CARING FOR NEWBORNS AND CHILDREN IN THE COMMUNITY

A TRAINING COURSE FOR COMMUNITY HEALTH WORKERS

Caring for the sick child in the community

Adaptation for high HIV or TB settings (July 2014)

CHW MANUAL

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The materials on *Caring for the sick child in the community* are fully compatible with the IMCI guidelines for first-level health workers. They are intended to serve as an additional tool to implement the IMCI strategy in countries that support the provision of basic health services for children by community health workers.

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Contents

Introduction:
Caring for children in the community

This session introduces the importance of the community health worker's role in the communities they serve. It also introduces the course materials.

You will learn to:

- Identify common childhood illnesses from which children die.
- Identify typical care-seeking practices in your communities.
- Identify factors that might influence whether families seek care for their sick children from a health clinic or hospital.

A story:

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

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

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

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

The community health worker dissolves a zinc tablet in water for Mrs Shoba to give Lindi by spoon. He gives Mrs Shoba a packet of zinc tablets and asks her to give Lindi one tablet each morning until all the tablets are gone.

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

The community health worker wants to see Lindi again. Mrs Shoba agrees to bring her back in 3 days.

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

Discussion: Care-seeking in the community

Your facilitator will lead a group discussion with these questions.

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

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

   If so, what did they die from?

3. **Where families seek care.** When children are sick in your community, where do their families seek help?

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

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

   For what reason?

5. What determines whether families seek care for their sick children at the hospital?

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

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

* * * *

What community health workers can do

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

Sometimes these illnesses become very severe, especially when children are weak from poor nutrition or have HIV. Children who have both HIV and poor nutrition are at much higher risk of dying.

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

Lindi has a better chance to survive because one of her neighbours is a community health worker. Trained community health workers identify signs of illness and help families take care of their sick children at home.

Some children are too sick to be treated at home. Community health workers help families take their very sick children to a health facility. Community health workers can also identify sick children who are at risk of HIV or TB and refer them to a health facility for testing and special care if needed.

Course objectives

This course on *Caring for the Sick Child in the Community* helps you support families to provide good care for their children. It is part of the strategy called Integrated Management of Childhood Illness (IMCI).

In this course, you will learn to identify signs of illness in a sick child, age 2 months up to 5 years. You will refer some children to the health facility for more care. You will also be able to help families treat at home children with diarrhoea, malaria, or fast breathing.

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

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

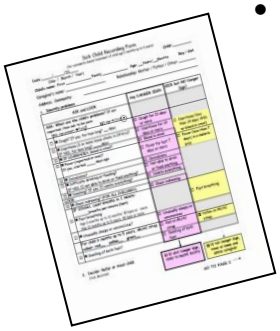
- To identify signs of common childhood illness and danger signs, to test children with fever for malaria, and to identify malnutrition.
- To assess whether the sick child has HIV, is at risk of HIV, or is exposed to TB in the household.
- To decide whether to refer children to a health facility, or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

Course methods and materials

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

The course provides these materials:

- *Manual for the Community Health Worker (CHW Manual).*
  You are now reading the *CHW Manual.* It contains the content, discussions, and exercises for the course.



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

- *Other materials*
  The facilitator will use *charts, photos, videos,* and other materials to help you learn the case management tasks.

At the end of this course, the facilitator will discuss ways to support and help you as you continue to develop your skills in the community.

Take-home messages for this section:

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

Greet the caregiver and child

At the end of this session, you will be able to:

- Greet and welcome a caregiver, and ask questions about her child.
- Start to use the Sick Child Recording Form.

Who is the caregiver?

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

Who are caregivers in your community? Often the caregiver is the child's mother. But the caregiver may be the father or another family member. In some communities, children have several caregivers. A grandmother, an aunt, an older sister, a worker at the community child care centre and a neighbour may share the tasks of caring for a child.

Important things are to encourage caregivers to bring all sick children to you without delay. If they have any questions or concerns about how to care for the child, welcome them. If the child cannot come to you, you may visit the child at home.

TIP: Greet caregivers in a friendly way whenever and wherever you see them.

Through good relationships with caregivers, you will be able to improve the lives of children in your community.

Ask about the child and caregiver

Greet the caregiver. Invite the caregiver to sit with the child in a comfortable place while you ask some questions. Sit close, talk softly, and look directly at the caregiver and child.

Communicate clearly and warmly.

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

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

TIP: Be ready with the—

- Sick child recording form
- Pencil

Keep nearby—

- Medicine (ORS, zinc, antimalarial, and antibiotic)
- Utensils to prepare and give ORS solution and other medicines

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

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

Sick Child Recording Form

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

Date: *16* / *5* /20*14* **CHW:** *JB*

(Day / Month / Year)

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

Caregiver's name: *Patricia Owen* **Relationship:** (Mother) / Father / Other: _____

Address, Community: *Hilltop Road, Sugar Hills* .

Exercise: Use the recording form (1)

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

Child 1: Jackie Marks

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

Jackie Marks is a 3-year-old girl. Her mother Joyce Marks brought her to your home. Her address is 200 Peachtree Road. Complete the recording form below.

Sick Child Recording Form

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

Date:____ /_____ /20____ **CHW:**_____

(Day / Month / Year)

Child's name: First _____ Family _____ **Age:** __ Years/ __ Months **Boy / Girl**

Caregiver's name: _____ **Relationship:** Mother / Father / Other: _____

Address, Community: _____

Child 2: Comfort Green

Comfort Green is a 4-month-old boy. His father, Paul Green, brought Comfort to see you. He usually takes care of the baby. The Greens live near you on Cape Road in the Tygerberg Municipality. Complete the recording form below.

Sick Child Recording Form

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

Date:____ /_____ /20____ **CHW:**_____

(Day / Month / Year)

Child's name: First _____ Family _____ **Age:** __ Years/ __ Months **Boy / Girl**

Caregiver's name: _____ **Relationship:** Mother / Father / Other: _____

Address, Community: _____

Did you remember to add today's date and your initials?

Take-home messages for this section:

- The way you greet and talk with a caregiver is very important; she or he must be made to feel comfortable.
- Good relationships will help you improve the lives of children in your community.

Identify problems

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

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

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

You will be able to:

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

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

ASK: What are the child's problems?

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

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

☐ Cough

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

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

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

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

☐ If Diarrhoea, Blood in stool

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

☐ Fever (now or in the last 3 days)

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

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

☐ Convulsions

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

☐ Difficult drinking or feeding

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

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

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

☐ Vomiting

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

☐ **HIV**

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

About HIV transmission

HIV is a virus infection. Transmission may occur:

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

HIV <u>cannot</u> be transmitted by:

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

Preventing transmission of HIV

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

☐ At risk of HIV

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

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

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

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

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

☐ Lives in household with someone on TB treatment

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

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

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

☐ Any other problem

There is a small space on the back of the recording form, item 5, to write any other problem to refer because you cannot treat it. For example, a child may have a problem in breastfeeding, a skin or eye infection, or a burn or other injury.

On the other hand, some other problems you may be able to treat. For example, you may have learned how to advise caregivers on how to feed their children. If the caregiver might have a question about

feeding the child, you would be able to help overcome a feeding problem. The child may not need to be referred.

Record the child's problems

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

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

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

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

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

Now, look at the sample form for Grace Owen below.

The community health worker asked the caregiver, "What are the child's problems?"

What problems did the mother identify?

What problems did the mother say Grace does not have?

Sick Child Recording Form

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

Date: *16* / *5* /20*14* **CHW:** *JB*

(Day / Month / Year)

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

Caregiver's name: *Patricia Owen* **Relationship:** Mother / Father / Other: _____

Address, Community: *Hilltop Road, Sugar Hills*

1. Identify problems

ASK and LOOK	
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔ Tick ☑ **NO** sign ➔ Circle ■	
☑	■ Cough? IF YES, for how long? *2* days
☐	■ Diarrhoea (3 or more loose stools in 24 hours)? IF YES, for how long? _____days.
☐	■ IF DIARRHOEA, blood in stool?
☑	■ Fever (reported or now)? IF YES, started *4* days ago.
☐	■ Convulsions?
☑	■ Difficulty drinking or feeding? IF YES, ☑ not able to drink or feed anything?
☐	■ Has HIV?
☑	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? Or ☑ Parents' current HIV status is unknown?
☐	■ Lives in household with someone on TB treatment?

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

Complete the recording form on the next page for Juanita.

Child: Juanita Valdéz

Juanita Valdéz is 3 and a half years old. She lives with her aunt Maria Lomos. They are your neighbours in the village of Agua Fria.

Juanita has been coughing. You ask her aunt, “For how long?” She says, “For 5 days.” Juanita now seems to be breathing with greater difficulty than usual.

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

When you ask whether Juanita or her parents have HIV, she says “No, I don’t think so.” She also does not know if Juanita has ever tested for HIV. Miss Lomos says that no one living in her home is on TB treatment.

Sick Child Recording Form

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

Date:____ /_____ /20____ **CHW:**_____

(Day / Month / Year)

Child's name: First _____ Family _____ **Age:** __ Years/ __ Months **Boy / Girl**

Caregiver's name: _____ **Relationship:** Mother / Father /Other: _____

Address, Community: _____

1. Identify problems

	ASK and LOOK
	ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present → Tick ☐√ **NO** sign → Circle ■
☐	■ Cough? IF YES, for how long? __ days
☐	■ Diarrhoea (3 or more loose stools in 24 hours)? IF YES, for how long? _____days.
☐	■ IF DIARRHOEA, blood in stool?
☐	■ Fever (reported or now)? IF YES, started _____ days ago.
☐	■ Convulsions?
☐	■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?
☐	■ Vomiting? IF YES, ☐ vomits everything?
☐	■ Has HIV?
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? Or ☐ Parents' current HIV status is unknown?
☐	■ Lives in household with someone on TB treatment?

Role play demonstration and practice: Ask the caregiver and record information

Part 1. Role play demonstration

Ita Haji has brought her 12-week-old boy **Tatu** to see the community health worker at her home today.

A community health worker greets Mrs Haji at the door, and asks her to come in. You will observe the interview, and complete the recording form. Start by filling in the date, your initials, the child's name and age, and the caregiver's name.

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

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

Sick Child Recording Form

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

Date:____ /_____ /20____ **CHW:**_____

(Day / Month / Year)

Child's name: First _____ Family _____ **Age:** __ Years/__ Months **Boy/Girl**

Caregiver's name: _____ **Relationship:** Mother/Father/Other: _____

Address, Community: _____

1. Identify problems

ASK and LOOK	
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☐	■ Lives in household with someone on TB treatment?

Part 2. Role play practice

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

- A **caregiver** (mother or father) takes a sick child to the community health worker. When asked, the caregiver provides information on the child and family. (There is no script.)
- The **community health worker** greets the caregiver and asks questions to gather information. The community health worker completes the recording form below.
- The **observer** observes the interview. The observer also completes the recording form on the next page. Be prepared to discuss:
    1. How well does the community health worker greet the caregiver?
    2. How welcome does the caregiver feel in the home? How do you know?
    3. What information from the visit did you record? How complete was the information?

Sick Child Recording Form

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

Date:____ /_____ /20____ **CHW:**_____

(Day / Month / Year)

Child's name: First _____ Family _____ **Age:** __ Years/__ Months **Boy/Girl**

Caregiver's name: _____ **Relationship:** Mother/Father/Other: _____

Address, Community: _____

1. Identify problems

ASK and LOOK	
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔ Tick ☑ **NO** sign ➔ Circle ■	
☐	■ Cough? IF YES, for how long? __ days
☐	■ Diarrhoea (3 or more loose stools in 24 hours)? IF YES, for how long? _____days.
☐	■ IF DIARRHOEA, blood in stool?
☐	■ Fever (reported or now)? IF YES, started _____ days ago.
☐	■ Convulsions?
☐	■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?
☐	■ Vomiting? IF YES, ☐ vomits everything?
☐	■ Has HIV?
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? Or ☐ Parents' current HIV status is unknown?
☐	■ Lives in household with someone on TB treatment?

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

Sick Child Recording Form

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

Date:____ /_____ /20____ **CHW:**_____

(Day / Month / Year)

Child's name: First _____ Family _____ **Age:** __ Years/ __ Months **Boy/Girl**

Caregiver's name: _____ **Relationship:** Mother/Father/Other: _____

Address, Community: _____

1. Identify problems

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

* * * *

LOOK for signs of illness

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

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

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

☐ Chest indrawing

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

Sometimes a child with cough, however, is very sick. The child might have pneumonia. Pneumonia is an infection of the lungs.

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

When pneumonia is severe, the lungs become very stiff. Breathing with very stiff lungs causes chest indrawing. The chest works hard to pull in the air, and breathing can be difficult. Children with severe pneumonia must be referred to a health facility.

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

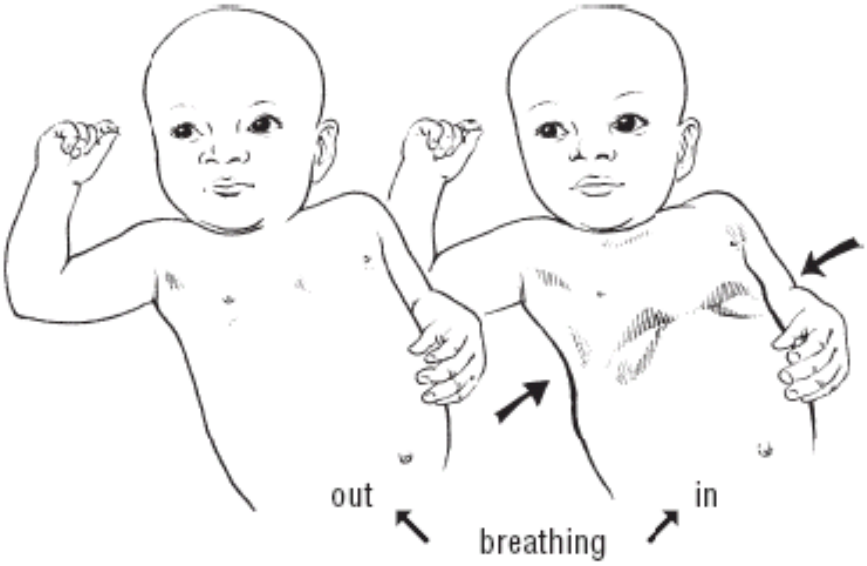
To look for chest indrawing, the child must be calm. The child should not be breastfeeding. If the child is asleep, try not to waken the child.

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

Look for chest indrawing when the child breathes IN. Normally when a child breathes IN, the chest and stomach move out together.

In a child with chest indrawing, however, the chest below the ribs pulls in instead of moving out; the air does not come in and the chest is not filling with air.

In the picture below, the child on the right has chest indrawing. See the lines on the chest as the child on the right breathes in. The chest below the ribs pulls in instead of moving out. The child has chest indrawing if the lower chest wall goes IN when the child breathes IN.



Chest indrawing is not visible when the child breathes OUT. In the picture, the child on the left is breathing out—pushing the air out.

For chest indrawing to be present, it must be clearly visible and present at every breathing in.

If you see chest indrawing only when the child is crying or feeding, the child does not have chest indrawing. If you are unsure whether the child has chest indrawing, look again. If other community health workers are available, ask what they see.

Discussion: Chest indrawing

The facilitator will show photos of children with chest indrawing.

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

1. Will you be able to look for chest indrawing in a child when:
   a. The child's chest is covered? __Yes __No
   b. The child is upset and crying? __Yes __No
   c. The child is breastfeeding or suckling? __Yes __No
   d. The child's body is bent? __Yes __No

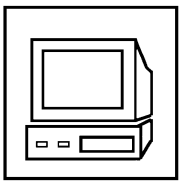
2. The child must be calm for you to look for chest indrawing. Which of these would be appropriate to calm a crying child? Discuss these methods with the facilitator.

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

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

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

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



Video exercise: Identify chest indrawing

For each of the children shown in the video, answer the question: ***Does the child have chest indrawing?*** Circle Yes or No.

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

You may ask to see any of these children again.

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

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

Look for signs of illness (continued)

☐ Fast breathing

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

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

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

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

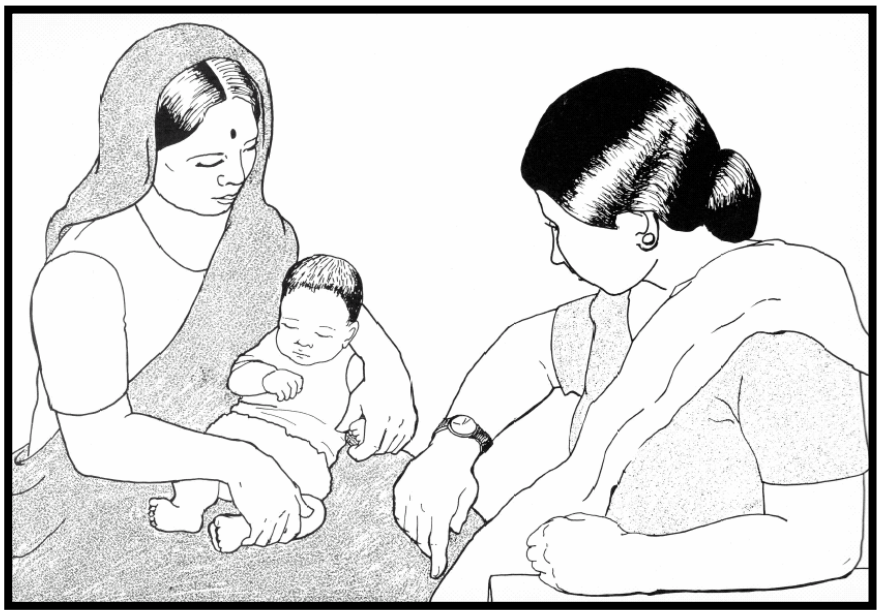
TIP: Looking at the watch and the child's breathing at the same time can be difficult.

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

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

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

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



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

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

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

Fast breathing depends on the child's age:

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

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

A child with cough and fast breathing has PNEUMONIA.

Photo WHO SEARO

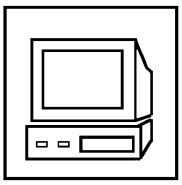
[If 60 second timers are available, your facilitator will now show you how to use them. See the community health worker using a timer in the picture.]

Exercise: Identify fast breathing

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

Refer to the Sick Child Recording Form for the number of breaths per minute that are fast breathing, depending on age.

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



Video exercise: Count the child's breaths

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

For each of the children shown:

1. Record the child's age below.

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

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

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

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

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

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

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

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

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

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

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

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

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

Look for signs of illness (continued)

☐ Unusually sleepy or unconscious

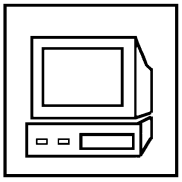
While looking for signs of illness, look at the child's general condition. Look to see if the child is unusually sleepy or unconscious.

If the child has been sleeping and you have not seen the child awake, ask the caregiver if the child seems unusually sleepy. Gently try to wake the child by moving the child's arms or legs. If the child is difficult to wake, see if the child responds when the caregiver claps.

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

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

In contrast, an alert child pays attention to things and people around him or her. Even when the child is tired, the child awakens.



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

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

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

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

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

How are the children who are *unusually* sleepy or unconscious different from those who are just sleepy?

LOOK for signs of severe malnutrition

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

But you are concerned. Children have malnutrition because they have a poor diet or because they are often sick.

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

Malnourished children often become sick. Illness is a special challenge for a body that is weak from poor nutrition. Some children with poor nutrition may also have HIV.

Malnourished children are more likely to die than well-nourished children. Over half the children who die from common childhood illness—diarrhoea, pneumonia, malaria, and measles—are poorly nourished. Children with both poor nutrition and HIV are at much higher risk of dying. If you identify children with malnutrition, you can help them get proper care. This may include HIV testing. If the child has HIV, the health facility will start the child on antiretroviral treatment (ARVs), which will keep the child healthy. You might be able to prevent these children from dying.

Your facilitator will demonstrate two ways to look for SEVERE MALNUTRITION:

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

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

Discussion: Severe malnutrition

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

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

* * * *

Look for signs of severe malnutrition (continued)

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

☐ Red on MUAC strap

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

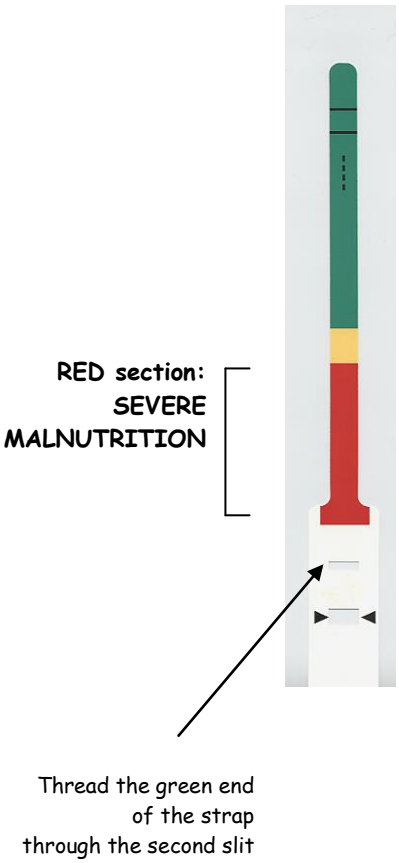
A yellow reading on a MUAC strap indicates a risk of acute malnutrition.

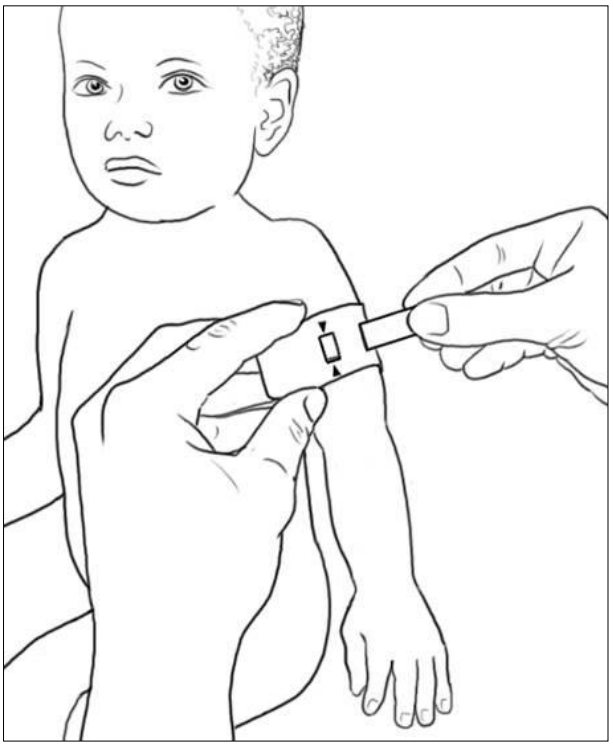
A MUAC strap is easy to use to identify a child with a very small mid-upper arm circumference.[1] Review the instructions in the box on the next page.

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

How to use a MUAC strap

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





Exercise: Use the MUAC strap

Use the MUAC strap on ten sample cardboard rolls that represent the arms of ten children. The arm of each is represented by a cardboard roll.

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

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

Look for signs of severe malnutrition (continued)

☐ Swelling of both feet

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

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

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

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

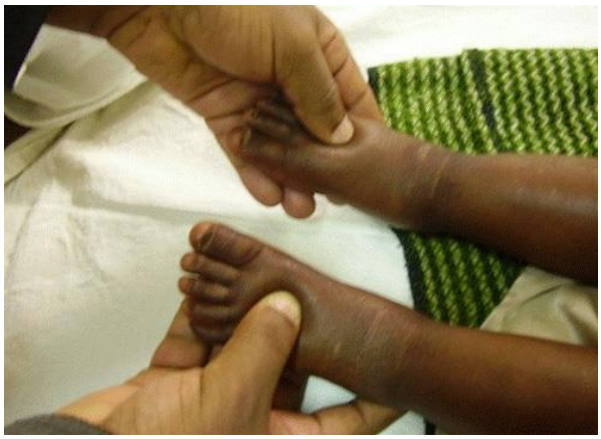


Photo: Motherandchildnutrition.org

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

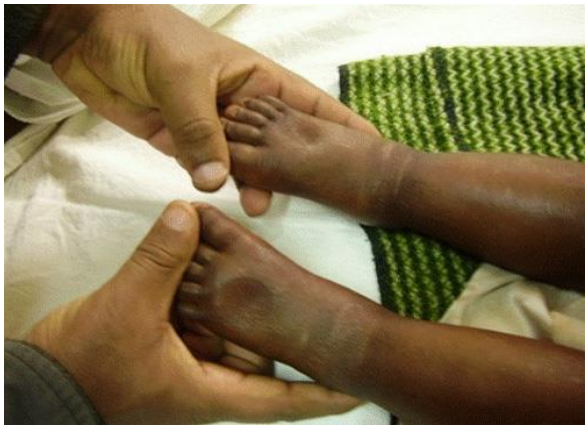
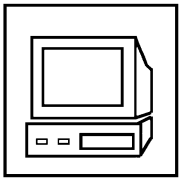


Photo: Motherandchildnutrition.org

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



Video demonstration: Look for severe malnutrition

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

* * * *

Take-home messages for this section:

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

Decide: Refer or treat the child

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

Some problems are **Danger Signs.** A danger sign indicates that the child is too ill for you and the family to treat in the community. You do not have the medicines this child needs. To help this child survive, you must URGENTLY refer the child to the health facility.

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

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

In this section, you will learn to:

- Identify danger signs.
- Identify signs of illness (that are not danger signs).
- Decide if the child must be referred to the health facility or whether you can treat the child in the community.

Any DANGER SIGN: Refer the child

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

Any one of these signs is a reason to refer the child URGENTLY to the health facility. Using the information you have about the child, tick [✓] any danger sign or signs you find.

The first seven danger signs are found by asking the caregiver about the child's problems.

☐ Cough for 14 days or more

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

☐ Diarrhoea for 14 days or more

Diarrhoea often stops on its own in 3 or 4 days. Diarrhoea for 14 days or more, however, is a danger sign. It may be a sign of a severe disease. The diarrhoea will contribute to malnutrition. Diarrhoea also can cause dehydration, when the body loses more fluids than are being replaced. If not treated, dehydration results in death. **Refer a child with diarrhoea for 14 days or more.**

☐ Blood in stool

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

☐ Fever for last 7 days or more

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

☐ Convulsions

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

☐ Not able to drink or eat anything

One of the first indications that a child is very sick is that the child cannot drink or swallow. Dehydration is a risk. Also, if the child is not able to drink or eat anything, then the child will not be able to swallow the oral medicine you have in your medicine kit. **Refer a child who is not able to drink or eat anything.**

☐ Vomits everything

When the child vomits everything, the child cannot hold down any food or drink at all. The child will not be able to replace the fluids lost during vomiting and is in danger from dehydration. A child who vomits everything also cannot take the oral medicine you have in your medicine kit. **Refer a child who vomits everything.**

☐ Has HIV and any other illness

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

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

Exercise: Decide to refer (1)

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

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

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

Does the child have a danger sign? (Circle Yes or No.)			**Refer child?** Tick [✓]
1. Sam – cough for 2 weeks	**Yes**	**No**	
2. Murat – cough for 2 months	**Yes**	**No**	
3. Beauty – diarrhoea with blood in stool	**Yes**	**No**	
4. Marco – diarrhoea for 10 days and HIV	**Yes**	**No**	
5. Amina – fever for 3 days in a malaria area	**Yes**	**No**	
6. Nilgun – low fever for 8 days, not in a malaria area	**Yes**	**No**	
7. Ida – diarrhoea for 2 weeks	**Yes**	**No**	
8. Carmen – cough for 1 month	**Yes**	**No**	
9. Tika – convulsion yesterday	**Yes**	**No**	
10. Nonu – very hot body since last night, in a malaria area	**Yes**	**No**	
11. Maria – vomiting food but drinking water	**Yes**	**No**	
12. Thomas – not eating or drinking anything because of mouth sores	**Yes**	**No**	

Any DANGER SIGN: Refer the child (continued)

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

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

☐ Chest indrawing

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

☐ Unusually sleepy or unconscious

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

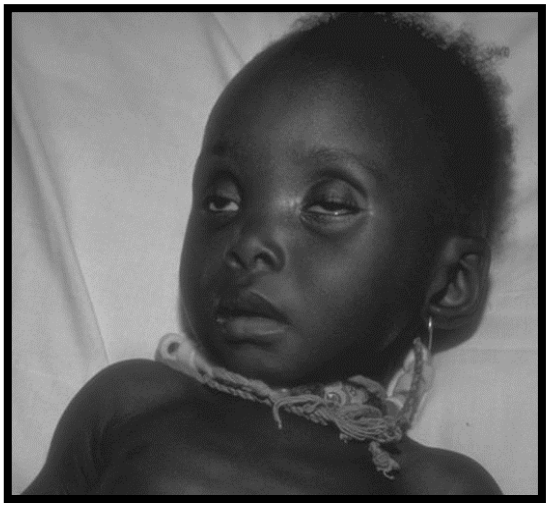


Photo WHO CAH

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

☐ Red on MUAC strap

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

☐ Yellow on MUAC strap and has HIV

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

[Where there is a community-based feeding programme, you will refer the child with yellow on the strap and no HIV for supplemental feeding.]

☐ Swelling of both feet

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

Exercise: Decide to refer (2)

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

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

Should you urgently refer the child to the health facility? Tick [✓] if the child should be referred. To guide your decision, use the recording form.

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

19. Child age 2 years has had diarrhoea for one week with no blood in her stools	**Yes**	**No**	
20. Child age 18 months has had a low fever (not very hot) for 2 weeks	**Yes**	**No**	
21. Child in a malaria area has had fever and vomiting (not everything) for 3 days	**Yes**	**No**	
22. Child age 19 months has had diarrhoea for 14 days; his mother has HIV; child has not tested for HIV	**Yes**	**No**	
23. Child age 9 months has coughed for 10 days; she is breastfed; her parents have HIV; child has not tested for HIV	**Yes**	**No**	

* * * *

SICK but NO DANGER SIGN: Treat the child

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

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

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

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

Diarrhoea for less than 14 days, with no danger sign, needs treatment. You will be able to give the child Oral Rehydration Salts (ORS) solution and zinc.

☐ Fever (less than 7 days) in a malaria area

Any fever in a malaria area may be a sign of malaria. Therefore, it is important to do a rapid diagnostic test (RDT) for all children with fever. If the test result is positive for malaria, you will treat the child with an antimalarial. If the test is negative, the child should return for a follow-up visit in 3 days, or sooner if the child becomes sicker.

(If RDTs are not available in your area, follow the local policies for treating malaria.)

In an area where there is no malaria, a child with fever and no danger sign should return for a follow-up visit in 3 days, or sooner if the child becomes sicker. During the follow-up visit, look for signs of illness again. Refer the child if the child is not improving.

☐ Fast breathing

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

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

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

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

Advise the caregiver to bring the child right away if the child cannot drink or eat or is getting sicker. Especially watch for any difficult breathing. If the child becomes sicker, ask the caregiver to bring the child back right away. Even if the child improves, ask to see the child with cough again in 3 days for a follow-up visit.

☐ At risk of HIV because

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

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

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

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

☐ Living in household with someone on TB treatment

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

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

☐ Yellow on MUAC strap (no HIV)

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

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

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

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

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

Part 1. Demonstration

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

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

2. Identify danger signs or other signs of illness.

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

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

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

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

Sick Child Recording Form

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

Date: 16 / 5 /20 14 **CHW:** JB
(Day /Month/ Year)

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

Caregiver's name: Patricia Owen **Relationship:** Mother / Father/Other: _____

Address, Community: Hilltop Road, Sugar Hills

1. Identify problems

ASK and LOOK	Any DANGER SIGN?	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. **YES,** sign present ➔ Tick ☑ **NO** sign ➔ Circle ■		
☑ ■ Cough? IF YES, for how long? 2 days	☐ Cough for 14 days or more	
☐ ■ Diarrhoea (3 or more loose stools in 24 hours)? IF YES, for how long? ____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐ ■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☑ ■ Fever (reported or now)? IF YES, started 4 days ago.	☐ Fever for last 7 days or more	☑ Fever (less than 7 days) in a malaria area
■ Convulsions?	☐ Convulsions	
☑ ■ Difficulty drinking or feeding? IF YES, ☑ not able to drink or feed anything?	☑ Not able to drink or feed anything	
☑ ■ Vomiting? IF YES, ☑ vomits everything?	☑ Vomits everything	
☐ ■ Has HIV?	☐ Has HIV and any other illness	
☑ ■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☑ Parents' current HIV status is unknown?		☐ One or both parents have HIV and child has not tested for HIV ☑ Parents' current HIV status unknown
☐ ■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
LOOK:		
☐ ■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
IF COUGH, count breaths in 1 minute: 36 breaths per minute (bpm) ☐ ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐ ■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green ☑	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (no HIV)
☐ ■ Swelling of both feet?	☐ Swelling of both feet	

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

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

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

GO TO PAGE 2 ⟶

Part 2. Practice

The CHW examined 3 children today. He marked the signs found under ASK and LOOK on a recording form for each child below. Tick [✓]any of the signs that are **DANGER SIGNS** and any signs that the child is **SICK but NO Danger Sign**.

Then, decide to **refer to health facility** or **treat the child at home**. Tick [✓] a box at the bottom to show your decision.

Child 1: Siew Chin

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: 16/ 5 /2014 **CHW:** LC

Child's name: First Siew Family Chin **Age:** 0 Years/ 2 Months **Boy / (Girl)**

Caregiver's name: Lin Chin **Relationship:** (Mother) / Father / Other: _____

Address, Community: 205 Foggy Valley Road

1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick ☑ NO sign → Circle ■		
☐ ■ Cough? If yes, for how long? __ days	☐ Cough for 14 days or more	
☑ ■ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? 2 days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☑ ■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☐ ■ Fever (reported or now)? If yes, started _____ days ago.	☐ Fever for last 7 days or more	☐ Fever (less than 7 days) in a malaria area
☐ ■ Convulsions?	☐ Convulsions	
☐ ■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☑ ■ Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
☐ ■ Has HIV?	☐ Has HIV and any other illness	
☐ ■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and child has not tested for HIV ☐ Parents' current HIV status is unknown
☐ ■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
LOOK:		
☐ ■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
IF COUGH, count breaths in 1 minute: _____breaths per minute (bpm) ☐ ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐ ■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (does not have HIV)
☐ ■ Swelling of both feet?	☐ Swelling of both feet	

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

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

GO TO PAGE 2 →

Child 2: Comfort Green

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: 16/ 5/2014 **CHW:** LC

Child's name: First Comfort Family Green **Age:** 0 Years/ 4 Months (Boy) / Girl

Caregiver's name: Paul Green **Relationship:** Mother / (Father) / Other: _____

Address, Community: Cape Road, Tygerberg

1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick ☑ NO sign → Circle ■		
☑ ■ Cough? If yes, for how long? 3 days	☐ Cough for 14 days or more	
☐ ■ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐ ■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☑ ■ Fever (reported or now)? If yes, started 3 days ago.	☐ Fever for last 7 days or more	☐ Fever (less than 7 days) in a malaria area
☐ ■ Convulsions?	☐ Convulsions	
☐ ■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☐ ■ Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
☐ ■ Has HIV?	☐ Has HIV and any other illness	
☑ ■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☑ Parents' current HIV status is unknown?		☐ One or both parents have HIV and child has not tested for HIV ☐ Parents' current HIV status is unknown
☐ ■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
LOOK:		
☐ ■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
IF COUGH, count breaths in 1 minute: 63 breaths per minute (bpm) ☐ ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐ ■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red___ yellow___ green___	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (does not have HIV)
☐ ■ Swelling of both feet?	☐ Swelling of both feet	

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

☐ **If ANY Danger Sign, REFER URGENTLY to health facility**

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

GO TO PAGE 2 →

Child 3: Karen Shah

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: 16 / 5/20 14 **CHW:** LC

Child's name: First Karen Family Shah **Age:** 3 Years/ 3 Months **Boy** / **Girl**

Caregiver's name: Mona Shah **Relationship:** Mother / Father / Other: _____

Address, Community: Four Corners

1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick ☑ NO sign → Circle ■		
☑ ■ Cough? If yes, for how long? 3 days	☐ Cough for 14 days or more	
☐ ■ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐ ■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☐ ■ Fever (reported or now)? If yes, started ____ days ago.	☐ Fever for last 7 days or more	☐ Fever (less than 7 days) in a malaria area
☐ ■ Convulsions?	☐ Convulsions	
☑ ■ Difficulty drinking or feeding? Sore throat IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☐ ■ Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
☐ ■ Has HIV?	☐ Has HIV and any other illness	
☐ ■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and child has not tested for HIV ☐ Parents' current HIV status is unknown
☐ ■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
LOOK:		
☐ ■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
IF COUGH, count breaths in 1 minute: 47 breaths per minute (bpm) ☐ ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐ ■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green ☑	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (does not have HIV)
☐ ■ Swelling of both feet?	☐ Swelling of both feet	

2. Decide: Refer or treat child

(tick decision)

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

GO TO PAGE 2 ⟶

Looking ahead

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

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

Take-home messages for this section:

- There are **thirteen danger signs** for which a child must be referred to a health facility: cough for 14 days or more, diarrhoea for 14 days or more, diarrhoea with blood in the stool, fever for last 7 days or more, convulsions, not able to drink or feed anything, vomits everything, has HIV and any other illness, chest indrawing, unusually sleepy or unconscious, red on the MUAC strap, yellow on the MUAC strap and has HIV, or swelling of both feet.
- A child who has convulsions, has fever for last 7 days or more, is unable to drink or feed anything, vomits everything, or is unusually sleepy or unconscious, is in danger of dying quickly and must be referred immediately.
- Other signs of illness (diarrhoea less than 14 days, fever less than 7 days in a malaria area, cough with fast breathing, and yellow on the MUAC strap) can be treated in the community, by you and the caregiver.
- A child who is at risk of HIV or exposed to TB in the household should be referred to a health facility for HIV testing or TB screening. Advise the caregiver to take the child to the health facility soon.
- This section, *Any Danger Sign*?, is summarized on page 6 of the Chart Booklet.

Treating children in the community

A story:

One-year-old Nuntu has had fever and coughing for three days. He is weak. He needs to go to the health facility. The health facility, however, is very far away.

So Mrs John first takes her son to see the community health worker. The community health worker has medicine for children. He asks questions. He examines Nuntu carefully. He decides that Nuntu does not have any danger signs.

The community health worker also counts Nuntu's breaths. He finds that Nuntu has fast breathing and needs an antibiotic right away.

Malaria is very common in the area, and Nuntu has a fever. The community health worker does a rapid diagnostic test for malaria. The RDT result is positive, so Nuntu needs an antimalarial.

The community health worker washes her hands, and shows Mrs John how to prepare the antimalarial medicine and the oral antibiotic by mixing each with breast milk. Mrs John then gives Nuntu the first dose of each medicine slowly with a spoon.

The community health worker gives Mrs John medicine to give Nuntu at home. He explains how much, at what time, and how many days to give the antibiotic and antimalarial to Nuntu.

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

At home Mrs John has a bednet, treated with insecticide. The community health worker asks Mrs John to describe how she uses the bednet. He explains that it is very important for Nuntu and the other young children to sleep under the bednet, to prevent malaria.

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

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

Mrs John is grateful. She now has medicines for Nuntu, and he has already begun treatment. If Nuntu gets better, they will not need to go the long distance to the health facility.

* * * *

A community health worker who has medicine for common childhood illness—and is trained to use it correctly—can bring treatment to many children.

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

You will now learn how to use good communication skills. Then you will learn to give children life-saving medicine—Oral Rehydration Salts (ORS) solution, zinc, an antimalarial, and an antibiotic (amoxicillin).

Use good communication skills

Where you sit and how you speak to the caregiver set the scene for good communication. Welcome the caregiver and child. Sit close, look at the caregiver, speak gently. Encourage the caregiver to talk and ask questions. The success of home treatment very much depends on how well you communicate with the child's caregiver.

The caregiver must also trust that whatever she tells you will be kept confidential. She may be worried that you could reveal information about her to others in the community.

The caregiver and others in the family need to know how to give the treatment at home. They need to understand the importance of treatment. They need to feel free to ask questions when they are unclear. You need to be able to check their understanding of what to do.

> You will practise good communication throughout this course.
>
> You will be able to:
>
> - Identify ways to communicate more effectively with caregivers.
> - Phrase questions for checking the caregiver's understanding of treatment and other tasks she must carry out.

As a reminder, for good communication:

- **Ask** questions to find out what the caregiver is already doing for her child, and **listen** to what the caregiver says.
- **Praise** the caregiver for what she or he has done well.
- **Advise** the caregiver on how to treat the child at home.
- **Check** the caregiver's understanding.
- **Solve problems** that may prevent the caregiver from giving good treatment.
- **Keep all personal information confidential**.

Here, we will focus on how to **advise the caregiver on how to treat the child,** and how to **check the caregiver's understanding.**

Advise the caregiver on how to treat the child at home

Some advice is simple. Other advice requires that you teach the caregiver how to do the task. For example, you have learned to teach a caregiver how to give an antibiotic (amoxicillin). Teaching how to do a task requires several steps:

1. Give information.
2. Show an example.
3. Let the caregiver practise.

To give information, explain how to do the task. For example, explain how to divide a tablet, crush a tablet, mix it with water, and give it to the child.

To show an example, do the task so the caregiver can see. For example, cut a tablet in half.

To let the caregiver practise, ask the caregiver to do the task. For example, ask her to cut another tablet, and give the first dose to the child.

Letting the caregiver practise is the most important part of teaching a task. You will know what the caregiver understands and what is difficult. You can then help the caregiver do it better. The caregiver is more likely to remember something he or she has practised, than something just heard.

Also, when the caregiver practises the task, the caregiver gains more confidence to do it at home.

When teaching the caregiver:

- Use words that the caregiver understands.
- Use objects that are familiar, such as common spoons, or common containers for measuring and mixing ORS solution.
- Give feedback. Praise what the caregiver does well. Make corrections, if necessary. Allow more practice, if needed.
- Encourage the caregiver to ask questions. Answer all questions simply and directly.

Check the caregiver's understanding

Giving even one treatment correctly is difficult. The caregiver who must give the child two or more treatments will have greater difficulty. The caregiver may have to remember the instructions for several treatments—ORS, zinc, an antimalarial, and an antibiotic (amoxicillin).

After you teach the caregiver how to treat the child, be sure that the caregiver understands how to give the treatment correctly. Asking checking questions and asking the caregiver to show you are two ways to find out what the caregiver has learned.

State a checking question so that the caregiver answers more than "yes" or "no". An example of a yes/no question is, "Do you know how to give your child his antibiotic?"

Most people will probably answer "Yes" to this question, whether they do or do not know. They may be too embarrassed to say "no". Or they may think that they do know.

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

It is better to ask a few good checking questions, such as:

"When will you give the medicine?"
"How much will you give?"
"For how many days will you give the medicine?"
"What mark on the packet would help you remember?"
"When should you bring your child back to see me?"

With the answer to a good checking question, you can tell whether the caregiver has understood. If the answer is not correct, clarify your instructions. Describing how to give the treatment and demonstrating with the first dose will also help the caregiver to remember.

Good checking questions require the caregiver to **describe how** to treat the child at home. They begin with questions, such as **what, how, when, how many,** and **how much.** You might also ask **why** to check the understanding of the importance of what the caregiver is doing. You can also ask for a demonstration: **show me.**

Good checking questions	Poor checking questions
How will you prepare the ORS solution?	Do you remember how to mix ORS?
How much ORS solution will you give after each loose stool?	Will you try to give your child 1/2 cup of ORS after each loose stool?
How many tablets will you give next time? **What** will help you remember how many tablets you will give?	Can you remember which tablet is which, and how much to give of each?
When should you stop giving the medicine to the child?	You know how long to give the medicine, right?
Let's give your child the first dose now. **Show me** how to give your child this antibiotic (amoxicillin).	Do you think you can give the antibiotic at home?

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

Checking understanding requires patience. The caregiver may know the answer, but may be slow to speak. The caregiver may be surprised that you asked, and that you really want an answer. Wait for the answer. Do not quickly ask a different question.

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

Exercise: Use good communication skills

In this exercise, you will review good communication skills.

Child 1. Sasha

The community health worker must teach a mother to prepare ORS solution for her daughter Sasha who has diarrhoea. First the community health worker explains how to mix the ORS, and then he shows Sasha's mother how to do it. He asks the mother, "Do you understand?" Sasha's mother answers, "Yes." The community health worker gives her 2 ORS packets and says good-bye. He will see her in 3 days.

Discuss with the facilitator:

1. What information did the community health worker give Sasha's mother about the task?
2. Did he show her an example? What else could he have done?
3. How did he check the mother's understanding?
4. How would you have checked the mother's understanding?

Child 2. Morris

The community health worker gives Morris' mother some oral amoxicillin to give her son at home. Before the community health worker explains how to give the tablets, he asks the mother if she knows how to give her child the medicine. The mother nods her head yes. So the community health worker gives her the amoxicillin, and Morris and his mother leave.

Discuss with the facilitator:

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

Child 3. Nic

The community health worker showed Nic's mother how to mix and give ORS solution, and sat with her while she slowly gave the solution to Nic in spoonfuls. She also helped her give the first zinc tablet and gave her 2 ORS packets and 9 zinc tablets to take home.

Nic's mother told the community health worker that she has HIV and that she has been too scared to test Nic. She is worried that he has HIV too because he has been sick. The community health worker encouraged Nic's mother to get Nic tested for HIV. The community health worker explained that there are now antiretroviral drugs that can help keep Nic healthy. If Nic is found to have HIV, it will be very important for him to start taking antiretrovirals as soon as possible. Nic's mother nodded her head.

The next day when the community health worker treated another child in the community, she told the caregiver that Nic's mother has HIV.

Discuss with the facilitator:

10. What information did the community health worker give to Nic's mother?
11. How would you have checked the mother's understanding?
12. What do you think about the community health worker telling another family that Nic's mother has HIV ?
13. In what situation would you tell someone else about Nic's mother's HIV status?

Checking questions

The following are yes/no questions. Discuss how you could make them good checking questions, or how you could ask the caregiver to demonstrate.

This may be done in the form of a drill.

1. Do you remember how to give the antibiotic and the antimalarial?
2. Do you know how to get to the health facility?
3. Do you know how much water to mix with the ORS packet?
4. Do you have a 1 litre container at home?

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

* * * *

Take-home messages for this section:

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

If NO danger sign:
Treat the child at home

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

You will be able to:

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

This box from the recording form summarizes the home treatments for diarrhoea, fever, and fast breathing:

☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** ☐ **Give caregiver 2 ORS packets to take home.** ☐ **Give zinc supplement.**
☐ If **Fever** (less than 7 days) in a malaria area	☐ **Do a rapid diagnostic test (RDT)** for malaria. __POSITIVE __NEGATIVE ☐ **If RDT is positive, give oral antimalarial AL**
☐ If **Fast breathing**	☐ **Give oral antibiotic (amoxicillin).**

For diarrhoea for less than 14 days, give the child Oral Rehydration Salts (ORS) solution and a zinc supplement.

For fever (less than 7 days) in a malaria area, first do a rapid diagnostic test for malaria. (You will learn how to do the test later). If the test is negative, tick [✓] that the result was negative. If the test is positive, tick [✓] that the result was positive, and give the child the oral antimalarial AL (Artemether-Lumefantrine).

For cough with fast breathing, give the child oral amoxicillin.

It is common for a child to have two or all three of these signs. The child needs treatment for each. For example, if a child has diarrhoea and malaria, give the child: ORS, zinc supplement,

and an oral antimalarial for treatment at home. More details on these medicines and how to give them will be discussed later.

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

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

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

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

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

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

If living in a household with someone on TB treatment, advise the caregiver to take the child to the health facility soon for TB screening.

Children who live in a household with someone on TB treatment are exposed to TB. The caregiver should take the child to the

health facility to be screened for TB. If the child is found to have TB, the health worker will start treating the child for TB right away. If the child does not have TB, the health worker will start the child on isoniazid preventive therapy (IPT) to prevent development of the disease.

In addition, **advise caregivers on home care**. The following box, also copied from the recording form, summarizes basic home care.

☐ For **ALL children treated at home, advise on home care**	☐ **Advise caregiver to give more fluids and continue feeding.** ☐ **Advise on when to return. Go to nearest health facility immediately,** or if not possible, return to CHW **if child** ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐ **Advise caregiver on sleeping under a bednet (ITN).** ☐ **Follow up child in 3 days.**

Demonstration and practice: Decide on treatment for the child

Part 1. Demonstration

Your facilitator will show you examples of the medicines you can give a child for treatment at home: ORS, zinc supplement, an oral antimalarial AL (Artemether-Lumefantrine), and an oral antibiotic (amoxicillin).

Part 2. Practice

For each child below, tick [✓] all the treatments to give at home and the advice to give. The children live in a malaria area. No child has a danger sign. Each child has ONLY the signs mentioned in the box. All children will be treated at home. No child will be referred.

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

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

1. Child age 3 years has cough and fever for 5 days	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: __POSITIVE _✓_NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Advise caregiver on sleeping under a bednet (ITN) ☐ Follow up child in 3 days

2. Child age 6 months has fever for 2 days and is breathing 55 breaths per minute. His mother has HIV. The child has not been tested for HIV.	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: _✓_POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Advise caregiver on sleeping under a bednet (ITN) ☐ Follow up child in 3 days
3. Child age 11 months has diarrhoea for 2 days; he is not interested in eating but will breastfeed	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Advise caregiver on sleeping under a bednet (ITN) ☐ Follow up child in 3 days
4. Child age 2 years has a fever for 1 day and a YELLOW reading on the MUAC strap and no HIV	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: _✓_POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Advise caregiver on sleeping under a bednet (ITN) ☐ Follow up child in 3 days

5. Child age 1 year has had fever, diarrhoea, and vomiting (not everything) for 3 days	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: _✓_POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Advise caregiver on sleeping under a bednet (ITN) ☐ Follow up child in 3 days
6. Child age 10 months has cough for 4 days. He vomits ground food but continues to breastfeed for short periods of time. His HIV status and the HIV status of his parents are unknown.	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Advise caregiver on sleeping under a bednet (ITN) ☐ Follow up child in 3 days
7. Child age 4 years has diarrhoea for 3 days and is weak. His father is on TB treatment.	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☐ Advise caregiver to give more fluids and continue feeding ☐ Advise on when to return ☐ Advise caregiver on sleeping under a bednet (ITN) ☐ Follow up child in 3 days

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

Take-home messages for this section:

- Each illness has its own treatment:
  - ORS and zinc for diarrhoea for less than 14 days
  - Amoxicillin for cough (for less than 14 days) with fast breathing (pneumonia)
  - Antimalarial AL for fever for less than 7 days and confirmed malaria
- If a child is at risk of HIV, the caregiver should be advised to take the child for HIV testing soon. If the parents' HIV status is unknown, advise the mother and father to test for HIV also.
- If a child lives in a household where someone is on treatment for TB, advise the caregiver to take the child for TB screening and TB preventive medicine.
- Caregivers of all sick children should be advised on home care.
- This section, *If Sick but No Danger Sign, Treat the Child and Advise Caregiver*, is summarized on page 8 of the Chart Booklet.

Give oral medicine and advise the caregiver

Sick children need treatment quickly. Begin treatment before the child leaves, if the child can drink.

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

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

This section presents:

- The treatment for diarrhoea (ORS solution and a zinc supplement)
- The treatment for malaria (an oral antimalarial) plus advice on sleeping under a bednet.
- The treatment for cough with fast breathing (amoxicillin).
- Home care for all sick children treated at home.

You will be able to:

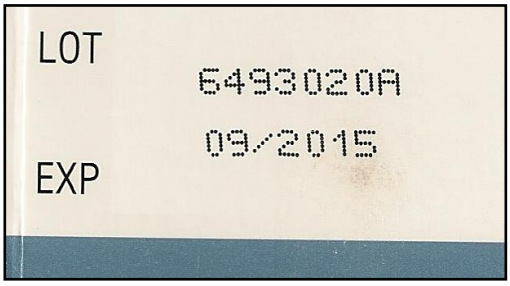
- Select the dose of the antimalarial AL, the antibiotic amoxicillin, and/or zinc to give a child, based on the child's age, including the amount, how many times a day, and for how many days.
- Demonstrate with ORS, zinc, antimalarial AL and antibiotic (amoxicillin), how to give the child one dose, and help the mother to do this.
- Follow correct procedures to do the Rapid Diagnostic Test (RDT) for malaria.
- Read and interpret the results of the RDT.
- Identify, by the expiration date, the medicines and RDT kits that have expired.
- Advise caregivers of all sick children on home care: more fluids, continued feeding, when to return, and sleeping under a bednet.
- Identify and record the vaccines a child has received.
- Identify where the caregiver should take a child for the next vaccination (e.g. health facility, village health day, mobile clinic).

Check the expiration date

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

For example, if it is now May 2014 and the expiration date is December 2013, the medicine has expired. Do not use expired medicines. They may no longer be effective, and may be harmful. If medicines expire, replace them during the next visit to the dispensary of the health facility.

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



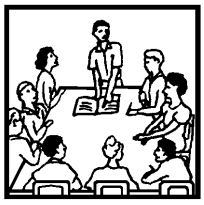
What is the expiration date?

What is today's date?

Has this medicine expired?

If this antibiotic was in your medicine kit, what would you do with it? Return it or use it?

Also check the expiration date on a rapid diagnostic test packet. Do not use an expired test. It may give false results.



Exercise: Check the expiration date of medicine

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

Medicine or RDT kit	Expiration date	Expired? Circle Yes or No		Return? Tick [✓]	Use? Tick [✓]
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		

☐ *If diarrhoea*

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

Diarrhoea may lead to dehydration (the loss of water from the body), which causes many children to die. Frequent bouts of diarrhoea also contribute to malnutrition.

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

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

☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as the child wants, but **at least** 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 5 tablets) ☐ Age 6 months up to 5 years—1 tablet (total 10 tablets) Help caregiver to give first dose now.

☐ Give ORS

A child with diarrhoea can quickly become dehydrated and may die. Giving water, breast milk, and other fluids to children with diarrhoea helps to prevent dehydration.

However, children who are already dehydrated—or are in danger of becoming dehydrated—need a mixture of Oral Rehydration Salts (ORS) and water. The ORS solution replaces the water and salts that the child loses in the diarrhoea. It prevents the child from getting sicker.

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

Ask the caregiver to wash her hands, and then begin giving ORS in front of you. Ask her to continue giving it until the child has no more thirst. During the time the child is in front of you taking ORS, you will see whether the child is improving. You will also see that the caregiver is giving the ORS solution correctly and continues to give it.

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

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

ORS helps to replace the amount of fluids the child loses during diarrhoea. It also helps shorten the number of days the child is sick with diarrhoea.

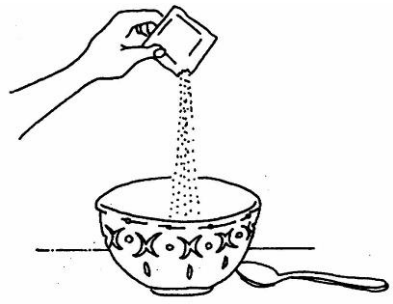
(UNICEF distributes this packet of ORS to mix with 1 litre of water. A locally produced packet will look different and may require less than 1 litre of water. Check the packet for the correct amount of water to use.)

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

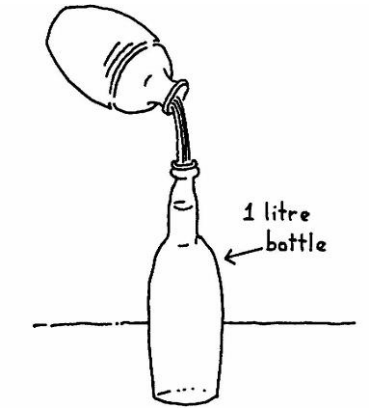
Prepare ORS solution

1. Wash your hands with soap and water.

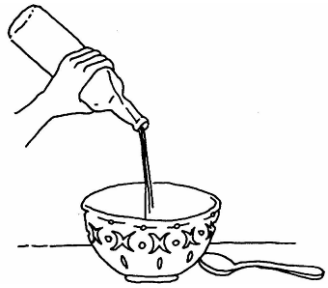
2. Pour the entire contents of a packet of ORS into a clean container (a mixing bowl or jar) for mixing the ORS. The container should be large enough to hold at least 1 litre.



3. Measure 1 litre of clean water (or correct amount for packet used). Use the cleanest drinking water available.
In your community, what are common containers caregivers use to measure 1 litre of water?



4. Pour the water into the container. Mix well until the salts completely dissolve.



Give ORS solution

1. Explain to the caregiver the importance of replacing fluids in a child with diarrhoea. Also explain that the ORS solution tastes salty. Let the caregiver taste it. It might not taste good to the caregiver. But a child who is dehydrated drinks it eagerly.

2. Ask the caregiver to wash her hands and to start giving the child the ORS solution in front of you. Give frequent small sips from a cup or spoon. (Use a spoon to give ORS solution to a young child.)

3. If the child vomits, advise the caregiver to wait 10 minutes before giving more ORS solution. Then start giving the solution again, but more slowly. She should offer the child as much as the child will take, or at least ½ cup ORS solution after each loose stool.

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

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

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

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

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

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

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

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

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

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

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

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

Store ORS solution

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

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

Discussion: How to prepare and give ORS solution

Marianna is 2 years old. She has diarrhoea. Review what the community health worker should do to treat Marianna's diarrhoea. The community health worker will give Marianna ORS solution for her diarrhoea.

1. Why will he give ORS solution?

2. How will he prepare this?
   Ingredients: _____

   Amounts of each:_____

   Process: _____

3. How much ORS solution should the mother give to Marianna, and how?

   What if Marianna vomits?

4. Marianna no longer breastfeeds. What should Marianna drink more of? What should she not drink?

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

6. For how long can Marianna's mother keep unused ORS solution in a covered container?

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

☐ Give zinc supplement

Zinc is an important part of the treatment of diarrhoea. Zinc helps to make the diarrhoea less severe, and it shortens the number of days of diarrhoea. Zinc increases the child's appetite and makes the child stronger.

Zinc also helps prevent diarrhoea in the future. Giving zinc for the full 10 days can help prevent diarrhoea for up to the next three months.

For these reasons, we give zinc to children with diarrhoea. The diarrhoea treatment box on the recording form tells how much zinc to give (the dose). It also tells how many tablets (tabs) the child should take in 10 days. You will give the caregiver the total number of tablets for the 10 days, and help her give the first dose now.

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

[Zinc supplements may come in a different size tablet, or may be in a syrup. If so, the national program will substitute the correct dose for the form of zinc available.]

☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** Help caregiver to give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as the child wants, but at least 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 5 tablets) ☐ Age 6 months up to 5 years—1 tablet (total 10 tablets) Help caregiver to give first dose now.

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

- Half (1/2) tablet of zinc
- One time daily
- For 10 days

Give the caregiver a supply of 5 tablets for a child age 2 months up to 6 months. Then, wash your hands and teach the caregiver how to cut the tablet and give the first dose—half a tablet—to the child now.

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

- One (1) whole tablet of zinc
- One time daily
- For 10 days.

Give the caregiver a supply of 10 tablets for the 10 days—the whole blister pack of 10 tablets. Ask the caregiver to give the first dose now.

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

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

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

A 10-day treatment with zinc supplement helps to prevent diarrhoea for the next three months.

In some countries, zinc supplements come in a 10-tablet blister pack. One blister pack is enough for the full treatment of a child age 6 months up to 5 years.

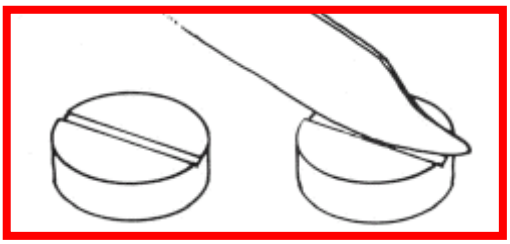
Cut the packet in half to give 5 tablets to the child age 2 months up to 6 months. (See the example.)

Help the caregiver give the first dose now

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

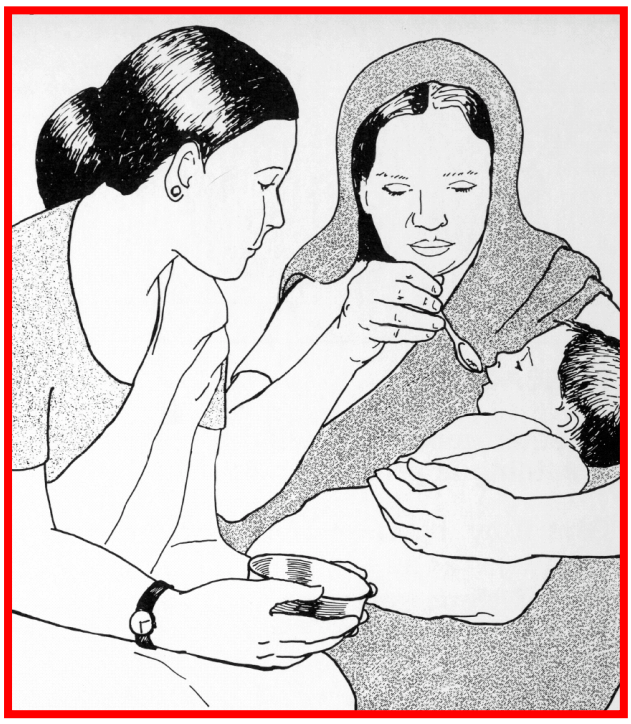
2. If the dose is half of a tablet, help the caregiver cut it into two parts with a table knife.

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



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

5. Encourage the caregiver to ask questions. Praise the caregiver for being able to give the zinc to her child. Explain how the zinc will help her child. Ask good checking questions.



Give the caregiver enough zinc for 10 days. Explain how much zinc to give, once a day. Mark the dose on the packet of tablets.

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

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

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

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

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

Role play practice

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

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

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

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

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

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

Did you remember to wash your hands?

* * * *

☐ *If Fever (less than 7 days) in a malaria area*

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

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

The antimalarial medicine should not be given to a child who does not need it. Use an RDT (for *falciparum* malaria) to determine whether a child with fever has malaria. The test can be done in the community. The fever box (below) on the recording form reminds you to do the RDT before you treat the child for malaria.

☐ If **Fever** (less than 7 days) in a malaria area	☐ **Do a rapid diagnostic test (RDT) for malaria:** __Positive __Negative ☐ **If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine).** **Give twice daily for 3 days:** ☐ Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.

Demonstration: Do a rapid diagnostic test for malaria

Your facilitator will demonstrate the steps to do a rapid diagnostic test in a falciparum malaria area. As you follow the demonstration, read the summary of the steps in the section that follows. If you use a different RDT in your area, your facilitator will demonstrate using the locally available kit.

[Note: If there is a video available to demonstrate the use of the RDT you use locally, it may be used instead of this demonstration by your facilitator.]

☐ Do a rapid diagnostic test (RDT) for malaria[1]

Organize the supplies

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

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

1. NEW unopened **test packet**
2. NEW unopened **spirit (alcohol) swab**
3. NEW unopened **lancet**
4. New pair of **disposable gloves**
5. **Buffer**
6. **Timer** (up to at least 15 minutes)
7. **Sharps box**
8. **Non-sharps waste container (no photo)**

1. Test packet

2. Spirit (alcohol) swab

4. Disposable gloves

3. Lancet

5. Buffer

6. Timer

7. Sharps box

Perform the test

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

   The expiry date marked on the test package must be after today's date to be sure that the test materials will be effective.

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

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

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

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

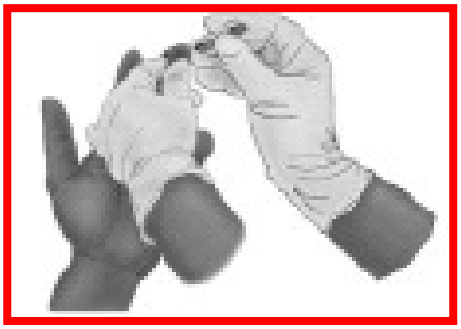
4. **Write the child's name on the test.**

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

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

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

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

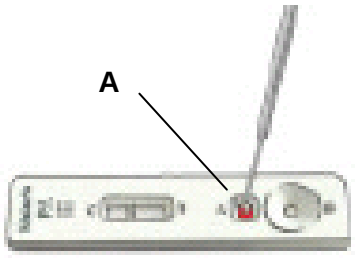


7. **Discard the lancet *immediately* in the sharps box.**

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

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

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



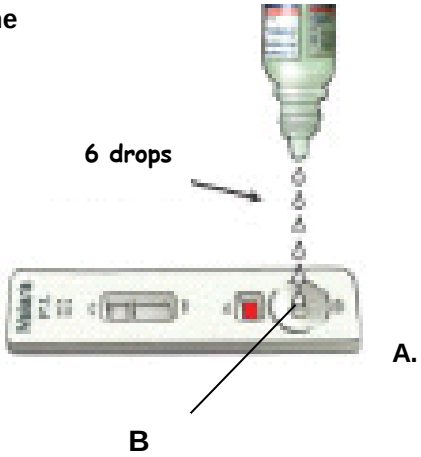
10. **Discard the loop in the sharps box.**

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

    Record the time you added the buffer.

12. **Wait 15 minutes after adding the buffer.**

    After 15 minutes the red blood will drain from the square hole



Note: The waiting time before reading the results may differ according to the type of RDT used.

Exercise: Do an RDT

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

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

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

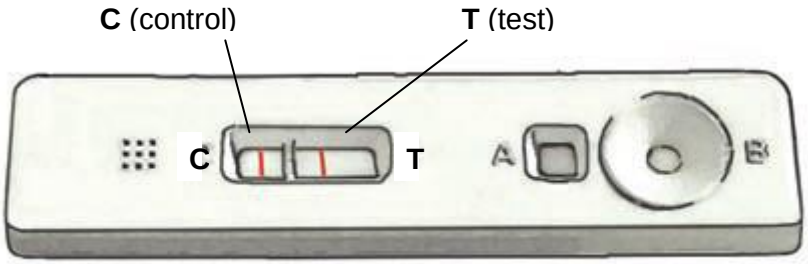
   A facilitator will observe to ensure that the test is done correctly and the safety procedures are followed.

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

* * * *

Read the test results

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



14. How to read and interpret the results:

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

15. Dispose of the gloves, spirit swab, desiccant sachet, and packaging in a non-sharps waste container. Wash your hands with soap and water.

16. Record the test results on the recording form.

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

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

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

Exercise: Read the RDT results

Part 1. Read the result of the demonstration RDT

The results of the test done during the demonstration should now be ready. Your facilitator will ask you to read the results of the demonstration test. Remember to always check first whether the test is valid.

Tick [✓] the result here (do not share your answer with others):
___Invalid __ Positive __Negative

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

Part 2. Read the result of the RDT you completed

When 15 minutes have passed since you added the buffer to the test you gave your partner, then read the results of the test.

Tick [✓] the result here:
__Invalid __Positive __Negative

Discuss the results with the facilitator.

Part 3. More practice reading RDT results

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

Test number:____ __Invalid __Positive __Negative

Test number:____ __Invalid __Positive __Negative

Test number:____ __Invalid __Positive __Negative

Test number:____ __Invalid __Positive __Negative

Test number:____ __Invalid __Positive __Negative

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

Part 4. Practice reading RDT results shown on video

Exercise 1

You will watch the video and indicate the result using a Tick [✓]. Do not share your answer with others.

For tests number 1−5, you will be shown the correct answer after each test. For tests number 6−10 you will be shown the correct answers at the end of the exercise.

Record [✓] the results here

Test number: 1	___Invalid	___Positive	___Negative
Test number: 2	___Invalid	___Positive	___Negative
Test number: 3	___Invalid	___Positive	___Negative
Test number: 4	___Invalid	___Positive	___Negative
Test number: 5	___Invalid	___Positive	___Negative

Record [✓] the results here

Test number: 6	___Invalid	___Positive	___Negative
Test number: 7	___Invalid	___Positive	___Negative
Test number: 8	___Invalid	___Positive	___Negative
Test number: 9	___Invalid	___Positive	___Negative
Test number: 10	___Invalid	___Positive	___Negative

Exercise 2 (optional)

You will watch the video and indicate the result using a Tick [✓]. Do not share your answer with others.

The correct answers will be shown at the end of the exercise.

Record [✓] the results here			
Test number: 1	___Invalid	___Positive	___Negative
Test number: 2	___Invalid	___Positive	___Negative
Test number: 3	___Invalid	___Positive	___Negative
Test number: 4	___Invalid	___Positive	___Negative
Test number: 5	___Invalid	___Positive	___Negative
Test number: 6	___Invalid	___Positive	___Negative
Test number: 7	___Invalid	___Positive	___Negative
Test number: 8	___Invalid	___Positive	___Negative
Test number: 9	___Invalid	___Positive	___Negative
Test number: 10	___Invalid	___Positive	___Negative

Exercise 3 (optional)

You will watch the video and indicate the result using a Tick [✓]. Do not share your answer with others.

The correct answers will be shown at the end of the exercise.

Record [✓] the results here			
Test number: 1	___Invalid	___Positive	___Negative
Test number: 2	___Invalid	___Positive	___Negative
Test number: 3	___Invalid	___Positive	___Negative
Test number: 4	___Invalid	___Positive	___Negative
Test number: 5	___Invalid	___Positive	___Negative
Test number: 6	___Invalid	___Positive	___Negative
Test number: 7	___Invalid	___Positive	___Negative
Test number: 8	___Invalid	___Positive	___Negative
Test number: 9	___Invalid	___Positive	___Negative
Test number: 10	___Invalid	___Positive	___Negative

☐ If RDT is positive, give oral antimalarial AL

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

The malaria programme recommends the oral antimalarial AL. It combines medicines that together are currently effective against malaria in many communities.[1] Many countries provide pre-packaged AL for two age groups of children.

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

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

☐ If **Fever** (less than 7 days) in a malaria area	☐ **Do a rapid diagnostic test (RDT) for malaria:** __Positive __Negative ☐ **If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine) Give twice daily for 3 days:** ☐ Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.

[1] The effectiveness of an antimalarial in acting against malaria can be lost, sometimes quite quickly. The malaria programme responds with new guidelines when an antimalarial is no longer effective. Many malaria programs now distribute ACT (an Artemisinin-based Combination Therapy) for treating *falciparum* malaria. As this manual cannot present all formulations, the one discussed here is based on an antimalarial that combines Artemether (20 mg) and Lumefantrine (120 mg). Your malaria programme will adapt these guidelines to current policies and antimalarials available for use in community settings.

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

- One (1) tablet of AL
- Twice daily
- For 3 days

You will give a total of 6 tablets for the full 3-day treatment. Ask the caregiver to give the first dose immediately: 1 tablet.

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

- Two (2) tablets of AL
- Twice daily
- For 3 days

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

Then, ask the caregiver to give the remaining tablets, 2 in the morning and 2 at night, for 2 more days.

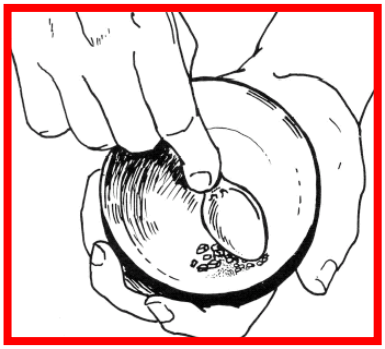
Help the caregiver give the first dose now

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

1. Wash your hands with soap and water.

2. Use a spoon to crush the tablet in a cup or small bowl.

3. Mix it with breast milk or with water. Or crush it with banana or another favourite food of the child.



4. Ask the caregiver to give the solution with the crushed tablet to the child with a spoon. Help her give the whole dose.

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

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

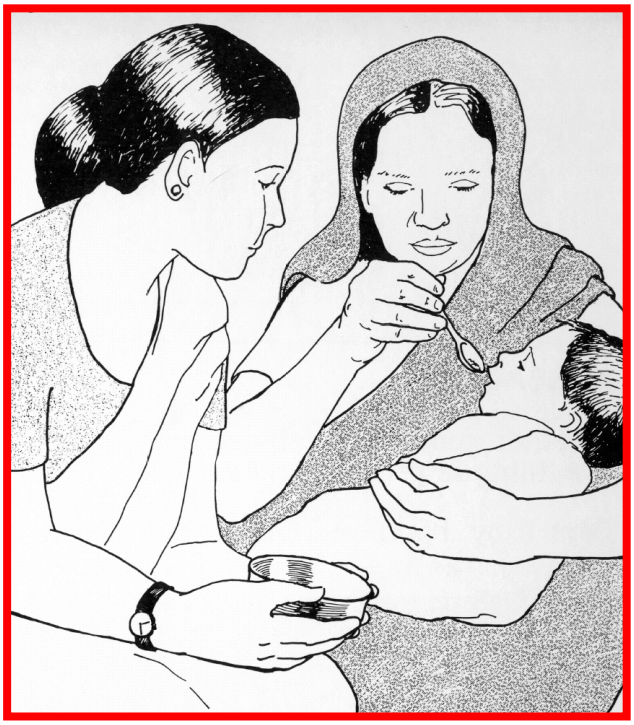
You do not have to memorize the doses. As with zinc and other treatments, refer to the box on the recording form. In the fever box, tick [✓] the treatment and dose you give for malaria.

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

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

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

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



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

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

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

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

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

1. How many antimalarial tablets should the child take in **a single dose? How many times a day? For how many days?**
2. Count out the tablets for the child's full treatment. (If the tablets are in a blister pack, do not remove them from the pack.) **How many tablets should the child take in total?**
3. Based on the time when the child received the first dose, **what time should the caregiver give the child the next dose?**

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

Child with fever and positive RDT result for malaria	Age	How many tablets are in a single dose?	How many times a day?	For how many days?	How many tablets in total?	First dose was given at:	What time to give next dose?
1. Carlos	2 years					8:00	
2. Ahmed	4 and a half years					14:00	
3. Jan	3 months					now	
4. Anita	8 months					10:00	
5. Nandi	6 months					15:00	
6. Becky	36 months					11:00	
7. Maggie	4 years					9:00	
8. William	3 and a half years					13:00	
9. Yussef	12 months					14:00	
10. Andrew	4 years					7:00	
11. Ellie	Almost 5 years					12:00	
12. Peter	5 months					16:00	

☐ *If fast breathing*

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

☐ Give oral amoxicillin

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

Check the expiration date on the amoxicillin package. Do not use amoxicillin that has expired.

The instructions here are for amoxicillin in the form of an adult 250 mg tablet. *NB: If you have a different antibiotic in your medicine kit, the national programme will adapt these instructions.*

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

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

- One tablet of amoxicillin
- Twice daily (morning and night)
- For 5 days

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

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

- Two tablets of amoxicillin
- Twice daily (morning and night)
- For 5 days.

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

Ask the caregiver to give the first dose immediately. Help the caregiver crush the amoxicillin tablet and add water or breast milk to it to make it easier for the child to take. Some countries use dispersible tablets that do not need to be crushed.

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

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

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

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

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

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

Exercise: Decide on the dose of amoxicillin to give a child

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

The facilitator will also give you amoxicillin tablets. Demonstrate the dosage using the tablets. Refer to the box on the treatment of fast breathing on the recording form to guide your answers.

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

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

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

Child with fast breathing	Age	How many tablets are in a single dose?	How many times a day?	For how many days?	How many tablets in total?
1. Carlos	2 years				
2. Ahmed	4 and a half years				
3. Jan	3 months				
4. Anita	8 months				
5. Nandi	6 months				
6. Becky	36 months				
7. Maggie	4 years				
8. William	3 and a half years				
9. Yussef	12 months				
10. Andrew	4 years				
11. Ellie	Almost 5 years				
12. Peter	5 months				

☐ *If at risk of HIV*

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

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

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

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

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

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

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

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

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

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

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

When any person in the household is diagnosed with TB, it is important that the person start TB treatment right away, take the

TB medicines correctly, and complete the TB treatment. After 2 months of treatment, the TB is no longer contagious.

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

☐ *For ALL children treated at home, advise on home care*

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

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

☐ For **ALL children treated at home, advise on home care**	☐ **Advise the caregiver to give more fluids and continue feeding.** ☐ **Advise on when to return. Go to nearest health facility immediately**, or if not possible, return to CHW if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐ **Advise caregiver on sleeping under a bednet (ITN).** ☐ **Follow up child in 3 days.**

☐ Advise to give more fluids and continue feeding

Feeding the sick child less than six months of age

Breastfeed more frequently during illness including diarrhoea, to help the baby fight sickness, minimize weight loss and recover more quickly. Breast milk should provide enough fluid, even when the weather is hot and dry.

Breastfeeding also provides comfort to your sick baby. If your baby refuses to breastfeed, encourage your baby until he or she takes the breast again.

Give only breast milk and medicines recommended by your doctor/ health care provider.

If the baby is too weak to suckle, express breast milk to give to the baby. This will also help you to keep up your milk supply and prevent breast difficulties.

Check the vaccines the child received

Increase the frequency of breastfeeding and breastfeed for longer at each feed, to help your baby regain health and weight.

Do not give any throat or cough remedy. A child, even with a sore throat, will usually take the breast when offered.

When you are sick, you can continue to breastfeed your baby. You may need extra fluids and support during this time yourself.

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

Feeding the sick child age six months through 23 months

Breastfeed more frequently during illness, including diarrhoea, to help your baby fight sickness, minimize weight loss and recover more quickly. Your baby needs more food and liquids while he or she is sick.

If your child's appetite is decreased, encourage him or her to eat frequently in small amounts. Take more time and offer food more often. Expect that the appetite will improve as the child gets better.

Offer the baby soft and appetizing foods like porridge. Avoid spicy or fatty foods. When the child has diarrhoea, it is important for him or her to keep eating.

After your baby has recovered, actively encourage him or her to eat one additional meal of solid food each day during the following two weeks. This will help your child regain the weight he or she has lost.

When you are sick, you can continue to breastfeed your baby. You may need extra fluids and support during this time.

A child with cough may also have a sore throat. A sore throat is uncomfortable and can prevent the child from drinking and feeding well. Advise the caregiver not to give cough medicine to a child. Cough medicines are expensive. And they often contain ingredients that are harmful for children. Warm water with honey will be comforting. It will be all that the child needs.

☐ Advise on when to return

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

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

- Cannot drink or feed

Check the vaccines the child received

- Becomes sicker
- Has blood in the stool

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

☐ Advise caregiver on sleeping under a bednet (ITN)

Children under 5 years (and pregnant women) are particularly at risk of malaria. They should sleep under a bednet that has been treated with an insecticide to repel and kill mosquitoes. This will protect them from getting malaria repeatedly.

Types of insecticide-treated bednets (ITNs)

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

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

If the family does not have a bednet, provide information on where to get one. Often the national malaria programme distributes free bednets or bednets at reduced cost.

Discuss with the facilitator:

How do families get a bednet in your community?

Some ways to get a bednet might be:

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

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

Discuss with the facilitator:

Where do families learn how to use and maintain a bednet?

Refer families to the person in the community who is responsible for promoting sleeping under a bednet. You can also invite someone from the health facility to speak at a village health day

about how to use a bednet correctly. How to maintain the effectiveness of a bednet depends on the type of net (see the box).

Check the vaccines the child received

Today vaccines protect children from many illnesses. With vaccines, children no longer need to suffer and die from diphtheria, whooping cough, hepatitis, or measles. A vaccine can protect against a life-long disability from polio. Vaccines can help prevent some forms of pneumonia and diarrhoea in children, including those exposed to HIV or living with HIV.

Health workers will tell the caregiver when to bring a child for the next vaccine. Your role with the caregiver is to help make sure that the child receives each vaccine according to schedule.

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

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

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

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

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

For example, OPV is the Oral Polio Vaccine. For the best protection against polio, one vaccine is not enough. The child must receive the vaccine four times. The polio vaccines are: OPV0, OPV1, OPV2, and OPV3.

Childhood vaccines

- BCG—tuberculosis vaccine
- OPV—oral polio vaccine
- DTP—combined diphtheria, tetanus, and pertussis (or whooping cough) vaccine
- Hib—meningitis, pneumonia and other serious infections vaccine
- HepB—hepatitis B vaccine
- Rota—Rotavirus vaccine
- PCV—Pneumococcal vaccine
- MCV—Measles-containing vaccine

Age	Vaccine	Date given
Birth	□ ■ BCG + HepB Birth □ ■ OPV0	
6 weeks	□ ■ DTP/Hib1/HepB1 □ ■ OPV1 □ ■ Rota1 □ ■ PCV1	
10 weeks	□ ■ DTP/Hib2/HepB2 □ ■ OPV2 □ ■ Rota2 □ ■ PCV2	
14 weeks	□ ■ DTP/Hib3/HepB3 □ ■ OPV3 □ ■ Rota3 □ ■ PCV3	
9 months	□ ■ MCV1	
18 months	□ ■ DTP + MCV2	

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

A child should receive the vaccines at the recommended age. If the child is too young, the child cannot fight the illness well. If the child is older, then the child is at greater risk of getting the illness without the vaccine. The child should receive all the vaccines (except for the 18 months vaccine), by no later than the child's first birthday.

[The schedule may be different in your area. If so, the form will have your local schedule.]

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

A. Mary Ellen

In the sample below, the community health worker checked the vaccines given to Mary Ellen Waters, a 12-week-old child. A tick [✓] in the sample recording form below indicates a vaccine that Mary Ellen has received.

Age	Vaccine				Date given
Birth	☑ ■ BCG + HepB Birth	☑ ■ OPV0			
6 weeks	☑ ■ DTP/Hib1/HepB1	☑ ■ OPV1	☑ ■ Rota1	☑ ■ PCV1	
10 weeks	☐ ■ DTP/Hib2/HepB2	☐ ■ OPV2	☐ ■ Rota2	☐ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3	☐ ■ OPV3	☐ ■ Rota3	☐ ■ PCV3	
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

What vaccines did Mary Ellen receive?

Mary Ellen is 12 weeks old. Is she up to date on her vaccines?

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

B. Beauty

This sample is for a child named Beauty.

4. **CHECK VACCINES RECEIVED** (tick ☐ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

Age	Vaccine				Date given
Birth	☐ ■ BCG + HepB Birth	☐ ■ OPV0			
6 weeks	☐ ■ DTP/Hib1/HepB1	☐ ■ OPV1	☐ ■ Rota1	☐ ■ PCV1	
10 weeks	☐ ■ DTP/Hib2/HepB2	☐ ■ OPV2	☐ ■ Rota2	☐ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3	☐ ■ OPV3	☐ ■ Rota3	☐ ■ PCV3	
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

Beauty is 2 and a half years old and has not received any vaccines. What will you advise the caregiver to do today?

Check the vaccines the child received

Exercise: Advise on the next vaccines for the child

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

1. Which vaccines did the child receive?

2. Which vaccines, if any, did the child miss?

3. The child lives in your community. When and where would you advise the caregiver to take the child for the next vaccine? Write your advice in the space provided.

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

Child 1. Sam Cato, age 6 months

Sam is 6 months old. He was born at home in a remote area and has not had any vaccinations. A boat from the mainland will arrive next Tuesday with health workers to vaccinate children. What will you advise Sam's caregiver to do?

4. CHECK VACCINES RECEIVED (tick ☐ vaccines completed)

Advise caregiver, if needed:

Age	Vaccine	Date given
Birth	☐ ■ BCG + HepB Birth ☐ ■ OPV0	
6 weeks	☐ ■ DTP/Hib1/HepB1 ☐ ■ OPV1 ☐ ■ Rota1 ☐ ■ PCV1	
10 weeks	☐ ■ DTP/Hib2/HepB2 ☐ ■ OPV2 ☐ ■ Rota2 ☐ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3 ☐ ■ OPV3 ☐ ■ Rota3 ☐ ■ PCV3	
9 months	☐ ■ MCV1	
18 months	☐ ■ DTP + MCV2	

WHEN and WHERE is the next vaccine to be given?

Check the vaccines the child received

Child 2. Wilson Man, age 5 months

Wilson received his BCG+HepB Birth at birth on 1 March 2013. At age 6 weeks, 10 weeks, and 14 weeks, he received his DTP/Hib/HepB, OPV, Rota and PCV.

Complete the record below. Mark the vaccines received, and the vaccines missed.

In your community, when and where should his mother take him for his next vaccines?

Age	Vaccine				Date given
Birth	☐ ■ BCG + HepB Birth	☐ ■ OPV0			
6 weeks	☐ ■ DTP/Hib1/HepB1	☐ ■ OPV1	☐ ■ Rota1	☐ ■ PCV1	
10 weeks	☐ ■ DTP/Hib2/HepB2	☐ ■ OPV2	☐ ■ Rota2	☐ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3	☐ ■ OPV3	☐ ■ Rota3	☐ ■ PCV3	
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

Child 3. Jocelyn Tan, age 12 weeks

Jocelyn was born in Mercy Hospital. She received her BCG + HepB Birth and OPV0 vaccines at birth on 10/7/2013. She has not had any other vaccines since birth.

Complete the record below. Mark the vaccines received.

In your community, when and where should her father take her for her next vaccines?

4. CHECK VACCINES RECEIVED

(tick ☐ vaccines completed)

Advise caregiver, if needed:

WHEN and WHERE is the next vaccine to be given?

Age	Vaccine				Date given
Birth	☐ ■ BCG + HepB Birth	☐ ■ OPV0			
6 weeks	☐ ■ DTP/Hib1/HepB1	☐ ■ OPV1	☐ ■ Rota1	☐ ■ PCV1	
10 weeks	☐ ■ DTP/Hib2/HepB2	☐ ■ OPV2	☐ ■ Rota2	☐ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3	☐ ■ OPV3	☐ ■ Rota3	☐ ■ PCV3	
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

Check the vaccines the child received

Follow up the sick child treated at home

☐ Follow up child in 3 days

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

Set an appointment for the follow-up visit

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

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

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

During the follow-up visit

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

Then, make sure that the child is receiving correct treatment. Find out if the caregiver is continuing to give the medicine. You may ask to see any medicines that she still has. Remind her that she must give the daily dose of zinc, or the antibiotic, until the tablets are gone, even if the child is better. If the 6 recommended doses of an antimalarial were not all given, she must give the remaining doses.

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

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

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

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

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

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

Remind the caregiver to go to the nearest health facility immediately if the child cannot drink or feed, becomes sicker, or has blood in the stool. If that is not possible, bring the child back to you.

Record the treatments given and other actions

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

Note: During practice in the classroom, hospital, or outpatient health facility, you may not be able to give a recommended treatment to a sick child.

If not, on the recording form ***tick [✓] all the treatments and other actions you would plan to give the child,*** if you saw the child in the community.

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

Jenna Odon, age 6 months, has visited the community health worker.

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

    a. Decide whether Jenna has fast breathing.

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

2. Decide to refer or treat Jenna.

3. Decide on treatment.

    a. Tick [✓] the treatment you would give the child. *Note: The result of the RDT was positive.* Select the medicine to give, the dose, and how much to send home with the caregiver. Use your supply of medicine to demonstrate the treatment.

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

    c. At birth, Jenna received her BCG+HepB Birth and OPV0 vaccines. At six and 10 weeks of age, Jenna had her full series of vaccines, but since then she has not received any vaccines. Indicate on the form what vaccines Jenna received. In your community, when and where should she go to receive the vaccines?

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

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

5. Make sure that you have recorded all the decisions on the recording form.

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

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: / /20____ **CHW:**_____

Child's name: First __Jenna__ Family _____Odon_____ **Age:** _0_ Years/_6_ Months **Boy** / **Girl**

Caregiver's name: __Peter Odon_____ **Relationship:** Mother / Father / Other: _____

Address, Community Bird Creek Road

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick ☑ NO sign → Circle ■		
☑ ■ Cough? If yes, for how long? _3_ days	☐ Cough for 14 days or more	
☐ ■ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐ ■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☑ ■ Fever (reported or now)? If yes, started _2_ days ago.	☐ Fever for last 7 days or more	☐ Fever (less than 7 days) in a malaria area
☐ ■ Convulsions?	☐ Convulsions	
☐ ■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☑ ■ Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
☐ ■ Has HIV?	☐ Has HIV and any other illness	
☐ ■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and child has not tested for HIV ☐ Parents' current HIV status is unknown
☑ ■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
LOOK:		
☐ ■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
IF COUGH, count breaths in 1 minute: _45_ breaths per minute (bpm) ☐ ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐ ■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green ✓	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (does not have HIV)
☐ ■ Swelling of both feet?	☐ Swelling of both feet	

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

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

GO TO PAGE 2 →

Child's name: *Jenna Odon* Age: *6 months*

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

If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: ☐ **Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:**	
☐ If **Diarrhoea**	☐ If child can drink, **begin giving ORS solution** right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
☐ If **Fever AND** ☐ **Convulsions** or ☐ **Unusually sleepy or unconscious** or ☐ **Not able to drink or feed anything** or ☐ **Vomits everything** --- ☐ If **Fever AND danger sign other than the 4 above**	☐ **Give rectal artesunate suppository** (100 mg) ☐ Age 2 months up to 3 years — 1 suppository ☐ Age 3 years up to 5 years — 2 suppositories --- ☐ **Give first dose of oral antimalarial AL.** ☐ Age 2 months up to 3 years—1 tablet ☐ Age 3 years up to 5 years—2 tablets
☐ If **Chest indrawing**, or ☐ **Fast breathing**	☐ If child can drink, **give first dose of oral antibiotic** (amoxicillin tablet—250 mg) ☐ Age 2 months up to 12 months—1 tablet ☐ Age 12 months up to 5 years —2 tablets
☐ **For any sick child who can drink, advise to give fluids and continue feeding.** ☐ **Advise to keep child warm, if child is NOT hot with fever.** ☐ **Write a referral note.** ☐ **Arrange transportation, and help solve other difficulties in referral.** ☐ **FOLLOW UP child on return at least once a week until child is well.**	

	If no danger sign, TREAT at home and ADVISE caregiver:
☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but **at least** 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 5 tabs) ☐ Age 6 months up to 5 years—1 tablet (total 10 tabs) **Help caregiver to give first dose now.**
☐ If **Fever** (less than 7 days) in a malaria area	☐ **Do a rapid diagnostic test (RDT).** __Positive __Negative ☐ **If RDT is positive, give oral antimalarial AL** (Artemether-Lumefantrine). **Give twice daily for 3 days:** ☐ Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) **Help caregiver give first dose now.** Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.
☐ If **Fast breathing**	☐ **Give oral antibiotic** (amoxicillin tablet—250 mg). Give twice daily for 5 days: ☐ Age 2 months up to 12 months—1 tablet (total 10 tabs) ☐ Age 12 months up to 5 years—2 tablets (total 20 tabs) **Help caregiver give first dose now.**
☐ If at **risk of HIV**	☐ **Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.**
☐ If living in household with **someone on TB treatment**	☐ **Advise caregiver to take the child soon for TB screening and TB preventive medicine.**
☐ If **Yellow on MUAC strap** (no HIV)	☐ **Counsel caregiver on feeding** or refer the child to a supplementary feeding programme, if available.
☐ For **ALL children treated at home, advise on home care**	☐ **Advise caregiver to give more fluids and continue feeding.** ☐ **Advise on when to return. Go to nearest health facility immediately** or if not possible return if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐ **Advise caregiver on use of a bednet (ITN).** ☐ **Follow up child in 3 days** (schedule appointment in item 6 below)

4. CHECK VACCINES RECEIVED (tick ☐ vaccines completed)
Advise caregiver, if needed: WHEN and WHERE is the next vaccine to be given?

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

Age	Vaccine				Date given
Birth	☐ ■ BCG + HepB Birth	☐ ■ OPV0			
6 weeks	☐ ■ DTP/Hib1/HepB1	☐ ■ OPV1	☐ ■ Rota1	☐ ■ PCV1	
10 weeks	☐ ■ DTP/Hib2/HepB2	☐ ■ OPV2	☐ ■ Rota2	☐ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3	☐ ■ OPV3	☐ ■ Rota3	☐ ■ PCV3	
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

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

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

Take-home messages for this section:

- In case of fever for less than 7 days, malaria should be confirmed using an RDT.
- Each medicine has its own dose. The dose depends on the child's age and size.
- All medicines have an expiration date, after which they may not be effective or could be harmful.
- The caregiver should give the first dose of treatment in your presence, and take home the correct amount of medicine to complete the child's treatment.
- Caregivers of children who are at risk of HIV should be advised to take the child for HIV testing soon.
- Advise the caregiver of a child from a household with someone on TB treatment to take the child soon for TB screening.
- Caregivers of all sick children should receive advice on home care and on when to return.
- All children should be vaccinated according to the national schedule.
- This section, *Treat at Home and Advise Caregiver*, is summarized on pages 8−11 of the Chart Booklet.