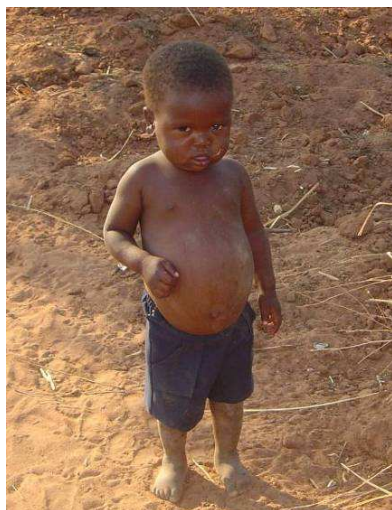

Integrated Management of Childhood Illness
Caring for Newborns and Children in the Community



Facilitators' Guide

The sick child

Age 2 Months up to 5 Years

Identify signs of illness,
and refer or treat the child

July 2008



GOVERNMENT OF MALAWI



World Health
Organization

Acknowledgements

The manual ***Caring for Newborns and Children in the Community*** that was developed by WHO has been prepared specifically to improve management of common childhood illnesses at community level.

The manual covers early identification and management of diarrhoea, pneumonia, Malaria, malnutrition and eye infection.

Members of the adaptation and review team were most instrumental in the processes.

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Copy the facilitators' guide on one side of paper. To contrast with the HSA Manual, copy the main text (not the annexes) on coloured paper. Then, to assemble the facilitator guide, insert the page or pages of the facilitators' guide before the number in the Manual *italics* in the footer and in this list of Contents).

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Make sure that you have the full set of materials. **The Sick Child** of the course *Caring for Newborns and Children in the Community*:

- **Manual for the Health Surveillance Assistant** (spiral bound participant copy, and single-sided copy to go with the Facilitators' Guide)
- **Manual for the Health Surveillance Assistant** (spiral bound participant copy, and single-sided copy to go with the Facilitators' Guide)
- **Facilitator's Guide**
- **Chart Booklet**
- **Sick Child Recording Form**—with plastic cover
- **Photo Book: Identify signs of illness**
- **Guide for Clinical Practice in the Outpatient Clinic**
- **Guide for Clinical Practice in the Inpatient Ward**

Caring for Newborns and Children in the Community
The Sick Child

Overview of Agenda

| Session | Day 1 | Day 2 | Day 3 |
|-----------|--|---|--|
| Morning | Classroom: Opening Introduction of participants | Practice in outpatient clinic: ASK: What are the child's problems? LOOK for signs of illness— chest indrawing, fast breathing, very sleepy or unconscious | Practice in outpatient clinic: ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or fast breathing |
| | Introduction: Caring for children in the community | | |
| | Classroom: Greet the caregiver and child ASK: What are the child's problems? LOOK for signs of illness— Chest indrawing | Classroom: LOOK for signs of severe malnutrition— Red on MUAC Tape, swelling of both feet | Classroom: Introduction: Treat children in the community If no danger sign, treat child at home |
| Afternoon | Classroom: LOOK for signs of illness— Fast breathing, very sleepy or unconscious | Classroom: Decide: Refer or treat the child | Classroom: TREAT diarrhoea |
| | Practice in inpatient ward: LOOK for signs of illness— chest indrawing, fast breathing, very sleepy or unconscious | Practice in inpatient ward: LOOK for signs of illness and severe malnutrition | TREAT fever ADVISE on use of bednet TREAT fast breathing |

| Session | Day 4 | Day 5 | Day 6 |
|-----------|---|---|--|
| Morning | <p>Practice in outpatient clinic:</p> <p>ASK and LOOK for signs of illness and severe malnutrition</p> <p>DECIDE: Refer or treat the child</p> <p>DECIDE: Home treatment for diarrhoea, fever, or fast breathing</p> <p>Record treatment</p> | <p>Practice in outpatient clinic:</p> <p>ASK and LOOK for signs of illness and severe malnutrition</p> <p>DECIDE: Refer or treat the child</p> <p>DECIDE: Home treatment for diarrhoea, fever, or fast breathing</p> <p>ADVISE: On home care and vaccines</p> <p>Record treatment and advice</p> | <p>Practice in outpatient clinic:</p> <p>ASK and LOOK for signs of illness and severe malnutrition</p> <p>DECIDE: Refer or treat the child</p> <p>DECIDE (or TREAT): Home treatment for diarrhoea, fever, or fast breathing</p> <p>ADVISE: On home care and vaccines</p> <p>For child referred, DECIDE: Pre-referral</p> <p>Record treatment and advice</p> |
| | <p>Classroom:</p> <p>Review (as needed):</p> <p>DECIDE: Refer or treat</p> <p>DECIDE: Home treatment for diarrhoea, fever, or fast breathing</p> | <p>Classroom:</p> <p>Review (as needed):</p> <p>DECIDE: Refer or treat</p> <p>DECIDE: Home treatment for diarrhoea, fever, or fast breathing</p> <p>ADVISE: On home care and vaccines</p> | <p>Classroom:</p> <p>Review (as needed):</p> <p>Begin pre-referral treatment and assist referral</p> |
| Afternoon | <p>Classroom:</p> <p>ADVISE: On home care and vaccines</p> <p>FOLLOW UP the sick child</p> <p>Record treatment and advice</p> | <p>Classroom:</p> <p>If danger sign, refer urgently: BEGIN (pre-referral) TREATMENT and ASSIST REFERRAL</p> | <p>Classroom:</p> <p>Summary exercises</p> |
| | <p>Classroom:</p> <p>Follow up the sick child treated at home</p> <p>Record treatment and advice</p> | <p>Classroom:</p> <p>Summary exercises</p> <p>Use good communication skills</p> | <p>Classroom:</p> <p>Practice your skills in the community</p> <p>Closing</p> |

Caring for the newborns and children in the community
The Sick Child

Sample Facilitator Agenda

| Day 1 | Topic | Method | Pages in Manual | Facilitator |
|---------------------|--|--|-----------------|-------------|
| 8.00 – 9.00 | Opening Registration Opening Remarks Introduction of participants Administrative announcements | Introductions | | |
| 9.00 – 10.15 | Introduction: Caring for children in the community Situation analysis, Objectives, methods | Reading Discussion | 1-5 | |
| 10.15–10.30 | COFFEE BREAK | | | |
| 10.30 – 11.00 | Greet the caregiver and child | Reading Exercise | 6-8 | |
| 11.00 – 12.00 | ASK: What are the child's problems? | Reading Exercise Role play demonstration and practice | 8-15 | |
| 12.00 – 13.00 | LOOK for signs of illness Chest indrawing | Photo booklet discussion Reading Video exercise | 16-19 | |
| 13.00-14.00 | LUNCH | | | |
| 14.00 – 15.00 | LOOK for signs of illness Fast breathing Very sleepy or unconscious | Reading Video exercises | 20-25 | |
| 15. 00–15.15 | COFFEE BREAK | | | |
| 15.15 – 17.00 | Inpatient ward: LOOK for signs of illness Chest indrawing Fast breathing Very sleepy or unconscious | Clinical practice (INPATIENT WARD) | | |

| Day 2 | Topic | Method | Pages in Manual | Facilitator |
|---------------|--|---|-----------------|-------------|
| 8.00 – 11.00 | Outpatient clinic: ASK: What are the child's problems? LOOK for signs of illness Chest indrawing Fast breathing Very sleepy or unconscious Red eye | Clinical practice (OUTPATIENT CLINIC) | | |
| 11.00 – 11.15 | COFFEE BREAK | | | |
| One hour | Look for signs of Palmar pallor | Photo Booklet discussions Reading Exercise | | |
| 11.15 – 12.00 | LOOK for signs of malnutrition Red on MUAC Tape Swelling of both feet | Photo Booklet discussions Reading Exercise | 26-30 | |
| 12.00 – 13.00 | DECIDE: Refer or treat the child (1) | Reading Exercises | 31-33 | |
| 13.00-14.00 | LUNCH | | | |
| 14:00-15:00 | DECIDE: Refer or treat the child (2) Looking ahead | Reading Demonstration and practice | 34-42 | |
| 15. 00–15.15 | COFFEE BREAK | | | |
| 15.15 – 17.00 | Inpatient ward: LOOK for signs of illness and severe malnutrition and Palmar pallor | Clinical practice (INPATIENT WARD) | | |

| Day 3 | Topic | Method | Pages in Manual | Facilitator |
|---------------|--|--|-----------------|-------------|
| 8.00 – 11:00 | Outpatient clinic: ASK and LOOK for signs of illness and severe malnutrition and Palmar pallor DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or fast breathing | Clinical practice (OUTPATIENT CLINIC) | | |
| 11.00 – 11.15 | COFFEE BREAK | | | |
| 11.15 – 13.00 | Introduction: Treat children in the community If no danger sign, TREAT child at home Check the expiry date of medicine | Reading Demonstration and practice Exercise | 1-8 | |
| 13.00-14.00 | LUNCH | | | |
| 14.00 – 15.00 | TREAT diarrhoea: Give ORS | Reading Exercises | 9-13 | |
| 15. 00–15.15 | COFFEE BREAK | | | |

| | | | | |
|---------------|--|-----------------------------------|-------|--|
| 15.15 – 15:45 | TREAT diarrhoea: Give zinc supplement | Reading, Exercise Role play | 14-17 | |
| 15:45 – 16.30 | TREAT fever: Give antimalarial LA ADVISE on use of bednet | Reading Exercise | 18-22 | |
| 16.30 – 17.00 | TREAT fast breathing: Give oral antibiotic | Reading Discussion | 23-25 | |
| | Treat red eye: Give antibiotic eye ointment | | | |

| Day 4 | Topic | Method | Pages in Manual | Facilitator |
|---------------|---|---------------------------------------|-----------------|-------------|
| 8.00 – 11:00 | Outpatient clinic: ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, fast breathing and red eye ADVISE: On home care and vaccines Record treatment and advice | Clinical practice (OUTPATIENT CLINIC) | | |
| 11.00–11.15 | COFFEE BREAK | | | |
| 11.15 – 13.00 | Review (as needed) DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, fast breathing and red eye | Exercises | | |
| 13.00-14.00 | LUNCH | | | |
| 14.00-15.00 | ADVISE: On home care ADVISE: On vaccines | Reading Exercises | 26-32 | |
| 15. 00–15.15 | COFFEE BREAK | | | |
| 15.15 – 17:00 | FOLLOW UP the sick child treated at home Record treatment and advice | Reading Exercises | 33-37 | |

| Day 5 | Topic | Method | Pages in Manual | Facilitator |
|---------------|---|-------------------------------------|-----------------|-------------|
| 8.00 – 11.00 | Outpatient clinic: ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, fast breathing and red eye ADVISE: On home care and vaccines Record treatment and advice | Clinical practice (OUTPATIENT WARD) | | |
| 11.00 – 11.15 | COFFEE BREAK | | | |
| 11.15 – 12.00 | Review (as needed) DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or fast breathing ADVISE: On home care and vaccines | Exercises | | |
| 12.00-13.00 | If danger sign, refer urgently: BEGIN (pre-referral) TREATMENT | Reading Exercise | 38-41 | |

| | | | | |
|---------------------|--------------------------------------|-----------------------------------|-------|--|
| 13.00-14.00 | LUNCH | | | |
| 14.00 – 15.00 | ASSIST REFERRAL | Reading Discussion Exercise | 42-50 | |
| 15. 00–15.15 | COFFEE BREAK | | | |
| 15.15 – 17.00 | Use good communication skills | Reading Exercise | 51-58 | |

| Day 6 | Topic | Method | Pages in Manual | Facilitator |
|----------------------|--|--|------------------------|--------------------|
| 8.00 – 11.00 | Outpatient clinic (apply all training): Use good communication skills ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE (or TREAT): Diarrhoea, fever, and fast breathing ADVISE: On home care and vaccines For child referred: Select (pre-referral) treatment to begin, and assist referral | Clinical practice (OUTPATIENT CLINIC) | | |
| 11.15 – 11.30 | COFFEE BREAK | | | |
| 11.30– 13.00 | Review Putting it all together (assess skills) | Summary Exercises | | |
| 13.00-14.00 | LUNCH | | | |
| 14.00 – 15.00 | Practise your skills in the community Closing | Reading Distribute supplies | 59 | |
| 15. 00–15.15 | COFFEE BREAK | | | |

The Sick Child
Identify signs of illness and refer or treat the child

Equipment and Supplies

| Item | Number | Comments |
|--|-----------------------------|---|
| Overhead projector (for transparencies) and LCD | 1 / room | Note: If there is access to an LCD projection system from the computer, it would be helpful (for videos); LCD system also may be used instead of transparencies with overhead projector |
| Computer | 1 / room | (see above item) |
| IMCI Video (or DVD) Exercises | 1 set / room | Parts 1 and 2—video or DVD, depending on equipment available |
| Flip chart paper | 1 set / room | |
| Masking Tape (for posting on wall) | 3 | For use in the classroom, clinic, and ward |
| Marking pens—various colours | 6 | |
| Note cards—3 x 5 or 4 x 6 coloured | 50 | |
| Name tags | 1 / person | 1/person = For each participant and facilitator |
| Carrying bag—to fit A4 materials, with 2-3 pockets for supplies (pencils, drugs, etc.) | 1 / person | |
| Pens/pencils | 2 / person | PLUS some extra pencils for the group |
| Paper pad (e.g. steno so pages do not separate) | 1 / person | |
| Extension cords plus adapters | 3 | |
| Pencil sharpener, stapler, two-hole punch | 1 set | |
| 2-hole binders (notebooks)—4 cm depth (1 1/2 inches) | 1 / facilitator/ Observer | For facilitator/observers |
| ORS preparation equipment: 1 litre (or 500 ml) common home measure (e.g. water bottle), bowl or other container to mix ORS (larger than 1 litre), mixing spoon | 1 set/ each 2 participants | |
| ORS giving equipment: common cups, spoons | 1 set/ participant | Spoons need to be metal to stir ORS, also used to crush tablets, with small spoons to give ORS and oral drugs |
| ORS carrying containers (common container with a lid, e.g. 500 ml plastic containers) | 1 set / each 2 participants | These can be less than 1 litre. They are for caregivers carrying ORS solution on trip to health facility or home |
| Dolls (or substitute) | 1-3 / each 3 participants | Simple dolls used in training (if not available, use 3 towels instead for some or all of the dolls) |
| Medicine and supplies | | |
| Low osmolarity ORS packets | 3 / participant | Provide extra if dispensed at health facility during practice |

| Item | Number | Comments |
|---|-------------------------------|---|
| Zinc tablets | 2 blister packs / participant | In 10 per blister pack – Provide extra if dispensed at health facility during practice |
| Antimalarial LA tablets | 24 tablets/ participant | Provide extra if dispensed at health facility during practice |
| Antibiotic tablets (or oral suspension) | For 3 children/ participant | Provide extra if dispensed at health facility during practice |
| Paracetamol | 36 tablets | |
| MUAC Tapes | 2 / participant | |
| Medicine containers with expired and not expired dates (ORS, zinc, antimalarial LA, antibiotic), paracetamol tablets | 6-12 / room | Sufficient examples to demonstrate checking the expiry date |
| Materials | | |
| HSA Manuals, Sick Child Recording Forms, 10 Sick Child Recording Forms, 1 Plastic covered Sick Child Recording Form, 5 Referral Note forms | 1 set / participant | Note: See Annex C for a complete set of forms for copying |
| Facilitator Guide, Photo Booklet, HSA manual (single sided, not bound), Sick Child Recording Form, plastic-covered Sick Child Recording Form, Overview wall chart, other teaching materials listed in preparations for sessions | 1 set / facilitator | |
| Timers | 1 / 2 participants | 1 / participant if timers will be given to each participant at the end of training |
| Certificates | 1 / person | For participants and facilitators |
| Follow up in the community: Materials for community practice: extra Sick Child Recording forms, pencil, Referral Note forms, ORS, zinc, paracetamol, antimalarials and antibiotics | 1 / participant Plus | If dispensing medicine in the community, provide more ORS, zinc, antimalarials, and antibiotics. The amount depends on the schedule for replacing medicine as it is used. |
| Anything else? | | |

Caring for Newborns and Children in the Community
The Sick Child
Identify signs of illness and refer or treat the child

Location of IMCI Video Segments
Used in the Health Surveillance Assistant Training¹

| Demonstration or exercise—page in HSA Manual | Title of segment on video | Where to find it on video segment | Time |
|--|--|--|--------------|
| Identify chest indrawing Page 20 | How to assess a child with cough and difficult breathing: chest indrawing. (Demo Child 1 yes, Child 2 no because feeding) | About 5 min 49 seconds after start of tape section | 6 minutes |
| | (2) Assess chest indrawing (Child Mary No, Jenna Yes, Ho Yes, Anna No, Lo No) | DVD 1: Beginning | 4 min 47 sec |
| | Review exercise: Chest indrawing (Child 1 Yes, 2 No, 3 Yes, 4 Yes, 5 No, 6 Yes, 7 No) | DVD 2:1 minute after start of section | 9 Min |
| Identify fast breathing Page 23 | Demonstration: Cough and difficult breathing—count breathing (Demo child Yes 90 BPM) | Beginning | 4.5 minutes |
| | Exercise (Marno 4 years, 65 BPM, Yes; Wumbi 6 months, 66 BPM, Yes) | Beginning | 5 minutes |
| Identify a very sleepy or unconscious child and other signs of illness Page 26 | Demonstration: Danger signs (Not able to drink or breastfeed, convulsions, lethargic or unconscious) | Beginning | 5 minutes |
| | (1) Assess general condition: Lethargic (sleepy) or unconscious | Beginning | 6 minutes |
| Look for swelling of both feet Page 31 | [Demonstration: Assess for ear problem, malnutrition, anaemia]— Oedema on the foot only | Oedema about 6 minutes after start of tape section | 2 minutes |
| Use the MUAC and swelling of both feet tests to identify severe malnutrition | A new video (not on the IMCI videos) demonstrates how to measure the mid-upper arm circumference (MUAC) and nutritional oedema (swelling of both feet) | -- | -- |

¹ This course temporarily uses video segments from the course on Integrated Management of Childhood Illness (IMCI) for First Level Health Workers. When it is ready, a video specifically for Health Surveillance Assistants will replace these segments.

The Manual covers *The Sick Child* age 2 months up to 5 years in the course *Caring for Newborns and Children in the Community*.

Who is a facilitator?

A facilitator helps participants learn the skills presented in the course **Caring for Newborns and Children in the Community**. The participants come to the course to learn the skills to be Health Surveillance Assistants (HSAs) who can manage children with childhood illness in the community, prevent childhood disease, and support families in the community who are trying to raise healthy, productive, and happy children.

In this course, you will demonstrate what a HSA needs to do, lead discussions, help participants practise skills and give feedback to them. You will also organize and supervise clinical practice in outpatient clinics and in the community. You will give participants any help they need to successfully complete the course and learn the skills that will help them care for children in the community.

The manuals, recording forms, and other materials structure the process of learning the skills the HSA will need. Your task is to facilitate their use of these materials.

For facilitators to give enough attention to participants in the course to learn information and skills, a ratio of one facilitator to 5 to 6 participants is recommended. Two facilitators work as a team with a group of participants.

Compared to other courses on the Integrated Management of Childhood Illness (IMCI) for first level health workers and hospital staff, this course requires more of the facilitator.

The facilitator will need to be skilled in demonstrating the tasks of the Health Surveillance Assistant and providing practice in each of the skills. This is necessary because the HSA works relatively independently in the community, often with little opportunity for close supervision. The HSA, therefore, needs to learn tasks through a variety of methods, and then practise the tasks as much as possible in order to help families in the community.

What do you do, as a facilitator?

As a facilitator, you instruct, motivate, and manage:

To instruct:

- Make sure that each participant understands how to work through the materials and what he or she is expected to do in each exercise.
- Answer questions and explain what seems confusing.
- Lead group discussions, video exercises, demonstrations, and role play practice.
- Assess each participant's work and contributions.
- Help each participant identify how to apply the skills taught in the course to their work in the community.
- In the clinical sessions, explain what to do, and model good clinical and communication skills.
- Give guidance and feedback as needed during classroom and clinical sessions.

To motivate:

- Praise participants and the group on improving their performance and developing new skills. Children in their communities will depend on the skills.
- Encourage participants to move through the initial difficulties of learning new skills, by focusing on steps in their progress and the importance of what they are learning to do.

To manage:

- Plan ahead and obtain all supplies needed each day.
- Make sure that movements from classroom to clinic and back are efficient.
- Monitor the progress of each participant.
- Work with the facilitator team to identify improvements to be made each day.

What can this Facilitators' Guide help you to do?

The Facilitators guide directs you through the classroom sessions. It indicates how to use the participant's *Manual for the Health Surveillance Assistant* (HSA Manual) and other materials. It describes the *objectives* of exercises and lists the *items to prepare* for the session. It guides you through the *process* of a session with the participants.

Important

The schedule for the three days is very tight (see **Sample Facilitator Agenda**).

Participants will learn best through the demonstrations, exercises, videos, and—most important—clinical practice.

If discussions go beyond the materials or unnecessarily repeat the materials, then participants will not finish the unit. This requires that co-facilitators organize and control the timing during classroom activities, transportation to and from clinical practice, and the breaks.

To prepare yourself for a day:

- Read the Facilitators' Guide and the related material in the Manual.
- Meet with your co-facilitator to identify what the session requires and who will prepare for which activities.
- Gather and organize the supplies and other items needed for the session.
- Practise role plays, demonstrations, and other activities which are new for you.
- Identify possible questions participants may ask, and practise how you will answer them.
- When there is a clinic session, review the tasks to be done, and prepare the clinic staff. (See the Guides for Clinical Practice in the Outpatient Clinic.)
- Assist the clinical instructor in the inpatient ward, to help participants move through the activities and provide feedback.

Note: The HSA Chart Booklet is less useful for guiding the specific tasks of the Health Surveillance Assistant than the Sick Child Recording Form. Health Surveillance Assistants use the recording form to guide each step in caring for sick children referred or treated at home.

Hold the Chart Booklet until the end of the course. Pass it out during the closing ceremony to show how it summarizes all participants have learnt in the course. The flow charts will make more sense after participants have learned the tasks.

Introduction

Welcome participants. If there is a formal opening ceremony, introduce the guests. Complete the planned ceremony.

Then, introduce yourself and your co-facilitator. Write your names on the Flip chart. Indicate how you want participants to call you by underlining the name (e.g. Professor Kandi, or Mary, or Dr Kandi). State minimal information on your position (e.g. IMCI focal person at the Ministry of Health, National Malaria Programme Officer, UNICEF Health Officer, WHO National Programme Officer). More information about you and other participants will come out during the course.

Then ask each participant, one by one, to do the same. Ask participants to tell the group where they are from, whether they are currently a Health Surveillance Assistant, or what other responsibility they have in the community.

Ask facilitators and participants to write their names on a card tent or name tag, using cards and markers.

Administrative tasks

Make administrative announcements before the course starts. For example:

1. The daily schedule (when to start and finish the day, lunch breaks)
2. Facilities (lunch room, toilets, telephones, computers, copy machine)
3. Expected attendance (every day for the full session)
4. Reimbursement for travel and other expenses

Introduce the materials

Pass out the *Manual for the Health Surveillance Assistant*, one to each participant.

Select a participant to begin reading the **Introduction: Caring for children in the community**, on page 1. Ask the next participant to continue reading, going around the room.

For the rest of the manual and exercises, you will ask participants to read from the text in the Manual, sharing the reading task. Answer questions, as needed, providing concrete and brief answers.



Exercise: Care-seeking in the community

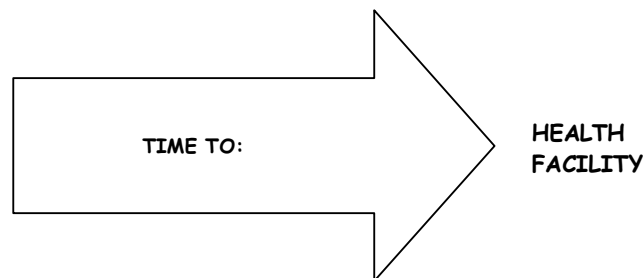
Objectives

This discussion introduces the importance of the HSA's role in the communities they serve. Participants will:

- Identify common childhood illnesses contributing to mortality.
- Identify typical care-seeking practices in their communities.
- Identify factors likely to influence whether families seek care for their sick children from a health facility.

Prepare

1. **Flip chart paper**—draw one large arrow to the words **HEALTH FACILITY** (see example below). Leave room to record the distance for each in **TIME TO (by foot and/or other modes of transport)**. Put the two charts on the wall where participants can write the time during the discussion. (If there is room, the charts can stay up during the course. You can refer to the charts, for example, when you are discussing the importance of assisting referrals to Health facility)



2. **Note cards**, distributed around the tables for use, as needed.
3. **Tape, plastic tack**, or other means to post responses and Flip chart pages on the wall.

Process

1. For each question in the exercise in the Manual, ask the question and give participants time to think about their answers before you discuss them.
2. For questions 1 and 2, go around the room to get one response, on at least one question, from each participant. List the responses to question 1 on the Flip chart under the heading **Common childhood illnesses**. For duplicate responses, add a

tick [✓] for the listed illness. Star [*] the illnesses that children die from.

3. For question 3, ask participants to write on two note cards two places where families in their communities seek care for their sick children. (Put one item on a card.) Participants can add to the examples listed.

When they have finished, participants stick their cards on an Flip chart titled **Where families seek care**.

4. For question 4, ask a participant to indicate where families usually first seek care. Move that card to first on the list on the Flip chart.

Then, ask if any one else would want to move a different card first. (You might have 2 or 3 different responses.)

Lead a discussion on the reasons for their choices. Why do families in different communities choose to seek care from different places and persons? Identify, for example, whether families seek care from different places based on the child's illness or condition, or the distance, or the cost, or local traditions.

5. For questions 6 and 7, use the Flip chart you prepared. Ask the time it takes to reach the nearest health facility from their communities (on foot and/or by other modes of transport, whichever is more common). Write the various responses on the arrow.
6. Summarize the discussion
 - Common childhood illnesses and causes of deaths of children under age 5 in the community.
 - Where families take their sick children for care, and why.
7. Ask participants to read the following text aloud. Continue working in the Manual. Asking participants to read the text aloud.

Welcoming the caregiver

Prepare

1. A **blank transparency of the Sick Child Recording Form***.
2. **Overhead projector** for showing transparencies.*
3. **Erasable transparency markers.***

* Throughout the course, you may substitute a computer projection of the materials for overhead transparencies. Projections are easy to organize and show. The disadvantage is that you cannot mark and show the answers as participants report them, as is possible with a transparency.

Who is the caregiver?

Note for Facilitator (NTF)

After the reading of this section of the Manual, lead a brief discussion using these questions:

1. Who are the main caregivers of children in your communities?
2. What influences who are the caregivers?

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

Ask about the child and caregiver

NTF: In these two sections, you introduce the visit with the caregiver and a sick child. The participant learns how to gather information about the child and how to use the recording form to guide the visit.

1. Ask a participant to read the text in the Manual.
2. Introduce the TOP of recording form, item by item. Or ask a participant to read the items from in the text. Do not overwhelm participants by presenting too much information. For now, just focus on the information on the top of the recording form.
3. At the end of the section, discuss the sample for Grace Owen.

Ask for any questions. Clarify the items on the form, as needed.



Exercise: Use the recording form (1)

Objectives

Before participants practise interviewing the caregiver, this exercise helps them understand the recording form and how it will help guide the interview with the caregiver. The participants will be able to:

- Write the basic information on the child and the visit on the recording form.

Prepare

1. **Blank transparency of Recording Form**
2. **Overhead projector** for showing transparency.
3. **Erasable transparency markers.**
4. **Blank recording forms**—here, and throughout the course, distribute blank recording forms only if participants will not write in the manuals. If you use blank recording forms, the manuals can be re-used.

Process

1. Ask a participant to read the instructions for **Child 1: Jenala Mariko**. *NTF: Participants will write on the blank forms in their Manuals or on blank Sick Child Recording Forms.*
2. **Child 1: Jenala**—Ask participants to: Record the beginning information on the top of the recording form (date, visit, HSA).
 - Then, read the information on the case from the Manual, one sentence at a time. Give time for participants to record the information.
 - Walk around to look at participants working. Make sure that participants are able to do the task.
 - Then, write the information on the blank transparency of the recording form for all to see. Make sure that participants have recorded the information correctly before you go on to read the next sentence. (See the answer sheet. Note that participants should write today's date and their full names)
3. **Child 2: Comfort**—Do the same as for Child 1. Then:
 - Ask someone to read what he or she recorded.
 - Ask if anyone wrote something different. If so, resolve the differences.

ANSWER SHEETS

Child 1: Jenela Mariko

| | |
|---|------------------------|
| Sick Child Recording Form | |
| (for community -based treatment of child age 2 months up to 5 years) | |
| Date: <u>18/7/2008</u> (Day/Month/Year) | HSA: <u>Moka Mzaza</u> |
| Child's First Name: <u>Jenela</u> Surname <u>Mariko</u> Age: <u>3</u> Years/ <u> </u> Months Boy / <u>(Girl)</u> | |
| Caregiver's name: <u>Joyce Mariko</u> Relationship: <u>(Mother)</u> / Father / Other: <u> </u> | |
| Physical Address: <u>Near Mataka CCAP Church</u> Village / TA: <u>Mulamba/Chongoni</u> | |

Child 2: Comfort Kazombo

| | |
|---|------------------------|
| Sick Child Recording Form | |
| (for community -based treatment of child age 2 months up to 5 years) | |
| Date: <u>20/9/2008</u> (Day/Month/Year) | HSA: <u>Owen Tembo</u> |
| Child's First Name: <u>Comfort</u> Surname <u>Kazombo</u> Age: <u> </u> Years/ <u>4</u> Months <u>(Boy)</u> / Girl | |
| Caregiver's name: <u>Paulus</u> Relationship: Mother / <u>(Father)</u> / Other: <u> </u> | |
| Physical Address: <u>Chitala Farm</u> Village / TA: <u>Palasa/Nyanja</u> | |



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

Objective

This exercise is a continuation of the previous one with additional information gathered from interviewing the caregiver.

The exercise helps participants understand the recording form and how it will help guide the interview with the caregiver. The participants will be able to:

- Write the basic information on the child and the visit on the recording form.
- Systematically identify and record problems identified by asking the caregiver.

Process

1. Ask a participant to read the instructions for **Joana Valani**.
2. Then ask participants to fill out the recording form. You may go item by item so that the group completes the form together. For example, ask:
 - Did Miss Lomos say that Joana had cough?
 - If yes, for how long?
 - Did she mention diarrhoea?
 - Then continue by listing each problem.
3. Walk around the room to review how participants are completing the form. (See the Answer Sheet.)
4. Summary:
 - The recording form is like a checklist. It helps you remember everything you need to ask the caregiver.
 - It is also a record of what you learned from the caregiver. With this information, you will be able to plan the treatment for the child.

ANSWER SHEET

Child: Joana Valani

Sick Child Recording Form

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

Date: 15/7/2008 (Day / Month / Year)

HSA: John Banda

Child's First Name: Joana Surname Valani Age: 3 Years / Months Boy / (Girl)

Caregiver's name: Maria Lomos Relationship: Mother / Father / (Other: Aunt)

Physical Address: Amagwa CBCC

Village / TA: Kabala / Nkhope

1. Identify problems

| ASK and LOOK | Any DANGER SIGN? | SICK but NO Danger Sign? |
|---|---|--|
| ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> Cough? If yes, for how long? <u> </u> days | <input type="checkbox"/> Cough for 21 days or more | |
| <input checked="" type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? <u> </u> days. | <input type="checkbox"/> Diarrhoea for 14 days or more | <input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool) |
| <input type="checkbox"/> Blood in stool? | <input type="checkbox"/> Blood in stool | |
| <input type="checkbox"/> Fever (reported or now)? If yes, started <u> </u> days ago. | <input type="checkbox"/> Fever for last 7 days | <input type="checkbox"/> Fever (less than 7 days) |
| <input type="checkbox"/> Convulsions? | <input type="checkbox"/> Convulsions | |
| <input type="checkbox"/> Difficulty drinking or feeding? IF YES, not able to drink or feed anything? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> Not able to drink or feed anything | |
| <input type="checkbox"/> Vomiting? If yes, vomits everything? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> Vomits everything | |
| <input type="checkbox"/> Red eyes? If yes, for how long <u> </u> days. <input checked="" type="checkbox"/> Difficulty in seeing? If Yes for how long <u> </u> days | <input type="checkbox"/> Red eye for 4 days or more <input type="checkbox"/> Red eye with visual problem | <input type="checkbox"/> Red eye less than 4 days |
| <input type="checkbox"/> Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer. | <input type="checkbox"/> Other problem to refer: | |

ANSWER SHEET:

Child Grace Wadza.

Child's Problems

1. Cough
2. Fever
3. Difficulty feeding
 - Not able to drink or feed anything,
4. Vomiting
 - Vomiting everything.

Grace does not have:

1. Diarrhoea
2. Convulsions
3. Red eye



Role Play Demonstration and Practice: Interview and record information

Part 1. Role play demonstration

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

Prepare

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

Process

1. Introduce the role play by reading these instructions:

Mrs. Hanjahanja has brought her sick young boy to see the Health Surveillance Assistant at home. Observe the interview and record the information as you hear it on the form in your Manual.

Be prepared to discuss what you have seen:

1. How did the Health Surveillance Assistant greet Mrs. Hanjahanja?
 2. How welcome did Mrs. Hanjahanja feel in the home? How do you know?
 3. What information from the visit did you record?
2. After the role play demonstration:
NTF: Ask each of the questions in the Manual (also listed directly above). Lead a discussion using the information that the participants give you.
 3. Complete a recording form on a transparency as participants give you information. (See the answer sheet that follows the role play script.)

4. Ask participants what difficulties they had recording the information. Help participants correct the information on their recording forms.

Role Play Script:

Interview and record information for Tatha Hanjahanja

HSA: Hello. Welcome. Please come in.

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

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

Mrs. Hanjahanja: His name is Tatha. Tatha Hanjahanja.

T-A-T-H-A HA-NJA-HA-NJA.

HSA: How old is Tatha?

Mrs. Hanjahanja: He is 12 weeks old.

HSA: And what is your name?

Mrs. Hanjahanja: My name is Tayeni Hanjahanja.

T-A-Y-E-N-I Hanjahanja.

HSA: Mrs. Hanjahanja, where do you live?

Mrs. Hanjahanja: We live near Pemba Market.

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

Mrs. Hanjahanja: Tatha has a fever.

HSA: *[Feel Tatha's skin on his forehead.]* Yes, I can feel that Tatha is hot. He has a fever now. How long has he had a fever?

Mrs. Hanjahanja: Since last night.

HSA: So he has had a fever less than one day. Is there anything else the matter?

Mrs. Hanjahanja: He has been coughing and spitting up his milk.

HSA: How long has he been coughing?

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

HSA: So he has been coughing for 3 days. Does he spit up all of his milk, or has he been able to keep some of it down?

Mrs. Hanjahanja: He burped up some milk last night. This morning he spit up a little, but he kept most of it, I think. He is tired and he is not eating as much as usual.

HSA: So, he is able to drink and keep down some of his milk. Has he had diarrhoea?

Mrs. Hanjahanja: No. He does not have diarrhoea.

HSA: He has not had any diarrhoea. And, have you seen any blood in his stools?

Mrs. Hanjahanja: No. He does not have diarrhoea and his stools are the same as always.

HSA: What about convulsions? With the fever, have you seen any shakes or fits? [*Demonstrate what a convulsion might look like.*]

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

HSA: Do you have any other concern about Tatha that you would like to talk about today?

Mrs. Hanjahanja: No. I am mostly worried about his fever.

HSA: I can see that you are. Fever tells us that Tatha is sick. I will take a look at Tatha now.

NTF: End the role play, and begin the discussion. Ask the following questions (also listed in the Manual):

1. How did the Health Surveillance Assistant greet Mrs. Hanjahanja?
2. How welcome did Mrs. Hanjahanja feel in the home? How do you know?
3. What information from the visit did you record?

Emphasize the quality of the conversation:

- How the HSA approaches Mrs. Hanjahanja.
- How the HSA sits in relation to Mrs. Hanjahanja.
- How the HSA looks at Mrs. Hanjahanja.
- How the HSA does not take the child from Mrs. Hanjahanja.
- How gently and encouragingly the HSA speaks and listens.

ANSWER SHEET

Role Play: **Tatha Hanjahanja**

Child: **Tatha Hanjahanja**

Sick Child Recording Form

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

Date: **15/7/2008** (Day / Month / Year)

HSA: **John Banda**

Child's First Name: **Tatha** Surname **Hanjahanja** Age: ___ Years/ **3** Months Boy / Girl

Caregiver's name: **Tayeni Hanjahanja** Relationship: Mother / Father / Other: **Aunt**

Physical Address: **near Pemba Market** Village / TA: **Kalaga / Majoni**

1. Identify problems

| ASK and LOOK | | Any DANGER SIGN or other problem to refer? | SICK but NO Danger Sign? |
|--|---|--|--|
| ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/> | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Cough? If yes, for how long? <u>3</u> days | <input type="checkbox"/> Cough for 21 days or more | |
| <input type="checkbox"/> | <input type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? <u>3</u> days. | <input type="checkbox"/> Diarrhoea for 14 days or more <input type="checkbox"/> Blood in stool | <input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Fever (reported or now)? If yes, started <u>1</u> day ago. | <input type="checkbox"/> Fever for last 7 days | <input type="checkbox"/> Fever (less than 7 days) |
| <input type="checkbox"/> | <input type="checkbox"/> Convulsions? | <input type="checkbox"/> Convulsions | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Difficulty drinking or feeding? IF YES, not able to drink or feed anything? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> Not able to drink or feed anything | |
| <input type="checkbox"/> | <input type="checkbox"/> Vomiting? If yes, vomits everything? <input type="checkbox"/> <input checked="" type="checkbox"/> | Vomits everything | |
| <input type="checkbox"/> | <input type="checkbox"/> Red eyes? If yes, for how long ___ days. <input checked="" type="checkbox"/> Difficulty in seeing? If Yes for how long ___ days | <input type="checkbox"/> Red eye for 4 days or more <input type="checkbox"/> Red eye with visual problem re | <input type="checkbox"/> Red eye less than 4 days |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer. | <input type="checkbox"/> Other problem to refer: <i>(Spits up some breast milk)</i> | |

Part 2. Role play practice

Objectives

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

- Welcome and greet a caregiver.
- Ask for information about the child and the family.
- Ask the caregiver what she thinks are the child's problems.
- Record information on the recording form.

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

Prepare

1. **Space, chairs**—set up areas within the room with 3 chairs. Leave space for you to walk around the groups and observe their activities.
2. **Doll** or other item to be a child for each group (for example, a rolled towel).
3. **Groups**—form groups of 3 participants. Ask the groups to identify who will be the caregiver, the Health Surveillance Assistant, and the observer.
4. **Recording forms**—provide extra recording forms to be used as needed. (If the Manuals will be reused, ask participants to write on the worksheets instead of in the manual.)

Process

1. Ask a participant to read the section **The Role Play** for the rest of the group
2. There are no scripts for this practice, as participants will play the role. Read these instructions:
 - The caregiver will come to the Health Surveillance Assistant's house with his or her sick child. Hold the "child" (the doll or other item to be the child). Caregivers can use your own name, as the caregiver, and provide information on your sick child. Answer the questions as the Health Surveillance Assistant asks.
 - Be very cooperative, as this is the first practice for your Health Surveillance Assistant. We are now practising the

very basic steps for gathering the information. Do not make the interview complicated.

- The Health Surveillance Assistant should greet and interview the caregiver.
 - Both the Health Surveillance Assistant and the observer should complete the top of the recording form.
 - Are there any questions?
3. Then, start the role play. Walk around and observe. Help groups change roles and start again, when they finish each role play.
 4. After the role play, lead a discussion using the questions in the Manual.
 5. Summarize
 - Identify what Health Surveillance Assistants did well.
 - Identify any difficulties Health Surveillance Assistants had.
 - Answer questions.
 6. Emphasize the quality of the conversation:
 - How the HSA approaches the caregiver.
 - How the HSA sits in relation to the caregiver.
 - How the HSA looks at the caregiver.
 - How the HSA does not take the child from the caregiver.
 - How gently and encouragingly the HSA speaks and listens.
 7. Finally, as role plays will be repeated, review the role play process.
 - Encourage participants to stay in role during the role play.
 - Caregivers should provide the information requested and not make additional difficulties for the Health Surveillance Assistant.
 - Observers should not interfere with the role play.
 - Next time, they will set up the chairs and space, recording forms, etc. for their role play practice.



Discussion: Chest indrawing

Objective

Participants will be able to:

- Describe where and when to look for chest indrawing in a child.
- Identify examples of chest indrawing in photos of children.

Prepare

1. **Photo Booklet: *Identify signs of illness***—Photos 1 and 2 showing chest indrawing.

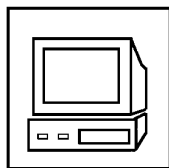
Process

1. Bring the participants close to see the photos in the Photo Booklet. Ask them to bring their Manuals with them.
2. Start with **Photo 1** (the black and white set of two photos). See the notes to the facilitator in the Photo Booklet to guide the discussion (on the flip page of the cover).
3. Make sure that all participants understand breathing in and breathing out.
 - Ask them first to put their hands in front of their chest to demonstrate breathing in and breathing out.
 - Then ask them to look at the person next to them to see if they can tell when the person is breathing in and out.
4. Look at **Photo 2**. See the notes to the facilitator in the Photo Booklet.
5. **In the HSA Manual: Question 1.** The answers are a, b, c, and d. Ask participants to explain the answers.
6. **Question 2.** Discuss which answers are appropriate or not appropriate for calming a crying child in order to check for chest indrawing. The best answer is d) Continue assessing for other signs. Look for chest indrawing later, when the child is calm.

Answer (a) is not correct. Although a child who is breastfeeding is calm, the child's chest may draw in while suckling (feeding). This is not chest indrawing due to pneumonia.

Answer (b) is not helpful. Taking the child from the caregiver usually upsets the child more.

Answer (c) could also be correct only if the child **stops breastfeeding** before you check for chest indrawing.



Video Exercise: Identify chest indrawing

Objective

Participants will be able to:

- Identify chest indrawing as a danger sign (severe pneumonia).

Prepare

1. **Videotape (or DVD) of IMCI Video Exercises**—before the session, locate the section **How to assess cough or difficult breathing: Chest Indrawing**
2. **Video machine and monitor, or a computer**—make sure that the equipment for showing the video on tape or DVD is ready, turned on, and set at the point on tape or DVD where the examples of *chest indrawing* are.

Process: Demonstration and practice

1. Gather participants around the TV monitor or the computer to show the video. Ask them to bring their Manuals with them.
2. Introduce the video: The video will show examples of **chest indrawing**. It also shows examples for practice in identifying chest indrawing.
3. Show the demonstration on chest indrawing. Ask if there are any questions. Repeat the taped examples, as needed. If a participant is having difficulty, ask the participant to point to the place on the child's chest where they see or do not see chest indrawing.
4. Then go to the exercise **Assess chest indrawing**. Ask participants to decide whether each child has chest indrawing. Say:
 - Take out your manuals. We will look at the video exercise in the manual.
 - For each child in the video, decide whether the child has chest indrawing. Indicate whether Mary, Jenna, Ho, Amma, or Lo have chest indrawing by circling Yes or No.
 - We will stop after each child to discuss your decision. We can repeat the child's image, as necessary.

5. There is a section on the video called **Review exercise: Chest indrawing**. Use it for additional practice until participants can identify chest indrawing.
6. It is also useful to show this exercise as a review, in preparation for going to the outpatient department or inpatient ward.

ANSWER SHEET

Video Exercise: chest indrawing

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

ANSWER SHEET

Video Exercise: Review exercise on chest indrawing

| Does the child have chest indrawing? | | |
|--------------------------------------|-----|----|
| Child 1 | Yes | |
| Child 2 | | No |
| Child 3 | Yes | |
| Child 4 | Yes | |

| Does the child have chest indrawing? | | |
|--------------------------------------|-----|----|
| Child 5 | | No |
| Child 6 | Yes | |
| Child 7 | | No |



Exercise: Identify fast breathing

Objectives

Participants will be able to:

- Identify fast breathing, using the breathing rates of sample children.
- Use the recording form as a resource for deciding which children have fast breathing.

This exercise can be conducted in two ways:

- *RECOMMENDED: Conduct a group discussion on each of the children listed in the exercise.* This method works well when participants are unsure of the content of the exercise. This method is active. Participants move to the front of the room and work together.
- *Ask participants to complete the exercise as individual work, as it appears in the Manual.* This method provides an assessment of the individual's knowledge. It can be completed as a review exercise..

Prepare for the group discussion

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

Process for the group discussion

1. Ask participants to come to the flip chart with their recording forms.
2. Give each participant a card from Set 1. One at a time, ask the participant to read the card. Ask: Does the child have fast breathing? Determine whether others agree with the decision. Have participants refer to the recording form to answer their own questions.
3. Then ask the participant to decide where to stick the card on the Flip chart, under the label **FAST BREATHING** or **NO FAST BREATHING**.
4. Repeat the process until all cards have been posted in the correct place on the Flip chart.

5. Refer to the Answer Sheet below.

Note that the cards review what has been learned and introduce new information for discussion. Use the cards as an exercise to: assess participant knowledge, trigger the introduction of new information on more difficult issues.

The exercise works best when all participants come close to the flip chart.

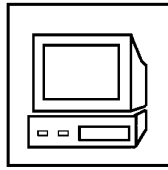
Process for individual work

1. Decide on whether Carlos has fast breathing as a group.
2. Then, ask participants to complete the rest of Exercise. They should refer to the recording form to help them decide on fast breathing. Show them the box on fast breathing in the Chart Booklet.
3. Then, go around the room asking participants to report their answers—**YES** or **NO**, whether each child has fast breathing. The answer sheet is below.
4. Discuss any disagreements. Refer participants to the Chart Booklet to help participants make a decision.

ANSWER SHEET

Exercise: Identify fast breathing

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



Video Exercise: Count the child's breaths

Objectives

Participants will be able to:

- Count the breaths of a child.
- Determine if the child has fast breathing (a sign of pneumonia).

Prepare

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

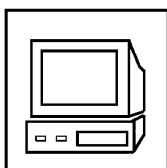
Process

1. Gather participants around the TV monitor or the computer to show the video. Ask them to bring their Manuals with them.
2. Introduce the video. This is a chance to practise counting breaths to identify fast breathing.
3. Ask a participant to read the instructions in the Manual before starting the tape.
4. You may need to repeat sections of the tape several times to make sure that participants learn to recognize breathing in, and can count breaths accurately.
5. If a participant has difficulties, ask them to go to the screen, and point to the place on the child's chest to observe the movement. Make sure that the location is the clearest to make the count. Then, ask the participant to count out loud with the chest movement.
6. Set a goal of everyone on the room reaching the correct count plus or minus 2 breaths per minute.

ANSWER SHEET

Video exercise: Count the child's breaths

| | Age? | Breaths per minute? | Does the child have fast breathing? | |
|--------------|----------|---------------------|-------------------------------------|--|
| Mano | 4 years | 65 | Yes | |
| Wumbi | 6 months | 65 | Yes | |



Video Exercise: Identify a very sleepy or unconscious child and other signs of illness

Objective

Participants will be able to:

- Identify children with danger signs—not able to drink or feed, vomiting everything, convulsions, and very sleepy or unconscious.

Prepare

1. **Videotape (or DVD) of IMCI Video Exercises**—before the session, locate the section of the tape **Demonstration Danger signs**. This section demonstrates the signs not able to drink or feed, vomits everything, convulsions, and very sleepy (lethargic) or unconscious.
2. **Video machine and monitor, or a computer**—make sure that the equipment for showing the video on tape or DVD is ready, turned on, and set at the point on tape or DVD where the examples are.

Process: Demonstration and practice

1. Gather participants around the TV monitor or the computer for showing the video. Ask them to bring their Manuals with them.
2. Introduce the video:
 - The video starts with not able to drink or feed, showing children who are unable to breastfeed.
 - Then it shows the health worker asking the caregiver if the child vomits everything, and if the child has convulsions.
 - Then it shows children who are very sleepy or unconscious. The video uses the word “lethargic”, which means very sleepy. You will notice that a child who is very sleepy is not necessarily sound asleep. But the child is not alert and does not notice sounds and movements around him.
3. **Demonstration of Danger signs:** Show this section on the video. Stop at the end of the section before going on to the exercise. Ask if there are any questions.
4. Then, go on to the next section of the video (1) **Assess general condition: Exercise to assess the danger sign very**

sleepy or unconscious. Ask participants to record their answers in their Manuals. (See the answer sheet on the next page.)

5. Make sure that participants can recognize the sign. Repeat the images as necessary.
6. Discuss the question: How are the children who are very sleepy or unconscious different from those who are not?

Preparation for clinical practice

1. Tell participants where the group will go to practise checking for danger signs. They will be going to a hospital ward where there are very sick children. They are going there because they are more likely to find the danger signs in the inpatient ward.
2. Introduce their clinical instructor who will meet them at the hospital and will give them more information.

ANSWER SHEET

Video Exercise: Very sleepy or unconscious

1.

| Is the child very sleepy or unconscious? | | |
|--|-----|----|
| Child 1 | | No |
| Child 2 | Yes | |
| Child 3 | | No |
| Child 4 | Yes | |

ANSWER SHEET

Photo Exercise: Palmar pallor

| Does the child have palmar pallor? | | |
|------------------------------------|-----|----|
| Child 40 | Yes | |
| Child 41 | Yes | |
| Child 42 | | No |
| Child 43 | Yes | |

| Does the child have palmar pallor? | | |
|------------------------------------|-----|--|
| Child 44 | Yes | |
| Child 45 | Yes | |
| Child 46 | Yes | |



Discussion: Severe malnutrition

Purpose

The discussion will help demonstrate the importance of using two methods to identify severe malnutrition—measuring the mid-upper arm circumference and checking oedema on both feet.

Prepare

1. **Photo Booklet**—pictures 3, 4, 5, 6, 7, 8 and 9 of severely malnourished children and how to identify them.

Process

1. Ask participants to come close to you and the **Photo Booklet** for the discussion.
2. In the **Photo Booklet**, refer to the notes to the facilitator that correspond to each photo 3 to 9, to guide the discussion.
3. After the discussion of the photos, continue with the reading in the HSA Manual. The manual and exercises will review the methods.



Exercise: Use the MUAC Tape

Objective

Participants will be able to:

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

Prepare

1. Sample **arm tubes**—prepare 4 cardboard tubes to represent the arms of the children in the exercise (**Anna, Dan, Njeri, and Sue**).
 - a. Roll a cardboard and tape the ends together (see sample on the next page). The tighter you roll the cardboard, the smaller is the “arm circumference”.
 - b. Roll some tubes smaller than the <110 mm mark and others larger than the mark. (If the group is large, make more than 4 sample tubes.)
 - c. Write a name of one of the children on each tube.
 - d. Prepare your own **answer sheet** for the sample children. Measure each tube. Then circle Yes or No for each sample child in the chart below to make your answer sheet.
 - e. Set the tubes on the table with enough space between them so that participants can work with them.
2. **MUAC Tapes**—one for each participant.
3. **Tape or coloured string or yarn**—to tape the MUAC Tapes in the participants’ Chart Booklets.

ANSWER SHEET

Exercise: Use the MUAC Tape

| Is the child severely malnourished (very thin or wasted)? | | |
|---|-----|----|
| Child 1. Anna | Yes | No |
| Child 2. Dan | Yes | No |
| Child 3. Njeri | Yes | No |
| Child 4. Sue | Yes | No |
| Child 5 Timve | Yes | No |
| Child 6 Tsala | Yes | No |
| Child 7 Gwenembe | Yes | No |
| Child 8 Sekani | Yes | No |
| Child 9 Kelvin | Yes | No |
| Child 10 Ida | Yes | No |

Process

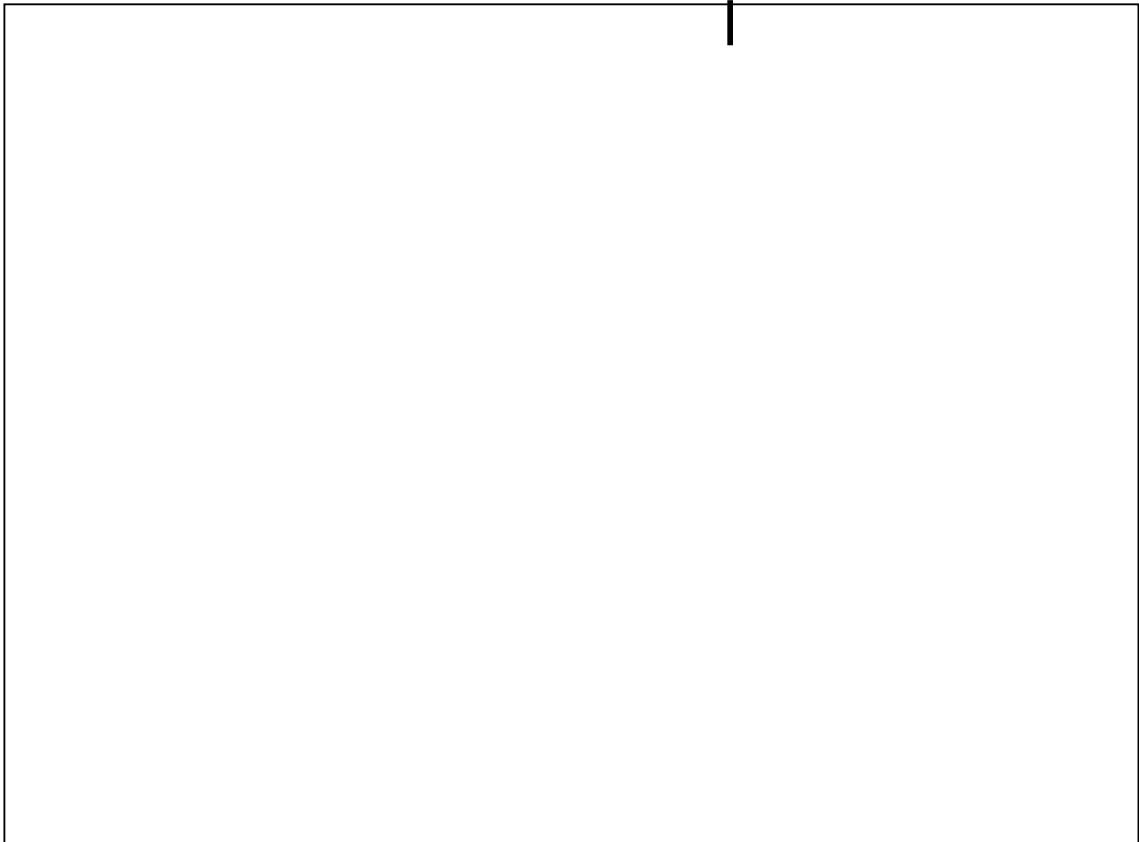
1. Demonstrate how to measure the mid-upper arm circumference on one of the arm tubes.
 - Locate the “mid-upper arm” on the tube.
 - Use the MUAC Tape to measure the child’s mid upper arm circumference. Ask a participant to identify whether the “child” is severely malnourished.
2. Pass out a **MUAC Tape**, one to each participant. Let participants briefly practise using the Tape, putting the green end into the second slit on the Tape.
3. Form pairs for two participants to work together at an arm tube on the table.
4. Ask participants to measure each of the arm tubes, using a MUAC Tape. Write in their Manuals whether the child is, **Yes** or **No**, severely malnourished. They will move around the table to measure each of the tubes.

5. If you have made more than 4 sample arm tubes, ask participants to write the name of the child in their manual with the results of the MUAC reading.
6. When the pairs have finished, discuss the results. Resolve differences, if any, by having a participant measure the arm tube again.
7. Let the participants know that they will have a chance to practise measuring the arm circumference of real children in the clinic.
8. Give them the tape, to tape the end of the MUAC Tape onto the plastic cover of their **Chart Booklets or HSA Manuals**.

How to make arm tubes to represent arms of sample children

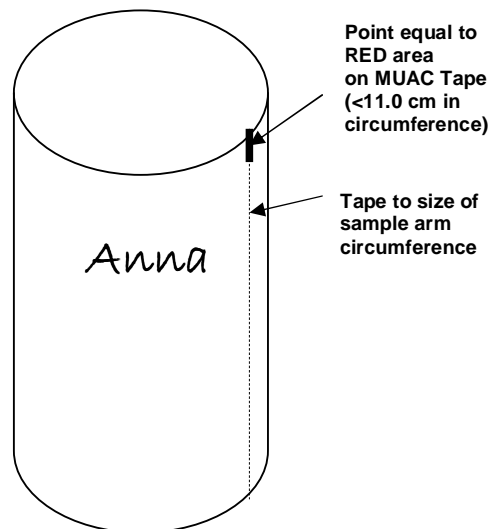
Copy on cardboard and cut out four of these card shapes for the arms of sample children.

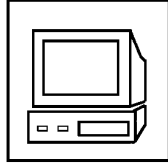
Point equal to
RED area
on MUAC strip
(<110 mm in
circumference)



Roll the cards and tape them to represent different arm circumferences. Some should be taped to the left of the mark (smaller), and some to the right of the mark (larger).

Write the name of a child on each: **Anna**, **Dan**, **Njeri**, and **Sue**.





Video Demonstration: Look for severe malnutrition

Objective

Participants will be able to:

- Identify children with the danger signs—red on the MUAC tape and swelling (oedema) of both feet.

Prepare

1. **Videotape (or DVD) on Severe Malnutrition**—before the session, locate the section on assessing severe malnutrition. (Start from the beginning, if you use the Severe Malnutrition video.)
2. **Video machine and monitor, or a computer**—make sure that the equipment for showing the video on tape or DVD is ready, turned on, and set at the point on tape or DVD where the example of looking for swelling of both feet is.

Process

1. Gather participants around the monitor or the computer for showing the video. Ask them to bring their Manuals with them.
2. Introduce the video by telling participants that there will be a demonstration of how to measure the arm circumference and look for oedema on the foot. This is an assessment of severe malnutrition.
3. At the end of the video, answer questions. Show the image again, if necessary.



Exercise: Decide to refer (1)

Objectives

Participants will be able to:

- Identify danger signs based on information the caregiver provides.
- Use the **Sick Child Recording Form** as a resource for answering questions.

As in an earlier exercise, this exercise can be done in two ways:

- *Conduct a group discussion on each of the children listed in the exercise.* This method works well when participants are unsure of the content of the exercise. This method is active. Participants move to the front of the room and work together.
- *Ask participants to complete the exercise as individual work, as it appears in the HSA Manual.* This method provides an assessment of the individual's knowledge. It can be completed as a review exercise.

Prepare for the group discussion

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

Prepare for individual work—No special preparation.

Process for the group discussion

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

Process for individual work

1. Ask a participant to read the instructions for the exercise.
2. Then, work as a group to decide whether the first child, Sam, has a danger sign. Continue with several more children until the participants are clear on the task. Help them refer the Danger Signs listed in the Sick Child Recording Form, if necessary.
3. Then, ask participants to complete the exercise on their own.
4. Finally, go around the room asking participants to report their answers—**Yes** or **No**, the child has a danger sign.
5. Refer to the Answer Sheet below, with comments to add to the discussion.

ANSWER SHEET

Exercise: Decide to refer (1)

| Does the child have a danger sign? (Refer any child with a danger sign.) | | | Comment |
|---|-----|----|--|
| Sam – cough for 2 weeks | | No | |
| Murat – cough for 2 months | Yes | | |
| Beauty – diarrhoea with blood in stool | Yes | | |
| Marco – diarrhoea for 10 days | | No | <i>If there is diarrhoea for 14 days or more, the child has a danger sign—one reason that a follow-up visit is important (more to be said later). If this child has diarrhoea almost all the time, discuss what the Health Surveillance Assistant should do.</i> |
| Amina – fever for 3 days | | No | |
| Nilgun – low fever for 8 days | Yes | | <i>A low fever for 7 days or more may mean that there is an unknown cause, which must be assessed and treated at health facility.</i> |
| Ida – diarrhoea for 2 weeks | Yes | | <i>What might be a reason for diarrhoea lasting for 2 weeks? It could be diarrhoea caused by a food reaction or an indication that the child has a more serious problem, including HIV. The health facility will try to determine the cause.</i> |
| Carmen – cough for 1 month | Yes | | <i>Cough for 21 days or more may be a sign of TB or another illness, which needs to be assessed and treated at the health facility.</i> |
| Nonu – very hot body since last night | | No | <i>If HAS does not have LA refer the child ?</i> |
| Maria – vomiting food but drinking water | | No | |
| Thomas – not eating or drinking anything because of mouth sores | Yes | | |



Exercise: Decide to refer (2)

Objectives

Participants will be able to:

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

As in the previous exercise, this exercise can be done in two ways:

- *Conduct a group discussion on each of the children listed in the exercise.* This method works well when participants are unsure of the content of the exercise. This method is active. Participants move to the front of the room and work together.
- *Ask participants to complete the exercise as individual work, as that appears in the HSA Manual.* This method provides an assessment of the individual's knowledge. It can be completed as a review exercise, either at the end of the unit or at the beginning of the next unit.

Prepare for the group discussion

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

Process for the group discussion

1. Ask participants to come to the Flip chart with their Sick Child Recording Forms and Manuals with them.
2. Give each participant a card. One at a time, ask the participant to read the card. Ask: Does the child have a danger sign? Determine whether others agree with the decision. If there is a question, have participants refer to the Sick Child Recording Form.

3. Then ask the participant to decide where to stick the card on the Flip chart, under the label **DANGER SIGN—REFER or NO DANGER SIGN.**
4. When all participants have posted their cards, give out the remaining cards, if any. Repeat the process until all cards have been posted in the correct place on the Flip chart.
5. Refer to the Answer Sheet below, with comments to add to the discussion.

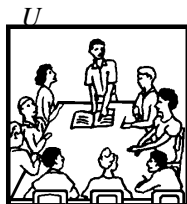
Process for individual work

1. Ask a participant to read the instructions for the exercise.
2. Then, work as a group to decide whether the first child, Sam, has a danger sign. Continue with several more children until the participants are clear on the task. Help them to refer to the Danger Signs listed in the Sick Child Recording Form, if necessary.
3. Then, ask participants to complete the exercise on their own.
4. Finally, go around the room asking participants to report their answers—**Yes** or **No**, the child has a danger sign.
5. Refer to the Answer Sheet below, with comments to add to the discussion.

ANSWER SHEET

Exercise: Decide to refer (2)

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



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

Objectives

Participants will be able to:

- Identify danger signs based on information from the caregiver and signs found by looking at the child.
- Use the **Sick Child Recording Form** as a resource for deciding to refer or treat the child.

Process

[NTF: If you do not have time to complete all the sample children, then it is recommended to do the sample Grace Owen; Child 2: Siew Chin; and Child 3: Comfort Kazombo.]

1. Introduce the exercise. Say:
 - You have already seen how the use of the Sick Child Recording Form helps you systematically interview the caregiver and look for signs of illness.
 - It can also guide you in identifying a danger sign, and whether you should refer the child to the health facility or treat the child.
2. Guide participants in getting started on the form: Look at Grace Owen's recording form. Note that the date is 16 November 2007. The Health Surveillance Assistant is Idah Banda.
3. Ask a participant to tell us the rest of the information on the top of the form (age, caregiver's name, address, etc.).
4. Let's now identify Grace's problems. Start with information we learned by asking her mother.
5. Did Grace have cough? Have diarrhoea?
6. Then, ask: Did she have fever? For how long?
7. Now let's look to the column to the right. The column heading is "Danger Sign". She did not have fever that lasted 7 days or more.. So the Health Surveillance Assistant ticked fever So we know that Grace has at least one danger sign.
8. (Ask other participants by name). Did Grace have convulsions?
9. Did Grace have difficulty drinking or feeding? If yes, was she not able to drink or feed anything?
10. Go to the column to the right. Is anything ticked? What?
11. So, Grace has another Danger Sign.
12. Continue until all items are discussed.

13. At the bottom of the page, the form asks you to Decide: Refer or treat child. If there is any Danger Sign, what do you do? Tick [✓] the appropriate box.
14. What if Grace had diarrhoea for less than 14 days and no blood in stool? Where would you record whether this was a danger sign?
15. If she had diarrhoea for less than 14 days and no blood in stool, would you have referred her? *[No. If she had any danger sign, she needs to be referred.]*
16. Any questions?
17. Summarize:
 - The recording form guides you in deciding whether the sign is a danger sign and the child must be referred, or the sign indicates the child is sick but does not have a danger sign.
 - However, if there is any tick in the Danger Sign column—even one, then the child must be referred to the health facility.
18. When there are no more questions, continue to the recording form of the next child, Kiki Shah.
19. Ask participants if they want to complete the next recording form for Kiki Shah by themselves. If they are unsure, then walk through the items on the form together as a group.
20. If the participants are ready to complete the form individually, then ask them to continue. Walk around the room to check the recording forms.
21. Participants can continue with Siew Chin's recording form and Comfort Kazombo's recording form, when they are ready.
22. Refer to the Answer Sheets, below, if needed.

ANSWER SHEET

Demonstration and Practice: Decide to refer or treat

Child 1: Grace Wadza

| Sick Child Recording Form | |
|--|------------------------|
| (for community -based treatment of child age 2 months up to 5 years) | |
| Date: <u>16/5/2008</u> (Day/Month/Year) | HSA: <u>Idak Banda</u> |
| Child's First Name: <u>Grace</u> Surname <u>Wadza</u> Age: <u>2</u> Years/ <u>2</u> Months Boy / <u>Girl</u> | |
| Caregiver's name: <u>Patricia Wadza</u> Relationship: <u>Mother</u> / Father / Other: _____ | |
| Physical Address: <u>Hilltop Road, Kasasa Hills</u> Village / TA: <u>Ntonya / Malambe</u> | |

1. Identify problems

| ASK and LOOK | Any Danger Sign | Sick but NO Danger Sign |
|--|---|--|
| ASK: What are the child's problems? If not reported, then ask to be sure. YES , sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> Cough? If yes, for how long? <u>2</u> days | <input type="checkbox"/> Cough for 21 days or more | |
| <input type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? _____ days. | <input type="checkbox"/> Diarrhoea for 14 days or more | <input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool) |
| <input type="checkbox"/> Blood in stool? <input checked="" type="checkbox"/> | <input type="checkbox"/> Blood in stool | |
| <input checked="" type="checkbox"/> Fever (reported or now)? If yes, started <u>4</u> days ago. | <input type="checkbox"/> Fever for last 7 days | <input checked="" type="checkbox"/> Fever (less than 7 days) |
| <input type="checkbox"/> Convulsions? | <input type="checkbox"/> Convulsions | |
| <input checked="" type="checkbox"/> Difficulty drinking or feeding? IF YES, not able to drink or feed anything? <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Not able to drink or feed anything | |
| <input checked="" type="checkbox"/> Vomiting? If yes, vomits everything? <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Vomits everything | |
| <input type="checkbox"/> Red eyes? If yes, for how long _____ days. <input type="checkbox"/> Difficulty in seeing? If Yes for how long _____ days | <input type="checkbox"/> Red eye for 4 days or more <input type="checkbox"/> Red eye with visual problem | |
| <input checked="" type="checkbox"/> Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer. | <input type="checkbox"/> Other problem to refer: | |
| <input type="checkbox"/> LOOK | | |
| <input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN) | <input type="checkbox"/> Chest indrawing | |
| <input type="checkbox"/> IF COUGH, count breaths in 1 minute: <u>36</u> breaths per minute <input checked="" type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more | | <input type="checkbox"/> Fast breathing |
| <input type="checkbox"/> Very sleepy or unconscious? | <input type="checkbox"/> Very sleepy or unconscious | |
| <input type="checkbox"/> Palmar pallor | <input type="checkbox"/> Palmar pallor | |
| <input type="checkbox"/> For child 6 months up to 5 years, MUAC tape colour: <u>Green</u> | <input type="checkbox"/> Red on MUAC tape | |
| <input type="checkbox"/> Swelling of both feet? | <input type="checkbox"/> Swelling of both feet | |

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

Go to Page 2 →

☒ If ANY Danger Sign or other problem, refer to health facility

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

Child 2: Sue Chawinga

| Sick Child Recording Form (for community -based treatment of child age 2 months up to 5 years) | |
|---|-------------------------------|
| Date: <u>16/5/2008</u> (Day/Month/Year) | HSA: <u>Idah Banda</u> |
| Child's First Name: <u>Sue</u> Surname: <u>Chawinga</u> Age: <u>1</u> Years/ <u>2</u> Months Boy / Girl | |
| Caregiver's name: <u>Lix Chawinga</u> Relationship: <u>Mother</u> / Father / Other: _____ | |
| Physical Address: <u>Fodya School</u> Village / TA: <u>Sibweni / Khobwe</u> | |

1. Identify problems

| ASK and LOOK | Any Danger Sign | Sick but NO Danger Sign |
|--|--|--|
| ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/> | | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Cough? If yes, for how long? <u>2</u> days | <input type="checkbox"/> Cough for 21 days or more | |
| <input checked="" type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? <u>2</u> days. | <input type="checkbox"/> Diarrhoea for 14 days or more <input checked="" type="checkbox"/> Blood in stool | <input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool) |
| <input checked="" type="checkbox"/> Blood in stool? | | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Fever (reported or now)? If yes, started ----- days ago. | <input type="checkbox"/> Fever for last 7 days | <input type="checkbox"/> Fever (less than 7 days) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Convulsions? | <input type="checkbox"/> Convulsions | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Difficulty drinking or feeding? IF YES, not able to drink or feed anything? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> Not able to drink or feed anything | |
| <input checked="" type="checkbox"/> Vomiting? If yes, vomits everything? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> Vomits everything | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Red eyes? If yes, for how long ____ days. <input type="checkbox"/> <input checked="" type="checkbox"/> Difficulty in seeing? If Yes for how long ____ days | <input type="checkbox"/> Red eye for 4 days or more <input type="checkbox"/> Red eye with visual problem | |
| <input checked="" type="checkbox"/> Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer. | <input type="checkbox"/> Other problem to refer: | |
| LOOK | | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN) | <input type="checkbox"/> Chest indrawing | |
| <input type="checkbox"/> IF COUGH, count breaths in 1 minute: <u>36</u> breaths per minute <input checked="" type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more | | <input type="checkbox"/> Fast breathing |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Very sleepy or unconscious? | <input type="checkbox"/> Very sleepy or unconscious | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Palmar pallor | <input type="checkbox"/> Palmar pallor | |
| <input type="checkbox"/> For child 6 months up to 5 years, MUAC tape colour: <u>Yellow</u> | <input type="checkbox"/> Red on MUAC tape | |
| <input type="checkbox"/> <input type="checkbox"/> Swelling of both feet? | <input type="checkbox"/> Swelling of both feet | |

2.

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

☒ If ANY Danger Sign or other problem, refer to health facility

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

Child 3: Comfort Kazombo

Sick Child Recording Form

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

Date: 16/7/2008 (Day / Month / Year)

HSA: Lameck Chirwa

Child's First Name: Comfort Surname Kazombo Age: ___ Years/ 4 Months (Boy / Girl)

Caregiver's name: Paulus Kazombo Relationship: Mother (Father) / Other: _____

Physical Address: Kapexi Mosque

Village / TA: Palasa / Nyanja

1. Identify problems

| ASK and LOOK | | Any DANGER SIGN or other problem to refer? | SICK but NO Danger Sign? |
|--|---|---|--|
| ASK: What are the child's problems? If not reported, then ask to be sure. YES , sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/> | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Cough? If yes, for how long? <u>3</u> days | <input type="checkbox"/> Cough for 21 days or more | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? _____ days. | <input type="checkbox"/> Diarrhoea for 14 days or more | <input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Blood in stool? | <input type="checkbox"/> Blood in stool | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Fever (reported or now)? If yes, started <u>3</u> days ago. | <input type="checkbox"/> Fever for last 7 days | <input checked="" type="checkbox"/> Fever (less than 7 days) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Convulsions? | <input type="checkbox"/> Convulsions | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Difficulty drinking or feeding? IF YES, not able to drink or feed anything? <input type="checkbox"/> | <input type="checkbox"/> Not able to drink or feed anything | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Vomiting? | <input type="checkbox"/> Vomits everything | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> If yes, vomits everything? | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Red eyes? If yes, for how long _____ days. <input checked="" type="checkbox"/> Difficulty in seeing? If Yes for how long _____ days | <input type="checkbox"/> Red eye for 4 days or more <input type="checkbox"/> Red eye with visual problem | <input checked="" type="checkbox"/> Red eye less than 4 days |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer. | <input type="checkbox"/> Other problem to refer: | |
| LOOK: | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN) | <input type="checkbox"/> Chest indrawing | |
| <input checked="" type="checkbox"/> | IF COUGH, count breaths in 1 minute: <u>63</u> breaths per minute <input checked="" type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more | | <input checked="" type="checkbox"/> Fast breathing |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Very sleepy or unconscious? | <input type="checkbox"/> Very sleepy or unconscious | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Palmar pallor | <input type="checkbox"/> Palmar pallor | |
| <input type="checkbox"/> | For child 6 months up to 5 years, MUAC tape colour: <u>Yellow</u> | <input type="checkbox"/> Red on MUAC tape | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Swelling of both feet? | <input type="checkbox"/> Swelling of both feet | |

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

☐ If ANY Danger Sign or other problem, refer to health facility

☒ If NO Danger Sign, treat at home and advise caregiver

Child 3: Karen Shabani

Sick Child Recording Form

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

Date: 16/7/2008 (Day / Month / Year)

HSA: Lameck Chirwa

Child's First Name: Karen Surname: Shabani Age: ___ Years / 3 Months Boy / (Girl)

Caregiver's name: Mona Shabani Relationship: Mother / Father / Other: Aunt

Physical Address: Tikambe Estate

Village/ TA: Chamba / Zobe

1. Identify problems

| ASK and LOOK | Any DANGER SIGN or other problem to refer? | SICK but NO Danger Sign? |
|---|---|--|
| ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick <input type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> Cough? If yes, for how long? <u>3</u> days | <input type="checkbox"/> Cough for 21 days or more | |
| <input type="checkbox"/> Diarrhoea (loose stools)? <input type="checkbox"/> IF YES, for how long? _____ days. <input type="checkbox"/> Blood in stool? | <input type="checkbox"/> Diarrhoea for 14 days or more <input type="checkbox"/> Blood in stool | <input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool) |
| <input type="checkbox"/> Fever (reported or now)? If yes, started <u>3</u> days ago. | <input type="checkbox"/> Fever for last 7 days | <input type="checkbox"/> Fever (less than 7 days) |
| <input type="checkbox"/> Convulsions? | <input type="checkbox"/> Convulsions | |
| <input checked="" type="checkbox"/> Difficulty drinking or feeding? <u>Sore throat.</u> <input type="checkbox"/> IF YES, not able to drink or feed anything? | <input type="checkbox"/> Not able to drink or feed anything | |
| <input type="checkbox"/> Vomiting? <input type="checkbox"/> If yes, vomits everything? | <input type="checkbox"/> Vomits everything | |
| <input type="checkbox"/> Red eyes? If yes, for how long _____ days. <input type="checkbox"/> Difficulty in seeing? If Yes for how long _____ days | <input type="checkbox"/> Red eye for 4 days or more <input type="checkbox"/> Red eye with visual problem | <input type="checkbox"/> Red eye less than 4 days |
| <input type="checkbox"/> Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer. | <input type="checkbox"/> Other problem to refer: | |
| LOOK: | | |
| <input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN) | <input type="checkbox"/> Chest indrawing | |
| <input type="checkbox"/> IF COUGH, count breaths in 1 minute: <u>42</u> breaths per minute <input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more | | <input type="checkbox"/> Fast breathing |
| <input type="checkbox"/> Very sleepy or unconscious? | <input type="checkbox"/> Very sleepy or unconscious | |
| <input type="checkbox"/> Palmar pallor | <input type="checkbox"/> Palmar pallor | |
| <input type="checkbox"/> For child 6 months up to 5 years, MUAC tape colour: <u>Green</u> | <input type="checkbox"/> Red on MUAC tape | |
| <input type="checkbox"/> Swelling of both feet? | <input type="checkbox"/> Swelling of both feet | |

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

☐ If ANY Danger Sign or other problem, refer to health facility

☒ If NO Danger Sign, treat at home and advise caregiver



Discussion: Help a child get care at the health facility

Objective

- Identify how to help families take their children to the health facility to prevent delays in treatment for a child with danger signs.

The story about Dumisani Makuluni in the text helps participants begin to think about how they can support families as they refer their children to the health facility. Local conditions will differ. The discussion should encourage participants to address common barriers to referral and contributions to delays in treatment in their communities.

Process

1. Lead a brief discussion on what the Health Surveillance Assistant did to help Dumisani get care. Ask the questions in the Manual.
2. Normally, Health Surveillance Assistants will refer children to the nearest health facility. There a health worker will assess and treat the child, or refer the child to the hospital for special care. Discuss if it is ever appropriate for a child from your community to go directly to the hospital or to the health centre. *[NTF: This issue will have been discussed during the facilitator training. Advise the Health Surveillance Assistants, based on the guidance you have received from your trainer.]*

ANNEX A. CARD GAMES

Identify and Treat Childhood Illness

Purpose

- To review the danger signs requiring urgent referral of a sick child to the hospital.
- To review correct treatments—home treatment or referral—for children with signs of illness.
- To assess the Health Surveillance Assistant's knowledge of these tasks.

There are two ways to use these cards:

1. Use the card sets as recommended in the Facilitator Notes during the group discussion.
2. The cards can also be used in sorting games with individual Health Surveillance Assistants, as described in the games below. They can be used during free time, for example, when waiting for everyone to arrive in the morning, return from lunch, or return from the clinic.

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

Encourage the HSA to the Sick Child Recording Form to guide them in sorting the cards according to the labels.

Prepare

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

- 1.
2. **LABEL CARDS**—copy label cards onto coloured cardboard or paper.
 - a. Set 1: Fast breathing
FAST BREATHING and **NO FAST BREATHING**
 - b. Set 2: Danger signs (1)
DANGER SIGN and **NO DANGER SIGN**
 - c. Set 3:
DANGER SIGN—REFER URGENTLY and **NO DANGER SIGN--TREAT**
3. **Children cards**--on a different colour cardboard, copy the CHILDREN CARDS describing children with different signs of illness.
4. Then, cut the cards on the lines to separate them.

Use the blank cards to write additional labels and signs, including **Other Problems**. A Health Surveillance Assistant should refer all **Other Problems** for assessment and treatment. These include conditions for which the worker has not been trained or the worker does not know how to treat. Other problems also include conditions for which the worker or does not have the drug or other means to treat the child.

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

Game 1: Identify fast breathing

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

Game 2: Identify danger signs

1. Sit at a table with the Health Surveillance Assistant. Explain that the purpose of the game is to identify the children with danger signs.
2. Place the LABEL CARDS **DANGER SIGN—REFER URGENTLY** and **NO DANGER SIGN—TREAT** on the table in front of the Health Surveillance Assistant. Explain that these are the stack labels for sorting the cards describing children with signs of illness.

3. Refer to the first card in the stack of CHILDREN CARDS. Use Set 2(*Ask Caregiver*) or Set 3. (*Ask caregiver and Look for sign*) depending on whether you have covered the danger signs identified by the caregiver's report and/or by looking for danger signs. Ask the Health Surveillance Assistant to place the card in the correct pile.

If the Health Surveillance Assistant does not know which stack to put the card in, discuss it. Refer the Health Surveillance Assistant to the Sick Child Recording Form to find the answer.

Game 3: Select treatment

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

4. For two or three cards in the stack **NO DANGER SIGN—TREAT**, ask the Health Surveillance Assistant to tell what home care is needed.
5. For two or three cards in the stack **DANGER SIGN—REFER URGENTLY**, ask the Health Surveillance Assistant to tell what needs to be done to assist referral.
6. To check the answers, refer participants to the Sick Child Recording Form.

LABEL CARDS

*DANGER SIGN—
REFER URGENTLY*

NO DANGER SIGN—TREAT

*OTHER PROBLEM—REFER FOR ASSESSMENT
AND TREATMENT*

CHILDREN CARDS

SET 1. IDENTIFY FAST BREATHING

1

Carlos

Age 2 years, breathing rate of 45 bpm

1

Ahmed

**Age 4 and a half years, breathing rate of
38 bpm**

1

Artimis

Age 2 months, breathing rate of 55 bpm

1

Jan

Age 3 months, breathing rate of 47 bpm

1

James

Age 3 years, breathing rate of 35 bpm

1

Nindi

Age 4 months, breathing rate of 45 bpm

1

Joseph

Age 10 weeks, breathing rate of 57 bpm

1

Anita

Age 4 years, breathing rate of 36 bpm

1

Becky

Age 36 months, breathing rate of 36 bpm

1

Will

Age 8 months, breathing rate of 45 bpm

1

Maggie

Age 3 months, breathing rate of 52 bpm

1

CHILDREN CARDS

SET 2. ASK CAREGIVER

2

Sam
has had cough for 2 weeks

2

Murat
has had cough for 2 months

2

Beauty
has diarrhoea with blood in stool

2

Marco
has had diarrhoea for 10 days

2

Amina
has had fever for 3 days

2

Nilgun
has had fever for 8 days

2

Ida
has had diarrhoea for 2 weeks

2

Carmen
has had cough for 1 month

2

**Tika
had a convulsion yesterday**

2

**Nonu
has had a very hot body
since last night**

2

**Maria has been vomiting food but
drinking water**

2

**Thomas
is not eating or drinking anything
because of mouth sores**

CHILDREN CARDS

SET 3. ASK CAREGIVER AND LOOK FOR SIGNS

3 Child age 11 months has cough—he is not interested in eating but will breastfeed

3

**Child age 4 months
is breathing 48 bpm**

3

Child age 2 years vomits all liquid and food her mother gives her

3

**Child age 3 months
frequently holds his breath while
exercising his arms and legs**

3

**Child age 12 months
is too weak to drink or eat anything**

3

**Child age 3 years with cough cannot
swallow**

3

**Child age 10 months
vomits ground food but will breastfeed for
short periods of time**

3

**Arms and legs of child,
age 4 months, stiffen and shudder for 2
or 3 minutes at a time**

3

**Child age 4 years
has swelling of both feet**

3

**Child age 6 months
has chest indrawing**

3

**Child age 2 years has a YELLOW
reading on the MUAC Tape**

3

**Child age 10 months has had
diarrhoea with 4 loose stools since
yesterday morning**

3

**Child age 8 months
has a RED reading on the MUAC Tape**

3

**Child age 36 months
has had a very hot body since last night**

3

**Child age 4 years
has loose and smelly stools
with white mucus**

3

**Child age 4 months has
chest indrawing while breastfeeding**

3

**Child age 4 and a half years
has been coughing for 2 months**

3

**Child age 2 years has diarrhoea with
blood in her stools**

3

**Child age 2 years has had
diarrhoea for 1 week with no blood in
her stools**

3

**Child age 18 months has had a low
fever (not very high) for 2 weeks**

3

Child
has had fever and vomiting (not everything) for 3 days

3

Child
2 years old has palmar pallor

3

Child
3 years 3 months old has difficult in seeing

3

Child
7 months red eye for 5 days

ANNEX C. FORMS FOR COPYING

Sick Child Recording Form

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

Date: ____/____/____ (Day / Month / Year) HSA: _____
 Child's First Name: _____ Surname: _____ Age: ____ Years/____ Months Boy / Girl
 Caregiver's name: _____ Relationship: Mother / Father / Other: _____
 Physical Address: _____ Village /TA: _____

2. Identify problems

| ASK and LOOK | | Any DANGER SIGN? | SICK but NO Danger Sign? |
|---|---|--|--------------------------|
| ASK: What are the child's problems? If not reported, then ask to be sure: YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/> | | | |
| <input type="checkbox"/> Cough? If yes, for how long? _____ days | <input type="checkbox"/> Cough for 21 days or more | | |
| <input type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? _____ days. | <input type="checkbox"/> Diarrhoea for 14 days or more | <input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool) | |
| <input type="checkbox"/> Blood in stool? | <input type="checkbox"/> Blood in stool | | |
| <input type="checkbox"/> Fever (reported or now)? If yes, started _____ days ago. | <input type="checkbox"/> Fever for last 7 days | <input type="checkbox"/> Fever (less than 7 days) | |
| <input type="checkbox"/> Convulsions? | <input type="checkbox"/> Convulsions | | |
| <input type="checkbox"/> Difficulty drinking or feeding? IF YES, not able to drink or feed anything? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> Not able to drink or feed anything | | |
| <input type="checkbox"/> Vomiting? If yes, vomits everything? <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> Vomits everything | | |
| <input type="checkbox"/> Red eyes? If yes, for how long _____ days. | <input type="checkbox"/> Red eye for 4 days or more | <input type="checkbox"/> Red eye (less than 4 days) | |
| <input type="checkbox"/> Difficulty in seeing? If Yes for how long _____ days | <input type="checkbox"/> Red eye with visual problem | | |
| <input type="checkbox"/> Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer. | <input type="checkbox"/> Other problem to refer: | | |
| LOOK: | | | |
| <input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN) | <input type="checkbox"/> Chest indrawing | | |
| <input type="checkbox"/> IF COUGH, count breaths in 1 minute: _____ breaths per minute (bpm) | | <input type="checkbox"/> Fast breathing | |
| <input type="checkbox"/> Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more | | | |
| <input type="checkbox"/> Very sleepy or unconscious? | <input type="checkbox"/> Very sleepy or unconscious | | |
| <input type="checkbox"/> Palmar pallor | <input type="checkbox"/> Palmar pallor | | |
| For child 6 months up to 5 years, MUAC tape colour: _____ | <input type="checkbox"/> Red on MUAC tape | | |
| <input type="checkbox"/> Swelling of both feet? | <input type="checkbox"/> Swelling of both feet | | |

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

☐ If ANY Danger Sign,
refer to health facility

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

GO TO PAGE 2 →

Child's name: _____ Age: _____

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

☐ If ANY Danger Sign,
refer to health facility

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

| | |
|---|---|
| If any danger sign, REFER URGENTLY to health facility: | |
| ASSIST REFERRAL to health facility: <input type="checkbox"/> Explain why child needs to go to health facility. <input type="checkbox"/> FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT: | |
| <input type="checkbox"/> If Diarrhoea | <input type="checkbox"/> Begin giving ORS solution immediately. |
| <input type="checkbox"/> If Fever | <input type="checkbox"/> Give first dose of LA <input type="checkbox"/> Age up to 5 months—Not recommended <input type="checkbox"/> Age 5 months up to 3 years—1 tablet <input type="checkbox"/> Age 3 yrs up to 5 yrs—2 tablets |
| <input type="checkbox"/> If Chest indrawing, or <input type="checkbox"/> Fast breathing and danger sign | <input type="checkbox"/> Give first dose of oral antibiotic (cotrimoxazole adult tablet—80/400) <input type="checkbox"/> Age 2 months up to 12 months— $\frac{1}{2}$ tablet <input type="checkbox"/> Age 12 months up to 5 years—1 tablet |
| If red eye for 4 days or more | <input type="checkbox"/> Apply antibiotic eye ointment |
| <input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding. <input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever. <input type="checkbox"/> Write a referral note. <input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral. → FOLLOW UP child on return at least once a week until child is well. | |

| | |
|--|--|
| If no danger sign, TREAT at home and ADVISE on home care: | |
| <input type="checkbox"/> If Diarrhoea | <input type="checkbox"/> Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty. <input type="checkbox"/> Give caregiver 2 ORS packets to take home. Advise to give as much as child wants, but at least $\frac{1}{2}$ cup ORS solution after each loose stool. <input type="checkbox"/> Give zinc supplement. Give 1 dose daily for 10 days: <input type="checkbox"/> Age 2 months up to 6 months - $\frac{1}{2}$ tablet (total 5 tabs) <input type="checkbox"/> Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now. |
| <input type="checkbox"/> If Fever | <input type="checkbox"/> Give LA. <input type="checkbox"/> Age up to 5 months—Not recommended <input type="checkbox"/> Age 5 months up to 3 years—1 tablet (total 6 tabs) <input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now and 2 nd dose after 8 hours. Then give dose twice daily for 2 more days. <input type="checkbox"/> Advise caregiver on use of an ITN <input type="checkbox"/> Give Paracetamol. Give 4 times a day for 3 days <input type="checkbox"/> Age 2 months up to 3 years - $\frac{1}{4}$ tablet (total 3 tabs) <input type="checkbox"/> Age 3 years up to 5 years - $\frac{1}{2}$ tablet (total 6 tabs) |
| <input type="checkbox"/> If Fast breathing | <input type="checkbox"/> Give oral antibiotic (cotrimoxazole adult tablet—80/400). Give twice daily for 5 days: <input type="checkbox"/> Age 2 months up to 12 months— $\frac{1}{2}$ tablet (total 5 tabs) <input type="checkbox"/> Age 12 months up to 5 years—1 tablet (total 10 tabs) Help caregiver give first dose now. |
| <input type="checkbox"/> If red eye | <input type="checkbox"/> Apply antibiotic eye ointment. Squeeze the size of a grain of rice on each of the inner lower eyelids, three times a day for 3 days. |
| <input type="checkbox"/> For ALL children treated at home, advise on home care | <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding. <input type="checkbox"/> Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker <input type="checkbox"/> Has blood in the stool <input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below). |

4. CHECK /
VACCINES
RECEIVED
(tick ☐ vaccines completed, circle ☐ vaccines missed)

| Age | Vaccine | | → Advise caregiver, if needed: WHEN is the next vaccine to be given? WHERE? |
|-----------|---|----------------------------------|---|
| Birth | <input type="checkbox"/> ■ BCG | <input type="checkbox"/> ■ OPV-0 | |
| 6 weeks* | <input type="checkbox"/> ■ DPT—Hib + HepB 1 | <input type="checkbox"/> ■ OPV-1 | |
| 10 weeks* | <input type="checkbox"/> ■ DPT—Hib + HepB 2 | <input type="checkbox"/> ■ OPV-2 | |
| 14 weeks* | <input type="checkbox"/> ■ DPT—Hib + HepB 3 | <input type="checkbox"/> ■ OPV-3 | |
| 9 months | <input type="checkbox"/> ■ Measles | | |

*Keep an interval of 4 weeks between DPT-Hib + HepB and OPV doses. Do not give OPV 0 if the child is 14 days or more

Referral note from Health Surveillance Assistant: Sick Child

Child's First Name: _____ Surname _____ Age: ____Years/____Months Boy / Girl

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

Physical Address: _____ Village / TA _____

| | The child has (tick <input type="checkbox"/> sign, circle <input checked="" type="checkbox"/> no sign): | Reason for referral: | Treatment given: |
|--------------------------|--|---|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Cough? If yes, for how long? ____ days | <input type="checkbox"/> Cough for 21 days or more | <input type="checkbox"/> Oral Rehydration Salts (ORS) solution for diarrhoea <input type="checkbox"/> LA for fever <input type="checkbox"/> Antibiotic eye ointment <input type="checkbox"/> Oral antibiotic cotrimoxazole for chest indrawing or fast breathing |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Diarrhoea (loose stools)? ____ days. | <input type="checkbox"/> Diarrhoea for 14 days or more | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> If diarrhoea, blood in stool? | <input type="checkbox"/> Blood in stool | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Fever (reported or now)? ____ days. | <input type="checkbox"/> Fever for last 7 days | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Convulsions? | <input type="checkbox"/> Convulsions | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Difficulty drinking or feeding? If yes, <input type="checkbox"/> not able to drink or feed anything? | <input type="checkbox"/> Not able to drink or feed anything | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything? | <input type="checkbox"/> Vomits everything | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Red eyes? If yes, for how long ____ days. <input type="checkbox"/> | <input type="checkbox"/> Red eye for 4 days or more | |
| | <input checked="" type="checkbox"/> Difficulty in seeing? If Yes for how long ____ days | <input type="checkbox"/> Red eye with visual problem | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Chest indrawing? | <input type="checkbox"/> Chest Indrawing | |
| | IF COUGH, breaths in 1 minute: _____ | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Fast breathing: <input type="checkbox"/> Age 2 months up to 12 months: 50 bpm or more <input type="checkbox"/> Age 12 months up to 5 years: 40 bpm or more | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Very sleepy or unconscious? | <input type="checkbox"/> Very sleepy or unconscious | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Palmar pallor | <input type="checkbox"/> Palmar pallor | |
| | For child 6 months up to 5 years, MUAC Tape colour: _____ | <input type="checkbox"/> Red on MUAC Tape | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Swelling of both feet? | <input type="checkbox"/> Swelling of both feet | |

Any OTHER PROBLEM or reason referred: _____

Referred to (name of health facility): _____

Referred by (name of HSA): _____ Date: _____ Time: _____

✂ -----Cut Here-----

FEEDBACK FROM HEALTH FACILITY (Please give feedback)

Date :

Child's identified problem(s) :

Treatments given and actions taken :

Advice given and to be followed :

Name of attending clinician :

Signature :

Name of Health Facility :