the next pages to guide your advice on correct treatment and home care for Katrina.

Katalina Yeta is age 2 years. She has had a cough for 3 days. The community health worker has counted the child's breaths. The child has 45 breaths per minute which is fast breathing.

In the role play, the **caregiver** should act like a real parent. Be interested in doing what is necessary to make sure that Katalina gets well. Listen carefully and ask questions. Only ask questions about what is not clear. (Do not add difficulties during this practice.)

The **community health worker** will teach the caregiver how to treat Katalina for fast breathing at home. Complete the Recording Form for Katalina. Tick [✓] the treatments given and other actions.

1. Help the caregiver:
   - Prepare the oral medicine to give Katalina, age 2 years, 1 month.
   - Give the first dose to Katalina.
2. Make sure that the caregiver can give the medicine correctly at home.
3. Give the caregiver enough medicine for the full treatment at home.
4. Advise the caregiver on basic home care for the sick child.
5. Set a day for a follow-up visit.

The **observer** will look for:

1. What did the community health worker do that was helpful in teaching the caregiver how to treat the child at home?
2. What else could the community health worker do to help?
3. Was the advice correct? If not, identify what was not correct.
4. How well did the caregiver understand what to do? How do you know?
5. What task, if any, might the caregiver not understand or remember?

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date: 16/70/2009 (Day / Month / Year) **CHW: Raphael Lunda**

Child's First Name: Katalina **Surname** Yeta **Age:** _2_Years/__Months **Boy** / **Girl** (circled)

Caregiver's name: Mwaaluka Yeta **Relationship:** Mother / Father / Other: _________ (Father circled)

Physical Address: B44/2A_ **Compound/Village:** Kwa Malenga Cpd

1. Identify problems

	ASK and LOOK	Any DANGER SIGN or other problems to refer?	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔ Tick ☐✓ **NO** sign ➔ Circle ■			
☐✓	■ Cough? If yes, for how long? 3 days	☐Cough for 14 days or more	
☐	(■) Diarrhoea (loose stools)? If YES, for how long? ________days.	☐Diarrhoea for 14 days or more	☐Diarrhoea (less than 14 days AND no blood in stool)
☐	(■) Blood in stool?	☐Blood in stool	
☐✓	■ Fever (reported or now)? If yes, started 2 days ago.	☐Fever for last 7 days	☐Fever (less than 7 days)
☐	(■) Convulsions?	☐Convulsions	
☐	(■) Difficulty drinking or feeding? If YES, not able to drink or feed anything? ☐ ■	☐Not able to drink or feed anything	
☐	(■) Vomiting? If yes, vomits everything? ☐ ■	☐Vomits everything	
	(■) Has HIV?	☐Has HIV and any other illness	
☐	(■) At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and Child has not tested for HIV ☐ Parents' current HIV status unknown
☐	(■) Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
☐✓	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.	☐✓ If any other problem refer: Sores on arm	
LOOK:			
☐	(■) Chest indrawing? (FOR ALL CHILDREN)	☐Chest indrawing	
☐✓	**IF COUGH, count breaths in 1 minute:** 45 breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐Fast breathing
☐	(■) Very sleepy or unconscious?	☐Very sleepy or unconscious	
	For child 6 months up to 5 years, MUAC tape colour: Red___yellow___ green_✓_	☐Red on MUAC tape ☐ Yellow on MUAC tape and has HIV	☐ Yellow on MUAC tape (no HIV)
☐	(■) Swelling of both feet?	☐Swelling of both feet	

Child's name: Katalina Yeta Age: 2 years

Decide: Refer or treat child
(tick decision)

☐ **If ANY Danger sign, refer to health facility**

☐ **If NO Danger Sign, treat at home and advise caregiver**

3. Refer or treat child
(tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: ☐Explain why child needs to go to health facility. ☐FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:	
☐ If **Diarrhoea**	☐Begin giving ORS solution right away
☐ If **Fever and danger sign**	☐ Quickly do an RDT __Positive __Negative ☐If RDT is positive, give stat dose of oral antimalarial ACT if the child is able to take orally ☐Age 2 months up to 3 years—1 tab ☐Age 3 yrs up to 5 yrs—2 tabs
☐ If **Chest indrawing,** or ☐ **Fast breathing and danger sign**	☐**Give first dose of oral antibiotic** (amoxycillin adult tablet 250mg) ☐Age 2 months up to 12 months—1 tablet ☐Age 12 months up to 5 years— 2 tablet OR (Amoxycillin syrup - 125mg per 5mls) ☐Age 2 months up to 12 months—10mls ☐Age 12 months up to 5 years—20mls OR (Amoxycillin tablet - 125mg dispersible tablets) ☐Age 2 months up to 12 months— 2 tablet ☐Age 12 months up to 5 years—4 tablet

If no danger sign, **TREAT at home and ADVISE on home care:**	
☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐**Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐**Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but **at least** ½ cup ORS solution after each loose stool. ☐**Give zinc supplement.** Give 1 dose daily for 14 days: ☐Age 2 months up to 6 months— ½ tablet (total 7 tabs) ☐Age 6 months up to 5 years—1 tablet (total 14 tabs) Help caregiver to give first dose now.
☐ If **Fever** (less than 7 days)	☐**Do a rapid diagnostic test (RDT)** _____Positive _________Negative ☐**If RDT is positive, give oral antimalarial ACT** ☐Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now and 2nd dose after 8 hours. Then give dose twice daily for 2 more days. ☐**Advise caregiver on use of an ITN**
☐ If **Fast breathing**	☐Give oral antibiotic (amoxycillin tablet—250 mg). Give twice daily for 5 days: ☐Age 2 months up to 12 months—1 tablet (total 10 tabs) ☐Age 12 months up to 5 years—2 tablets (total 20 tabs) Help caregiver give first dose now. OR amoxycillin syrup—125 mg per 5 mls). Give twice daily for 5 days: ☐Age 2 months up to 12 months— 10mls ☐Age 12 months up to 5 years—20mls Help caregiver give first dose now. **OR** amoxycillin tablet—125 mg dispersible tablets). Give twice daily for 5 days: ☐Age 2 months up to 12 months—2 tablet (total 20 tabs) ☐Age 12 months up to 5 years—4 tablets (total 40 tabs) Help caregiver give first dose now.
☐ If at risk of HIV	☐ Advise caregiver to take the child for HIV test soon, and if parents HIV status is not known, advise the mother and father to test for HIV also
☐ If living if hold with someone on TB treatment	☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine
☐ If yellow on MUAC tape (No HIV)	☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme if available

☐For any sick child who can drink, advise to give fluids and continue feeding. ☐Advise to keep child warm, if child is NOT hot with fever. ☑Write a referral note. ☐Arrange transportation, and help solve other difficulties in referral. ➔FOLLOW UP child on return at least once a week until child is well.	☐ For ALL children treated at home, advise on home care	☐Advise caregiver to give more fluids and continue feeding. ☐Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐Follow up child in 3 days (schedule appointment in item 6 below).

4. CHECK VACCINES RECEIVED

(tick ☐ vaccines completed, circle ■ vaccines missed)

*Keep an interval of 4 weeks between DPT-Hib + HepB and OPV doses. Do not give OPV 0 if the child is 14 days old or more

Age	Vaccine	➔ Advise caregiver, if needed: WHEN is the next vaccine to be given? WHERE?
Birth	√☐ ■ BCG √☐ ■ OPV-0	
6 weeks*	√☐ ■ DPT-Hib -HepB 1 √☐ ■ OPV-1 √☐ ■ PCV1 ☐ ■ √Rota 1	
10 weeks*	√☐ ■ DPT-Hib - HepB 2 √☐ ■ OPV-2 √☐ ■ PCV2 ☐ ■ √Rota 2	
14 weeks*	√☐ ■ DPT-Hib - HepB 3 √☐ ■ OPV-3 √☐ ■ PCV3	
9 months	√☐ ■ Measles Rubella 1 [Give OPV-4, if OPV-0 not given at birth]	
18 months	√☐ ■ Measles Rubella 2	

5. If any OTHER PROBLEM or condition I cannot treat, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)

Describe problem: ____

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Weekend

7. Note on follow up:

☐ Child better—continue to treat at home. Day of next follow up:__________.

☐ Child is not better—refer URGENTLY to health facility.

☐ Child has danger sign—refer URGENTLY to health facility.

10. Practise your skills in the community

You have had many opportunities to practise what you are learning in this course. Now you will have another chance to practise your new skills in the community under supervision. You will not forget what you have learned if you begin to practise right away. Each task will become easier to do with practice.

The facilitator will discuss ways to provide supervision in the community. Possible ways are:

- The facilitator visits families together with you.
- The facilitator assigns you to a health worker. The health worker will be your mentor in the community. A mentor helps you until you get more experience.
- Course participants meet regularly to practise together and discuss their experiences in the community.
- You continue to practise with a health worker in a health facility.

The record keeping system and the method of supplying you with medicine will be different in different places. Together the facilitator and supervisor will make arrangements for regularly refilling your medicine kit.

Before you leave, the facilitator also will give you the following items to use when you see sick children:

- Recording forms and referral notes
- ORS packets
- Zinc tablets
- Antimalarial ACT tablets
- Antibiotics
- An extra MUAC strap

In addition, keep the following items with you:

- Utensils to prepare and give ORS solution
- A table knife to cut a tablet, and a spoon and small cup to prepare the medicine to give the child
- Pencils
- Chart Booklet

When you visit families or they bring their children to see you, complete a recording form for every sick child. Bring the completed recording forms to the next meeting with the facilitator or supervisor. You will discuss the children, their signs, and the actions you have taken. You can discuss any problems you found and how to solve them.

11. Annex A. RDT Job Aid

How To Do the Rapid Test for Malaria

Collect:

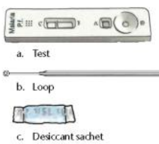
a. **NEW unopened** test packet
b. **NEW unopened** spirit swab
c. **NEW unopened** lancet
d. **NEW** pair of disposable gloves
e. Buffer
f. Timer

READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

1. Check the expiry date on the test packet.

2. Put on the gloves. Use new gloves for each patient

3. Open the packet and remove:



4. Write the patient's name on the test.

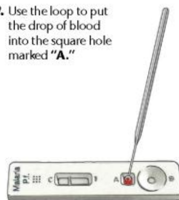
5. Open the alcohol swab. Grasp the 4th finger on the patient's left hand. Clean the finger with the spirit swab. Allow the finger to dry before pricking.

6. Open the lancet. Prick patient's finger to get a drop of blood.

7. Discard the lancet in the Sharps Box immediately after pricking finger. **Do not set the lancet down before discarding it.**

8. Use the loop to collect the drop of blood.

9. Use the loop to put the drop of blood into the square hole marked **"A."**



10. Discard the loop in the Sharps Box.

11. Put six (6) drops of buffer into the round hole marked **"B."**

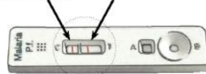
12. Wait **15 minutes** after adding buffer.

13. Read test results.
(**NOTE: Do Not** read the test sooner than **15 minutes** after adding the buffer. You may get **FALSE** results.)

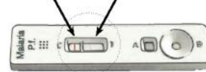
14. How to read the test results:

POSITIVE

One red line in window **"C" AND** one red line in window **"T"** means the patient **DOES** have *falciparum* malaria.

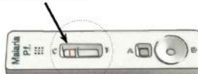


The test is **POSITIVE** even if the red line in window "T" is faint.



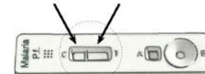
NEGATIVE

One red line in window **"C"** and **NO LINE** in window **"T"** means the patient **DOES NOT** have *falciparum* malaria.

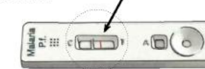


INVALID RESULT

NO LINE in window **"C"** means the test is damaged.



A line in window **"T"** and **NO LINE** in window **"C"** also means the test is damaged. Results are **INVALID.**



If no line appears in window "C," repeat the test using a **NEW unopened** test packet and a **NEW unopened** lancet.

15. Dispose of the gloves, spirit swab, desiccant sachet and packaging in a non-sharps waste container.

16. Record the test results in your CHW register. Dispose of cassette in non-sharps waste container

NOTE: Each test can be used **ONLY ONE TIME.**
Do not try to use the test more than once.