



USAID
FROM THE AMERICAN PEOPLE

 **BASICS**

TOOLKIT FOR COMMUNITY CASE MANAGEMENT OF CHILDHOOD ILLNESSES

TRAINING EXERCISE MANUAL



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The present document is one of nine elements in the USAID/BASICS Community Case Management of Childhood Illnesses Toolkit. The Toolkit includes:

Manuals and Guides

- Implementation Guide
- Trainer's Guide
- Training Exercise Manual
- Community Health Worker's Manual
- Communications Guide
- Supervisor's Guide

Facility-level tools

- Patient Form
- Patient Follow-up Form
- Data Collection Form

Adaptation of the toolkit for use in DR Congo was completed thanks to close collaboration between USAID/BASICS, the DR Congo Ministry of Health, UNICEF, WHO, GTZ, IRC, and Management Sciences for Health.

**PRACTICE MANUAL
COMMUNITY HEALTH CARE SITE**

**Part 1
RECEPTION AND SYSTEMATIC EXAMINATION OF A SICK CHILD OF 0-5 YEARS OLD**

Exercise 1

Fill out this form with the following data

On 25 November 2005, we are at KAVUAYA site, which depends on LUIILA HC, in the health area of MASA.

The CHW receives the 30th sick child on the list for this month, his name is MUTOMBO, and her mother is PELAGIE. Female child, 1 year ½, she weighs 15 Kg and lives in KAVUAYA.

The mother said that the child has fever and diarrhea for 2 days and was given SP and paracetamol, but the child is still sick.

FILL OUT THE FORM AND COMPLAINTS

Exercise 2

Fill out this form with the following data

On 28th December 2004, we are at KIONGO site, LOLO health center, KIOTO health area.

The CHW receives the 25th sick child on the list for this month, his name is KUSI, male child, 17 months old, his mother is SISA, The child weighs 15.3 Kg, and lives in Kalume Village.

His mother said that the child is coughing and did not eat for 5 days and the mother gave him paracetamol at home.

Exercise 3

Fill out this form with the following data:

On 27th September, we are at LUNDA site, at DALU HC, Dalu health area.

The CHW receives the 15th sick child on the list for this month, his name is MATATA, male child, 3 years ½, and his mother is MATESI. The child weighs 17.2 Kg and lives in Kaluta village.

The mother said that the child has been crying for 2 days and she does not understand why the child is doing so.

MINISTRY OF HEALTH		FORM N°:
DATE: / / CHW'S NAME.....		
SITE: HC: HZ:		
1. CHILD IDENTIFICATION		
Names		Mother's name
Address.....		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Age: <input type="text"/>
Weight <input type="text"/> ..Kg	child nutritional status	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
2. COMPLAINTS (Tick NO|YES) For how many days Treatment received		
		At home
Fever	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="text"/> days.....
Diarrhea	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="text"/> days.....
Cough	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="text"/> days.....
Others (Specify)		

MINISTRY OF HEALTH		FORM N°:
DATE: / / CHW'S NAME.....		
SITE: HC: HZ:		
1. CHILD IDENTIFICATION		
Names		Mother's name
Address.....		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Age: <input type="text"/>
Weight <input type="text"/> ..Kg	child nutritional status	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
2. COMPLAINTS (Tick NO|YES) For how many days Treatment received		
		At home
Fever	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="text"/> days.....
Diarrhea	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="text"/> days.....
Cough	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="text"/> days.....
Others (Specify)		

MINISTRY OF HEALTH		FORM N°:
DATE: / / CHW'S NAME.....		
SITE: HC: HZ:		
1. CHILD IDENTIFICATION		
Names		Mother's name
Address.....		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Age: <input type="text"/>
Weight <input type="text"/> ..Kg	child nutritional status	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
2. COMPLAINTS (Tick NO|YES) For how many days Treatment received		
		At home
Fever	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="text"/> days.....
Diarrhea	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="text"/> days.....
Cough	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="text"/> days.....
Others (Specify)		

Part 2
LOOK FOR DANGER AND WARNING SIGNS IN CHILDREN LESS THAN 5 YEARS OLD

ENCIRCLE the present danger sign, then TICK YES or NO for danger and warning signs, and answer if that child has to be referred? YES or NO

Exercise 1

The child BIANCO is 2 months. He has fever for 2 days and running nose. He did not get any medicine at home but. He sucks but vomits 1 hour after breastfeeding.

After filling his form, encircle and mention if a danger/ warning sign is present or not. Then answer (YES or NO), if the child has to be referred?

NAME			
2. COMPLAINTS (Tick)		For how many days	Treatment received at home
Fever.....		days	
Diarrhea.....		days	
Cough		days	
Other (Specify).....			
3. SEARCH FOR DANGER OR WARNING SIGNS (REFER IF YES)			
ASK, SEEK	NO	YES	
Infant aged 1 week to 2 months brought to SITE	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional status of the child, RED	<input type="checkbox"/>	<input type="checkbox"/>	
Child cannot drink or breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>	
The child vomits everything consumed?	<input type="checkbox"/>	<input type="checkbox"/>	
Convulsed or is now convulsing	<input type="checkbox"/>	<input type="checkbox"/>	
The child is unconscious	<input type="checkbox"/>	<input type="checkbox"/>	
ASK, SEEK	NO	YES	
Anemia or palm paleness	<input type="checkbox"/>	<input type="checkbox"/>	
Difficult breathing (pulling or wheezing)	<input type="checkbox"/>	<input type="checkbox"/>	
Any disease that lasts for 15 days or more	<input type="checkbox"/>	<input type="checkbox"/>	
The child is often sick	<input type="checkbox"/>	<input type="checkbox"/>	
The child is very weakened	<input type="checkbox"/>	<input type="checkbox"/>	
The child gets sicker despite the home based treatment	<input type="checkbox"/>	<input type="checkbox"/>	

Exercise 2

LOLA, a child of 1 month 1/2 old, has no fever or any other complaint, but his mother notices that he breastfeeds very little. He breastfeeds well at the beginning but after some time he gives up and stops breastfeeding. It has been 2 days now and the mother is concerned because the child is becoming weak.

After filling the form, encircle and mention if a danger/ warning sign is present or not. Then answer YES or NO according to whether the child has to be referred or not.

NAME			
2. COMPLAINTS (Tick)		For how many days	Treatment received at home
Fever.....		days	
Diarrhea.....		days	
Cough		days	
Other (Specify).....			
3. SEARCH FOR DANGER OR WARNING SIGNS (REFER IF YES)			
ASK, SEEK	NO	YES	
Infant aged 1 week to 2 months brought to SITE	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional status of the child, RED	<input type="checkbox"/>	<input type="checkbox"/>	
Child cannot drink or breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>	
The child vomits everything consumed?	<input type="checkbox"/>	<input type="checkbox"/>	
Convulsed or is now convulsing	<input type="checkbox"/>	<input type="checkbox"/>	
The child is unconscious	<input type="checkbox"/>	<input type="checkbox"/>	
ASK, SEEK	NO	YES	
Anemia or palm paleness	<input type="checkbox"/>	<input type="checkbox"/>	
Difficult breathing (pulling or wheezing)	<input type="checkbox"/>	<input type="checkbox"/>	
Any disease that lasts for 15 days or more	<input type="checkbox"/>	<input type="checkbox"/>	
The child is often sick	<input type="checkbox"/>	<input type="checkbox"/>	
The child is very weakened	<input type="checkbox"/>	<input type="checkbox"/>	
The child gets sicker despite the home based treatment	<input type="checkbox"/>	<input type="checkbox"/>	

Exercise 3

The child BIOT has the following signs:

- When we give him water, there is no swallowing movement in the throat; water just flows without being swallowed.
- The mother said that the child had contractions of the whole body yesterday
- Now, when we tap him, he is not looking at us, he is looking in front of him.
- His chest regularly deepens and nose wings move when he breathes.

After filling the form, circle and mention whether a danger/ warning sign is present or not; then answer, if the child has to be referred or not. (YES/NO answer)

NAME					
2. COMPLAINTS (Tick)		For how many days	Treatment received at home		
Fever.....		days			
Diarrhea.....		days			
Cough		days			
Other (Specify).....					
3. SEARCH FOR DANGER OR WARNING SIGNS (REFER IF YES)					
ASK, SEEK	NO	YES	ASK, SEEK	NO	YES
Infant aged 1 week to 2 months brought to SITE	<input type="checkbox"/>	<input type="checkbox"/>	Anemia or palm paleness	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional status of the child, RED	<input type="checkbox"/>	<input type="checkbox"/>	Difficult breathing (pulling or wheezing)	<input type="checkbox"/>	<input type="checkbox"/>
Child cannot drink or breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>	Any disease that lasts for 15 days or more	<input type="checkbox"/>	<input type="checkbox"/>
The child vomits everything consumed?	<input type="checkbox"/>	<input type="checkbox"/>	The child is often sick	<input type="checkbox"/>	<input type="checkbox"/>
Convulsed or is now convulsing	<input type="checkbox"/>	<input type="checkbox"/>	The child is very weakened	<input type="checkbox"/>	<input type="checkbox"/>
The child is unconscious	<input type="checkbox"/>	<input type="checkbox"/>	The child gets sicker despite the home based treatment	<input type="checkbox"/>	<input type="checkbox"/>

Exercise 4

The child DILANDOS is 4 years old. He walks by himself and is courageous. He does not want his mother to carry him. But since he is an unruly child, his mother held him by the hand and brought him at the site.

Good morning Dilandos said the CHW to the child. Good morning Papa, he answered.

Is there any problem? The CHW is astonished that the mother brought a healthy child.

The mother answered: Last night; this child scared me, he was looking upward and could not respond when I tapped him. He has already vomited 5 times this morning, mostly when I give him tea. The CHW is embarrassed. What will he say to the mother for a child who appears to be in good health?

After filling his form, circle and mention if a danger/ warning sign is present or not. Then answer whether the child has to be referred not? (YES/NO answer)

NAME					
2. COMPLAINTS (Tick)		For how many days	Treatment received at home		
Fever.....		days			
Diarrhea.....		days			
Cough		days			
Other (Specify).....					
3. SEARCH FOR DANGER OR WARNING SIGNS (REFER IF YES)					
ASK, SEEK	NO	YES	ASK, SEEK	NO	YES
Infant aged 1 week to 2 months brought to SITE	<input type="checkbox"/>	<input type="checkbox"/>	Anemia or palm paleness	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional status of the child, RED	<input type="checkbox"/>	<input type="checkbox"/>	Difficult breathing (pulling or wheezing)	<input type="checkbox"/>	<input type="checkbox"/>
Child cannot drink or breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>	Any disease that lasts for 15 days or more	<input type="checkbox"/>	<input type="checkbox"/>
The child vomits everything consumed?	<input type="checkbox"/>	<input type="checkbox"/>	The child is often sick	<input type="checkbox"/>	<input type="checkbox"/>
Convulsed or is now convulsing	<input type="checkbox"/>	<input type="checkbox"/>	The child is very weakened	<input type="checkbox"/>	<input type="checkbox"/>
The child is unconscious	<input type="checkbox"/>	<input type="checkbox"/>	The child gets sicker despite the home based treatment	<input type="checkbox"/>	<input type="checkbox"/>

B. ADVICE FOR CASES TO BE REFERRED

Exercise 1.

The child BODU has to be referred

He is 45 days old

The CHW has written the following danger and warning signs:

- **Infant of 1 week to 2 month brought to the site**
- **Has convulsed or is convulsing now**
- **unconscious child or too weakened**

First, TICK if the child has to be referred, YES or NO ,then

ENCIRCLE the advice and recommendations that the CHW has to provide and what he has to do before referring a child.

10. REFERRED CASES	NO	YES	ADVICE FOR CASES REFERRED TO THE INTEGRATED HC
<ul style="list-style-type: none"> • If the child can breastfeed or drink; continue to breastfeed on the way (or give expressed milk in a cup) or give sugar water in case of a weaned child • INFANT of 1 week to 2 months: keep the child warm 			<ul style="list-style-type: none"> • IF FEVER: Paracetamol ($\frac{1}{2}$ Tab for child < 3 years old, $\frac{3}{4}$ Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever.

Exercise 2

The child KUKU has to be referred.

He is 3 years old.

He came because he had diarrhea and fever. The CHW has found the following danger and warning signs:

- **He has convulsed**
- **The child is too weak**

First, TICK if the child has to be referred, YES or NO ,then

ENCIRCLE the advice and recommendations that the CHW has to provide and what he has to do before referring a child.

10. REFERRED CASES	NO	YES	ADVICE FOR CASES REFERRED TO THE INTEGRATED HC
<ul style="list-style-type: none"> • If the child can breastfeed or drink; continue to breastfeed on the way (or give expressed milk in a cup) or give sugar water in case of a weaned child • INFANT of 1 week to 2 months: keep the child warm 			<ul style="list-style-type: none"> • IF FEVER: Paracetamol ($\frac{1}{2}$ Tab for child < 3 years old, $\frac{3}{4}$ Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever.

Exercise 3.

The child KITAMBALA has to be referred.
He is 8 months old.

The CHW has found the following danger and warning signs:

- **He is convulsing now**
- **Unconscious child**

In addition, the child has fever.

First, TICK if the child has to be referred, YES or NO,
then,

ENCIRCLE the advice and recommendations that the
CHW has to provide and what he has to do before
referring a child.

10. REFERRED CASES	ADVICE FOR CASES REFERRED TO THE INTEGRATED HC
<ul style="list-style-type: none"> • If the child can breastfeed or drink; continue to breastfeed on the way (or give expressed milk in a cup) or give sugar water in case of a weaned child • INFANT of 1 week to 2 months: keep the child warm 	<ul style="list-style-type: none"> • IF FEVER: Paracetamol (1/2 Tab for child < 3 years old, 3/4 Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever.

Exercise 4

The child KOKODI is 1 year½ old
He came yesterday at the site because he had a simple diarrhea and the CHW gave him ORS to be taken at home.

Today the condition of the child has worsened and he has high fever

The CHW has decided to refer the child at the HC.

First, TICK (YES or NO) if the child has to be referred, then

ENCIRCLE the advice and recommendations that the CHW has to provide and what he has to do before referring a child.

10. REFERRED CASES	ADVICE FOR CASES REFERRED TO THE INTEGRATED HC
<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">NO</div> <div style="border: 1px solid black; padding: 2px 5px;">YES</div> </div> <ul style="list-style-type: none"> • If the child can breastfeed continue to breastfeed on the way (or give expressed milk in a cup) or give sugar water in case of a weaned child • INFANT of 1 week to 2 months: keep the child warm 	<ul style="list-style-type: none"> • IF FEVER: Paracetamol (1/2 Tab for child < 3 years old, 3/4 Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever. • IF DIARRHEA: give frequently sips of ORS with a cup, (even in case of exclusive breastfeeding) <p>NOTE: FILL OUT THE REFERENCE FORM AND REFER</p>

Exercise 5: Answer these questions

1. How do you prepare sugar water for a child while he is referred?
2. Why is it important to cover the child and keep him close to the body of his mother?
3. Why is it advised to wrap the head of a child who has fever with a wet cloth instead of wrapping all his body?
4. Why in case you refer a child who has diarrhea, is it recommended to keep on giving him ORS all the way?

Part 3-4
EVALUATE, CLASSIFY AND TREAT FEVER, DIARRHEA FOR CHILDREN BETWEEN 0-5 YEARS OLD

Exercise 1. Fill out this form with the following data :

On 25th November 2005, we are at site KAVUAYA.

The CHW receives the 29th sick child on the list for this month, his name is MUTOMBO, female child, and she is 1year. She weighs 10 kg and lives in KAVUAYA.

The mother said that the child has fever and diarrhea for 3 days, the child was given paracetamol, but she is still sick. The CHW is looking for danger and warning signs but does not found any.

The CHW touched the child with his hand; and the child is hot to the touch; he searched for signs related to "hot to the touch".

He just recorded that the child was given paracetamol without any change. The mother said that the child has liquid stools twice a day. Other asked questions about the child do not show anything.

FILL OUT THE FORM, ENCIRCLE, AND CLASSIFY THE CHILD'S DISEASE, AND MENTION WHETHER (YES OR NO) HE HAS TO BE REFERRED.

DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH

CHILD PATIENT FORM

Form N°.....

DATE:/...../.....

NAME OF THE SITE CHW (*Relais*).....

HEALTH ZONE: HEALTH CENTER: SITE:

1. IDENTIFICATION

Names: Mother's Name: Adress:

Gender M F Age WeightKg Child's Nutritional status Green Yellow Red

2. COMPLAINTS (Tick NO or YES)

For how many days

Treatment received at home

Fever	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....
Diarrhea.....	<input type="checkbox"/> <input type="checkbox"/>days	.....
Cough or cold.....	<input type="checkbox"/> <input type="checkbox"/>days	.....

SPECIFY other complaints.....

3. LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)

ASK, SEARCH	Tick	NO	YES	ASK, SEARCH	Tick	NO	YES
Infant from 1week to 2 months brought to the SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Palmar pallor or anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nutritional status of the child , RED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Difficulty breathing or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the child able to drink or breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any disease that lasts 15 days or more	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the child vomit all that he consumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child is often sick	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the child have convulsions or is convulsing now?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child is very weak	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The child is unconscious or not responding to external stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child becomes sicker despite adequate home care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4	FEVER (= Hot to the touch or history of fever within the 2 days)	(Tick) <input type="checkbox"/> NO <input type="checkbox"/> YES
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Fever with generalized rash	<input type="checkbox"/> NO <input type="checkbox"/> YES
FEVER case to be treated at the site	All the problems above are absent,	<input type="checkbox"/> NO <input type="checkbox"/> YES
		FEVER case to be REFERRED
		MALARIA
5	DIARRHEA (= Loose stool 3 times per day or more)	(Tick) <input type="checkbox"/> NO <input type="checkbox"/> YES
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Blood in the stool, or	<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Liquid diarrhea (like water)	<input type="checkbox"/> NO <input type="checkbox"/> YES
DIARRHEA case to be treated at the site	All the problems above are absent	<input type="checkbox"/> NO <input type="checkbox"/> YES
		DIARRHEA case to be REFERRED
		Simple DIARRHEA

Exercise 2. Fill out this form with the following data :

On the 27th we are at KAVUAYA site. The CHW receives the 35th sick child on the list for this month. His name is MUTANDA, female child, 20 months old. She weighs 12 kilo and lives in KAVUAYA.

Her mother says that the child has fever and diarrhea for 2 weeks, and fever comes back from time to time. Her mother has already given her the SP, paracetamol, the ORS but still the child is sick.

The CHW is looking for danger and warning signs, but cannot find anything. By touching the body of the child, she is not hot and does not have skin rashes. The mother said that the child has 4 to 5 liquid stools per day. She neither has blood in her stool nor does she have any dehydration signs. Other questions asked about the child do not show anything.

FILL OUT THE FORM. ANALYZE THE PRESENT SIGNS. TICK AND CLASSIFY THE CHILD'S DISEASE. MENTION IF HE HAS TO BE REFERRED OR NOT.

DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH			
CHILD PATIENT FORM		Form N°.....	
DATE:/...../.....		NAME OF THE SITE CHW (<i>Relais</i>).....	
HEALTH ZONE:		HEALTH CENTER: SITE:	
IDENTIFICATION			
Names:		Mother's Name: Adress:	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Age	<input type="text"/>
Weight	<input type="text"/> Kg	Child's Nutritional status	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
COMPLAINTS (Tick NO or YES)			
	NO	YES	For how many days
Fever	<input type="checkbox"/>	<input type="checkbox"/>days
Diarrhea.....	<input type="checkbox"/>	<input type="checkbox"/>days
Cough or cold.....	<input type="checkbox"/>	<input type="checkbox"/>days
SPECIFY other complaints.....			
LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)			
ASK, SEARCH		NO	YES
Tick			
Infant from 1week to 2 months brought to the SITE		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Nutritional status of the child , RED		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Is the child able to drink or breastfeed?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the child vomit all that he consumes?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Did the child have convulsions or is convulsing now?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child is unconscious or not responding to external stimuli		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
ASK, SEARCH		NO	YES
Tick			
Palmar pallor or anemia		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Difficulty breathing or wheezing		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Any disease that lasts 15 days or more		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child is often sick		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child is very weak		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child becomes sicker despite adequate home care		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
4	FEVER (= Hot to the touch or history of fever within the 2 days)	(Tick) <input type="checkbox"/> NO <input type="checkbox"/> YES	
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	- Fever with generalized rash	<input type="checkbox"/> NO	<input type="checkbox"/> YES
FEVER case to be treated at the site	All the problems above are absent,	<input type="checkbox"/> NO	<input type="checkbox"/> YES
			FEVER case to be
			MALARIA
5	DIARRHEA (= Loose stool 3 times per day or more)	(Tick) <input type="checkbox"/> NO <input type="checkbox"/> YES	
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	- Blood in the stool, or	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	- Liquid diarrhea (like water)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
DIARRHEA case to be treated at site	All the problems above are absent	<input type="checkbox"/> NO	<input type="checkbox"/> YES
			DIARRHEA case to be REFERRED
			Simple DIARRHEA

Exercise 3

FILL OUT this form with the following data :

On 25th November 2005 we are at KAVUATA site. The CHW receive the 29th sick child on his list for this month. His name MUTOTO, female child, 1 year old. She lives in Kavuya; she weighs 10 kg. The mother says that the child has fever and diarrhea for 3 days; The mother has given him paracetamol but the child is still sick

The CHW is looking for danger and warning signs but cannot find anything. The child had fever and was given paracetamol but nothing has changed

Other questions asked about the child do not show anything.

FILL OUT THE FORM. ANALYZE THE PRESENT SIGNS. TICK AND CLASSIFY THE CHILD'S DISEASE. MENTION IF HE HAS TO BE REFERRED OR NOT.

DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH			
CHILD PATIENT FORM		Form N°.....	
DATE:/...../.....		NAME OF THE SITE CHW (<i>Relais</i>).....	
HEALTH ZONE:		HEALTH CENTER: SITE:	
IDENTIFICATION			
Names:		Mother's Name: Adress:	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Age	<input type="text"/>
Weight	<input type="text"/> Kg	Child's Nutritional status	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
COMPLAINTS (Tick NO or YES)			
	NO YES	For how many days	Treatment received at home
Fever	<input type="checkbox"/> <input type="checkbox"/>days	.....
Diarrhea.....	<input type="checkbox"/> <input type="checkbox"/>days	.....
Cough or cold.....	<input type="checkbox"/> <input type="checkbox"/>days	.....
SPECIFY other complaints.....			
LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)			
ASK, SEARCH		ASK, SEARCH	
Tick	NO YES	Tick	NO YES
Infant from 1week to 2 months brought to the SITE	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Palmar pallor or anemia	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Nutritional status of the child , RED	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Difficulty breathing or wheezing	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Is the child able to drink or breastfeed?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Any disease that lasts 15 days or more	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Does the child vomit all that he consumes?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	The child is often sick	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Did the child have convulsions or is convulsing now?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	The child is very weak	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
The child is unconscious or not responding to external stimuli	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	The child becomes sicker despite adequate home care	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
4 FEVER (= Hot to the touch or history of fever within the 2 days) (Tick) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	FEVER case to be
	- Fever with generalized rash	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
FEVER case to be treated at the site	All the problems above are absent,	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	MALARIA
5 DIARRHEA (= Loose stool 3 times per day or more) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (Tick)			
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	DIARRHEA case to be REFERRED
	- Blood in the stool, or	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
	- Liquid diarrhea (like water)	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
DIARRHEA case to be treated at site	All the problems above are absent	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Simple DIARRHEA

Exercise 4

Fill out the form with the following data :

On 24th December 2004, we are at KIONGO site; The health care site receives the 23rd sick child on the list for this month, his name is KASI, male child, 18 months old. He lives in Kalume village. He weighs 12.3 kg. His mother says that the child has diarrhea and is not eating for 5 days. And the mother gave him Vermox at home.

The site CHW looks for danger and warning signs; and tells the mother breastfeed the child, on which the child starts sucking. Other danger and warning signs are not found. The CHW touched the child and he is hot to the touch. He looks for other signs for fever but cannot find anything. The mother tells him that the child had liquid stools the previous day. How many times? Asks the CHW. 5 times, the mother responds, the child has too much diarrhea. Other investigations show nothing about the child's sickness.

FILL OUT THE FORM. ANALYZE THE PRESENT SIGNS .TICK AND CLASSIFY THE DISEASE.
MENTION IF HE HAS TO BE REFERRED OR NOT

DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH			
CHILD PATIENT FORM		Form N°.....	
DATE:/...../.....		NAME OF THE SITE CHW (<i>Relais</i>).....	
HEALTH ZONE:		HEALTH CENTER:	SITE:
IDENTIFICATION			
Names:		Mother's Name:	Adress:
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Age	<input type="text"/>
Weight	<input type="text"/> Kg	Child's Nutritional status	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
COMPLAINTS (Tick NO or YES)			
	NO	YES	For how many days
Fever	<input type="checkbox"/>	<input type="checkbox"/>days
Diarrhea.....	<input type="checkbox"/>	<input type="checkbox"/>days
Cough or cold.....	<input type="checkbox"/>	<input type="checkbox"/>days
SPECIFY other complaints.....			
LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)			
ASK, SEARCH		NO	YES
Tick			
Infant from 1week to 2 months brought to the SITE		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Nutritional status of the child , RED		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Is the child able to drink or breastfeed?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the child vomit all that he consumes?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Did the child have convulsions or is convulsing now?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child is unconscious or not responding to external stimuli		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
ASK, SEARCH		NO	YES
Tick			
Palmar pallor or anemia		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Difficulty breathing or wheezing		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Any disease that lasts 15 days or more		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child is often sick		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child is very weak		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child becomes sicker despite adequate home care		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
4	FEVER (= Hot to the touch or history of fever within the 2 days)		(Tick) <input type="checkbox"/> NO <input type="checkbox"/> YES
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/> NO <input type="checkbox"/> YES	FEVER case to be
	- Fever with generalized rash	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	FEVER case to be treated at the site	<input type="checkbox"/> NO <input type="checkbox"/> YES	MALARIA
5	DIARRHEA (= Loose stool 3 times per day or more)		<input type="checkbox"/> NO <input type="checkbox"/> YES (Tick)
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	<input type="checkbox"/> NO <input type="checkbox"/> YES	DIARRHEA case to be REFERRED
	- Blood in the stool, or	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	- Liquid diarrhea (like water)	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	DIARRHEA case to be treated at site	<input type="checkbox"/> NO <input type="checkbox"/> YES	Simple DIARRHEA

Exercise 5

Fill out this form with the following data :

ON 24th September 2005, we are at LUNDA site. The CHW receives the 25th sick child on the list for this month. His name is MATA, male child, 3 years and 6 months old he lives in KALUTA village and weighs 17.2 kg. His mother said that the child has been crying for 2 days and does not know why he is doing so. The CHW looks for danger and warning signs. He gives a mango to the child and the latter eats a little bit then drops it. The child is not vomiting, he did not convulse, is well colored, his breathing is normal, he is not coughing, and in general his health is good.

The CHW has touched the child's body: and he is hot to the touch but does not have other signs that are related to fever. The mother said that the child has no diarrhea but she has seen blood in his stool two days ago.

FILL OUT THE FORM. ANALYZE THE PRESENT SIGNS. TICK AND CLASSIFY THE DISEASE. MENTION IF HE HAS TO BE REFERRED OR NOT

DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH			
CHILD PATIENT FORM		Form N°.....	
DATE:/...../.....		NAME OF THE SITE CHW (<i>Relais</i>).....	
HEALTH ZONE:		HEALTH CENTER:	SITE:
IDENTIFICATION			
Names: Mother's Name: Adress:			
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Age <input type="text"/>	Weight <input type="text"/> Kg
Child's Nutritional status		<input type="checkbox"/> Green	<input type="checkbox"/> Yellow <input type="checkbox"/> Red
COMPLAINTS (Tick NO or YES)			
	NO	YES	
Fever	<input type="checkbox"/>	<input type="checkbox"/>days
Diarrhea.....	<input type="checkbox"/>	<input type="checkbox"/>days
Cough or cold.....	<input type="checkbox"/>	<input type="checkbox"/>days
Treatments received at home			
SPECIFY other complaints.....			
LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)			
ASK, SEARCH Tick		NO	YES
Infant from 1week to 2 months brought to the SITE		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Nutritional status of the child , RED		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Is the child able to drink or breastfeed?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Does the child vomit all that he consumes?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Did the child have convulsions or is convulsing now?		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child is unconscious or not responding to external stimuli		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
ASK, SEARCH Tick		NO	YES
Palmar pallor or anemia		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Difficulty breathing or wheezing		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
Any disease that lasts 15 days or more		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child is often sick		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child is very weak		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
The child becomes sicker despite adequate home care		<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
4	FEVER (= Hot to the touch or history of fever within the 2 days)	(Tick) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
	- Fever with generalized rash	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
FEVER case to be treated at the site	All the problems above are absent,	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
			FEVER case to be
			MALARIA
5	DIARRHEA (= Loose stool 3 times per day or more)	(Tick) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
	- Blood in the stool, or	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
	- Liquid diarrhea (like water)	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
DIARRHEA case to be treated at site	All the problems above are absent	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES
			DIARRHEA case to be REFERRED
			Simple DIARRHEA

Exercise 6

How will you take care of a 2 years old child who has the following signs?

- Fever and diarrhea for 3 days.
- He does not eat but breastfeeds
- His hands are pale
- He has generalized skin rash
- He has blood in his stools
- He does not have any other sign

FILL OUT THE FORM. ANALYZE THE PRESENT SIGNS. TICK AND CLASSIFY THE DISEASE. MENTION IF HE HAS TO BE REFERRED OR NOT

DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH			
CHILD PATIENT FORM		Form N°.....	
DATE:/...../.....		NAME OF THE SITE CHW (<i>Relais</i>).....	
HEALTH ZONE:		HEALTH CENTER: SITE:	
IDENTIFICATION			
Names:		Mother's Name: Address:	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Age	<input type="text"/>
Weight	<input type="text"/> Kg	Child's Nutritional status	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
COMPLAINTS (Tick NO or YES) For how many days Treatment received at home			
Fever	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....
Diarrhea.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....
Cough or cold.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....
SPECIFY other complaints.....			
LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)			
ASK, SEARCH Tick	NO	YES	ASK, SEARCH Tick
Infant from 1week to 2 months brought to the SITE	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	Palmar pallor or anemia
Nutritional status of the child , RED	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	Difficulty breathing or wheezing
Is the child able to drink or breastfeed?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	Any disease that lasts 15 days or more
Does the child vomit all that he consumes?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	The child is often sick
Did the child have convulsions or is convulsing now?	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	The child is very weak
The child is unconscious or not responding to external stimuli	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	The child becomes sicker despite adequate home care
4 FEVER (= Hot to the touch or history of fever within the 2 days) (Tick) <input type="checkbox"/> NO <input type="checkbox"/> YES			
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)		<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Fever with generalized rash		<input type="checkbox"/> NO <input type="checkbox"/> YES
FEVER case to be treated at the site	All the problems above are absent,		<input type="checkbox"/> NO <input type="checkbox"/> YES
			FEVER case to be
			MALARIA
5 DIARRHEA (= Loose stool 3 times per day or more) <input type="checkbox"/> NO <input type="checkbox"/> YES (Tick)			
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or		<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Blood in the stool, or		<input type="checkbox"/> NO <input type="checkbox"/> YES
	- Liquid diarrhea (like water)		<input type="checkbox"/> NO <input type="checkbox"/> YES
DIARRHEA case to be treated at site	All the problems above are absent		<input type="checkbox"/> NO <input type="checkbox"/> YES
			DIARRHEA case to be REFERRED
			Simple DIARRHEA

Exercise 7

How will you manage a case of a 3 years old child who has the following signs?

- He is much weakened and has no fever.
- He only had a severe diarrhea yesterday but it stopped since this morning
- He can eat though. His mother brought him because he was too weakened.
- He has no other sign

FILL OUT THE FORM. ANALYZE THE PRESENT SIGNS .TICK AND CLASSIFY THE DISEASE. MENTION IF HE HAS TO BE REFERRED OR NOT

DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH			
CHILD PATIENT FORM		Form N°.....	
DATE:/...../.....		NAME OF THE SITE CHW (<i>Relais</i>).....	
HEALTH ZONE:		HEALTH CENTER: SITE:	
IDENTIFICATION			
Names:		Mother's Name: Adress:	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Age	<input type="text"/>
Weight	<input type="text"/> Kg	Child's Nutritional status	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red
COMPLAINTS (Tick NO or YES) For how many days Treatment received at home			
Fever	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....
Diarrhea.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....
Cough or cold.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	.....days	.....
SPECIFY other complaints.....			
LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)			
ASK, SEARCH Tick		NO	YES
Infant from 1week to 2 months brought to the SITE	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
Nutritional status of the child , RED	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
Is the child able to drink or breastfeed?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
Does the child vomit all that he consumes?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
Did the child have convulsions or is convulsing now?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
The child is unconscious or not responding to external stimuli	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
ASK, SEARCH Tick		NO	YES
Palmar pallor or anemia	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
Difficulty breathing or wheezing	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
Any disease that lasts 15 days or more	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
The child is often sick	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
The child is very weak	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
The child becomes sicker despite adequate home care	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
4 FEVER (= Hot to the touch or history of fever within the 2 days) (Tick)	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	FEVER case to be
	- Fever with generalized rash	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
FEVER case to be treated at the site	All the problems above are absent,	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	MALARIA
5 DIARRHEA (= Loose stool 3 times per day or more) (Tick)	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	DIARRHEA case to be REFERRED
	- Blood in the stool, or	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
	- Liquid diarrhea (like water)	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
DIARRHEA case to be treated at site	All the problems above are absent	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Simple DIARRHEA

**B. TREATMENT OF FEVER AND DIARRHEA AT THE SITE
(Simple and severe cases)**

Exercise 1

If the CHW has decided to refer to a HC a child who has the following signs:

- Fever and diarrhea for 3 days
- He is not eating but enjoys breastfeeding.
- He has anemia
- He has skin rash
- He has blood in stool

First, TICK YES OR NO If the child has to be referred;

WHAT WILL HE GIVE TO THE CHILD AND WHAT WILL THE MOTHER DO DURING THE REFERENCE?

10. REFERRED CASES	NO	YES	ADVICE FOR CASES REFERRED TO THE INTEGRATED HC
<ul style="list-style-type: none"> • If the child can breastfeed or drink; continue to breastfeed on the way (or give expressed milk in a cup) or give sugar water in case of a weaned child • INFANT of 1 week to 2 months: keep the child warm 			• IF FEVER: Paracetamol (1/2 Tab for child < 3 years old, 3/4 Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever.
			• IF DIARRHEA: give frequently sips of ORS with a cup, (even in case of exclusive breastfeeding)
			NOTE: FILL OUT THE REFERENCE FORM AND REFER

Exercise 2

The CHW has decided to refer to a HC a child who has the following signs :

- He is too weak.
- He has fever.
- He had a severe diarrhea yesterday and this morning

First, TICK YES OR NO If the child has to be referred

WHAT WILL HE GIVE TO THE CHILD AND WILL THE MOTHER DO WHEN THE CHILD IS REFERRED?

10. REFERRED CASES HC	NO	YES	ADVICE FOR CASES REFERRED TO THE INTEGRATED HC
<ul style="list-style-type: none"> • If the child can breastfeed or drink; continue to breastfeed on the way (or give expressed milk in a cup) or give sugar water in case of a weaned child • INFANT of 1 week to 2 months: keep the child warm 			• IF FEVER: Paracetamol (1/2 Tab for child < 3 years old, 3/4 Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever.
			• IF DIARRHEA: give frequently sips of ORS with a cup, (even in case of exclusive breastfeeding)
			NOTE: FILL OUT THE REFERENCE FORM AND REFER

Exercise 3

WHAT TREATMENT WILL BE PROVIDED TO A CHILD AND WHAT DO YOU TELL THE MOTHER WHEN REFERRING a case of a 5 months old child who has the following signs?

- Too weak
- High fever
- Diarrhea

First, TICK YES OR NO If the child has to be referred then fill out what has to be given to the child?

10. REFERRED CASES	NO	YES	ADVICE FOR CASES REFERRED TO THE INTEGRATED HC
<ul style="list-style-type: none"> • If the child can breastfeed or drink; continue to breastfeed on the way (or give expressed milk in a cup) or give sugar water in case of a weaned child • INFANT of 1 week to 2 months: keep the child warm 			• IF FEVER: Paracetamol (1/2 Tab for child < 3 years old, 3/4 Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever.
			• IF DIARRHEA: give frequently sips of ORS with a cup, (even in case of exclusive breastfeeding)
			NOTE: FILL OUT THE REFERENCE FORM AND REFER

Exercise 4

The site CHW wants to treat simple Diarrhea in a 4 years old child.

What kind of medicine will he provide (how, in what quantity And how many times a day)?

And what advice will he give to the mother?

ENCIRCLE THE ANSWERS ON THE PATIENT TREATMENT FORM AND THE LIST OF ADVICE AT THE BOTTOM

Exercise 5

The site CHW wants to treat fever/malaria in a 5 months old child.

What kind of medicine will he provide (how, in what quantity and how many times a day)?

And what advice will he give to the mother?

ENCIRCLE THE ANSWERS ON THE PATIENT TREATMENT FORM AND THE LIST OF ADVICE AT THE BOTTOM

<p>TREATMENT OF FEVER/MALARIA</p> <p>1) Drugs</p> <p>A) ANTI MALARIA drugs:</p> <ul style="list-style-type: none"> • Child 2-6 month: QUININE drops 20%(1 drop/kg of weight, 3 times per day, for 7 days) • Child 7-11 months: Art ½ Tab + AQ ½ Tab, for 3 days (TOTAL 1½ Tab Art + 1½ Tab AQ) • Child 12-59 months: Art 1 Tab + AQ 1 Tab, for 3 days <p>Note: In case of lack of ART+AQ, give the SP according to the following dosage:</p> <ul style="list-style-type: none"> • Child 2-11 months: SP ½ Tab single-dose, only for 1 day • Child of 1-2 years: SP ¾ Tab single-dose, only for 1 day. • Child of 3-5 years: SP 1 single-dose Tab, only for 1 day <p>B) Paracetamol 500 Mg Tab: (4 times per day).</p> <ul style="list-style-type: none"> • Child less than 3 years old: ½ Tab, for 2 days (TOTAL 4 Tab) • Child above 3 years old: ¾ Tab, for 2 days (TOTAL 6 tab) <p>2) Advice: See CHART 1</p> <p>3) Appointment after 2 days</p>	<p>TREATMENT OF DIARRHEA</p> <p>1) Drugs:</p> <p>a) ORS (at least 2 bags) or other recommended liquids:</p> <ul style="list-style-type: none"> • ½ glass of ORS after each stool: Child < 2 years • 1 glass of ORS after each stool: Child 2 years and above <p>(If Vomiting: Wait 10 min. then give again)</p> <p>b) Mebendazole: 100 mg Tab 2 times per day for 3 days (TOTAL 6 Tabs) (or 1 Tab of 500 mg single-dose from one year of age)</p> <p>c) Zinc Tab for 10 days with the following dosage:</p> <ul style="list-style-type: none"> • ½ 20 Mg tab, child of less than 6 months (TOTAL : 5 Tabs) • 20 mg tab, child 6 months and above (TOTAL: 10 Tabs) <p>2) Advice: See CHART 2</p> <p>3) Appointment after 2 days</p>
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<p>TREATMENT OF FEVER/MALARIA Advice to give to the mother</p> <p>a) Appt after 2 days. (REFER if no improvement)</p> <p>b) When to come back IMMEDIATELY</p> <table border="1" style="width: 100%;"> <tr> <td style="padding: 5px;">The child becomes sicker or other abnormal signs appear</td> <td style="padding: 5px;">REFER , <ul style="list-style-type: none"> • If he comes back immediately, • Or if he comes within a month for the same disease </td> </tr> </table> <p>c) The 3 rules of home treatment: (1) Continue feeding, (2) Increase the fluids, (3) When to come back immediately.</p> <p>d) KEY PRACTICES: Insecticide Treated Mosquito net and exclusive breastfeeding</p>	The child becomes sicker or other abnormal signs appear	REFER , <ul style="list-style-type: none"> • If he comes back immediately, • Or if he comes within a month for the same disease 	<p>TREATMENT OF DIARRHEA AT THE SITE Advice to give to the mother</p> <p>a) Appt after 1 day and 5 days</p> <p>b) WHEN TO COME BACK IMMEDIATELY (See above)</p> <table border="1" style="width: 100%;"> <tr> <td style="padding: 5px;">The child becomes sicker or other abnormal signs appear</td> <td style="padding: 5px;">REFER , <ul style="list-style-type: none"> • If he comes back immediately, • Or if he comes within a month for the same disease </td> </tr> </table> <p>c) The 3 rules of home treatment</p> <p>d) KEY PRACTICES: wash hands and exclusive breastfeeding</p> <p>e) OTHER ADVICE for diarrhea prevention:</p> <ul style="list-style-type: none"> • Cover food and eat it while it's still hot. • Drink pure water <p>f) Other recommended liquid: rice water, porridge, etc</p>	The child becomes sicker or other abnormal signs appear	REFER , <ul style="list-style-type: none"> • If he comes back immediately, • Or if he comes within a month for the same disease
The child becomes sicker or other abnormal signs appear	REFER , <ul style="list-style-type: none"> • If he comes back immediately, • Or if he comes within a month for the same disease 				
The child becomes sicker or other abnormal signs appear	REFER , <ul style="list-style-type: none"> • If he comes back immediately, • Or if he comes within a month for the same disease 				

Exercise 6.

The site CHW wants to treat simple diarrhea in a child aged of 1 month and 2weeks old.

What kind of medicine will he provide (how, in what quantity And how many times a day)?
And what advice will he give to the mother?

ENCIRCLE THE ANSWERS ON THE PATIENT TREATMENT FORM AND THE LIST OF ADVICE AT THE BOTTOM

Exercise 7

The site CHW wants to treat diarrhea and fever in a 4 years old child.

What kind of medicine will he provide (how, in what quantity and how many times a day)?
And what advice will he give to the mother?

ENCIRCLE THE ANSWERS ON THE PATIENT TREATMENT FORM AND THE LIST OF ADVICE AT THE BOTTOM

<p>TREATMENT OF FEVER/MALARIA</p> <p>1) Drugs</p> <p>C) ANTI MALARIA drugs:</p> <ul style="list-style-type: none"> Child 2-6 month: QUININE drops 20%(1 drop/kg of weight, 3 times per day, for 7 days) Child 7-11 months: Art ½ Tab + AQ ½ Tab, for 3 days (TOTAL 1½ Tab Art + 1½ Tab AQ) Child 12-59 months: Art 1 Tab + AQ 1 Tab, for 3 days <p>Note: In case of lack of ART+AQ, give the SP according to the following dosage:</p> <ul style="list-style-type: none"> Child 2-11 months: SP ½ Tab single-dose, only for 1 day Child of 1-2 years: SP ¾ Tab single-dose, only for 1 day. Child of 3-5 years: SP 1 single-dose Tab, only for 1 day <p>D) Paracetamol 500 Mg Tab: (4 times per day).</p> <ul style="list-style-type: none"> Child less than 3 years old: ½ Tab, for 2 days (TOTAL 4 Tab) Child above 3 years old: ¾ Tab, for 2 days (TOTAL 6 tab) <p>4) Advice: See CHART 1</p> <p>5) Appointment after 2 days</p>	<p>TREATMENT OF DIARRHEA</p> <p>1) Drugs:</p> <p>a) ORS (at least 2 bags) or other recommended liquids:</p> <ul style="list-style-type: none"> ½ glass of ORS after each stool: Child < 2 years 1 glass of ORS after each stool: Child 2 years and above (If Vomiting: Wait 10 min. then give again) <p>b) Mebendazole: 100 mg Tab 2 times per day for 3 days (TOTAL 6 Tabs) (or 1 Tab of 500 mg single-dose from one year of age)</p> <p>c) Zinc Tab for 10 days with the following dosage:</p> <ul style="list-style-type: none"> ½ 20 Mg tab, child of less than 6 months (TOTAL : 5 Tabs) 20 mg tab, child 6 months and above (TOTAL: 10 Tabs) <p>4) Advice: See CHART 2</p> <p>5) Appointment after 2 days</p>
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<p>TREATMENT OF FEVER/MALARIA</p> <p><u>Advice to give to the mother</u></p> <p>a) Appt after 2 days. (REFER if no improvement)</p> <p>b) When to come back IMMEDIATELY</p> <table border="1" style="width: 100%;"> <tr> <td style="padding: 5px;">The child becomes sicker or other abnormal signs appear</td> <td style="padding: 5px;">REFER , ● If he comes back immediately, ● Or if he comes within a month for the same disease</td> </tr> </table> <p>c) The 3 rules of home treatment: (1) Continue feeding, (2) Increase the fluids, (3) When to come back immediately.</p> <p>d) KEY PRACTICES: Insecticide Treated Mosquito net and exclusive breastfeeding</p>	The child becomes sicker or other abnormal signs appear	REFER , ● If he comes back immediately, ● Or if he comes within a month for the same disease	<p>TREATMENT OF DIARRHEA AT THE SITE</p> <p><u>Advice to give to the mother</u></p> <p>a) Appt after 1 day and 5 days</p> <p>b) WHEN TO COME BACK IMMEDIATELY (See above)</p> <table border="1" style="width: 100%;"> <tr> <td style="padding: 5px;">The child becomes sicker or other abnormal signs appear</td> <td style="padding: 5px;">REFER , ● If he comes back immediately, ● Or if he comes within a month for the same disease</td> </tr> </table> <p>c) The 3 rules of home treatment</p> <p>d) KEY PRACTICES: wash hands and exclusive breastfeeding</p> <p>e) OTHER ADVICE for diarrhea prevention:</p> <ul style="list-style-type: none"> Cover food and eat it while it's still hot. Drink pure water <p>f) Other recommended liquid: rice water, porridge, etc</p>	The child becomes sicker or other abnormal signs appear	REFER , ● If he comes back immediately, ● Or if he comes within a month for the same disease
The child becomes sicker or other abnormal signs appear	REFER , ● If he comes back immediately, ● Or if he comes within a month for the same disease				
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C. SYNTHESIS EXERCISE
TREATMENT OF FEVER AND DIARRHEA at the community site

(Fill out the form for the management of cases at the following page)

<p><u>Exercise 1</u></p> <p>On 28th September 2004, at LUTU site, the CHW receives the 35th sick child on the list for this month. His name is METIA, a boy, 3 years and six months old; he weighs 17.8 kg and lives in KIOYO Village.</p> <p>Her mother said that the child cried all the night, and had liquid stools.</p> <p>The CHW is looks for danger and warning signs but cannot find any.</p> <p>The examination shows that he has fever without any other sign related to it.</p> <p>The child had diarrhea twice last night before coming at the site this morning, there are no other signs</p> <p>Mention the action to be taken by the CHW</p> <p>FILL OUT THE FORM, ENCIRCLE THE PRESENT SIGNS, CLASSIFY THE CHILD'S DISEASE, REFER OR TREAT AT THE SITE ACCORDIND TO THE CASE</p>	<p><u>Exercise 2</u></p> <p>On 30th September 2004, at LUTU site, the CHW receives the 37th sick child on the list for this month. Her name is LILOBA, female child, she will be 2 months old tomorrow, and she weighs 5 kg and lives in KIOYO Village.</p> <p>The mother said that the child has a little diarrhea and fever for 2 days without other signs or problems. She was given SP and paracetamol 2 days ago but there is no change.</p> <p>Mention the action to be taken by the CHW</p> <p>FILL OUT THE FORM, ENCIRCLE THE PRESENT SIGNS, CLASSIFY THE CHILD'S DISEASE, REFER OR TREAT AT THE SITE ACCORDIND TO THE CASE</p>
<p><u>Exercise 3</u></p> <p>On the 2nd October 2004 at LULU site the CHW receives the 3rd sick child on his list of the month. His name is MBONA, a boy, 3 years and 6 months old, he weighs 17Kg 800 and lives in KIOYO village</p> <p>He has episodes of diarrhea every 2 or 3 months. This time he had blood in his stool 3 days ago. But for the last 2 days his stools are normal. He had a mild fever this morning. That is why his mother brought him at the site to get some paracetamol to treat the child's temporally fever, the mother said.</p> <p>All the signs of the child MBONA are summarized in the above description.</p> <p>Tous les signes de l'enfant MBONA sont résumés dans cette description ci-haut.</p> <p>Mention the action to be taken by the CHW</p> <p>FILL OUT THE FORM, ENCIRCLE THE PRESENT SIGNS, CLASSIFY THE CHILD'S DISEASE, REFER OR TREAT AT THE SITE ACCORDIND TO THE CASE</p>	<p><u>Exercise 4</u></p> <p>Just when MBONA left, as the CHW was going to his field, he is called by another mother because her 7 months old child is convulsing. The mother came running and crying; the CHW stopped touched the child and found that he is very hot to the touch, sweating, and breathing fast.</p> <p>He told the mother to wash the child with water that was there in a basin. While the CHW was filling the form, convulsions stopped, the child opened his eyes, cried, and his mother breastfed him.</p> <p>The search for other signs by the CHW do not show anything</p> <p>Mention the action to be taken by the CHW</p> <p>FILL OUT THE FORM, ENCIRCLE THE PRESENT SIGNS, CLASSIFY THE CHILD'S DISEASE, REFER OR TREAT AT THE SITE ACCORDIND TO THE CASE</p>

Part 6
EVALUATE, CLASSIFY AND TREAT CHILDREN WITH COUGH AND COLD

1. Answer. What is the fast breathing threshold for a child who is :
 - 3 months. Answer =.....
 - 2 years. Answer =.....
 - 7 months. Answer =.....
 - 12 months. Answer =.....
 - 6 years. Answer =.....

2. Answer by "YES" or "NO" if breathing is fast
 - Child of 2 months, 52 respiratory movement per minute : Answer :
 - Child of 3 months, 38 respiratory movement per minute : Answer :
 - Child of 1year, 40 respiratory movement per minute : Answer :
 - Child of 2 months, 50 respiratory movement per minute : Answer :
 - Child of 5 years, 42 respiratory movement per minute : Answer :

3. For the following a, b, c, d, and e exercises:
 - Write the number of respiratory movement in the corresponding space below
 - Mention if breathing is fast or normal
 - Indicate with an arrow the way which you will follow (that of fast breathing or the one of normal breathing)

EXAMPLE

A. Child of 2 months old has 52 respiratory movements per minute.

6	COUGH OR COLD	NO <input type="checkbox"/> YES <input type="checkbox"/> (Tick)	
		Respiratory mvts= Nber 52 per Minute (Write)	
⇒	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES - 40 respiratory movements (or more) in a child aged > year <input type="checkbox"/> NO <input type="checkbox"/> YES	PNEUMONIA
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES - less than 40 respiratory movements in a child aged > 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES	COUGH or COLD

Answer: FAST BREATHING

B. Child who is 3 years old, has 38 respiratory movements per minute

6	COUGH OR COLD	NO <input type="checkbox"/> YES <input type="checkbox"/> (Tick)	
		Respiratory mvts= Nber per Minute (Write)	
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES - 40 respiratory movements (or more) in a child aged > year <input type="checkbox"/> NO <input type="checkbox"/> YES	PNEUMONIA
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES - less than 40 respiratory movements in a child aged > 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES	COUGH or COLD

Answer:

C. Child of 1 year old, has 40 respiratory movements per minute

6	COUGH OR COLD	NO <input type="checkbox"/> YES <input type="checkbox"/> (Tick)		
		Respiratory mvts= Nber <input type="text"/> per Minute (Write)		
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year - 40 respiratory movements (or more) in a child aged > year	NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>	PNEUMONIA
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year - less than 40 respiratory movements in a child aged > 1 year	NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>	COUGH or COLD

Answer :

D. Child of 2 months old, has 50 respiratory movements per minute

6	COUGH OR COLD	NO <input type="checkbox"/> YES <input type="checkbox"/> (Tick)		
		Respiratory mvts= Nber <input type="text"/> per Minute (Write)		
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year - 40 respiratory movements (or more) in a child aged > year	NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>	PNEUMONIA
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year - less than 40 respiratory movements in a child aged > 1 year	NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>	COUGH or COLD

Answer:

E. Child of 5 years old, has 42 respiratory movements per minute.

6	COUGH OR COLD	NO <input type="checkbox"/> YES <input type="checkbox"/> (Tick)		
		Respiratory mvts= Nber <input type="text"/> per Minute (Write)		
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year - 40 respiratory movements (or more) in a child aged > year	NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>	PNEUMONIA
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year - less than 40 respiratory movements in a child aged > 1 year	NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>	COUGH or COLD

Answer:

**THE CHW HAS RECEIVED CHILDREN WITH COUGH AT THE SITE.
FILL OUT THE PATIENT FORM FOR THE FOLLOWING CASES:**

Exercise 4

Fill out the patient form with the following data:

On the 6th October 2006, we are at the KATWA site. The CHW receive the 8th sick child on his list of this month, and she is female child called KILU, aged 2½ years.

She weighs 12.3 kg and lives in the village of NIZI.

Her mother says that the child has been coughing all night and does not understand why. The CHW looks for danger or warning signs and cannot find any. The child is not hot to the touch and the mother says that the child does not have diarrhea. The CHW counts her breathing movements and gets 48 movements per minute.

- Fill out the form
- Encircle the present signs
- Classify the child's disease
- Treat the child

Exercise 5

Fill out the patient form with the following data:

On date, May 2005, we are at MIMIA site. The CHW receives the 17th sick child on the list for this month, and he is called LIKAMBA, a male child, aged 3 years and 8 months. He weighs 15.1 kg and he lives in LOKAKO village;

The mother says that her child's nose is running for 2 days and he has coughed all night last night.

The CHW looks for danger or warning signs but cannot find any.

The child is not hot to the touch and his mother said that he has no diarrhea.

The CHW counts the respiratory movements and gets 36 movements per minutes

- Fill out the form
- Encircle the present signs
- Classify the child's disease
- Treat the child

Exercise 6

Fill out the form with the following data:

On the 5th December 2006, at NDUAMA site; the CHW receives the 3rd sick child on his list of the month. She is called KAVANDA, female child, aged 8 months. The child weighs 9 kg and lives in the village of BOSOBE.

The mother says that the child has a running nose for 2 days. The CHW searched and failed to get any warning or danger sign. The child is hot to the touch and the mother says that the child has liquid stools two times yesterday.

The CHW counts the respiratory movements and gets 48 movements per minute.

- Fill out the form
- Encircle the present signs
- Classify the child's disease
- Treat the child

Part 7.
EVALUATE, CLASSIFY ET TREAT MALNUTRITION FOR CHILDREN OF 0 to 5 years at the site

Exercise 1.

The child BIOTA, 3years and 2months old, weighs 17 kg. Evaluate and classify his nutritional status

7 MALNUTRITION (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRIT^o to be referred	- Visible and severe Thinning - or swollen lower limbs	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	Severe MALNUTRIT^o
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	SLIGHT MALNUTRITION or Child at risk
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	NO MALNUTRITION

Exercise 2.

The child BOLIA is 24 months old, he weighs 8 kg. His legs are swollen. From the last weighing sessions; his weight is still around 8 kg. Evaluate et classify his nutritional status

7 MALNUTRITION (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRIT^o to be referred	- Visible and severe Thinning - or swollen lower limbs	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	Severe MALNUTRIT^o
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	SLIGHT MALNUTRITION or Child at risk
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	NO MALNUTRITION

Exercise 3.

The child BOYALI a 24 months, He weighs 8.5 kg. Since the last three weighing sessions his weight has been increasing from 8 kg, to 8.2 kg, to 8.5 kg. His legs are not swollen. Evaluate and classify his nutritional status.

7 MALNUTRITION (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRIT^o to be referred	- Visible and severe Thinning - or swollen lower limbs	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	Severe MALNUTRIT^o
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	SLIGHT MALNUTRITION or Child at risk
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	NO MALNUTRITION

Exercise 4.

The child TUTI is 15 months, He weighs 12 Kg. Since his last weighing session, his weight has increased from 11kg to 18.5 kg, and 12 kg. His legs are not swollen. Evaluate and classify his nutritional status.

7 MALNUTRITION (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRIT^o to be referred	- Visible and severe Thinning - or swollen lower limbs	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	Severe MALNUTRIT^o
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	SLIGHT MALNUTRITION or Child at risk
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	NO MALNUTRITION

Exercise 5.

The child TONINO is 15 months, he weighs 12 Kg. From the last weighing sessions, his weight has increased from 10kg, to 11.2 kg, and 12 kg. His legs are swollen. Evaluate and classify his nutritional status.

7 MALNUTRITION (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRIT^o to be referred	- Visible and severe Thinning - or swollen lower limbs	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	Severe MALNUTRIT^o
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	SLIGHT MALNUTRITION or Child at risk
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	NO MALNUTRITION

Exercise 6

After evaluating and classifying the child BIOTA, of 3 years old, who weighs 17 kg, see Exercise 1,

HOW CAN YOU TREAT HIM OR ADVISE HIS MOTHER?

Exercise 7

After evaluating and classifying the child BOLIA, 24 months, who weighs 8 kg, with swollen legs, and whose weight is around 8 kg from the last weighing sessions, see Exercise 2

HOW CAN YOU TREAT HIM OR ADVISE HIS MOTHER?

Exercise 8

After evaluating and classifying the child BOYALI, 24 months, who weighs 8.5 kg, and whose the weight has increased from 8 kg, to 8.2 to 8.5 kg from the last three weighing sessions, and legs not swollen (see exercise 3),

HOW CAN YOU TREAT HIM OR ADVISE HIS MOTHER?

Exercise 9

After evaluating and classifying the child TUTI, 15 months, weighing 12 Kg, whose weight has increased from 11kg, to 18.5 kg, and 12 kg from the last 3 weighing sessions, and legs not swollen, (see exercise 4),

HOW CAN YOU TREAT HIM OR ADVISE HIS MOTHER?

1	<p>MANAGEMENT OF SLIGHT MALNUTRITION</p> <p>1) Drugs a) Mebendazole : 100 mg Tab 2 times a day for 3 days (TOT 6 Tabs (or 500 mg Tab single dose from one year of age) b) Ferrous sulfate 1 tablet per day for 1 month (TOT 30 Tabs)</p> <p>2) Advice : See CHART 4 3) Appointment after 2 days to verify if given advice was followed, Then appointment after 7 days</p> <p>ADVICE TO THE MOTHER a) APPT after 7 days b) When to come back IMMEDIATELY</p> <table border="1"> <tr> <td>The child becomes sicker or other abnormal signs appear</td> <td> REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease. </td> </tr> </table> <p>c) The 3 rules of home treatment: d) KEY PRACTICES: CPS, PEV, Vit. A</p>	The child becomes sicker or other abnormal signs appear	REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease.
The child becomes sicker or other abnormal signs appear	REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease.		
2	<p>MANAGEMENT OF SLIGHT MALNUTRITION</p> <p>1) Drugs a) Mebendazole : 100 mg Tab 2 times a day for 3 days (TOT 6 Tabs (or 500 mg Tab single dose from one year of age) b) Ferrous sulfate 1 tablet per day for 1 month (TOT 30 Tabs)</p> <p>2) Advice : See CHART 4 3) Appointment after 2 days to verify if given advice was followed, Then appointment after 7 days</p> <p>ADVICE TO THE MOTHER a) APPT after 7 days b) When to come back IMMEDIATELY</p> <table border="1"> <tr> <td>The child becomes sicker or other abnormal signs appear</td> <td> REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease. </td> </tr> </table> <p>c) The 3 rules of home treatment: d) KEY PRACTICES: CPS, PEV, Vit. A</p>	The child becomes sicker or other abnormal signs appear	REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease.
The child becomes sicker or other abnormal signs appear	REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease.		
3	<p>MANAGEMENT OF SLIGHT MALNUTRITION</p> <p>1) Drugs a) Mebendazole : 100 mg Tab 2 times a day for 3 days (TOT 6 Tabs (or 500 mg Tab single dose from one year of age) b) Ferrous sulfate 1 tablet per day for 1 month (TOT 30 Tabs)</p> <p>2) Advice : See CHART 4 3) Appointment after 2 days to verify if given advice was followed, Then appointment after 7 days</p> <p>ADVICE TO THE MOTHER a) APPT after 7 days b) When to come back IMMEDIATELY</p> <table border="1"> <tr> <td>The child becomes sicker or other abnormal signs appear</td> <td> REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease. </td> </tr> </table> <p>c) The 3 rules of home treatment: d) KEY PRACTICES: CPS, PEV, Vit. A</p>	The child becomes sicker or other abnormal signs appear	REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease.
The child becomes sicker or other abnormal signs appear	REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease.		
4	<p>MANAGEMENT OF SLIGHT MALNUTRITION</p> <p>1) Drugs a) Mebendazole : 100 mg Tab 2 times a day for 3 days (TOT 6 Tabs (or 500 mg Tab single dose from one year of age) b) Ferrous sulfate 1 tablet per day for 1 month (TOT 30 Tabs)</p> <p>2) Advice : See CHART 4 3) Appointment after 2 days to verify if given advice was followed, Then appointment after 7 days</p> <p>ADVICE TO THE MOTHER a) APPT after 7 days b) When to come back IMMEDIATELY</p> <table border="1"> <tr> <td>The child becomes sicker or other abnormal signs appear</td> <td> REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease. </td> </tr> </table> <p>c) The 3 rules of home treatment: d) KEY PRACTICES: CPS, PEV, Vit. A</p>	The child becomes sicker or other abnormal signs appear	REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease.
The child becomes sicker or other abnormal signs appear	REFER, ● if he comes back immediately, ● Or if he comes back within 1 month suffering from the same disease.		

SYNTHESIS EXERCISE
TREATMENT OF FEVER AND DIARRHEA at the community site

(Fill out the form for the management of cases at the next page)

<p><u>Exercise 1.</u></p> <p>On 28th September 2004, at LUTU site, the CHW receives the 35th sick child on the list for this month. His name is METIA, a boy aged 3 years and six months, and he weighs 17.8 kg and lives in KIOYO Village.</p> <p>Her mother said that the child cried all night, and had liquid stools.</p> <p>The CHW is looks for danger and warning signs but cannot find any of them</p> <p>The examination shows that he has fever without any other sign which is related to fever.</p> <p>The child had diarrhea twice last night before coming at the site this morning, there are no other signs.</p> <p>Regarding his nutritional status, he did not show any other thing apart from the known weight.</p> <p>Mention the action to be taken by the CHW</p> <p>FILL OUT THE FORM, ENCIRCLE THE PRESENT SIGNS, CLASSIFY THE CHILD'S DISEASE, REFER OR TREAT AT THE SITE ACCORDIND TO THE CASE</p>	<p><u>Exercise 2.</u></p> <p>On 30th September 2004, at LUTU site, the CHW receives the 37th sick child on the list for this month. His name is LILOBA, female child, she is 3 years and 6 months, and she weighs 3 kg and lives in KIOYO Village.</p> <p>The mother said that the child has a mild diarrhea and fever for 2 days without other signs or problems. He was given SP and paracetamol 2 days ago but there is no change.</p> <p>Mention the action to be taken by the CHW</p> <p>FILL OUT THE FORM, ENCIRCLE THE PRESENT SIGNS, CLASSIFY THE CHILD'S DISEASE, REFER OR TREAT AT THE SITE ACCORDIND TO THE CASE</p>
<p><u>Exercise 3.</u></p> <p>On the 2nd October 2004 at LUTU site the CHW receives the 3rd sick child on the list for this month. His name is MBUYU, a boy of 3 years and 6 months old, who weighs 11.8 Kg and lives in KIOYO village</p> <p>He has episodes of diarrhea every 2 or 3 months and this time he had blood in the stools 3 days ago. But for the last 2 days his stools were normal. He had a mild fever this morning. That is why his mother brought him at the site to get some paracetamol to treat this temporally fever, the mother said.</p> <p>His weight has increased from 11kg, to 11.5 kg, and to 11.8 kg. Mention the action to be taken by the CHW.</p> <p>FILL OUT THE FORM, ENCIRCLE THE PRESENT SIGNS, CLASSIFY THE CHILD'S DISEASE, REFER OR TREAT AT THE SITE ACCORDIND TO THE CASE</p>	<p><u>Exercise 4.</u></p> <p>Just when MBUYU left, as the CHW was going for fishing, he was called by another mother because his child who is 11 months does not want to eat. She no longer breastfeeds him because she is again pregnant. The pregnancy is visible.</p> <p>The child weighs 6 kg , he is skinny and has fever The CHW asks the mother to bathe him quickly.</p> <p>The search for other signs by the CHW does not show anything.</p> <p>Mention the action to be taken by the CHW</p> <p>FILL OUT THE FORM, ENCIRCLE THE PRESENT SIGNS, CLASSIFY THE CHILD'S DISEASE, REFER OR TREAT AT THE SITE ACCORDIND TO THE CASE</p>

Part 8.
THE CATCH UP FOR CPS, PEV, VIT A AND OTHER CHILD'S HEALTH PROBLEMS

Exercise 1.

On 10th July 2005, the CPS card of MODELI, a 2 years and 3 months old child, shows the following:

- He had received all vaccines except the for measles
- He has received his last dose of Vitamin A on 5th February 2005
- His last weighing was dated 1st June 2005

What could this child catch up on at the HC? When do you think he can do that?

8. VACCINATION STATUS, CPS and Vitamin A CPS
CARD SEEN. NO YES (Tick)

	- Did the child attend to weighing sessions?	NO	YES		<i>Catching up</i>	NO	YES
	- Is the child immunized?	NO	YES		<i>Catching up</i>	NO	YES
	- Did he receive Vitamin A?	NO	YES		<i>Catching up</i>	NO	YES

Exercise 2.

On 29th April 2005 the CPS card of the child MAKASI, who is 10 months old, shows the following :

- He did not get le following vaccines : BCG,VP03,DTC3
- He has received his last dose of Vitamin A on 5th February 2005
- His last weighing was dated 29th February 2005

What could this child catch up on at the HC? When do you think he can do that?

8. VACCINATION STATUS, CPS and Vitamin A CPS
CARD SEEN. NO YES (Tick)

	- Did the child attend to weighing sessions?	NO	YES		<i>Catching up</i>	NO	YES
	- Is the child immunized?	NO	YES		<i>Catching up</i>	NO	YES
	- Did he receive Vitamin A?	NO	YES		<i>Catching up</i>	NO	YES

Exercise 3.

On 30 January 2005, the CPS card of MASASU, 11 months old, shows the following :

- He did not get the following vaccines: VPO3, DTC3, VAR, and VAA.
- He has received his last dose of Vitamin A on 5th September 2004
- His last weighing took place on 29th December 2004

What could this child catch up on at the HC? When do you think he can do that?

8. VACCINATION STATUS, CPS and Vitamin A CPS
CARD SEEN. NO YES (Tick)

	- Did the child attend to weighing sessions?	NO	YES		<i>Catching up</i>	NO	YES
	- Is the child immunized?	NO	YES		<i>Catching up</i>	NO	YES
	- Did he receive Vitamin A?	NO	YES		<i>Catching up</i>	NO	YES

Exercise 4.

On 29th April 2004 the CPS form of MOSE, 11 months and 2 weeks old shows the following :

- He did not get the following vaccines: BCG, VPO3, DTC3, and VAR.
- He has received his last dose of Vitamin A on 3rd February 2005
- His last weighing took place on 29th February 2005

What could this child catch up on at the HC? When do you think he can do that?

8. VACCINATION STATUS, CPS and Vitamin A CPS
CARD SEEN. NO YES (Tick)

	- Did the child attend to weighing sessions?	NO	YES		<i>Catching up</i>	NO	YES
	- Is the child immunized?	NO	YES		<i>Catching up</i>	NO	YES
	- Did he receive Vitamin A?	NO	YES		<i>Catching up</i>	NO	YES

Exercise 5.

On 29 April 2005 the CPS card of MAD0, 8 months old child, shows the following :

- He did not get the following vaccines: VPO3, DTC3, VAR, and VAA
- He has received his last dose of Vitamin A on 15 March 2005
- His last weighing took place on 15 March 2005

What could this child catch up on at the HC? When do you think he can do that?

8. VACCINATION STATUS, CPS and Vitamin A CPS
CARD SEEN. NO YES (Tick)

	- Did the child attend to weighing sessions?	NO	YES		<i>Catching up</i>	NO	YES
	- Is the child immunized?	NO	YES		<i>Catching up</i>	NO	YES
	- Did he receive Vitamin A?	NO	YES		<i>Catching up</i>	NO	YES

Exercise 6.

On 30th April 2005, the CPS card MIMI, a 3 years and 6 months old child shows the following :

- He did not get the following vaccines: BCG, VPO3, DTC3, and VAR.
- He has received his last dose of Vitamin A on 3rd September 2005
- His last weighing is dated 3rd September 2005

What could this child catch up on at the HC? When do you think he can do that?

8. VACCINATION STATUS, CPS and Vitamin A CPS
CARD SEEN. NO YES (Tick)

	- Did the child attend to weighing sessions?	NO	YES		<i>Catching up</i>	NO	YES
	- Is the child immunized?	NO	YES		<i>Catching up</i>	NO	YES
	- Did he receive Vitamin A?	NO	YES		<i>Catching up</i>	NO	YES

Exercise 7.

On 30th May 2005 the CPS card of MOLISHO, a 4 years old child, shows the following :

- He did not get the following vaccines: DTC3, and VAR.
- He has received his last dose of Vitamin A on 2nd February 2005
- His last weighing is dated 31st January 2005

What could this child catch up on at the HC? When do you think he can do that?

8. VACCINATION STATUS, CPS and Vitamin A CPS
CARD SEEN. NO YES (Tick)

	- Did the child attend to weighing sessions?	NO	YES		<i>Catching up</i>	NO	YES
	- Is the child immunized?	NO	YES		<i>Catching up</i>	NO	YES
	- Did he receive Vitamin A?	NO	YES		<i>Catching up</i>	NO	YES

Exercise 8.

On 29th April 2005, the CPS card MOSE, a 3 years and 5 months old child, shows the following :

- He did not the following vaccine: BCG,
- He has received his last dose of Vitamin A on 2nd February 2005
- His last weighing took place on 29th August 2004

What could this child catch up on at the HC? When do you think he can do that?

VACCINATION STATUS, CPS and Vitamin A CPS CARD SEEN. NO YES (Tick)

	- Did the child attend to weighing sessions?	NO	YES		<i>Catching up</i>	NO	YES
	- Is the child immunized?	NO	YES		<i>Catching up</i>	NO	YES
	- Did he receive Vitamin A?	NO	YES		<i>Catching up</i>	NO	YES

Part 9
INSTRUCTIONS FOR FOLLOW UP VISIT

Answer these questions to verify understanding

- a) In March, the form of the child Jean was n° 35. He came back with the same complaints in May as the 10th treated child at the site. What will be the n° of his form?

- b) In March the form of the child Jean was n° 3. He came back with the same complaints at the end of the month as the 22nd treated child at the site. What will be the n° of his form?

- c) In March, the form of the child DIDI was n° 4. He had improved, but came back two weeks later with new complaints as the 22nd child at the site; what will be the n° of his form?

- d) At the follow up visit, the child's condition is stationary the mother did not give the medicine properly. What action will the CHW take?

- e) At the follow up visit, the condition of the child remains unchanged. The mother has given him medicine as advised by the CHW. What will be the action to be taken by the CHW?

- f) At the follow up visit, the condition of the child has improved. What will be the action to be taken by the CHW?

- g) At the follow up visit, the condition of the child did not improve. What will be the action to be taken by the CHW?

- h) At the follow up visit, the CHW noticed that the mother did not properly give the medicine to the child. Thus, The CHW advised again the mother on how to properly give it and he verified her understanding. What else will you tell the CHW to do?

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b).....
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c).....
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d).....
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e).....
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f).....
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g).....
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h).....
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Part 10
ADVISE THE MOTHER

(Role playing games)

Topics to be developed for role playing games are the following:

1st topic :

Advise the mother on how to administer medicine to the child as required: (prepare a scenario for fever, diarrhea and malnutrition cases for different children's age groups: less than 6 months, 6-11 months, 1-2 years, 2 years and above)

1. Show her :
 - the quantity (the dose)
 - How many times a day
2. Show her how to mix medicines
3. Check up the understanding of the mother (with open des questions) : Explain for each medicine; the quantity, How many times /day, for how many days, and how to mix medicines
4. Ask the mother to administer the 1st dose at the site in presence of the CHW to make sure that she has understood.

2nd topic :

Give advice to the mother on other recommendations related to childhood diseases

1. Advice on
 - The day of appointment
 - When to come back immediately (Verify the undstanding of the mother)
 - The 3 rules of home treatment (and verify the understanding of the mother)
 - How to avoid /prevent diseases. (KEY PRACTICES)
2. Verify the understanding of the mother (through open questions)

3rd topic: A CHILD TO REFER FOR:

- Danger and warning signs
- Other PROBLEMS to be referred
- Catch up cases either on CPS, PEV or Vitamin A.

The criteria for assessing the quality of communication with the mother will be as follows:
1. Respect the principles of interactive communication:
· Courtesy and tenure.
· Familiar language, familiar words.
· Duration ≤ 15 minutes.
· Validity of the content in relation to the theme.
· Speak/Listen (=interaction, dialogue).
· Praise/congratulate for correct answers and good practices
· Verify understanding with open questions.
· Do not blame the interlocutor.
2. In case visual communication media are used:
· The image should be placed in front of the interlocutor.
· After a short introduction have the interlocutor interpret the image,
· Give the key message as illustrated by the image.

Part 11
COMMUNITY HEALTH CARE SITE MANAGEMENT TOOLS

A. FILLING OUT THE REGISTER

<p><u>Exercise 1.</u></p> <p>On 28th September 2004, at LUTU site, the CHW receives the 35th sick child on the list for this month, His name is METIA, 3 years and six months old boy. He weighs 17.8 kg and lives in KIOYO village. Her mother is METITA.</p> <p>His case was classified as MALARIA, SIMPLE DIARRHEA AND NO MALNUTRITION. The CHW has prescribed him SP 1 Tab single dose and ORS, one glass for every diarrheal stool.</p> <p>The child followed the CSP since 1 year and his last dose of Vitamin A was taken 1 year ago. He had completed all vaccines.</p> <p>MENTION IF HIS WEIGHT IS GREEN, YELLOW OR RED AND FILL OUT THE SITE REGISTER.</p>	<p><u>Exercise 2.</u></p> <p>On the 30th September 2004, at LUTU site, the CHW receives the 37th sick child on the list for this month. Her name is LILOBA, a female child of 3 ½ months old, who weighs 3 kg, and lives in KIOYO village. Her mother's name is LIYEKE.</p> <p>Her case was classified as SIMPLE DIARRHEA and SLIGHT MALNUTRITION. The CHW has prescribed the ORS, one glass for each diarrheal stool, and gave advice related to Nutrition.</p> <p>The child did not follow the CPS last month, and she has not yet received his dose of Vitamin A. She has received the following vaccines: BCG,VPOo,VPO1,DTC1</p> <p>MENTION IF HIS WEIGHT IS GREEN, YELLOW OR RED AND FILL OUT THE SITE REGISTER.</p>
<p><u>Exercise 3</u></p> <p>5 days later, the child METIA came back for a follow up visit. He has a danger/warning sign.</p> <p>The CHW refers him at health center.</p> <p>3 days later he came back with a counter-reference note</p> <p>FILL OUT THE REGISTER WITH THIS DATA</p>	<p><u>Exercise 4.</u></p> <p>On 30th September 2004, at LUTU site, the CHW receives the 39th sick child on the list for this month, her name is LIKELE, female child, he is 7 ½ months, weighs 5 kg, lives KIOYO village, and her name is LOKULU.</p> <p>Her case is classified as DANGER/WARNING SIGN. Since he has fever, the CHW prescribed her Paracetamol ½ Tab, a WET BATH and referred her to the HC.</p> <p>MENTION IF HIS WEIGHT IS GREEN, YELLOW OR RED AND FILL OUT THE SITE REGISTER.</p>
<p><u>Exercise 5.</u></p> <p>On 2nd October, MANGOYO brings his child MANGASA , The 3rd child of this month. He is 1 year old, and weighs 6 Kg. The child did not follow the CPS in 2 months; he has not yet received his dose of VIT A. His is completely immunized.</p> <p>His case was classified as OTHER PROBLEMS and MALARIA. The CHW prescribe SP ½ tab, single dose and 1 tab of paracetamol; and refers the child for OTHER PROBLEM.</p> <p>MENTION IF HIS WEIGHT IS GREEN, YELLOW OR RED AND FILL OUT THE SITE REGISTER.</p>	<p><u>Exercise 6.</u></p> <p>On 3rd October MAYENGE brings her child MANO, the 4th child of the month, aged 3 years and weighs 10 kg.</p> <p>The child did not follow the CPS in 2 years and did not get his dose of VIT A in 2 years. He is completely immunized. His case is classified as SIMPLE DIARRHEA AND SLIGHT MALNUTRITION</p> <p>The CHW prescribed him the ORS 1 glass after each diarrheal stool, gave nutrition advice for the children of 2yrs and above, Mebendazole 1 tab 2 times/day for 3 days.</p> <p>MENTION IF HIS WEIGHT IS GREEN, YELLOW OR RED AND FILL OUT THE SITE REGISTER.</p>

SITE ACTIVITY MONTHLY REPORT

MONTH.....YEAR.....		
HEALTH ZONE:		
HEALTH AREA:		
HEALTH CARE SITE:		
Villages covered by Site:		
Total Population of the Site:		
Inhabitants.		
Activities	Number/ month	Death at Site
TOTAL NC		
NC from Health Area		
NC from outside health area		
NC from outside health zone		
Nber of referred cases		
Nber of cases counter-referred		
Status		
Weight Green (G)		
Yellow (Y)		
Red (R)		
..... CPS (YES)		
..... Vit A (YES)		
..... PEV (YES)		
Nber of supervision visits by the nurse in charge of HC		
Nber of supervision visits by the central office of the health zone		
Nber of meetings held with the local committee.		
Nber of death cases of children aged between 0-5 years declared by the community in the site's catchment area.		

Disease classifications:	Number/ month
1. Danger signs	
2. Fever / Malaria	
3. Diarrhea	
NC of diarrhea treated with ZINC	
4. Cough or Cold	
5. Pneumonia	
6. Malnutrition	
TOTAL	

Drugs and Revenue Management					
N°	Drugs	Nber of days of stock out	Opening inventory plus incoming stock of the month	Consumed quantity	Closing stock of the month
1	Artesunate+ amodiaquine				
2	Quinine syrup (20 %)				
3	SP (480 mg Tab)				
4	Paracetamol (500 mg Tab)				
5	ORS (Bags)				
6	Zinc 10 mg Tab				
7	Zinc 20 mg Tab				
8	Mebendazole (100 mg Tab)				
9	Cotrimoxazole (480 mg Tab)				
10	Iron 10 mg				
11	Condom				
	Monthly revenue =.....CF	Monthly expenditure =.....CF	Monthly balance =.....CF		

Date.

Name and signature of the CHW

Signature of the COGESITE member

REFERENCE FORM

N°	Date/...../.....
Health Zone	Health Area
Site	Village

SITE SECTION

(Fill out and submit to the child's parents)

CHILD'S NAME..... **Name of the mother or surrogate**

Age **Weight**.....kg

Reasons for the reference *Encircle the motive(s)*

DANGER SIGNS a) Infant from 1week to 2 months brought to the SITE b) Nutritional status of the child - RED c) Is the child able to drink or breastfeed? d) Does the child vomit all that he consumes? e) Did the child have convulsions or is convulsing now? f) The child is unconscious or not responding to external stimuli	g) Palmar pallor or anemia h) Difficult breathing or wheezing i) Any disease that lasts 15 days or more j) The child is often sick k) The child is very weak l) The child becomes sicker despite adequate home care
FEVER referred for : - Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol) - Fever with generalized rash	DIARRHEA referred for - Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), - Blood in the stool, or - Liquid diarrhea (like water)
COUGH OR COLD OR RESPIRATORY PROBLEMS referred for - Difficult breathing (with pulling or wheezing) - Cough or cold for 15 days or more - Respiratory rate: ...../Minutes	SEVERE MALNUTRITION referred for - Visible and severe Thinning - or swollen lower limbs
OTHER PROBLEM (Specify) ?	
RECEIVED TREATMENT (Drugs, dosage, Number of days)	
CHW's Name and Signature	

REFERENCE HEALTH FACILITY SECTION: Feedback note

Health Facility

Signs, Diagnostic.....

Received treatment

Recommendations

Date, Names and Signature