

Refresher Training

for

Integrated Community Case Management Pneumonia, Malaria & Diarrhoea RDT, Maternal & Newborn Care



VHT Workbook

ICCM Central

Uganda

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Learning Objectives

At the completion of the ICCM Refresher Training, you will be able to:

- Ask, look and feel for signs and symptoms of danger signs in newborns, children, and pregnant women.
- Ask, look and feel for signs and symptoms of malaria, pneumonia, diarrhoea in children 2 months to 5 years.
- Use the respiratory timer and accurately count the number of breaths for newborns, infants and children with fast breathing.
- Know the signs and symptoms of uncomplicated and severe malaria in infants and children.
- Describe the Uganda malaria policy for confirmed laboratory diagnosis prior to ACT treatment of malaria.
- Perform RDTs on all patients with a history of fever.
- Describe how RDTs work and why they are a reliable diagnostic tool for malaria.
- List the components of an RDT kit and the steps for performing an RDT in the correct sequence.
- Demonstrate how to perform an RDT correctly and safely.
- Interpret RDT results consistently and accurately.
- Distinguish between symptoms in children which need immediate referral to the health facility from those that can be treated at home by the caregiver.
- Refer newborns, children, and pregnant women with danger signs or signs of severe illnesses to the nearest health facility.
- Give the correct treatment and caregiver advice for pre-referral and home-based treatment for malaria, pneumonia, diarrhoea for children 2 months to 5 years.
- Describe the importance of antenatal and postnatal care.
- Give pregnant mothers advice on how to prevent malaria during pregnancy.
- Give caregivers and pregnant women health messages to promote good health and prevent illnesses.
- Demonstrate routine newborn care during newborn visits on days 1, 3 and 7.
- Record cases of danger signs, pneumonia, diarrhoea, and malaria in the *ICCM Sick Patient Register*.
- Record newborn visits in the *ICCM Sick Patient Register*.

Training Timetable

Day 1	Day 2	Day 3	Day 4	Day 5
Assessment and Classification of the Sick Child	Use of RDTs	Referral and Treatment of the Sick Child	Maternal Health	Newborn Health
Introduction to Training (1 hour 10 min)	Assessment of Fever and Malaria (60 min)	Illnesses that require Referral (45 min)	ICCM Review (60 min)	Routine Newborn Care (45 min)
Assessment Process (25 min)	Introduction to RDTs (40 min)	Illnesses that can be Treated at Home (45 min)	Healthy Pregnancies (60 min)	Assessment of Danger Signs in the Newborn (30 min)
Assessment and Classification of the sick child with Danger Signs (60 min)	Performing an RDT and Reading Results (2 hours)	Treatment of Sick Children (1 hour 30 min)	Danger Signs in Pregnancy (45 min)	Breastfeeding (45 min)
Assessment of the sick child with cough and Fast Breathing and Classification of Pneumonia (2 hours)	Performing an RDT—Biosafety (30 min)	Treatment and Advice for Pneumonia, and Diarrhoea and Malaria (1 hour 45 min)	Antenatal Care (60 min)	Newborn Immunizations (15 min)
				Review (30 min)
Assessment and Classification of the sick child with Diarrhoea (1 hour 10 min)	Assessment and Classification Practice (2 hours)	Follow up visits and Health Messages (45 min)	Safe Birth (60 min)	Evaluation of Training (15 min)
			Postnatal Care (60 min)	Closing Ceremony (30 min) Distribution of Supplies (30 min)

Pre-Test

VHT Name:

Date:

Trainer Name:

Location:

1. List the danger signs in a child 2 months to 5 years?

2. List the signs and symptoms of pneumonia and children?

3. A 4 year old boy is breathing 42 breaths per minute. He does not have a danger sign.
 - a. Does he have fast breathing? YES NO
 - b. Would you refer this child? YES NO
 - c. How would you treat this child?

4. How can pneumonia be prevented?

5. A 2 year old girl has had diarrhoea for 14 days. She is very thirsty
 - a. Would you refer this child? YES NO
 - b. How would you treat this child?

6. How can diarrhoea be prevented?

7. A 2 year old boy has fever for 7 days and convulsions. His RDT is positive.
 - a. Does this child have severe or uncomplicated malaria?
 - b. Would you refer this child? YES NO
 - c. How would you treat this child?

8. How can malaria be prevented?

9. You perform an RDT. This is the result:



a. Does this child have malaria? YES NO

10. A 3 year old girl has fever and chills for 5 days. She has also been vomiting. This is her RDT result:



a. Does this child have malaria? YES NO
b. Would you refer this child? YES NO
c. Would give this child Coartem? YES NO

11. What are the danger signs in pregnancy?

12. How many ANC visits should a pregnant mother have?

13. How can a woman prevent malaria during pregnancy?

14. When should a VHT visit a mother and her newborn child after child birth?

15. What are danger signs in a newborn?

General Danger Signs

1. Convulsions
2. Vomiting everything
3. Not able to breastfeed or drink anything
4. Chest In-Drawing
5. Very Sleepy or Unconscious



1



2



3



4



5

Instructions for Using Respiratory Timer and Counting Breaths

1. Confirm the age of the child.
2. Explain to the caregiver that you would like to check how fast the child is breathing.

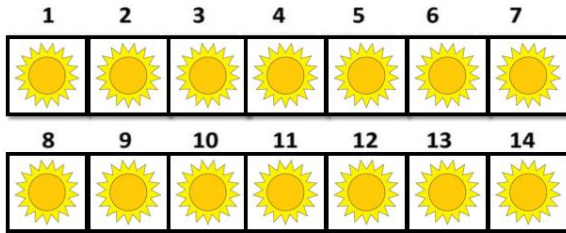
The child must be calm when you watch the child's breathing. If the child starts to cry or becomes upset, ask the caregiver to calm the child and wait for the child to be calm before counting.
3. Ask the caregiver to lift the child's shirt so that the bare chest is visible and position the child in a reclining position on her lap.
4. Sit where you can see the lower part of the child's chest and can see breathing movement.
5. Ensure the child is calm (not crying) and not breastfeeding.
6. Look for the breathing movement on the child's chest or belly.
7. Count 1 breath every time the child's chest goes out (expands).
8. Before starting the timer, count 4 to 5 breaths.
9. START the respiratory timer. At the same time, watch the child's breathing movements.
10. Count 1 breath each time the child's chest goes out (expands).
11. Look only at the child's chest. **Do NOT look at the timer.**
12. Continue until you hear the timer beep 2 times.
13. Write down the number of breaths counted.
14. Repeat to get a second measurement. Record the highest measurement.
15. Record the breathing rate for **infants 2 to 11 months as:**
 - **Normal:** 49 or fewer breaths per minute
 - **Fast breathing:** ≥ 50 breaths per minute
16. Record the breathing rate for **children 1 to 5 years as:**
 - **Normal:** 39 or fewer breaths per minute
 - **Fast breathing:** ≥ 40 breaths per minute
17. Record the breathing rate **for newborns less than 7 days as:**
 - **Normal:** 59 or fewer breaths per minute
 - **Fast breathing:** ≥ 60 breaths per minute

Health Messages for Prevention of Pneumonia

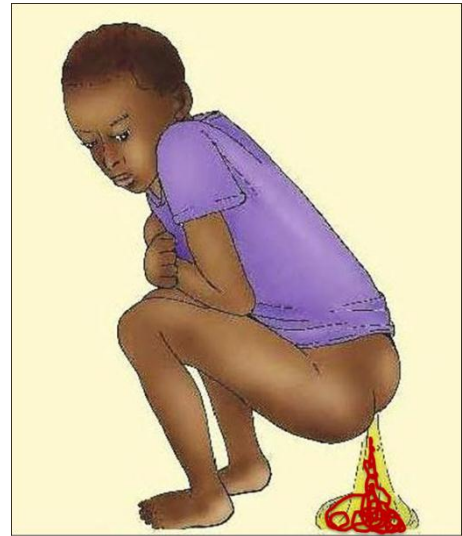
- Seek treatment early, within 24 hours of the child getting sick.
- Pneumonia can be prevented.
- Keep babies warm when it is cold.
- Keep babies and children away from smoky or overcrowded rooms.
- Cook in a well-ventilated area
- Breastfeed children for 2 years or more.
- Feed your child on only breast milk for the first 6 month of life.
- Take your children for immunization according the national vaccination schedule.
- Wash hands with soap and water or ash.
- Give your children nutritious foods to eat such as fruits, green vegetables, meats, bread and milk.



Diarrhoea and Dehydration



Watery diarrhoea for 14 days or more



Bloody diarrhoea

Skin Pinch Test

- Locate area on child's abdomen halfway between umbilicus and side of abdomen
- Pinch between thumb and first finger
- Hold skin and pick up all layers of skin
- Hold pinch for 1 second and then release
- Look and count how long it takes skin to go back:
 - Longer than 2 seconds = very slowly
 - Skin stays up for an instant = slowly



Instructions for Making Water Safe

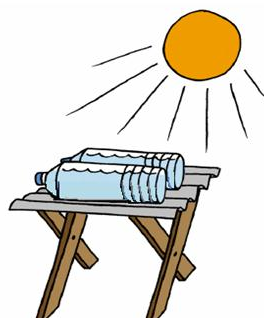
Boil Water

- Bring water to a rapid, rolling boil and you can see the water jumping.
- Once it starts boiling, let it boil for 1 FULL MINUTE before taking the pot off to cool.
- Once the water is cooled, store in a clean and covered container.



Use Solar Disinfection (SODIS) Method

- Solar disinfection is an effective way to treat water with sunlight.
- Clean a clear plastic or glass bottle or plastic bag.
- Fill the bottle $\frac{3}{4}$ full, and shake it for 20 seconds. This will add air bubbles to the water.
- Fill the bottle or bag to the top. The air bubbles will help to disinfect the water faster.
- Place the bottle in an open place where there is no shade and where people and animals will not disturb it, like the roof of a house.
- Leave the bottle in the sun for at least 6 hours in full sun, or 2 days if it is cloudy.
- Drink directly from the bottle. This will prevent the possibility of contamination from hands or other containers.



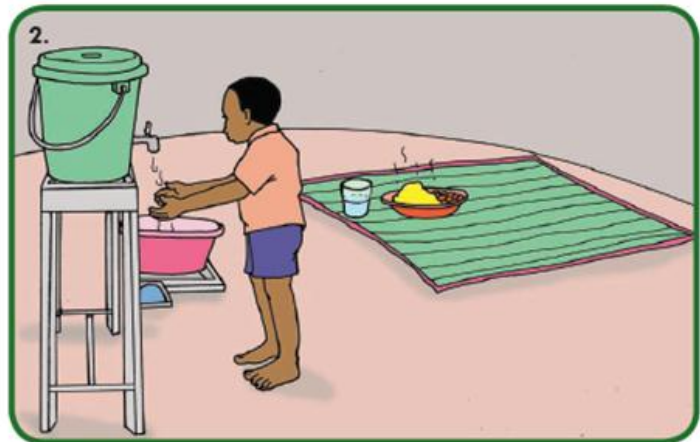
Health Messages for Prevention of Diarrhoea

- Seek treatment early, within 24 hours of the child getting sick.
- Diarrhoea can kill children.
- Breastfeed more frequently when a baby has diarrhoea.
- Give more fluids to children with diarrhoea.
- Giving oral rehydration salts solution can strengthen a child and reduce the risk of death from diarrhoea.
- Prevent diarrhoea by disposing of all faeces in a latrine or toilet, or by burying.
- Use safe water for drinking and food preparation.
 - Do not drink water from any source directly without treating it.
 - Safe water can be made unsafe if carried in dirty containers or stored in dirty containers or left uncovered in clean containers
 - Protect water from contamination by covering water storage containers and keeping animals away.
- If safe water is not available, treat at home by boiling, exposing it to direct sunlight for not less than 6 hours, or using water purification tablets
- Cook food well and protect it from flies.
- Cover stored food.
- Use clean eating utensils.
- Keep the household clean and dispose of rubbish by burning or burying.

Hand Washing

Wash hands with soap and water or ash:

- before preparing or handling food
- before eating or feeding a child
- after using the toilet or latrine
- after burying feces
- after changing a child who has defecated
- before and after taking care of someone who is sick
- after touching hazardous waste like blood or body fluids
- after touching sick or dead animals



Health Messages for Fever and Malaria

- Seek treatment early, within 24 hours of the child getting sick.
- You can only get malaria through the bite of an infected mosquito.
- Malaria frequently causes fever.
- Not all fever is malaria. You need to confirm with RDT or lab test.
- Malaria can be treated and prevented.
- You should seek treatment of fever for your child as soon as possible.
- Sleep under a long lasting insecticide treated net (LLIN)—
mosquito net—from the time the sun goes down at night until the
time the sun comes up in the morning
- Wear clothes that can cover your legs and hands at night.

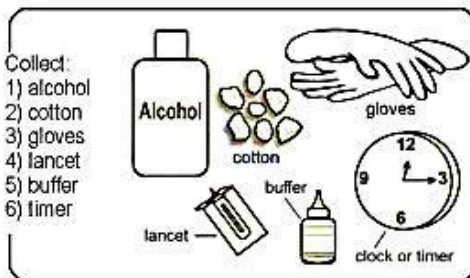


RDT Job Aid

Generic instruction for malaria rapid test cassette. *P. falciparum* only

1 **FIRST, read carefully these instructions.**

2 Collect:
 1) alcohol
 2) cotton
 3) gloves
 4) lancet
 5) buffer
 6) timer

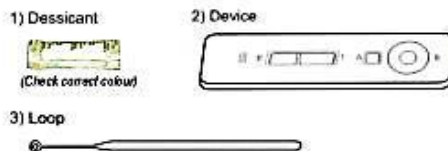


3 Look at the expiry date at the back of the package.

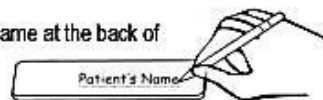
Use another package if expiry date has passed.



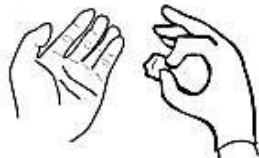
4 Open the package and look for the following:



5 Write patient's name at the back of the device.



6 Clean the patient's finger with alcohol. The finger **MUST** be dry before pricking.

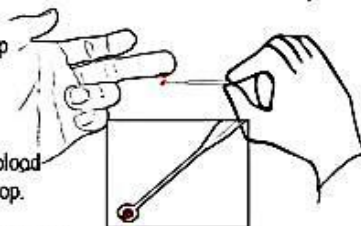


7 Prick the patient's finger to get a drop of blood.



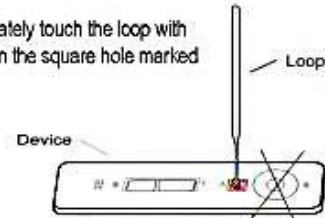
8 Touch the loop to the blood.

A film of blood fills the loop.

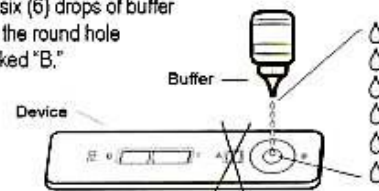


Version 2: Modify for specific product

9 Immediately touch the loop with blood on the square hole marked "A."



10 Put six (6) drops of buffer into the round hole marked "B."



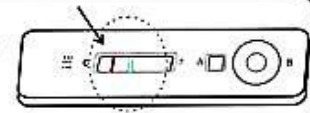
11 Read results exactly fifteen (15) minutes after adding buffer.

Do not read the results before fifteen (15) minutes. Reading too early or too late can give false results.

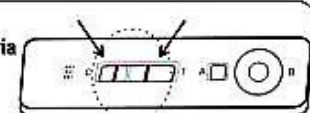


12 **HOW TO READ:**

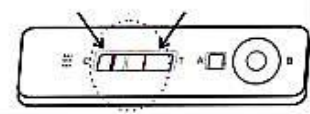
NEGATIVE (no falciparum malaria) - one line in window "C" at left.



POSITIVE falciparum malaria - one line in window "C" at left and one line in window "T" at right.

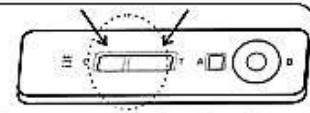


It is positive even if test line is faint.



NO RESULT - no line in "C" or "T."

If the control line does **NOT** appear, any other lines should be disregarded. The test should be repeated!



13 Record results.



14 Dispose of infectious waste properly.



Use new package and lancet for each patient.

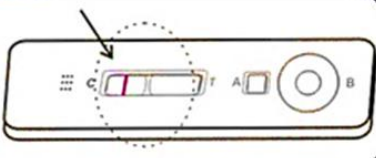
RDT Kit



Alcohol pads Buffer Lancets RDT Device

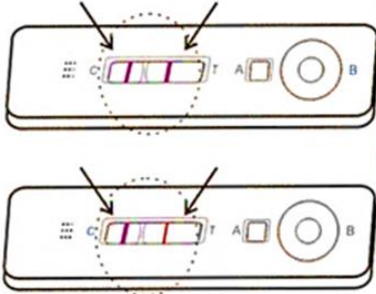
RDT Results

NEGATIVE (no *falciparum malaria*) - one line in window "C" at left.



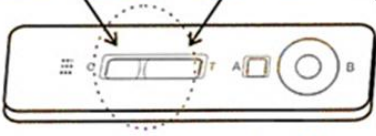
POSITIVE *falciparum malaria*
- one line in window "C" at left and one line in window "T" at right.

It is positive even if test line is faint.



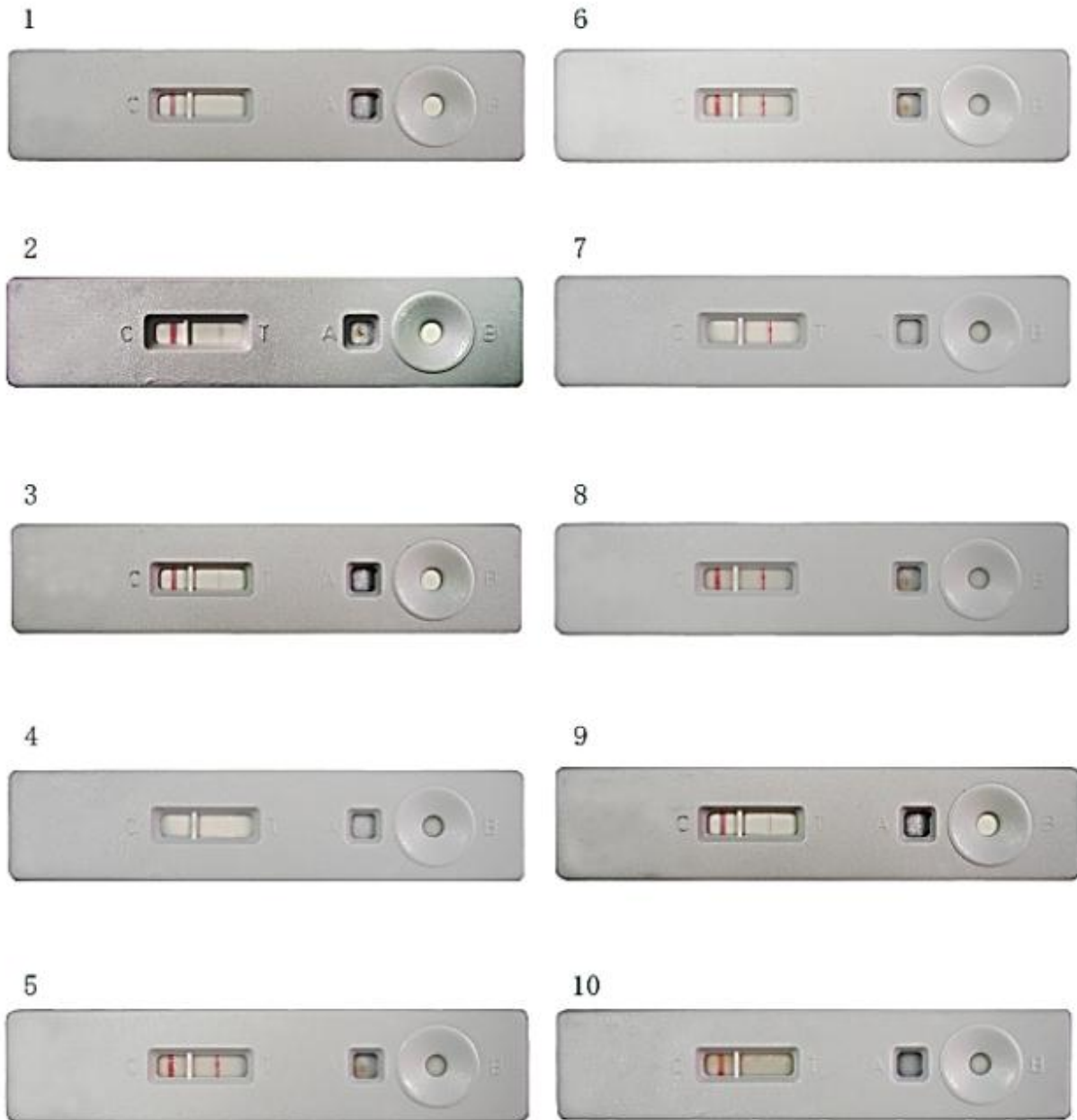
NO RESULT
- no line in "C" or "T."

If the control line does **NOT** appear, any other lines should be disregarded. The test should be repeated!



Reading RDTs Results Test

Read the following RDT results as **positive**, **negative**, or **invalid**.



Assessment and Classification Competencies

ASSESSMENT			
Communicates clearly with caregivers and patients and actively listens.		Met	NOT Met
1.	Greets and welcomes the caregiver politely.		
2.	Actively listens to the caregiver and repeats to verify understanding.		
3.	Asks the caregiver questions to get more information about symptoms.		
4.	Asks the caregiver permission to examine the child.		
5.	Checks the caregiver understands the instructions.		
Conducts a complete assessment of the sick child 2 months to 5 years.		Met	NOT Met
6.	Uses the Sick Child Job Aid.		
7.	Asks the child's age and sex.		
8.	Asks what the child's problem is.		
9.	Asks the caregiver how long the child has had the symptoms.		
10.	Asks the caregiver about ALL danger signs <ul style="list-style-type: none"> • Convulsions • Very sleepy or unconscious • Chest in-drawing • Not able to drink or breastfeed • Vomiting everything 		
11.	Looks for signs of ALL danger signs.		
12.	Asks the caregiver about difficulty breathing AND fast breathing AND cough.		
13.	Uses the respiratory timer to measure for fast breathing and repeats measurement to get the best out of 3 measurements.		
14.	Asks the caregiver about diarrhoea AND blood in the stool.		
15.	Looks for signs of dehydration and correctly uses the skin pinch test.		
16.	Asks the caregiver about fever .		
17.	Looks and feels for signs of fever by touching the back of the neck, forehead or upper chest.		
18.	Performs an RDT on all children with fever.		
19.	Follows all the steps of performing RDT correctly. <ul style="list-style-type: none"> • Checks RDT expiry date • Puts on new pair of gloves 		

ASSESSMENT		
<ul style="list-style-type: none"> • Opens packet and removes cassette, desiccant and blood collection device • Writes patient's name on the cassette • Opens alcohol swab and cleans the patient's 4th finger • Opens lancet and pricks patient's clean finger • Discards lancet in sharps box • Collects blood in blood collection device • Places blood in the square blood well marked "A" • Discards the collection device in the sharps box • Adds drops of buffer to the round buffer well marked "B" • Waits 15 minutes (or manufacturer's recommendation) 		
20. Correctly reads RDT results		
21. Repeats RDT after invalid results.		

CLASSIFICATION and REFERRAL		
Correctly classifies and refers sick children	Met	NOT Met
1. Classifies a child with at least 1 danger sign as <u>danger sign</u> AND immediately refers to the health facility.		
2. Classifies a child with any danger sign and fast breathing as <u>danger sign with severe pneumonia</u> AND refers to health facility.		
3. Classifies a child with diarrhoea 14 days or more or diarrhoea with blood in the stool as <u>severe diarrhoea</u> AND refers to health facility.		
4. Classifies a child with any danger sign AND fever and a Positive RDT as <u>danger sign with fever</u> AND refers to the health facility.		
5. Classifies a child with fever 7 days or more AND a Positive RDT as <u>severe malaria</u> AND refers to the health facility.		
6. Classifies a child with fast breathing and cough as <u>pneumonia that can be treated at home.</u>		
7. Classifies a child with cough of more than 21 days as <u>other disease</u> AND refers to the health facility.		
8. Classifies a child with diarrhoea of less than 14 days with no blood in stool as <u>diarrhoea that can be treated at home.</u>		
9. Classifies a child with fever of less than 7 days as uncomplicated malaria that can be treated at home.		
10. Refers to the health facility <ul style="list-style-type: none"> • Children under 2 months of age • Children over 5 years of age • Adult patients • Illness not known or not able to treat 		

Instructions for Using a MUAC Tape



1. Ask the caregiver what the child's age is.
2. If the child is less than 6 months, do NOT use the MUAC tape.
3. Ask the caregiver to sit with the child in her lap with the child's LEFT arm facing you.
4. Always measure the midpoint LEFT upper arm.
5. To locate the midpoint the arm must be hanging down the side of the body and relaxed.
6. Hold the MUAC tape in your right hand with the blank side facing you and the fatter end of the tape on the right.
7. Place the tape between the back bone in the shoulder and the tip of the elbow.
8. Take the end of the tape at the elbow and fold it in half so that both ends are now at the shoulder and the folded end is at the midpoint. Mark the midpoint using a pen, marker or chalk.
9. Wrap the MUAC tape around the midpoint by sliding the end through the 'slot' opening.
10. Pull the tape gently to tighten around the child's arm.
11. Do NOT pull too tight so that the child's arm is squeezed.
12. Do NOT leave it loose so that there is space between the arm and the tape.
13. Read the colour (red, yellow or green) that shows through the window at the point where the 2 arrows indicate.
14. MUAC of less than 115 mm / 11.5 cm, or RED colour, shows Severe Acute Malnutrition (SAM).
15. A child with a RED MUAC tape reading must be immediately referred to the health facility.
16. MUAC of between 115 mm / 11.5 cm and <125 mm / 12.5 cm, or YELLOW colour, shows the child has Moderate Acute Malnutrition (MAM).
17. MUAC over 125 mm /12.5 cm, or GREEN colour, shows the child is well nourished.

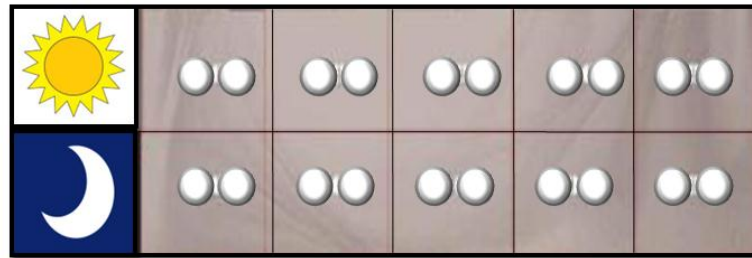


Treatment for Fast Breathing and Cough

AMOXICILLIN TABLETS FOR ORAL SUSPENSION USP 125 MG
2 X 10 TABLETS

Age: From 2 months to 11 months

Time	Day 1	Day 2	Day 3	Day 4	Day 5
	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs
	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs





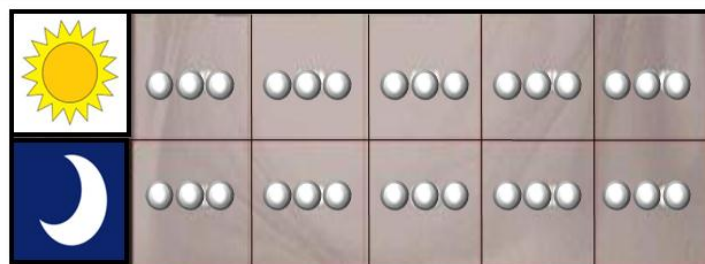
1 2 3 4 5

Amoxicillin infant dose

AMOXICILLIN TABLETS FOR ORAL SUSPENSION USP 125 MG
3 X 10 TABLETS

Age: From 12 months to 59 months (1-5 years)

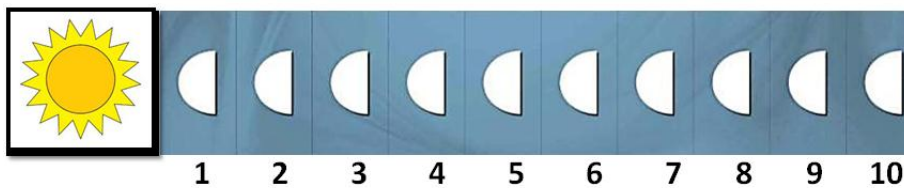
Time	Day 1	Day 2	Day 3	Day 4	Day 5
	3 tabs	3 tabs	3 tabs	3 tabs	3 tabs
	3 tabs	3 tabs	3 tabs	3 tabs	3 tabs



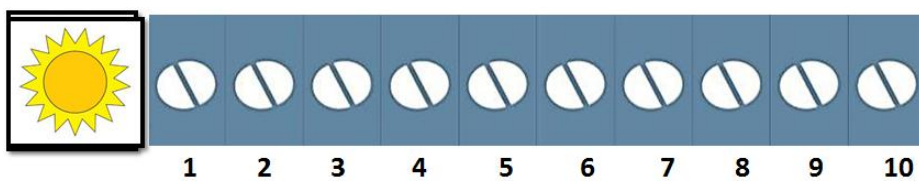
1 2 3 4 5

Amoxicillin child dose

Treatment for Diarrhoea and Dehydration



Zinc infant ½ tablet for 10 days

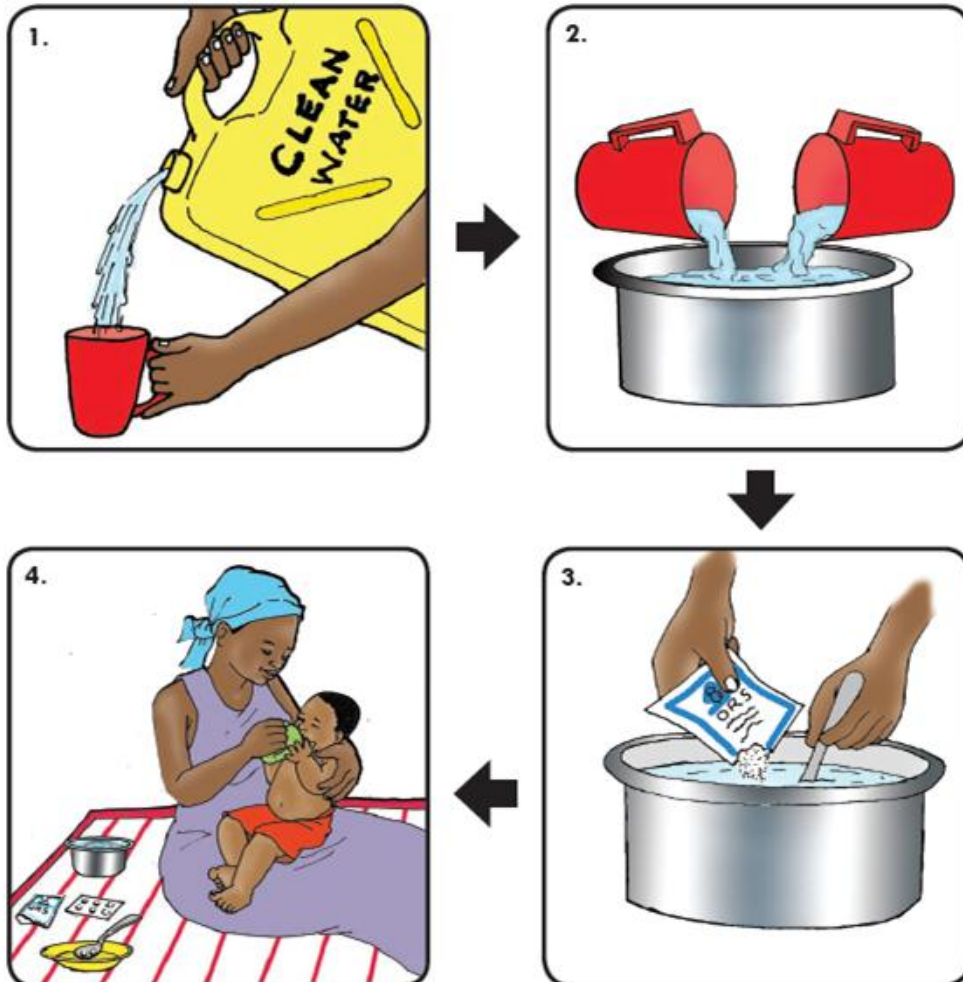


Zinc child 1 tablet for 10 days

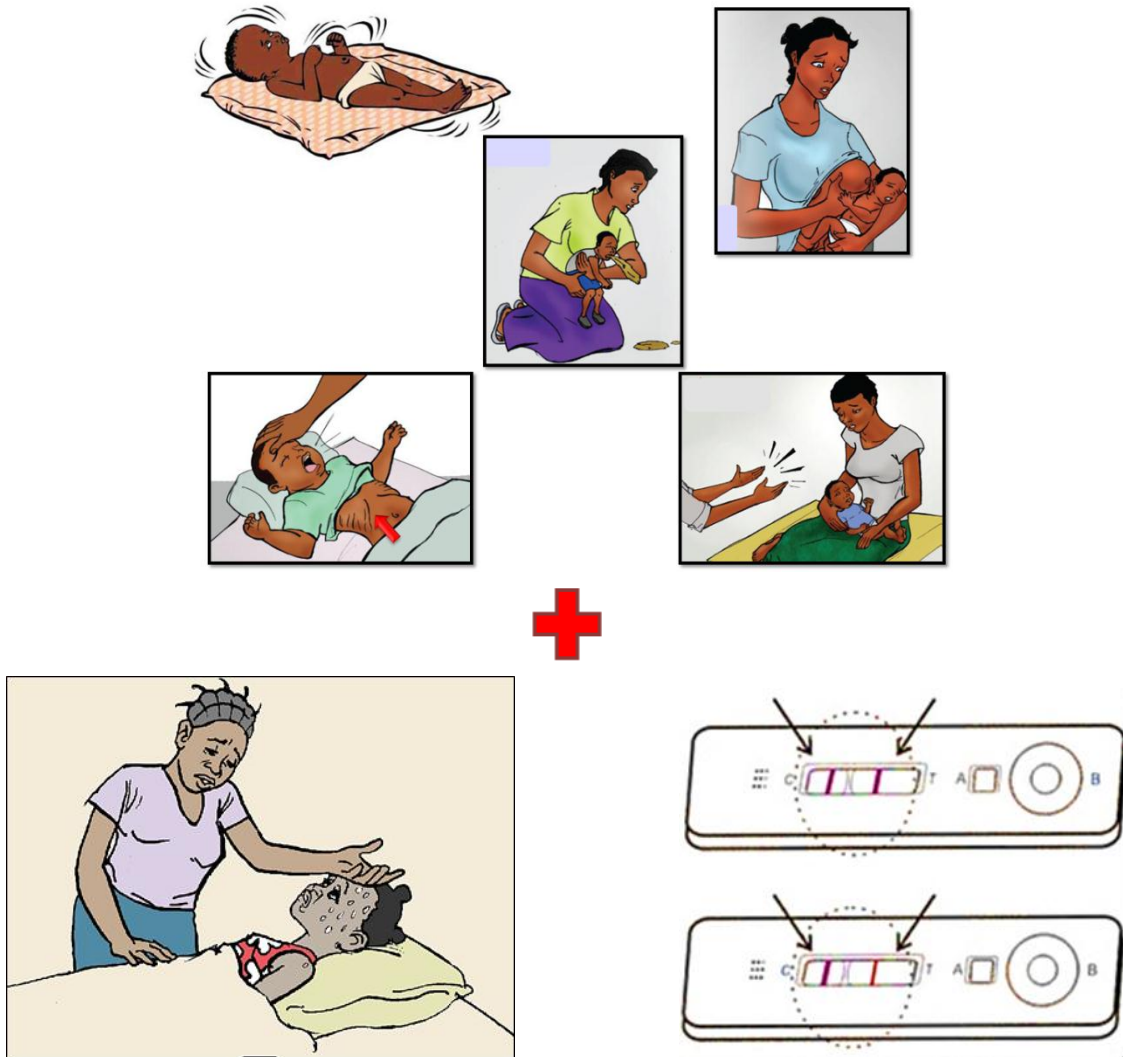
Instructions for Making ORS Solution




1. Ask the caregiver to watch you prepare the solution so she can make it at home.
2. Wash your hands with soap and water.
3. Pour all the powder from 1 ORS packet into a clean container.
 - a. Use any available container, such as a jar, bowl or bottle.
4. Use safe water.
5. Pour 4 cups of safe water (each cup about 250 ml) into the container with the ORS powder.
6. Mix well until the ORS powder is completely mixed.
7. Give the sick child as much of the solution as it needs, in small amounts frequently.
8. Give child alternately other fluids - such as breast milk and juices.
9. Continue to give solids if child is 6 months or older.
10. Keep the container of prepared solution covered, and throw away any solution remaining from the day before.
11. Mix a new ORS packet each day in a clean container.
12. Throw away any unused solution.
13. If child vomits, wait ten minutes and give it ORS again.
14. If diarrhoea increases and /or vomiting persists, take child over to a health clinic.

ORS does not stop diarrhoea. It prevents the body from drying up. The diarrhoea will stop by itself.




Pre-Referral Treatment Rectal Artesunate




- 4 - 11 months:  1 capsule
- 1 - 3 years:  2 capsules
- 4 - 5 years:  4 capsules

How to


1. Prepare the child for suppository insertion
2. Remove suppository from the sachet
3. Insert the Suppository with thick end first
4. Hold buttocks together




1



2



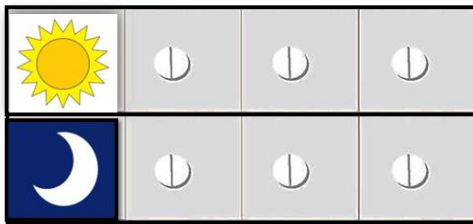
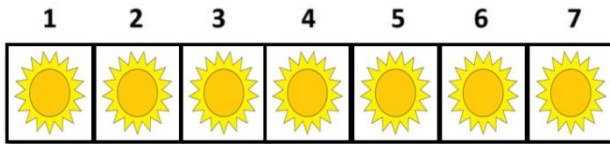
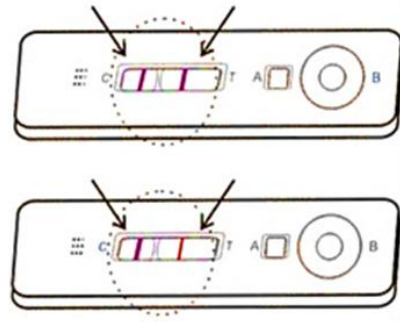
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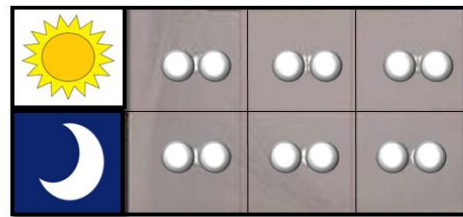
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Treatment of Malaria



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Coartem infant dose



1 2 3

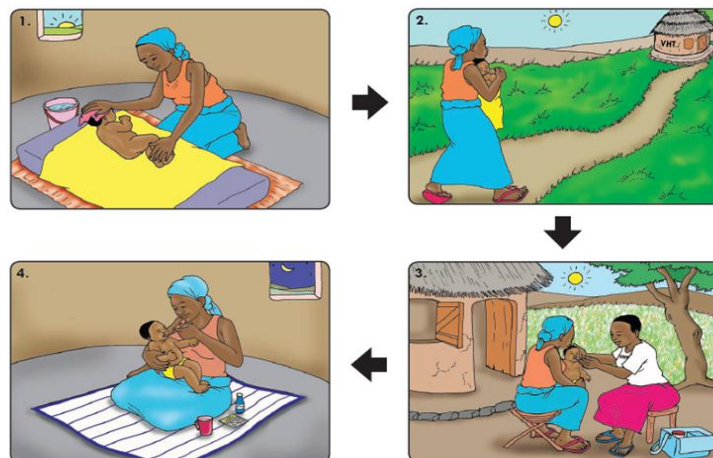
Coartem child dose

Treatment Medicines



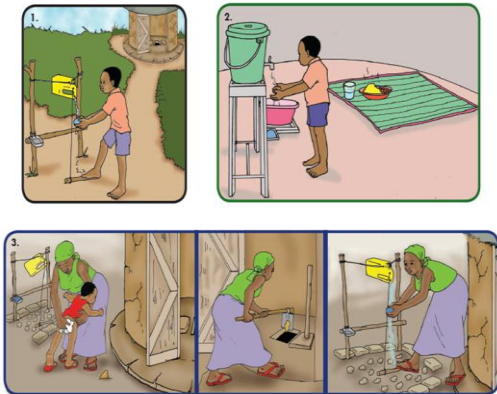

Illness	Medication & Route	Age	Each Dose	Frequency	Duration	Total Tablets Given
Pneumonia	Amoxicillin (oral)	2 to 11 months	2 tablets (250 mg)	Twice a day	5 days	20 tablets
		1 to 5 years	3 tablets (375 mg)	Twice a day	5 days	30 tablets
Diarrhoea	ORS (oral)	2 months to 5 years	1 litre prepared solution daily	1 dissolved packet per day	3 days	3 packets
	Zinc (oral)	2 to 6 months	½ tablet (10 mg)	Once daily	10 days	5 tablets
		7 months to 5 years	1 tablet (20 mg)	Once daily	10 days	10 tablets
Uncomplicated Malaria	Coartem Artemeter / Lumefantrine (oral)	4 months up to 3 years	1 tablet (20/120 mg)	Twice a day	3 days	6 tablets
		3 to 5 years	2 tablets (40/240 mg)	Twice a day	3 days	12 tablets
Severe Malaria	Artesunate (rectal)	4 to 11 months	1 capsule	Once	pre-referral	1 capsule
		1 to 3 years	2 capsules	Once	pre-referral	2 capsules
		4 to 5 years	4 capsules	Once	pre-referral	4 capsules

Caregiver Treatment Advice for Sick Children

- Finish all of the treatment even if the child seems to be better.
- Go immediately to the health facility if the child:
 - Is not able to drink or breastfeed
 - Becomes worse
 - Has a danger sign
 - Does not get better
- Give the child extra fluids:
 - More breastfeeding
 - Give more drinks
- Keep feeding the child:
 - Continue breastfeeding
 - Encourage the child to eat
- Keep all medicines out of the reach of children.
- Store medicines in a dry and dark place.
- Store medicines away from mice and insects.
- Do not share medicines.



Giving Caregiver Messages

	<p>What do you see in this picture? –A family sleeping under a mosquito net When should you sleep under a mosquito net? –From the time the sun goes down at night until the time the sun comes up in the morning Why is it important for children and pregnant mothers to sleep under a long lasting insecticide-treated mosquito net every night? –To prevent being bitten by mosquitoes that give you malaria. –Malaria is more dangerous for children and pregnant women because their body is less strong</p>
	<p>What do you see in this picture? –A mother breastfeeding her child. How long should a mother breastfeed each child? –Breastfeed children for 2 years or more. –Feed your child ONLY breast milk for the first 6 months of life. Why is it important for mothers to breastfeed their children? –Breast milk protects babies against infections and dehydration. –Breast milk is always clean, the right temperature and easy for babies to digest. –The first breast milk after birth protects the baby from infections. The first breast milk should not be thrown away.</p>
	<p>What do you see in this picture? –A child wash his hands with soap and water –A mother washing her hands –When you should wash your hands –When should you and your child wash your hands with soap and water or ash? –Before preparing or handling food –Before eating or feeding a child –After using the toilet, latrine or changing a child who has passed stool –Before and after taking care of someone who is sick –After touching sick people or animals Why is it important to wash your hands and teach your children to wash their hands? –To prevent germs from spreading</p>
	<p>What do you see in this picture? –A woman boiling water to make the water safe How long should you boil water to make it safe? –For 1 minute or until the water is jumping up and down –Let it cool and keep covered before drinking Why is it important to drink safe water? –To prevent diarrhoea</p>

ICCM Review Case Studies

CASE STUDY 1

Maria is 5 years old. She has had a fever for 2 days and has had vomiting and diarrhoea since yesterday. You perform an RDT and it is positive.

1. What do you think Maria's problem is?
2. What treatments and dose (if any) will you give to Maria?
3. How often should Maria take the medicine?
4. Will you need to refer Maria?
5. What advice would you give Maria's mother?

CASE STUDY 2

Godfrey is a 4 month old boy and has had fever for the last 3 days. He does not have any danger signs. His breathing is 45 breaths per minute. You perform an RDT on Godfrey and the test is positive.

1. What do you think Godfrey's problem is?
2. What treatment and dose (if any) will you give to Godfrey?
3. How often should Godfrey take the medicine?
4. Will you need to refer Godfrey?
5. What advice would you give Godfrey's caregiver?

CASE STUDY 3

Sara is 18 months old. She has had a fever for 7 days. She is happy, not irritable and plays. You perform a malaria test on her and it is negative. While you are performing the RDT you notice that Sara has a cough. You measure her breathing and it is 48 breaths per minute.

1. What do you think Sara's problem is?
2. What treatment and dose (if any) will you give to Sara?
3. How often should Sara take the medicine?
4. Will you need to refer Sara?
5. What advice would you give Sara's caregiver?

VHT Competency Checklist for ICCM

Communicates clearly with caregivers and patients and actively listens.

1. **Greets and welcomes** the caregiver politely.
2. Actively **listens** to the caregiver and repeats to verify understanding.
3. **Asks the caregiver questions** to get more information about symptoms.
4. Asks the caregiver **permission to examine** the child.
5. Checks the **caregiver understands** the instructions.

Conducts a complete ASSESSMENT of the sick child 2 months to 5 years.

1. Uses the Sick Child Job Aid.
2. Asks the child's age and sex.
3. Asks what the child's problem is.
4. **Asks** the caregiver **how long** the child has had the symptoms.
5. **Asks** the caregiver about **ALL danger signs**
 - Convulsions
 - Very sleepy or unconscious
 - Chest in-drawing
 - Not able to drink or breastfeed
 - Vomiting everything
6. Looks for signs of ALL danger signs.
7. Asks the caregiver about difficulty breathing AND fast breathing AND cough.
8. Uses the **respiratory timer** to measure for fast breathing and repeats measurement to get the best out of 3 measurements.
9. Asks the caregiver about diarrhoea AND blood in the stool.
10. Looks for signs of dehydration and correctly uses the skin pinch test.
11. **Asks** the caregiver about **fever**.
12. **Looks and feels** for **signs of fever** by touching the back of the neck, forehead or upper chest.
13. Performs an **RDT** on all children with fever.
14. Follows all the **steps of performing RDT** correctly.
 - Checks RDT expiry date
 - Puts on new pair of gloves
 - Opens packet and removes cassette, desiccant and blood collection device
 - Writes patient's name on the cassette
 - Opens alcohol swab and cleans the patient's 4th finger
 - Opens lancet and pricks patient's clean finger
 - Discards lancet in sharps box

<ul style="list-style-type: none"> • Collects blood in blood collection device • Places blood in the square blood well marked “A” • Discards the collection device in the sharps box • Adds drops of buffer to the round buffer well marked “B” • Waits 15 minutes (or manufacturer’s recommendation)
15. Correctly reads RDT results
16. Repeats RDT after invalid results.
Correctly CLASSIFIES and REFERS sick children
1. Classifies a child with at least 1 danger sign as danger sign AND immediately refers to the health facility.
2. Classifies a child with any danger sign and fast breathing as danger sign with severe pneumonia AND refers to health facility.
3. Classifies a child with diarrhoea 14 days or more or diarrhoea with blood in the stool as severe diarrhoea AND refers to health facility.
4. Classifies a child with any danger sign AND fever and a Positive RDT as danger sign with fever AND refers to the health facility.
5. Classifies a child with fever 7 days or more AND a Positive RDT as severe malaria AND refers to the health facility.
6. Classifies a child with fast breathing and cough as pneumonia that can be treated at home.
7. Classifies a child with cough of more than 21 days as other disease AND refers to the health facility.
8. Classifies a child with diarrhoea of less than 14 days with no blood in stool as diarrhoea that can be treated at home.
9. Classifies a child with fever of less than 7 days as uncomplicated malaria that can be treated at home.
10. Does NOT Treat and Refers to the health facility <ul style="list-style-type: none"> • Children under 2 months of age • Children over 5 years of age • Adult patients • Illness not known or not able to treat. • Fever and negative RDT.
Gives the correct PRE-REFERRAL or HOME-BASED TREATMENT based on the child’s illness and age.
1. Gives the first dose of all drugs with the caregiver.
2. Gives the correct pre-referral dose of rectal artesunate for the child with danger sign AND fever AND positive RDT : <ul style="list-style-type: none"> • 4 to 11 months: 1 capsule • 1 to 3 years: 2 capsules • 4 to 5 years: 4 capsules
3. Gives the correct pre-referral dose of amoxicillin for the child with chest in-drawing : <ul style="list-style-type: none"> • 2 to 11 months: 2 tablets from RED box 2 times a day for 5 days. • 1 to 5 years: 3 tablets from GREEN box 2 times a day for 5 days.
4. Gives the correct dose of home-based treatment of amoxicillin for the child with fast breathing and cough : <ul style="list-style-type: none"> • 2 to 11 months: 2 tablets from RED box 2 times a day for 5 days. • 1 to 5 years: 3 tablets from GREEN box 2 times a day for 5 days.
5. Gives the correct dose of Coartem for child with fever and Positive RDT :

- 4 months up to 3 years: 1 tablet from YELLOW box twice a day for 3 days.
- 3 to 5 years: 2 tablets from BLUE box twice a day for 3 days.

6. Mixes the first packet of ORS and teaches caregiver **how to make ORS solution** for the child with **severe or moderate diarrhoea**:

- Gives caregiver advice to **continue giving the ORS** on the way to the health facility child with severe diarrhoea.
- Gives caregiver 2 remaining ORS packets and advises the caregiver to mix a fresh solution each day and give child frequent sips each day until each solution is finished.

7. Selects the correct dose of **Zinc** tablet for child with **diarrhoea** based on the child's age:

- 2 to 6 months: ½ tablet once a day for 10 days
- 7 months to 5 years: 1 tablet once a day for 10 days

Gives caregivers and patients accurate referral and treatment ADVICE.

1. Gives caregiver correct advice about:

- What could be wrong with the child
- Need for referral
- **Referral instructions** and directions to the health facility.

2. Explains to the caregiver that the **pre-referral treatment** is given to **buy time to get to the health facility** and stresses the urgency to get to the referral site even if the child appears to get better.

3. Uses the **Sick Child Job Aid** to explain to the caregiver why, how and when to give the child's treatment.

4. Gives caregiver the correct **treatment instructions**.

5. Gives caregiver advice to **take the child to the health facility** if the child:

- Gets sicker
- Develops a **danger sign**
- Not improved in 2 days

Maintains accurate patient RECORDS in the ICCM Register and STORES drugs and supplies correctly.

1. Completes the **ICCM Patient Register** during every sick child visit—after giving child first dose of drug.

2. Correctly marks the following on the **ICCM Patient Register**:

- Child's name
- Male or Female
- Child's age
- Respiratory rate
- RDT results
- Classification of illness
- If treated within 24 hours
- Treatment(s) given
- If child referred
- Patient outcome

3. **Stores** drugs and supplies **indoors** in a **dry** place and away from insects and animals.

4. Keeps drugs away from children.

5. Keeps track of drugs and supplies:

- Requests new supplies when the minimum quantity is reached.
- All drugs are accounted for when compared to the *ICCM Patient Register*.

Conducts sick child FOLLOW-UP VISITS and gives the caregiver health message.

1. Follows-up with the caregiver in **3 days** to see if the child is better.
2. Uses the **Sick Child Job Aid** to communicate the appropriate **health messages** for the recent illness.
3. Gives caregiver at least 1 **health advice** and **prevention message**:
 - Sleep under a **LLIN mosquito net** from time sun goes down until sun comes up.
 - **Early treatment** for malaria, pneumonia, diarrhoea, can prevent death in children.
 - It is important to recognize childhood illnesses and **treat them as soon as possible**.
 - Use **safe water** for drinking and food preparation.
 - Pregnant women should get **4 ANC check ups** and ITP to prevent malaria.
 - Feed your child only breast milk for the first 6 months of life.
 - **Breastfeed** children for the **first 2 years** or more.
 - Feed children often with a variety of nutritious foods.
 - **Take your children for immunization** according to the national vaccination schedule.
 - **Always wash hands** with soap and water:
 - ~ after using the toilet or latrine or disposing of faeces.
 - ~ before preparing food; before eating or feeding children.

Conducts NEWBORN CARE VISITS.

1. Visits the mother and her newborn child on Days 1, 3 and 7.
2. Checks for postnatal danger signs in the mother and refers if seen.
3. Checks for newborn danger signs and refers if seen.
4. Completes the **ICCM Patient Register** during every newborn visit.
5. Correctly marks the following on the **ICCM Patient Register**:
 - Child's name
 - Male or Female
 - Newborn's age (days)
 - Respiratory rate
 - Routine Care given
 - Home Visit (1, 3, or 7)
 - Danger Sign
 - Referred

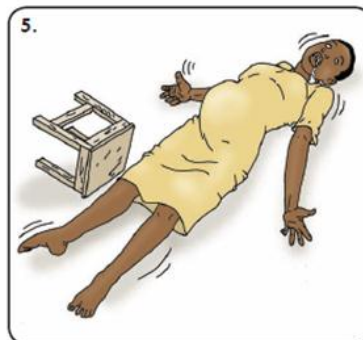
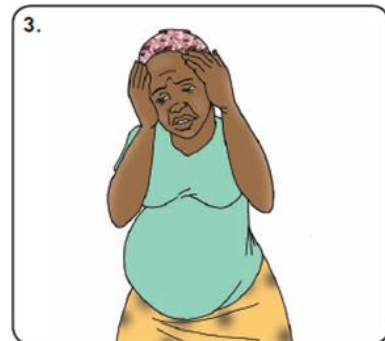
Advice for Pregnant Women

- Attend at least four antenatal care (ANC) health check-ups by a trained health worker.
- Eat a balanced diet of fruits, vegetables, grains, and dairy products.
- Get more rest than usual.
- Practice good personal hygiene by washing hands and bathing every day.
- Keep physically active.
- Avoid smoking, drinking alcohol, or taking non-prescribed medicines.
- Sleep under an insecticide-treated mosquito net (LLIN) every night.
- Complete intermittent preventive treatment (ITPp) with Sulfadoxine-Pyrimethamine (SP) for prevention of malaria.
- Get testing and counselling for HIV and STI.
- Get vaccinated against tetanus—at least two tetanus toxoid vaccines should be given before giving birth.
- Take iron and folic acid supplements as directed by a health worker.
- Have a plan to get to the nearest health facility at any time, day or night, if complications occur during pregnancy, childbirth, or after childbirth.
- Know the danger signs of pregnancy and after childbirth and when to get immediate help.
- Give birth aided by a skilled birth attendant such as a doctor, nurse or midwife.
- Get care by a skilled health worker within 6 hours after childbirth.
- Space births at least two years apart.

Dangers Signs in Pregnancy

Seek immediate care at the nearest health facility for any these danger signs in pregnancy:

1. Vaginal bleeding
2. Fever
3. Severe headache and blurred vision
4. Severe swelling of hands, legs and feet
5. Convulsions or loss of consciousness
6. Severe pain in the lower belly
7. Difficulty breathing
8. Labor pains before week 37



Caregiver Advice for Newborns

- Know the danger signs in the newborn.
- Counsel the mother/family to keep the newborn warm. Delay bathing for at least 24 hours.
- Breastfeed immediately. The first breast milk thick and yellow helps to protect the baby from infection.
- Keep umbilicus clean and dry and do NOT to put anything on it.
- Wash hands with water and soap before handling or breastfeeding the baby.
- Check the baby's umbilicus for bleeding, redness, puss or swelling.
- Take the newborn to the health facility as soon as possible after childbirth to be checked and to receive newborn immunizations.
- The baby should be checked by a VHT member on days 1, 3 and 7.
- After birth, the baby should be taken to the health unit for follow-up visits according to the national immunization schedule: 6 weeks; 10 weeks; 14 weeks; 9 months and 12 months.



Danger Signs in Newborns

If a newborn baby has any of the following danger signs it means that the baby is too ill to be treated at home:

1. Difficulty in breathing or chest in-drawing
2. Very small in size
3. Is too hot or too cold
4. Is not able to breastfeed
5. Redness around cord, bleeding cord or cord with pus
6. Convulsions or abnormal movement

Refer all newborns with any of the above danger signs to a health facility immediately, day or night.



Breastfeeding Advice

- Breast milk immediately after birth protects babies from infection and should NOT be discarded.
- Breast milk alone is the only food and drink that an infant needs for the first 6 months.
- Breast milk is always clean, the right temperature, and easy for babies to digest.
- Breast milk protects babies against infections and dehydration.
- Breast feed the baby whenever the baby wants to feed, day or night.
- Proper attachment of the baby to the breast is needed to for the baby to get enough milk. Look for:
 - The baby's chin touches or is very close to the breast.
 - The baby's mouth is wide open.
 - Most of the nipple is inside the baby's mouth.
 - The baby's lower lip is turned out.
- Use both breast at each feed, if possible.
- The mother should clean and dry her nipples with a clean cloth and warm water (no soap) once per day/
- Extra fluid and food is important for the mother while she is breastfeeding. Include nutritious foods such as eggs, vegetables, fruit, meat and milk.



Acronyms





































ACT	Artemisinin-based Combination Therapy
ANC	Antenatal Care
CHW	Community Health Worker
CIDA	Canadian International Development Agency
Coartem	Artemether - Lumefantrine
DHE	District Health Educator
DHO	District Health Officer
DHT	District Health Team
HBMF	Home-Based Management of Fever
HMIS	Health Management Information Systems
ICCM	Integrated Community Case Management
IPTp	Intermittent Preventative Treatment in pregnancy
LLIN	Long Lasting Insecticidal Net
MDG	Millennium Development Goal
MFP	Malaria Focal Person
MOH	Ministry of Health
MUAC	Mid Upper Arm Circumference
NGO	Non Government Organization
NMCP	National Malaria Control Policy
ORS	Oral Rehydration Salts
PNC	Post-natal Care
PMTCT	Prevention of Mother to Child Transmission of HIV
RDT	Rapid Diagnostic Test for malaria
SP	Sulfadoxine-Pyrimethamine
VHC	Village Health Committee
VHT	Village Health Team
WHO	World Health Organization






















ICCM Refresher Training Evaluation Form

Date: _____

Trainer: _____

Location: _____

	GOOD	FAIR	NOT YET
1. I know how to ask, look and feel for signs and symptoms of danger signs in newborns, children, and pregnant women.			
2. I can ask, look and feel for signs and symptoms of malaria, pneumonia, diarrhoea in children 2 months to 5 years.			
3. I can use the respiratory timer and can accurately count the number of breaths for newborns, infants, and children with fast breathing.			
4. I know what the signs and symptoms of uncomplicated and severe malaria are in infants and children.			
5. I can describe the Uganda malaria policy for confirmed laboratory diagnosis prior to ACT treatment of malaria.			
6. I know when I should use an RDT to confirm malaria.			
7. I can perform all the steps of an RDT safely and correctly.			
8. I know how to read positive negative and invalid RDT results.			
9. I know when to refer sick newborn, infants, and children to the health facility.			
10. I know when to give rectal artesunate.			
11. I can explain to the caregiver what pre-referral treatment is for.			
12. I know when infants and children can be treated at home by the caregiver.			

	GOOD	FAIR	NOT YET
13. I know how to give caregivers advice for home-based treatment for children with malaria, pneumonia, diarrhoea.			
14. I can know to give pregnant mothers advice about healthy pregnancy practices and how to prevent malaria during pregnancy.			
15. I can explain the importance of antenatal and postnatal care.			
16. I can give caregivers health messages to promote good health and prevent illnesses in children.			
17. I know what to do during routine newborn care visits on days 1, 3 and 7.			
18. I can record cases of danger signs, pneumonia, diarrhoea, and malaria in the <i>ICCM Sick Patient Register</i> .			
19. I can record newborn visits in the <i>ICCM Sick Patient Register</i> .			

1. What did you **like best** about this training?

2. What did you **like least** about this training?

3. What was **easy to learn**?

4. What was **difficult to learn**?