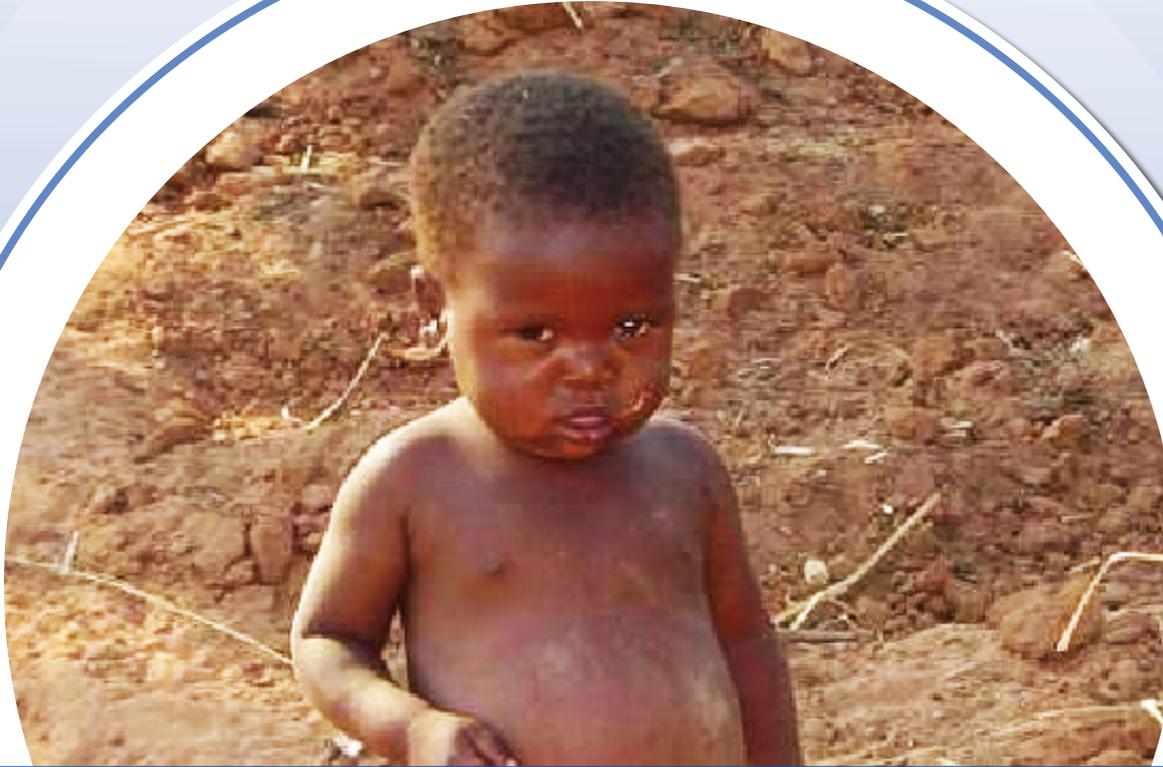


REPUBLIC OF KENYA



Ministry of Health



# Integrated Community Case Management for Sick Children Under 5 Years

## Facilitators Manual

September 2013, Edition

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## FOREWORD

More than a decade of experience with Integrated Management of Childhood Illness (IMCI) has taught us that quality curative care at first level health facilities is essential to reducing child mortality, yet many children still die because they are never brought to health facilities for treatment. The common causes of under 5 deaths have remained the same, i.e. pneumonia, diarrhea, malaria, newborn sepsis and malnutrition. The high impact interventions which address these diseases are known to us, however, the coverage of these life saving interventions are still low. Access to these lifesaving interventions is also an equity issue; with the poorer missing out as compared to those in the richer social brackets. It is estimated that the annual rate of mortality decline of child mortality in Kenya is very slow, 4.0%, yet WHO recommends a rate of decline of 4.4% per annum. At this rate, Kenya will not achieve its Millenium Development Goal 4 target, unless innovative ideas addressing access, equity and coverages in high impact interventions are addressed urgently. This is the context for introducing integrated community case management (iCCM).

Integrated Community case management (iCCM) is a strategy which delivers treatment interventions closer to where caregivers and sick children with access challenges are. Evidence supporting CCM has established that well trained and supervised community health workers (CHWs) can effectively assess, classify and treat or refer sick children. Expanding capacities to implement CCM is needed now to fulfill each child's right to appropriate healthcare and save lives, and also to ensure decline in child deaths.

This training manual is structured in the IMCI format and it uses several adult learning techniques of class reading, demonstrations, role plays, card games, ball games, video exercises, clinical demonstrations and practice exercise to ensure competency in the training content. The methodology used in delivering these training guidelines follows a similar approach for each topic, 'assessment-classification identification and decision making and recommended action'. The learning methodology aims to ensure skills for making a decision on whether to treat or refer the common condition.

The Facilitators' Manual is designed for a short intensive training, preferably near rural health facilities. The length of training will be dependent on the amount of material taken from this guide to be used in your region and it could range from a few days to a week. At the end of the training, the community health worker is expected to assess and classify health problems and recommend appropriate action.

It is the expectation of the Ministry of Health, that implementation of this training shall be customized, depending on the prevalent causes of mortality (Malaria, Pneumonia, Diarrhea, Malnutrition and newborn illnesses) in the County. In addition, it is envisaged that implementation and scale up shall be informed by guidelines articulated in the 'iCCM Implementation Framework and Plan of Action, of 2013 - 2018' and the iCCM M&E plan. Critical milestones in the implementation of iCCM, including, CHW and CHEW training, follow up, supervision, clinical mentorship, commodity and supply training and monitoring must be clearly spelt out and agreed upon in a County before coordinated implementation can begin.

The Ministry of Health is therefore calling upon a synergistic approach to the training of CHWs in iCCM using this Facilitators' Manual by all development and implementing partners and the relevant government departments at all levels, with emphasis being placed at the implementing level. Let us all work towards reducing mortalities in children, by addressing access to health services, increasing coverages of high impact interventions and scaling up innovative strategies like iCCM at all levels.



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**HEAD, DEPARTMENT OF FAMILY HEALTH**

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We pay special tribute to the Head, Department of Family Health, Dr. Annah Wamae and Deputy Head, DCAH Dr. Silas Agutu. The Ministry also lauds the contributions of Dr. David Soti, Head Division of Malaria Control; Dr. Santau Migiro, former Head, Division of Child and Adolescent Health, Dr. James Mwitari, Head Division of Community Health Services (DCHS) and Dr. Bernard Muia, Deputy Head Division of Health Promotion.

Special thanks go to WHO, UNICEF and USAID MCHIP for their technical support. We especially thank Dr Assumpta Muriithi, formerly of WHO KCO and Dr. Dan Otieno of (USAID MCHIP) for their technical support. We take note that the completion of this training curriculum was made possible through the financial support of WHO and USAID MCHIP, and for this we are forever grateful.

We thank the following partners and individuals who offered invaluable inputs at different points during the process of the document's development: Micro Nutrient Initiative (MI) - Elijah Mbiti and Lucy Rowa, Population Service International (PSI) - Wanjiru Mundia, Kenya Medical Research Institute (KEMRI) - Dr Maricianah Onono, Jhpiego - Dr Isaac Malonza, USAID MCHIP - Dr Muthoni Kariuki and APHIAPLUS Western - Dr Samwel Onditi.

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**HEAD DIVISION OF CHILD AND ADOLESCENT HEALTH,  
MINISTRY OF HEALTH**

## PREPARATION FOR TRAININGS

1. Communication and invitations to participants and facilitators
2. Organize for a training venues, i) training space/classrooms ii) facility for clinical practice
3. Organize for a facility or facilities for clinical practice
4. Make transport arrangements for participants to and from clinical areas
5. Prepare materials for training sessions:
  - i) Facilitators' manuals x 15 copies
  - ii) Participants' manuals x 40 copies
  - iii) Laminated colored copies of the sick child recording forms for use as a job aid by all.
  - iv) Copies of the Sick child recording form for practice exercises both in class and in clinical practical sessions x 630 copies
  - v) Respiratory timers x 40
  - vi) MUAC tapes x 40
  - vii) Cups x 18
  - viii) Spoons for stirring (Table spoons x 18) Tea spoons x 18
  - ix) Calibrated jugs x3, Bags, Thermometers,
  - x) Buckets x 3
  - xi) Other containers that can be used to measure half litter eg (half kilo blue band, cooking fat containers), half litter soda or mineral water bottles etc
  - xii) Rapid diagnostic test kits x 2 sets (and buffer solution if not pre packed in the kit), clean gloves x100 pieces, cotton wool roll, , hand cleaning facilities (soap and running water),

Medicines: ORS sachets (of 500 ml), Zinc tablets, paracetamol tablets, AL, (Where policy allows, or in special approvals such as in research; Amoxicillin tablets -250 mg)

6. Have the paper Ball or real ball for " ball game" recap activities ready.
7. Prepare written cards for practice exercises and for card games (See Annex in facilitator guide).
8. Writing materials: Pens, Pencils, Note books, rubbers, sharpeners, folders,-All as per the number of facilitators and participants, Flip Charts x2 reams, printing papers x 1 ream, Manila Papers and Felt pens(assorted colors) x 1 dozen
9. Newborn danger signs checklist (from the manuals) for participants and facilitators
10. LCD projector, laptop and external speakers
11. IMCI Video /ICCATT. 1 inch masking Tapes x2
12. Name tags for the participants and facilitators

# INTRODUCTION

## Purpose of the training Manual

The purpose of this training manual is to provide CHWs with the skills and knowledge to offer simple management of common childhood illnesses for children aged between two months and five years at household and community levels. Infants below the age of two months with any signs of illness should immediately be referred to a health facility.

## Objectives of the module

By the end of this module Community Health Workers (CHW's) will be able to:

1. Identify signs of common childhood illnesses, particularly pneumonia, malaria, diarrhoea and malnutrition
2. Conduct rapid diagnostic test for malaria
3. Undertake Mid Upper Arm Circumference (MUAC) and assess oedema for malnutrition
4. Assess the status of immunization, Vitamin A and deworming of children.
5. Assess for treatment at home and appropriate referral
6. Correctly give home and pre-referral treatment
7. Counsel caregivers on appropriate care for sick children, treatment compliance and follow up
8. Effectively manage medicines and other supplies in their kits

Key community practices addressed in this manual include: Integrated case management of a sick child under 5 years, growth promotion & development, home management, disease prevention and care seeking and compliance.

## Roles and responsibilities of CHWs in the manual

1. Identify symptoms and signs of illness
2. Help families to treat sick children with minor illness at home
3. Help families take their very sick children to a health facility.
4. Give key messages to promote health and prevent illnesses

**Table 1: Time Allocation for the training**

TIME	TOPIC
2hrs	Introduction
3hrs	Greeting and identifying child's problems
14hours	Assessing a sick child: Cough, Diarrhoea, Fever, Malnutrition, any other problem
3hours	Clinical Practice
3 hours	Decide to refer or treat
3 hours	Referral and pre referral treatment
2.5 hours	Do RDT-(Demo and Practice in class)
5 hours	Sick but no danger sign treat
5 hours	Clinical Practice
2hours	Checking Immunization, Deworming and Vitamin A status
<b>Total time= 40.5hours</b>	

**Table 2: Location of IMCI Video segments used in CHW training**

Demonstration exercise—page or in CHW Manual	Title of segment on video	Where to find it on video segment	Time
<b>Identify chest indrawing</b>  <b>Page 8</b>	How to assess a child with cough and difficult breathing: chest indrawing.  (Demo Child 1 yes, Child 2 no because feeding)	About 4.5 minutes after start of tape section	6 minutes
	(2) Assess chest indrawing  (Child Mary No, Jenna Yes, Ho Yes, Anna No, Lo No)	Beginning	5 Min
	Review exercise: Chest indrawing  (Child 1 Yes, 2 No, 3 Yes, 4 Yes, 5 No, 6 Yes, 7 No)	Beginning  (note: on DVD 2)	9 Min
	<b>Count the child's breaths</b>  <b>Page 11</b>	Demonstration: Cough and difficult breathing—count breathing  (Demo child Yes 90 BPM)	Beginning
	Exercise  (Marno 4 years, 65 BPM, Yes; Wumbi 6 months, 66 BPM, Yes)	Beginning	5 minutes
<b>Identify an unusually sleepy or unconscious child</b>  <b>Page 13</b>	Demonstration: Danger signs (Not able to drink or breastfeed, convulsions, lethargic or unconscious)	Beginning	5 minutes
	(1) Assess general condition: Lethargic (sleepy) or unconscious	Beginning	6 minutes

# SESSION 1: CARE SEEKING & COMMUNICATION SKILLS IN THE COMMUNITY

The session covers care seeking and communication skills.

Facilitator: Ask a participant to read the following story.

## A story:

One-year-old Lindi has diarrhoea. She needs health care.

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

So Mrs. Shoba takes Lindi to see the community health worker. The community health worker asks questions. He examines Lindi carefully. Lindi is weak. The community health worker explains that Lindi is losing a lot of fluid with the diarrhoea. Lindi needs medicine 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.

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 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 even while she is sick. If Lindi becomes sicker or has blood in her stool, Mrs. Shoba should take Lindi to Health facility right away. She also advises that Lindi,s mother must clean her hands before preparing food for Lindi, Before feeding & Before breast feeding her and after disposing off Lindi,s fecal/loose stool. The community health worker wants to see Lindi again. Mrs. Shoba agrees to bring her back in 3 days.

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

## Facilitator:

1. Confirm with the participants that children get sick, seek treatment and get health messages from CHWs often in the community.
2. Inform them that dealing with such is the purpose of this module.
3. Brainstorm on roles of the CHWs
4. Summarize these roles to the participants

## Care Seeking

Objectives	By the end of the unit, the CHWs will be able to: <ol style="list-style-type: none"> <li>1. Identify common childhood illnesses</li> <li>2. Identify typical care-seeking practices in their communities.</li> <li>3. Identify factors likely to influence whether families seek care for their sick children from a health facility or hospital.</li> </ol>
Duration	60 Minutes
Methodologies	Discussions, writing on the flip chart, Brainstorming
Materials	Flip chart, felt pens
Learning assessment:	

### Activities and Facilitation Steps

Ask the participants the following questions. Ask each question at a time and wait for responses. Note the answers on a flip chart. Ensure involvement of all participants.

1. How long does it take to reach the nearest health facility?
2. In your community, what are the most common childhood illnesses that children have?
3. Do you know any children under 5 years old who have died in your community in the last six months? If so, what did they die from?
4. When children are sick in your community, where do their families usually first seek help?

**Table 3: List of where caregivers of sick children usually first seek care**

Neighbour or another family member	
Traditional healer	
Community health worker	
Private doctor	
Neighbour or another family member	
Hospital	
Health facility	
Drug seller	
Other ?	

### Summarize the discussion

1. Common childhood illnesses and causes of deaths of children under age 5 in the community.
2. Where families take their sick children for care, and
3. What influences where they take their sick children.
4. Where the CHW will refer sick children when they are unable to treat them in the community.

Continue working in the CHW Manual, asking participants to read the text aloud. Point to the various course materials as they are introduced in the CHW Manual.

## Emphasize the following key points:

1. Children under 5 years of age die mainly from: pneumonia, diarrhoea, malaria, and malnutrition.
2. All of these can easily be treated or prevented.
3. There are many reasons that affect why and where families take their children for care.
4. You will be able to treat many children in the community, and for those you cannot treat, you will refer them to the nearest health facility.

## Greet the caregiver and child

Before assessing a child

1. Greet the caregiver and child
2. Make them comfortable

This session describes the first step in assessing a sick child. Take the CHW on greeting and how it is done. Brainstorm on the counseling skills needed

Emphasize on the following good communication skills:

- Listen carefully to what the mother tells you. This will show her that you are taking her concerns seriously.
- Use words the mother understands. If she does not understand the questions you ask her, she cannot give the information you need to assess and classify the child correctly.
- Give the mother time to answer the questions. For example, she may need time to decide if the sign you asked about is present.



Remind the CHW that: Where you sit and how you speak to the caregiver sets the scene for good communication. Make the caregiver and child comfortable. 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.

**Discussion:** After reading this section of the CHW Manual, the facilitator leads the participants through a brief discussion using the following questions?

- Who are the main caregivers of children in your communities?
- What influences who are the caregivers?

Note to facilitator: Some factors might be the age of the child; whether a parent is sick, has died, or is working in the city; whether day care is available.

## SESSION TWO: IDENTIFY THE CHILD'S PROBLEMS

In this section, you will learn how to gather information about the child's health, how to record it and use the Sick child recording form.

### Facilitator introduces or reads the unit's objectives:

Objective	To identify common problems that children present with. To learn how to use the Sick child recording form.
Duration	60 minutes
Methodologies	Discussions, brainstorming, writing on the flip chart and on Recording forms, role play, ball game
Materials	Flip chart, felt pens, Sick child recording forms, pencils, erasers, sharpeners
Learning assessment	Drills, Card game, filling the recording form, Ball game

By the end of this unit, you will be able to:

- Identify children with diarrhoea for less than 14 days or fever for less than 7 days in a malaria area who can be treated at home.
- Determine if the child with cough has fast breathing (a sign of pneumonia).
- Identify chest in-drawing as a danger sign (a sign of severe pneumonia).
- Identify children with other danger signs: cough for 14 days or more, diarrhoea for 14 days or more, diarrhoea with blood in stool, fever for 7 days or more, not able to drink or feed, vomiting everything, convulsions and unusually sleepy or unconscious.
- Identify children with danger signs for malnutrition—Red on MUAC strap and swelling of both feet.
- Use the Sick Child recording form

### Ask about the Child and Caregiver

Introduce the visit with the caregiver and a sick child. The participant learns how to gather information about the child and how to use the Sick child recording form during the visit.

Distribute the sick child recording form and pencils. Introduce the form by mentioning each part of the form and its purpose.

**Step 1:** Fill out the basic information on the child and the visit on the top part of the recording form.

**Step 2:** To identify the child's problems, first ASK the caregiver what the child's problems are, then LOOK at the child for signs of illness.

**Step 3:** Record or Fill all this information in the child's recording form

Facilitator asks a participant to read the section that follows in the CHW manual.

## COUGH

ASK: DOES THE CHILD HAVE A COUGH?

(Record it in the child recording form)

If present, for HOW MANY DAYS?

(Record it in the child recording form)



## DIARRHOEA

Facilitator explains what diarrhoea is.

It is diarrhoea when there is 3 or more loose or watery stool in a 24-hour day.

ASK: DOES THE CHILD HAVE DIARRHEA?

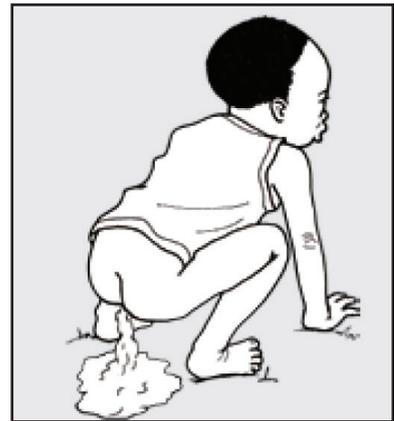
(Record it in the child recording form)

IF yes, for HOW MANY DAYS?

(Record it in the child recording form)

Does the child have blood in stool?

(Record it in the child recording form)



## FEVER

Facilitator: Explain what fever is.

A child has a fever when a caregiver reports or feels hot to touch.

Facilitator: point out that it is important to find out if the Child has fever “now or anytime during the last 7 days?”

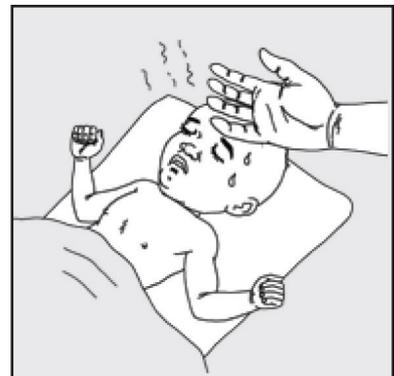
If the caregiver does not know, feel the child’s forehead, stomach or underarm. If the body feels hot, the child has a fever now.

ASK: DOES THE CHILD HAVE FEVER?

(Record it in the child recording form)

If yes, FOR HOW MANY DAYS?

(Record it in the child recording form)



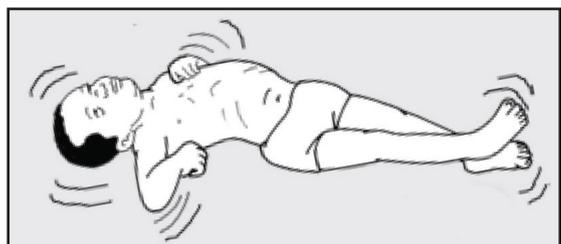
## CONVULSION / FITS

Facilitator defines a convulsion, and seeks local language of the convulsion.

A convulsion happens when a child has fits or spasms and the arms and legs stiffen, and may have jerky movements. When you ask about convulsions, use local words the caregiver understands to mean a convulsion from this illness.

ASK: DOES THE CHILD HAVE A CONVULSION?

(Record it in the child recording form)



## DIFFICULTY FEEDING OR DRINKING

Facilitator will explain what this means to the participants.

A child is not able to drink or breast feed if the child is too weak to suckle or swallow when offered a drink or breastfeed.

**ASK:** DOES THE CHILD HAVE DIFFICULTY IN FEEDING OR DRINKING

(Ask participants to record it in the recording form)

**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

Facilitator explains what “vomiting everything” is.

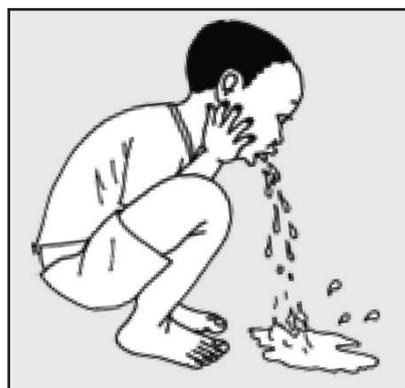
A child who is not able to hold anything down at all has the sign “**vomits everything**”.

**ASK:** Does the Child Vomit?

If yes, DOES CHILD VOMIT EVERYTHING?

Confirm by asking the caregiver to offer a breastfeed or a drink and observe.

The child who vomits everything will not be able to use the oral medicine.



## ANY OTHER PROBLEM

Facilitator asks the CHW to say the problems that are in their community. Ask them to REFER other problems e.g. ear problem, breast feeding problem, floppy limbs (for polio) etc.

Facilitator asks the participants to look at the sample sick child recording form for Grace Wanjiku in their manuals.

**Discussion:** Lead a discussion using the following questions: (Responses are in the facilitator manual only).

What problems did the mother identify?

Answer: The Mother said that the child has:

1. Cough
2. Fever
3. Difficulty in drinking & feeding
4. Vomiting

What problems did the mother say Grace does not have?

The Mother said that the child does not have:

1. Diarrhea
2. Blood in stool
3. Convulsions
4. Chest in drawing
5. Unusually sleepy or unconscious
6. Swelling of both feet.

## Sick Child Recording Form

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

Date: 16 / 05 / 20 10 CHW's Name: John Bonge Tel: 0710 xxx xxx  
 Child's name: First Grace Family Wanjiku Age: 2 Years / 2 Months. Boy /  Girl  
 Caregiver's Name: Patricia Owen Relationship:  Mother / Father / Other: \_\_\_\_\_  
 Name of Community Unit: Hilltop Road, Sugar Hills Name of Link Facility: Mutaifa H/Center  
 House Hold Number: 041

### 1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/>		
<input checked="" type="checkbox"/> Cough? If yes, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input checked="" type="checkbox"/> Fever (reported or now)? If yes, started ___ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input checked="" type="checkbox"/> Difficulty drinking or feeding? IF YES, <input checked="" type="checkbox"/> not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input checked="" type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> IF COUGH, count breaths in 1 minute: _____ 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		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> For child 6 months up to 5 years, MUAC strap colour: red ___ yellow ___ green ___	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

### 2. Decide: Refer or treat child

(tick decision)

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

**GO TO PAGE 2 →**

Note: Sick child recording form should have a tick ✓ for all the symptoms and signs present and a circle ( O ) for those signs not present.

## Role Play Demonstration and Practice: Interview and record information

### Part 1- Role Play Demonstration

The purpose of this role play is to demonstrate how a community health worker greets and welcomes the caregiver and child to the home, and finds out what are the child's problems.

#### Prepare:

1. Two chairs—one for the caregiver and her child, and one for you.
2. A doll or other object (e.g. a rolled towel to be the doll).
3. Role play script (next page) - two (2) copies.
4. Caregiver - select someone to play the role of the caregiver, and give them a copy of the script on the next page (for example, your co-facilitator could play the role). You will play the CHW.
5. Sick child recording form.

#### Process:

1. Introduce the role play by reading these instructions.

Mrs. Haji has brought her sick young boy to see the community health worker at home. Observe the interview and record the information on the Sick child recording form in your CHW Manual, as you hear it. Be prepared to discuss what you have seen i.e.

2. After the role play, ask each of the questions listed in the CHW manual, and also listed below.
  - a. How did the community health worker greet Mrs. Haji?
  - b. How welcome did Mrs. Haji feel in the home? How do you know?
  - c. What information from the visit did you record?
3. Facilitator to complete a recording form as participants give you the information (see the answer sheet that follows the role play script).
4. Ask participants what difficulties they had recording the information. Help participants correct the information on their recording forms.

### Role Play Script:

Interview and record information for Tatu Haji

**CHW:** Hello. Welcome. Please come in.

**Mrs. Haji:** Hello. My son is sick. He has been sick since last night. Can you please take a look at him?

**CHW:** Certainly. I am glad that you brought your son right away. Please sit down here. Let me ask you a few questions to find out what is wrong. I also need to get some information from you. First, what is your son's name? (Sit close to Mrs. Haji, and look at her in a concerned, supportive way). Use a Sick child recording form to record the information you get from the answers to your questions).

**Mrs. Haji:** His name is Tatu. Tatu Haji. T-A-T-U H-A J-I

**CHW:** How old is Tatu?

**Mrs. Haji:** He is 12 weeks old.

**CHW:** And what is your name?

**Mrs. Haji:** My name is Ita Haji. I-T-A Haji.

**CHW:** Mrs. Haji, where do you live?

**Mrs. Haji:** We live near Pemba Market Corner.

**CHW:** Thank you, Mrs. Haji. I hope we can help Tatu feel better. Let me ask you some questions to find out how he is feeling. What is Tatu's problem?

**Mrs. Haji:** Tatu has a cough.

**CHW:** (Feel Tatu's skin on his legs and arms.) Yes, I can see that Tatu has a cough. How long has he had a cough?

**Mrs. Haji:** He has been coughing since the market day, Sunday.

**CHW:** So he has been coughing for 3 days. Has he had any diarrhoea?

**Mrs. Haji:** No. He does not have diarrhoea.

**CHW:** Has he been vomiting?

**Mrs. Haji:** He burped up some milk last night. This morning he spit up a little.

**CHW:** Does he spit up all of his milk, or has he been able to keep some of it down?

**Mrs. Haji:** He kept most of it, I think. He is tired, and he is not eating as much as usual.

**CHW:** So, he is able to drink and keep down some of his milk.

**CHW:** Has he had any fever—or hot body?

**Mrs. Haji:** No. He has not had fever.

**CHW:** What about convulsions? Have you seen any shakes or fits? (Demonstrate what a convulsion might look like.)

**Mrs. Haji:** No. I don't think he has had any convulsions.

**CHW:** Do you have any other concern about Tatu that you would like to talk about today?

**Mrs. Haji:** No. I am mostly worried about his cough.

**CHW:** I can see that you are. It is good that you brought Tatu to see me. I will take a look at Tatu now.

**Facilitator:** End the role play, and begin the discussion.

In most cases, facilitator can complete a Sick child recording form on A3 Paper as participants give you information. (See the answer sheet that follows the role play script)

- Ask participants what difficulties they had recording the information.
- Help participants correct the information in their Recording forms.

Emphasize the quality of the conversation.

- I. How the CHW approaches Mrs. Haji.
- II. How the CHW sits in relation to Mrs. Haji.
- III. How the CHW looks at Mrs. Haji.
- IV. How the CHW does not take the child from Mrs. Haji.
- V. How gently and encouragingly the CHW speaks and listens.

# ANSWER SHEET: Role Play - Tatu Haji

## Sick Child Recording Form

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

Date: 14/7/2010 CHW's Name: Rael Abiji Tel: 0714 XXX XXX  
 Child's name: First Tatu Family Haji Age: 3 Years/\_\_\_\_ Months. Boy / Girl  
 Caregiver's Name: Ita Haji Relationship: (Mother) / Father / Other: \_\_\_\_\_  
 Name of Community Unit: Pemba Market Corner Name of Link Facility: Windani H/centre  
 House Hold Number: 012

### 1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure. <b>YES</b> , sign present → Tick <input checked="" type="checkbox"/> <b>NO</b> sign → Circle <input type="checkbox"/>		
<input checked="" type="checkbox"/> Cough? If yes, for how long? ____ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> Fever (reported or now)? If yes, started ____ days ago.	<input type="checkbox"/> Fever for last 7 days or more	
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Difficulty drinking or feeding? IF YES, or not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> <b>IF COUGH, count breaths in 1 minute:</b> ____ breaths per minute (bpm) <input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

### 2. Decide: Refer or treat child

(tick decision)

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2 →

## Part 2 Role Play Practice

### Objectives

This is the first role play practice for the participants. It will take some extra time to set up the groups, present the roles, and help them get started. At the end of this first practice, participants will be able to:

1. Identify how to greet and welcome a caregiver.
2. Ask for information about the child and the family.
3. Ask the caregiver what she thinks are the child's problems.
4. Record information on the Recording form.

In addition, participants will follow a process for conducting role play practice for learning many of the skills in the remainder of the course.

### Prepare

Space, chairs—set up areas within the room with 3 chairs. Leave space for you to walk around the groups and observe their activities.

Doll or other item to be a child for each group (for example, a rolled towel).

Groups—form groups of 3 participants. Ask the groups to identify who will be the caregiver, the CHW and the observer.

Recording forms—provide extra recording forms to be used as needed. If the CHW Manuals will be Reused, ask participants to write on the worksheets instead of in the manual.

### Process:

Ask a participant to read the section - Role play, for the rest of the group. There are no scripts for this practice, as participants will play the role.

### Read these instructions:

The caregiver will come to the community health worker's door with his or her sick child. Hold the "child"/doll or other item to be the child. Caregivers can use your own name. As the caregiver, provide information on your sick child. Answer the questions as the community health worker asks. Be very cooperative, as this is the first practice for your community health worker.

We are now practising the very basic steps for gathering the information. Do not make the interview complicated.

The community health worker should greet and interview the caregiver. Both the community health worker and the observer should complete the top of the Recording form.

Are there any questions?

Then, start the role play. Walk around and observe. Help groups change roles and start again, when they finish each role play.

**Discussion:** After the role play, lead a discussion using the following questions.

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

**Summarize:**

Identify what community health workers did well.

Identify any difficulties community health workers had.

Answer questions.

Emphasize the quality of the conversation:

How the CHW approaches the caregiver.

How the CHW sits in relation to the caregiver.

How the CHW looks at the caregiver.

How the CHW does not take the child from the caregiver.

How gently and encouragingly the CHW speaks and listens.

Finally, as role plays will be repeated, review the role play process.

Encourage participants to stay in role during the role play.

Caregivers should provide the information requested and not make additional difficulties for the community health worker.

Observers should not interfere with the role play.

Next time, they will set up the chairs and space, Recording forms, etc. for their role play practice.

**Take home messages:**

**Ask** about all the signs and symptoms in the Recording form

**Look** for signs in the Recording form

**Record** in the form (Tick sign if PRESENT, & Circle if NOT PRESENT)

## SESSION 3: LOOK FOR SIGNS OF ILLNESS- ASSESS AND CLASSIFY

<b>Objectives</b>	By the end of this session CHW will be able to identify signs of common childhood illnesses
<b>Methodologies</b>	Discussions, demonstration, writing on the flip chart, video demonstration, Role plays, observations, drills/probing questions
<b>Materials</b>	Flip chart, felt pens, ARI timers, thermometers, dolls, Recording forms, VCR/Laptops, ARI videos, LCDs and speakers. Photo Booklet and Manila paper/cards

### COUGH OR DIFFICULTY IN BREATHING

Facilitator introduces this statement:

Children often have cough or cold. Sometimes a child with cough is very sick. You will learn to look and record the signs of a very sick child.

### LOOK FOR FAST BREATHING

Facilitator makes the point that fast breathing is a sign of pneumonia.

LOOK for fast breathing and record it in the Sick child recording Form.

Items needed:

- Watch/Respiratory timer.
- Sick Child Recording form

Facilitator makes the following points or (Ask the participants to read text in the CHW manual if available)

Children often have cough and colds. 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.

To assess a child with cough, he/she 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.

Facilitator explains and demonstrates how to count the breaths in one minute.

Show the Site: The chest or stomach.

Look at the chest movements: up and down.

Fast breathing is a sign of Pneumonia

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



To count the breaths in one minute:

- Use a watch with a second hand (or a digital watch, or a timer). Put the watch in a place where you can see the watch and the child's breathing.
- Look for breathing movement anywhere on the child's chest or stomach.
- Start counting the child's breaths when the child is calm.
- 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 number of breaths per minute in the space provided on the Sick child recording Form. Decide if the child has fast breathing.

Facilitator asks the participants to look at the cut off points; Fast breathing depends on the child's age:

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

A child with cough and fast breathing has Pneumonia.

### **Exercise: Identify fast breathing**

#### **Prepare for the group discussion**

1. **Child cards** - copy onto cardboard or heavy paper the **Child cards—Set 1: Identify fast breathing**. The cards describe sample children with different breathing rates (**see Annex 1. Card games**). Label and cut the cards to separate them.
2. **Easel chart**—write the two labels at the top of two columns: **FAST BREATHING** and **NO FAST BREATHING**.
3. **Maskin Tape**—or other means to stick the cards on the easel chart.

#### **Process for the Card game - Child cards—Set 1: Identify fast breathing.**

1. Ask participants to come to the easel chart. Bring their Recording forms and CHW Manuals with them.
2. Give each participant a card. One at a time, ask the participant to read the card loudly to the group.
3. Ask: Does the child have fast breathing? Determine whether others agree with the decision. Have participants refer to the sick child recording Form to answer their own questions.
4. Then ask the participant to decide where to stick the card on the easel chart, under the label **FAST BREATHING** or **NO FAST BREATHING**.
5. Repeat the process until all cards have been posted in the correct place on the easel chart.
6. Refer to the Answer Sheet below.

**Facilitator:** Make sure every participant practices during the Card game.

## ANSWER SHEET

Facilitator takes the participants through the Card game on fast breathing.

**Exercise:** Identify fast breathing

	Does the child have fast breathing?	
	Yes	No
<b>Carlos</b> Age 2 years, has a breathing rate of 45 breaths per minute	Yes	
<b>Ahmed</b> Age 4½ years, has a breathing rate of 38 breaths per minute		No
<b>Artimis</b> Age 2 months, has a breathing rate of 55 breaths per minute	Yes	
<b>Jan</b> Age 3 months, has a breathing rate of 47 breaths per minute		No
<b>James</b> Age 3 years, has a breathing rate of 35 breaths per minute		No
<b>Nandi</b> Age 4 months, has a breathing rate of 45 breaths per minutes		No
<b>Joseph</b> Age 10 weeks, has a breathing rate of 57 breaths per minute	Yes	
<b>Anita</b> Age 4 years, has a breathing rate of 36 breaths per minute		No
<b>Becky</b> Age 36 months, has a breathing rate of 47 breaths per minute	Yes	
<b>Will</b> Age 8 months, has a breathing rate of 45 breaths per minute		No
<b>Maggie</b> Age 3 months, has a breathing rate of 52 breaths per minute	Yes	

**VIDEO:** Facilitator: show video on fast breathing to the participants

### Prepare

1. Videotape (or DVD) of Video Exercises—before the session, locate the section on the tape Demonstration: Cough and difficult breathing—count breathing.
2. Video machine and monitor, or a computer—make sure that the equipment is ready, turned on, and set at the point on the tape or DVD where the examples for counting breaths are.

### Process

1. Gather participants around the projector or computer to show the video. Ask them to bring their CHW Manuals with them.
2. Introduce the video. This is a chance to practice counting breaths to identify fast breathing.
3. Ask a participant to read the instructions in the CHW Manual before starting the tape.
4. You may need to repeat sections of the tape several times to make sure that participants learn to recognize breathing in, and can count breaths accurately.

## LOOK FOR CHEST INDRAWING FOR ALL CHILDREN

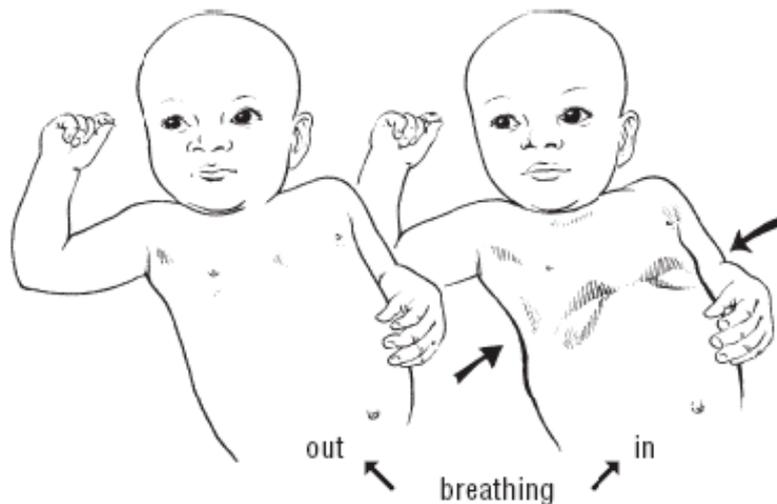
Introduction: Pneumonia can be severe. We identify severe pneumonia by looking for chest indrawing. Chest indrawing occurs when a child breathes in and the upper chest wall goes up, while the lower chest wall goes in.

Facilitator shows the participants:

**Site:** lower chest wall, below the ribs.

**Timing:** only when the child breathes in and is calm.

To look for chest in-drawing, the child should be calm and not breastfeeding or eating. If asleep, try not to awaken the child.



Review the questions below with the participants.

Facilitator asks, will you be able to look for chest in drawing in a child when:

- The child's chest is covered?  Yes or  No
- The child is upset and crying?  Yes or  No
- The child is breastfeeding or suckling?  Yes or  No
- The child's body is bent?  Yes or  No

Discussion: Facilitator leads a discussion on appropriate methods to calm a crying child.

### Examples

- Ask the caregiver to breastfeed the child until the child is calm. Then, look for chest in drawing while the child rests.
- Continue looking for other signs of illness. Look for chest in drawing later, when the child is calm.



### Video Exercise: Identify Chest Indrawing

#### Prepare

Videotape (or DVD) of IMCI Video Exercises—before the session, locate the section Identify chest indrawing

Projector or a computer—make sure that the equipment for showing the video on tape or DVD is ready, turned on, and set at the point on tape or DVD where the examples of unusually sleepy or unconscious are.

**Process:** Demonstration and practice

Gather participants around the TV monitor or the computer to show the video. Ask them to bring their CHW Manuals with them.

Introduce the video: The video will show examples of chest indrawing. It also shows examples for practice in identifying chest indrawing.

Show the demonstration on chest indrawing. Ask if there are any questions. Repeat the taped examples, as needed. If a participant is having difficulty, ask the participant to point to the place on the child's chest where they see or do not see chest indrawing.

Then go to the exercise on Identify chest indrawing. Ask participants to decide whether each child has chest indrawing.

**VIDEO EXERCISE ON CHEST INDRAWING**

For each child in the video, decide whether the child has chest indrawing. Indicate whether **Mary, Jenna, Ho, Amma, or Lo** have chest indrawing by Yes or No.

We will stop after each child to discuss your decision. We can repeat the child's image, as necessary.

**LOOK FOR UNUSUALLY SLEEPY CHILD**

Facilitator reads the text box below:

Tell the participants to look at the general condition and to look if the child is unusually sleepy or unconscious'  
Explain that an unconscious child is not alert; it is not usually awakened easily when touched or spoken to.



**VIDEO Exercise** - Identify an unusually sleepy or unconscious child and other signs of illness

**Objectives:**

Participants will be able to: Identify children with general danger signs:

- Not able to drink or feed,
- Vomiting everything,
- Convulsions, and
- Unusually sleepy (lethargic) or unconscious.

**Prepare:**

Videotape (or DVD) of IMCI Video Exercises—before the session, locate the section of the tape Demonstration- danger signs. This section demonstrates the signs not able to drink or feed, vomits everything, convulsions, and unusually sleepy (lethargic) or unconscious.

**Process:** - Demonstration and practice

1. Gather participants around the TV monitor or the computer for showing the video. Ask them to bring their CHW Manuals with them.
2. Introduce the video:
  - The video starts with not able to drink or feed, showing children who are unable to breastfeed.
  - Then it shows the health worker asking the caregiver if the child vomits everything, and if the child has convulsions.
  - Then it shows children who are unusually sleepy or unconscious. The video uses the word “lethargic”, which means unusually sleepy. You will notice that a child who is unusually sleepy is not necessarily sound asleep. But the child is not alert and does not notice sounds and movements around him.
3. General danger signs: Show the section on the video demonstration: Danger signs. Stop at the end of the section before going on to the exercise. Ask if there are any questions.
4. Then, go on to the next section of the video (1) Assess general condition:  
Exercise to assess the general danger sign unusually sleepy or unconscious.  
Ask participants to record their answers in their CHW Manuals. (See the answer sheet on the next page).
5. Make sure that participants can recognize the sign. Repeat the images as necessary.
6. Discuss the question: How are the children who are unusually sleepy or unconscious different from those who are not?

## ANSWER SHEET

**Video Exercise:** Unusually sleepy or unconscious

### LOOK FOR SIGNS OF SEVERE MALNUTRITION

Malnourished children are more likely to die than well nourished children. If you identify children with malnutrition, you can help them get proper care. You might be able to prevent these children from dying.

**Use a MUAC (Mid-Upper Arm Circumference) tape.** 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.

Facilitator points out that there are 2 ways to look for severe malnutrition, namely:

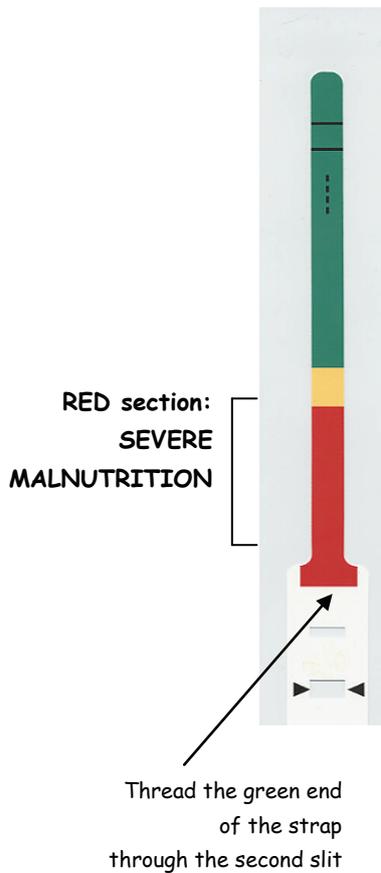
Using the MUAC tape and assessing swelling of both of the child's feet.

Demonstrate the two (2) ways to look for severe malnutrition.

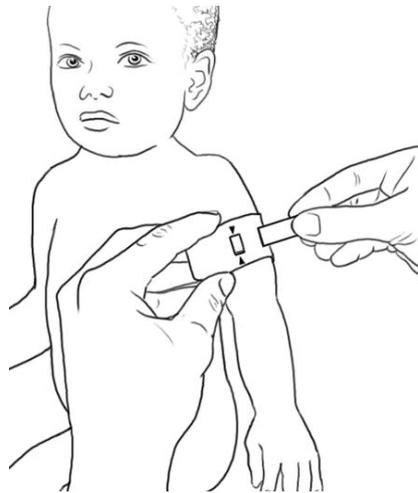
- RED on MUAC Strap,
- Oedema in both feet.

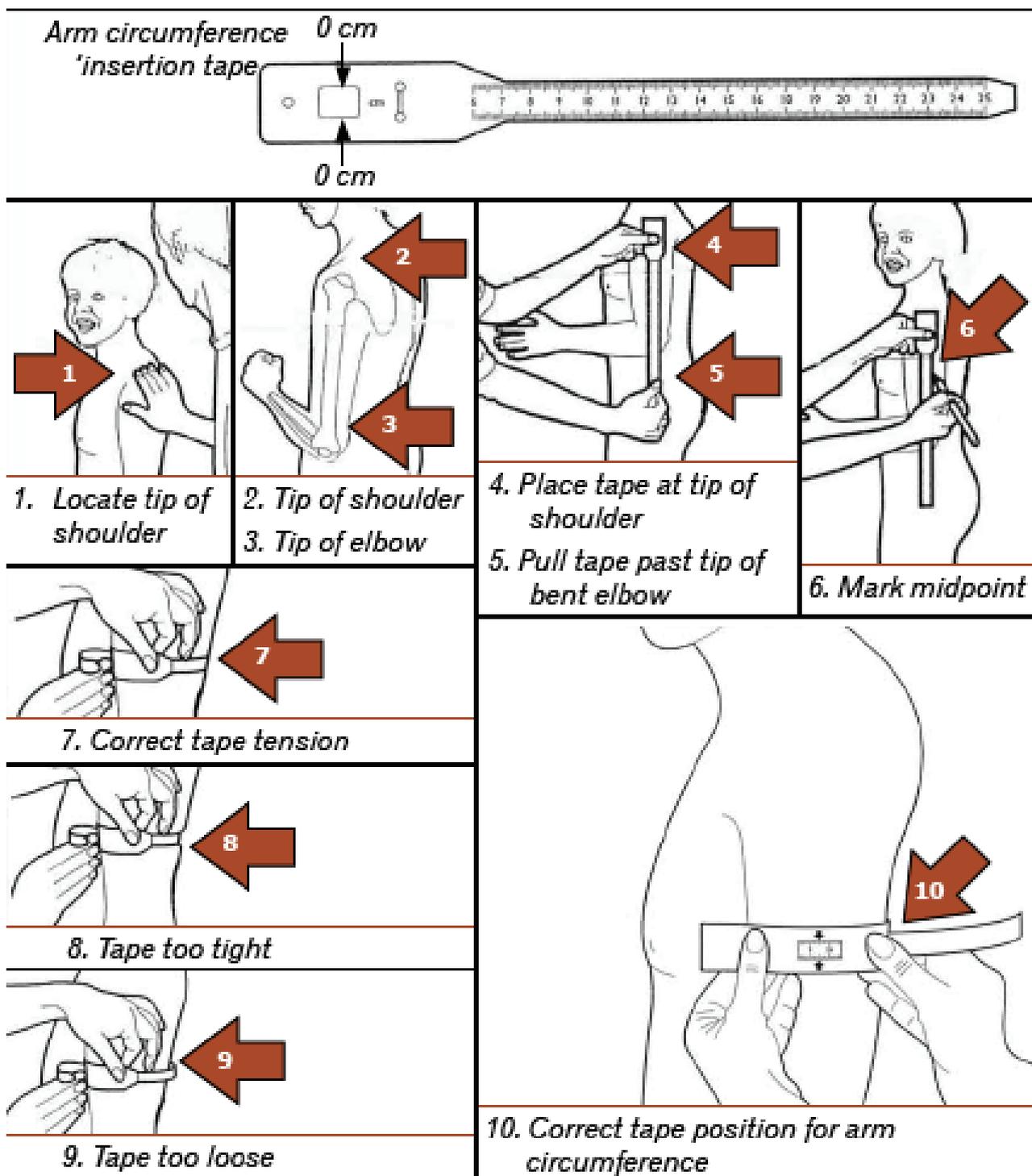
Demonstrate how to use MUAC - LOOK for RED on MUAC Strap. This indicates severe malnutrition. (Circumference of <11.5cm).

### 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, the child has SEVERE MALNUTRITION.





**MUAC criteria to identify malnutrition of children < 5 yrs**

Severely malnourished	Moderately malnourished	At risk of malnutrition
< 11.5 cm	11.5 to 12.4 cm	12.5 to 13.4 cm

## Demonstrate swelling of both feet

Emphasize that for the sign to be present, the dent must clearly show on both feet



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



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

### Facilitator emphasizes the following point:

If a child has Red on MUAC tape or swelling of both feet, RECORD these observations in the sick child recording Form.

### Exercise: How to use the MUAC strap

#### Objectives

Participants will be able to:

Use a banded MUAC strap to measure the upper mid-arm circumference, to identify severely malnourished children.

#### Prepare

1. Sample arm tubes—prepare 10 cardboard tubes to represent the arms of the children in the exercise (**Anna, Dan, Njeri, Siew, Marvin, Chris, Lily, Lee, Sami, and Victoria**).
  - a. Roll a cardboard and tape the ends together (see sample on the next page). The tighter you roll the cardboard, the smaller is the “arm circumference”.
  - b. Roll some tubes smaller than the <110 mm mark and others larger than the mark. (If the group is large, make more than 10 sample tubes.)
  - c. Write a name of one of the children on each tube.
  - d. Prepare your own **answer sheet** for the sample children. Measure each tube. Then circle Yes or No for each sample child in the chart below to make your answer sheet.
  - e. Set the tubes on the table with enough space between them so that participants can work with them.
2. **MUAC straps**—Give each participant one MUAC strap. Ask participants to tape the MUAC strap in their training booklets.
3. **Tape**—to tape the MUAC straps in the participants’ Chart Booklets.

## ANSWER SHEET

Exercise: Use the MUAC strap (prepare the answer sheet according to the samples you make)

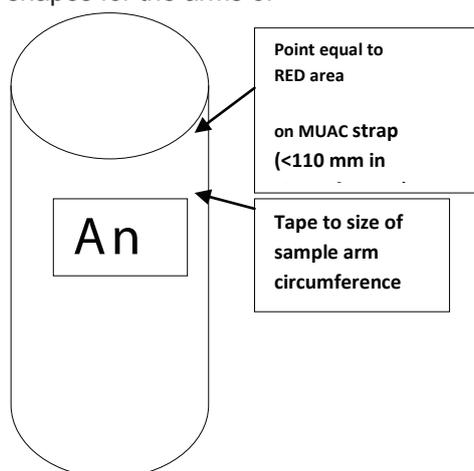
		Is the child severely malnourished (wasted)?	
Child 1	Anna	Yes	No
Child 2	Dan	Yes	No
Child 3	Njeri	Yes	No
Child 4	Siew	Yes	No
Child 5	Marvin	Yes	No
Child 6	Chris	Yes	No
Child 7	Lily	Yes	No
Child 8	Lee	Yes	No
Child 9	Sami	Yes	No
Child 10	Victoria	Yes	No

### Process

1. Demonstrate how to measure the mid-upper arm circumference on one of the arm tubes.
  - Locate the “mid-upper arm” on the tube.
  - Use the MUAC strap to measure the child’s arm circumference. Ask a participant to identify whether the “child” is severely malnourished.
2. Pass out a MUAC strap, one to each participant. Let participants briefly practice using the strap, putting the green end into the second slit on the strap.
3. Form pairs for two participants to work together at an arm tube on the table.
4. Ask participants to measure each of the arm tubes, using a MUAC strap. Write in their CHW Manuals whether the child is, Yes or No, severely malnourished. They will move around the table to measure each of the tubes.
5. If you have made more than 4 sample arm tubes, ask participants to write the name of the child in their CHW manual with the results of the MUAC reading.
6. When the pairs have finished, discuss the results. Resolve differences, if any, by having a participant measure the arm tube again.
7. Let the participants know that they will have a chance to practice measuring the arm circumference of real children in the clinic.
8. Give participants tape to tape the end of the MUAC strap onto the plastic cover of their Chart Booklets. Or thread a piece of coloured yarn through the MUAC strap and tie it to the Chart Booklet.)

**Demonstration:** How to make arm tubes to represent arms of sample children

1. Copy on cardboard and cut out four of rectangular or square card shapes for the arms of sample children.
2. Roll the cards and tape them to represent different arm circumferences.
3. Some should be taped to the left of the mark (smaller), and some to the right of the mark (larger).
4. Write the name of a child on each:  
**Anna, Dan, Njeri, Siew, Marvin, Chris, Lily, Lee, Sami, and Victoria.**
5. Use these in the exercise above.



Point equal to RED area on MUAC strap (<110 mm in)

Tape to size of sample arm circumference



**Show VIDEO Demonstration on looking for signs of severe malnutrition.**

This video session will assist you to identify children with the danger signs for malnutrition—Red result using the MUAC strap and swelling of both feet.

First, will be a demonstration of how to use the MUAC strap to identify severe wasting (marasmus). Then, there will be a demonstration of how to look for oedema on both feet (kwashiorkor). Ask questions after the video.

**Remember:**

Facilitator summarizes the take home messages as:

- The sick child 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, diarrhea, fever, convulsions, difficult drinking or feeding, vomiting, and any other problems).
- You also learn other information by examining the child to LOOK for (for fast breathing, chest in drawing, unusually sleepy or unconscious, colour of the MUAC strap, and swelling of both feet).

## SESSION 4: DECIDE TO REFER OR TREAT THE CHILD

Facilitator will ask a participants to read out the objectives loudly.

<b>Objectives</b>	Identify danger signs based on information the caregiver provides and signs found by looking at the child  Identify signs of illness (that are not danger signs)  Use the <b>sick child</b> recording Form for DECIDING to REFER the child to the health facility or TREAT at home
<b>Time</b>	
<b>Methodology:</b>	<i>Discussions, filling the Recording forms, card game</i>
<b>Materials:</b>	<i>Recording forms, pencils, cards, Respiratory Timers</i>
<b>Learning assessments:</b>	<i>Drills, sick card placements,</i>

### SICK CHILD WITH DANGER SIGNS : REFER

Facilitator points out that:

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

Some problems are **Danger Signs**. A danger sign indicates that the child is too ill for you and the family to treat in the community.

To help this child survive, you must **URGENTLY REFER** the child to the health facility.

You may see another problem you cannot treat. Although the problem is not a danger sign, you will refer the child to the health facility where a trained health worker can better assess and treat the child.

The facilitator points out that for any danger sign, REFER the child.

Look at the sick child recording Form, the **middle column**, labeled 'ANY DANGER SIGN or 'other problem' to refer? This column is highlighted in "**PINK color**". The column lists the danger signs.

Any of these signs is a reason to refer the child urgently to the health facility.

Tick (✓) the dangers sign or signs you find if any. Circle the danger sign if you do not find it. Point out the List of the danger Signs:

**Table 4: List of Danger signs**

By ASKING	By LOOKING
<input type="checkbox"/> Cough for 14 days or more	<input type="checkbox"/> Chest Indrawing
<input type="checkbox"/> Diarrhea for 14 days or more	<input type="checkbox"/> Unusually Sleepy or unconscious
<input type="checkbox"/> Blood in Stool	<input type="checkbox"/> Red on MUAC
<input type="checkbox"/> Fever for the last 7 days or more	<input type="checkbox"/> Swelling of both feet
<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> Vomits everything	

### Exercise: Decide to refer (1) – Danger sign-REFER/No Danger sign

Conduct a group discussion on each of the children listed in the exercise (NB: Answers are in the table below and the same questions should be available to the participants without answers). This method works well when participants are unsure of the content of the exercise.

This method is active, participants move to the front of the room and work together.

#### Prepare for the group discussion

Use Child cards – Set 2: (Set 2a is less complex than Set 2b)

1. **Child cards**—copy onto cardboard or heavy paper the **Child Cards—Set 2a: Ask Caregiver and look for signs**. The cards describe sample children with different signs of illness from the caregiver's report (see **Annex 1. Card games**). Cut the cards.
2. **Easel chart**—write two labels at the top of two columns: **DANGER SIGN—REFER** and **NO DANGER SIGN**.
3. **Tape**—or other means to stick the cards on the easel chart.

#### Process for the group discussion

1. Ask participants to come to the easel chart. Bring their Recording forms and CHW Manuals with them.
2. Give each participant a card. One at a time, ask the participant to read the card. **Ask: Does the child have a danger sign?** Determine whether others agree with the decision. If there is a question, have participants refer to the Recording form.
3. Then ask the participant to decide where to stick the card on the easel chart, under the label **DANGER SIGN—REFER** or **NO DANGER SIGN**.
4. When all participants have posted their cards, pass out the remaining cards, if any. Repeat the process until all cards have been posted in the correct place on the easel chart.
5. Refer to the Answer Sheet below, with comments to add to the discussion.

## ANSWER SHEET

Exercise: Decide to refer (1) – Danger sign-REFER/No Danger sign

Does the child have a danger sign? (Refer any child with a danger sign.)			Comment
Sam – cough for 10 days		No	
Nafula – cough for 2 months	Yes		
Beauty – diarrhoea with blood in stool	Yes		
Maina – diarrhoea for 10 days		No	If there is diarrhoea for 14 days or more, the child has a danger sign—one reason that a follow-up visit is important (more to be said later). If this child has diarrhoea almost all the time, discuss what the community health worker should do.
Amina – fever for 3 days in a malaria area		No	
Nilgun – low fever for 8 days, not in a malaria area	Yes		A low fever for 7 days or more may mean that there is an unknown cause, which must be assessed and treated at health facility.
Ida – diarrhoea for 2 weeks	Yes		What might be a reason for diarrhoea lasting for 2 weeks? It could be diarrhoea caused by a food <b>reaction</b> or an indication that the child has a more serious problem, including HIV. The health facility will try to determine the cause.
Carmen – cough for 1 month	Yes		Cough for <b>14</b> days or more may be a sign of TB or another illness, which needs to be assessed and treated at the health facility.
Tika – convulsion yesterday	Yes		Discuss how you might clarify that it is a convulsion.
Nonu – very hot body since last night	No - (in a malaria area)	No (if not a malaria area)	Discuss differences in or not in a malaria area. This is a high fever. What can the community health worker do (observe) and advise in a non malaria area? Introduce the idea of testing for malaria in a malaria area.
Maria – vomiting food but drinking water	Yes	No	When child cannot hold down any food or water, it is a danger sign.
Thomas – not eating or drinking anything because of mouth sores	Yes	No	Child could become sicker soon and lose weight. He needs to be assessed for other illness.

## Exercise: Decide to refer (2)

### Objectives:

Participants will be able to:

- Identify danger signs based on information from the caregiver and signs found by looking at the child.
- Use the Recording Form as a resource for answering questions.

You can conduct the exercise in two ways:

- A. Conduct a group discussion on each of the children listed in the exercise.
- B. Ask participants to complete the exercise as individual work, as that appears in the CHW Manual.

Conduct a group discussion on each of the children listed in the exercise. (NB: Answers are in the table below and the same questions should be available to the participants without answers). This method works well when participants are unsure of the content of the exercise. This method is active, participants move to the front of the room and work together.

### Prepare for the group discussion

1. **Child cards**—copy onto cardboard or heavy paper the Child cards—**Set 2b: Ask caregiver and look for signs**. The cards describe sample children with different signs of illness from the caregiver's report (see Annex 1. Card games). Cut the cards to separate them.
2. **Easel chart**—write the two labels at the top of two columns: **DANGER SIGN—REFER** and **NO DANGER SIGN**.
3. **Tape**—or other means to stick the cards on the easel chart.

### Process for the group discussion

Use the process as for the one in the above exercise (*Decide refer (part 1)*).

## ANSWER SHEET - Drill Exercise: Decide to refer (2)

Does the child have a danger sign? (Refer child with any danger sign)			Comment
1. Child age 11 months has cough; he is not interested in eating but will breastfeed		No	For danger sign, child cannot do either: eat or breastfeed.
2. Child age 4 months is breathing 48 breaths per minute.		No	
3. Child age 2 years vomits all liquid and food her mother gives her	Yes		Child will not be able to keep down liquids or medicine and will become dehydrated.
4. Child age 3 months frequently holds his breath while exercising his arms and legs		No	This is normal and does not describe a convulsion
5. Child age 12 months is too weak to drink or eat anything	Yes		
6. Child age 3 years with cough cannot swallow	Yes		
7. Child age 10 months vomits ground food but continues to breastfeed for short periods of time		No	
8. Arms and legs of child, age 4 months, stiffen and shudder for 2 or 3 minutes at a time	Yes		This is probably a convulsion. To confirm, you might ask if child is alert or cannot be wakened.
9. Child age 4 years has swelling of both feet	Yes		
10. Child age 6 months has chest indrawing	Yes		
11. Child age 2 years has a YELLOW reading on the MUAC strap		No	
12. Child age 10 months has had diarrhoea with 4 loose stools since yesterday morning		No	
13. Child age 8 months, has a RED reading on the MUAC strap	Yes		
14. Child age 36 months has had a very hot body since last night	Yes		Fever for less than 7 days in a child should be confirmed as malaria. Confirmation is done by the CHW using an RDT. If the RDT is positive, then the child should be treated as having malaria. If RDT is unavailable, in a malaria area, then the child should also be treated as having malaria. This child should not be referred but treated based on the above criteria
15. Child age 4 years has loose and smelly stools with white mucus		No	Discuss difference in appearance of blood and mucus in stools.
16. Child age 4 months has chest indrawing while breastfeeding		No	Wait until child stops breastfeeding, and then look for chest indrawing again.
17. Child age 4 and a half years has been coughing for 2 months	Yes		Refer child for further assessment. It could be TB.
18. Child age 2 years has diarrhoea with blood in her stools	Yes		
19. Child age 2 years has had diarrhoea for 1 week with no blood in her stools		No	Do not refer if there is no danger sign.
20. Child age 18 months has had a low fever (not very hot) for 2 weeks	Yes		
21. Child in a malaria area has had fever and vomiting (not everything) for 3 days		No	Fever for less than 7 days in a child should be confirmed as malaria. Confirmation is done by the CHW using an RDT. If the RDT is positive, then the child should be treated as having malaria. If RDT is unavailable, in a malaria area, then the child should also be treated as having malaria. This child should not be referred but treated based on the above criteria

## Demonstration and Practice:

### Using the sick child recording Form to Decide to Refer or Treat

#### Process

Use the example of Grace Owen-Child 1, Susan Chebet-Child 2, Hussein Mohammed-Child 3, Karen Shah-Child 4. The cases are in the participant's manual.

Facilitator guides participants in getting started on the form: Look at Grace Owens's recording form. Note that the date is 16 November 2007. The community health worker is JB.

Ask a participant to tell us the rest of the information on the top of the form (age, caregiver's name, address, etc.). Let's now identify Grace's problems. Start with information we learned by asking her mother.

Did Grace have cough? Have diarrhoea?

Then, ask: Did she have fever? For how long?

Now let's look at the column to the right. The column heading is "Any DANGER SIGN". She did not have fever that lasted 7 days or more. But it is a malaria area. So the community health worker ticked the (ASK and LOOK) column "Fever (less than 7 days) in a malaria area."

Ask other participants by name). Did Grace have convulsions?

Did Grace have any difficulty drinking or feeding? If yes, was she not able to drink or feed anything?

Go to the column to the right (Any DANGER SIGN). Is anything ticked? What? So, Grace has another danger sign. Continue until all items are discussed.

At the bottom of the page, the form asks you to Decide: Refer or treat child. If there is any Danger Sign, what do you do? Tick [ ✓ ] the appropriate box.

What if Grace had diarrhoea for less than 14 days and no blood in stool? Where would you record whether this was a danger sign?

If she had diarrhoea for less than 14 days and no blood in stool, would you have referred her? No. If she had any danger sign, she needs to be referred.

Any questions?

#### Summarize:

- A. The sick child recording Form guides you in deciding whether the sign is a danger sign and the child must be referred, or the sign indicates the child is sick but does not have a danger sign.
- B. However, if there is any tick in the danger sign column—even one, then the child must be referred to the health facility.

## DEMONSTRATION AND PRACTICE

### Using the sick child recording Form to decide to refer or treat

The sick child recording Form guides you to make correct decisions. It helps you:

1. Identify danger signs.
2. Decide whether to refer the child to a health facility or
3. Treat the child at home.

#### Part 1 - Demonstration

On the next page is the sick child recording Form for Grace Owen. Use the sick child recording Form to guide participants 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?

1. Remember that **if a sign is not present**, CIRCLE the box.
2. 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?
3. Tick the **decision box** at the bottom of the sick child 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: 16 / 5 / 2010 CHW's Name: John Bonge Tel: 0710 XXX XXX

Child's name: First Grace Family Owen Age: 2 Years / 2 Months. Boy / Girl

Caregiver's Name: Patricia Owen Relationship: Mother / Father / Other: \_\_\_\_\_

Name of Community Unit: Hilltop Road, Sugar hills Name of Link Facility: Mutafa IT Centre

House Hold Number: 041

## 1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/>		
<input checked="" type="checkbox"/> Cough? If yes, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input checked="" type="checkbox"/> Fever (reported or now)? If yes, started ___ days ago.	<input type="checkbox"/> Fever for last 7 days or more	
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input checked="" type="checkbox"/> Difficulty drinking or feeding? IF YES, <input checked="" type="checkbox"/> not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input checked="" type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> IF COUGH, count breaths in 1 minute: _____ breaths per minute (bpm)		
<input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> For child 6 months up to 5 years, MUAC strap colour: red ___ yellow ___ green ___	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

## 2. Decide: Refer or treat child

(tick decision)

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2 →

## Practicum exercise to decide on when to refer or treat:

### 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. If a sign is not present, CIRCLE the box.

Then, decide to Refer or Treat the child at home. Tick [ ✓ ] the appropriate decision box to indicate your decision.

Child 1: Susan Chebet

### Sick Child Recording Form

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

Date: 16 / 05 / 2010 CHW's Name: Mary Otieno Tel: 0785 321750

Child's name: First Susan Family Chebet Age: \_\_\_ Years / \_\_\_ Months. Boy  Girl

Caregiver's Name: Ruth Chebet Relationship:  Mother / Father / Other: \_\_\_\_\_

Name of Community Unit: Iten Road Name of Link Facility: Leigot H/C

House Hold Number: 072.

**1. Identify problems**

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/>		
<input type="checkbox"/> Cough? If yes, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	
<input checked="" type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input checked="" type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input type="checkbox"/> Fever (reported or now)? If yes, started ___ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days in a malaria area)
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Difficulty drinking or feeding? IF YES, o not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input checked="" type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> IF COUGH, count breaths in 1 minute: ___ breaths per minute (bpm) <input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> For child 6 months up to 5 years, MUAC strap colour: red ___ yellow ___ green ___	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

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

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

**GO TO PAGE 2 →**

## Sick Child Recording Form

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

Date: 16 / 5 / 20 10 CHW's Name: Ruth Wafula Tel: 0921 xxx xxx  
 Child's name: First Hussein Family Mohamed Age: 4 Years/\_\_\_ Months. Boy / Girl  
 Caregiver's Name: Ali Mohamed Relationship: Mother / Father / Other: \_\_\_\_\_  
 Name of Community Unit: Garissa Road Name of Link Facility: Orange H/Centre  
 House Hold Number: 069

**1. Identify problems**

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure. <b>YES</b> , sign present → Tick <input checked="" type="checkbox"/> <b>NO</b> sign → Circle <input type="checkbox"/>		
<input checked="" type="checkbox"/> Cough? If yes, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input checked="" type="checkbox"/> Fever (reported or now)? If yes, started ___ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Difficulty drinking or feeding? IF YES, o not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input checked="" type="checkbox"/> IF COUGH, count breaths in 1 minute: <u>63</u> 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		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> For child 6 months up to 5 years, MUAC strap colour: red ___ yellow ___ green ___	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

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

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

**GO TO PAGE 2 →**

## Sick Child Recording Form

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

Date: 16 / 5 / 2010 CHW's Name: Pauline Nekesq Tel: 0714-xxx xxx  
 Child's name: First Karen Family Shah Age: 1 Years / 3 Months. Boy  Girl   
 Caregiver's Name: Mona Shah Relationship: Mother / Father  Other: Aunt   
 Name of Community Unit: Four Corners Name of Link Facility: Bridgeview H/C  
 House Hold Number: 072

**1. Identify problems**

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/>		
<input checked="" type="checkbox"/> Cough? If yes, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input type="checkbox"/> Fever (reported or now)? If yes, started ___ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input checked="" type="checkbox"/> Difficulty drinking or feeding? IF YES, or not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
IF COUGH, count breaths in 1 minute: <u>60</u> breaths per minute (bpm) <input checked="" type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> For child 6 months up to 5 years, MUAC strap colour: red ___ yellow ___ green <u>✓</u>	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

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

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

**GO TO PAGE 2 →**

## ANSWER SHEET

### Demonstration and Practice - Decide to refer or treat

#### Child 1: Susan Chebet - Answers

Tick [ ✓ ] DANGER SIGN Blood in Stool. (Do NOT tick Diarrhoea (less than 14 days AND no blood in stool.)

Decide to refer child: Tick [ ✓ ] IF ANY Danger Sign or other problem, refer to health facility.

#### Child 2: Hussein Mohamed - Answers

Tick [ ✓ ] Fever (less than 7 days) in a malaria area.

Tick [ ✓ ] Fast breathing in the column SICK but NO a Danger Sign.

Decide to treat the child at home: Tick [ ✓ ] If NO Danger Sign, treat at home and advise caregiver.

#### Child 3: Karen Shah - Answers

Tick [ ✓ ] Fast breathing in the column SICK but NO Danger Sign.

Decide to treat the child at home: Tick [ ✓ ] If NO Danger Sign, treat at home and advise caregiver.

### Facilitator summarises the section and next steps:

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. You will start by learning some good communication skills. If you refer a child to the health facility, you can also help to prepare the child and the child's family for referral.

Page 2 of the Sick Child Recording Form helps you decide what to do to assist referral or treat the child at home. It also lists the schedule of vaccines, Vitamin A and deworming drugs the child needs to prevent many common childhood illnesses.

Facilitators to give these take home messages

- There are Eleven Danger Signs for which a child must be referred to a health facility:
  - cough for 14 days or more
  - diarrhoea for 14 days or more
  - diarrhoea with blood in the stool
  - fever for 7 days or more
  - convulsions
  - not able to drink or feed anything
  - vomits everything
  - has chest in-drawing
  - is unusually sleepy/lethargic or unconscious
  - shows red on the MUAC strap or
  - has swelling of both feet
- A child who has convulsions, fever for 7 days or more, is unable to drink or feed anything, who vomits everything or is unusually sleepy or unconscious is in danger of dying quickly and must be referred immediately.
- Other signs of illness (diarrhoea less than 14 days, fever less than 7 days in a malaria area, cough with fast breathing, and yellow on the MUAC strap) can be treated in the community, by you and the caregiver.

**ALWAYS REMEMBER: IF ANY DANGER SIGN, REFER CHILD URGENTLY TO HEALTH FACILITY**

### Sick Child With Danger Signs

A sick child with danger signs should be referred urgently to a health facility.

#### What to do: Assisting Referral

- Explain why child needs to go to the health facility
- If child has diarrhea and can drink, begin giving ORS solution right away
- For any sick child who can drink, advice to give more fluids and continue feeding or breastfeeding.
- Advice to keep the child warm if child does not feel hot on touch.
- If child has fever, give first dose of Paracetamol and ask the mother to remove extra clothing.
- If convulsing now, show care giver how to position the child. Do not put any object in the mouth.
- Write a referral note
- Support transportation and help solve other difficulties in referral.
- Follow up the child on return at least once a week until the child is well



## SICK BUT NO DANGER SIGN: TREAT THE CHILD AT HOME

Facilitator makes these points: Now you will learn how to treat a child at home. You will start by learning some good communication skills for treatment.

If you refer a child to the health facility, you can also help to prepare the child and the child's family for referral.

Page 2 of the Sick Child Recording Form helps you decide what to do to assist referral or treat the child at home. It also lists the schedule of vaccines, deworming drugs and Vitamin A, which the child needs to prevent many common childhood illnesses.

### Communication skills for treatment

#### Introduce the session on communication skills for treatment

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.

For good communication the facilitator asks the participants to:

**Ask** questions to find out **what the caregiver is already doing** for her child, and **Listen** to what the caregiver says.  
**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 understands.  
**Solve problems** that may prevent the caregiver from giving good treatment.

**(ALPACS)**

#### Check the caregiver's understanding

Giving even 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 treatments—ORS and Zinc for Diarrhoea, Antibiotic and an antimalarial.

**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 the 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 Zinc or 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.

A question that the caregiver can answer with a "yes" or "no" is a poor checking question. The answer does not show you how much the caregiver knows.

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, **i.e show me**.

### Table 5: List of good and poor checking questions

Facilitator leads a discussion on good and poor checking questions.

Good checking questions	Poor checking 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 remember which tablet 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 <b>this Zinc</b> ).	Do you think you can give the Zinc I

Ask only one question at a time. After you ask a question, wait. Give the caregiver a chance to think and to answer. Do not answer the question for the caregiver.

If the caregiver answers incorrectly or does not remember, be careful not to make the caregiver feel uncomfortable. Give more information, another example/demonstration, or another chance to practice.

## GOOD COMMUNICATION SKILLS

Ask participants to read scenario I-Sasha-Child 1 and Scenario II- Morris-Child 2.

For each case, use the questions to guide the discussions and ask for ideas on how to respond when the caregiver says that he or she already knows how to give the treatment.

### Exercise: Using good communication skills

In this exercise, you will review good communication skills.

#### Child 1- Sasha

The community health worker must teach a mother how to prepare ORS solution for her daughter Sasha who has diarrhoea. First the community health worker explains how to mix the ORS, and then he shows Sasha's mother how to do it. He asks the mother, "Do you understand?" Sasha'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 participants:

- What information did the community health worker give Sasha's mother about the task?
- Did he show her an example? What else could he have done?
- How did he check the mother understands?
- How would you have checked the mother understands?

#### Child 2 - Morris

The community health worker gives Morris' mother some oral Zinc and Amoxicillin 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. The community health worker gives her the Zinc and Amoxicillin, and Morris and his mother leave.

#### Discuss with the participants:

- What information did the community health worker give Morris's mother about the task?
- Did he show her an example? What else could he have done?
- How did he check the mother understands?
- How would you have checked the mother's understanding?
- If a mother tells you that she already knows how to give a treatment, what should you do?

## CHECKING QUESTIONS

Facilitator leads a drill on checking questions. Look at the yes/no questions in your manuals. Discuss how you could make them good checking questions, or how you could ask the caregiver to demonstrate.

1. Do you remember how to give the paracetamol, Zinc 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 packet?
4. Do you have a 1 litre container at home?
5. Will you continue to give your child food and drink when you get home?
6. Did you understand when you should bring your child back?
7. Do you know how much ORS to give your child?
8. Will you keep the child warm?
9. You do know for how many days to give the medicine, don't you?
10. Do you understand what you should do at home now?

## TAKE HOME MESSAGES

- Good communication between you and the caregiver is essential.
- To help a caregiver understand treatment, you should give information, show an example, and let her practice.
- Use good checking questions to make sure the caregiver understands and feels capable of carrying out the treatment at home.

## IF NO DANGER SIGN-TREAT THE CHILD AT HOME

### Facilitator introduces the session

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

In this section, you will be able to:

- Decide on treatment based on a child's signs of illness.
- Decide when a child should come back for a follow up visit.
- Use the Sick Child Recording Form as a resource for determining the correct treatment and home care.

This box below summarizes the home treatments for diarrhoea, fever, and fast breathing:

**Table 6: Home treatments for Diarrhea, fever and fast breathing**

o If diarrhoea for less than 14 days	o Give ORS. o Give zinc supplement.
o If fever for less than 7 days (in malaria area)	o Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE o If RDT is positive, give oral antimalarial AL
o If cough (for less than 14 days) with fast breathing	o Give oral antibiotic (amoxicillin).

### Facilitator tells the participants:

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 in the column on the right (SICK but NO Danger Sign?) includes four signs of illness that require attention and can be treated at home; these are:

### 1. Diarrhoea for 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) solution and Zinc tablets.

### 2. Fever for less than 7 days

Fever in all children 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 RDTs is negative give paracetamol and refer to a health facility for further assessment. However,

#### High malaria risk:

If RDTs are not available and cannot refer to a health facility treat with anti-malarial and follow-up in 3 days

#### Low malaria risk:

If RDTs are not available give paracetamol and REFER to a health facility for further assessment.

During the follow-up visit, **Ask** and **Look** for signs of illness again.

Refer the child if the child is **not improving** or has a **danger sign (s)**.

### 3. Cough with fast breathing

Facilitator note: If government policy does not allow use of antibiotics for pneumonia in the community REFER all children with Cough and fast breathing to a health facility, unless in a research setting.

Cough with fast breathing is a sign of pneumonia. Refer the child URGENTLY to a health Facility.

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.

#### Facilitator to discuss about the local safe soothing cough remedies:

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 that they are expensive.

### 4. Yellow on MUAC strap

Counsel caregiver on feeding or, If there is a community-based feeding programme, Refer the child with yellow on the strap for treatment feeding.

Facilitator to establish where local programmes offering treatment and OTP are, and shares with the CHW.

#### Preparation for Clinical Practice

Tell participants where the group will go to practise checking for danger signs. They will be going to a health facility where there are sick children. They are going there because they are more likely to find the danger signs in the inpatient ward.

Introduce their clinical instructor who will meet them at the health facility and who will give them more information.

## DEMONSTRATION AND PRACTICE

### Decide on treatment for the child

#### Objectives:

Participants will be able to:

- Decide on the treatment to give sick children at home.
- Use the Sick Child Recording Form as a resource for answering questions on treatment.
- Identify the medicines to give a child at home.

#### Prepare

1. Samples of medicine for demonstration - ORS packets, Zinc Tablets, oral antimalarial (AL) and (oral antibiotics) in their original containers.
2. Medicine for practice, for each participant - ORS packets (3), Zinc Tablets/Tablets (20 in number 20 mg tablets), oral antimalarial AL (20 tablets)

#### Part 1 - Demonstration of Medicine Samples

1. Show participants each of the medicines, one at a time. Walk around the room so that participants can see each medicine in the container used locally.
2. For each, describe the purpose of the medicine.
  - ORS: For diarrhoea (prevention and treatment of dehydration). Note: The new low osmolarity ORS also reduces the severity and duration of diarrhoea.
  - Zinc Tablets: For diarrhoea to reduce the frequency and severity of diarrhoea.
  - Oral antimalarial AL: For fever when a Rapid Diagnostic Test is positive for malaria.
  - In case of Cough & Fast breathing (Pneumonia), REFER URGENTLY to the nearest Health Facility.
3. Let participants handle the drugs to see the differences in packaging, differences in size and colour of tablets, etc.
4. Explain that they will first learn to recognize the medicine and decide on treatment before learning how to give each medicine.
5. Hold up one medicine at a time. Ask individual participants to say the name and the purpose of the medicine in treating sick children. Continue doing this until all participants can identify each medicine correctly.

#### Part 2 - Practice with Medicine Samples

1. Ask a participant to read the instructions for Part 2, the practice exercise in the CHW Manual.  
Participant instructions:
  - I. Tick (✓) all the treatment to give at home
  - II. All the children live in a malaria area
  - III. No child has danger sign
  - IV. Each child has only the signs mentioned in the box
  - V. To decide, REFER to the yellow box for **Treat at home and Advice on home care on Page 2 of Sick Child Recording Form**
  - VI. After you decide, the facilitator will give you the medicine to select for the child's treatment
2. Discuss as a group the first child (child age 3 years has cough and fever).
3. Show participants the box on **Treat at home and Advice on home care** on page 2 of the **sick child recording form**. Show them how the box lists the treatments for diarrhoea, fever, and fast breathing.

4. For fever, the CHW will do a Rapid Diagnostic Test. If the test is positive, then the CHW will treat the child for malaria. The box also lists the advice on home care for all children treated at home. Make sure that all participants see this before moving on.
5. Ask participants to tick [ ✓ ] all the treatments they would give the first child, age 3 years at home. Use the Treat at home box to help make a decision.
6. Then ask one participant to report what he or she decided. Go item by item, starting with “Give ORS”. If a participant disagrees, discuss the answer. Refer to the Sick Child Recording form, as needed.

**(Answer: Do a Rapid Diagnostic Test for malaria (Tick the box). Note that the result was NEGATIVE, so do not give the oral antimalarial AL for malaria. Advise the caregiver on home care. Tick all boxes under home care. Discuss importance of follow up in 3 days to see whether the child is improving.)**

7. Decide on treatment for the second child (Name of Child??) **as a group**, item by item, and then continue to the next child. When participants can work independently, then ask them to continue to decide the treatment for the remaining children.
8. Walk around the room checking the answers. (See the Answer Sheet below.)
9. When all have finished, discuss the decisions with a particular focus on difficulties selecting the correct treatment.
10. Then, pass out the medicine for practice to participants. Assign each participant to a child in the list to select the medicine (only which medicine to give, not how much or how many times).
11. Walk around the room to check the decisions.
12. When everyone is done, summarize the decisions.
13. Additional children and their signs for optional exercises. Ask individual participants to select the appropriate treatment for each, and hold up the medicine. Some additional sample children:
  - Child age 6 months with fever, and positive RDT result for malaria.
  - Child age 2 years with fast breathing and fever, and negative RDT result for malaria.
  - Child age 4 years with diarrhoea and fever, and negative RDT for malaria.
  - Child age 8 months with vomiting and diarrhoea.
  - Child age 3 months with fever, and positive RDT result for malaria and fast breathing.

*[Notes to facilitator: In some places, the malaria programme may recommend only giving an antimalarial to children over age 5 months. Then this child would not get an antimalarial. In Kenya, there is dosage for children between 2 to 5 months of age. Use this child to stimulate a discussion about the recommended AL for your area.]*

- Child age 3 years with diarrhoea and fast breathing.
14. Remind participants that the caregivers of ALL sick children treated at home should receive advice on home care. The advice is the same as the participants have learned and have been using with families. Refer the participants to the **list of points in the box**. Review each point of the advice.

**Answer Sheet:**

**Decide on treatment for the child**

<p>1. Child age 3 years has cough and fever</p>	<p><input type="checkbox"/> Give ORS</p> <p><input type="checkbox"/> Give Zinc Tablets</p> <p>✓ <input type="checkbox"/> Do a rapid diagnostic test (RDT):              __POSITIVE _✓_NEGATIVE</p> <p><input type="checkbox"/> If RDT is positive, give oral antimalarial AL</p> <p><input type="checkbox"/> Give oral antibiotic</p> <p>✓ <input type="checkbox"/> Advise caregiver on home care</p> <p>✓ <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</p> <p>✓ <input type="checkbox"/> Advise on when to return</p> <p>✓ <input type="checkbox"/> Follow up child in 3 days</p>
<p>2. Child age 6 months has fever and is breathing 55 breaths per minute</p>	<p><input type="checkbox"/> Give ORS</p> <p><input type="checkbox"/> Give Zinc Tablets</p> <p>✓ <input type="checkbox"/> Do a rapid diagnostic test (RDT):              _✓_POSITIVE __NEGATIVE</p> <p>✓ <input type="checkbox"/> If RDT is positive, give oral antimalarial AL</p> <p>✓ <input type="checkbox"/> Give oral antibiotic (<i>Why?</i>)</p> <p>✓ <input type="checkbox"/> Advise caregiver on home care</p> <p>✓ <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</p> <p>✓ <input type="checkbox"/> Advise on when to return</p> <p>✓ <input type="checkbox"/> Follow up child in 3 days</p>
<p>3. Child age 11 months has diarrhoea for 2 days; he is not interested in eating but will breastfeed</p>	<p>✓ <input type="checkbox"/> Give ORS</p> <p>✓ <input type="checkbox"/> Give Zinc Tablets</p> <p><input type="checkbox"/> Do a rapid diagnostic test (RDT):              __POSITIVE __NEGATIVE</p> <p><input type="checkbox"/> If RDT is positive, give oral antimalarial AL</p> <p><input type="checkbox"/> Give oral antibiotic</p> <p>✓ <input type="checkbox"/> Advise caregiver on home care</p> <p>✓ <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</p> <p>✓ <input type="checkbox"/> Advise on when to return</p> <p>✓ <input type="checkbox"/> Follow up child in 3 days</p>

<p>4. Child age 2 years has a fever and a YELLOW reading on the MUAC strap</p> <p><i>Note: If there is a community-based feeding program, refer child with a YELLOW reading for feeding Supplements.</i></p>	<p><input type="checkbox"/> Give ORS</p> <p><input type="checkbox"/> Give Zinc Tablets</p> <p><input type="checkbox"/> Do a rapid diagnostic test (RDT):  <input checked="" type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> If RDT is positive, give oral antimalarial AL</p> <p><input type="checkbox"/> Give oral antibiotic</p> <p><input type="checkbox"/> Advise caregiver on home care</p> <p><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</p> <p><input type="checkbox"/> Advise on when to return</p> <p><input type="checkbox"/> Follow up child in 3 days</p>
<p>5. Child age 1 year has had fever, diarrhoea, and vomiting (not everything) for 3 days</p>	<p><input type="checkbox"/> Give ORS</p> <p><input type="checkbox"/> Give Zinc Tablets</p> <p><input type="checkbox"/> Do a rapid diagnostic test (RDT):  <input checked="" type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> If RDT is positive, give oral antimalarial AL</p> <p><input type="checkbox"/> Give oral antibiotic</p> <p><input type="checkbox"/> Advise caregiver on home care</p> <p><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</p> <p><input type="checkbox"/> Advise on when to return</p> <p><input type="checkbox"/> Follow up child in 3 days</p>
<p>6. Child age 10 months with cough vomits ground food but continues to breastfeed for short periods of time</p>	<p><input type="checkbox"/> Give ORS</p> <p><input type="checkbox"/> Give Zinc Tablets</p> <p><input type="checkbox"/> Do a rapid diagnostic test (RDT):  <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE</p> <p><input type="checkbox"/> If RDT is positive, give oral antimalarial AL o Give oral antibiotic</p> <p><input type="checkbox"/> Advise caregiver on home care</p> <p><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</p> <p><input type="checkbox"/> Advise on when to return</p> <p><input type="checkbox"/> Follow up child in 3 days</p>

<p>7. Child age 4 years has diarrhoea for 3 days and is weak</p> <p><i>Note: Child may be weak from dehydration. Give ORS and observe to make sure that child improves.</i></p>	<ul style="list-style-type: none"> <li>✓ <input type="checkbox"/> Give ORS</li> <li>✓ <input type="checkbox"/> Give Zinc Tablets</li> <li><input type="checkbox"/> Do a rapid diagnostic test (RDT):     __POSITIVE __NEGATIVE</li> <li><input type="checkbox"/> If RDT is positive, give oral antimalarial AL o Give oral antibiotic</li> <li>✓ <input type="checkbox"/> Advise caregiver on home care</li> <li>✓ <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</li> <li>✓ <input type="checkbox"/> Advise on when to return</li> <li>✓ <input type="checkbox"/> Follow up child in 3 days</li> </ul>
<p>8. Child age 6 months has fever and cough for 2 days</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Give ORS</li> <li><input type="checkbox"/> Give Zinc Tablets</li> <li><input type="checkbox"/> Do a rapid diagnostic test (RDT):     _✓_POSITIVE __NEGATIVE</li> <li>✓ <input type="checkbox"/> If RDT is positive, give oral antimalarial AL</li> <li><input type="checkbox"/> Give oral antibiotic</li> <li>✓ <input type="checkbox"/> Advise caregiver on home care</li> <li>✓ <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</li> <li>✓ <input type="checkbox"/> Advise on when to return</li> <li>✓ <input type="checkbox"/> Follow up child in 3 days</li> </ul>

**REFER ALL CHILDREN WITH COUGH AND FAST BREATHING (PNEUMONIA)**

## Check the expiry date and storage of the medicines and RDTs

Before using medicines or RDTs, ALWAYS check the expiration dates.

Facilitator guides the participants through this information.

Old medicine loses its ability to cure illness, and may be harmful. Check the expiry date on all medicines before you use them. Today's date should not be later than the expiration date.

For example, if it is now May 2010 and the expiration date is December 2009, the medicine has expired. Do not use expired medicines. They may no longer be effective, and may be harmful. If medicines expire, replace them during the next visit to the dispensary of the health facility.

The manufacturers put this stamp on the box of an antibiotic. In addition to the manufacturer's batch number, there are two dates: the medicine's manufactureres date (MFD date) and the expiration date (EXP. Date).

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

- What is the expiration date?
- What is today's 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 expiration date on the rapid diagnostic test packet (RDT). Do not use an expired test. It may give false results.

### Storage of medicines and RDTs

All medicines should be stored in a cool and dry place out of reach of children.

### Exercise: Check the expiration date of medicine

#### Prepare

1. Sample medicine or empty containers (6-12)—locate the expiration date on the package and select ones with different expiration dates, including some that have expired. If possible, use containers of locally used ORS, Zinc, antimalarials, antibiotics, and rapid diagnostic test (RDT) kits for malaria. (If not available, use any expired medicine you are able to find.)

#### Process

1. Ask participants to check the expiration dates on the medicines and RDT kits that they still have from previous exercises.
2. Ask participants to decide whether the medicine or RDT kit has or has not expired. **Write their findings in the CHW manual.**
3. Then, ask participants to decide **whether to return** the medicine or RDT kit to the dispensary or **use it with a child.**
4. Give an additional container to each two participants. Ask them to find the expiration date. Then ask participants to decide whether the medicine or RDT kit has or has not expired, and whether to use it.
5. When participants finish with one container, **redistribute the containers.** Give participants a chance to check the expiration date on 5 or 6 containers.
6. Summarize the exercises. Note the difficulties reading the expiration dates. For example, participants may not be able to read the date on an individual ORS packet or a blister packet of tablets. The expiration date may be clearer on the box or on another packet.
7. Then, **identify the process for returning the expired medicine and RDT kits to the dispensary.** The procedure should be established by the national programme or the local district.

Finally, emphasize that the expired medicine is not effective may even be dangerous.

## TREAT COUGH OR COLD WITH NO DANGER SIGN:

### Make these points:

Cough with fast breathing is a sign of pneumonia refer the child urgently to the nearest health facility.

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.



### Refer:

- Cough with fast breathing
- Cough with any danger sign

Ask the participants to look at the chart and read the treatment for cough with no fast breathing. Tell them to refer urgently to the nearest health facility any child with cough and fast breathing

## TREAT COUGH OR COLD

### COUGH with NO FAST BREATHING OR DANGER SIGNS

#### COMMON COLD

- Soothe the throat and relieve the cough with a safe remedy (warm fluids, lemon tea, tea with honey, breast milk).
- Advise caregiver to increase fluids.
- Advise caregiver not to give any drugs to the child for this condition.
- Advise caregiver when to go to health facility immediately (WHEN TO RETURN).

Discuss: What is a safe, soothing remedy for the throat to relieve a cough, which is used in your community?

### ASK PARTICIPANTS TO READ ADVICE TO THE CAREGIVER.

Advise the caregiver to:

Take the child to the health facility right away if: the child cannot Drink or Eat, develops fast and/or difficult breathing or has any other signs that the child is getting sicker.

Ask to see the child with cough again in 3 days in a follow up visit even if the child improves.

If the child was seen at the health facility and received medicine:

Then tell the caregiver to continue giving the medicine dose until all the medicine is finished.

Emphasize that it is important to give the medicine for as prescribed 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.

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.

## TREAT: DIARRHEA WITH NO BLOOD IN STOOL AND NO DANGER SIGN

Facilitator asks participants to read this section.

Giving more fluids can be life saving.

A. For children not on exclusive breast feeding:

1. Give extra fluids, as much as the child will take
  - a. ORS solution
  - b. Food based fluids such as: soup, rice, yoghurt drink
  - c. Clean water
2. Breast feed more frequently and longer at each feeding
3. Continue giving extra fluids until diarrhoea stops

B. For babies on exclusive breast feeding:

4. Breast feed more frequently and for longer periods at each feeding
5. Continue giving extra fluids until diarrhea stops

C. Give zinc as advised by the health worker or Community Health worker (CHW) until it is finished.

Facilitator Instruction: Quickly check the participants' understanding of how to prepare and give ORS solution to a child.

### Process:

Go around the room asking participants to each read a sentence and fill in the blanks. (story is as in the answer sheet below)

If someone has difficulty filling in the blank, ask the next person.

(See the answer sheet below).

**Discussion:** See the answer sheet below-How to prepare and give ORS solution

## ANSWER SHEET

Review Exercise: How to prepare and give ORS solution  
Marianna is 2 years old. She has diarrhoea.

The community health worker will give Marianna ORS **solution** for her diarrhoea. It will help prevent **dehydration**.

He empties **one packet** of ORS into a bowl. He pours one **1/2 litre** of drinking water into the bowl with the ORS. He stirs the ORS solution with a spoon until the salts **dissolve**.

He asks the mother to begin giving Marianna the ORS solution with a **cup** or with a **spoon**. He advises the mother to wait 10 minutes, if Marianna **vomits (or spits up)**. Then she can start giving the ORS solution again, but more **slowly**.

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

Marianna's mother should try to give her child **1/2 cup** of ORS solution after each **loose stool**, or as much as Marianna wants.

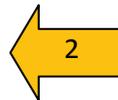
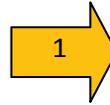
How does the community health worker know that Marianna is ready to go home? **When she is no longer thirsty**.

Her mother can keep unused ORS solution for **12** hours in a covered container.

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

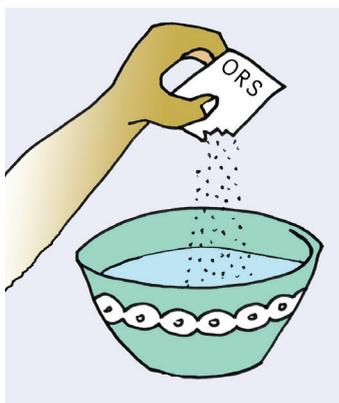
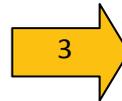
## Teach the Caregiver How To Mix ORS.

**Step 1:** Wash your hands with soap and water.



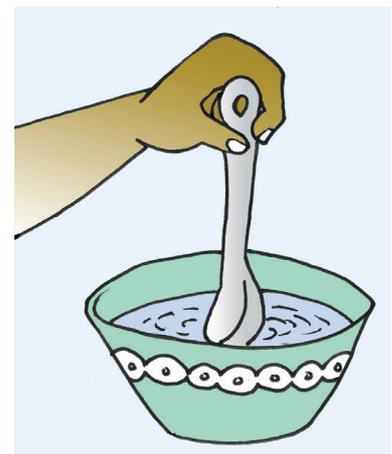
**Step 2:** Use a clean container to measure half litre (500ml) of safe drinking water. In your community, what are the common containers caregivers use to measure half litre of water? Mention Cooking Fat Containers (500ml)

**Step 3:** Transfer the measured water from the bottle into a clean container. The container should be large enough to hold at least at least 1 liter of drinking water.



**Step 4:** Cut the Satchet across and pour all the contents from 1 packet of ORS into a clean bowl.

**Step 5:** Stir well using a clean spoon until the salts completely dissolve and give the child.



TIP: Be ready to give ORS solution to a child with diarrhoea. Keep the following together 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.



### SHOW CAREGIVER HOW TO GIVE ORS

**Table 7: Amounts of ORS to give a sick child with diarrhea**

Child's condition	Age	Amount of ORS
<b>Diarrhoea in a child with no danger signs</b>  Give caregiver 4 packets of half litre (500ml sachet) ORS to take home.  <i>(Show caregiver the size of container that can measure the amount of the fluid shown)</i>	2 to 24 months	5 to 10 tablespoonfuls after every loose stool
	2 years and above	10 to 20 tablespoonfuls after every loose stool

#### **Tell the caregiver to:**

Give small sips of ORS frequently from a cup. If the child vomits, wait for 10 minutes, then continue giving fluids, but more slowly. If the child can take more, encourage the caregiver to continue giving.

Continue giving extra fluid until the diarrhoea stops (Recommended home fluids include; Soup, Uji, Sour milk, Coconut water, Clean safe water, Breast milk (for those who are still breastfeeding))

Continue feeding (especially breastfeeding of infants during rehydration)

Seek care when:

- If the child becomes sicker
- If the child develops a fever
- If the child develops any of the danger signs
- If the child is not improving

Store ORS solution

1. Keep ORS solution in a clean, covered container
2. Ask the caregiver to make fresh ORS solution when needed
3. Do not keep the mixed ORS solution for more than 12 hours. It can lose its effectiveness
4. Store the ORS sachets in a cool dry place

#### **Give Zinc Tablets**

Zinc is an important part of the treatment of diarrhoea. Zinc helps to make the diarrhoea less severe, and it

shortens the number of days of diarrhoea. Zinc increases the child's appetite and makes the child stronger. Zinc also helps prevent diarrhoea in the future. Giving Zinc for the full 10 days can help prevent diarrhoea for up to the next three months.

Ask participants to do the exercise on giving ORS and Zinc in treatment of diarrhea

<input type="checkbox"/> If <b>Diarrhoea</b> (less than 14 days & no blood in stool)	<input type="checkbox"/> <b>Give ORS.</b> Help caregiver to give child ORS solution in front of you until child is no longer thirsty.  <input type="checkbox"/> <b>Give caregiver 2 ORS packets to take home.</b> Advise to give as much as the child wants, but at least 1/2 cup ORS solution after each loose stool.  <input type="checkbox"/> <b>Give Zinc Tablets.</b> Give 1 dose daily for 10 days: Age 2 months up to 6 months—1/2 tablet (total 5 tabs) Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.
--	---

**Refer again to the diarrhea box above (from your recording form).**

**Lead discussion on correct answers in the exercise.**

For each child below, what dose of Zinc Tablets do you give?

Also, how many tablets totally would you give for the full 10-day treatment?

- For a child age 2 months – 10mg ( ½ tablet), total given= 5 tablets.
- For a child age 3 months - 10mg ( ½ tablet), total given=5 tablets
- For a child age 6 months - 20mg (1 tablets), total given=10tablets
- For a child age 3 years - 20mg (1 tablets), total given=10tablets
- For a child age 5 months- 10mg ( ½ tablet), total given= 5 tablets
- For a child age 4 years - 20mg (1 tablets), total given=10tablets
- For a child age 4 months - 10mg ( ½ tablet), total given=5 tablets

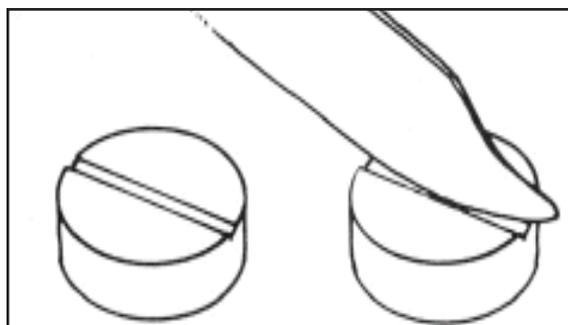
**Ask participants to read the section below:**

**Help the caregiver give the first dose now.**

1. Wash your hands with soap and water. The caregiver should do the same.

2. If the dose is for half of a tablet, help the caregiver cut it into two parts with a table knife.

3. 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.



4. 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.

5. 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. Ask good checking questions.

6. Give the caregiver enough Zinc for 10 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 ten days, even if the diarrhoea stops.

Ten 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 sick child recording Form (  Give ORS and  Give Zinc Tablets, and the correct dose). The form is a record of the treatment, as well as a guide for making decisions.

Ask the participants to prepare and perform the role play on preparing and giving ors and zinc.

### **Role play practice: Prepare and give ORS solution and Zinc Tablets**

#### **Prepare**

- ORS packets, mixing supplies, and spoons for giving ORS
- Cups for giving ORS
- Zinc tablets
- Water
- Container/Bowl
- Container for measuring ½ litre
- Dolls, or other objects to serve as small children

#### **Process**

Prepare and give ORS solution and Zinc Tablets.

(This may be the first time that community health workers will prepare an ORS solution or a Zinc Tablets. If so, the facilitator will demonstrate the unfamiliar tasks before this role play practice).

Facilitator: Divide participants into small groups of three or four for role play practice.

#### **Role 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.

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 and stirring the solution.

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

Help the caregiver prepare and give the first dose of the Zinc Tablets to her child. Follow the steps in this manual.

Discuss any difficulties participants had in preparing and giving ORS solution and Zinc Tablets. Identify how to involve the caregiver in doing the tasks, and the best ways to check the caregiver's understanding.

## DIARRHOEA PREVENTION

Facilitator: discuss the diarrhoea prevention messages below

### A. Water and Sanitation Hygiene

1. Wash your hands with soap and water at these important times:
  - a. after visiting the toilet,
  - b. after handling child's faeces or cleaning the child's bottoms,
  - c. before preparing food,
  - d. before feeding the child and
  - e. after touching other contaminated hands and surfaces
2. Dispose your child's stools into a latrine
3. Use clean utensils when preparing food and when feeding the child
4. Use clean safe drinking water,

### B. Nutrition and Extra Feeding:

5. Feed your child only on breast milk for the first 6 months ( unless otherwise advised)
6. Introduce other foods at 6 months and continue to breastfeed up to 2 years and beyond
7. Avoid use of feeding bottles and cup with spouts
8. Prepare nutritious foods to feed your child.

**C. Immunization:** Have your child fully immunized by age 1 year.

**D. Vitamin A:** Ensure your child gets Vitamin A supplementation every 6 months from 6 months of age to 5years.

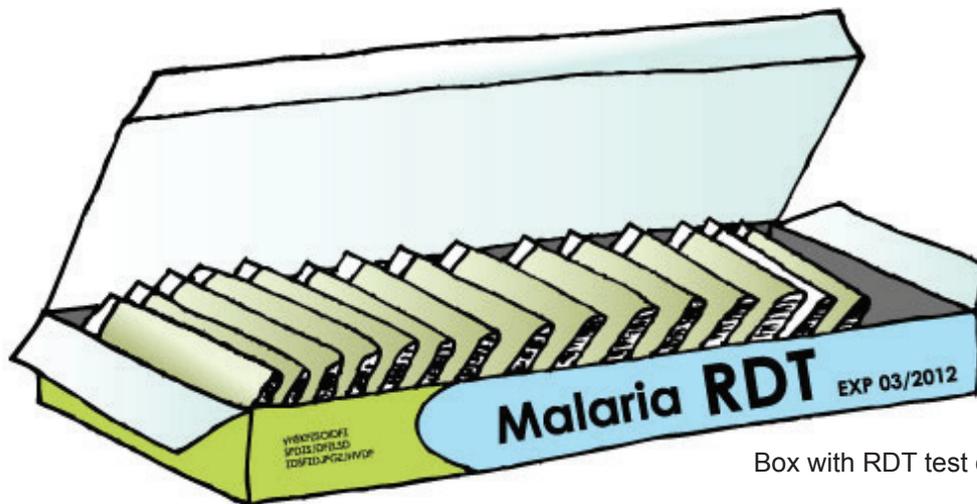
## TREAT FEVER FOR LESS THAN 7 DAYS WITH NO DANGER SIGN IN A MALARIA ENDEMIC AREA

It is important to do a rapid diagnostic test (RDT) in children with fever. If RDT is positive, treat the child with AL medicine.

**Demonstration:** Do an RDT for malaria

Facilitator guides the participants on how to perform an RDT

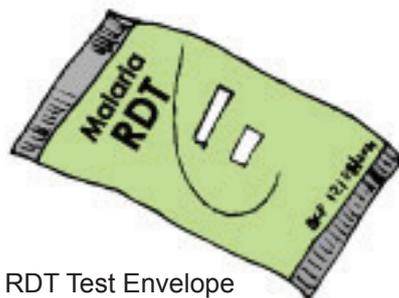
1. Describe briefly RDT
2. Show the participants the contents of an RDT kit
3. State the materials required to perform a malaria test using an RDT kit
4. Describe the test principle and interpretation of results
5. Prepare to perform RDT and describe the procedure
6. Take blood specimen from a finger prick and perform RDT
7. Review interpretation of results with the participants
8. Discuss quality control issues relating to RDTs
9. Discuss waste disposal including safe disposal of sharps



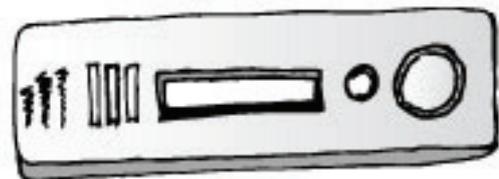
Box with RDT test contents



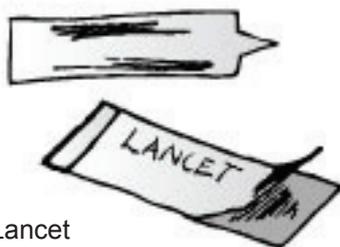
Buffer Solution Bottle



RDT Test Envelope



RDT Cassette



Lancet



Blood collection device



Test Instructions



Alcohol Swab

RDTs are simple malaria testing devices that detect the presence of malaria parasites in blood.

#### RDT kit contents

An RDT kit should have the following items:

1. Sterile lancets for piercing the finger
2. Blood collection device
3. RDT cassette
4. Buffer solution in bottle
5. Instructions for the test
6. Silica gel to keep the kit dry

Additional materials required for testing of malaria include the following items:

1. Non sterile gloves
2. Dry cotton wool or cotton gauze
3. Marker pens
4. Clock or timer
5. Sharps disposal container
6. Demonstration Table

As each item in the list of supplies is named, raise the object to show where it is on the demonstration table. Then, show the item to all participants. Note that CHWs will be unfamiliar with most items (e.g. lancet, disposable gloves, buffer, sharps box), although health workers will be familiar with them.

#### Test principle

- The test contains a strip
- This strip changes in color when malaria parasites are present in the blood
- The expected color change should be read
- This color change shows that the malaria parasite is present in the blood

#### Interpretation of results

1. If malaria parasites are present two lines are formed:
  - A. A control line and
  - B. A positive line
2. If the malaria parasites are NOT present, ONLY the control line is formed
3. If the RDT shows **three (3) lines or No line, ignore** this result. This is called an invalid or an incorrect result and you will need to **repeat** the test with another kit. This cassette or the entire kit may have a problem

### Preparing to perform the RDT

1. Gather the necessary materials in the testing area
2. Check the expiry date at the back of the test package. If the test kit has expired use, an other test kit.
3. Ensure the RDT packaging is NOT damaged by squeezing gently and feel or listen for air leakage. If the foil packaging is damaged, use another test kit.

### Test procedure

1. Perform ONLY one RDT at a time
2. Record patient details on cassette and in the field guide in the format provided
3. Put on gloves on both hands before you start the test
4. Swab and prick the fourth (ring) finger of the less used hand
5. Draw blood from pricked area using a capillary tube

### Finger Prick Sample Collection (Technique)

- Ask if the patient is left or right handed
- Choose to prick the less used hand
- Apply gentle pressure to the fourth finger (ring finger) of the less used hand and make a prick
- Express the first drop of blood on the finger tip
- Wipe it away with a dry piece of cotton wool.
- Make sure no pieces of the cotton wool remain on the finger
- These pieces of cotton if left on the finger will interfere with the test if they mix with the blood
- Apply gentle pressure to the finger until a new blood drop appears

### Practical demonstration on how to perform RDT test

#### Finger Prick Sample Collection



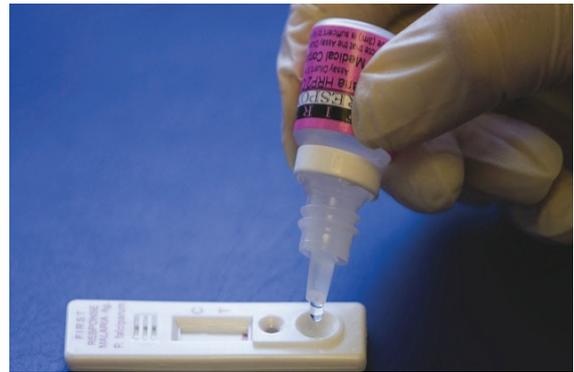
Prick the Ring Finger of the less used Hand



Put the thin tip of the pipette onto the drop of blood at a slanting angle and allow the blood to flow in slowly until it touches the Raised Plastic Ring (line) at the neck of the pipette.



Transfer ONLY 2 (two) drops of Blood from the Pippette into the Well labeled T



Squeeze 5-6 Drops of Buffer into Well labeled B.  
RECORD the EXACT time that you started the test on the Cassette, Next to the Patient's name.

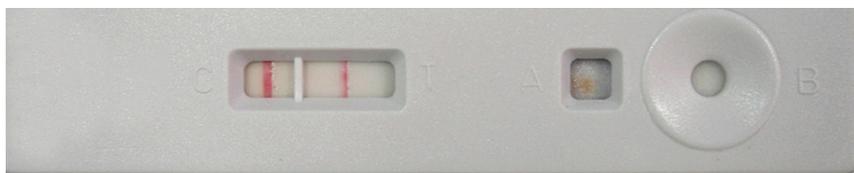
### Reporting/interpretation of RDT Result

1. Read the results after 15-20minutes
2. One band/line (Control-C) = Negative
3. Two bands – (Control-C & Test-T) = Positive
4. No line – invalid test
5. More than two (2) lines – invalid test

#### RDT NEGATIVE RESULT- ONE LINE.



#### RDT POSITIVE RESULT-TWO LINES



#### RDT POSITVE RESULT- TWO LINES



### INVALID RESULT-NO LINES OR MORE THAN TWO LINES



Record the results of the test in the Recording form

#### Quality Control Issues Relating to RDTs

1. The expiry date must be respected and planned for
2. Check for the expiry date on the buffer and on the cassette
3. Manufacturers' instructions must be followed
  - A. Too much blood can give inaccurate reading
  - B. Too little blood can also give an inaccurate reading
  - C. Reading the cassette too early (before 15 minutes) can result in false positive or negative
  - D. Reading too late (after 20 minutes) can result in false positive
4. Storage conditions
  - A. No direct sunlight
  - B. Store at the manufacturer recommended temperature
  - C. Store in a Non-humid environment
5. Record the Lot number and Batch number

Use only MOH-recommended kits

#### Safe disposal (Sharps box)

- 1). Sharps' boxes will be provided and should be surrendered to the CHEW whenever they are three quarters (3/4) full
- 2). If not available the CHEW should provide safe disposal boxes/containers for the used RDTs and sharps
- 3). Used RDTs and lancets should not be thrown into the open rubbish pits



## **Practice Exercise: Do an RDT and read the results**

### **Process**

#### **Part 1:** Do the RDT

Divide the participants into groups of two or three to practice doing an RDT.

Ask a participant to read the instructions in the CHW Manual, to organize the supplies and perform the test. Answer any questions.

Observe participants as they set up and organize the test materials and perform the test.

Remind them, as needed, to write down the exact time after they add the buffer.

#### **Part 2:** Read the result of the test you (participants) completed

Then, ask participants to check the time they recorded indicating when they put the buffer in the test strip. If 15 minutes has passed, they should then.

- (a) Determine whether the test was valid and, if valid,
- (b) What was the result—invalid, positive, or negative?

Walk around the room to check the results of each participant.

If a test is invalid, give the participant materials to repeat the test.

Ask participants to show the test results first to their partners, then to others in the room, to check the results. Provide this opportunity for participants to see as many test results as possible.

**Note:** If any participant has a positive test for malaria, and has not been on antimalarial treatment in the last 5 to 14 days, make sure that the participant receives appropriate antimalarial treatment.

#### **Part 3:** More practice on reading test results

For more practice, pass out the cards from Annex A with sample RDT results, one to each participant.

Ask participants to record the test number and the results of at least four tests in the space provided.

As you check the results, exchange the card for another card until each participant has checked the results for each. Try to make sure that the participants have examples of invalid, positive, and negative results.

In the large group, discuss and summarize any difficulties participants had.

## DEMONSTRATION AND EXERCISE:

### Decide on the dose of an antimalarial to give a child

#### Objectives

Participants will be able to:

- Select the dose of antimalarial to give a child, based on the child's age, including the amount,
- How many times a day, and for how many days

Identify the total number of tablets the child should take for the full treatment

Use the Sick Child Recording Form as a resource for determining the antimalarial dose

#### Prepare

Antimalarial AL tablets—the participants should have 20 tablets from previous exercises. If not, give them each 20 tablets.

Child cards—copy onto cardboard or heavy paper the Child cards—Set 4: Decide on dose (these cards will be used for practice for children with fever and fast breathing)

#### Process

Table of Dosage of AL for sick children with fever

**Table 8: Dosage of AL for sick children with fever**

Age	DOSAGE					
	Day 1		Day 2		Day 3	
	0hrs	8hrs	Morning	Evening	Morning	Evening
2 months - 5 months	1/2 tablet					
6 months - upto 3yrs	1 tablet					
3yrs - upto 5yrs	2 tablets					

Ask a participant to read the instructions for the exercise in the CHW manual. Note that the table is there to be used as a worksheet. Explain that you will give them each a card with a Child's Name and Age on it. Each child has fever to be treated at home. Assume the child lives in a malaria area.

For the card of the child each receives, ask the participant to fill out the appropriate boxes for that child in the table at the bottom of the page. (This will make it easier for you to check their answers later.)

When participants finish the first card, they will raise their hands. A facilitator will come to check the answer. (See the Answer Sheet below, at the end.)

For question 3: If the caregiver gives the first dose now, what time should the caregiver give the child the next dose? For example, if it is now 11:00 in the morning, the caregiver should give the next dose at 19:00 (8 hours after the first dose).

Refer the participant to the treatment box for fever on the Sick Child Recording Form to correct the answer, if necessary.

Then, ask the participant to show you how many tablets of AL they would give to the child. When participants have the correct treatment for the first card, then give the participant a second card, if possible from a different age group (age 2 months up to 3 years or age 3 years up to 5 years). Take the first card to be able to give it to another participant.

Repeat the exercise until participants can decide on correct treatment or as time permits.

Summarize the exercise, drawing attention to the difficulties participants had.

**Some difficulties might be:**

A. Not noticing that a child is less than 5 months old. The antimalarial AL is not recommended for a child less than 5 months old. Discuss: In your area, would you refer a child with fever who is less than 5 months old?

B. Not understanding the cut off ages, for example, up to 3 years old.

A child who has celebrated his third birthday is age 3 years old and receives the dose of the children in the older age group (age 3 years up to 5 years). A child age 5 months receives 1 tablet. Less than 5 months old, no AL is recommended.

C. Not being able to determine how many tablets are in the full treatment.

This is the number in the parentheses, for example: for the child age 3 years up to 5 years (total 12 tablets) means the full treatment for three days is 12 tablets

When the total number of tablets for the full treatment is clear to all participants, ask: How many tablets will you send caregiver home with for the rest of the treatment if the caregiver **gives** the first dose now for a child age 4 years ( 2 tablets)?

D. Difficulty telling the caregiver when to give the next dose.

They may have difficulty adding 8 hours to the current time, and also where clocks are not common.

**Discuss:**

How could you help the caregiver know when it is 8 hours later, and time to give the next dose?

Use common time markers during the day. For example, ask the caregiver to give the next dose before the night meal, before the child goes to bed, when the sun goes down, or another time marker that is 8 hours from when the first dose was given.

Review the reason it is necessary to tell the caregiver when to give the next dose. (Too soon, the dose will be too strong. Waiting until next day, the dose will not be strong enough to begin working against the malaria.)

If necessary, provide more practice to address the difficulties the participants had. Do not go on until all understand.

Gather all the child cards. (They will be used in an exercise for treating fast breathing)

## ANSWER SHEET

### Drill Exercise: Decide on the dose of an antimalarial to give a 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 should the caregiver give the child the next dose?
1. Carlos	2 years	1 tab	2 times	3 days	6 tabs	8:00	16 hours
2. Ahmed	4 and a half years	2 tabs	2 times	3 days	12 tabs	14:00	22 hours
3. Jan	3 months	1/2 tab	2 times	3 days	3 tabs	now	[8 hours later]
4. Anita	8 months	1 tab	2 times	3 days	6 tabs	10:00	18 hours
5. Nandi	6 months	1 tab	2 times	3 days	6 tabs	15:00	23 hours
6. Becky	36 months	2 tabs	2 times	3 days	12 tabs	11:00	19 hours
7. Maggie	4 years	2 tabs	2 times	3 days	12 tabs	9:00	17 hours
8. William	3 and a half years	2 tabs	2 times	3 days	12 tabs	13:00	21 hours
9. Yussef	12 months	1 tab	2 times	3 days	6 tabs	14:00	22 hours
10. Andrew	4 years	2 tabs	2 times	3 days	12 tabs	7:00	15 hours
11. Ellie	Almost 5 years	2 tabs	2 times	3 days	12 tabs	12:00	20 hours
12. Peter	5 months	1/2 tab	2 times	3 days	3 tabs	16:00	12 midnight

Summarize by asking one participant to read the dosage schedule in their manuals.

Advise caregiver on use of a Bed Net (LLITN):

The role of the community health worker will include the following tasks:

- Educating families on the importance of having children sleeping under an insecticide-treated bed net, especially for children and pregnant woman.
- Referring families to the health facility to get an LLITN bed net.
- Showing families how to correctly use the bed net and, if necessary, how to treat it.
- Checking bed nets during home visits to make sure that they are in good condition.

## ADVICE FOR ALL CHILDREN TREATED AT HOME:

The facilitator asks the participants to read the advice for all of the diseases in the box below. Remember, that this is in the sick child recording Form page 2.

For ALL children treated at home, advise on home care	<p>Advise the caregiver to give ORS &amp; more fluids and continue Extra feeding/Breast Feeding</p> <p>Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child</p> <ol style="list-style-type: none"> <li>1. Cannot drink or feed/ breast feed</li> <li>2. Becomes sicker</li> <li>3. Has blood in the stool</li> </ol> <p>Advise caregiver on use of a bed net (LLITN)</p> <p>Follow up child in 3 days</p>
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### Advise on next Vaccines and Vitamin A:

#### Make these points:

Vaccines protect children from many vaccine preventable diseases. With vaccines, deaths from diseases like measles, polio and pneumonia have been reduced. A vaccine can protect against a life-long disability from polio.

Vitamin A is extremely important for growth and development. It increases the body's resistance to disease and improves vision.

Your duty to the caregiver is to help make sure that the child receives each vaccine according to recommended schedule before they complete one year of age (Check the Mother and Child Health Booklet). Ask to see the child's immunization record each time you see the child. Look at the child's record to see whether the vaccines are up to date.

Counsel the caregiver on when and where to take the child for the next vaccine.

Look at the table below and find age of the child. Then note any vaccine that is due and has not been given.

**Table 9: National Immunization schedule**

Age	0-2wks	6wks	10wks Months	14wks Months	9 Months	18 Months
Vaccine	BCG	Polio 1	Polio 2	Polio 3	Measles 1	Measles 2
	Polio 0	Penta 1	Penta 2	Penta 3	Yellow-Fever**	
		Pneumococcal 1	Pneumococcal 2	Pneumococcal 3		
		Rota vaccine 1	Rota vaccine 2*			

\* Second dose should be given not later than 32 weeks of age

\*\* Only in selected districts in Rift Valley

**If ANY vaccine is due or missed**

**Incomplete Vaccination(s)**

Inform caregiver of advantages of a fully immunized child and advantages of each kind of immunization

**REFER TO HEALTH FACILITY**

**If NO Vaccine is due or missed**

**Up to date with immunizations**

- Congratulate caregiver
- Advise on future immunizations

**ASK:** Has child received Vitamin A in the last 6 months?

**AGE (Years)**

<input type="checkbox"/>				
6months	1year	1½	2	2½
<input type="checkbox"/>				
3	3½	4	4½	5

**If NO**

**Incomplete supplementation**

1. Counsel the caregiver on importance and advantages of Vitamin A.
2. Inform caregiver of national schedule for supplementation
3. REFER for Vit A.

**ASK:** Has child received deworming medicine in the last 12 months?

**AGE (Years)**

<input type="checkbox"/>				
1year	1½	2	2½	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3½	4	4½	5 years	

**If NO**

**Incomplete Deworming**

1. Counsel the caregiver on importance and advantages of deworming.
2. REFER for deworming *drugs*

## Instructions to the participants:

1. Do not ask about the child's vaccines when you refer a child with a danger sign.
2. Avoid any discussions that delay the child from going right away to the health facility.
3. For all other children treated at home, however, do not miss the opportunity to check whether the child's vaccines are up to date.

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

## Vaccines

What will you advise the caregiver to do today?

### Exercise: Advise on the next Vaccines for the child

#### Objective

Participants will be able to:

1. Identify and record the vaccines a child has had, has missed, and should receive next, according to the vaccine schedule
2. Identify where participants would send a child to be vaccinated in their community (e.g. health facility, Community health day, mobile clinic).

#### Process

Ask participants to look at the vaccines on the Record form of Child 1. Sam Cato, Age 6 months.

Ask each question, one at a time to walk them through the sample:

What vaccines did the child receive?

Which vaccines, if any, did the child miss?

Which vaccines should the child receive next time?

Ask one participant from each area: when and where would you advise the caregiver to take the child for the next vaccine in your community?

Ask participants to write the answer to when and where to advise the caregiver to take the child for the next vaccine (see item 4 on the Recording form).

For Child 2. Wilson Man, Age 12 months, read the information on the child's vaccines.

Ask participants to complete the form.

Tick [✓] the box of the vaccines given.

Circle [✓] the box of the vaccines missed.

When finished, ask participants which vaccines should Wilson receive next time?

When and where?

Check the completed records. Discuss any disagreements until there is agreement. (See Answer Sheet below.)

For Child 3. Jocelyn Tan, Age 6 months.

Continue the process as for Child 2. (See answer sheet below.)

Summarize the important role of the community health worker in helping children receive vaccines on time.

## ANSWER SHEETS

### Exercise: Advise on the next vaccines for the child

#### Child 1- Sam Cato, age 6 months

#### 4. CHECK VACCINES OR VITAMIN A RECEIVED

(tick o vaccines or vitamin A doses completed; Circle  those missed):

Advise caregiver, if needed: WHEN and WHERE to get the next dose.

\* only in selected districts

Age	Vaccine				Vitamin A for age given?
Birth	<input type="checkbox"/> BCG			<input type="checkbox"/> OPV-0 (upto 2wks)	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months (1 year) <input type="checkbox"/> 18 months (1 ½ years) <input type="checkbox"/> 24 months (2 years) <input type="checkbox"/> 30 months (2 ½ years) <input type="checkbox"/> 36 months (3 years) <input type="checkbox"/> 42 months (3 ½ years) <input type="checkbox"/> 48 months (4 years) <input type="checkbox"/> 54 months (4 ½ years) <input type="checkbox"/> 60 months (5 years)
6 weeks	<input type="checkbox"/> DPT—Hib + HepB 1	<input type="checkbox"/> ROTA 1	<input type="checkbox"/> PCV 10 1	<input type="checkbox"/> OPV-1	
10 weeks	<input type="checkbox"/> DPT—Hib + HepB 2	<input type="checkbox"/> ROTA 2	<input type="checkbox"/> PCV 10 2	<input type="checkbox"/> OPV-2	
14 weeks	<input type="checkbox"/> DPT—Hib + HepB 3		<input type="checkbox"/> PCV 10 3	<input type="checkbox"/> OPV-3	
9 Months	<input type="checkbox"/> Measle		<input type="checkbox"/> Yellow fever*		
18 Months	<input type="checkbox"/> Measle				

Sam is 6 months old. He was born at home in a remote area. Sam has not had any vaccinations. Indicate on the form which vaccines Sam is missing.

A boat from the mainland will arrive next Tuesday with health workers to vaccinate children against polio and other childhood illnesses. There will be an outreach during the morning market at the boat landing.

Which vaccines should Sam receive next week? Answer: He should first receive the BCG vaccine, OPV 1, Penta 1, Pneumococcal Vaccine 1 on Tuesday. The next set OPV 2, Penta 2, Pneumococcal Vaccine will be given 4 weeks late. (Fortunately, the boat will return next month.)

#### Child 2. Wilson Man, age 5 months

#### 4. CHECK VACCINES OR VITAMIN A RECEIVED

(tick o vaccines or vitamin A doses completed; Circle  those missed):

Advise caregiver, if needed: WHEN and WHERE to get the next dose.

\* only in selected districts

Age	Vaccine				Vitamin A for age given?
Birth	<input checked="" type="checkbox"/> BCG			<input checked="" type="checkbox"/> OPV-0 (upto 2wks)	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months (1 year) <input type="checkbox"/> 18 months (1 ½ years) <input type="checkbox"/> 24 months (2 years) <input type="checkbox"/> 30 months (2 ½ years) <input type="checkbox"/> 36 months (3 years) <input type="checkbox"/> 42 months (3 ½ years) <input type="checkbox"/> 48 months (4 years) <input type="checkbox"/> 54 months (4 ½ years) <input type="checkbox"/> 60 months (5 years)
6 weeks	<input checked="" type="checkbox"/> DPT—Hib + HepB 1	<input checked="" type="checkbox"/> ROTA 1	<input checked="" type="checkbox"/> PCV 10 1	<input checked="" type="checkbox"/> OPV-1	
10 weeks	<input checked="" type="checkbox"/> DPT—Hib + HepB 2	<input checked="" type="checkbox"/> ROTA 2	<input checked="" type="checkbox"/> PCV 10 2	<input checked="" type="checkbox"/> OPV-2	
14 weeks	<input checked="" type="checkbox"/> DPT—Hib + HepB 3		<input checked="" type="checkbox"/> PCV 10 3	<input checked="" type="checkbox"/> OPV-3	
9 Months	<input type="checkbox"/> Measle		<input type="checkbox"/> Yellow fever*		
18 Months	<input type="checkbox"/> Measle				

Only the Oral Polio Vaccine at birth was missing. The next vaccine will be the measles vaccine at age 9 months (in about 4 months from now). Participants should decide where they would send Wilson to receive his next vaccine.

#### Child 3. Jocelyn Tan, age 12 weeks

#### 4. CHECK VACCINES OR VITAMIN A RECEIVED

(tick o vaccines or vitamin A doses completed; Circle  those missed):

Advise caregiver, if needed: WHEN and WHERE to get the next dose.

\* only in selected districts

Age	Vaccine				Vitamin A for age given?
Birth	<input checked="" type="checkbox"/> BCG			<input checked="" type="checkbox"/> OPV-0 (upto 2wks)	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months (1 year) <input type="checkbox"/> 18 months (1 ½ years) <input type="checkbox"/> 24 months (2 years) <input type="checkbox"/> 30 months (2 ½ years) <input type="checkbox"/> 36 months (3 years) <input type="checkbox"/> 42 months (3 ½ years) <input type="checkbox"/> 48 months (4 years) <input type="checkbox"/> 54 months (4 ½ years) <input type="checkbox"/> 60 months (5 years)
6 weeks	<input type="checkbox"/> DPT—Hib + HepB 1	<input type="checkbox"/> ROTA 1	<input type="checkbox"/> PCV 10 1	<input type="checkbox"/> OPV-1	
10 weeks	<input type="checkbox"/> DPT—Hib + HepB 2	<input type="checkbox"/> ROTA 2	<input type="checkbox"/> PCV 10 2	<input type="checkbox"/> OPV-2	
14 weeks	<input type="checkbox"/> DPT—Hib + HepB 3		<input type="checkbox"/> PCV 10 3	<input type="checkbox"/> OPV-3	
9 Months	<input type="checkbox"/> Measle		<input type="checkbox"/> Yellow fever*		
18 Months	<input type="checkbox"/> Measle				

Jocelyn Tan is missing the vaccines that should have been given at age 6 weeks and 10 weeks. She will receive her 6-week set now, as soon as possible. Then she should wait 4 weeks for her next set. Until she is caught up, she will receive a set of vaccines once a month. Then, she will go at age 9 months for her measles vaccine. Where should the caregiver take Jocelyn for her vaccines?

Facilitator to clarify that OPV 0 is the birth dose polio vaccine; clarify time (0-2weeks)

**Refer participants to the Vitamin A national schedule**

**ASK:** Has child received Vitamin A in the last 6 months as per the schedule below?

**Table 10: National Vitamin A Schedule**

VITAMIN A SCHEDULE IN CHILDREN AGED	
BELOW 5YEARS	
Age ( given at every 6 months interval)	Dose of Vitamin A
At 6 months	100,000IU
At 12 months - 59 months	200,000IU

IF NO then Incomplete Vitamin A Tablet supplementation:

- Counsel the caregiver on importance and advantages of Vitamin A intake.
- Inform caregiver of national schedule for Vitamin A Tablet supplementation,
- Refer to receive Vitamin A in the health facility.

**Refer participants to the deworming medicine schedule**

**ASK:** Has child received Deworming medicine in the last 12 months as per the schedule?

**Table 11: National deworming schedule**

DEWORMING FROM 1 YEAR			
Give once every six months to all children one year and above: If Mebendazole 500mg or Albendazole 200mg for children 1 to 2 years and 400mg for children 2years and above			Date of next visit
Age	Drug	Dosage	
12 months (1Year)			
18 months (1 1/2Years)			
24 months (2Years)			
30 months (2 1/2Years)			
36 months (3Years)			
42 months (3 1/2Years)			
48 months (4years)			
54 months (4 1/2Years)			
60 months (5Years)			

IF NO then incomplete deworming:

- Counsel the caregiver on importance and advantages of deworming
- Inform caregiver of the national schedule for deworming,
- Give or refer to receive deworming drug in the Health facility, mobile clinic or in an outreach site.

**Note:** Ask the participants to read the reminder:

- In case of fever for less than 7 days, malaria should be confirmed using an RDT.
- Each medicine has its own dose, depending on the child's age and weight size (ORS and Zinc for diarrhoea,) and antimalarial for fever (confirmed malaria).
- All medicines have an expiration date, after which they may not be effective or could be harmful.
- The caregiver should give the first dose of treatment in your presence, and take home the correct amount of medicine to complete the child's treatment.
- Caregivers of all sick children should receive advice on home care and on when to return.
- All children should be vaccinated according to the national schedule.
- All children above 6 months to 5 years should receive a dose of Vitamin A according to the national schedule.
- All children above 1 year to 5 years should receive a dose of deworming medicine according to the national schedule.

Facilitator emphasizes that if any Danger Sign is found, refer child immediately to a Health provider, Facility, mobile clinic or an outreach Site.

**WHAT TO DO:**

- Explain why child needs to go to the health facility
  - If child has diarrhea and can drink, begin giving ORS solution right away
  - For any sick child who can drink, advice to give more fluids and continue feeding or breastfeeding.
  - Advice to keep the child warm if child does not feel hot on touch.
  - If child has fever, give first dose of Paracetamol and ask the mother to remove extra clothing.
  - If convulsing now, show care giver how to position the child. Do not put any object in the mouth.
  - Write a referral note
  - Support transportation and help solve other difficulties in referral.
  -
- Follow up the child on return at least once a week until the child is well



## PRE - REFERRAL TREATMENT:

Point out that for any sick child with a danger sign, the CHW should give a pre-referral treatment. Ask participant to read the treatments below and then lead a discussion on selection of a pre-referral treatment.

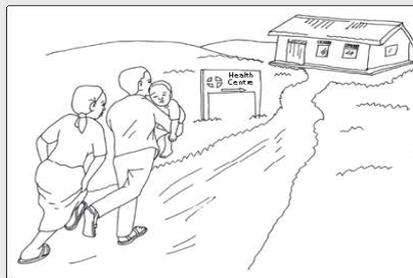
### Give more fluids and continue feeding

- Advise caregiver to give plenty of homemade fluids such as:
  - Clean water
  - Soup
  - Yoghurt drinks
  - Light porridge
  - ORS



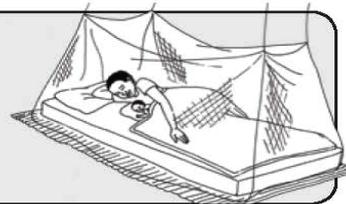
### Go to the health facility if...

- Advise to go to the health facility if the child:
  - Cannot drink or feed
  - Has blood in stool
  - Becomes sicker
  - Develops any other danger sign
  - Has not improved in 2 days



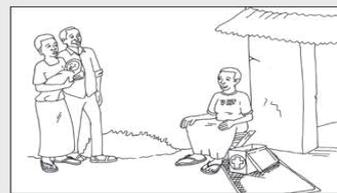
### Sleep under a net

- Advise caregiver to be sure the child sleeps under a mosquito net.



### Follow up child in 3 days

- Decide if you (the VHT member) will go to the child or if the caregiver will bring the child to you.



Select a pre-referral treatment for a child'

Facilitator leads the discussion on selecting a pre-referral treatment for a child. Child Cards can be used at this point.

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 Sick Child Recording Form to guide you. Be prepared to discuss your decisions (The facilitator can give 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
Leslie (4 year old boy) – Cough for 14 days and more Fever for 3 days	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of paracetamol	
Anita (2 year old girl) – Cough for 14 days or more Diarrhoea for 3 days No blood in stool	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial	
Sam (2 month old boy) – Diarrhoea for 3 weeks No blood in stool Fever for last 3 days	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of paracetamol	
Kofi (3 year old boy) – Cough for 3 days Chest indrawing Unusually sleepy or unconscious	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> No pre-referral treatment	

Sara (3 year old girl) – Diarrhoea for 4 days Blood in stool	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> No pre-referral treatment	
Thomas (3 year old boy) – Diarrhoea for 8 days Fever for last 8 days Vomits everything Red on MUAC strap	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> No pre-referral treatment	
Maggie (5 month old girl) – Fever for last 7 days Diarrhoea less than 14 days Swelling of both feet	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give dose of paracetamol	

**Assist referral:**

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, antimalarial AL, and paracetamol are in your medicine kit to use as pre-referral treatments.

Facilitator asks the participants to look and complete the child sick child recording Form and the Referral Form.

# Sick Child Recording Form

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

Date: \_\_\_/\_\_\_/20\_\_\_ CHW's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Child's name: First \_\_\_\_\_ Family \_\_\_\_\_ Age: \_\_\_ Years/ \_\_\_ Months. Boy / Girl

Caregiver's Name: \_\_\_\_\_ Relationship: Mother / Father / Other: \_\_\_\_\_

Name of Community Unit: \_\_\_\_\_ Name of Link Facility: \_\_\_\_\_

House Hold Number: \_\_\_\_\_ Caregiver's Phone Number: \_\_\_\_\_

## 1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure. <b>YES</b> , sign present → Tick <input checked="" type="checkbox"/> <b>NO</b> sign → Circle <input type="checkbox"/>		
<input type="checkbox"/> Cough? If yes, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input type="checkbox"/> Fever (reported or now)? If yes, started ___ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Difficulty drinking or feeding? IF YES, <input type="checkbox"/> not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> <b>IF COUGH, count breaths in 1 minute:</b> ___ breaths per minute (bpm) <input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> <b>For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__</b>	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

## 2. Decide: Refer or treat child

(tick decision)

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2 →

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

### 3. Refer or treat child

(tick treatments given and other actions)

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

**If any danger sign, REFER URGENTLY to health facility:**

**ASSIST REFERRAL to health facility:**  
 Explain why child needs to go to health facility. **GIVE FIRST DOSE OF TREATMENT:**

<input type="checkbox"/> If Diarrhoea	<input type="checkbox"/> If child can drink, begin giving ORS solution right away.
<input type="checkbox"/> If Fever AND <input type="checkbox"/> Convulsions or <input type="checkbox"/> Unusually sleepy or unconscious or <input type="checkbox"/> Not able to drink or feed anything <input type="checkbox"/> Vomits everything	<input type="checkbox"/> Give rectal artesunate suppository (100 mg) <input type="checkbox"/> Age 2 months up to 3 years—1 suppository <input type="checkbox"/> Age 3 years up to 5 years—2 suppositories <input type="checkbox"/> Give first dose of oral antimalarial AL. <input type="checkbox"/> Age 2 months up to 3 years—1 tablet <input type="checkbox"/> Age 3 years up to 5 years—2 tablets
<input type="checkbox"/> If Fever AND danger sign other than the 3 above	<input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg) <input type="checkbox"/> Age 2 months up to 12 months—1 tablet <input type="checkbox"/> Age 12 months up to 5 years—2 tablets
<input type="checkbox"/> If Chest indrawing, or <input type="checkbox"/> Fast breathing	

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.

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

<input type="checkbox"/> If Diarrhoea (less than 14 days AND no blood in stool)	<input type="checkbox"/> Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty. <input type="checkbox"/> Give caregiver 4 ORS packets to take home. Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool. <input type="checkbox"/> Give zinc supplement. Give 1 dose daily for 10 days: <input type="checkbox"/> Age 2 months up to 6 months—1/2 tablet (total 5 tabs) <input type="checkbox"/> Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.
<input type="checkbox"/> If Fever (less than 7 days) in a malaria area	<input type="checkbox"/> Do a rapid diagnostic test (RDT). ___Positive ___Negative <input type="checkbox"/> If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine). <b>Give twice daily for 3 days:</b> <input type="checkbox"/> Age 2 months up to 5 months up to 1/2 tablet (total 3 tabs) <input type="checkbox"/> Age 5 months up to 3 years up to 1 tablet (total 6 tabs) <input type="checkbox"/> Age 3 years up to 5 years up to 2 tablets (total 12 tabs) Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days. Fever, give paracetamol every six hours for 3 days
<input type="checkbox"/> If Fast breathing	Refer.
<input type="checkbox"/> If Yellow on MUAC strap	<input type="checkbox"/> Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available
<input type="checkbox"/> For ALL children treated at home, advise on home care	<input type="checkbox"/> Advise caregiver to give more fluids and continue feeding. <input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately or if not possible return if child <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker <input type="checkbox"/> Has blood in the stool <input type="checkbox"/> Advise caregiver on use of a bednet (ITN). <input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below).

AGE or WEIGHT	TABLET (100mg)	TABLET (500mg)	SYRUP (200mg/5ml)
2 months up to 3 years (4-<14kg)	1	½	2.5mls-5mls
3 years up to 5 years (14-<19kg)	1 ½	¾	7.5mls

### 4. CHECK VACCINES, DEWORMING & VITAMIN A STATUS

(Tick  deworming drug or or vitamin A doses completed; Circle (○) those missed):

**Advise caregiver, if needed: WHEN and WHERE to get the next dose.**

\* not given beyond 32 weeks  
 \*\* only in selected districts

Age	Vaccine					Vitamin A for age given?
Birth	<input type="checkbox"/> BCG				<input type="checkbox"/> OPV-0 (up to 2wks)	<input type="checkbox"/> 6 months
6 weeks	<input type="checkbox"/> DPT—Hib + HepB 1	<input type="checkbox"/> ROTA 1	<input type="checkbox"/> Pneumo 1	<input type="checkbox"/> OPV-1		<input type="checkbox"/> 12 months (1 year)
10 weeks	<input type="checkbox"/> DPT—Hib + HepB 2	<input type="checkbox"/> ROTA 2*	<input type="checkbox"/> Pneumo 2	<input type="checkbox"/> OPV-2		<input type="checkbox"/> 18 months (1½ years)
14 weeks	<input type="checkbox"/> DPT—Hib + HepB 3		<input type="checkbox"/> Pneumo 2	<input type="checkbox"/> OPV-3		<input type="checkbox"/> 24 months (2 years)
9 Months	<input type="checkbox"/> Measles 1		<input type="checkbox"/> Yellow fever**			<input type="checkbox"/> 30 months (2½ years)
18 Months	<input type="checkbox"/> Measles 2					<input type="checkbox"/> 36 months (3 years)
						<input type="checkbox"/> 42 months (3½ years)
						<input type="checkbox"/> 48 months (4 years)
						<input type="checkbox"/> 54 months (4½ years)
						<input type="checkbox"/> 60 months (5 years)

DEWORMING FROM 1 YEAR			
Give once every six months to all children one year and above: If Mebendazole 500mg or Albendazole 200mg for children 1 to 2 years and 400mg for children 2 years and above.			Date of next visit
Age	Drug	Dosage	
12 months (1Year)			
18 months (11/2Years)			
24 months (2Years)			
30 months (21/2Years)			
36 months (3Years)			
42 months (31/2Years)			
48 months (4years)			
54 months (41/2Years)			
60 months (5Years)			

### 5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.

Describe problem: \_\_\_\_\_

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

### 7. Note on follow up:

- Child is 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 form:

### REPUBLIC OF KENYA -MINISTRY OF HEALTH - MOH: 100



### COMMUNITY REFERRAL FORM

#### SECTION: A

<b>Patient /client data</b>	
Date:	Time of referral:
Name of the patient:	
Sex:	Age:
Name of Community Health Unit:	
<b>Reasons for referral</b>	
Main problem:	
Treatment given:	
Comments:	
<b>CHWs referring the patient</b>	
Name:	Mobile No:
Village/Estate:	Sub location:
Location:	
Name of the community unit:	
<b>Receiving officer</b>	
Date:	Time:
Name of the officer:	
Profession:	
Name of the Health facility:	
Action taken:	

#### SECTION: B

<b>Referral back to the Community</b>		
Name of the officer:		
Name of CHW:	Mobile No:	
Name of the community unit:		
Call made by referring officer:	Yes:	No:
Kindly do the following to the patient:		
1.		
2.		

**Official rubber stamp & signature:**

## 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.

A referral form or 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.

Exercise on completing a referral form and write a referral note (Joseph Bono, Joseph Green)

### Objective

To decide on pre-referral treatments for a child.

To complete a referral note, providing information on the child, the child's family, signs of illness and malnutrition, and treatments given.

To use a sick child recording Form to guide decisions on how to treat the child who will be referred and to write a referral note.

### Process

Ask a participant to read the instructions in the CHW Manual. Answer any questions on the Task in their manuals.

Ask participants to work individually to complete the sick child recording Form and referral note for Joseph Green.

Check the work of each participant, and help the participants to correct any errors. Refer to the sick child recording Form to help participants make the corrections.

Summarize any difficulties in completing the forms.

Following the steps on the form should help participants to make correct decisions. Practice in the hospital and clinic will give them opportunities to learn how to identify signs of illness.

Remind participants that they should quickly assist the referral of the sick children. Therefore, they do not need to check the vaccines that the children have received, or plan for the follow up visit.

Arrange transportation, and help solve other difficulties in referral. Normally, community health workers will refer children to the nearest health facility. Here a health worker will assess and treat the child, or refer the child to the hospital for special care.

Communities may have access to regular bus, mini-bus, motorized cycles car transportation or ambulance to the health facility.

## FOLLOW UP

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

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

### Objectives

Participants will be able to:

Decide on treatment based on a child's signs of illness.

Identify correct treatment for a child at home, including the correct dose of ORS solution, Zinc antimalarial AL and paracetamol.

Demonstrate with ORS and other medicine, the amount of medicine to give the child for one dose and for a full treatment.

Identify vaccines needed and where and when the child should receive the next vaccines.

Identify Vitamin A and Deworming drugs needed and where to receive them.

Decide when a child should come back for a follow up visit.

Use the Sick Child Recording Form as a resource for determining the correct treatment and home care.

### Prepare

1. Medicine for practice, for each participant—ORS packets (3), Zinc Tablets (20 tablets), oral antimalarial AL (20 tablets). (Participants may have medicine left over from previous exercises.)
2. Sample Recording forms—Copy the 4 Sample Recording forms in the Annex B for Child treated at home, 1 each for each participant. (These are extra forms, in addition to the form for Jenna Odon in the CHW Manual.)

### Process

Distribute ORS, Zinc, and Antimalarial-AL to each participant, as needed, to replace any missing or used medicine from previous exercises.

Read the instructions. Go slowly, section by section, with the group to complete the Sick Child Recording Form for Jenna Odon. Give participants time to complete each step before going to the next instructions.

First, ask participants to complete the first page of the Sick Child Recording Form for Jenna, using the information provided. Make sure that participants put today's date and their own names in the place at the top for the CHW.

Check the work to make sure that participants remember how to correctly complete the first page of the Recording form.

When each participant has finished, ask one person to read what he or she has decided (item 1): Any

Danger Sign? Any other signs of Sick but No Danger Sign? What did he or she decide (item 2): Refer or Treat the child? Discuss any disagreements. (Jenna will be treated at home.)

Then, turn to the second page (back) of the Sick Child Recording Form for Jenna Odon. Ask participants to tick treatments and other advice they would give this child (item 3). Jenna has diarrhoea and fever. (See the Answer Sheet below.)

Ask participants then to hold up a single dose of each medicine to give Jenna. Ask for each medicine, one by one. For ORS, ask how much the caregiver should give after each loose stool.

Then, ask participants to hold up the total treatment for Jenna. Ask for each medicine item, one by one: the total number of tablets for each medicine, plus Four (4) packets of ORS.

Again, check the work. Ask one participant to report the answers (items ticked).

Then, ask participants to complete the vaccine box (item 4).

Ask participants to indicate if there was any other problem (item 5).

Finally, ask participants when the child should return for a follow up visit, and circle the day. ( 3 days from today.) Leave item 7 blank (the follow up note).

When you are confident that participants understand the task, pass out another sample Sick Child Recording Form from Annex B. Ask them to complete the form alone (no talking with other participants). (You can mix up the forms so that the participants sitting next to each other are completing different forms on different children.)

When participants have finished, ask them to raise their hands or bring their forms to you, individually, to check their answers.

Give the participants individual feedback. Ask each participant what he or she would want to change on the form. Also, ask them to show you the single dose for each medicine and the total dose for the full treatment. Correct the sick child recording Form with a coloured pen so that later you will be able to identify the performance of individuals. Make a note on the form to indicate whether the participant was able to demonstrate the correct single dose and full treatment of the medicine. Then give the participant another Sick Child Recording Form to complete.

Continue until each participant has completed 3 sample forms, working alone, and has received feedback on them.

Summarize the exercise. Identify what participants did well, and any difficulties they may have had.

Collect the forms to review them with the other facilitators. Identify common difficulties. Also, identify any participants who, in general, are making errors in deciding on correct treatment and other tasks for the child being treated at home.

**ANSWER SHEET**

# Sick Child Recording Form

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

Date: 12 / 5 / 2010 CHW's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Child's name: First Jenna Family Oden Age: \_\_\_\_\_ Years/ 6 Months. Boy / Girl

Caregiver's Name: Peter Oden Relationship: Mother / Father / Other: \_\_\_\_\_

Name of Community Unit: Bird Creek Road Name of Link Facility: Gishagi H/C

House Hold Number: 026

**1. Identify problems**

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure. <b>YES, sign present</b> → Tick <input checked="" type="checkbox"/> <b>NO sign</b> → Circle <input type="checkbox"/>		
<input checked="" type="checkbox"/> Cough? If yes, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	
<input type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input checked="" type="checkbox"/> Fever (reported or now)? If yes, started ___ days ago.	<input type="checkbox"/> Fever for last 7 days or more	<input checked="" type="checkbox"/> Fever (less than 7 days) in a malaria area
<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Difficulty drinking or feeding? IF YES, o not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input checked="" type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<b>IF COUGH, count breaths in 1 minute:</b> <u>45</u> breaths per minute (bpm)		
<input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input type="checkbox"/> For child 6 months up to 5 years, MUAC strap colour: red ___ yellow ___ green <u>✓</u>	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

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

<input type="checkbox"/> If ANY Danger Sign, REFER URGENTLY to health facility	<input type="checkbox"/> If NO Danger Sign, treat at home and advise caregiver
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**GO TO PAGE 2 →**

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

**ANSWER SHEET**

Sick Child Recording Form and Referral note for Joseph Bono

## Sick Child Recording Form

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

Date: 30/12/2012 CHW's Name: Naomi Anyango Tel: 0721-188880  
 Child's name: First Joseph Family Bono Age: \_\_\_ Years/ 8 Months. Boy / Girl  
 Caregiver's Name: Judith Bono Relationship: Mother / Father / Other: \_\_\_\_\_  
 Name of Community Unit: Got Matar Name of Link Facility: Kapumo  
 House Hold Number: 0014

**1. Identify problems**

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/>		
<input checked="" type="checkbox"/> Cough? If yes, for how long? ___ days	<input type="checkbox"/> Cough for 14 days or more	
<input checked="" type="checkbox"/> Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ___ days.	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)
<input checked="" type="checkbox"/> IF DIARRHOEA, blood in stool?	<input type="checkbox"/> Blood in stool	
<input checked="" type="checkbox"/> Fever (reported or now)? If yes, started ___ days ago.	<input checked="" type="checkbox"/> Fever for last 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
<input checked="" type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input checked="" type="checkbox"/> Difficulty drinking or feeding? IF YES, o not able to drink or feed anything?	<input type="checkbox"/> Not able to drink or feed anything	
<input checked="" type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything	
<b>LOOK:</b>		
<input checked="" type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input checked="" type="checkbox"/> Chest indrawing	
<input checked="" type="checkbox"/> IF <b>COUGH</b> , count breaths in 1 minute: <u>42</u> breaths per minute (bpm) <input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<input type="checkbox"/> Fast breathing
<input checked="" type="checkbox"/> Unusually sleepy or unconscious?	<input type="checkbox"/> Unusually sleepy or unconscious	
<input checked="" type="checkbox"/> For child 6 months up to 5 years, MUAC strap colour: red <input checked="" type="checkbox"/> yellow ___ green ___	<input type="checkbox"/> Red on MUAC strap	<input type="checkbox"/> Yellow on MUAC strap
<input checked="" type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

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

<input checked="" type="checkbox"/> If ANY Danger Sign, REFER URGENTLY to health facility	<input type="checkbox"/> If NO Danger Sign, treat at home and advise caregiver
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**GO TO PAGE 2 →**

Child's name: Joseph Bono Age: 8 months

**3. Refer or treat child**

(tick treatments given and other actions)

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

**If any danger sign, REFER URGENTLY to health facility:**

**ASSIST REFERRAL to health facility:**

Explain why child needs to go to health facility. **GIVE FIRST DOSE OF TREATMENT:**

<input type="checkbox"/> If Diarrhoea	<input type="checkbox"/> If child can drink, begin giving ORS solution right away.
<input type="checkbox"/> If Fever AND <input type="checkbox"/> Convulsions or <input type="checkbox"/> Unusually sleepy or unconscious or <input type="checkbox"/> Not able to drink or feed anything <input type="checkbox"/> Vomits everything	<input type="checkbox"/> Give rectal artesunate suppository (100 mg) <input type="checkbox"/> Age 2 months up to 3 years—1 suppository <input type="checkbox"/> Age 3 years up to 5 years—2 suppositories <input type="checkbox"/> Give first dose of oral antimalarial AL. <input type="checkbox"/> Age 2 months up to 3 years—1 tablet <input type="checkbox"/> Age 3 years up to 5 years—2 tablets
<input type="checkbox"/> If Fever AND danger sign other than the 3 above <input checked="" type="checkbox"/> If Chest indrawing, or <input type="checkbox"/> Fast breathing	<input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg) <input checked="" type="checkbox"/> Age 2 months up to 12 months—1 tablet <input type="checkbox"/> Age 12 months up to 5 years—2 tablets

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.

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

<input type="checkbox"/> If Diarrhoea (less than 14 days AND no blood in stool)	<input type="checkbox"/> Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty. <input type="checkbox"/> Give caregiver 4 ORS packets to take home. Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool. <input type="checkbox"/> Give zinc supplement. Give 1 dose daily for 10 days: o Age 2 months up to 6 months—1/2 tablet (total 5 tabs) o Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.
<input type="checkbox"/> If Fever (less than 7 days) in a malaria area	<input type="checkbox"/> Do a rapid diagnostic test (RDT). __Positive __Negative <input type="checkbox"/> If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine). Give twice daily for 3 days: <input type="checkbox"/> Age 2 months up to 3 years—1 tablet (total 6 tabs) <input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now. Advise to give 2 <sup>nd</sup> dose after 8 hours, and to give dose twice daily for 2 more days.
<input type="checkbox"/> If Fast breathing	<input type="checkbox"/> Refer
<input type="checkbox"/> If Yellow on MUAC strap	<input type="checkbox"/> Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding. <input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately or if not possible return if child <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker <input type="checkbox"/> Has blood in the stool <input type="checkbox"/> Advise caregiver on use of a bednet (ITN). <input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below).

**4. CHECK VACCINES, DEWORMING & VITAMIN A STATUS**

(tick  vaccines or vitamin A doses completed; Circle  those missed):

Advise caregiver, if needed: WHEN and WHERE to get the next dose.

\* only in selected districts

Age	Vaccine				Vitamin A for age given?
Birth	<input type="checkbox"/> BCG			<input checked="" type="checkbox"/> OPV-0 (upto 2wks)	<input type="checkbox"/> 6 months
6 weeks	<input type="checkbox"/> DPT—Hib + HepB 1	<input type="checkbox"/> ROTA 1	<input type="checkbox"/> PCV 10 1	<input type="checkbox"/> OPV-1	<input type="checkbox"/> 12 months (1 year)
10 weeks	<input type="checkbox"/> DPT—Hib + HepB 2	<input type="checkbox"/> ROTA 2	<input type="checkbox"/> PCV 10 2	<input type="checkbox"/> OPV-2	<input type="checkbox"/> 18 months (1 ½ years)
14 weeks	<input type="checkbox"/> DPT—Hib + HepB 3		<input type="checkbox"/> PCV 10 3	<input type="checkbox"/> OPV-3	<input type="checkbox"/> 24 months (2 years)
9 Months	<input type="checkbox"/> Measles 1		<input type="checkbox"/> Yellow fever*		<input type="checkbox"/> 30 months (2 ½ years)
18 Months	<input type="checkbox"/> Measles 2				<input type="checkbox"/> 36 months (3 years)
					<input type="checkbox"/> 42 months (3 ½ years)
					<input type="checkbox"/> 48 months (4 years)
					<input type="checkbox"/> 54 months (4 ½ years)
					<input type="checkbox"/> 60 months (5 years)

DEWORMING FROM 1 YEAR			Date of next visit
Give once every six months to all children one year and above: If Mebendazole 500mg or Albendazole 200mg for children 1 to 2 years and 400mg for children 2 years and above			
Age	Drug	Dosage	
12 months (1 Year)			
18 months (1 1/2 Years)			
24 months (2 Years)			
30 months (2 1/2 Years)			
36 months (3 Years)			
42 months (3 1/2 Years)			
48 months (4 years)			
54 months (4 1/2 years)			
60 months (5 Years)			

**5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.**

Describe problem: \_\_\_\_\_

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

**7. Note on follow up:**

Child is 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.

REPUBLIC OF KENYA -MINISTRY OF HEALTH - MOH: 100



COMMUNITY REFERRAL FORM

SECTION: A

<b>Patient /client data</b>	
Date: 25/5/2012	Time of referral:
Name of the patient: Joseph Green	
Sex: Male	Age: 8 months
Name of Community Health Unit: Dagoo Village	
Name of link facility: Sereni Health Center	
<b>Reasons for referral</b>	
Main problem: Cough with fast breathing and body hotness	
Treatment given: paracetamol tablets	
Comments:	
<b>CHWs referring the patient</b>	
Name: Yvanita Waivimu	Mobile No: 0721 xxx xxx
Village/Estate:	Sub location:
Location:	
Name of the community unit: Dagoo Village	
<b>Receiving officer</b>	
Date:	Time:
Name of the officer:	
Profession:	
Name of the Health facility:	
Action taken:	

SECTION: B

<b>Referral back to the Community</b>	
Name of the officer:	
Name of CHW:	Mobile No:
Name of the community unit:	
Call made by referring officer:	Yes: No:
Kindly do the following to the patient:	
1.	
2.	

Official rubber stamp & signature:

## TAKE-HOME MESSAGES FOR THIS SECTION

A very sick child needs to start treatment right away, thus in many cases you will give one dose before the child goes for referral.

You cannot give oral medication to a child who cannot drink.

You may need to help arrange transportation for referral, and to help solve other difficulties the caregiver may have.

## ANNEXES

### ANNEX 1: CARD GAMES

#### Identify and Treat Childhood Illness

##### Purpose

- To review the danger signs requiring urgent referral of a sick child to the hospital.
- To review correct treatments—home treatment and pre-referral—for children with signs of illness.
- To assess the community health worker's knowledge of these tasks.

There are two ways to use these cards:

1. Group discussion. Use the card sets as recommended in the Facilitator Notes during the group discussion. (Sets 1, 2, and 3 organize cards used in exercises, as described in the Facilitator Notes.)
2. Individual games. The cards can also be used in sorting games with individual community health workers, as described in the instructions below. They can be used during free time, for example, when waiting for everyone to arrive in the morning, return from lunch, or return from the clinic. (Use Sets 1, 2, and 3, as needed, for various review games.)

Adapt the games to review knowledge areas, as needed. Use only the cards of signs that have been introduced in the class.

Encourage the community health workers to refer to the Sick Child Recording Form to guide them in sorting the cards according to the labels.

##### Prepare

1. LABEL CARDS—copy label cards onto coloured cardboard or paper.
  - a. Set 1: Fast breathing - FAST BREATHING and NO FAST BREATHING
  - b. Set 2: Decide to refer - DANGER SIGN—REFER URGENTLY and NO DANGER SIGN—TREAT and REFER—OTHER PROBLEM
  - c. Set 3: Decide pre-referral treatment: No labels
2. CHILDREN CARDS—on a different colour cardboard, copy the Children Cards describing children with different signs of illness.
3. Then, cut the cards on the lines to separate them.  
Use the blank cards to write additional labels and signs, including Other Problems.

**TIP:** Adjust the game to fit the individuals in the group. Pair persons by different strengths. One person can read the cards, while the other puts them into stacks.

Other Problems include conditions for which the worker has not been trained or the worker does not know how to treat.

Other problems also include conditions for which the worker does not have the drug or other means to treat the child.

Once you have started one person on a card game, then that person can teach another, until everyone in the class has played the cards.

## Game 1: Identify Fast Breathing

1. Sit at a table with the community health worker. Explain that the purpose of the game is to identify the children with danger signs.
2. Place the LABEL CARDS FAST BREATHING and NO FAST BREATHING on the table in front of the community health worker. Explain that these are the stack labels for sorting the cards describing the breathing rates of children of different ages.
3. Refer to the first card in the stack of CHILDREN CARDS (Set 1. Identify fast breathing). Ask the community health worker, “Does this child have fast breathing?” Place the card in the correct pile.
4. If the community health worker does not know which stack to put the card in, discuss it. Refer the community health worker to the sick child recording Form to find the answer.
5. Ask the community health worker to complete the set of cards sorting each into the correct pile.

## Game 2: Decide to Refer

1. Sit at a table with the community health worker. Explain that the purpose of the game is to identify the children with danger signs.
2. Place the LABEL CARDS DANGER SIGN—REFER URGENTLY and NO DANGER SIGN—TREAT AND REFER—OTHER PROBLEM on the table in front of the community health worker. Explain that these are the stack labels for sorting the cards describing children with signs of illness.
3. Refer to the first card in the stack of CHILDREN CARDS in Set 2. Ask the community health worker to place the card in the correct pile.

If the community health worker does not know which stack to put the card in, discuss it. Refer the community health worker to the sick child recording Form to find the answer.

## Game 3: Select Treatment

Complete the Game 2 above with one or both of these additional steps:

1. For two or three cards in the stack NO DANGER SIGN—TREAT, ask the community health worker to tell what home care is needed.
2. For two or three cards in the stack DANGER SIGN—REFER URGENTLY; Ask the community health worker to tell what needs to be done to assist referral.

(Note: For this you can also use the cards in (Child Card Set 3). Select a pre-referral treatment.)

3. To check the answers, refer participants to the Recording form.

Set 1: Identify Fast Breathing - Label Cards  
FAST BREATHING

NO FAST BREATHING

Set 1. Identify Fast Breathing Children Cards

1	<p>Carlos Age 2 years, breathing rate of 45 bpm</p>
1	<p>Ahmed Age 4 and a half years, breathing rate of 38 bpm</p>
1	<p>Artimis Age 2 months, breathing rate of 55 bpm</p>
1	<p>Jan Age 3 months, breathing rate of 47 bpm</p>
1	<p>James Age 3 years, breathing rate of 35 bpm</p>
1	<p>Nandi Age 4 months, breathing rate of 45 bpm</p>
1	<p>Joseph Age 10 weeks, breathing rate of 57 bpm</p>

1	Anita Age 4 years, breathing rate of 36 bpm
1	Becky Age 36 months, breathing rate of 36 bpm
1	Will Age 8 months, breathing rate of 45 bpm
1	Maggie Age 3 months, breathing rate of 52 bpm

Set 2: Decide to Refer – Label Cards

DANGER SIGN
NO DANGER SIGN
REFER TO HEALTH FACILITY

**Set 2. Decide to Refer**

Children Cards (Set 2a is less complex than Set 2b)

2a	Child age 11 months has cough for 1 week; he is not interested in eating but will breastfeed
2a	Child age 4 months has fever and is breathing 55 breaths per minutes
2a	Child age 2 years with fever vomits all liquid and food her mother gives her
2a	Child age 3 months with cough frequently holds his breath while exercising his arms and legs
2a	Child age 13 months has cough and is too weak to eat or drink anything
2a	Child age 3 months, with cough and fever, cannot swallow
2a	Child age 10 months with diarrhoea vomits ground food but continues to breastfeed for short periods of time
2a	Arms and legs of child, age 4 months, stiffen and shudder for 2 to 3 minutes at a time
2a	Child age 4 years has fever and swelling of both feet
2a	Child age 6 months has cough and chest Indrawing

2b	Child age 2 years has fever and yellow reading on the MUAC strap
2a	Child age 10 months has diarrhoea with 4 loose stools since yesterday morning
2b	Child age 4 years with fever has a burn on both hands
2a	Child age 8 months is breathing 58 breaths per minute and has a red reading on the MUAC strap
2b	Child age 36 months has had a very hot body since last night
2b	Child age 2 years has fever and an earache with pus draining from his ear
2b	Child age 4 years has diarrhoea with loose and smelly stools with white mucus
2b	Child age 4 months with fever has chest Indrawing while breastfeeding
2b	Child age 4 and a half years has been coughing for 2 months and has diarrhoea
2b	Child age 2 years has fever and an earache with pus draining from his ear
2b	Child age 3 years has had cough for 5 days and has scabies sores on his skin
2a	Child age 2 years has had diarrhoea and fever for 2 weeks with no blood in her stools

2b	Child age 18 months has had cough and a low fever (not very hot) for 2 weeks
2b	Child age 1 year in a malaria area has had fever and vomiting (not everything) for 3 days

**Set 3. Select Pre-Referral Treatment**

3	Leslie (4 year old boy) Cough for 21 days, Fever
3	Anita (2 year old girl) Cough for 21 days, diarrhoea, No blood in stool
3	Sam (1 month old boy) Diarrhoea for 3 weeks, no blood in stool, fever for last 3 days
3	Kofi (3 year old boy) Cough for 3 days, Chest indrawing, Unusually sleepy or unconscious
3	Sara (3 year old girl) Diarrhoea for 4 days, Burn on both feet
3	Thomas (3 year old boy) Diarrhoea for 8 days, Fever for last 8 days, Vomits everything, Red on MUAC strap
3	Maggie (5 month old girl) Fever for last 7 days, Diarrhoea less than 14 days, Swelling of both feet

Set 4. Decide on Dose

4	Carlos, age 2 years
4	Ahmed, 4 and a half years
4	Jan, 3 months
4	Anita, 8 months
4	Nandi, 6 months
4	Becky, 36 months
4	Maggie, 4 years
4	William, 3 and a half years
4	Yussef, 12 months
4	Andrew, 4 years
4	Ellie, Almost 5 years
4	Peter, 5 months

## ANNEX 2: CHW NEWBORN EXAMINATION CHECKLIST

Name of the Baby:	
Age in Days:	
Name of CU:	
Date/month/year:	
Name of CHW:	
Refer to the link facility IF ANY of the following danger signs (From number 1-11) are there.	
1. Not able to feed since birth, or stopped feeding well.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Convulsed or fitted since birth.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Fast breathing: Two counts of 60 breaths or more in one minute (Use a watch)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Severe chest in drawing (chest draws in as the baby breathes)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. High temperature: 37.5°C or more or by touch or mother's report	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Very low temperature: 35.4°C or less (check extremities feet, hand and body)	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Only moves when stimulated, or does not move even on stimulation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Yellow soles	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Bleeding from the umbilical stump	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Signs of local infection: umbilicus red or draining pus, skin boils, or eyes draining pus	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Weight chart using color coded scales if RED or Yellow (refer < 2.5kgs or those born less than 36 weeks of age)	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Follow up and check if baby taken to hospital (if any of the above signs noted)	Yes <input type="checkbox"/> No <input type="checkbox"/>

*NB/Postnatal visits to be conducted on day 1, 3 and 7 of life of all newborns and postnatal register used for cross reference.*

## ANNEX 3: iCCM 5 DAY TRAINING PROGRAM

Integrated community Case Management (iCCM)						
Day	Time	Topic	Method	CHW manual pages	Facilitator pages	Facilitator notes
Day 1	8.00-9.00 am	Opening -Climate setting: Introduction, expectations, norms/roles objectives, Administration issues, Opening remarks	Introductions and discussions			
	9.00 - 10.15	Introduction: caring for children in the community	Reading , Discussion			
	10.15-10.30	<b>TEA BREAK</b>				
	10.30-11.00	Greet the care giver and child	Reading , Exercise			
	11.00-12.00	Identify problems, Ask: what are the child's problems?				
	12.00-1.00pm	Look for signs of illness, Fast breathing	Reading, Exercise ( card set 1) , Video exercise			
	1.00-2.00pm	<b>Lunch Break</b>				
	2.00-3.00 pm	Look for signs of illness, Chest in-drawing, Unusually sleepy or unconscious	Reading, demonstration, Discussion, Video exercise			
	3.00-4.30 pm	Look for signs of malnutrition, Red on MUAC strap, swelling of both feet	Reading, Discussion exercise, Video exercise			
	4.30-5.00 pm	<b>Tea Break</b>				
	DAY 2	8.15-8.30	Recap	Ball game		
8.30-12.00		Inpatient 1.30 hours, Outpatient 1.30 hours <b>Ask: What are the child's problems? Look for signs of illness:</b> Fast breathing, Chest in-drawing	Clinical practice, inpatient, outpatient ( <b>In 2 groups</b> )			
12.00-1.00 pm		<b>Decide:</b> Refer or treat the child (1) <b>Any Danger sign:</b> Refer the child	Reading, Exercise ( <b>Card set 2: Decide to refer</b> )			
1.00-2.00 pm		<b>LUNCH BREAK</b>				
2.00-3.00		<b>Decide:</b> Refer or treat the child (2) <b>sick but no Danger sign:</b> Treat the child	Reading, Exercise <b>Card set 3: Select pre referral treatment</b> )			
3.00-4.00 pm		<b>Introduction: Treat children in the community,</b> Sick child with Danger sign/What to do assisting referral, Sick Child no Danger sign treat the child	Reading, Demonstration and practice exercise			
4.00-5.00 pm		<b>Demonstration and practice:</b> Decide on treatment for the child	Reading, Demonstration and practice exercise			
DAY 3	8.15-8.30	Recap	Ball game			
	8.30-12.00	<b>Inpatient 1.30 hours, Outpatient 1.30 hours Ask and look for signs of illness and severe malnutrition:</b> <b>Decide:</b> Refer or treat the child , <b>Decide:</b> Home treatment for diarrhoea, fever or fast breathing	Clinical practice/ inpatient /outpatient ( <b>In 2 groups</b> )			
	1.00-2.00	<b>Lunch Break</b>				
	2.00-3.00 pm	<b>Treat Diarrhoea:</b> Give ORS	Reading Exercise, Demonstration			
	3.00- 3.30 pm	<b>Treat Diarrhoea:</b> Give Zinc	Reading, Demonstration, Role play			

	3.30-4.00 pm	<b>Treat fast breathing:</b> Give remedy to sooth the throat, Refer to health facility	Reading Exercise			
	4.00-5.00 pm	<b>Treat Fever:</b> Do Rapid Diagnostic Test for <b>(RDT)</b> malaria	Reading, Demonstration, Exercise (RDT Results)			
<b>DAY 4</b>	8.15-8.30	Recap	Ball game			
	8.30-9.30	<b>Give Oral anti malarial AL, Advise</b> on use of bed net	Reading, Exercise ( <b>Card set 4 Decide on dose</b> )			
	9.30-12.30	Inpatient 1.30 hours, Outpatient 1.30 hours <b>Ask and look for signs of illness and severe malnutrition, DECIDE: Refer or treat the child,</b> Do an RDT for malaria, <b>DECIDE: Home Treatment</b> for Diarrhoea, Fever, or fast breathing, record treatment	Clinical practice ( <b>In 2 Groups</b> )			
	12.30-1.00 pm	<b>Review (as needed) Decide: refer or treat</b> the child, Do an RDT for malaria, <b>DECIDE: Home treatment</b> for diarrhoea, fast breathing or fever	<b>Discussion</b> and exercise as needed			
	1.00-2.00 pm	<b>Lunch</b>				
	2.00-3.00 pm	<b>Review (as needed) Decide: refer or treat</b> the child, Do an RDT for malaria, <b>DECIDE: Home treatment</b> for diarrhoea, fast breathing or fever- <b>CONT.</b>	<b>Discussion</b> and exercise as needed- <b>CONT.</b>			
	3.00-4.00 pm	<b>ADVICE:</b> on home care, <b>ADVICE:</b> on Vaccines, <b>ADVICE:</b> on Deworming, <b>ADVICE:</b> Vitamin A	Reading, Exercise			
	4.00-5.00 pm	<b>Follow-up in 3 days,</b> Record treatment and advice , <b>FOLLOW UP</b> the sick child treated at home	Reading, Exercises			
<b>DAY 5</b>	8.15-9.30	Recap	Ball game			
	9.30-10.45	<b>Outpatient:</b> Ask and look for signs of illness and severe malnutrition, <b>DECIDE:</b> Refer or treat the child, <b>DECIDE:</b> Home treatment for Diarrhoea, fast breathing or fever, Advise on home care , Vitamin A, and Deworming	Clinical practice, outpatient			
	10.45-11.30	<b>If Danger Signs; Refer urgently:</b> Begin (pre referral treatment)	Reading, Exercise <b>Card game (Card set 3: Select pre referral treatment)</b>			
	11.30-12.30	<b>Assist Referral, complete referral form/note</b>	Reading, exercises			
	12.30-1.00 pm	<b>Introduce DANGER SIGNS:</b> in a <b>Newborn (AGE upto 2 Months)</b>	Reading, Demonstration			
	1.00-2.00 pm	<b>Lunch Break</b>				
	2.00-3.00 pm	<b>Review putting it all together- Final practice, (Assess skills)</b>	Exercise			
	3.00-4.00 pm	<b>Practice your skills in the community,</b>	Reading, distribute supplies as needed			
	4.00-4.30 pm	Closing				
	4.30-5.00 pm	<b>TEA BREAK and Departure</b>				

## ANNEX 4: iCCM 6 DAY TRAINING PROGRAM

Integrated community Case Management (iCCM)							
Day	Time	Topic	Method	CHW manual pages	Facilitator pages	Facilitator notes	
<b>Day 1</b>	8.00-9.00 am	Opening -Climate setting: Introduction, expectations, norms/ roles objectives, Administration issues, Opening remarks	Introductions and discussions				
	9.00 - 10.15	Introduction: caring for children in the community	Reading , Discussion				
	10.15-10.30	<b>TEA BREAK</b>					
	10.30-11.00	Greet the care giver and child	Reading , Exercise				
	11.00-12.00	Identify problems, Ask: what are the child's problems?					
	12.00-1.00pm	Look for signs of illness, Fast breathing	Reading, Exercise ( card set 1) , Video exercise				
	1.00-2.00pm	<b>Lunch Break</b>					
	2.00-3.00 pm	Look for signs of illness, Chest in-drawing, Unusually sleepy or unconscious	Reading, demonstration, Discussion, Video exercise				
	3.00-4.30 pm	Look for signs of malnutrition, Red on MUAC strap, swelling of both feet	Reading, Discussion exercise, Video exercise				
	4.30-5.00 pm	<b>Tea Break</b>					
	<b>DAY 2</b>	8.15-8.30	Recap	Ball game			
		8.30-12.00	Inpatient 1.30 hours, outpatient 1.30 hours <b>Ask: What are the child's problems?</b> <b>Look for signs of illness:</b> Fast breathing, Chest in-drawing	Clinical practice, inpatient, outpatient ( In 2 groups)			
<b>12.00-1.00 pm</b>		<b>Decide:</b> Refer or treat the child (1) <b>Any Danger sign:</b> Refer the child	Reading, Exercise (Card set 2: <b>Decide to refer</b> )				
<b>1.00-2.00 pm</b>		<b>LUNCH BREAK</b>					
<b>2.00-3.00</b>		<b>Decide:</b> Refer or treat the child (2) <b>sick but no Danger sign:</b> Treat the child	Reading, Exercise <b>Card set 3: Select pre referral treatment)</b>				
3.00-4.00 pm		<b>Introduction: Treat children in the community,</b> Sick child with Danger sign/ What to do assisting referral, Sick Child no Danger sign treat the child	Reading, Demonstration and practice exercise				
<b>4.00-5.00 pm</b>		<b>Demonstration and practice:</b> Decide on treatment for the child	Reading, Demonstration and practice exercise				
<b>DAY 3</b>	<b>8.15-8.30</b>	Recap	Ball game				

	8.30-12.00	<b>Inpatient 1.30 hours, Outpatient 1.30 hours Ask and look for signs of illness and severe malnutrition: Decide:</b> Refer or treat the child , <b>Decide:</b> Home treatment for diarrhoea, fever or fast breathing	Clinical practice/ inpatient /outpatient ( In 2 groups)			
	<b>1.00-2.00</b>	<b>Lunch Break</b>				
	<b>2.00-3.00 pm</b>	<b>Treat Diarrhoea:</b> Give ORS	Reading Exercise, Demonstration			
	<b>3.00- 4.00 pm</b>	<b>Treat Diarrhoea:</b> Give Zinc	Reading, Demonstration, Role play			
	<b>3.30-4.00 pm</b>	<b>Treat fast breathing:</b> Give remedy to soath the throat, Refer to health facility	Reading Exercise			
	<b>4.00-5.00 pm</b>	<b>Treat Fever:</b> Do Rapid Diagnostic Test for (RDT) malaria	Reading, Demonstration, Exercise (RDT Results)			
<b>DAY 4</b>	<b>8.15-8.30</b>	Recap	Ball game			
	<b>8.30-9.45</b>	<b>Give Oral ant malarial AL, Advise</b> on use of bed net	Reading, Exercise ( <b>Card set 4 Decide on dose</b> )			
	<b>9.45-10.00</b>	<b>Tea Break</b>				
	<b>10.00-1.00 pm</b>	Inpatient 1.30 hours, Outpatient 1.30 hours <b>Ask and look for signs of illness and severe malnutrition, DECIDE: Refer or treat the child,</b> Do an RDT for malaria, <b>DECIDE: Home Treatment</b> for Diarrhoea, Fever, or fast breathing, record treatment	Clinical practice (In 2 Groups)			
	<b>1.00-2.00 pm</b>	<b>Lunch</b>				
	<b>2.00-2.30 pm</b>	<b>Review (as needed) Decide: refer or treat</b> the child, Do an RDT for malaria, <b>DECIDE: Home treatment</b> for diarrhoea, fast breathing or fever	<b>Discussion</b> and exercise as needed			
	<b>2.30-3.00 pm</b>	<b>Review (as needed) Decide: refer or treat</b> the child, Do an RDT for malaria, <b>DECIDE: Home treatment</b> for diarrhoea, fast breathing or fever- <b>CONT.</b>	<b>Discussion</b> and exercise as needed- <b>CONT..</b>			
	<b>3.00-4.00 pm</b>	<b>ADVICE:</b> on home care, <b>ADVICE:</b> on Vaccines, <b>ADVICE:</b> on Deworming, <b>ADVICE:</b> Vitamin A	Reading, Exercise			
	<b>4.00-5.00 pm</b>	<b>Follow-up in 3 days,</b> Record treatment and advice , <b>FOLLOW UP</b> the sick child treated at home	Reading, Exercises			
<b>DAY 5</b>	<b>8.15-9.30</b>	Recap	Ball game			

	9.30-11.00	<b>Outpatient:</b> Ask and look for signs of illness and severe malnutrition, <b>DECIDE:</b> Refer or treat the child, <b>DECIDE:</b> Home treatment for Diarrhoea, fast breathing or fever, Advise on home care , Vitamin A, and Deworming	Clinical practice, inpatient/outpatient			
	<b>11.00-11.15</b>	<b>Tea Break</b>				
	11.15-12.00	<b>Review (as needed)</b> DECIDE: Refer or treat the child, <b>DECIDE:</b> Home treatment for diarrhoea, fast breathing or fever, <b>ADVICE:</b> On Home care, Vaccines, Vitamin A and deworming	Discussion and exercise as needed			
	12.00-1.00	<b>If Danger Signs; Refer urgently:</b> Begin ( <b>pre referral treatment</b> )	Reading, Exercise Card game ( <b>Card set 3: Select pre referral treatment</b> )			
	<b>1.00-2.00</b>	<b>Lunch</b>				
	2.00-3.00 pm	<b>Assist Referral, complete referral form/note</b>	Reading, exercises			
	3.00-4.45 pm	<b>Use Good communication skills</b>				
	<b>4.45-5.00</b>	<b>Tea Break</b>				
<b>DAY 6</b>	<b>8.15-9.30</b>	Recap	Ball game			
	<b>9.30- 11.30</b>	OPD clinic (Apply All Training): Use good communication skills, ask and look for signs of illness and severe malnutrition. <b>DECIDE:</b> Refer or treat the child with Diarrhoea, Fast breathing or Fever, Advice on Home care/ Vaccines/Vitamin A/ Deworming. For Child referred, <b>Select (Pre referral) treatment to begin, and assist referral.</b>				
	<b>11.30-11.45</b>	<b>Tea Break</b>				
	11.45-12.30 pm	<b>Review putting it all together- Final practice, (Assess skills)</b>	Exercise			
	12.30-1.00 pm	<b>Introduce DANGER SIGNS: in a New-born (AGE upto 2 Months)</b>	Reading, Demonstration			
	1.00-2.00 pm	Lunch				
	2.00-3.00 pm	<b>Practice your skills in the community,</b>	Reading, distribute supplies as needed			
	3.00-3.30 pm	Way forward				
	3.30-4.30	Closing				
	<b>4.30-5.00 pm</b>	<b>TEA BREAK and Departure</b>				

## LIST OF CONTRIBUTORS

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