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Community Case Management Pilot Manual for Newborns and Children Under Age 5

Southern Sudan Maternal and Child Health Transformation Project (MaCHT)

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FOREWORD

According to the World Health Organization (WHO) report published in 2012, the mortality rate of children under age 5 has declined by 35 percent since 1990. This is mainly due to improved medical treatment combined with increasing access to health care. However, this reduction has not occurred evenly in all areas. According to UNICEF's 2011 report, an estimated 7.6 million children under the age of 5 died in 2010 due to pneumonia, pre-term birth complications, diarrheal disease, and birth asphyxia. Most of these children die in low-income countries, in rural and hard to reach areas. Most of these children have very limited access to appropriate health care. In trying to respond to this problem, in the early 1990s WHO and UNICEF developed a new approach to increase access to appropriate health care: the Integrated Management of Childhood Illness (IMCI). Notwithstanding the fact that this approach was originally developed for facility-based implementation, which at that time filled an important gap in the provision of health care in low and middle income countries, there is now a solid body of evidence and experience on community-based treatments of child illness.

Community Case Management (CCM) has emerged as an important approach, not only to increase coverage of essential health care interventions amongst the population of children under 5, but also to narrow inequities in health care between rich and poor populations. A number of countries (Nepal, Pakistan, Honduras, Senegal, and others) have well-established national CCM programs, from which experience and new knowledge continues to arise.

Looking at the recommendations of the WHO and UNICEF as well as national governments, PVOs' field experiences, research-based literature, and personal experience in the field, we have comprised this guide for World Vision field workers. This facilitator's guide, with key points adapted from the WHO IMCI, the American Academy of Pediatrics Helping Babies Breathe (HBB) program, and the American College of Nurse-Midwives Home Based Life Saving Skills (HBLSS) curriculum, is intended to plan for the training of community-based health providers who diagnose and provide treatment in any form to children linked to or outside of the formal

health system. It is a guide designed to provide technical support in identifying those children with urgent needs for referral, and further the standardization of processes in the way field workers provide health care to hard-to-reach populations. The guide includes identification of illness and basic procedures for the most prevalent illnesses among children 0 to 59 months of age. It is understood that these guidelines will be adapted to every epidemiological location and will follow MOH operational guidelines; thus before applying the guidelines, they must be adapted to each location. It is our intention and desire that this job-aid will help community-based programs and health providers improve the way health care is provided, mostly in rural and hard-to-reach areas, and where access to professional health providers is distant.

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Acknowledgements

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ACRONYMS / ABBREVIATIONS

AAP	American Academy of Pediatrics
BCG	Bacille Calmette-Guerin immunization used for the prevention of tuberculosis
cc	Cubic centimeter (equal to milliliter or mL); commonly used to measure medication in liquid form
CCM	Community case management
CHW	Community health worker
C-IMCI	Community (based) Integrated Management of Childhood Illnesses
DPT	Diphtheria, pertussis, and tetanus combination immunization
g	Gram (equal to 1,000 milligrams); commonly used to measure medication dosage
HBB	Helping Babies Breathe, a program of the American Academy of Pediatrics
HBLSS	Home-Based Life Saving Skills, a program of The American College of Nurse-Midwives
HBV	Hepatitis B vaccination
HHP	Home health promoter
IRC	International Rescue Committee
kg	Kilogram (equal to 1,000 grams); commonly used to measure the weight of a child
L	Liter (equal to 1,000 milliliters); commonly used to measure liquid quantity
mg	Milligram (equal to .001 gram); commonly used to measure medication dosage
mL	Milliliter (equal to cubic centimeter or cc); commonly used to measure liquid quantity
MOH	Ministry of Health
NGO	Non-Governmental Organization
ORS	Oral rehydration solution
PEM	Protein-energy malnutrition
PVO	Private voluntary organization
tsp	Teaspoon = 5 milliliters
Tbsp	Tablespoon = 15 milliliters
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
WV	World Vision

CHAPTER 1. FACILITATOR'S GUIDE TO THE SOUTH SUDAN COMMUNITY CASE MANAGEMENT MANUAL

OBJECTIVES

At the end of the session, the facilitator will be able to:

- ✓ Recognize the general outline and content of each chapter
- ✓ Clarify the purpose of the methods used to teach the participants
- ✓ Understand the outline and flow of each chapter
- ✓ Locate facilitator instructions throughout the manual
- ✓ Understand the need to adapt this manual to the country, region, and community

CONTENTS

- ✓ General outline of chapters
- ✓ Guidelines for facilitators
- ✓ Appendix
- ✓ Bibliography

MANUAL GUIDE

This Community Case Management (CCM) manual contains the following:

THE SICK CHILD: ASSESS AND CLASSIFY

This manual consists of 14 chapters. The first four chapters provide a rational overview of the Community Case Management strategy and its process; in addition there is a general explanation on how to use the recording form, the referral form, and how to communicate with a child caretaker. From Chapters five to eight, CCM specific disease-conditions, starting with "general danger signs," are explored. Chapters nine to eleven address breastfeeding, immunization, and vitamin A supplementation. Chapters twelve to fourteen address newborn care, resuscitation, and evaluation.

ANNEXES

Four annexes are found after the body of the manual. Annex A addresses guidelines for follow-up care, Annex B discusses giving medications in the home setting, Annex C lists medication dosage information, following the Government of South Sudan Ministry of Health guidelines, and Annex D addresses newborn mouth-to-mouth resuscitation.

TRAINING METHODOLOGY

The guideline follows the same outline and teaching methods:

I. Reflection
II. Definition
III. How to Recognize
IV. Skill Development
V. Evaluation of Disease or Prevention Activity: Management of Recording Form
VI. Home Treatment Guidelines
VII. After Evaluation: Define What To Do And How To Do A Referral
VIII. Refer the Child

I. REFLECTION

Following adult techniques of education, the first section of each chapter asks the Home Health Promoters (HHPs) to reflect or look back on their own experiences. The purpose is to allow the participant to have an account of his/her own knowledge/experience on the subject discussed, and subsequently build upon that knowledge through the application of the rest of the educational process. Each chapter has a series of questions related to the topic (disease or prevention technique) that participants are encouraged to reflect upon on an individual basis. After time has been given for each HHP to think individually on the question, they can share their answers with the group.

II. Definition

The second step in the training approach is the definition section. This section simply defines the disease or the prevention activity. Its main purpose is to give the facilitator and HHP some information on the topic. In some chapters, information is given regarding the disease process or the benefits of the prevention activity. This is meant to supplement the basic teachings of the manual. Every disease/condition included in this handbook has been defined according to up-to-date literature from the South Sudan Ministry of Health, as well as World Health Organization guidance.

III. How to Recognize

This section of the chapter explains specifically 'how to recognize' the disease or whether a prevention activity has been missed. The section's intent is to provide space to the participant to start putting into practice the knowledge discovered (through the reflection process) and newly acquired (through the process of definition). This section starts with a summary of the symptoms in a box. The box below illustrates what this looks like. After the box, each sign of the disease is explained in detail.

CHECK FOR DIARRHOEA

ASK: Does child have diarrhea? If YES, check for diarrhea

IV. Skill Development

This section supports the learning process by encouraging the participant to practice old and recently acquired knowledge, and thus improved skill development. Videos specially designed to this purpose are shown to the participants. Each video will show specifically the disease/condition related to the topic being discussed. The videos are interactive and actively promote the viewers' participation through sections of questions and answers. Please see Appendix H for details on accessing videos.

V. Evaluation of Disease or Prevention Activity: Management of Recording Form

Participants will pair up with each other and visit homes with children under two years of age. The HHP will learn to look for the signs and symptoms discussed in the chapter and utilize the health recording form for that disease or prevention activity. The majority of the children in the community will be healthy. This gives the HHP the chance to assess healthy children. This part of the training process builds on the premise that HHPs should be able to identify and recognize those children that are in need of urgent referral: in other words, to recognize the deviant child from the norm. Thus, the learning process in this step tries to build in the participant's conscience the perception of a normal child, and compare this child with the one shown in the videos. In addition, the HHP will get experience in going to people's homes. They will be able to practice the communication techniques presented in Chapter 3.

VI. Home Treatment Guidelines

Guidelines for home treatment, to be taught to the caregiver, are found in this section.

VII. After Evaluation: Define What To Do and How To Do a Referral

After the HHP has evaluated the child, there are simple instructions on what to do. If the child is to receive home care, the HHP must follow 'Home Treatment and Follow-Up' guidelines. Other options are urgent referral, non-urgent referral, and no problem. If a child is to be urgently referred, the evaluation process must stop and the child needs to go to the hospital.

VIII. Refer the Child

This is the last section of each chapter, and it describes, step by step, the process by which a sick child is referred to a higher level of health care. The process is the same in each chapter, notwithstanding some minor differences for the specific disease or prevention technique.

Facilitator Guidelines

Throughout this manual, you'll be able to see specific facilitator instructions by looking for a box titled, "Facilitator Instructions." The purpose of this box is simply to guide you, the facilitator, within that chapter. Do not read it aloud to the Home Health Promoters (HHPs).

> **Facilitator's Instructions**
> Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with the group. The facilitator should know how much time is allotted for each activity/section in order to ensure that there is enough time for all the activities planned for the day. Video access instructions can be found in Appendix H.

Adaptation of Manual

You may find that you need to adapt this manual to your region or community. If you, as the facilitator, or the HHP feels that a certain local word describes something better, it is encouraged to use the local word. An example is the word 'diarrhea,' as many communities have different common words used to describe this.

When teaching the HHPs, it may become apparent to you that some signs of disease are too difficult for the HHP to learn and to apply in the field. Be sure to discuss this with other peers and supervisors working with CCM to decide which signs, if any should be eliminated.

The goal of CCM is to teach the HHP to assess and classify a disease or lack of prevention service. After this is accomplished, the HHP will either refer the child to a health clinic or teach the caretaker or mother to give home treatment. If the HHP teaches the mother, a follow-up visit will be made to ensure that the mother learned the teachings.

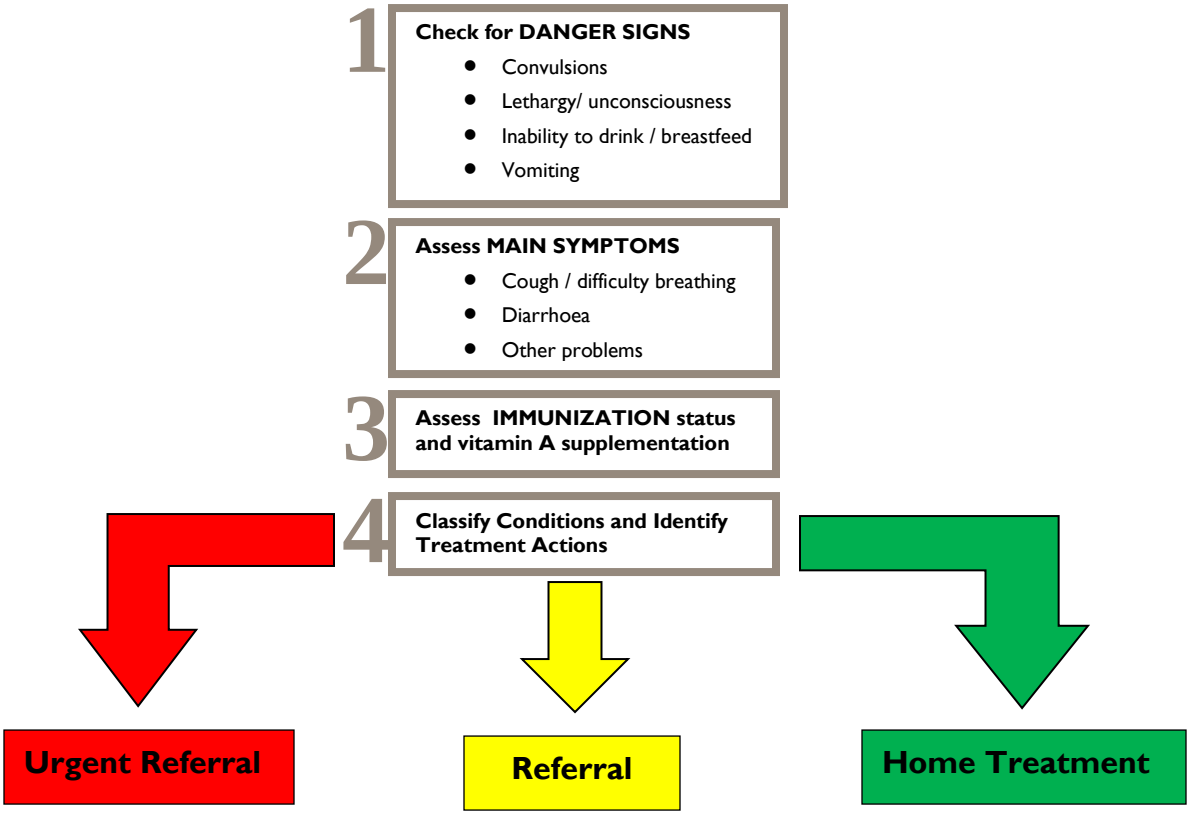
CHAPTER 2. PROVIDING SERVICES AT THE COMMUNITY LEVEL

PROCESS OF COMMUNITY CASE MANAGEMENT

Community Case Management (CCM) is the methodology to provide health services at the community level by community volunteers. It relies on case detection using simple clinical signs and research-based treatment. As few clinical signs as possible are used. The CCM process (see figure 1) includes three basic steps for every health topic included:

- ✓ **Assess** a child through questions and observation. First the Home Health Promoter checks for the presence of danger signs. Next, s/he "evaluates" the presence of main symptoms related to cough/difficult breathing, diarrhea/dehydration, malaria, and fever. The final steps include the assessment of immunization status and vitamin A supplementation.
- ✓ **Classify** the condition of the child using a color-coded triage system. Thus, the **red color indicates urgent need for referral**; **the yellow color indicates non-urgent referral**; and **the green color indicated home-management and follow-up**.
- ✓ **Identify** specific treatments for the child. Each treatment is determined in accordance to the color-coded classification and explained in detail in the clinical guidelines.

Figure 1. Process of the management of cases in the IMCI strategy for children up to 5 years old (modified from WHO/UNICEF "model chapter for textbooks")



WHAT IS MOST IMPORTANT?

DETERMINING PRIORITY

When a child has only one problem to be treated, give all of the relevant treatment instructions and advice recommended.

When a child has several problems, the instructions to mothers can be complex. In this case, you will have to limit the instructions to what is most important. You will have to determine:

- How much can **this** mother understand and remember?
- Will there be a follow-up visit? If so, can some advice wait until then?
- What advice is **most** important to get the child well?

If a mother seems confused or you think that she will not be able to learn or remember all the treatment instructions, select only those instructions that are most essential for the child's survival. Examples of essential treatments include giving antibiotics, anti-malarial drugs, or giving fluids to a child with diarrhea. Teach the few treatments well and check that the mother remembers them. If you think it will be helpful, write notes or draw pictures to help her remember your instructions.

When a child has more than one problem, you must refer to the TREATMENT/ WHAT TO DO recommendations the colors red, yellow, and green will help you determine priority.

RED needs urgent referral. Do only what is indicated: there must be no delays in treatment. If there is more than one red TREATMENT/ WHAT TO DO sign, refer the child immediately and indicate all problems seen on the referral note.

YELLOW means that the child needs a referral, but it is not an urgent situation. Yellow signs are a second priority to red signs, but are more important than green signs.

GREEN means that home counseling or treatment can be given. This color is the last priority when treatment is indicated.

You can give the other treatment instructions with a follow-up visit. Make a list of what was and what was not taught. On the next follow-up visit, assess if mother has learned what was taught on the last visit. If she has, continue to teach one or two new items that are on your list.

CHAPTER 3. COMMUNICATING WITH AND COUNSELING CAREGIVERS

OBJECTIVES

After the session, the participants will be able to:
- ✓ Explain importance and techniques of effective communication
- ✓ Explain techniques in counseling mothers
- ✓ Demonstrate skills in communicating with and counseling mothers

CONTENT

- ✓ Effective ways in communication
- ✓ Counseling techniques

METHODS

- ✓ Reflection session
- ✓ Lecture-discussion
- ✓ Role play

MATERIALS

- ✓ Newsprint
- ✓ Pens or pencils
- ✓ Paper

REFLECTION

Facilitator's Instructions
Read the story to the participants and let them reflect for a few moments.

COMMUNICATION IN GROWTH PROMOTION

A Sad Story
A mother comes to the clinic with her very small baby. She has lost her Growth Monitoring Card or Yellow Card and feels very frightened to tell the health worker. The health worker shouts at the mother, 'Where is your Growth Monitoring Card?' The mother whispers her response. The health worker shouts, 'If you cared more about this little baby you wouldn't forget to bring that card.'

The mother looks down and hands over the child who is crying. The health worker weighs the child, shakes her head sadly, and writes information in her own book without telling the mother what she is writing.

The mother is frightened and worried. She thinks: "Is there something wrong with my son?' The health worker then speaks very quickly to the mother: "Your son is underweight. Give him more food more times a day. Use fruit and vegetables and breastfeed him more often. That's all! Next time, bring your Yellow Card!"

After reading the story, start the discussion by asking the participants the following questions:

1. What did the health worker do in "A Sad Story?"
(Record their ideas on newsprint, and add some suggestions from the list below.)

- Scolded
- Spoke quickly
- Used a nutrition message that may have been inappropriate
- Wrote information without telling the mother
- Told mother what to do
- Gave orders instead of information
- Ask participants: "What else could you add?"

2. What would the mother probably do as a result?
Ask the participants to think of three ways they would expect the mother to act as a result of what the health worker did in the story. (Record their ideas on newsprint, and add some suggestions from the list below.)

- Worry
- Get discouraged

- Lose hope
- Forget the message
- Feel bad that she does not have enough fruit and vegetables
- Decide not to return next time
- Tell her sisters and friends about the harsh person

3. What else could you add?

Ask trainees to think about how the health worker could have improved the communication. Record/write responses and reinforce their answers.

DEFINITION

A common complaint by caregivers or persons seeking health services is the way the health personnel or health workers communicate with them. Advice is often given directly and in some cases in a harsh manner. This chapter will help participants practice communication skills.

Counselling the mothers of small children in child survival, growth and development is both a science and an art. An example of the science is in the weighing of the child, charting the weight and interpreting the growth curve. The art is in effective two-way communication with the mother: listening attentively to the mother's perspective and sharing new information in a sensitive, systemic and sure manner. The health worker also needs to be confident in helping the mother to evaluate the situation and to make decisions for herself about child health problems.

Training of health workers in communication skills, especially learning to listen, is a way of empowering mothers to promote their children's health. It allows mothers to voice their opinions and views as to why their children are or are not healthy. This is important because much can be learnt from mothers whose children thrive, even in adverse conditions.

When counselling a mother, do the following:

✓ ***Listen Actively***
At the beginning of an interview try to give minimal input and let the mother do as much of the talking as possible. Encourage the mother to keep giving her story by words such as: "Yes, mmm, aha, and then…" Only toward the end of an interview should you cover what aspects you particularly want answers to.

Listening and Learning Skills
- ✓ Ask open questions
- ✓ Reflect back what the mother says
- ✓ Empathize – show that you understand how she feels
- ✓ Avoid words that sound judgmental

✓ ***Ask open-ended questions***
When asking a question, try to use open-ended questions. These are questions that encourage the mother to talk freely. These questions often begin with words such as: "How, tell me about, why". This will encourage the mother to elaborate.

✓ ***Use helpful non-verbal communication***
This shows that you are interested in the mother and involves such basic techniques as:

sitting forward attentively as you listen and not leaning back or playing with your pen; smiling if the mother smiles; nodding in response to a statement to show understanding.

✓ ***Reflect back to what the mother says***
This means repeating what the mother says in the same or similar words. This shows the mother that you have heard and understood what she said and encourages her to say more. For example, the mother says that David had a fever and then goes on without elaborating. You could then say: "You say David has had some fever?" This will encourage the mother to continue talking.

Helpful Non-Verbal Communication
- ✓ Keep eye contact
- ✓ Pay attention
- ✓ Take time
- ✓ Lean forward (posture)
- ✓ Show interest

✓ ***Empathize***
This means showing that you understand what the mother feels about a situation as if it were your own situation.

✓ ***Avoid judgmental attitudes or words that sound judging***
These words or statements may make the mother feel that she is wrong or that there is something wrong with the baby. These words can include: right, wrong, badly, good.

Specific ways to communicate well include:
- Evaluate the child's situation with the mother; in other words ask how her child has been since he/she was last seen.
- Talk to the mother to decide what is most important.
- Praise her for what she does well.
- Share practical information like nutrition and health messages with the mother.
- Assist the mother to take action.
- Listen to the mother and offer encouragement.
- Create a comfortable learning environment for the mother.
- Call her by her name.
- Listen to what she has to say.
- Ask open-ended questions.
- Give the mother time to think.
- Make sure you are clearly heard and understood.
- Do not give too many messages or information at once.
- Make a plan to involve all family members, i.e., father, grandmother, and aunt, who will support the mother.

CHAPTER 4. FOR HOME HEALTH PROMOTERS: USING THE GUIDELINES

OBJECTIVES

At the end of the session, the participants will be able to:

- ✓ Identify the case management steps for children up to 5 years of age.
- ✓ Describe the case management steps using the Newborn or Child Health Recording Form.
- ✓ Demonstrate use of a referral form.

CONTENTS

- ✓ Case Management Step
- ✓ Child Health Recording Form

METHODS

- ✓ Lecture with discussion
- ✓ Open forum

MATERIALS

- ✓ Individual copies of the Child Health Recording Form and Infant Health Recording Form
- ✓ Individual copies of the Referral Form

REFLECTION

> **Facilitator's Instructions**
> Show the enlarged version of the recording form. Ask the participants what they notice or observe about the form.

DEFINITION

The case management steps are the same for all sick children up to 5 years of age. When visiting a mother with a child up to 5 years old:

- ✓ Greet
- ✓ Explain the reason for the visit to the caretaker
- ✓ Listen actively
- ✓ Use the Child Health Recording Form

> **Facilitator's Instructions**
> The facilitator should discuss carefully the usage of the Child Health Recording Form as described and shown below.
>
> Present the recording form to the HHPs while explaining each of the 3 columns.

Col 1: The **PROBLEM** column on the left side of the recording form describes the most common health problems to assess. Depending on where you are located, some diseases are more prevalent than others. Training may not be long enough for the HHPs to learn all of the diseases. Choose which health problems are the most important and list them in sequential order of importance.

Col 2: The **LOOK / ASK** column presents a list of symptoms that need to be assessed by the HHP. For each of the child's main symptoms, the HHP will make a mark in either the NO or YES column. In the third column, treatment and referral decisions will be made based on the answers to these NO/YES questions.

Col 3: The **WHAT TO DO** column helps you to quickly identify which referral is necessary along with any home treatment / education. The classification is made by the colors **RED**, **YELLOW**, and **GREEN**. This simply means that the HHP makes a decision about how severe the illness is and designates the appropriate color to it. This decision is based on the child's main symptoms. Appropriate referrals are recommended for each classification color. The color red means that the child should be urgently referred to the nearest hospital. If no hospital is accessible, refer the mother and child to the nearest health facility (i.e., clinic). The color yellow means that the problem is not urgent, but still should be referred to a health center. The color green means that care can be given at home. Additional care may also be recommended during this assessment.

CHILD HEALTH RECORDING FORM (29 DAYS-5 YEARS)

Date: _____
Name of Child: _____
Age in Years: _____ Age in Months (if under 1 years old): _____ Sex _____

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
CHECK FOR GENERAL DANGER SIGNS	▪ Not able to drink or breastfeed? ▪ Vomits everything? ▪ Convulsions? ▪ Very sleepy or unconscious?			If YES to ANY question, **Urgently Refer to Health Center**
Check for fever	▪ Does the child feel hot? **Or** ▪ Has the child felt hot in the last 3 days?			If YES to ANY question, child has *malaria*
	Assess for pneumonia: ▪ Number of breaths per minute ___ ▪ Is this fast breathing for the child's age? ▪ See instructions on IRC Counting Beads Approach (pg. 30) *Newborn to 2 months 60* *2 months to 12 months 50* *12 months to 5 years 40* ▪ Does child have cough or difficulty breathing?			**If NO, Refer to Health Center for malaria** Give first dose of AS+AQ and paracetamol If YES, **give first dose of AS+AQ and Urgently Refer to Health Center**
Check for cough or fast breathing	▪ Number of breaths per minute ___ ▪ Is this fast breathing for the child's age? ▪ See instructions on IRC Counting Beads Approach (pg. 30) *Newborn to 2 months 60* *2 months to 12 months 50* *12 months to 5 years 40* ▪ Chest indrawing? ▪ Coughing? ▪ Strange sounds in the chest?			If YES to ANY question, child has *pneumonia*. **Give first dose of amoxicillin and Urgently Refer to Health Center** If NO to ALL questions, child has *common cold*. See guidelines for home care (Chapter 6).

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
Check for diarrhea	If the child has more stools than usual, is he/she ▪ Very sleepy or unconscious? ▪ **Not** able to drink or breastfeed? ▪ Have sunken eyes? ▪ Skin goes back very slowly? (Pinch skin; longer than 2 seconds) ▪ Have blood or worms in the stool? ▪ Not able to make tears when crying?			If YES to ANY question, Child has *diarrhea with severe dehydration* **Urgently Refer to Health Center. Advise caretaker to give frequent sips of ORS on the way. Continue breastfeeding.**
				If NO, continue to assess
	Is the child: ▪ Irritable or restless? ▪ Drinks eagerly, very thirsty?			If YES to BOTH questions, child has *diarrhea with dehydration* **Refer to Health Center**
				If NO to one or both questions, child has *diarrhea with no signs of dehydration*. See guidelines for home care (Chapter 7).
Check for Breastfeeding problems	Does the child breastfeed?			If YES, continue to assess.
	Assess positioning of the baby: ▪ Is the baby's chin touching the mother's breast? ▪ Is the baby's mouth wide open? ▪ Is the lower lip of the baby turned outward? ▪ Is there more areola above the mouth rather than below? ▪ Is the baby suckling effectively?			If NO to any question, show mother the correct way to position the baby when breastfeeding. (See Chapter 12)
	Does mother complain of problems with breasts?			If YES, assess breasts
	▪ Is this the 3rd consecutive visit that the mother has had pain and/or cracking skin on the breasts? OR ▪ Does the mother have severe pain and/or fever?			If YES to either question, **Urgently Refer to Health Center.**
				If NO, teach home treatment

<table>
<tr><td></td><td></td><td></td><td></td><td>(Chapter 9).</td></tr>
<tr><th>CHECK FOR PROBLEM</th><th>LOOK/ASK</th><th>NO</th><th>YES</th><th>WHAT TO DO</th></tr>
<tr><td>Check for immunizations</td><td>In the table below, go to the age of the child. Check if the immunizations up to this age were given. Circle the immunizations that have not been given.

<table><tr><td>AGE</td><td>At Birth</td><td>6 Weeks</td><td>10 Weeks</td><td>14 Weeks</td><td>9 Months</td></tr><tr><td rowspan="2">VACCINE</td><td>OPV</td><td>OPV 1</td><td>OPV 2</td><td>OPV 3</td><td>Measles</td></tr><tr><td>BCG</td><td>DPT 1</td><td>DPT 2</td><td>DPT 3</td><td></td></tr></table></td><td></td><td></td><td>If child has NOT received an immunization for his/her age, then child has incomplete immunization schedule.

Refer to health center for immunization

Inform caretaker on advantages of immunization.</td></tr>
<tr><td>Check for vitamin A supplementation</td><td>▪ If the child is at least three months old and <u>is not</u> breastfed, or
▪ If the child is at least 9 months old and <u>is</u> breastfed, has he/she received vitamin A within the last 6 months?</td><td></td><td></td><td>If NO, child <u>has not received vitamin A.</u> Inform caretaker of the importance of vitamin A and refer to a Health Center</td></tr>
</table>

NEWBORN HEALTH RECORDING FORM (0-28 DAYS)

Date: _____
Name of Child:_____
Age in Days: _____ Sex _____

BIRTH ONLY	LOOK/ASK	NO	YES	WHAT TO DO
CHECK FOR BREATHING WITHIN THE FIRST MINUTE	Is Newborn ▪ Not crying or breathing regularly?			If YES, Help the baby breathe (see Chapter 13 for more detail): ▪ Keep the baby warm ▪ Position the head ▪ Clean the mouth and nose ▪ Stimulate breathing If baby is still not breathing well (see Chapter 13 for more detail): ▪ Ventilate with bag and mask or mouth-to-mouth breathing ▪ Give 40 breaths per minute ▪ Observe once per minute Stop when baby is breathing well or declare as stillbirth if no breathing at 10 minutes. If baby needed help to breathe, **Urgently Refer to Health Center** after baby is breathing normally.
Newborn Care	Is baby newly born?			If YES, ▪ Dry baby ▪ Maintain temperature ▪ Eye care ▪ Cord care Initiate breastfeeding

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
CHECK FOR GENERAL DANGER SIGNS	▪ Not able to breastfeed? ▪ Convulsions? ▪ Chest indrawing? ▪ Fast breathing? (more than 60 breaths per minute) ▪ Skin hot or cold ▪ Movement only when touched?			If YES to ANY question, **Urgently Refer to Health Center**
Check for fever	▪ Does the child feel hot? **Or** ▪ Has the child felt hot in the last 3 days?			If YES to ANY question, child has *malaria* Assess further:
	Assess for pneumonia: ▪ See instructions on IRC Counting Beads Approach (pg. 30) ▪ Number of breaths per minute ____ ▪ Is it over 60 breaths per minute? ▪ Does child have cough or difficulty breathing?			**If NO:** **Give paracetamol** **Refer to Health Center** If YES, **Give first dose of amoxicillin and Urgently Refer to Health Center**
Check for cough or fast breathing	▪ Number of breaths per minute ____ ▪ Is it over 60 breaths per minute? ▪ Fast breathing? ▪ Chest indrawing? ▪ Strange sounds in the chest?			If YES to ANY question, child has *pneumonia*. **Give first dose of amoxicillin and Urgently Refer to Health Center** If NO to ALL questions, child has *common cold*. See guidelines for home care (Chapter 6).
Check for diarrhea	If the child has more stools than usual, is he/she: ▪ Very sleepy or unconscious? ▪ **Not** able to drink or breastfeed? ▪ Have sunken eyes? ▪ Skin goes back very slowly? (Pinch skin; longer than 2 seconds) ▪ Have blood or worms in the stool? ▪ Not able to make tears when crying?			If YES to ANY question, Child has *diarrhea with severe dehydration* **Urgently Refer to Health Center.** Advise caretaker to give frequent sips of ORS on the way. Continue breastfeeding.

<table>
<tr><td></td><td></td><td></td><td></td><td>If NO, continue to assess</td></tr>
<tr><th>CHECK FOR PROBLEM</th><th>LOOK/ASK</th><th>NO</th><th>YES</th><th>WHAT TO DO</th></tr>
<tr><td rowspan="2"></td><td>Is the child:
▪ Irritable or restless?
▪ Drinks eagerly, very thirsty?</td><td></td><td></td><td>If YES to BOTH questions, child has <u>diarrhea with dehydration</u>
Refer to Health Center</td></tr>
<tr><td></td><td></td><td></td><td>If NO to one or both questions, child has <u>diarrhea with no signs of dehydration</u>. See guidelines for home care (Chapter 7).</td></tr>
<tr><td>Check for Breastfeeding problems</td><td>Does the child breastfeed?</td><td></td><td></td><td>If YES, continue to assess.</td></tr>
<tr><td></td><td>Assess positioning of the baby:
▪ Is the baby's chin touching the mother's breast?
▪ Is the baby's mouth wide open?
▪ Is the lower lip of the baby turned outward?
▪ Is there more areola above the mouth rather than below?
▪ Is the baby suckling effectively?</td><td></td><td></td><td>If NO to any question, show mother the correct way to position the baby when breastfeeding (Chapter 9).</td></tr>
<tr><td></td><td>Does mother complain of problems with breasts?</td><td></td><td></td><td>If YES, assess breasts</td></tr>
<tr><td rowspan="2"></td><td>▪ Is this the 3rd consecutive visit that the mother has had pain and/or cracking skin on the breasts?
OR
▪ Does the mother have severe pain and/or fever?</td><td></td><td></td><td>If YES to either question, Urgently Refer to Health Center.
If NO, teach home treatment (Chapter 9).</td></tr>
<tr><td>Check for immunizations</td><td>In the table below, go to the age of the child. Check if the immunizations up to this age were given. Circle the immunizations that have not been given.
<table><tr><td>AGE</td><td>At Birth</td><td>6 Weeks</td><td>10 Weeks</td><td>14 Weeks</td></tr><tr><td rowspan="2">VACCINE</td><td>OPV</td><td>OPV 1</td><td>OPV 2</td><td>OPV 3</td></tr><tr><td>BCG</td><td>DPT 1</td><td>DPT 2</td><td>DPT 3</td></tr></table></td><td></td><td></td><td>If child has NOT received an immunization for his/her age, then child has incomplete immunization schedule.

Refer to health center for immunization

Inform caretaker on advantages of immunization.</td></tr>
</table>

REFLECTION: REFERRING A CHILD TO A HOSPITAL OR HEALTH FACILITY

Facilitator's Instructions

Read the following story, then discuss the questions below with the trainees. Record their answers on the newsprint. Add suggestions from the list below. The answers may be different for each village.

The HHP visits a mother with a very sick two year old child. Two other children, an infant and a five year old, are also with her. Her sick child has a very high fever and difficulty breathing. The Home Health Promoter tells the mother that she must take the child to the hospital right away, and asks the mother if she will go. The mother does not answer.

Questions:

1. What are some reasons the mother may not take the child to the hospital right away?
2. How might the HHP be able to help?

Reasons a caretaker might not go to the hospital right away	How the HHP may be able to help
She thinks hospitals are places where people often die, and she fears her child will die there, too.	Reassure her that the hospital has doctors, supplies, and equipment to help cure her child.
She does not think that the hospital will help her child.	Explain what will happen at the hospital and how it will help her child.
She cannot leave home and tend to her child during a hospital stay because there is no one to take care of her other children, or she is needed for farming, or she may lose a job.	If the mother needs help at home while she is at the hospital, ask questions and make suggestions about who could help. For example, ask whether her husband, sister, or mother could help with meals while she is away.
She does not have money to pay for transportation, hospital bills, medicines, or food for herself during the hospital stay.	Discuss if there is a village fund to help with these problems. Help her arrange transportation, if necessary.
Her husband is away and she cannot make a decision.	*continue to discuss*
There is a mourning period and no one can travel.	
She believes in local traditional treatment by the traditional healer.	
The caretaker is not the mother.	

You may not be able to help the mother solve her problems, but it is important that you do everything you can to help.

Writing a Referral

A **referral form** is a note the HHP sends to the hospital or health facility with the caretaker to communicate with the doctors. The hospital staff can treat the child more quickly and accurately if they have information that the HHP provides.

The referral form has two sides: one with space for written information, and the other with pictures of referral signs. The HHP may use either or a combination of both (for instance, circling the picture for "not able to breastfeed" but signing her name).

As much as possible, the referral form should have the date and time the HHP saw the child, the child's name and age, the general danger sign detected (the reason for referral), any treatment given, and the name of the HHP and village where the child was seen. Referral forms can also be found in Appendix I.

Skill Development: Completing a Referral Form

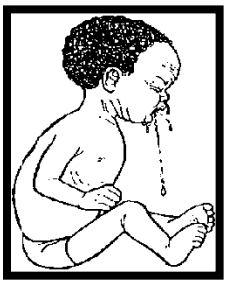
Facilitator's Instructions

Say:

In this section, you will practice completing a referral form. Look at the referral form. Ask another HHP to pair with you. One of you can take the role of the mother with a sick child, and the other the HHP. Fill out a referral, and then switch roles. Share with the group what you have written.

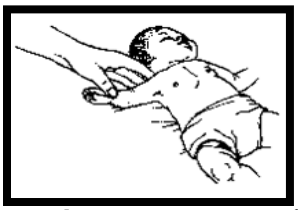
Urgent Referral to Hospital or Health Center

Unable to drink or breastfeed



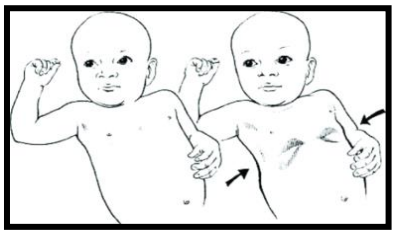
Vomits everything

Convulsions



Very sleepy or unconscious

Fast breathing



Chest indrawing

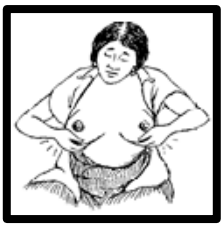
Strange sounds in the chest

Sunken eyes/ Dehydration

Diarrhea/ Dehydration

Complicated Malaria

Cracked nipples



Painful breasts

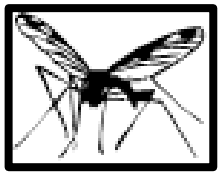
First Dose Given

Referral to Hospital or Health Center

Irritable/restless

Some Dehydration

Cough lasting >1 month



Malaria

Immunization needed

First Dose Given

REFER THE CHILD

1. Explain to the mother or caretaker the need for referral, and get her agreement to take the child. If she does not agree to take the child, ask questions.

2. Calm the mother's fears and help her resolve any problems.

3. Write a referral note or use the referral note with pictures for the mother or caretaker to take with her to the hospital. Tell her to give it to the health worker there.

Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs

_____
_____

Treatment given

_____
_____

HHP Name: _____
Village: _____

4. Give the mother any supplies and instructions needed to care for her child on the way to the hospital.
   - If the hospital is far, give the mother additional supplies of any drug you may be using for the case and tell her when to give them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to give them.
   - Tell the mother how to keep the child warm during the trip.
   - Advise the mother to continue breastfeeding.
   - If the child has some or severe dehydration and can drink, give the mother some Oral Rehydration Solution for the child to sip frequently on the way.

CHAPTER 5: GENERAL DANGER SIGNS

OBJECTIVES

At the end of the session, the participants will be able to:

- ✓ Recognize the general danger signs in sick children
- ✓ Demonstrate skills in using the Child Health Recording Form
- ✓ Demonstrate skills in referring a sick child to the hospital

CONTENT

- ✓ General Danger Signs
- ✓ Basic assessment of general danger signs
- ✓ Steps in referral

METHODS

- ✓ Reflection session (sharing of experiences)
- ✓ Mini-lecture
- ✓ Field practicum
- ✓ Video exercise
- ✓ Practice exercise through recording form
- ✓ Lecture-discussion

MATERIALS

- ✓ Paper
- ✓ Pens or pencils
- ✓ Recording form
- ✓ Referral form

REFLECTION

Facilitator's Instructions
Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity / section in order to ensure that there is enough time for all the activities planned for the day.

1. Have you ever been in the presence of a dying or very sick child?
2. What were the danger signs that made you think that the child was very sick or dying?
3. What was the condition the child was suffering from?
4. What did the mother or caretaker report for how the condition started?
5. If the child was at a very sick stage, did the mother or caretaker seek help before the condition progressed to this stage?

DEFINITION

A child with a general danger sign has a serious problem. Children with a general danger sign need **URGENT referral to a hospital**. They may need lifesaving treatment with intravenous antibiotics inserted into the vein, oxygen, or other treatments that usually are only available at hospitals. If no hospital is available, then refer mother and child to the nearest health facility or clinic.

HOW TO RECOGNIZE DANGER SIGNS

Look at the recording form. The first topic in the column of CHECK FOR PROBLEM that you will find is titled "CHECK FOR GENERAL DANGER SIGNS."

Ask the questions and look for the clinical signs described in the box.

Check for General Danger Signs

ASK
- Is the child able to drink or breastfeed?
- Has the child had fits or convulsions?
- Does the child vomit everything?

LOOK
- Is the child very sleepy or unconscious?
- Is the child able to drink or breastfeed?

ASK/ LOOK: Is the Child Able to Drink or Breastfeed?

A child has the sign "not able to drink or breastfeed" if the child is not able to suck or swallow when offered a drink (clean water) or breast milk.

When you ask the mother if the child is able to drink, make sure that she understands the question. If she says that the child is not able to drink or breastfeed, ask her to describe what happens. For example, is the child able to take fluids into his mouth and swallow it? If you are not sure about the mother's answer, ask her to offer the child a drink of clean water or breast milk. Look to see if the child is swallowing the water or breast milk.

ASK: Does the Child Vomit Everything?

A child has the sign "vomits everything" if the child is not able to retain what he/she has eaten or drunk. For this sign, what goes into the child's mouth must come back out of the child's mouth. The community health worker needs to ask the mother if the child vomits every time he/she is being fed. For this sign to be positive, the answer needs to be every time; if the child is able to retain something, then this sign is absent.

If in doubt, the community health worker should offer the child something to drink; and observe what happens thereafter. If the child vomits everything immediately, then this sign is present: he/she has retained nothing and the child has vomited everything. If the child doesn't vomit immediately, then this sign is absent: the child is retaining some food or drink.

ASK: Has the Child Had Fits or Convulsions?

During a convulsion, the child has trembling movements of the entire body. The child's arms and legs stiffen because the muscles are contracting. The child may lose consciousness or not be able to respond to spoken directions.

Ask the mother if the child has had convulsions during this current illness. Use words the mother understands, or give an example that the mother may know as convulsions such as "fits" or "spasms."

LOOK: Is the Child Very Sleepy or Unconscious?

A very sleepy child is not awake and alert when he should be. The child is drowsy and does not show interest in what is happening around him. Often the very sleepy child does not look at his mother or watch your face when you talk. The child may stare blankly or without any facial expression appearing to not notice what is going on around him.

An unconscious child cannot be awakened. He does not respond when he is touched, shaken or spoken to.

Ask the mother if the child seems unusually sleepy or if she cannot wake the child. Look to see if the child wakens when the HHP or mother talks to the child, gently shakes the child or claps their hands near the child.

SKILL DEVELOPMENT

Facilitator's Instructions
for use of video

1. In this section, the HHPs will be presented with *The Home Visit* video.
2. For video access instructions, please refer to Appendix H.

EVALUATION OF DANGER SIGNS: MANAGEMENT OF THE RECORDING FORM

Facilitator's Instructions
for exercise with recording form

1. During this exercise you will receive and learn to use the Child Health Recording Form. The "General Danger Sign" section of this form is illustrated below this box.
2. Ask a fellow Home Health Promoter to pair with you
3. Go out into the community and visit three houses each, where there is a child under 2 years old.
4. Check for general danger signs and fill out the form accordingly.

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
CHECK FOR GENERAL DANGER SIGNS	▪ Not able to drink or breastfeed? ▪ Vomits everything? ▪ Convulsions? ▪ Very sleepy or unconscious?			If YES to ANY question, **Urgently Refer to Health Center**

If the child has a general danger sign, s/he has a severe problem. There must be no delays in his or her treatment. REFER URGENTLY TO A HEALTH CENTER.

REFER THE CHILD

1. Explain to the mother or caretaker the need for referral, and get her agreement to take the child. If she does not agree to take the child, ask questions.

2. Calm the mother's fears and help her resolve any problems.

3. Write a referral note for the mother or caretaker to take with her to the hospital. Remember that there are referrals with pictures. Tell her to give it to the health worker there.

Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs

_____
_____

Treatment given

_____
_____

HHP Name: _____
Village: _____

4. Give the mother any supplies and instructions needed to care for her child on the way to the hospital.

   - If the hospital is far, give the mother additional supplies of any drug you may be using for the case and tell her when to give them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to give them.
   - Tell the mother how to keep the child warm during the trip.

- Advise the mother to continue breastfeeding.
- If the child has some or severe dehydration and can drink, give the mother Oral Rehydration Solution for the child to sip frequently on the way.

CHAPTER 6: COUGH OR DIFFICULT BREATHING

OBJECTIVES

At the end of the session, the participants will be able to:

- ✓ Recognize signs of cough and difficult breathing
- ✓ Identify critical steps in referral.
- ✓ Advise mothers on home management of cough and difficult breathing.
- ✓ Give follow-up care.
- ✓ Demonstrate skills in using the Child Health Recording Form (Appendix E.)
- ✓ Demonstrate skills in referring a sick child to the hospital.

CONTENT

- ✓ Signs and symptoms of cough and difficult breathing
- ✓ Using the recording form
- ✓ Steps in referral

METHOD

- ✓ Reflection session
- ✓ Lecture-discussion
- ✓ Field practicum
- ✓ Exercise with videos & recording form

MATERIALS

- ✓ Paper
- ✓ Pens or pencils
- ✓ Recording form
- ✓ Referral form
- ✓ Timer and beads
- ✓ Watch with a second hand or digital watch (optional)
- ✓ Antibiotic and drug for fever

REFLECTION

Facilitator's Instructions
Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity/section in order to ensure that there is enough time for all the activities planned for the day.

1. What do you think are the main causes of breathing difficulties, or respiratory infections, in your community?
2. How do you recognize a respiratory infection in a child? What are the signs?
3. What are the signs of pneumonia?
4. What kind of treatments do you know and/or have you used in the past to treat this type of infection?

DEFINITION

A **cough** is a sudden rush of air from the lungs that can be heard. Coughing is important because it clears the lungs and air pathways of irritants and secretions as well as to preventing irritants from entering the lungs. Coughing is also a common symptom of diseases of the lungs.

A child with cough or difficult breathing may have an illness that is not life threatening, such as the common cold. The child may also have a severe and life-threatening disease such as pneumonia.

Pneumonia is an infection of the lungs. Pneumonia is often caused by germs. Children with pneumonia caused by germs may die from too little oxygen in their blood or because the infection spreads into the entire body**.**

Most of the children with cough that you will see will have only a mild infection. These children are not seriously ill. They do not need treatment with antibiotics. Their families can manage them at home. You need to identify the very sick children with cough or difficult breathing who need treatment with antibiotics.

Fortunately, you can identify almost all cases of pneumonia by checking for **fast breathing, chest indrawing,** and **strange sounds**. When children develop pneumonia, their lungs become stiff. As the lungs become stiff, less oxygen can air them. One of the body's responses to stiff lungs and less oxygen is fast breathing. When the pneumonia becomes more severe and the lungs become even stiffer, the body's response is chest indrawing. Chest indrawing is a sign of severe pneumonia.

How to Recognize Pneumonia

Check for Cough or Difficult Breathing

ASK

- Does the child have a cough or difficulty breathing?

If YES, then

LOOK

- Count the breaths in one minute
- Listen for strange sounds in the chest of the child
- Check for chest indrawing

If the caretaker answers NO to the question, "Does the child have cough or difficult breathing?" you can move to the next problem on the child recording form. If the caretaker was unsure or answered YES to the question, continue to assess the child.

LOOK: Count the Breaths in One Minute

You must count the breaths the child takes in one minute to decide if the child has fast breathing. The child must be quiet, calm, and not breastfeeding when you look and listen to his breathing. If the child is frightened, crying or angry, you will not be able to obtain an accurate count of the child's breaths. Tell the mother you are going to count her child's breathing. Remind her to keep her child calm. If the child is sleeping, do not wake the child.

To count the numbers of breaths in one minute, use the timer and the counting beads[1] in your kit. Look for breathing movement anywhere on the child's chest or abdomen. Set the timer, and move one bead each time the child breathes OUT. When the timer rings, count the beads you moved. If the breathing measures more than 60 breaths per minute, measure again. If these are not available, use a watch with a second hand or a digital watch and count the breaths. It may be helpful if an assistant keeps the time while you count the child's breaths.

The cut-off for fast breathing depends on the child's age. Normal breathing numbers per minute are highest in newborn children than in those age 2 months up to 11 months, or in children ages 1-5 years old.

Child's Age	Fast Breathing
Newborn to 2 months	60 breaths per minute or more
2 months to 12 months	50 breaths per minute or more
12 months to 5 years	40 breaths per minute or more

[1] Counting beads are a tool developed and tested by the International Rescue Committee (IRC).

Before you look for the next two signs (chest indrawing and strange sounds), watch the child to determine when the child is breathing IN and when the child is breathing OUT.

LOOK/LISTEN: FOR STRANGE SOUNDS IN THE CHEST

If you hear strange and harsh sounds when the child is breathing IN, this could mean that the child's air tube is being obstructed. This may be due to an inflammation. Air may be reaching the lungs in small quantities. This can be a life-threatening situation. If you hear the strange sound only when the child is crying, this is not considered a strange sound. A strange sound is only considered if you hear the sound all the time and when the child is calm and breathing IN.

LOOK: FOR CHEST INDRAWING

Look for chest indrawing when the child breathes IN. Look at the lower (the lowest-last rib, where the chest meets the abdomen) chest wall. The child has chest indrawing if the lower chest wall goes IN when the child breathes IN. Chest indrawing occurs when the effort the child needs to breathe in is much greater than normal. In normal breathing the whole chest wall and the abdomen move OUT when the child breathes IN. When chest indrawing is present, the lower chest goes IN when the child breathes IN.

For chest indrawing to be present, it must be clearly visible and present all the time.

If you only see chest indrawing when the child is crying or feeding, the child does not have chest indrawing.

SKILL DEVELOPMENT

Facilitator's Instructions
for use of video

1. In this section you will be presented *Breathing Problems* video in which you will learn how to evaluate and treat a baby with breathing problems.
2. For video access instructions, please refer to Appendix H.

EVALUATION OF COUGH OR DIFFICULT BREATHING: MANAGEMENT OF RECORDING FORM

Facilitator's Instructions
for exercise with recording form

1. During this exercise you will receive and learn to use the Child Health Recording Form (Appendix E.). Below this box is an illustration of the "Cough or Difficult Breathing" section of this form.
2. Ask a fellow Home Health Promoter to pair with you
3. Bring cycle beads and a timer
4. Go out into the community and visit three houses each, where a child under two years of age is present.
5. Ask the mother for permission to count breathing, look for chest indrawing, and listen for strange sounds.

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
Check for cough or fast breathing	▪ Number of breaths per minute ___ ▪ Is this fast breathing for the child's age? *Newborn to 2 months 60* *2 months to 12 months 50* *12 months to 5 years 40* ▪ Chest indrawing? ▪ Coughing? ▪ Strange sounds in the chest?			If YES to ANY question, child has *pneumonia*. Give first dose of amoxicillin and **Urgently Refer to Health Center** If NO to ALL questions, child may have *common cold*. See guidelines for home care.

HOME CARE OF THE COMMON COLD

If the child does NOT have fast breathing, does NOT have chest indrawing, and does NOT have strange sounds, then the child has no signs of pneumonia or severe disease. This child does not need an antibiotic. Instead, give the mother advice about good HOME CARE. This child may have a common cold, which normally improves in one to two weeks. The child needs extra fluids, rest, and good hygiene practices.

If the child has fast breathing OR chest indrawing OR strange sounds, STOP the assessment. This child may have pneumonia. There must be no delays in his or her treatment. The child needs to be URGENTLY REFERRED immediately to the nearest clinic or hospital.

TREATMENT OF COUGH OR DIFFICULT BREATHING: BEFORE REFERRAL

A child should be given the first dose of amoxicillin and paracetamol immediately before referral.

	2 months – 1 year	1 – 5 years
Amoxicillin 250 mg	½ tablet 3times per day 5 days	1 tablet 3 times per day 5 days

	2 months – 1 year	1-5 years
Paracetamol, 120 mg	1 tablet	2 tablets
or **500 mg**		½ tablet

AFTER EVALUATION: DEFINE WHAT TO DO AND HOW TO DO A REFERRAL

1. Explain to the mother or caretaker the need for referral, and get her agreement to take the child. If she does not agree to take the child, ask questions.

2. Calm the mother's fears and help her resolve any problems.

3. Write a referral note or use the picture referral form for the mother or caretaker to take with her to the hospital. Tell her to give it to the health worker there.

Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs

_____
_____

Treatment given

_____
_____

HHP Name: _____
Village: _____

4. Give the mother any supplies and instructions needed to care for her child on the way to the hospital.
   - If the hospital is far, give the mother additional supplies of any drug you may be using for the case and tell her when to give them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to give them.
   - Tell the mother how to keep the child warm during the trip.
   - Advise the mother to continue breastfeeding.
   - If the child has some or severe dehydration and can drink, give the mother Oral Rehydration Solution for the child to sip frequently on the way.

CHAPTER 7. DIARRHOEA

OBJECTIVES

After the session, the participants will be able to:

- ✓ Define diarrhea
- ✓ Recognize signs of dehydration
- ✓ Describe three ways to prevent diarrhea
- ✓ Demonstrate skills in using the Child Health Recording Form (Appendix E.)
- ✓ Demonstrate skills in referring a sick child to the hospital

CONTENT

- ✓ Definition and assessment of diarrhea
- ✓ Assessment of dehydration
- ✓ Preparation of Oral Rehydration Solution (ORS)
- ✓ Using the recording form
- ✓ Steps in referral

METHODS

- ✓ Reflection session
- ✓ Small group discussion
- ✓ Mini-lectures
- ✓ Lecture-discussion
- ✓ Demonstration and return-demonstration
- ✓ Field practicum
- ✓ Exercise with recording form

MATERIALS

- ✓ Paper
- ✓ Pens or pencils
- ✓ Packets of ORS solution
- ✓ Glasses of water
- ✓ Recording form

REFLECTION

Facilitator's Instructions
Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity / section in order to ensure that there is enough time for all the activities planned for the day.

1. What do you think are the main causes of diarrhea in your community?
2. In your community, what happens to the feces of little children (under 5 years old)?
3. What can be done in a household in this community to prevent diarrhea?
4. When is it most important to wash hands properly?
5. How do you distinguish a mild case of diarrhea from a severe form?
6. What are the signs of dehydration?
7. What kind of treatments have you used in the past to treat diarrhea and dehydration?

DEFINITION

Diarrhea occurs when stools contain more water than normal. It is common in children, especially those between 6 months and two years of age. Babies who are exclusively breastfed often have stools that are soft; this is not diarrhea. The mother of a breastfed baby can recognize diarrhea because the consistency or frequency of the stools is different than normal.

Mothers usually know when their children have diarrhea. The mother knows how many stools per day the child usually has. If the child has diarrhea, the mother will notice that the child will have more stools than usual throughout the day. There is usually a commonly used word for diarrhea. Use this when asking the mother about her child's stools.

Diarrhoea can cause severe dehydration. A child with signs of severe dehydration must be URGENTLY REFERRED to a health center.

Diarrhea is almost always a result of fecal-oral contamination—that is from people getting small amounts of the feces of humans and animals into their mouths. Diarrhea can be prevented by blocking the transmission of the feces to the mouths of the children. You should ask the mother or caretaker and observe the household and community to see how feces are being transmitted into the mouths of the children. Proper disposal of all feces, proper hand washing, and storing water correctly are the best ways to prevent diarrhea. Here is how people get feces into their mouths:

How to Recognize Diarrhoea and Dehydration

Check for Diarrhea and Dehydration

ASK

- Does the child have more stools than usual?

If YES, then

ASK

- How long has the child had diarrhea?
- Is there blood in the stool?
- When the child cries, does he make tears?
- How many times has the child defecated today?

LOOK

- Look at the child's general condition. Is the child very sleepy or unconscious?
- Offer the child fluid. Is the child not able to drink or drinking poorly? Drinking eagerly, thirsty?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back slowly (longer than 2 seconds)?

If caretaker answered NO to the question, "Does the child have diarrhea?" you can move to the next problem on the child record form. If the caretaker was unsure or answered YES to the question, continue to assess the child.

LOOK: the Child's General Condition

The general danger sign that you must check when evaluating a child with diarrhea is **"very sleepy or unconscious."** Please refer to Chapter 5 on General Danger Signs for a review of this sign.

A child has the sign **"restless and irritable"** if the child is restless and irritable all the time or every time he is touched or handled. If an infant or child is calm when breastfeeding but again restless and irritable when he stops breastfeeding, he has the sign "restless and irritable." Many children are upset just because they are in the clinic. Usually these children can be consoled and calmed. They do not have the sign "restless and irritable."

LOOK: For Sunken Eyes

The eyes of a child who is dehydrated may look sunken. Decide if you think the eyes are sunken, then ask the mother if she thinks her child's eyes look unusual. Her opinion will help you confirm that the child's eyes are sunken.

LOOK: Offer the Child Something to Drink

If the child is awake, ask the mother to offer the child some water in a cup or spoon. Watch the child drink.

A child is **not able to drink** if he is not able to take fluid in his mouth and swallow it. For example, a child may not be able to drink because he is lethargic or unconscious. Or the child may not be able to suck or swallow. A child is **drinking poorly** if the child is weak and cannot drink without help.

A child has the sign **drinking eagerly, thirsty** if it is clear that the child wants to drink. Look to see if the child reaches out for the cup or spoon when you offer her water. When the water is taken away, see if the child is unhappy because she wants to drink more.

LOOK: Pinch the Skin of the Abdomen

Ask the mother to place the child on a flat surface, so that the child is flat on his back with his arms at his side (not over his head) and his legs straight. Or, ask the mother to hold the child so he is lying flat in her lap.

Locate the area on the child's abdomen halfway between the umbilicus and the side of the abdomen. To do the skin pinch, use your thumb and first finger. Do not use your fingertips because this will cause pain. Place your hand so that when you pinch the skin, the fold of skin will be in a line up and down of the child's body and not across the child's body. Firmly pick up all of the layers of skin and the tissue under them. Pinch the skin for one second and then release it. When you release the skin, look to see if the skin pinch goes back:

- Slowly: **the skinfold remains raised for one second or more**
- Immediately: **the skinfold goes back immediately**

If the skin stays up for even a brief time after you release it, decide that the skin pinch goes back slowly.

SKILL DEVELOPMENT

Facilitator's Instructions
for use of video

1. In this section you will be presented with 4 *Diarrhea* videos, in which you will learn to identify the child's general condition, sunken eyes, ability to drink, skin pinch, and dehydration signs.
2. For video access instructions, please refer to Appendix H.

EVALUATION OF DIARRHEA AND DEHYDRATION: MANAGEMENT OF THE RECORDING FORM

Facilitator's Instructions
for exercise with recording form

1. During this exercise you will receive and learn to use the Child Health Recording Form (Appendix E.). Below this box is an illustration of the diarrhea section on this form.
2. Ask a fellow Home Health Provider to pair with you
3. Go out into the community and visit three houses each, where a child under two years of age is present
4. Ask the mother for permission to evaluate the child's general condition, sunken eyes, ability to drink, and skin pinch.

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
Check for diarrhea	Does child have more stools than usual? ▪ Very sleepy or unconscious? ▪ **Not** able to drink or breastfeed? ▪ Have sunken eyes? ▪ Skin goes back very slowly? (Pinch skin; longer than 2 seconds) ▪ Have blood in the stool? ▪ Not able to make tears when crying?			If YES to ANY question, Child has *diarrhea with severe dehydration* **Urgently Refer to Health Center. Advise caretaker to give frequent sips of ORS on the way. Continue breastfeeding.** If NO, continue to assess

	Is the child: ▪ Irritable or restless ▪ Drinks eagerly, very thirsty?			If YES to BOTH questions, child has *diarrhea with dehydration* **Refer to Health Center** If NO to one or both questions, child has *diarrhea with no signs of dehydration*. See guidelines for home care.

Home Care of Diarrhea

HOME CARE can be given if the child does NOT have any of the signs listed above. Give the mother advice about good home care. The HHP should work with the household on prevention of diarrhea through improvement of key household hygiene behaviors, especially washing hands with soap after defecating and before touching food. The HHP will observe the household, ask questions and then discuss with and show the household how diarrhea can be prevented

Oral Rehydration Solution

3 F Procedures for Diarrhea:

1. **Fluids**: Give the child more fluids than usual to prevent dehydration
2. **Feeding**: Continue to feed the child to prevent malnutrition
3. **Fast referral**: Take the child to a health worker if there are signs of dehydration or other problems.

Oral Rehydration Solution, or ORS, will help a child with diarrhea. If packets of ORS +Zinc are available, one packet is mixed with one liter of water. A child age 2 months to 5 years should be given 2 packets of ORS + Zinc, and should take one (mixed with water) each day for two days. A new mixture should be made each day. Do not use ORS older than 24 hours. If no ORS + Zinc are available, ORS can be made at home. Instructions for preparation are on the HHP flipchart.

Breastfeeding and Other Foods

If the child vomits, wait ten minutes and then give very small amounts of ORS at a time. Children should continue to breastfeed, and if the child takes other foods, soups and foods which are easy to digest can be given.

ZINC

A child with diarrhea should also be given zinc according to the following schedule:

	2 to 6 months	6 months to 5 years
Zinc tablet, 20 mg	½ tablet once/day for 10 days	1 tablet once per day for 10 days

The zinc tablet should be dissolved in two spoonfuls of clean water. If the child vomits the solution, wait 10 minutes and give another dose. If he vomits again, wait until the next day to give again.

AFTER EVALUATION: DEFINE WHAT TO DO AND HOW TO DO A REFERRAL

Refer Urgently to Health Center if the child has any of the following signs:

- ✓ **very sleepy**
- ✓ **unconscious**
- ✓ **not able to drink**
- ✓ **has sunken eyes;**
- ✓ **when you pinch the skin of the abdomen, the skin goes back slowly;**
- ✓ **has blood or worms in the stool**

Refer to Health Center if child has either of the following signs:

- ✓ **irritable or restless**
- ✓ **drinks eagerly; thirsty child**

1. Explain to the mother or caretaker the need for referral, and get her agreement to take the child. If she does not agree to take the child, ask questions.
2. Calm the mother's fears and help her resolve any problems.
3. Write a referral note or use the picture referral form for the mother or caretaker to take with her to the hospital. Tell her to give it to the health worker there.

Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs

_____
_____

Treatment given

_____
_____

HHP Name: _____
Village: _____

Give the mother any supplies and instructions needed to care for her child on the way to the hospital.

- If the hospital is far, give the mother additional supplies of any drug needed, and tell her when to give them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to give it.
- Tell the mother how to keep the child warm during the trip.
- Advise the mother to continue breastfeeding.
- Give the mother Oral Rehydration Solution for the child to sip frequently on the way.

CHAPTER 8: MALARIA

OBJECTIVES

At the end of the session, the participants will be able to:

- ✓ Describe the symptoms of malaria
- ✓ Explain the importance of assessing fast breathing
- ✓ Demonstrate skills in using the Child Health Recording Form
- ✓ Demonstrate skills in referring a sick child to the hospital

CONTENT

- ✓ Signs and symptoms of malaria and malaria with pneumonia
- ✓ Using the recording form
- ✓ Management of referral of child

METHODS

- ✓ Reflection session
- ✓ Mini-lecture
- ✓ Field practicum
- ✓ Practice exercise through recording form
- ✓ Lecture-discussion

MATERIALS

- ✓ Papers
- ✓ Pens or pencils
- ✓ Recording form
- ✓ Referral form

REFLECTION

Facilitator's Instructions

Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity / section in order to ensure that there is enough time for all the activities planned for the day.

1. How do you recognize a child with malaria? What are the signs?
2. How do you recognize a child with a serious case of malaria? What are the signs?
3. How do you recognize a child with malaria and pneumonia? What are the signs?
4. What kinds of treatments do you know and/or have used in the past to treat a child with malaria? A child with malaria and pneumonia?
5. How do you prevent malaria in your community?

DEFINITION

Malaria is a disease caused by a germ that infects the red blood cells of a person. The germ is transmitted by the bite of a mosquito. If a mosquito carrying the germ that causes malaria bites a person, the person will develop the disease. This person now has malaria.

Other common symptoms of malaria include chills, headache, nausea, vomiting, yellow eyes, dark urine and excessive sweating, but children may have non-specific symptoms like cough, diarrhea, or they may be unable to breastfeed.

Check for Malaria

ASK

- Has the child felt hot in the last 3 days?

LOOK

- Does the child feel hot now?

If the answer is "YES" to any of the questions, the child has a fever. Fever alone is considered sufficient to make a diagnosis of malaria in a child under 5 years of age in South Sudan.

How to Recognize Malaria

LOOK: Feels Hot

Feel the child's forehead with the back of your hand. If the forehead is noticeably hot, the child has a fever. If you are unsure whether or not the child is hot, ask the mother if the child is hot. If mother states that child is hot or has been hot in the past three days, the child has a fever.

How to Recognize Malaria & Pneumonia

Check for Pneumonia
If the child has a fever:

LOOK

- Does the child have a cough with fast breathing?

If a child has a cough with fast breathing in addition to the fever, child may also have pneumonia.

LOOK: Cough with Fast Breathing

If child has a cough, count how many breaths the child has in one minute. This will determine if the child is breathing faster than normal. See Chapter 6 or Chapter 14 for more information.

Child's Age	Fast Breathing
Newborn to 2 months	60 breaths per minute or more
2 months to 12 months	50 breaths per minute or more
12 months to 5 years	40 breaths per minute or more

Skill Development

Facilitator's Instructions
for use of video

1. In this section you will be presented a *Malaria/Fever* video.
2. For video access instructions, please refer to Appendix H.

If child has malaria <u>with</u> cough and fast breathing, give the child the first dose of antimalarial medication (AS+AQ), paracetamol, and amoxicillin. This child has a severe problem. There must be no delays in his or her treatment. The child needs to be URGENTLY REFERRED to the nearest clinic or hospital.

	2 -11 months	1-5 years
Antimalarial Medication	1 tablet (25mgAS+37.5mgAQ)	1 tablet (50mgAS+75mgAQ)
Paracetamol 120 mg	1 tablet if needed	2 tablets if needed
Amoxicillin 250 mg	½ tablet	1 tablet

TREATMENT OF UNCOMPLICATED MALARIA

If child is newborn to age 59 days, refer to heath center.

If a child age 2 months to 5 years has a fever, **treat with a combination of Artesunate and Amodiaquine** for three days. Administer the first dose to the child, and give the caretaker the other two doses for later. Keep the child for 30 minutes for observation. If they do not vomit, they can go home. If they vomit the tablets, repeat the full dose.

Age	2 -11 months (25mgAS+37.5mgAQ)	1-5 years (50mgAS+75mgAQ)
Weight	4.5-8 kg	9-17 kg
Day 1	1 Tablet	1 Tablet
Day 2	1 Tablet	1 Tablet
Day 3	1 Tablet	1 Tablet

Reduce the temperature by **tepid sponging and paracetamol**. Most of the time three doses of paracetamol are enough.

Paracetamol 120 mg	1 tablet if needed	2 tablets if needed

Paracetamol 500 mg		**½ tablet if needed**

EVALUATION OF MALARIA: MANAGEMENT OF RECORDING FORM

Facilitator's Instructions
for exercise with recording form

1. During this exercise you will receive and learn to use the Child Health Recording Form. Below is an illustration of the "General Danger Signs" and "Fever" sections of this form.
2. Ask another Home Health Promoter to pair with you.
3. Go out into the community and visit three houses each, where a child under two years of age is present.
4. Ask the mother for permission to evaluate the child for child's general condition, temperature, and absence of other obvious infections.

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
CHECK FOR GENERAL DANGER SIGNS	▪ Not able to drink or breastfeed? ▪ Vomits everything? ▪ Convulsions? ▪ Very sleepy or unconscious?			If YES to ANY question, **Urgently Refer to Health Center**
Check for fever	▪ Does the child feel hot? **Or** ▪ Has the child felt hot in the last 3 days?			If YES to ANY question, child has *malaria* Give first dose paracetamol Assess further:
	Assess for pneumonia: ▪ Number of breaths per minute ___ ▪ Does child have cough or difficulty breathing?			If NO: **Refer to Health Center** Give first dose of AS+AQ If YES, **Urgently Refer to Health Center**

AFTER EVALUATION: DEFINE WHAT TO DO AND HOW TO DO A REFERRAL

1. Explain to the mother or caretaker the need for referral, and get her agreement to take the child. If she does not agree to take the child, ask questions.

2. Calm the mother's fears and help her resolve any problems.

3. Write a referral note or use the picture referral form for the mother or caretaker to take with her to the hospital. Tell her to give it to the health worker there.

Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs
_____
_____

Treatment given
_____
_____

HHP Name: _____
Village: _____

4. Give the mother any supplies and instructions needed to care for her child on the way to the hospital.
   - If the hospital is far, give the mother additional supplies of any drug you may be using for the case and tell her when to give them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to give them.
   - Tell the mother how to keep the child warm during the trip.
   - If the child has some or severe dehydration and can drink, give the mother Oral Rehydration Solution for the child to sip frequently on the way.
   - Give first dose of antimalarial medication and Paracetamol. See Annex C.

CHAPTER 9: BREASTFEEDING

OBJECTIVES

After the session, the participants will be able to:

- ✓ Explain the benefit of choosing breastfeeding over bottle feeding
- ✓ Explain how breastfeeding helps a sick child
- ✓ Describe the differences between good and bad positioning
- ✓ Demonstrate skills in how to express milk
- ✓ Demonstrate skills that manage the most common breast problems
- ✓ Demonstrate skills in using the Child Health Recording Form
- ✓ Demonstrate skills in referring a sick child to the hospital.

CONTENT

- ✓ Benefits of breastfeeding over bottle feeding
- ✓ Common misconceptions about breastfeeding
- ✓ Assessing child's feeding
- ✓ Common problems with breastfeeding
- ✓ Using the recording form
- ✓ Counseling mothers

METHODS

- ✓ Reflection sessions
- ✓ Sharing
- ✓ Practice exercise
- ✓ Field practicum.

MATERIALS

- ✓ Newsprint
- ✓ Pens or pencils
- ✓ Dummy breast
- ✓ Videos
- ✓ Recording form

REFLECTION

Facilitator's Instructions
Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity / section in order to ensure that there is enough time for all the activities planned for the day.

1. Why you think breastfeeding is important?
2. What are common breastfeeding practices among women in your community?
3. What are some common misconceptions about breastfeeding?
   - What is exclusive breastfeeding? For how long should the mother exclusively breastfeed her child?
1. What are some common problems or barriers that keep mothers from breastfeeding?
2. What are possible solutions to these barriers?

DEFINITION

Early and exclusive breast feeding is the best way to protect an infant's health and promote healthy growth. An infant should begin breast-feeding within the first hour after being born.

Yellow milk (colostrum) is the only food that a newborn needs during the first three days of life.

The first yellow milk that comes is **colostrum.** It is different from normal breast milk because it has everything needed to feed a newborn. It is rich in substances that protect a child from infections, including antibodies and Vitamin A. Because of this, it has a different color and may have a different smell or texture. The newborn needs colostrum to have a healthy start in life. After a few days, colostrum is replaced by breast milk.

For the first six months of an infant's life, give the infant only breast milk. This is called exclusive breast-feeding, and it lowers the risks of getting diarrhea and pneumonia. Do not give any other fluids because they could be contaminated and cause diarrhea.

Breast milk is the only food that a child needs until 6 months of age

As soon as an infant is six months old, complementary, soft foods need to be added to routine breast feeding in order to prevent malnutrition. Continue breast feeding the infant until the infant is at least two years old. Breast feeding for a full two years will help ensure that the brain develops well. The brain of a child is almost completely developed by 2 years of age. Breast feeding will promote healthy growth and strong bodies.

How to Assess Breastfeeding

If child is to be urgently referred to hospital, do not assess breastfeeding. Simply refer child to hospital.

If child is **not** to be referred to hospital urgently, continue to assess breastfeeding.

ASK

Does the child breastfeed?

If **NO**, do not assess for breastfeeding, continue to next section of the record form.

If **YES**, continue with assessing breastfeeding.

ASK

Has the infant breastfed in the last hour? If infant has not fed in the previous hour, ask the mother to put the infant to the breast. Observe the breastfeeding for 4 minutes.

LOOK

Is the infant able to attach? To check attachment, look for:

- Chin touching breast
- Mouth wide open
- Lower lip turned outward
- More areola (dark portion of the nipple) above than below the mouth
- Is the infant suckling effectively (taking slow deep sucks, sometimes pausing)?

Part I: How to Recognize Correct Positioning

LOOK: Chin Touching Breast

The child needs to be facing the mother in order to get the maximum amount of breast in his/her mouth. The mother should face the child. The child should have his/her chin touching the breast of the mother while breastfeeding.

LOOK: Mouth Wide Open

This is most important when a woman's breasts are wide and less important with women with thin breasts. It is necessary for the child to have his/her mouth wide open before the child starts

to suckle on the breast to ensure that the child will get the maximum amount of breast milk. The child does not get milk from suckling on the nipple, but from pushing on the chest behind the nipple.

LOOK: LOWER LIP TURNED OUTWARD

If the lower lip is turned outward while attached to the mother's breast, then the greatest suction of the breast milk is achieved.

LOOK: MORE AREOLA ABOVE THAN BELOW THE MOUTH

When looking at the child breastfeeding, look at the dark colored skin around the nipple. Note if more of the dark colored skin or areola is above or below the mouth. Good positioning is when more areola is above the child's mouth when compared to below the child's mouth. Some mothers may not have any of the areola showing when the child breastfeeds; this is okay.

LOOK: INFANT SUCKLING EFFECTIVELY

A child is getting the most milk when he/she takes long and slow sucks on the mother's breast. This shows good positioning of the breastfeeding child. If the child suckles quickly, then the child is not getting enough milk and is trying to compensate by suckling more.

SKILL DEVELOPMENT

Facilitator's Instructions
for use of video

1. In this section you will be presented with a *Breastfeeding* video.
2. For video access instructions, please refer to Appendix H.

EVALUATION OF BREASTFEEDING: MANAGEMENT OF RECORDING FORM

Facilitator's Instructions
for exercise with recording form

1. During this exercise you will receive and learn to use the "Child Health Recording Form" See the "Check for breastfeeding problems" section of this form.
2. Ask another Home Health Promoter to pair with you
3. Go out into the community and visit three houses each, where a child greater than 2 months old breastfeeds.
4. Ask the mother for permission to evaluate a feeding if mother has not fed her child within the last hour. Evaluate the feeding for approximately 4 minutes.

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
Check for breastfeeding problems	Does the child breastfeed?			If YES, continue to assess.
	Assess positioning of the baby: ▪ Is the baby's chin touching the mother's breast? ▪ Is the baby's mouth wide open? ▪ Is the lower lip of the baby turned outward? ▪ Is there more areola above the mouth rather than below? ▪ Is the baby suckling effectively?			If NO to any question, show mother the correct way to position the baby when breastfeeding. (See Chapter 12)

PART II OF BREASTFEEDING PROBLEM: ASSESS MOTHER'S BREAST(S)

Assess Breast Problems

ASK

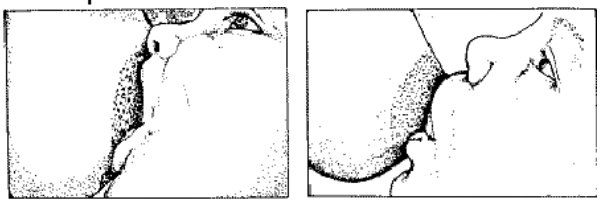
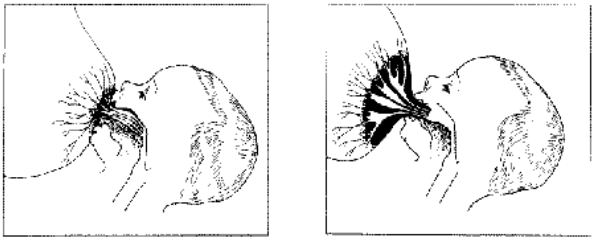
- Does the mother complain of problems with breasts?

If YES, continue to assess mother's breast(s)

ASK/LOOK

- Is there dryness and/or cracking at or around the nipple?
- Is there swelling and/or pain (engorgement) of the breast?

Mothers may be concerned about the amount or quality of their breast milk. This chart describes some common concerns mothers have and answers the HHP can use to counsel the mother.

CONCERN	COUNSEL
Not enough milk	Even mothers that are malnourished have enough milk in their breasts to exclusively feed their child for the first six months. A mother's body knows to produce more milk when the child suckles on the breast. If the child suckles more, more milk will be produced and vice versa. A mother should eat and rest more if possible. Be sure to breastfeed continuously, even at night.
Mother states milk isn't the best alternative	Mother's milk is the best method to feed the child. It is made specifically to fill the child's needs. It has the exact amount of protein and fat that he/she needs. In addition, it helps the child fight diseases. Other types of milk such as bottle milk or cow's milk don't do this. Mother's Breast Milk is the best food for her baby.
Mother states nipples aren't big enough to breastfeed	Women with any size or shape of a nipple can breastfeed. This includes inverted or flat nipples. It is not necessary to have a protruding nipple for breastfeeding. The milk does not come from the nipple; it comes from the breast. If nipples are inverted, teach mother to pull the nipple out twice a day.
Mother won't be with the child	If the mother has to go to work or leave for a portion of the day when the child will need to eat, the mother can express her milk in a container. This can be given to the child. See **Step 2** for step-by-step instructions on how to take milk from the breast and save it for the baby when the mother is not present.
Baby can't suckle the mother's breast correctly	Counsel Mother on proper positioning. The mother should be in a relaxed, comfortable position. She should support the baby's head, and wait until his mouth is wide open. The baby should attach to the breast with the nipple deep inside its mouth.  Good (left) and poor (right) attachment of infant to the mother's breast  Good (left) and poor (right) attachment - cross sectional view of the breast and baby
Pain due to cracked or engorged breast	Counsel Mother on proper attachment and detachment of baby from mother's breast. To sooth breast pain. For a breast that is so full of milk that the breast has pain.

ASK / LOOK: DRYNESS OR CRACKING OF NIPPLE

While looking at each breast, ask the mother if she has noticed her breast becoming dry and painful. Note if there is any redness or irritation outside of the areola or dark skinned portion of the nipples. This may be due to incorrect positioning or improperly removing the baby from the breast.

ASK / LOOK: SWELLING OR PAIN OF THE BREAST(S)

While looking at the breast for swelling, ask the mother if she feels pain because her breasts are so full when her baby starts to feed. This may be due to the baby not feeding at certain times such as the night.

SKILL DEVELOPMENT

Facilitator's Instructions
for use of video

1. In this section you will be presented with a *Breast Engorgement* video.
2. For video access instructions, please refer to Appendix H.

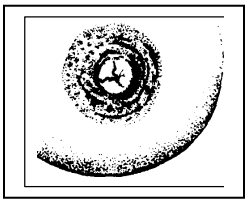
INCORRECT POSITIONING

If child is not correctly positioned to breastfeed, teach the mother the correct way to position the child. There will not be a referral. A follow-up visit will be made to insure that mother has learned to correctly position her child.

BREAST PROBLEM

If mother has difficulty breastfeeding due to cracking, engorgement and/or painful breast(s), teach the mother how to relieve the pain using information in the Home Treatment section below. The health care worker will schedule a follow-up visit to the mother and child again at their home.

SORE AND/OR CRACKED NIPPLES



- Do not pull your breasts out of the baby's mouth. Let the baby feed as long as it wants. When he is done, he will let go of the breast himself. If you need to stop before the baby is ready, pull down on his chin or gently put the tip of a clean finger into his mouth.
- Sooth sore nipples with breast milk at the end of a feeding. When the baby has stopped feeding, squeeze out a few drops of milk and rub them on the sore places.
- DO NOT use soap or cream on your breasts. The body makes a natural oil that keeps the nipples clean and soft.
- Avoid rough or tight clothing

- If possible, leave breasts open to air and sun. This helps them heal.
- Continue to feed from both breasts. Start on the less sore breast and then switch to the sorer breast when the milk is flowing.
- If the pain is too great when the baby suckles, remove the milk by hand and feed the baby with a cup or spoon. The sore should heal in 2 days.

SORE AND/OR ENGORGED (FULL) BREASTS

Treatment for pain or swelling in the breast:

- Feed the baby often, at least every 1 to 3 hours, and on both breasts.
- Sleep with baby nearby so you can breastfeed easily during the night.
- If the baby cannot suckle well, remove some milk by hand until the breast is soft enough. Let the baby try to attach to the breast and suckle again.
- After feeding, apply cool cloths or fresh cabbage leaves to the breasts.

The swelling should go down in three days. Swelling of the breast that doesn't improve can become a larger problem.

BREAST PAIN: BLOCKED DUCT OR MASTITIS

Treatment for blocked duct and mastitis:

1. Take the mother's temperature or feel if her forehead is hot.

2. Home Remedy for Breastfeeding Problems
   - The most important treatment is to continue breastfeeding minimally every two hours.
   - Apply warm, wet cloths to the painful breast for 15 minutes before breastfeeding.
   - Continue to feed the baby often, especially from the painful breast. Make sure the baby is holding the breast well in its mouth.
   - As the baby feeds, gently massage the lump, moving your fingers from the lump toward the nipple. This will help to clear the blocked duct.
   - If you cannot breastfeed, remove your milk by hand or use the warm-bottle method. Milk must continue to flow from the breast(s) to clear the blocked duct.
   - Wear loose-fitting clothing, and rest as much as you can.

Most mastitis clears up in one day (24 hours). Follow up in one day. **If no improvement is seen, if pain is severe, or if mother has a high fever, refer the mother to a health clinic.**

SAVING MILK FOR WHEN MOTHER IS AWAY FROM CHILD

STEP 1

Clean the jar before putting breast milk in it:

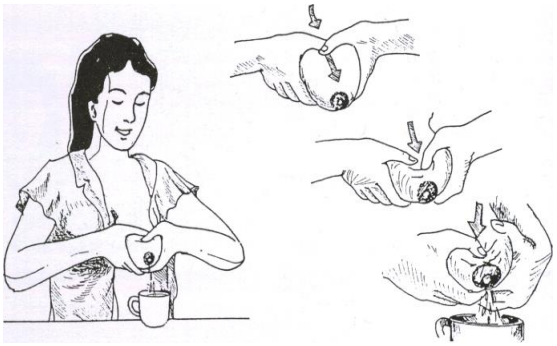
1. Wash and rinse a wide-mouth jar and lid with soap and clean water.
2. Leave the jar and the lid in the sun to dry.
3. Just before using the jar, boil water for 20 minutes and pour water into jar.
4. Wait a few minutes while the boiled water is in the jar and then pour it out (See pictures 1 and 2 in Procedure 5)

Wash your hands with soap and water before touching the jar or your breasts

STEP 2

Express milk from your breasts:

1. If possible, find a quiet place. Think about your child during the following procedure.
2. Place your fingers and thumb at the back edges of the nipple (the darker part)
3. Press in toward the chest (do not squeeze the nipple. The milk comes from behind the nipple)
4. Relax your fingers, moving them all around the nipple. You should not feel any pain.
5. Repeat several times on each breast.



STEP 3

How to store the expressed milk:

1. Keep the milk in the same jar. Keep the jar in a cool place away from sunlight. The milk can be used within 8 hours.

OR

2. You can bury the closed container in wet sand, clay pot with cool water or keep it wrapped in a cloth that is kept wet all the time, and it will keep for about 12 hours.

OR

3. If kept in a refrigerator, the milk lasts for 2-3 days. The cream (fat) in the milk will separate, so before giving it to the baby, shake the container to mix the milk. Heat it gently in warm water. Test the milk on your arm to make sure it is not too hot by shaking a few drops onto your arm.

At first, not much milk will come out. With practice, you will remove more milk. You will need to remove about half a cup of your milk for as many times as your child eats in a day or a minimum of 3 times per day. The person who gives the baby your milk when you are not around can let you know if there was enough.

Note: If you **start to practice two weeks before you return to work**, you will be able to remove enough milk by the time you must be separated from your baby.

EVALUATION OF BREASTFEEDING: MANAGEMENT OF RECORDING FORM

Facilitator's Instructions
for exercise with recording form

1. During this exercise you will receive and learn to use the Child Health Recording Form. Refer to the 'Breast Problems' section of this form.
1. Ask a fellow Home Health Promoter to pair with you
2. This session will not go in the community due to the sensitivity of the health problem. Drawings or a model can achieve the same goal. Assess for breast problem(s).

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
Check for breastfeeding problems	Does the child breastfeed?			If YES, continue to assess.
	Assess positioning of the baby: ▪ Is the baby's chin touching the mother's breast? ▪ Is the baby's mouth wide open? ▪ Is the lower lip of the baby turned outward? ▪ Is there more areola above the mouth rather than below? ▪ Is the baby suckling effectively?			If NO to any question, show mother the correct way to position the baby when breastfeeding. (See Chapter 12)
	Does mother complain of problems with breasts?			If YES, assess breasts
	▪ Is this the 3rd consecutive visit that the mother has had pain and/or cracking skin on the breasts? ▪ Does mother have severe pain and/or fever?			If YES, **Urgently Refer to Health Center.**
				If NO, teach home treatment.

AFTER EVALUATION: DEFINE WHAT TO DO AND HOW TO DO A REFERRAL

REFER THE MOTHER

1. Explain to the mother or caretaker the need for referral, and get her agreement to go. If she does not agree to go, ask questions.

2. Calm the mother's fears and help her resolve any problems.

3. Write a referral note or use the picture referral form for the mother to take with her to the hospital. Tell her to give it to the health worker there.

Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs

_____
_____

Treatment given

_____
_____

HHP Name: _____
Village: _____

4. Give the mother any supplies and instructions needed to care for herself on the way to the hospital.
   - If the hospital is far, give the mother additional supplies of any drug you may be using for the case and tell her when to take them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to take them.
   - Advise the mother to continue breastfeeding, if possible.
   - If the mother has dehydration and can drink, give her some Oral Rehydration Solution to sip frequently on the way.

CHAPTER 10. IMMUNISATION STATUS

OBJECTIVES

After the session, the participants will be able to:

- ✓ Discuss the importance of immunization for children before their first birthday.
- ✓ Identify the different types of immunizations needed by children and the recommended age for each.
- ✓ Cite the contraindications to immunization.
- ✓ Demonstrate skills in using the Immunization Card and the Child Health Recording Form
- ✓ Give follow-up care

CONTENT

- ✓ Importance of immunization
- ✓ Recommended age for different types of immunizations
- ✓ Contraindications to immunization
- ✓ Using the Immunization Card and Child Health Recording Form
- ✓ Follow-up care

METHODS

- ✓ Reflection sessions
- ✓ Sharing
- ✓ Demonstration
- ✓ Field practicum

MATERIALS

- ✓ Newsprint
- ✓ Vaccination card
- ✓ Recording form
- ✓ Pens or pencils

REFLECTION

Facilitator's Instructions

Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity / section in order to ensure that there is enough time for all the activities planned for the day.

1. Why is immunization important? Which diseases can be prevented by immunization?
2. Have you seen a child suffering from a disease which could have been prevented by immunization? How did you feel about it?
3. What are some common misconceptions or beliefs about immunization?
4. What are possible reasons not to immunize a child?
5. What are possible reasons some mothers do not have their child immunized? Do you think immunizations can be bad for a healthy child? Why?

DEFINITION

Immunisation is a substance that is put into a child's body by mouth or through an injection that acts to defend the body from specific diseases, such as the flu, polio, or measles.

IMMUNIZATIONS CHILDREN NEED

Name of immunisation	Disease it protects child against
BCG (Bacille Calmette–Guérin)	Tuberculosis (TB)
OPV	Polio
DPT	Diptheria Pertussis (whooping cough) Tetanus
Measles	Measles

All children should receive all the recommended immunisations before their first birthday

A child who is fully immunized is protected from **communicable** diseases such as measles or pertussis (whooping cough), which can be passed from person to person. Immunisations should be given only when the child is at the appropriate age for each dose.

Immunisations should be given only when the child is the appropriate age for each dose. If the child receives an immunisation when he or she is too young, the child's body will not be able to fight the disease very well. On the other hand, if the child receives the immunisation later than is recommended, his/her body is unprotected against those diseases until the immunisation is received.

The first preventive activity you will check for is the immunisation status. When you check the child's immunisation status you will use the chart "Check for immunisations." Look at the recommended immunisation schedule. If the child has not had an immunisation at the recommended age, he or she needs to receive that immunisation as soon as possible.

Contraindications to immunizations

There are only three situations at present that are reasons **not** to give an immunization:

1. Do not give BCG to a child known to have AIDS
2. Do not give DPT 2 or DPT 3 to a child who has had convulsions within three days of the most recent dose
3. Do not give DPT to a child with recurrent convulsions.

How to Decide if a Child Needs Immunization Today

Facilitator's Instructions
When you check the child's immunisation status, you will use the chart "check for immunisations" based on South Sudan's Ministry of Health immunisation schedule.

A table is provided on the child health record form. Go to the age of the child. Look at the vaccinations up to that age. Circle any immunisations that have not been given.

CHECK FOR IMMUNISATIONS

Age	At Birth	6 weeks	10 weeks	14 weeks	9 months
Immunisation	BCG	OPV1	OPV2	OPV3	Measles
	OPV	DPT1	DPT2	DPT3	

Decide if Child Needs Immunization

LOOK

- At the child's age on the health recording form

ASK

- The mother if the child has an immunization card

If NO, refer the child to the nearest clinic using a referral form.

If YES, ask to see the card

ASK/LOOK

- Compare the child's record with the recommended immunization schedule
- If incomplete, circle the missing immunizations on the health record form. Then, refer the child to the nearest clinic with a referral form stating which immunizations are missing.
- If the child has a complete immunization record, please congratulate the mother.

SKILL DEVELOPMENT

Facilitator's Instructions
for exercise with vaccination card

1. In this section you will receive an empty immunization card.
2. The facilitator will ask you to fill up the immunization card according to a case example.
3. Pair with another Home Health Promoter and revise each other's immunization card.
4. Share your findings with the group.

EVALUATION OF IMMUNIZATION STATUS: MANAGEMENT OF RECORDING FORM

Facilitator's Instructions
for exercise with recording form

1. During this exercise you will receive and learn to use the Child Health Recording Form.
2. Ask a fellow Home Health Promoter to pair with you
3. Go out into the community and visit three houses each, where a child under two years of age is present
4. Ask the mother for permission to evaluate the child's immunization status.

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
Check for immunizations	In the table below, go to the age of the child. Check if the immunizations up to this age were given. Circle those that have not been given.			If child has NOT received an immunization for his/her age, then child has incomplete immunization schedule. Refer to health center for immunization Inform caretaker on advantages of immunization.

AGE	*At Birth*	*6 Weeks*	*10 Weeks*	*14 Weeks*	*9 Months*
VACCINE	OPV	OPV 1	OPV 2	OPV 3	Measles
	BCG	DPT 1	DPT 2	DPT 3	

WHAT TO DO AFTER EVALUATION: DEFINE WHAT TO DO AND HOW TO DO A REFERRAL

REFER THE CHILD

1. Explain to the mother or caretaker the need for referral, and get her agreement to take the child. If she does not agree to take the child, ask questions.

2. Calm the mother's fears and help her resolve any problems.

3. Write a referral note or use the picture referral form for the mother or caretaker to take with her to the hospital. Tell her to give it to the health worker there.

Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs

_____
_____

Treatment given

_____
_____

HHP Name: _____
Village: _____

4. Give the mother any supplies and instructions needed to care for her child on the way to the hospital.
   - If the hospital is far, give the mother additional supplies of any drug you may be using for the case and tell her when to give them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to give them.
   - Tell the mother how to keep the child warm during the trip.
   - Advise the mother to continue breastfeeding.
   - If the child has some or severe dehydration and can drink, give the mother Oral Rehydration Solution for the child to sip frequently on the way.

CHAPTER 11. VITAMIN A SUPPLEMENTATION

OBJECTIVES

After the session, the participants will be able to:

- ✓ Explain the importance of vitamin A in the body.
- ✓ Identify the most common food sources of vitamin A.
- ✓ Cite the effects of vitamin A deficiency.
- ✓ Recognize the importance of vitamin A supplementation among children between the ages of 6 months to 5 years.
- ✓ Demonstrate skills in using the Child Health Recording Form

CONTENT

- ✓ Importance of vitamin A
- ✓ Sources of vitamin A
- ✓ Effects of vitamin A deficiency
- ✓ Using the Child Health Recording Form

METHODS

- ✓ Reflection Sessions
- ✓ Sharing
- ✓ Practice exercise
- ✓ Field practicum

MATERIALS

- ✓ Paper
- ✓ Pens or pencils
- ✓ Recording form

REFLECTION

Facilitator's Instructions
Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity/section in order to ensure that there is enough time for all the activities planned for the day.

1. In your community what are the most common types of food given to children?
2. Do adults and children eat at the same time? Same amount? Same type of food?
3. What type of foods do you think are rich in vitamin A? Are they available in your community?
4. What are the advantages of consuming vitamin A?
5. What do you think are the main consequences of not consuming vitamin A?

DEFINITION

Vitamin A promotes growth in children and reduces the severity of infectious illnesses, especially measles and chronic diarrhoea. When there is not enough Vitamin A in the body to carry out the body's regular functions, it leads to vitamin A deficiency. Vitamin A deficiency causes poor growth, lowered resistance to infections, night blindness, permanent blindness and death. To prevent vitamin A deficiency, children need sources of vitamin A like breast milk, eggs, yellow fruits, or dark green leafy vegetables. Local foods should be discussed for each of these. It is best to eat a source of fat such as butter, milk, cheese, or meat with foods high in vitamin A.

Vitamin A supplementation (when given as capsules or syrup) for children under 5 years of age reduces the chances of dying from measles, diarrhoea, and the other diseases. One high-dose supplement of vitamin A is sufficient to fully increase a child's store of vitamin A for a period of six months. This is why supplementation of vitamin A is recommended every six months.

SKILL DEVELOPMENT

Facilitator's Instructions
Ask the participants to name foods high in vitamin A. List these on the newsprint paper. Check to see that the list includes dark leafy green vegetables, orange vegetables, and yellow or orange fruits. Explain that vitamin A is best used by the body when it is accompanied by a small amount of fat such as butter, cheese, milk, or meat.

Decide if Child Needs Vitamin A Supplementation

LOOK

- At the child's age on the health recording form
  - Children who <u>are not</u> breastfed should receive a first dose of vitamin A at 3 months
  - Children who <u>are</u> breastfed should receive a first dose of vitamin A at 9 months

ASK

- If the child has received vitamin A in the last 6 months

If YES, and the child is older than 3 months and <u>is not</u> breastfed or is older than 9 months and <u>is</u> breastfed, congratulate the mother.

If NO:

- Inform the mother about the benefits of vitamin A for the health of her child, the food sources from where vitamin A can be obtained, and relevant activities in the community
- If the child is older than 3 months and is not breastfed, or is older than 9 months and is breastfed, refer the mother to a community health worker.

SKILL DEVELOPMENT

VITAMIN A SUPPLEMENTATION SCHEDULE

Vitamin A is given orally every six months up to the age of 5 years. If a child IS NOT breastfed, the recommended first dose is at 3 months. If a child IS breastfed, the recommended first dose is at 9 months.

AGE	<6 months	6-12 months	>12 months
DOSE	50,000 IU Only if child is NOT breastfed	100,000 IU	200,000 IU

EVALUATION OF VITAMIN A STATUS: MANAGEMENT OF RECORDING FORM

Facilitator's Instructions
for exercise with recording form

1. During this exercise you will receive and learn to use the Child Health Recording Form
2. Ask a fellow Home Health Promoter to pair with you
3. Go out into the community and visit three houses each, where a child under two years of age is present
4. Ask the mother for permission to evaluate the child's vitamin A status.

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
Check for vitamin A supplementation	▪ If the child is at least three months old and <u>is not</u> breastfed, or ▪ 9 months old and <u>is</u> breastfed, has he/she received vitamin A within the last 6 months?			If NO, child *<u>has not received vitamin A.</u>* Inform caretaker of the importance of vitamin A and refer to a distribution point.

CHAPTER 12. ESSENTIAL NEWBORN CARE

OBJECTIVES

After the session, the participants will be able to:

- ✓ Explain the importance of essential newborn care.
- ✓ Identify the most common steps for immediate newborn care.
- ✓ Obtain and apply skills on essential newborn care.
- ✓ Demonstrate skills in using the Child Health Recording Form

CONTENT

- ✓ Prepare for a birth
- ✓ Essential newborn care

METHODS

- ✓ Reflection session
- ✓ Sharing
- ✓ Practice exercise
- ✓ Video
- ✓ Field practicum

MATERIALS

- ✓ Paper
- ✓ Pens or pencils
- ✓ Recording and Referral forms
- ✓ Newborn care materials
- ✓ Training mannequins
- ✓ Video

REFLECTION

Facilitator's Instructions
Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity / section in order to ensure that there is enough time for all the activities planned for the day.

1. In your community have you witnessed the delivery of a baby? Was the baby delivered at home? Did you attend the delivery? If not, who did?

2. What happened when the baby was born? What actions did you or the birth attendant take?

3. What do you think are the most important steps to take when caring for a normal newborn?

4. Why do you think women in the community have their babies at home? What do you think are the major barriers that prevent them from going to a health facility?

DEFINITION

A **newborn** is a baby from birth to 28 days.
Ventilation is a way to help a newly born baby to breathe.

The safest place to deliver a baby is in a hospital or health facility.

Preparing for a birth includes:
- Identifying a helper and reviewing an emergency plan
- Washing hands – both the HPP and the mother
- Preparing an area for ventilation and checking all equipment

Essential newborn care includes:
- Preventive care
- Early detection of problems or danger signs
- Appropriate referral and care-seeking

Basic preventive newborn care includes:
- Clean delivery practices
- Newborn stimulation
- Ensuring that the baby's airways (mouth and nose) are clear
- Temperature maintenance: drying, warming (wrapping), and providing skin-to-skin contact
- Eye and cord care following national policy guidelines
- Initiation of early and exclusive on-demand breastfeeding day and night.

- Early detection of problems or danger signs (with priority for neonatal asphyxia and sepsis) and appropriate referral and care-seeking.

Essential newborn care in the first week of life includes:

- Exclusive and frequent breastfeeding
- Clean cord care
- Temperature maintenance: wrapping him/her (including the head) in a fresh clean dry cloth, skin-to-skin contact, using warm water for baths, immediately drying the baby after bathing, using appropriate clothing based on the environmental temperature
- Early detection of problems or danger signs (with priority for sepsis) and appropriate referral and care-seeking

PREPARE FOR THE BIRTH

It is important that the Home Health Provider communicate to all pregnant women that the safest place to deliver a baby is in a hospital or health facility. In case of an unexpected birth at home, the following steps should be taken to help the baby after it is born.

Identify a helper and review an emergency plan

Identify someone who can help you if the baby needs help to breathe. The emergency plan should include communication with and transportation to a health facility.

Wash hands

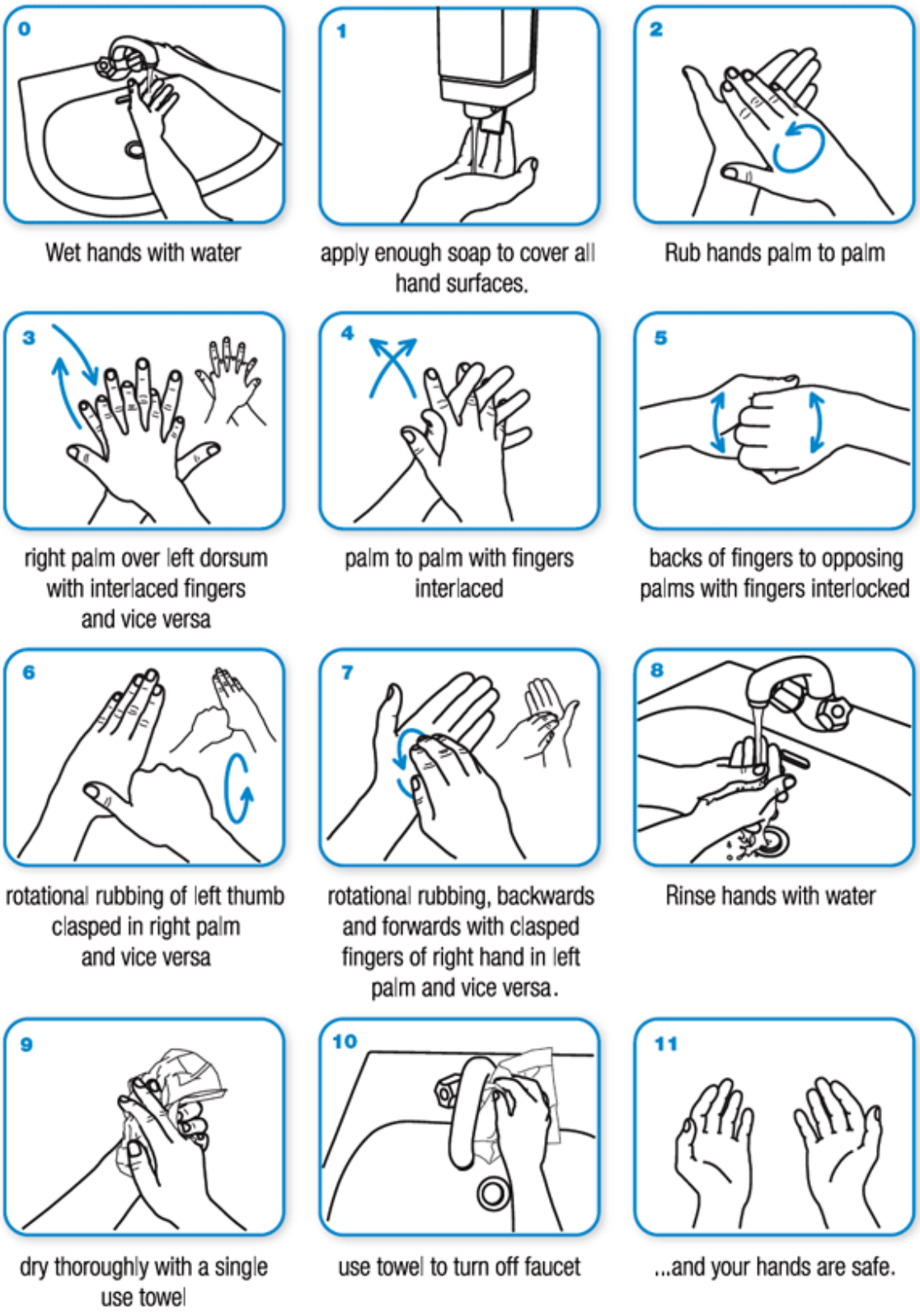
Both the mother and the HPP must wash their hands. Good hand washing prevents the spread of harmful germs to the baby. When available, use clean, running water and soap. The pictures on the next page show an example of good hand washing. Re-wash hands when necessary.

Prepare an area for ventilation, including a suction device and bag-mask, and check all equipment

Prepare a dry, flat, and safe space for the baby to receive ventilation if necessary. Check all supplies, and keep equipment clean. Test the bag and mask to be sure it is working correctly.

AAP, 2010

CLEAN HANDS PROTECT AGAINST INFECTION



WHO http://www.who.int/gpsc/clean_hands_protection/en/ 12.9.2012

IF THE NEWBORN IS NOT BREATHING WITHIN ONE MINUTE OF BIRTH, FOLLOW INSTRUCTIONS FOR RESUSCITATION (CHAPTER 13).

WASH HANDS

Anyone who will touch the baby must wash hands with soap and water to prevent harmful germs from harming the baby.

KEEPING THE BABY WARM

1. Dry the baby immediately after birth. Discard the wet cloth.
2. Place him on the mother's chest with skin-to-skin contact and cover with a dry cloth. Place a cap on the baby's head.
3. Do not bathe the baby until at least 24 hours after delivery.

EYE CARE

Apply tetracycline eye ointment to the infant's eyes within one hour after delivery, according to national policy guidelines, to prevent infections that could produce blindness in the newborn.

DAILY CORD CARE

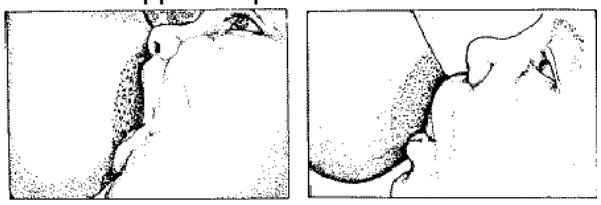
The most important care practices during the first 10 days of life are:

1. Hand-washing before manipulating the umbilical cord
2. Gently dabbed the umbilical cord stump with a moistened cotton ball in 4% chlorhexidine
3. Gently clean the base of the stump and the skin immediately around the base with a second chlorhexidine moistened cotton ball.

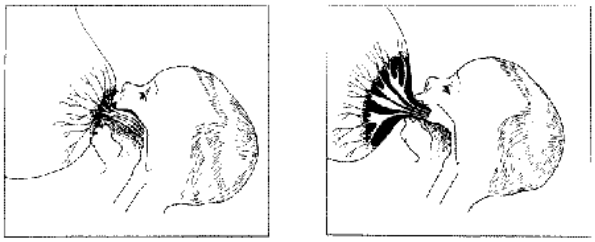
BREASTFEEDING: (also see Chapter 9)

If the baby can't suckle the mother's breast correctly

Counsel Mother on proper positioning. The mother should be in a relaxed, comfortable position. She should support the baby's head, and wait until his mouth is wide open. The baby should attach to the breast
with the nipple deep inside its mouth.



Good (left) and poor (right) attachment of infant to the mother's breast



Good (left) and poor (right) attachment - cross sectional view of the breast and baby

SKILL DEVELOPMENT

1. Using the training mannequin, work with a partner to practice preparing for a birth. One of you will take the role of the community health worker, and the other will take the role of assistant. Switch roles and repeat the exercise.

2. Using the training mannequin, work with a partner to practice providing newborn care. One of you will take the role of the community health worker, and the other will take the role of assistant. Switch roles and repeat the exercise.

EVALUATION OF THE NEWBORN USING THE NEWBORN CARE RECORDING FORM

SKILL DEVELOPMENT

1. During this exercise, you will receive and learn to use the Newborn Health and Recording Form for infants age 0-28 days. Refer to the "Newborn Care" section of this form.
2. With a partner, practice filling out the form.

NEWBORN HEALTH RECORDING FORM (0-28 DAYS)

Date: _____

Name of Child:_____

Age in Days: _____ Sex _____ Weight: _____kg

BIRTH ONLY	LOOK/ASK	WHAT TO DO
CHECK FOR BREATHING WITHIN THE FIRST MINUTE	Is Newborn ▪ Not crying or breathing regularly?	If YES, Help the baby breathe: ▪ Keep the baby warm ▪ Position the head ▪ Clean the mouth and nose ▪ Stimulate breathing If baby is still not breathing well, ▪ Ventilate with bag and mask ▪ Give 40 breaths per minute ▪ Observe once per minute Stop when baby is breathing well or declare as stillbirth if no breathing at 10 minutes. If baby needed help to breathe, **Urgently Refer to Health Center**
Newborn Care	Is baby newly born?	If YES, ▪ Dry baby ▪ Maintain temperature ▪ Eye care ▪ Cord Care ▪ Initiate breastfeeding

WHAT TO DO AFTER EVALUATION: DEFINE WHAT TO DO AND HOW TO DO A REFERRAL

Refer the Child

1. Explain to the mother or caretaker the need for referral, and get her agreement to take the child. If she does not agree to take the child, ask questions.

2. Calm the mother's fears and help her resolve any problems.

3. Write a referral note or use the picture referral form for the mother or caretaker to take with her to the hospital. Tell her to give it to the health worker there.

Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs

_____
_____

Treatment given

_____
_____

HHP Name: _____
Village: _____

4. Give the mother any supplies and instructions needed to care for her child on the way to the hospital.
   - If the hospital is far, give the mother additional supplies of any drug you may be using for the case and tell her when to give them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to give them.
   - Tell the mother how to keep the child warm during the trip.
   - Advise the mother to continue breastfeeding.
   - If the child has some or severe dehydration and can drink, give the mother Oral Rehydration Solution for the child to sip frequently on the way.

CHAPTER 13. NEWBORN ASPHYXIA AND RESUSCITATION

OBJECTIVES

After the session, the participants will be able to:

- ✓ Explain the importance for a newborn to breathe within one minute after delivery.
- ✓ Identify the most common signs of birth asphyxia.
- ✓ Obtain and apply skills on newborn resuscitation and newborn care.
- ✓ Demonstrate skills in using the Child Health Recording Form.

CONTENT

- ✓ The importance of the first minute
- ✓ Birth asphyxia and newborn resuscitation
- ✓ Action plan and referral

METHODS

- ✓ Reflection session
- ✓ Sharing
- ✓ Practice exercise
- ✓ Video
- ✓ Field practicum

MATERIALS

- ✓ Paper
- ✓ Pens or pencils
- ✓ Recording and Referral forms
- ✓ Training mannequins
- ✓ Bag and mask
- ✓ Video
- ✓ Timer

REFLECTION

Facilitator's Instructions
Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity / section in order to ensure that there is enough time for all the activities planned for the day.

1. In your community have you witnessed or heard about a stillborn child or a child who had problems during delivery with serious health consequences thereafter?

2. Do you know what the mother or caretaker reported for how the condition started?

3. Did the mother or caretaker look for help? If yes, from whom? If no, why not?

4. What are some danger signs that a newborn is having problems at delivery?

It is important that the Home Health Provider communicate to all pregnant women that the safest place to deliver a baby is in a hospital or health facility. In case of an unexpected birth at home, the following steps should be taken to help the baby after it is born.

DEFINITIONS

Neonatal Asphyxia is a very serious condition in which a lack of oxygen can kill a baby or produce severe damage to the brain and the entire nervous system. When a baby suffers from a lack of oxygen during a long period of time, the baby could have mental retardation, deafness, blindness, and/or paralysis.

The First Minute: The normal time for a baby to start breathing after delivery is ONE MINUTE. A baby who does not breathe within one minute after birth needs help to breathe.

Every newborn must be breathing well by one minute after birth. Otherwise, you should start helping that baby to breathe.

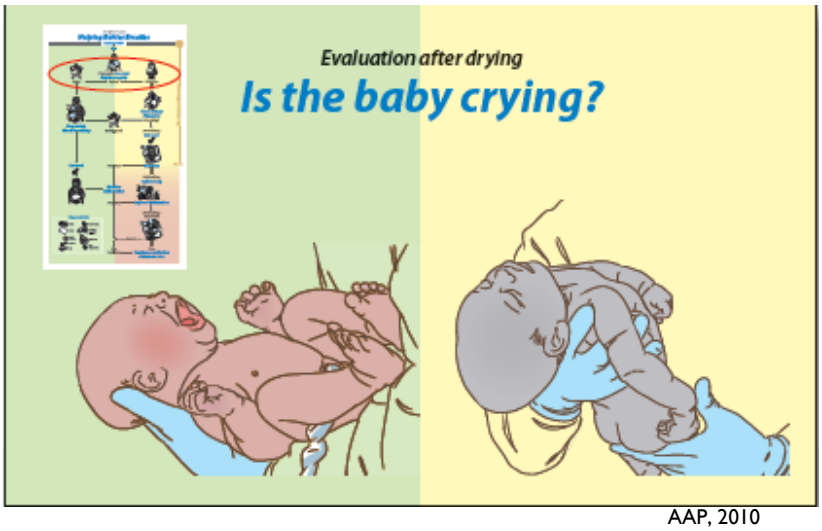
A health volunteer trained in management of newborn asphyxia can help a baby who does not breathe. As a health volunteer trained to help a newborn to breathe, you can save the lives of newborns in your community.

Decide if Child Needs Resuscitation

Immediately after drying,

ASK

- Is the baby crying? About 1 in 10 babies needs help to breathe within the first minute.



AAP, 2010

If NO, the baby is suffering from neonatal asphyxia and needs help to breathe

ACTIONS

If the baby is not crying or breathing well after drying, you will need to help the baby to breathe in the first minute.

AAP, 2010

KEEP THE BABY WARM

Place the baby skin-to-skin on the mother's chest/abdomen. If that is not possible, place the baby on a warm, dry blanket beside the mother. Cover the baby's head.

POSITION THE HEAD

Extend the baby's head so that his or her nose is pointing to the roof. If the neck is not extended, air may not enter freely.

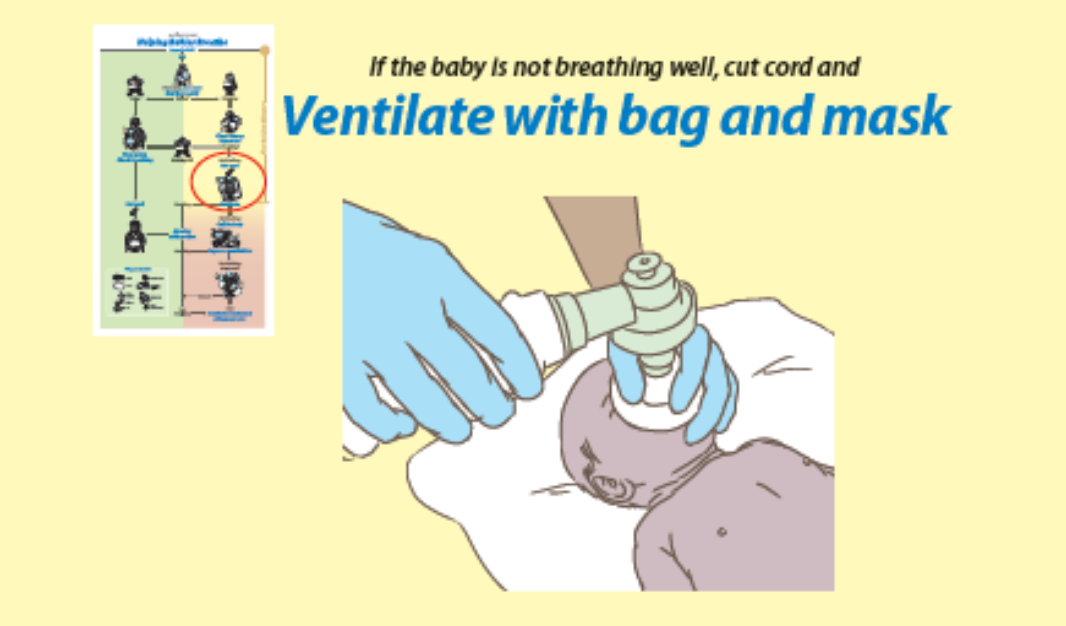
CLEAN THE MOUTH AND NOSE

Clear the mouth and then the nose with a clean suction devise or wipe. Clear the mouth first to remove the largest amount of secretions before the baby gasps or cries. After cleaning the mouth, clean the nose with the suction devise to clear the nose from secretions. When using bulb suction, squeeze the bulb before inserting the tip in the mouth and nose and release before withdrawing the bulb. Continue suctioning until secretions are cleared.

STIMULATE BREATHING

Gently rub the back once or twice.
Drying, clearing the mouth and nose, and stimulating breathing should take less than 1 minute.

Ventilation with bag and mask is the most effective way to help a baby who is not breathing or is gasping. Ventilation opens the lungs with air.



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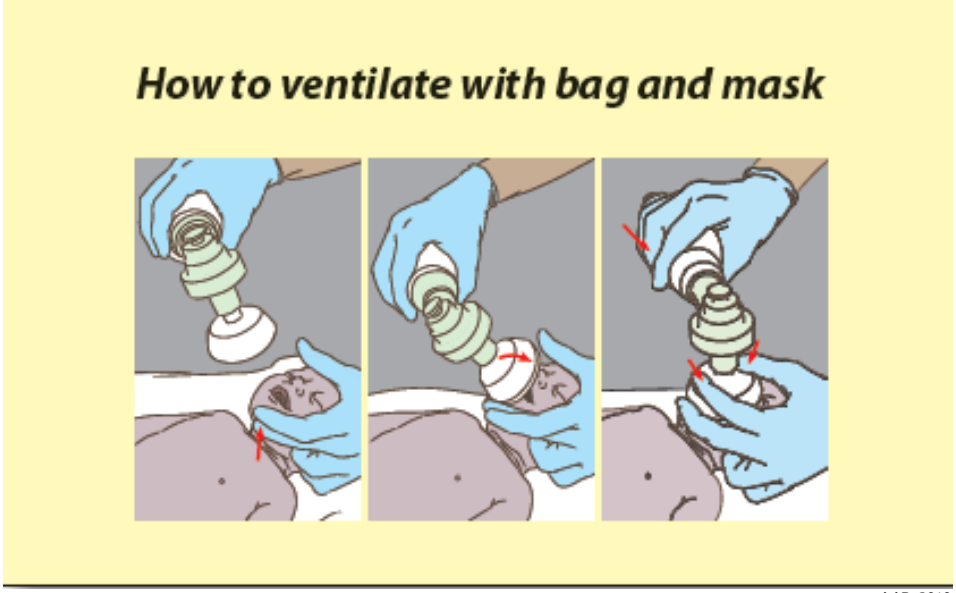

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ACTIONS

STAND AT THE BABY'S HEAD

You will need to control the position of the head and look for movements of the chest.

SELECT THE CORRECT MASK

The mask should cover the chin, mouth, and nose, but not the eyes. The mask should make a tight seal on the face so air will enter the baby's lungs.

POSITION THE HEAD SLIGHTLY EXTENDED

You will need to control the position of the head and look for movements of the chest. To keep the baby's neck extended place a folded cloth under shoulders to extend the neck.

POSITION THE MASK ON THE FACE

The mask should cover the chin, mouth, and nose, but not the eyes. The mask should make a tight seal on the face so air will enter the baby's lungs. Open the mouth. Place the mask on mouth and nose.

MAKE A FIRM SEAL BETWEEN THE MASK AND THE FACE WHILE SQUEEZING THE BAG TO PRODUCE A MOVEMENT OF THE CHEST

Hold the mask on the face with the thumb and index finger on top of the mask. Squeeze the bag to produce a movement of the chest, as if the baby were taking an easy breath. Make sure there is no leak between the mask and the baby's face.

GIVE 40 BREATHS PER MINUTE

Count "one, two, three….one, two, three…." If you squeeze the bag as you say "one," and release while you say "two, three," you will ventilate at a rate that helps air move into and out of the lungs well.

EVALUATING THE BABY DURING VENTILATION

Some babies improve quickly and begin breathing well after brief ventilation.
Some babies required continued ventilation with bag and mask.

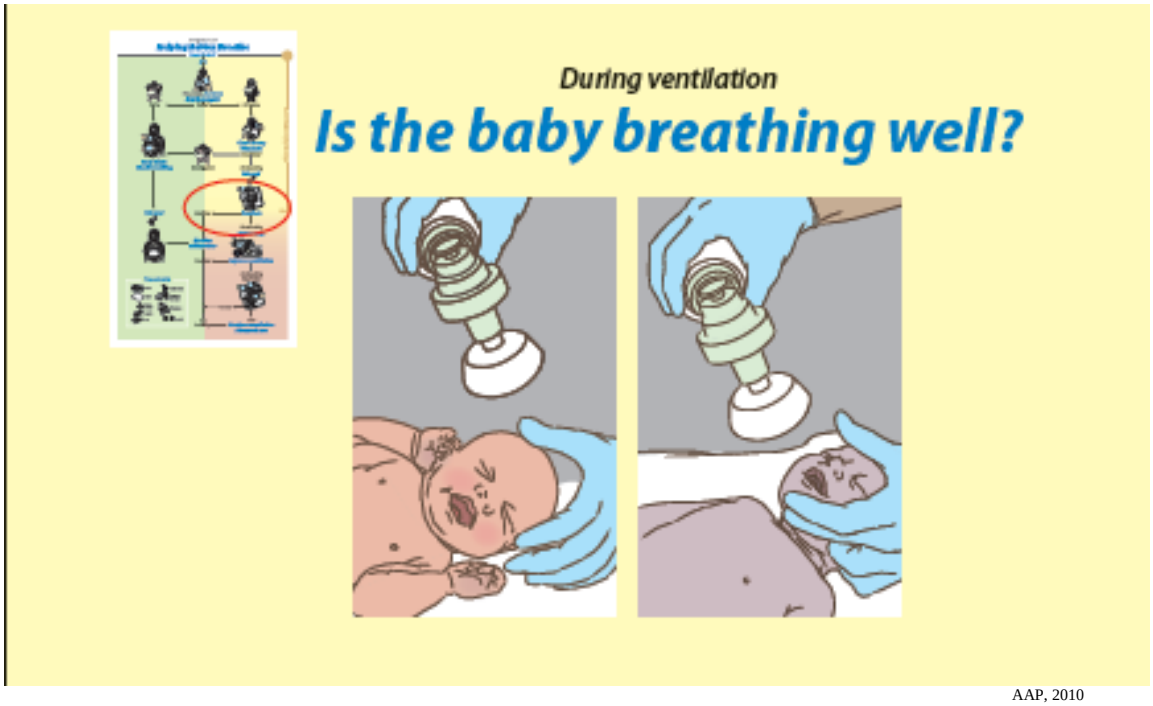
- Stop and observe for spontaneous breathing once every minute
- Stop ventilating either when the baby begins breathing spontaneously or, if no breathing at 10 minutes, declare as stillbirth

ASK

- Is the baby breathing well?

LOOK

- Is the baby crying and breathing quietly and regularly?



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EVALUATION OF THE NEWBORN BREATHING STATUS: MANAGEMENT OF THE RECORDING FORM

SKILL DEVELOPMENT

1. During this exercise you will receive and learn to use the Newborn Health Recording Form for infants ages 0-28 days. Refer to the "CHECK FOR BREATHING WITHIN THE GOLDEN MINUTE" section of this form.

2. With a partner, practice filling out the form.

BIRTH ONLY	LOOK/ASK	NO	YES	WHAT TO DO
CHECK FOR BREATHING WITHIN THE FIRST MINUTE	Is Newborn ▪ Not crying or breathing regularly?			If YES, Help the baby breathe: ▪ Keep the baby warm ▪ Position the head ▪ Clean the mouth and nose ▪ Stimulate breathing If baby is still not breathing well, ▪ Ventilate with bag and mask ▪ Give 40 breaths per minute ▪ Observe once per minute Stop when baby is breathing well or declare as stillbirth if no breathing at 10 minutes. If baby needed help to breathe, **Urgently Refer to Health Center** after baby is breathing normally.

Any newly born child needing ventilation must be URGENTLY REFERRED to a health facility after he/she is breathing normally.

Facilitator's Instructions
for use of video

1. In this section you will be presented with a *Resuscitation Positioning* video showing proper positioning during resuscitation.
2. For video access instructions, please refer to Appendix H.

WHAT TO DO AFTER EVALUATION: DEFINE WHAT TO DO AND HOW TO DO A REFERRAL

Refer the Child

1. Explain to the mother or caretaker the need for referral, and get her agreement to take the child. If she does not agree to take the child, ask questions.

2. Calm the mother's fears and help her resolve any problems.

3. Write a referral note or use the picture referral form for the mother or caretaker to take with her to the hospital. Tell her to give it to the health worker there.

Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs

_____
_____

Treatment given

_____
_____

HHP Name: _____
Village: _____

4. Give the mother any supplies and instructions needed to care for her child on the way to the hospital.
   - If the hospital is far, give the mother additional supplies of any drug you may be using for the case and tell her when to give them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to give them.
   - Tell the mother how to keep the child warm during the trip.
   - Advise the mother to continue breastfeeding.
   - If the child has some or severe dehydration and can drink, give the mother Oral Rehydration Solution for the child to sip frequently on the way.

CHAPTER 14. NEWBORN CARE: GENERAL DANGER SIGNS

OBJECTIVES

At the end of the session, the participants will be able to:
- ✓ Recognize the general danger signs in sick newborn children.
- ✓ Demonstrate skills in using the Child Health Recording Form
- ✓ Demonstrate skills in referring a sick child to the hospital.

CONTENT

- ✓ General Danger Signs
- ✓ Basic assessment of general danger signs
- ✓ Steps in referral

METHODS

- ✓ Reflection session
- ✓ Mini-lecture
- ✓ Field practicum
- ✓ Video exercise
- ✓ Practice exercise through recording form
- ✓ Lecture-discussion

MATERIALS

- ✓ Paper
- ✓ Pens or pencils
- ✓ Recording form
- ✓ Referral form
- ✓ Video

REFLECTION

Facilitator's Instructions
Divide the participants into small groups. Ask each group to reflect on the following questions. Then share reflections with group. The facilitator should know how much time is allotted for each activity / section in order to ensure that there is enough time for all the activities planned for the day.

1. Have you ever been in the presence of a very sick or dying newborn?
2. What were the signs that the newborn was very sick or dying?
3. What condition was the newborn suffering from?
4. What did the mother or caretaker report for how the condition started?
5. If the newborn was at a very sick stage, did the mother or caretaker seek help before the condition progressed to this stage?
6. What are some danger signs that a newborn child is very sick or dying?

DEFINITION

Newborns with a general danger sign need **URGENT referral to a clinic**. They may need lifesaving treatment with intravenous antibiotics inserted into the vein, oxygen, or other treatments that usually are only available at hospitals. If no hospital is available, refer mother and child to the nearest health facility or clinic.

If a newborn has any of the following symptoms, he/she may have a very severe disease and requires **URGENT referral to a clinic**:

- ✓ Not able to breastfeed
- ✓ Convulsion
- ✓ Chest indrawing
- ✓ Fast breathing
- ✓ Skin hot or cold
- ✓ Only moves when touched

Check for General Danger Signs (very severe disease)

ASK

- Is the child able to breastfeed?
- Has the baby had fits or convulsions?

LOOK/FEEL

- Count the breaths in one minute. Repeat the count if 60 or more breaths per minute
- Look for chest indrawing
- Feel the baby's skin. Is it hot or cold?
- Look at the newborn's movements. *If infant is sleeping, ask the mother to wake him/her.*
- Does the infant move on his/her own?
- If the infant is not moving, gently stimulate him/her
- Does the infant move only when stimulated but then stop?
- Is the child breastfeeding?

How to Recognize Danger Signs

ASK: Is the newborn able to breastfeed?

A child has the sign "not able to breastfeed" if the child is not able to suck or swallow when offered breast milk. When you ask the mother if the child is able to breastfeed, make sure that she understands the question. If she says that the child is not able to breastfeed, ask her to describe what happens when she offers her breast to the child. If you are not sure about the mother's answer, ask her to offer the child breast milk. Look to see if the child is swallowing the breast milk.

Refer to Chapter 12: Breastfeeding for more information.

ASK: Has the newborn had convulsions?

A child has the sign "convulsions" if the mother or caretaker reports the child has had convulsions during this current illness. During a convulsion, the child has trembling movements of the entire body. The child's arms and legs stiffen because the muscles are contracting. The child may lose consciousness or not be able to respond to voices. Ask the mother if the child has had convulsions, or use words she may know as "convulsions" such as "fits" or "spasms."

LOOK: Is there chest indrawing?

Look for the sign "chest indrawing" when the child breathes IN. Chest indrawing occurs when the effort the child needs to breathe IN is much greater than normal. In normal breathing the whole chest wall and the abdomen move OUT when the child breathes IN. When chest indrawing is present, the lower chest goes IN when the child breathes IN. Look at the lower chest wall (the lowest-last rib, where chest meets the abdomen). **For chest indrawing to be present, it**

must be clearly visible and present all the time. If you only see chest indrawing when the child is crying or feeding, the child does not have chest indrawing.

LOOK: IS THERE FAST BREATHING?

You must count the breaths the child takes in one minute to decide if the child has fast breathing. The child must be quiet and calm when you look and listen to his breathing. If the child is frightened, crying or angry, you will not be able to obtain an accurate count of the child's breaths. Tell the mother you are going to count her child's breathing. Remind her to keep her child calm. If the child is sleeping, do not wake the child.

To count the number of breaths in one minute, use the timer and the counting beads in your kit. Look for breathing movement anywhere on the child's chest or abdomen. Set the timer, and move one bead each time the child breathes OUT. When the timer rings, count the beads you moved. If the breathing measures more than 60 breaths per minute, measure again. If these are not available, use a watch with a second hand or a digital watch and count the breaths. It may be helpful if an assistant keeps the time while you count the child's breaths.

Fast breathing in a newborn child is 60 breaths per minute or more.

ASK AND LOOK: IS THE SKIN HOT OR COLD?

Feel the child's abdomen (belly/tummy) with the back of your hand. If the abdomen is noticeably hot or cold, the child has a fever (if hot) or hypothermia (if cold). If you are unsure whether or not the child is hot or cold, ask the mother if the child is hot or cold. If the mother states that the child is hot or cold, child has an abnormal temperature.

ASK AND LOOK: IS THE BABY VERY SLEEPY OR UNCONSCIOUS?

Ask the mother if the child seems unusually sleepy or if she cannot wake the child. Look to see if the child wakens when the mother talks to the child, gently shakes the child or clasp her hands near the child. A very sleepy child is not awake and alert when he/she should be. Often the very sleepy child does not look at his mother or watch your face when you talk. The child may stare blankly or without any facial expression appearing to not notice what is going on around him. An unconscious child cannot be awakened.

SKILL DEVELOPMENT

Facilitator's Instructions
for use of video

1. In this section, the HHPs will be presented with a *Newborn Danger Signs* video.
2. For video access instructions, please refer to Appendix H.

Evaluation of Danger Signs: Management of the Newborn Health Recording Form

Facilitator's Instructions
for exercise with recording form

1. During this exercise you will receive and learn to use the Newborn Health Recording Form. The "Check For General Danger Signs" section of this form is illustrated below this box.
2. Ask a fellow Home Health Promoter to pair with you.
3. Go out into the community and visit three houses each, where there is a child under two years of age.
4. Check for general danger signs and complete the form accordingly.

CHECK FOR PROBLEM	LOOK/ASK	NO	YES	WHAT TO DO
CHECK FOR GENERAL DANGER SIGNS	▪ Not able to breastfeed? ▪ Convulsions? ▪ Chest indrawing? ▪ Fast breathing? (more than 60 breaths per minute) ▪ Skin hot or cold ▪ Movement only when stimulated?			If YES to ANY question, **Urgently Refer to Health Center**

If the newborn has a general danger sign, STOP the rest of the assessment immediately. This child has a severe problem. There must be no delays in his or her treatment. URGENTLY REFER TO A HOSPITAL OR HEALTH CENTER.

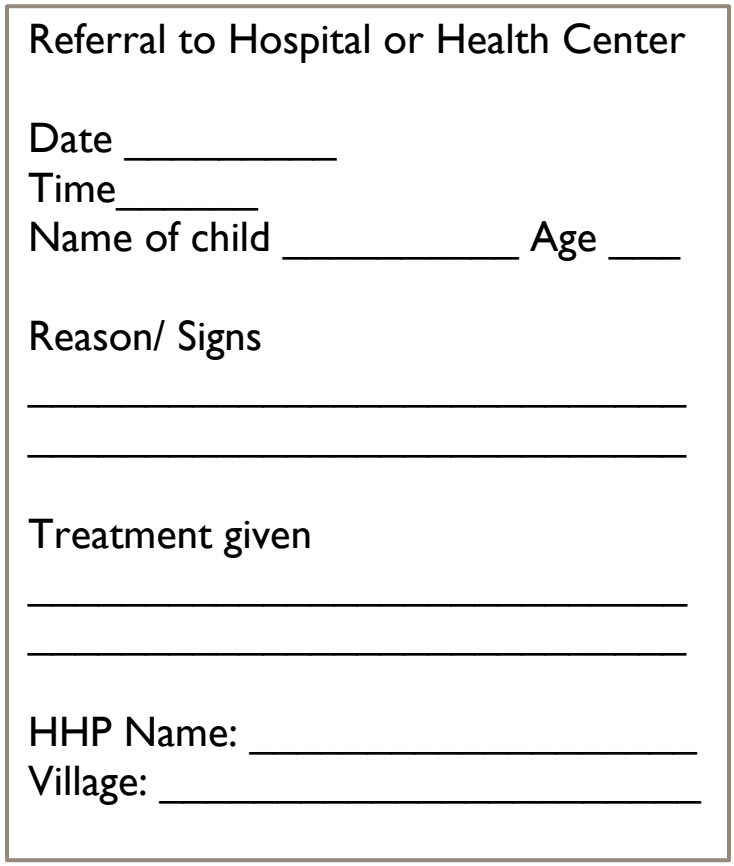
What to do After Evaluation: Define What to do and How to do a Referral

Refer the Child

1. Explain to the mother or caretaker the need for referral, and get her agreement to take the child. If she does not agree to take the child, ask questions.

2. Calm the mother's fears and help her resolve any problems.

3. Write a referral note or use the picture referral form for the mother or caretaker to take with her to the hospital. Tell her to give it to the health worker there.



Referral to Hospital or Health Center

Date _____
Time_____
Name of child _____ Age ___

Reason/ Signs

_____
_____

Treatment given

_____
_____

HHP Name: _____
Village: _____

4. Give the mother any supplies and instructions needed to care for her child on the way to the hospital.
   - If the hospital is far, give the mother additional supplies of any drug you may be using for the case and tell her when to give them during the trip. If you think the mother will not actually go to the hospital, give her the full course of treatment, and teach her how to give them.
   - Tell the mother how to keep the child warm during the trip.
   - Advise the mother to continue breastfeeding.
   - If the child has some or severe dehydration and can drink, give the mother Oral Rehydration Solution for the child to sip frequently on the way.

ANNEXES

ANNEX A: FOLLOW-UP VISITS

Advise the mother when you will be returning to her home for a follow-up visit.

If the child has	Follow-Up In
Pneumonia Diarrhea Malaria, if fever persists,	2 Days
Any other illness, if not improving	5 Days

PNEUMONIA

After 2 days: check for general danger signs. Assess the child for cough or difficult breathing. Refer back to the General Danger Signs (Chapter 5) and Cough or Difficult Breathing (Chapter 6) sections of the manual.

ASK: Is the child breathing slower?
Is there less fever?
Is the child eating better?

Treatment:

- **If chest indrawing or a general danger sign is present, refer urgently to the hospital.**
- **If the breathing rate, fever, and eating are the same, refer child immediately to the hospital.**
- If breathing is slower, less fever, or eating better, complete the 5 days of antibiotics.

DIARRHOEA

After 5 days: check for presence and magnitude of diarrhea

ASK: Has the diarrhea stopped?
How many loose stools is the child having per day?

Treatment:

- If the child is still having 3 or more loose stools per day, do a full assessment of the child. Give any treatment needed. Then **refer to the hospital or health facility.**
- If the child is having less than 3 loose stools per day), tell the mother to follow the usual feeding recommendations for the child's age.

ANNEX B: GIVING ORAL DRUGS AT HOME

Follow the instructions below for every oral drug to be given at home. Also follow the instructions listed with each drug's dosage table.

1. Determine the appropriate drugs and dosage for the child's age or weight.
    - Go to the appropriate drug in this chapter. The table will give dosage for the child's age or weight
2. Tell the mother the reason for giving the drug to the child.
3. Demonstrate how to measure a dose.
    - Go to the description below on 'How to Measure Liquids.'
4. Watch the mother practice measuring a dose herself.
5. Ask the mother to give the first dose to the child.
6. Explain carefully how to give the drug, then label and package the drug.
7. If more than one drug will be given, collect, count and package each drug separately.
8. Explain that the oral drug tablets or syrup must be used to finish the course of treatment, even if the child gets better.
9. Check the mother's understanding before she leaves the clinic.

How to Measure Liquids

Sometimes instructions ask you for a specific amount of liquid to give the child. For example, it might ask that you give 5 cc (cubic centimeters). Cubic centimeters (cc) are the same as milliliters (ml). Therefore, you would measure out 5 ml. **Remember, cc = ml**

We will use milliliters (ml) from now on to explain how to measure liquids. Remember that milliliters are the same thing as cubic centimeters (cc).

In many areas around the world, 1 Liter is equal to a soda bottle (i.e. Coca Cola). This is then used as a measuring device.

- Choose items that are common in the area, such as 1L soda bottle, so that you are able to teach mothers how to measure liquids in items that they can obtain.

Easy to Remember Measurements:

1 teaspoon = 1 tsp = 5 milliliters (ml)

1 tablespoon = 1 Tb = 15 milliliters (ml)

How to Measure Pills

1. Know How Much Drug is in Each Pill or Capsule

Many medicines, especially antibiotics, come in different weights and sizes. To be sure that you are giving the child the right amount, check how many grams or milligrams each pill or capsule contains.

1000 milligrams = 1 gram **1 gram = .001 kilograms**

Example: An aspirin tablet has 325 milligrams (mg) of aspirin. There are three ways to say and write 325 mg. They are:

325 mg
.325 g
.00325 kg

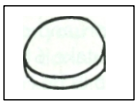
2. Decide If Table or Pill is Too Big, Too Small or Just the Right Size

If the medication you have isn't the weight or size that you want, you may have to use only a portion of the pill or more than one.

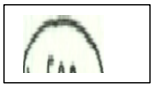
Tablet is the right size: If the tablet is the right size, then give the child the entire tablet.

Tablet is too big:

Example: Tablet has 500 mg. You need 250 mg.



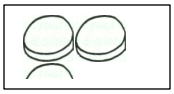
- Split the tablet in half. Capsules cannot be broken.



- Give half of the tablet to the child

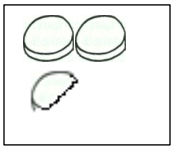
Tablet is too small:

Example: Tablet has 200 mg. You need 400 mg.



- You need two tablets

Example: Tablet has 100 mg. You need 250 mg.



- You need 2 ½ tablets
- Choose 3 tablets
- Split one tablet in half
- Give child 2 whole tablets and one half of the tablet that you broke

Measure Dosage with Weight of Child

- **Weight is measured in kilograms. If you know how much the child weighs, you can figure out how much medication to give the child.**
- The dosage is per kilogram per day (An example: 2 mg / kilogram (kg) / day)

Example: The medication says the child needs 5 mg / kilogram / day
Child weighs 10 kilograms.

5 mg for every kilogram equals 50 mg over a day

OR

5 mg x 10 kilograms = 50 mg for the child over a day

TEACHING TIPS

Do Not Take More Medication than Advised
Some people think that taking more of a medication than advised will heal the body faster. This is not correct and can be very dangerous! Instead of helping to heal the body, it hurts the body. If a person decides to take a lot more medication than prescribed, it could, in some cases, cause death.

Do not take more medication than is advised or given to you. More medication will hurt the child and will not help the child get better faster.

Child feels better; Let's Save the Remainder of the Medication
A mother might think that once her child is feeling better, the child doesn't need the medication. She may decide that since she doesn't have a lot of money, she will save the remainder of the medication for another time that someone in the family is sick. The truth is that even though the child may look better, the sickness still lives in the body. The full amount of medication needs to be given to the child to kill off the sickness. If the medication is stopped early, the sickness will come back even stronger and the medication may no longer work. This means that the mother will have to buy stronger, more expensive medication.

It's important to finish <u>all</u> of the medication that is given, even if the child is feeling better. The disease won't be gone until all of the medication is given.

III. WHEN TO TAKE MEDICATION

TAKE MEDICATIONS AT THE CORRECT TIME

It is important to take medications at the correct time. Some medicines should only be taken once a day. Others need to be taken more often. If you have a watch or clock, you can write down the appropriate times to take a medication. If they do not have a watch or clock, you can describe what part of the day the medication is too be taken. Below are some examples.

Example 1: Take 1 pill each day for 7 days.
Choose the best time for the mother, such as when she feeds the child or before the child is put to bed. Tell the mother to give the medication at about the same time each day.

Example 2: Take 2 pills each day until medication is finished.
Give one pill in the morning and one before bedtime.

Example 3: Take 3 pills each day or one every 8 hours.
If there is no clock or watch, tell the mother to give one pill at Sunrise, one in the afternoon, and one at night.

If the mother has a watch or clock, ask her what times are the best to medicate the child and write those times down for her.

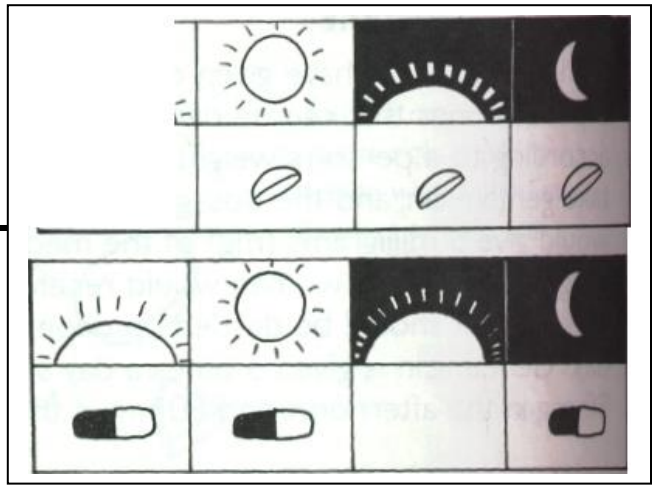
If you are writing a note for someone who does not know how to read, you can draw them a note like this:

Sunrise (morning) / Day / Sunset (evening) / Night Time

Then below the picture, you can draw in the amount of medication and explain carefully what it means. Below is an example of two ways that you could draw out how to give medication

Give ½ tablet three times a day,
one at lunch time,
one at dinner when the sun sets,
and one at bedtime

Give 1 capsule three times a day,
one in the morning (sunrise),
one at lunch (daytime) ,
and one before bed.



ANNEX C: MEDICATION DOSAGE INFORMATION

First Dose of Amoxicillin for Pneumonia
When a child is to be urgently referred to the hospital or health facility, the HPP should give first double dose. The health facility or hospital will advise on further doses.

	Up to 2 months	2-12 months	1-5 years
250 mg	**½ tablet**	**1 tablet**	**2 tablets**

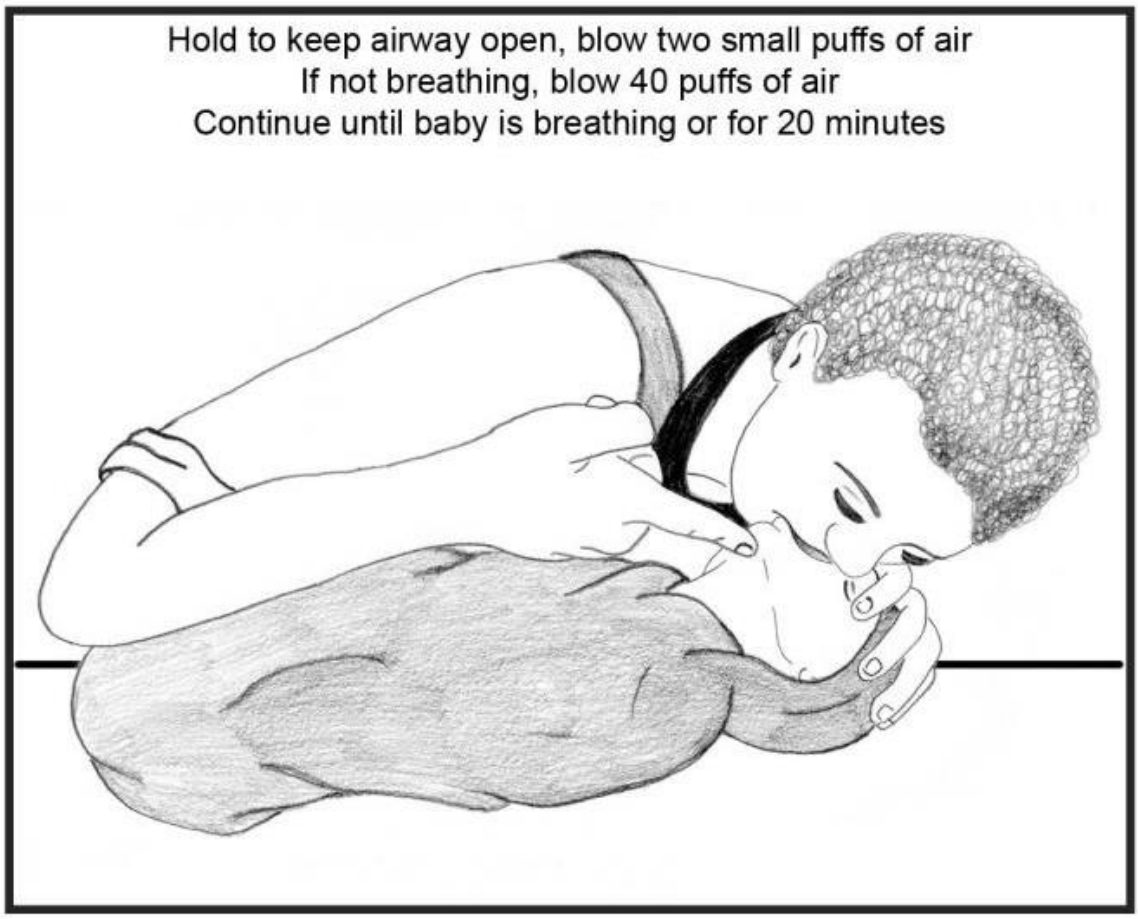
Home Treatment of Moderate Pneumonia
For home treatment, the HPP should give first double dose and then give the mother or caretaker enough medication for 5 days.

	Up to 2 months	2-12 months	1-5 years
250 mg	**¼ tablet** **3 times per day** **5 days**	**½ tablet** **3 times per day** **5 days**	**1 tablet** **3 times per day** **5 days**

Fever
Give Paracetamol for fever every 6 hours until fever is gone.

	Up to 2 months	**2-12 months**	**1-5 years**
120 mg tablet	½ tablet	1 tablet	2 tablets
500 mg tablet	---	---	½ tablet

ANNEX D: NEWBORN MOUTH-TO-MOUTH RESUSCITATION



Adapted from Home Based Life Saving Skills, HBLSS 2nd Edition © ACNM 2010

1. Position baby.
2. Do a test breath:
    a. Cover baby's mouth and nose with your mouth for a good seal.
    b. Breathe for baby one time and see if chest rises.
3. If chest does not rise, check:
    a. Baby's position.
    b. Airway (clear of fluid or mucus in mouth or nose).
    c. Seal over baby's mouth and nose.
4. Breathe for baby about 40 times in one minute:
    a. Breathe only a puff: just the air in your mouth and not too hard
5. Check baby after each 40 breaths:
    a. **LOOK**: Is baby breathing? Continue to breathe if baby is having trouble breathing or is not breathing.
    b. Stop resuscitation after 10 minutes if the baby is not able to breathe without assistance.
    c. If the baby dies, counsel the mother and family

Appendix

APPENDIX A.

Community Case Management HHP Training Schedule

Before beginning, number each HHP's materials and place in a bag. Each should have: a flipchart, a ring and laminated picture cards, recording forms, a kit of beads and string, two pencils, safety scissors. Facilitators will need clipboards and assessment forms, timers to share.

Time	Trainer	**Day 1: General Danger Signs**	Materials Needed
8.30-10.00		Welcome, Introductions, Special Guests Devotions (optional) Break	
10.00-11.30		CCM Pre- Assessment Tea	Clipboards, assessment
11.30 – 12.00		Reflection: Health needs in the local community. Sharing stories. Chapter 2: Providing services at the community level. (The tree) Break	
12.00-1.00		Reflection Picture cards for General Danger Signs Break Skill development: video and discussion	Ring 1st 4 picture cards, laminated Projector, speakers
1.00-2.00		Lunch break	
2.00-3.30		Review picture cards, discuss Introduction to the flipchart Introduction to the recording form (referral) Preparation for field practicum – peer practice	Flipcharts Clipboards and forms (1CH), pencils
3.00-4.30		Chapter 5: Field practicum, small group. Only general danger signs	
4:30-5.00		Tea	
Homework		Memorize the danger signs in song or poem	
		Day 2: Cough and Difficult Breathing	
8.30-8.45		Devotions (optional)	
8:45-9:00		Group activity: Share danger sign songs or poems with class	
9:00 -9.30		Reflection: Sharing stories	

9:30-10.00		Make strings of counting beads	String, Beads Timers
10.00–10:30		Tea Break	
10.30-12:00		Picture cards for Cough Break: practice using counting beads Skill development: video and discussion Flipchart Break	
12:00-1:00		Correct administration of Amoxicillin Recording form and preparation for field practicum – peer practice	
1.00-2.00		Lunch Break	
2.00-4.30		Field practicum: general danger signs and cough/difficult breathing PLUS two extra "counting beads" experiences	
		Day 3 Diarrhea/Dehydration	
8.30-9.00		Devotions (optional)	
9.00-9.30		Review	
9.30-10.00		Reflection: Sharing stories	
10.00-1.00		Picture cards for Diarrhea Skill development: video and discussion Tea Break Flipchart Recording form Correct use of ORS – making ORS	
1.00-2.00		Lunch break	
2.00-4:30		Peer practice Field practicum: beginning through diarrhea section	
		Day 4	
8.30-9.00		Devotions (optional)	
9.00-11.00		Reflection: Sharing stories Picture cards for Malaria Skill development: video and discussion Tea Break	

		Flipchart Recording form Peer practice	
11.00-11.30		Correct use of antimalarial	
11.30-1.00		Field Practicum: beginning through malaria section	
1:00-2.00		Lunch break	
2.00-2.45		Chapter 9: Breastfeeding: Attachment Reflection, Definition, How to Assess	Visitor Dummy breast
2.45-4.00		Chapter 9: Breastfeeding Problems, Home Treatment Video and discussion, management of the recording form	Video
4.00-4.30		Chapters 10 and 11: Immunization and Vitamin A status	Immunization cards
4.30-5.00		Peer Practice	
		Day 4	
8.30-9.00		Devotions (optional)	
9.00-10.30		Review of CCM algorithms and medication administration	
10.30-11.00		Tea break	
11.00-		Post Assessment Test of CCM material / Post Assessment	
8.45-9.30		Chapter 12: Essential Newborn Care Reflection, Definition	Aspirators Eye, Cord ointments
9.30-10.00		Video and discussion, skill development, materials, and management of the recording form	Cloth or towels Video HBB Kits
10.00-10.30		Tea Break	
10.30-12.00		Chapter 13: Newborn Asphyxia and Resuscitation Reflection, Definition, introduction to resuscitators	Resuscitators
12.00-1.00		Newborn resuscitation: practice	
1.00-2.00		Lunch break	
2.00-3.00		Newborn Resuscitation: practice and management of the recording form	
3.00-4.15		Chapter 14: Newborn Care: General Danger Signs Reflection, Definition, How to Recognize	
4.15-5.00		Video and discussion, management of the recording form	Video

		Day 5	
8.30-8.45		Devotions (optional)	
8.45-10.00		Revisit newborn asphyxia and resuscitation	
10.00-10.30		Tea Break	
10.30-12.00		Discussion: Question and answer period, review of the course, reflections from training or other experiences, discussion of supervision and refresher training	
12.00-1.00		Practice: Scenario cards – practice (individuals, pairs, or groups), work stations	
1.00-3.00		Testing	
3:00-3:30		Scoring	
3.30-5.00		Celebration and awarding of materials and certificates	

Note: Schedule may be altered slightly from previous timetable; however, descriptions and flow remains.

Day 1

Time Subject Materials

8.30-9.00 Devotions (attendance optional)

9.00-9.15 Welcome, Introductions Newsprint, Markers

*Welcome the group, and thank them for participating. Introduce yourselves as trainers and tell the group several questions you'd like each to answer in their introductions. This may include their name, how long they have been working in a health role, and something fun such as their favorite color or food. The trainers should participate first; then **ask** each person to introduce themselves. Use the paper to draw a simple picture of each person using their favorite color or including something special about them.*

9.30-10.00 Reflection: Health needs in the community Discussion

*This health training must be designed to meet the needs of the community as identified by the participants. Guide a discussion about the current health needs and barriers to meeting those needs, including community education, transportation, supplies, etc. **Ask**: What have you experience? Can you tell us a story about a time when there was a health need in your community that was met, or that was not met? **Write or draw** some of the health needs on a flipchart page.*

Chapter 2: Providing services at the community level

***Ask** participants what they can do, with training, to help children with health needs in the community. **Discuss** the difference between a community worker and a health facility worker, defining (in the*

participant's own words) the role of the community worker. ***Discuss*** *the order in which information is gathered: first Danger Signs, then Main Symptoms, then Immunization and vitamin A status. Then briefly* ***discuss*** *what to do if there are several problems to be treated. The key questions are "How much can* ***this*** *mother understand and remember?" "Can some information wait for a follow-up visit?" and "What advice is* ***most*** *important?"*

10.00-10.30 Tea Break and Pre-Training Assessment

Each HHP will, with a facilitator, take a verbal pre-training assessment. This will use no more than 10 minutes of the break time.

10.30-11.00 Chapter 3: Using communication skills and partner activity

Read "A Sad Story" from page 8 of the facilitator's manual. Ask the participants to discuss the story. Page 8 has many suggestions for comments. Invite participants to gather in groups of 2-4 and to take turns practicing effective communication techniques. Using the scenario cards, one person can take the role of the caregiver of a sick child and another that of the health worker. For instance, if the scenario card has a picture of a child who has strange sounds in the chest, the health worker should prompt the caregiver to describe the child's symptoms. This is not a time for the health worker to give advice about referral or home treatment, but rather practice in eliciting as much information as possible from the caretaker. The trainers should check on each group, and see if they have learned the child's name, age, and information.

11.00-11.30 Using the guidelines Health Forms

Distribute copies of the child health forms. ***Ask*** *participants what they notice about the recording form. (Some possible answers: there are different sections for different problems, there are pictures and arrows, there are places to fill in data, etc.)Look together at each column, using the picture cues, and demonstrate how the form will be used. There will be opportunities for the HHPs to practice throughout the training.*

11.30-1.00 Chapter 5: General Danger Signs: Reflection, Definition, How to Recognize Video Skill Development: video and discussion

Begin with the reflection questions in the facilitator's manual. Allow several participants to contribute stories and reflection. Proceed through the chapter, using the videos when appropriate. After watching, there can be discussion, and parts of the video re-watched for clarification. ***Ask*** *participants to make up a song about the general danger signs to share with the group the next day.*

1.00-2.00 Lunch

2.00-3.00 Review of General Danger Signs, memorization of cue cards
Chapter 5: Management of the Recording Form and Preparation for Field Practicum

Direct participants to the General Danger Signs portion of the recording form and discuss how to record the information (yes or no) and how to decide if referral is necessary. Using the referral form, show how a referral for a general danger sign would be recorded. Talk about the field trip and encourage each HHP to visit at least two children to assess for general danger signs.

3.00-5.00 Field practicum: assessing general danger signs

Travel to site. Ask participants to travel in pairs, and to find a mother who is willing to have her child under age 5 assessed. The objective of the field practicums is to see a number of WELL children so that

sick children can more easily be identified. It is not expected that the participants will evaluate a child with a danger sign, but if one is seen, immediately alert the supervisor.

5.00-5.30 Discuss field experiences

This can be done wherever convenient: at the field site or the office. One of the facilitators should take notes of the debrief, and useful ideas or comments incorporated into future field practicums.

Day 2

8.30-8.45 Devotions (optional)

8.45-9.00 Group activity: Share danger sign songs or poems with class

Have a small prize for the best song, and perhaps a piece of candy or other treat for all participants.

9.00-10.00, 10.30-11.00 **Chapter 6: Cough and Difficult Breathing: Reflection, Definition, How to Recognize, Skill Development: video and discussion, management of the recording form** **Video Beads/String**

Begin with the reflection questions in the facilitator's manual. Allow several participants to contribute stories and reflection. Proceed through the chapter, using the videos when appropriate. After watching, there can be discussion, and parts of the video re-watched for clarification. During the tea break, make strings of counting beads in pairs to use in practice along with videos.

10.00-10.30 Tea Break

11.00-1.00 **Chapter 7: Diarrhoea: Reflection, Definition, How to Recognize, Home Treatment, Skill Development: video and discussion, management of the recording form** **ORS, cups water, video**

Begin with the reflection questions in the facilitator's manual. Allow several participants to contribute stories and reflection. Proceed through the chapter, using the videos when appropriate. After watching, there can be discussion, and parts of the video re-watched for clarification. Make ORS solution and taste.

1.00-2.00 Lunch Break

2:00-2:30 Prepare for field practicum

Using the flipcharts and the health recording forms, discuss possible scenarios that will be encountered on the field practicum. Be sure all are secure in what they are to do, and pair participants.

2:30-4:30 Field practicum: assessing cough and difficult breathing and assessing diarrhea.

*Travel to site. Participants will assess for **general danger signs, cough and difficult breathing and diarrhea** during this field trip. They should carry flipcharts and health recording forms. Ask participants to travel in pairs and to find a mother who is willing to have her child under age 5 assessed. The objective of the field practicums is to see a number of WELL children so that sick children can more easily be identified. It is not expected that the participants will evaluate a sick child, but if one is seen, immediately alert the supervisor.*

4:30-5:00 Discuss field experiences

This can be done wherever convenient: at the field site or the office. One of the facilitators should take notes of the debrief, and useful ideas or comments incorporated into future field practicums.

Day 3

8.30-8.45 Devotions (optional)

8.45-9.00 Reflections/questions about days 1 and 2

9.00-10.00 Chapter 8: Malaria: Reflection, Definition, How To Recognize, Antimalarials
10.30-11.00 Home Treatment, Skill Development: video and discussion, Video
management of the recording form

Begin with the reflection questions in the facilitator's manual. Allow several participants to contribute stories and reflection. Proceed through the chapter, using the videos when appropriate. After watching, there can be discussion, and parts of the video re-watched for clarification.

10.00-10.30 Tea Break

11.00-1.00 Chapter 9: Breastfeeding: Reflection, Definition, How to Assess Video
Video and Discussion, Management of the Recording Form Visitor
Breastfeeding Problems, Home Treatment, Management of dummy breast
the Recording Form doll

Begin with the reflection questions in the facilitator's manual. Allow several participants to contribute stories and reflection. Proceed through the chapter, using the videos when appropriate. After watching, there can be discussion, and parts of the video re-watched for clarification. Greet the breastfeeding visitor, and watch correct positioning. Using the dummy breast, take turns practicing evaluating correct positioning. Spend time discussing the concerns on page 56 of the facilitator's manual.

1.00-2.00 Lunch Break

2.00-2.30 Chapters 10 and 11: Immunization and vitamin A status Immunization cards

Begin with the reflection questions in the facilitator's manual. Allow several participants to contribute stories and reflection. Proceed through the chapter, using the videos when appropriate. After watching, there can be discussion, and parts of the video re-watched for clarification. Use the newsprint to draw pictures of vitamin A rich foods.

2.30-4.30 Field Practicum: Assessing Malaria, Breastfeeding, Immunization
And vitamin A status

*Travel to site. Participants will assess for **the entire health recording form** during this field trip. They should carry flipcharts and health recording forms. Ask participants to travel in pairs and to find a mother who is willing to have her child under age 5 assessed. The objective of the field practicums is to see a number of WELL children so that sick children can more easily be identified. It is not expected that the participants will evaluate a sick child, but if one is seen, immediately alert the supervisor.*

4.30-5.00 Discuss field experiences

This can be done wherever convenient: at the field site or the office. One of the facilitators should take notes of the debrief, and useful ideas or comments incorporated into future field practicums.

Day 4

8.30-8.45 Devotions (optional)

8.45-9.00 Reflections/questions on Days 1,2,3

9.00-10.00 Chapter 12: Essential Newborn Care: Reflection, Definition Video
10.30-11.00 Video and discussion, skill development, materials, and management of the recording form

Begin with the reflection questions in the facilitator's manual. Allow several participants to contribute stories and reflection. Proceed through the chapter, using the videos when appropriate. After watching, there can be discussion, and parts of the video re-watched for clarification.

10.00-10.30 Tea break

10.30-1.00 Chapter 13: Newborn Asphyxia and Resuscitation HBB Kits
Reflection, Definition, introduction to resuscitators Resuscitators

Ask participants to gather in groups of 3 or 4 around a table with a HBB kit. Have each group assemble the baby in the kit, and then watch the video included on the powerpoint presentation. Proceed through the HBB manual, giving each participant ample time to achieve success with the aspirator. Have each participant perform (individually) one correct minute of resuscitation, as this will be part of the evaluation.

1.00- 2.00 Lunch break

2.00-3.00 Newborn resuscitation: practice and management of the recording form

This is a second opportunity for each participant to use the resuscitation equipment and to review the correct procedure for newborn asphyxia emergencies. Again, have each participant perform (individually) one correct minute of resuscitation, as this will be part of the evaluation.

3.00-5.00 Chapter 14: Newborn Care: General Danger Signs: Reflection, Definition, How to Recognize, Video and discussion, management of the recording form Video

Begin with the reflection questions in the facilitator's manual. Allow several participants to contribute stories and reflection. Proceed through the chapter, using the videos when appropriate. After watching, there can be discussion, and parts of the video re-watched for clarification. Emphasize the differences between newborn and child general danger signs, and review the differences on the recording forms.

Day 5

8.30-8.45 Devotions (optional)
8.45-9.00 Review of day 2
9.00-10.00 Revisit newborn asphyxia and resuscitation
Resuscitators

This is yet another opportunity for each participant to use the resuscitation equipment and to review the correct procedure for newborn asphyxia emergencies. Because this is such a vital skill that will not often be needed in the field, it is important that each HHP feel (and be) completely competent. Assist those who are having difficulty, and be sure that all have sufficient practice time.

10.00-10.30	**Tea Break**	
10.30-12.00	**Practice algorithms, questions**	**Referral sign cards**
12.00-1.00	***lunch – earlier time***	
1.00-2.00	**Group 1: Evaluations (see "Evaluations document)**	
2.00-3.00	**Group 2: Evaluations**	
3.00-4.00	**Group 3: Evaluations**	
4.00-5.00	**Celebration and awarding of certificates, bags**	

APPENDIX B.

Home Health Provider Pre/Post Training Assessment

Name of HHP: _____ Date: _____

Name of Evaluator: _____

General Danger Signs

1. What are danger signs that a child under age 5 should be immediately taken to a health facility? List as many as you can think of.
   Circle all answers given:
   a. *Don't know*
   b. *Not able to drink or breastfeed*
   c. *Vomits everything*
   d. *Convulsions*
   e. *Very sleepy or unconscious*
   f. *Other (specify):_____*

2. If you saw a child with these signs, what would you do next?
   Circle all answers given:
   a. *Don't know*
   b. *Advise the caretaker to take the child to a health facility right away*
   c. *Write a referral note*
   d. *Help the caretaker resolve any barriers*
   e. *Advise the caretaker to keep the child warm*
   f. *Advise the caretaker to offer the child liquids if the child is awake*
   g. *Other(specify): _____*

Cough or Difficult Breathing

1. What are signs that a child is having difficulty breathing? List as many as you can think of.
   Circle all answers given:
   a. *Don't know*
   b. *Fast breathing*
   c. *Chest indrawing*
   d. *A strange sound in the chest*
   e. *Other (specify): _____*

2. How do you know if a child's breathing is too fast?

a. *Don't know*
b. *You can tell by looking*
c. *The mother/caretaker will say the child is breathing too fast*
d. *Count the breaths in one minute and compare to the guidelines*
e. *Other (specify): _____*

3. What are the home care instructions for a child with a cough?
   Circle all answers given:
   a. *Don't know*
   b. *Increase fluids*
   c. *Do not give medicines*
   d. *Other (specify): _____*

4. This timer will count exactly one minute. When it begins, count the number of breaths (name of supervisor) takes until the bell rings. Tell me the number. Counted: ___ Actual: ___
   a. *Accurate (within 10%)*
   b. *Not accurate*

Diarrhoea with or without Severe Dehydration

1. What are signs that a child is severely dehydrated and must be urgently referred to a health facility? List as many as you can think of.
   Circle all answers given:
   a. *Don't know*
   b. *Very sleepy or unconscious*
   c. *Not able to drink or breastfeed*
   d. *Sunken eyes*
   e. *No tears when crying*
   f. *Slow skin pinch*
   g. *Blood in the stool*
   h. *Worms in the stool*
   i. *Other (specify): _____*

2. What are signs that a child has diarrhea with some dehydration and can be cared for at home?
   Circle all answers given:
   a. *Don't know*
   b. *Restless and irritable*
   c. *Drinks eagerly, very thirsty*
   d. *Other (specify): _____*

3. What home care instructions would you give a caregiver of a child with diarrhea with some dehydration?
   Circle all answers given:
   a. *Don't know*
   b. *Give ORS*
   c. *Give zinc*
   d. *Increase fluids*
   e. *Give easily digested foods*
   f. *Discuss hygiene behaviors*
   g. *Other (specify):* _____

Fever

1. How can you tell if a child has a fever?
   Circle all answers given:
   a. *Don't know*
   b. *Mother/caretaker will say that child feels hot*
   c. *Feel the child's forehead*
   d. *Feel the child's abdomen*
   e. *Other (specify):* _____

2. What are signs that a child with a fever should be taken to a health facility?
   Circle all answers given:
   a. *Don't know*
   b. *Child has fast breathing*
   c. *Child has cough*
   d. *Other (specify):* _____

3. What drugs should be given to a child with a fever?
   Circle all answers given:
   a. *Don't know*
   b. *Paracetamol*
   c. *Antimalarial*
   d. *Other (specify):* _____

APPENDIX C.

HHP Final Evaluation

Final Evaluation:
The final evaluation test for the HHPs will take place during the afternoon of Day 5. Each group of 5 will have one hour to rotate through the 5 stations (10 minutes at each). A facilitator will monitor time and rotation, and will give 5 and 2 minute warnings. If the HHP is unable to finish a skill in the time allotted, she can attempt it again after all HHPs have been given the opportunity to test.

Set-up:
The room should be set up with 5 stations, with the supplies and the evaluator needed for each in place.
A supply list for each station is given below. Each station also needs a clipboard, pencils or pens for both the evaluator and HHP, and Stations 1-4 need a set of "options" cards.

Evaluation Forms:
Each HHP must pass EACH station with reasonable accuracy. Errors which lead to false positives (over-referral) are preferable to errors leading to false negatives (under-referral). If the HHP is unable to pass a station, she can retake the test for that station at any opportunity until the skills are mastered. Equipment and supplies will be given upon successful completion of all portions of the evaluation.

#1: Completing the Recording and Referral Forms:
Note: The HHP will not actually assess or dispense medication during this section; rather, the evaluator will state whether child has fast breathing or other signs of illness

Objectives:
HHP will select the correct recording form for the child's age.
HHP will complete the top portion of the form (the date and the child's name, age, and sex) using words or symbols in such a way that information can be accurately relayed to the supervisor during weekly visits.
HHP will demonstrate accurate sequencing of the assessment by following the recording form from beginning to end
HHP will choose the correct course of action based on signs and symptoms presented
HHP will demonstrate accurate recording of information on the correct form
HHP will accurately complete the referral form

Supplies:
Dummy child
Newborn health recording forms
Child health recording forms
Referral forms

Options:
Age of child:
1: Child 4 years of age
2. Child 8 months of age
3. Child 14 days

Assessment:
1: Child has cough lasting more than one month, needs referral
Child has diarrhea, needs home treatment
2: Child has diarrhea, is irritable, and drinks eagerly. Child needs referral and ORS
Child's immunizations are not up to date (indicate on referral form)
3: Child has fever, needs referral and paracetamol, AS+AQ
Child needs vitamin A supplementation: indicate advising

#2: Cough and Difficult Breathing

Objectives:
HHP will select the correct recording form for the child's age.
HHP demonstrated ability to count breathing rate within 10% of target
HHP will accurately decide whether rate is "fast breathing" or not, depending on the age of the child
HHP will demonstrate assessment of chest indrawing
HHP will demonstrate assessment of strange sounds in the chest
HHP will accurately determine level of assessment as red/urgent, yellow/non-urgent, or green/home care
HHP will accurately dispense amoxicillin if indicated
HHP will accurately give the following home care instructions:
a. Increase fluids

b. No medicine
c. Follow-up visit in 2 days

HHP will accurately complete "cough and difficult breathing" section of recording form
HHP will accurately complete referral form, if indicated

Supplies:
Beads and timer
Video of breathing rate
Tablets "amoxicillin"
Dummy child
Newborn health recording forms: Cough and Difficult Breathing section
Child health recording forms: Cough and Difficult Breathing section
Referral forms

Options:
Age of child:
3: Child 4 years of age
2: Child 8 months of age
1: Child 14 days

Assessment:
1: Child has fast breathing and a strange sound in the chest. Child needs urgent referral and amoxicillin.
2: Child has cough but no fast breathing, no chest indrawing, and no strange sounds. Cough has lasted more than one month. Child needs non-urgent referral.
3: Child has cough but no fast breathing, no chest indrawing, and no strange sounds. Child needs home care.

#3: Diarrhoea and Dehydration

Objectives:
HHP will select the correct recording form for the child's age.
HHP will accurately assess for 6 diarrhea and severe dehydration danger signs listed in the flipchart:

a. Very sleepy or unconscious
b. Not able to drink or breastfeed
c. Sunken eyes (use video)
d. No tears when crying
e. Slow skin pinch (HHP will demonstrate skin pinch)
f. Blood (and/or worms) in the stool

HHP will accurately assess for 2 signs of diarrhoea with dehydration listed in the flipchart: (use video)

a. Restless and irritable
b. Drinks eagerly, thirsty

HHP will accurately determine level of assessment as red/urgent, yellow/non-urgent, or green/home care
HHP will accurately give the following home care instructions:

a. Increase fluids (HHP will mention use of ORS)

b. Foods that are easily digested
c. Zinc (HHP will give verbal instructions for zinc intake)
d. Fast referral if child worsens
e. Counsel on hygiene behaviors
f. Follow-up visit in 2 days

HHP will accurately complete "diarrhoea" section of recording form
HHP will accurately complete referral form, if indicated

Supplies:
Packets of ORS
Tablets "zinc"
Dummy child
Newborn health recording forms: Diarrhoea section
Child health recording forms: Diarrhoea section
Referral form

Options:
Age of child:
3: Child 4 years of age
1: Child 8 months of age
2: Child 14 days

Assessment:
1: Child has sunken eyes and a slow skin pinch. Child needs urgent referral and ORS.
2: Child is irritable and drinks eagerly. Child needs non-urgent referral, ORS, and advice.
3: Child drinks eagerly but is not restless or irritable. Child needs home care: ORS, Zinc, and advice.

#4: Malaria

HHP will select the correct recording form for the child's age
HHP will demonstrate assessment for fever using back of hand on child's abdomen
HHP will demonstrate assessment for fever using verbal questioning of caregiver
HHP will correctly count number of breaths per minute using video
HHP will correctly assess if child has "fast breathing" as determined by age
HHP will accurately determine level of assessment as red/urgent or yellow/non-urgent
HHP will accurately dispense amoxicillin if indicated
HHP will accurately dispense AS +AQ if indicated
HHP will accurately complete the "fever" section of recording form
HHP will accurately complete referral form, if indicated

Supplies:
Beads and timer
Video of breathing rate
Tablets "paracetamol"
Blister packs of AS+AQ
Dummy child
Newborn health recording forms: Fever section

Child health recording forms: Fever section
Referral forms

Options:
Age of child:
2: Child 4 years of age
1: Child 8 months of age
3: Child 14 days

Assessment:
1: Child has fever and fast breathing. Child needs urgent referral and paracetamol, and AS+AQ if over 2 months of age
2: Child has fever but no cough or fast breathing. Child needs non-urgent referral and paracetamol, and AS+AQ if over 2 months of age.

#5: Newborn Resuscitation

Objectives:
HHP will select the correct recording form for the child's age.
HHP will demonstrate preparation for a newborn breathing emergency by choosing cloths, aspirator, and bag-and-mask from a number of items on the table (include timer, counting beads, ORS, immunization chart).
HHP will turn to the "Helping a Newborn Breath" page in the flipchart and perform the following actions in this order:

a. Wrapping the baby in a cloth to keep him warm
b. Correctly positioning the head
c. Correct use of the aspirator
d. Stimulation by rubbing the baby's back
e. Correct application of the mask.

HHP will perform one minute of assisted ventilation with the bag and mask with reasonable accuracy (most ventilations are successful, and rate is neither very fast nor very slow)
HHP will check for breathing after one minute of assisted ventilation
HHP will verbally state (with prompting) that s/he will continue until the newborn is breathing well or until 10 minutes have passed without successful resuscitation.

Supplies:
Cloths
Aspirator
Bag and Mask
Beads and timer
ORS
Immunization chart
Dummy child
Newborn health recording forms: Newborn Care section
Child health recording forms
Referral forms
Options: There will be no options at this station. Each HHP will perform the same skill.

APPENDIX D.

Instructions
Station #1: Completing the Recording and Referral Forms

Say: **At this station you will demonstrate how to choose the correct recording form, how to fill it out, and how to fill out a referral form. Please pretend that I am the child's (mother, father) and talk to me as you would during a real assessment.**

Say: **Please choose card 1, 2, or 3.**

The HHP will choose a card, which the evaluator will reveal. Show the participant her choice, and say: **The child you are assessing is _____ of age.**

Card 1: 4 years Card 2: 8 months Card 3: 14 days

Say: **Please choose the correct recording form.** *(pause)* **You will use your flipchart, along with the recording form and a referral form, to evaluate this child. At this station you will not need to actually count breaths or give medicine. Instead, I will tell you whether the child has a sign of illness or not. You will need to complete the recording and referral forms and give them to me. Please begin your assessment.**

Say: **Please choose card 1, 2, or 3 from this pile. This card will tell me about the child you are assessing.**

The HHP will choose a card, which the evaluator will not reveal. The evaluator will use this card during the evaluation.

As the HHP ask about each sign, indicate that the child is fine (or immunization/vitamin A status is up to date) with the following exceptions:

Option 1:

Cough or Difficult Breathing: The child has a cough lasting more than 1 month.

Diarrhoea and Dehydration: The child has diarrhea, and he drinks eagerly.

Option 2:

Diarrhoea and Dehydration: Child has diarrhea, is irritable, and drinks eagerly.

Immunizations: Child's immunizations are not up to date.

Option 3:

Fever: Child has fever but no fast breathing.
Vitamin A: Caretaker is not aware of supplementation.

Instructions
Station #2: Cough and Difficult Breathing

Say: **At this station you will demonstrate how to assess a child with a cough or difficult breathing. We will be using the video, and you can also use the dummy baby. Please pretend that I am the child's (mother, father) and talk to me as you would during a real assessment.**

Say: **Please choose card 1, 2, or 3.**

The HHP will choose a card, which the evaluator will reveal. Show the participant her choice, and say: **The child you are assessing is (4 years, 8 months, or 14 days) of age.**

.

Say: **Please choose the correct recording form.** *(pause)* **Please choose card 1, 2, or 3 from this pile. This card will tell me about the child you are assessing.**

The HHP will choose a card, which the evaluator will not reveal. The evaluator will use this card during the evaluation.

Use your flipchart, along with the recording form and a referral form, to evaluate this child. You do not need to complete the top portion of the form. This child has no general danger signs. At this station you may need to count breaths or give medicine. Please begin your assessment.

As the HHP ask about each signs, indicate that the child is fine (or immunization/vitamin A status is up to date) with the exceptions as follows:

Option 1:

Child has fast breathing. Child has a strange sound in the chest.

Option 2:

Child has a cough. Child's cough has lasted more than one month.

Option 3:

Child has a cough. The cough has not lasted more than one month.

Ending the evaluation:

Option 1: The HHP should indicate that the assessment should end upon urgent referral and writing of the referral note.

Options 2 and 3: You may stop the assessment when the HHP has indicated that she would continue to the following problem, Diarrhea and Dehydration.

Instructions
Station #3: Diarrhoea and Dehydration

Say: **At this station you will demonstrate how to assess a child with diarrhea and dehydration. We will be using the video, and you can also use the dummy baby. Please pretend that I am the child's (mother, father) and talk to me as you would during a real assessment.**

Say: **Please choose card 1, 2, or 3.** *The HHP will choose a card, which the evaluator will reveal. Show the participant her choice, and say*: **The child you are assessing is (4 years, 8 months, or 14 days) of age. Please choose the correct recording form.**

Say: **Please choose card 1, 2, or 3 from this pile. This card will tell me about the child you are assessing.**

The HHP will choose a card, which the evaluator will not reveal. The evaluator will use this card during the evaluation.

Say: **Please use your flipchart, along with the recording form and a referral form, to evaluate this child. You do not need to complete the top portion of the form. This child has no general danger signs and no cough or difficult breathing signs At this station you may need to give medicine. Please begin your assessment.**

As the HHP ask about each signs, indicate that the child is fine (or immunization/vitamin A status is up to date) with the exceptions as follows:

Option 1:

Child has sunken eyes. Child has a slow skin pinch.

Option 2:

Child is irritable. Child drinks eagerly.

Option 3:

Child drinks eagerly. (Child is not irritable)

Ending the evaluation:
Option 1: The HHP should indicate that the assessment should end upon urgent referral and writing of the referral note.

Options 2 and 3: You may stop the assessment when the HHP has indicated that she would continue to the following problem, Fever.

Instructions
Station #4: Fever/ Malaria

Say: **At this station you will demonstrate how to assess a child with a fever. You can use the dummy baby. Please pretend that I am the child's (mother, father) and talk to me as you would during a real assessment.**

Say: **Please choose card 1, 2, or 3.** *The HHP will choose a card, which the evaluator will reveal. Show the participant her choice, and say*: **The child you are assessing is (4 years, 8 months, or 14 days) of age. Please choose the correct recording form.** *(pause)*

Say: **Please choose card 1, or 2 from this pile. This card will tell me about the child you are assessing.**

The HHP will choose a card, which the evaluator will not reveal. The evaluator will use this card during the evaluation.

Say: **Please use your flipchart, along with the recording form and a referral form, to evaluate this child. You do not need to complete the top portion of the form. This child has no general danger signs, no cough or difficult breathing signs, and no diarrhea and dehydration signs. At this station you may need to actually count breaths or give medicine. Please begin your assessment.**

As the HHP ask about each signs, indicate that the child is fine, with the exceptions as follows:

Option 1:
Child has a fever. Child has fast breathing.

Option 2:
Child has a fever. (*Child does **not** have cough or fast breathing.*)

Ending the evaluation:
Option 1: The HHP should indicate that the assessment should end upon urgent referral and writing of the referral note.

Options 2: You may stop the assessment when the HHP has indicated that she would continue to the following problem, Breastfeeding

Instructions
Station #5: Newborn Resuscitation

Say: **At this station you will demonstrate how to assess a newborn baby who is not breathing. At this station there are no cards to choose. Everyone will follow the same instructions.**

Say: **Please use your flipchart, along with the correct recording form and the referral form, to evaluate this child.**

Please choose the items you may need and prepare them on the table.

When the HHP is ready, the evaluator will pick up the dummy baby and say: **"this baby is not breathing!"**

After the HHP performs one minute of bag-and-mask ventilation, say "the baby is crying and breathing normally!"

Take the baby back, and, if necessary, prompt the HHP to complete the recording and referral forms.

After observing the HHP at the station, trainer will please fill out the following assessment forms based on the HHP's performance.

HHP Name _____ Date _____

Station #1 Completing the Recording and Referral Forms

Yes	Part	No	
			HHP selected the correct recording form for the child's age
			HHP completed the top portion of the form (the date and the child's name, age, and sex) using words or symbols in such a way that information can be accurately relayed to the supervisor during weekly visits
			HHP demonstrated accurate sequencing of the assessment by following the recording form from beginning to end.
			HHP chose the correct course of action based on signs and symptoms presented
			HHP demonstrated accurate recording of information on the correct form
			HHP accurately completed the referral form

Station #2 Cough and Difficult Breathing

Yes	Part	No	
			HHP selected the correct recording form for the child's age.
			HHP demonstrated ability to count breathing rate within 10% of target
			HHP accurately decided whether rate is "fast breathing" or not, depending on the age of the child, or erred to the side of false positive
			HHP demonstrated assessment of chest indrawing
			HHP demonstrated assessment of strange sounds in the chest
			HHP accurately determined level of assessment as red/urgent, yellow/non-urgent, or green/home care
			HHP accurately dispensed amoxicillin if indicated
			HHP accurately completed referral form, if indicated ***or*** HHP accurately gave home care instructions
			HHP accurately completed "cough and difficult breathing" section of recording form

Station #3 Diarrhea and Dehydration

Yes	Part	No	
			HHP selected the correct recording form for the child's age.
			HHP accurately assessed for 6 diarrhea and severe dehydration danger signs listed in the flipchart
			HHP accurately determined level of assessment as red/urgent, yellow/non-urgent, or green/home care
			HHP accurately stopped assessment at sign of urgent referral ***or*** HHP accurately assessed for 2 signs of diarrhea with dehydration as listed in the flipchart: Restless and irritable; Drinks eagerly, thirsty

			or HHP accurately gave home care instructions
			HHP accurately completed "diarrhoea" section of recording form
			HHP accurately completed referral form, if indicated

Station #4 Malaria

Yes	Part	No	
			HHP selected the correct recording form for the child's age
			HHP demonstrated assessment of fever using back of hand on child's abdomen
			HHP demonstrated assessment for fever using verbal questioning of caregiver
			HHP correctly counted number of breaths per minute using video within 10% of target
			HHP correctly assessed if child has "fast breathing" as determined by age
			HHP accurately determined level of assessment as red/urgent or yellow/non-urgent
			HHP accurately dispensed amoxicillin if indicated
			HHP accurately dispensed AS +AQ if indicated
			HHP accurately completed the "fever" section of recording form
			HHP accurately completed referral form, if indicated

Station #5 Newborn Resuscitation

Yes	Part	No	
			HHP selected the correct recording form for the child's age.
			HHP demonstrated preparation for a newborn breathing emergency
			HHP used the "Helping a Newborn Breath" page in the flipchart and performed the correct actions
			HHP performed one minute of assisted ventilation with the bag and mask with reasonable accuracy
			HHP checked for breathing after one minute of assisted ventilation
			HHP verbally stated (with prompting) that s/he will continue until the newborn is breathing well or until 10 minutes have passed without successful resuscitation.

PASS

_____ **Station #1: Completing the Recording and Referral Forms**
_____ **Station #2: Cough and Difficult Breathing**
_____ **Station #3: Diarrhoea and Dehydration**
_____ **Station #4: Malaria**
_____ **Station #5: Newborn Resuscitation**

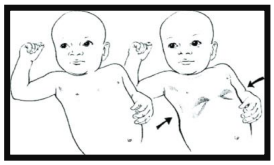
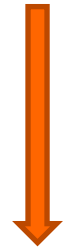
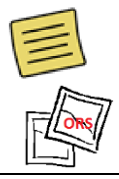
Re-takes:

Station #	**Date**	**Evaluator**

APPENDIX E.

CHILD HEALTH RECORDING FORM (29 DAYS-5 YEARS)

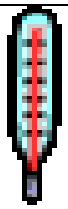
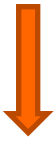
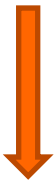
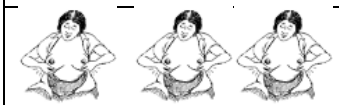
Date: _____ Name of Child: _____ Age: _____ Sex:_____
HHP# _____

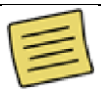
CHECK FOR PROBLEM	LOOK/ASK	YES	NO
 General Danger Signs	 Not able to drink  Vomits everything  Convulsions  Very sleepy or unconscious		
 Cough/Difficult Breathing	  Fast Breathing  Chest Indrawing  Strange Sounds		
	 Cough		
 Diarrhoea	 Sunken eyes  Skin goes back very slowly  No tears when crying		
	 		

	Irritable or restless Drinks eagerly, very thirsty		

Referral: Child's Name:_____ Age: ____ HHP: _____

 General Danger Sign	 Cough/Difficult Breathing	 Diarrhea/ Dehydration	 Fever/Malaria	 Breastfeeding Problems	 Needs Vaccination	 Medicine Given
Urgent Referral 	Home Treatment 					

CHECK FOR PROBLEM	LOOK/ASK	YES 	NO 
 Malaria/ Fever	  Fever or hot in past 3 days   Fast Breathing		
	 Fever only		
 Breastfeeding Problems	 Are there breastfeeding or breast problems?		
	 Does mother complain of problems with breasts 3 times?  Does mother have fever?		

	Does the mother have severe pain?		
 Immunizations	Are the child's immunizations up to date?		
 Vitamin A Supplementation	Every 6 months beginning at age 9 months.		

Date:

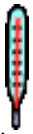
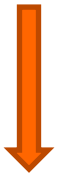
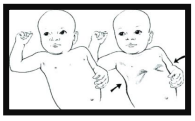
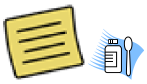
Reason for Referral:

Treatment Given:

APPENDIX F.

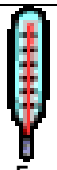
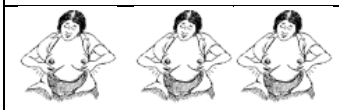
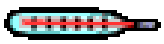
NEWBORN HEALTH RECORDING FORM (1- 28 DAYS)

Date: _____ Name of Child: _____ Age: _____ Sex:_____
HHP# _____

CHECK FOR BREATHING	 Not breathing?  keep warm  clear nose and mouth  ventilate		
NEWBORN CARE	 Crying?  dry  clean cord  keep warm  breastfeed  eye care		
CHECK FOR PROBLEM	**LOOK/ASK**	**YES** 	**NO** 
 General Danger Signs	 Not able to drink  Convulsions  Chest Indrawing  Very sleepy/ unconscious  Fast breathing  Skin hot/cold	 	
 Cough/Difficult Breathing	  Fast Breathing  Chest Indrawing  Strange Sounds	 	
	 Cough		
 Diarrhea	 Sunken eyes  Skin goes back very slowly  No tears when crying	 	
	Irritable or restless Drinks eagerly, very thirsty		

Referral: Child's Name:_____ Age: _____ HHP: _____

 General Danger Sign	 Cough/Difficult Breathing	 Diarrhea/ Dehydration	 Fever/Malaria	 Breastfeeding Problems	 Needs Vaccination	 Medicine Given

CHECK FOR PROBLEM	LOOK/ASK	YES	NO
 Malaria/ Fever	  Fever or hot in past 3 days  Fast Breathing		
	 Fever only		
 Breastfeeding Problems	 Are there breastfeeding or breast problems?		
	 Has mother complained of problems with breasts 3 times? Does the mother have severe pain?  Does mother have fever?		
 Immunizations	Are the child's immunizations up to date?		

Date:

Reason for Referral:

Treatment Given:

APPENDIX G.

Weekly Checklist for OR Supervisors:

Name of Supervisor: _____ Date: _____

Name of HHP: _____ Is HHP Literate? Yes___ No____

Date of Last Supervision Visit:_____ If more than 1 week, note why: _____

Assessment Topic of last supervision visit: _____

Date of initial training: _____ Date of last refresher training_____

Completeness of data captured on registration forms

1. Number of registration forms collected since last supervision visit: ____
2. For how many cases did the HHP care for a child under age 5 and NOT complete a registration form? ____
3. According to registration forms, how many CHILD (29 days-5 years) cases included symptoms of:

	Urgent Referral	Non-urgent Referral	Home Care
General Danger Signs	a	b	c
Cough or Difficult Breathing	d	e	f
Diarrhoea with or without Dehydration	g	h	i
Fever	j	k	l

4. According to the registration forms, how many NEWBORN (1-28 days) cases included symptoms of:

	Urgent Referral	Non-urgent Referral	Home Care
Newborn Asphyxia	a	b	c
General Danger Signs	d	e	f
Cough or Difficult Breathing	g	h	i
Diarrhoea with or without Dehydration	j	k	l
Fever	m	n	0
Essential Newborn Care			p

5. With the HHP, review all registration forms collected by the HHP. If the HHP needs assistance in writing the top portion (date, child's name, age, and sex) of any form, do so, note the date, and initial.
   Number of forms requiring assistance: _____
6. Check for completeness of each registration form. For how many forms did the HHP begin at the beginning of
   the form and continue the form until reaching a sign of urgent referral *or* reaching the end of the form? ____
7. Number of registration forms incomplete: _____
   What is the main reason for incompleteness?
   a. Difficulty with reading/writing b. No pen or pencil c. Did not understand protocol
   d. Other (state): _____

Drug/medicine administration

8. For how many registration forms did the classification of the patient indicate drug/medicine administration? ____
9. In how many cases does the HHP report that the drug/medicine was administered? _____
10. Match the number of drugs administered according to the registration forms, with drugs in store.
    Are all drugs/medicines accounted for? Y N

Medicines and equipment storage conditions

11. According to the records, is the stock of drugs complete?	Y	N
12. Is the stock of equipment complete?	Y	N
13. Are drugs/medicines stored in their original packaging?	Y	N
14. Are all drugs/medicines stored away from direct sunlight?	Y	N
15. Is unused neonatal bag-valve mask factory-sealed in packaging?	Y	N
16. Is unused neonatal aspirator factory-sealed in packaging *OR* has used Neonatal aspirator been boiled, dried, and placed in a clean bag?	Y	N

Testing of one component (randomly selected) of algorithm

Prior to each weekly supervisory visit, one component of the algorithm will be randomly selected for testing. Ask the HHP to use the flipchart and registration form to demonstrate the algorithm for the

selected section, including completion of the recording form, referral form, and administration of any medications. Allow the HHP to complete the algorithm before commenting, and then review.

Section tested: _____

17. Does the HHP demonstrate understanding of the flipchart algorithm?

    a. Yes, with excellence b. Yes, with some difficulty c. No, unable to demonstrate

18. Does the HHP demonstrate correct completion of the corresponding portion of the recording form?

    a. Yes, with excellence b. Yes, with some difficulty c. No, unable to demonstrate

19. Does the HHP demonstrate correct completion of the corresponding portion of the referral form?

    a. Yes, with excellence b. Yes, with some difficulty c. No, unable to demonstrate

20. Does the HHP demonstrate correct medication/drug administration for the section tested?

    a. Yes, with excellence b. Yes, with some difficulty c. No, unable to demonstrate

21. Number of referral forms given by this HHP: ___

22. Number of referral forms given by this HHP picked up at the PCHU: ___

APPENDIX H.

Accessing Videos

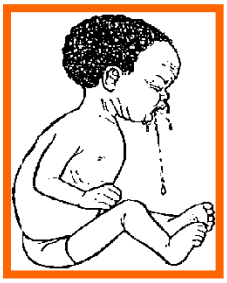
From Power Point:

- Put cursor over the slide with the video.
- Play button will show up on the bottom left of the screen.
- Click the "Play" button.
- If you want to pause, click bottom left "Pause" symbol.
- To resume play, click "Play" button again.

APPENDIX I.

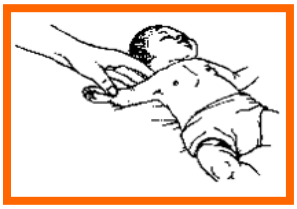
Urgent Referral to Hospital or Health Center

Unable to drink or breastfeed



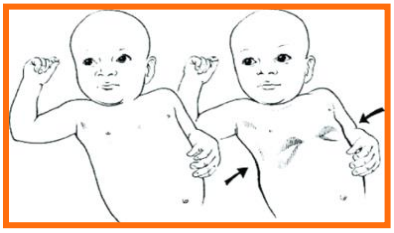
Vomits everything

Convulsions



Very sleepy or unconscious

Fast breathing



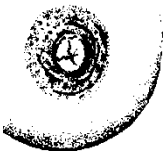
Chest indrawing

Strange sounds in the chest

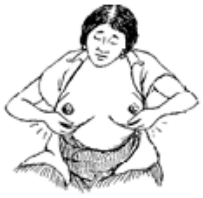
Sunken eyes/ Dehydration

Diarrhea/ Dehydration

Complicated Malaria



Cracked nipples



Painful breasts

First Dose Given

Referral to Hospital or Health Center

Irritable/restless

Some Dehydration

Cough lasting >1 month

Malaria

Immunization needed

First Dose Given

Referral to Hospital or Health Center

Date _____ **Time_____**
Name of child _____ **Age _____**

Reason/ Signs

_____
_____
_____
_____

Treatment given

_____
_____
_____
_____

HHP Name: _____
Village: _____

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