

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



GOVERNMENT OF MALAWI

## Manual for Health Surveillance Assistants



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### The sick child

Age 2 months up to 5 years

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Identify signs of illness, and decide  
to refer or treat the child

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Organization

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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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# 1. Introduction:

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## Situation analysis

In Malawi neonatal, infant and young child mortality remain unacceptably high, with 16,000 neonatal deaths, 45,600 infant deaths and 271,320 under-five deaths occurring annually. Most of these deaths are due to neonatal sepsis/infection, asphyxia, hypothermia, malaria, diarrhoea, pneumonia, malnutrition and often a combination of these conditions. However, in the past five years, the infant and child mortality rates have reduced from 104 to 76 per 1000 and from 189 to 133 per 1000 live births respectively (MDHS, 2004).

Malaria accounts for 40% (4.2 million episodes of illness) of all outpatient visits. Anaemia, most of which is considered to be attributed to malaria, is estimated to be responsible for about 40% of all under five hospitalisation and 40% of all hospital deaths in under five children (World Bank report 2000). Upper respiratory tract infections contribute 12% (1.26 million episodes), and diarrhoea diseases, 7% (730,000 episodes). Malnutrition is endemic with 60% of the children chronically malnourished. A follow up survey on family care practices that promote child health and development (2004) revealed that 60% (163,000) of under-five deaths are occurring at home. Unfortunately, there are many reasons that sick children die without going to a health facility. The main contributing factors include distance to the health facilities, poor health care seeking behaviour, poor hygiene practices and non compliance to health worker advice and probably lack of knowledge by caregivers.

In order to prevent children from severe forms of illness there is need for prompt health care seeking within 24 hours of onset of illness

## Course objectives

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

In this manual you will learn to identify signs of illness in a sick child, age 2 months up to 5 years. Some children you will refer to the health facility for more care. For some children, you will help their families treat them at home. You will later learn more about how to treat a child with diarrhoea, fever, or fast breathing at home.

At the end of the training, you will be able to:

- Identify signs of common childhood illness and malnutrition.
- Decide whether to refer a child to a health facility, or to help the family treat the child at home.
- Assist the family with a child who is referred to a health facility.

- Help the family treat the child's illness at home.
- Counsel families to bring a child immediately, if the child becomes sicker, and to return for scheduled follow-up visits.
- Identify the child's progress and ensure good care at home; and, if the child does not improve, to refer the child to the health facility.

With this training, you can be a more valuable member of your community.

## **Course methods and materials**

In this course, you will read about, observe, and practise the case management tasks.

The course provides these materials:

- *Manual for the Health Surveillance Assistant*  
You are now reading the *HSA Manual*. It contains the content, discussions, and exercises for the course *Caring for Children in the Community*.
- *Sick Child Recording Form*  
The recording form also is a guide to identify signs of illness and refer or treat the child. On the form, you will record information on the child and the child's family. You will also record the child's signs of illness, treatments, and other actions.
- *Chart Booklet for the Health Surveillance Assistant: The Sick Child*

At the end of this training you will also receive a chart booklet. It summarizes the steps you have learned in order to identify signs of illness, refer or treat the sick child, and counsel the caregiver.

You will not need to memorize the chart booklet. It is yours to keep and use. After the course, it will remind you about the important activities and tasks that you have learned.

- *Other materials*  
The facilitator will use *charts, photos, videotapes*, and other materials to introduce and review the case management tasks.

You will have many chances to practise what you are learning: written exercises, games, and role plays in the classroom; and skill practice in the clinic and hospital.

Also, you will practise your new skills in the community. Towards the end of this training, the facilitator will discuss ways to supervise you as you continue to develop your skills in the community.



## Caring for children in the community

Two-year-old Linda has diarrhoea. She needs to go to the health facility.

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

So Mrs. Shaba takes her daughter to see the Health Surveillance Assistant. The Health Surveillance Assistant asks questions. He looks at Linda from head to toe. Linda is weak. The Health Surveillance Assistant explains that Linda is losing a lot of fluid with the diarrhoea. She is in danger from dehydration. Linda needs medicine right away. The Health Surveillance Assistant praises Mrs. Shaba for seeking help for Linda.

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

Before the Shabas leave, the Health Surveillance Assistant dissolves a zinc tablet in water for Mrs. Shaba to give Linda by spoon. He gives Mrs. Shaba a packet of zinc tablets and asks her to give Linda one tablet each morning until all the tablets are gone. The zinc will help prevent Linda from having severe diarrhoea for the next few months.



The Health Surveillance Assistant also explains how to care for Linda at home. Mrs. Shaba should give breast milk more often, and continue to feed Linda while she is sick. If she becomes sicker or has blood in her stool, Mrs. Shaba should bring Linda back immediately.

Even if Linda improves, the Health Surveillance Assistant wants to see her again. Mrs. Shaba agrees to bring Linda back in 3 days for a follow up visit.

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



### ***Discussion: Care-seeking in the community***

Your facilitator will lead a group discussion with these questions.

1. **Common childhood illnesses.** In your community, what are the most common illnesses children have?
2. **Cause of deaths.** Do you know any children under 5 years old who have died in your community?

If so, what did they die from?

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

- Neighbour or another family member
- Traditional healer
- Health Surveillance Assistant
- Private doctor
- Hospital
- Health centre
- Village Clinic
- Drug seller
- Other? \_\_\_\_\_

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

For what reason?

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

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



## *What Health Surveillance Assistant can do*

Linda has a better chance to survive because one of her neighbours is a Health Surveillance Assistant. Trained Health Surveillance Assistants identify signs of illness and help families take care of their sick children at home.

Some children are very sick, and treatment at home is not enough. Health Surveillance Assistants help families take their very sick children to a health facility.

Health Surveillance Assistants also promote good health. They advise families on how to care for their children at home. They help families prevent illness, give their children nutritious food, and take them for vaccinations. They support families as they teach their children the first steps to becoming happy and productive adults. Health Surveillance Assistants also organize their communities. They help their neighbours make a safer environment, and demand health and other services for children.

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## 2. Welcoming the caregiver and child

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Greet caregivers in a friendly manner whenever and wherever you see them.

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

### **The Caregiver**

#### ***Who is the caregiver?***

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

#### ***Who are caregivers in your community?***

Often the caregiver is the child's mother. But the caregiver may be the father or another family member. When both parents are sick or absent, the child's caregiver may be a relative or neighbour.

In some communities, children have several caregivers. A grandmother, an aunt, an older sister, and a neighbour may share the tasks of caring for a child. Also, a community child care centre may have several caregivers who take care of children a few hours each day.

You will learn to know the families with children in your community, and the caregivers of each child. Your efforts will help them raise healthier children.

Another important thing is to encourage caregivers to bring all sick children to you without delay. If they have any questions or concerns about how to care for the child, welcome them. You may be able to help provide better home care, or you can assist the family in getting care at the health facility. If the child cannot come, you may visit the child at home.

## Ask about the child and caregiver

Greet the caregiver who brings a sick child to you or asks you to visit the child. Invite the caregiver to sit with the child in a comfortable place while you ask some questions. Maintain eye contact, and communicate clearly and warmly throughout the meeting.



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

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

### **TIP: The HSA should have the following items:**

- Sick child recording form
- Pencil

### **Keep nearby:—**

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

- **Date:** the day, month, and year of the visit.
- **HSA:** the full name of the Health Surveillance Assistant seeing the child.
- **Child's name:** the first name and surname.
- **Other information on the child:**
  - Write the **age** in years and/or months.
  - Circle **boy** or **girl**.
- **Caregiver's name, and relationship to child**  
Write the caregiver's name. Circle the relationship of the caregiver to the child: **Mother**, **Father**, or **Other**. If other, describe the relationship (for example, grandmother, aunt, or neighbour)
- **Physical Address:** to help locate where the child lives.

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

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

Date: 16/5/2008 (Day/Month/Year) HSA: John Banda

Child's First Name: Grace Surname: Wadza Age: 2 Years/ 2 Months Boy (Girl)

Caregiver's name: Patricia Wadza Relationship: (Mother) / Father / Other: \_\_\_\_\_

Physical Address: behind Hilltop Mosque Village / TA: Ntonya / Malambe



### Exercise: Use the recording form (1)

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

#### Child 1: Jenala Mariko

First, write today's date—the day, month, and year—in the space provided on the form below. You are the Health Surveillance Assistant. Write your full name.

Jenala Mariko is a 3 year old girl. Her mother Joyce Mariko brought her to your home. Her address is near Mataka CCAP Church, VH Mulamba T/A Chongoni. Complete the recording form above.

<b>Sick Child Recording Form</b>	
(for community -based treatment of child age 2 months up to 5 years)	
Date: ____/____/____ (Day/Month/Year)	HSA: _____
<b>Child's First Name:</b> _____	<b>Surname</b> _____ <b>Age:</b> __Years/ __Months <b>Boy / Girl</b>
<b>Caregiver's name:</b> _____	<b>Relationship:</b> Mother / Father / Other: _____
<b>Physical Address:</b> _____	<b>Village / TA:</b> _____

#### Child 2: Comfort Kazombo

Comfort Kazombo is a 4 month old boy. His father, Paul Kazombo, brought Comfort to see you. He usually takes care of the baby. The Kazombos live near you at Chitala Farm, VH Palasa, TA Nyanja. Complete the recording form above.

<b>Sick Child Recording Form</b>	
(for community -based treatment of child age 2 months up to 5 years)	
Date: ____/____/____ (Day/Month/Year)	HSA: _____
<b>Child's First Name:</b> _____	<b>Surname</b> _____ <b>Age:</b> __Years/ __Months <b>Boy / Girl</b>
<b>Caregiver's name:</b> _____	<b>Relationship:</b> Mother / Father / Other: _____
<b>Physical Address:</b> _____	<b>Village / TA:</b> _____

Did you remember to add today's **date** and your **full name**?

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## 3. Identify problems

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

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

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

### **ASK: What are the child's problems?**

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

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

#### **□ Cough**

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

#### **□ Diarrhoea**

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

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

#### **□ Blood in stool**

If the child has diarrhoea, ask: *"Is there blood in the stool?"*

#### **□ Fever**

Identify fever by the caregiver's report or by feeling the child. For the caregiver's report, ask: *"Does the child have fever now or did the child have fever anytime during the last 3 days?"* If the caregiver does not know, feel the child's forehead. If the body feels hot, the child has a fever now.

If the child has fever, ask *"When did it start?"* Record how many days since it started.

The fever does not need to be present every day, all the time. Fever caused by malaria, for example, may not be present all the time or the body may be hotter at some times than other times.

□ **Convulsions**

Ask whether the child has had convulsions during this illness. During a convulsion, the child's arms and legs stiffen and soften repeatedly. Sometimes the child stops breathing, may lose consciousness for a short time and cannot be awakened. When you ask about convulsions, use local words the caregiver understands to mean a convulsion from this illness.

□ **Difficulty drinking or feeding**

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

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

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

□ **Vomiting**

If the child is vomiting, ask: *"Is the child vomiting everything?"* A child who is not able to hold anything down at all has the sign "vomits everything". This child cannot hold down the medicine to be given. Ask the caregiver how often the child vomits. Is it every time the child swallows food or fluids, or only some times? A child who vomits several times but can hold down some fluids does not "vomit everything".

□ **Red eye**

Ask the caregiver if the child has red eyes. Ask for how long the child has had the red eye. Record how many days it has been present. A child who presents with red eyes may have redness of the eye, pus discharge and / or swollen sticky eyes. A child with red eye could have problems in seeing. You also need to ask for the duration the child has had difficulties in seeing. Prolonged red eyes with difficult seeing may lead to blindness.

□ **Any other problem**

There is a small space to write any other problem. Many of these problems you will not be able to treat. For example, a child may have a skin or ear infection, or a burn or other injury.

On the other hand, you may have learned how to advise caregivers on how to feed their children. If the caregiver might have a question about feeding the child, you would be able to help with a feeding problem. The child may not need to be referred. (There is more space on the back of the recording form to describe the problem, for discussion later.)

## Record the child's problems

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

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

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

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

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

Now, look at the sample form for Grace Wadza below. The Health Surveillance Assistant asked the caregiver, "What are the child's problems?" What problems did the mother identify?

What problems did the mother say Grace does not have?



### Sick Child Recording Form

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

Date: 16/5/2008 (Day/Month/Year)

HSA: John Banda

Child's First Name: Grace Surname Wadza Age: 2 Years/ 2 Months Boy / Girl

Caregiver's name: Patricia Wadza Relationship: Mother / Father / Other: \_\_\_\_\_

Physical Address: Hilltop Road, Kasasa Hills Village / TA: Ntonya / Malambe

#### 1. Identify problems

ASK and LOOK	
ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Cough? If yes, for how long? <u>2</u> days
<input type="checkbox"/>	<input checked="" type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? _____ days. Blood in stool? <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Fever (reported or now)? If yes, started <u>4</u> days ago.
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Vomiting? If yes, vomits everything? <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/> Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.



**Exercise: Use the recording form to identify**

## problems (2)

For practice, complete the recording form below for Joana. Indicate whether you found any problems.

### Child: Joana Valani

Joana Valani is 3 and a half years old. She lives with her aunt Maria Lomos. They are your neighbours in the village of Amagwa CBCC, VH Kalulu, T/A Nkhope.

Miss Lomos asked you to visit their home because Joana has been coughing. You ask her, "For how long?" She says, "For 5 days." Joana now seems to be breathing with greater difficulty than usual.

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

<b>Sick Child Recording Form</b>	
(for community -based treatment of child age 2 months up to 5 years)	
Date: <u>  </u> / <u>  </u> / <u>  </u> (Day/Month/Year)	HSA: <u>  </u>
Child's First Name: _____ Surname _____	Age: <u>  </u> Years/ <u>  </u> Months <b>Boy / Girl</b>
Caregiver's name: _____	Relationship: Mother / Father / Other: _____
Physical Address: _____	Village / TA: _____

### 1. Identify problems

<b>ASK and LOOK</b>	
<b>ASK: What are the child's problems?</b> 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? _____ days
<input type="checkbox"/>	<input checked="" type="checkbox"/> Diarrhoea (loose stools)?
<input type="checkbox"/>	IF YES, for how long? _____ days. Blood in stool? <input type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Fever (reported or now)? If yes, started _____ days ago.
<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/> Vomiting? If yes, vomits everything? <input type="checkbox"/> <input checked="" type="checkbox"/>
<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"/>	<input checked="" type="checkbox"/> Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.



## Role Play Demonstration and Practice: Ask the caregiver

### Part 1. Role play demonstration

**Tayeni Hanjahanja** has brought her 12 week old baby **Tatha** to see the Health Surveillance Assistant at her home today.

The Health Surveillance Assistant greets Mrs. Hanjahanja at the door, and asks her to come in. You will observe the interview, and complete the recording form. Start by filling in the date, your full name, the child's name and age, and the caregiver's name

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

1. How did the 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? How did the HSA gather the information?

<b>Sick Child Recording Form</b>	
(for community -based treatment of child age 2 months up to 5 years)	
Date: <u>  </u> / <u>  </u> / <u>  </u> (Day/Month/Year)	HSA: <u>  </u>
Child's First Name: <u>          </u> Surname <u>          </u>	Age: <u>  </u> Years/ <u>  </u> Months <b>Boy / Girl</b>
Caregiver's name: <u>                                </u>	Relationship: Mother / Father / Other: <u>          </u>
Physical Address: <u>  </u> Village / TA: <u>  </u>	

### 1. Identify problems

ASK and LOOK	
<b>ASK: What are the child's problems?</b> 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"/>	■ Cough? If yes, for how long? <u>      </u> days
<input type="checkbox"/>	■ Diarrhoea (loose stools)?
<input type="checkbox"/>	IF YES, for how long? <u>      </u> days. Blood in stool? <input type="checkbox"/> ■
<input type="checkbox"/>	■ Fever (reported or now)? If yes, started <u>      </u> days ago.
<input type="checkbox"/>	■ Convulsions?
<input type="checkbox"/>	■ Difficulty drinking or feeding? IF YES, not able to drink or feed anything? <input type="checkbox"/> ■
<input type="checkbox"/>	■ Vomiting? If yes, vomits everything? <input type="checkbox"/> ■
<input type="checkbox"/>	■ Red eyes? If yes, for how long <u>      </u> days. <input type="checkbox"/> ■ Difficulty in seeing? If Yes for how long <u>  </u> days
<input type="checkbox"/>	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)? See 5 If any OTHER PROBLEMS, refer.

## Part 2. Role play practice

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

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

<b>Sick Child Recording Form</b>	
(for community -based treatment of child age 2 months up to 5 years)	
Date: <u>  /  /  </u> (Day/Month/Year)	HSA: <u>  </u>
Child's First Name: <u>          </u> Surname <u>          </u>	Age: <u>  </u> Years/ <u>  </u> Months <b>Boy / Girl</b>
Caregiver's name: <u>                  </u>	Relationship: Mother / Father / Other: <u>          </u>
Physical Address: <u>  </u>	Village / TA: <u>  </u>

### 1. Identify problems

<b>ASK and LOOK</b>	
<b>ASK: What are the child's problems?</b> 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"/>	■ Cough? If yes, for how long? <u>      </u> days
<input type="checkbox"/>	■ Diarrhoea (loose stools)?
<input type="checkbox"/>	■ IF YES, for how long? <u>      </u> days. Blood in stool? <input type="checkbox"/> ■
<input type="checkbox"/>	■ Fever (reported or now)?
	If yes, started <u>      </u> days ago.
<input type="checkbox"/>	■ Convulsions?
<input type="checkbox"/>	■ Difficulty drinking or feeding?
<input type="checkbox"/>	■ IF YES, not able to drink or feed anything?
<input type="checkbox"/>	■ Vomiting?
<input type="checkbox"/>	■ If yes, vomits everything?
<input type="checkbox"/>	■ Red eyes? If yes, for how long <u>      </u> days.
<input type="checkbox"/>	■ Difficulty in seeing? If Yes for how long <u>  </u> days
<input type="checkbox"/>	■ Any other problem I cannot treat (E.g. problem in breast feeding, injury)?
	See 5 If any OTHER PROBLEMS, refer.

After the first role play, **change roles**. Each person will play the caregiver, Health Surveillance Assistant, and observer at least once. Use the recording form below.

<b>Sick Child Recording Form</b>	
(for community -based treatment of child age 2 months up to 5 years)	
Date: <u>  </u> / <u>  </u> / <u>  </u> (Day/Month/Year)	HSA: <u>  </u>
Child's First Name: <u>          </u> Surname <u>          </u> Age: <u>  </u> Years/ <u>  </u> Months Boy / Girl	
Caregiver's name: <u>                                  </u> Relationship: Mother / Father / Other: <u>          </u>	
Physical Address: <u>                                  </u> Village / TA: <u>                                  </u>	

**1. Identify problems**

<b>ASK and LOOK</b>	
<b>ASK: What are the child's problems?</b> 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"/>	<input checked="" type="checkbox"/> Cough? If yes, for how long? <u>      </u> days
<input type="checkbox"/>	<input checked="" type="checkbox"/> Diarrhoea (loose stools)?
<input type="checkbox"/>	IF YES, for how long? <u>      </u> days. Blood in stool? <input type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Fever (reported or now)? If yes, started <u>      </u> days ago.
<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/> Vomiting? If yes, vomits everything? <input type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Red eyes? If yes, for how long <u>      </u> days.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Difficulty in seeing? If Yes for how long <u>  </u> 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.

Be prepared to discuss the role play practice when you are finished.

**LOOK for signs of illness**

Health Surveillance Assistants ask caregivers questions to identify the child's problems. They also look for signs of illness and check for malnutrition in the child. .

Signs of illness are introduced here: **chest indrawing, fast breathing, very sleepy or unconscious child, palmar pallor, red on MUAC tape, swelling of both feet.**

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

## Chest Indrawing

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

Sometimes a child with cough may be very sick. The child might have pneumonia. Pneumonia is an infection of the lungs. In our communities, bacteria are usually the cause of pneumonia. Pneumonia can be severe. You identify SEVERE PNEUMONIA by looking for **chest indrawing**.

When pneumonia is severe, the lungs become very stiff. Breathing with very stiff lungs causes chest indrawing. The chest works hard to pull in the air, and breathing can be difficult. Children with severe pneumonia cannot be treated well at home. They must be referred to a health facility.

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

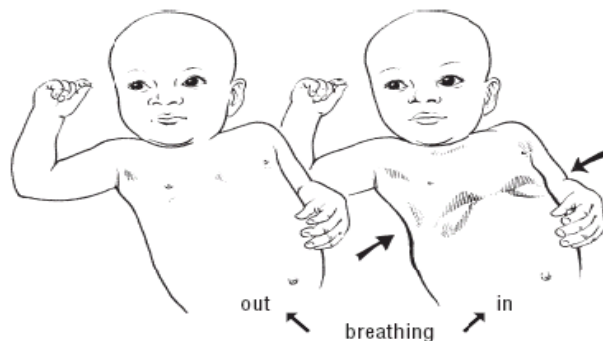
To look for chest indrawing, the child must be calm. The child should not be breastfeeding. If the child is asleep, try not to waken the child.

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

Look for chest indrawing when the child breathes **IN**.

In the drawing below, the child on the left is breathing out—pushing the air out.

On the right, the same child is breathing in. See the lines on the chest as the child on the right breathes in. The chest below the ribs pulls in instead of filling with air. The child has chest indrawing if the lower chest wall goes **IN** when the child breathes **IN**.



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

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



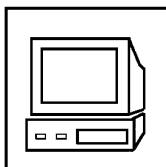
## ***Discussion: Chest indrawing***

The facilitator will show photos of children with chest indrawing.

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

1. When will you *not* be able to look for chest indrawing in a child?
  - a.  If the child's chest is covered.
  - b.  If a child is upset and crying.
  - c.  If a child is breastfeeding or suckling.
  - d.  If the child's body is bent.
  
2. The child must be calm for you to look for chest indrawing. Which of these would be appropriate to calm a crying child? Discuss these methods with the facilitator.
  - a. Ask the caregiver to breastfeed the child, and look at the child's chest while the caregiver breastfeeds.
  - b. Take the child from the caregiver and gently rock him in your lap.
  - c. Ask the caregiver to breastfeed until the child is calm. Then, look for chest indrawing while the child rests.
  - d. Continue looking for other signs of illness. Look for chest indrawing later, when the child is calm.





**Video Exercise:  
Identify chest indrawing**

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

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

You may ask to see any of these children again.

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

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

## Look for signs of illness (continued)

### □ Fast breathing

Fast breathing depends on the child's age:

- In a child age 2 months up to 12 months, fast breathing is 50 breaths or more per minute.
- In a child age 12 months up to 5 years, fast breathing is 40 breaths or more per minute. A child with fast breathing has PNEUMONIA

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

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

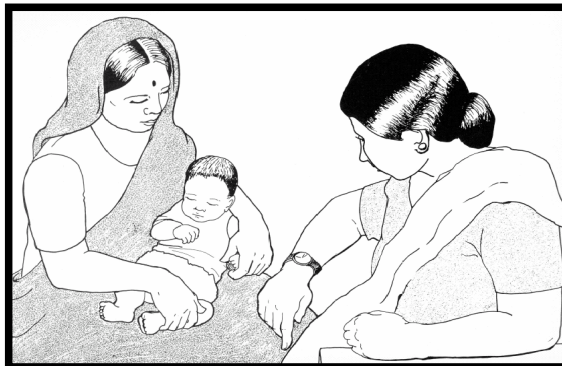
The child must be quiet and calm when you count breaths. If the child is frightened, crying, angry, or moving around, you will not be able to do an accurate count.

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

1. Use a watch with a second hand (or a digital watch). Put the watch in a place where you can see the watch and the child's breathing.
2. Look for breathing movement anywhere on the child's chest or abdomen
3. Start counting the child's breaths when the child is calm. Start when the second hand on the watch reaches an easy point to remember, such as at the number 12 or 6 on the watch face. (On a digital watch, start when the second numbers are :00.)

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

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



4. When the time reaches exactly 60 seconds, stop counting.
5. Repeat the count if you have difficulty. If the child moves or starts to cry, wait until the child is calm. Then start again.

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



*[If 60 second timers are available, your facilitator will now show you how to use them. See the Health Surveillance Assistant using a timer in the picture.]*

Photo WHO SEARO

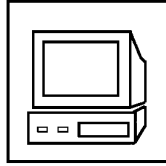


### **Exercise: Identify fast breathing**

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

See the Sick Child Recording Form for the breathing rates per minute of children with fast breathing, depending on age.

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



### **Video Exercise: Count the child's breaths**

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

For each of the children shown:

1. Record the child's age below.
2. Count the child's breaths per minute. Write the breaths per minute in the box.
3. Then, decide if the child has fast breathing. Circle Yes or No.

	<b>Age?</b>	<b>Breaths per minute?</b>	<b>Does the child have fast breathing?</b>	
<b>Mano</b>			<b>Yes</b>	<b>No</b>
<b>Wumbi</b>			<b>Yes</b>	<b>No</b>

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

	<b>Age?</b>	<b>Breaths per minute?</b>	<b>Does the child have fast breathing?</b>	
<b>Child 1</b>			<b>Yes</b>	<b>No</b>
<b>Child 2</b>			<b>Yes</b>	<b>No</b>
<b>Child 3</b>			<b>Yes</b>	<b>No</b>
<b>Child 4</b>			<b>Yes</b>	<b>No</b>

**Summary on looking for chest indrawing and counting the child's breaths:**

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

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

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

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

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

Stand or sit where you can see the chest movement. There needs to be enough light.

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

## **Look for signs of illness (continued)**

### **□ Very sleepy or unconscious**

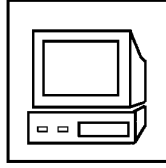
While looking for signs of illness, look at the child's general condition. Look to see if the child is very sleepy or unconscious.

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

**A very sleepy child** is not alert when the child should be. The child is drowsy and does not seem to notice what is around even if you try to awaken him or her.

**An unconscious child** cannot awaken. The child does not respond when touched or spoken to. A very sleepy or unconscious child will not be active or crying.

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



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

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

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

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

<b>Is the child very sleepy or unconscious?</b>		
<b>Child 1</b>	<b>Yes</b>	<b>No</b>
<b>Child 2</b>	<b>Yes</b>	<b>No</b>
<b>Child 3</b>	<b>Yes</b>	<b>No</b>
<b>Child 4</b>	<b>Yes</b>	<b>No</b>

How are the children who are very sleepy or unconscious different from those who are not?

### ***LOOK for signs of anaemia***

#### **□ Palmar pallor**

A child with palmar pallor has anaemia. Anaemia is a reduction of red blood cells. A child can develop anaemia as a result of:

Malaria which can destroy the red blood cells. Children can develop anaemia if they have repeated episodes of malaria or if the malaria was inadequately treated.

Parasites such as hook worm that can cause blood loss from the gut and lead to anaemia.

All sick children should be checked for signs of anaemia. Check anaemia by comparing the caregivers palm and the child's palm. If the child's palm looks white than the palm of the caregiver, the child has palmar pallor and should be considered as having anaemia. If the palm of the child looks red, the child does not have palmer pallor and anaemia.



Your facilitator will show you some photos with examples of palmar pallor.

Look at the photos in the photo booklet 40 - 46 and decide whether the child has palmar pallor. Tick Yes or No in the boxes below:

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

Does the child have palmar pallor?		
Child 44	Yes	No
Child 45	Yes	No
Child46	Yes	No



## **LOOK for signs of severe malnutrition**

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

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

Malnourished children do not grow well. If children are malnourished for a long time, they are shorter than other children of the same age. They are less active when they play and have less interest in exploring. They may have difficulty learning new skills, such as walking, talking, counting, and reading.

The bodies of malnourished children do not have enough energy and nutrients to meet their needs for growing, being active, learning, and staying healthy. By helping children receive better nutrition, you can help children develop stronger bodies and minds.

Malnourished children are often sick. Illness is a special challenge for a body that is weak from poor nutrition.

Malnourished children are more likely to die than well-nourished children. Over half of the children who die from common childhood illness—diarrhoea, pneumonia, malaria, and measles—are poorly nourished. If you identify children with malnutrition, you can help them to get proper care. You might be able to prevent these children from dying.

When many children in a community are poorly nourished, it is sometimes difficult to identify which children are severely malnourished. Your facilitator will demonstrate two ways to look for SEVERE MALNUTRITION:

- **Use a MUAC tape.** A small mid-upper arm circumference (red on the MUAC tape) identifies severe malnutrition in children with severe wasting (very thin), a condition called **marasmus**.
- **Look at both of the child's feet for swelling.** This identifies severe malnutrition in children with the condition called **kwashiorkor**. Although these children have severe malnutrition, their bodies are swollen, round and plump, not thin.



## ***Discussion: Severe malnutrition***

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

After the discussion continue reading to review on how to identify severe malnutrition.

### ***Look for signs of severe malnutrition (continued)***

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

#### **□ Red on MUAC tape**

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

Yellow colour (or 11.0 – 11.9 cm) on MUAC tape means that the child is moderately malnourished and should therefore be referred for supplementary feeding.

A MUAC tape is easy to use to identify a child with a very small mid-upper arm circumference.<sup>1</sup> Review the instructions in the box on the next page.

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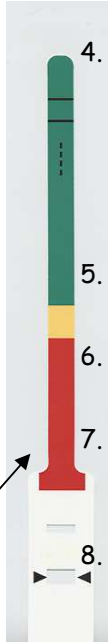
<sup>1</sup> The RED area on the MUAC tape indicates a mid-upper arm circumference of less than 11.0 mm.

## How to use a MUAC Tape

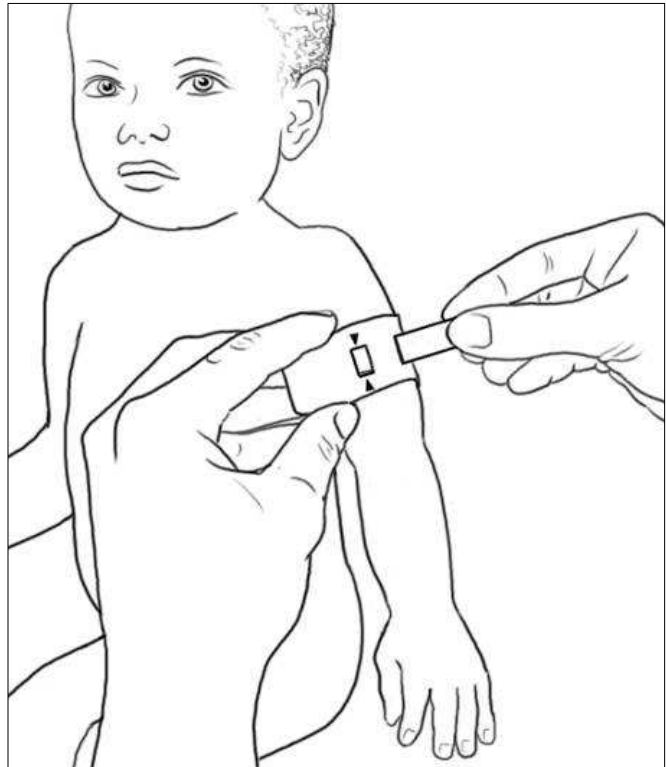
The child must be age 6 months up to 5 years.

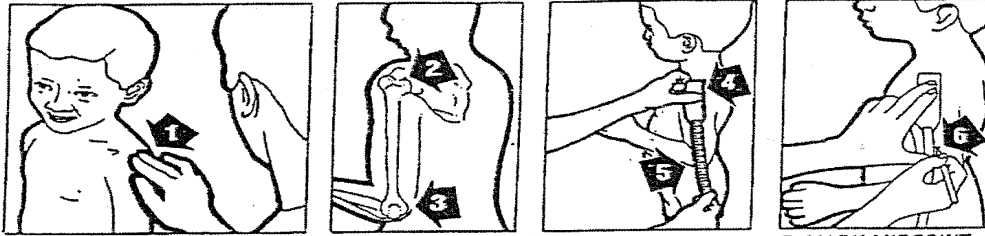
1. The caregiver holds the child on her lap during the procedure.
2. Locate tip of shoulder and tip of elbow
3. With the child's arm, bent measure the length between the tip of the tip of the shoulder elbow and mark the midpoint
4. With the child's arm falling by the side roll the MUAC tape around the marked midpoint and then slightly adjust the tape till it fits around the skin surface with minimum pressure. The tape should not indent or crease the skin but should be in contact with the skin over the whole circumference
5. Read the measurement indicated by the black arrows on the tape in the window and record to the nearest 0.1 Cm
6. Press the window at the wide end onto the tape, and note the colour at the Mariko.
7. The colour indicates the child's nutritional status. If the colour is **RED** (or  $\leq 11.0$  cm) at the two Marks on the tape, the child has **SEVERE MALNUTRITION**.
8. Record the MUAC reading in the child's health passport

RED section: SEVERE  
MALNUTRITION



Thread the Green end  
of the tape  
through the second slit



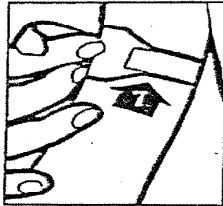


1 LOCATE TIP OF SHOULDER

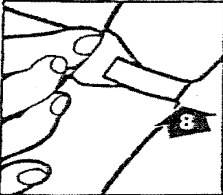
2 TIP OF SHOULDER  
3 TIP OF ELBOW

4 PLACE TAPE AT TIP  
OF SHOULDER  
5 PULL TAPE PAST  
TIP OF BENT ELBOW

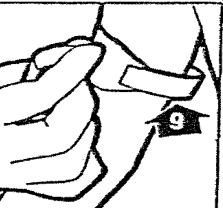
6 MARK MIDPOINT



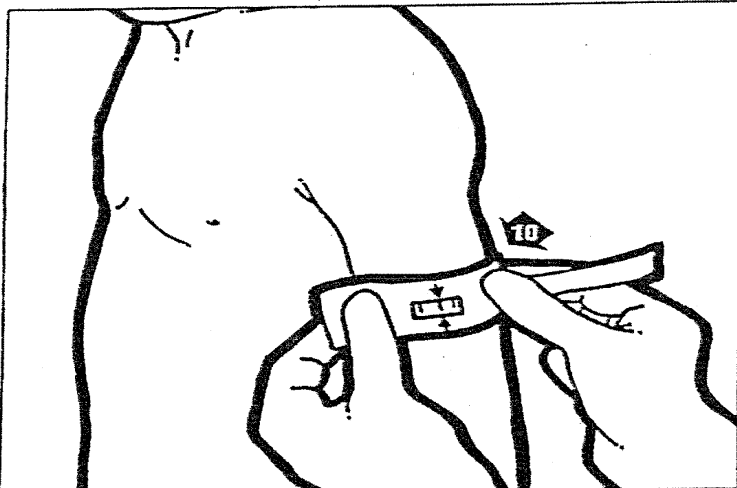
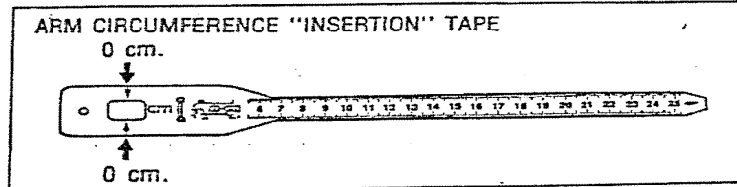
7 CORRECT TAPE  
TENSION



8 TAPE TOO TIGHT



9 TAPE TOO LOOSE



10 CORRECT TAPE POSITION FOR ARM CIRCUMFERENCE



**Exercise: Use the MUAC tape**

Use the MUAC tape on four sample children, each represented by a paper roll.

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

Is the child severely malnourished (very thin or wasted)?		
Child 1. Anna	Yes	No
Child 2. Dan	Yes	No
Child 3. Njeri	Yes	No
Child 4. 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

## Look for signs of severe malnutrition (continued)

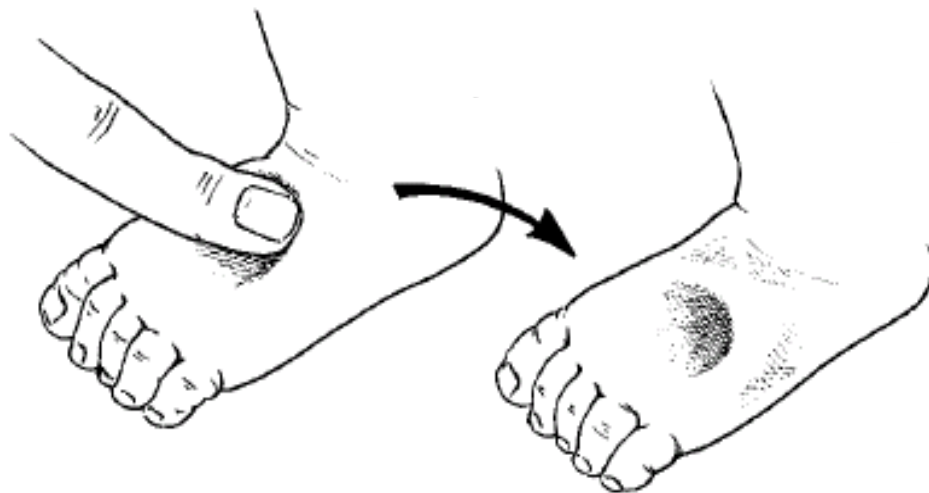
### □ Swelling of both feet

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

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

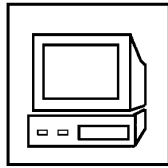
Gently press with your thumbs on the top of each foot for three seconds. (Count 1,001, 1,002, 1,003.) The child has SEVERE malnutrition, if dents remain on the top of BOTH feet when you lift your thumbs.

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



Press your thumb gently *for 3 seconds* on the top of the foot.

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



***Video Demonstration:  
Look for severe malnutrition***

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

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## **Decide: Refer or treat the child**

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Use the problems identified—the results of ASK the caregiver and LOOK at the child—to decide whether to **refer** the child to the health facility or **treat** the child at home.

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

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

Families can treat some sick children at home with your help. If you have the appropriate medicine, they can care for children with diarrhoea, fever, red eye (conjunctivitis) and fast breathing.

### **Any DANGER SIGN: Refer the child**

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

Any one of these signs is a reason to refer the child **URGENTLY** to the health facility. Using the information you have about the child, tick [✓] the danger sign or signs you find, if any. The first eight danger signs are found by asking the caregiver about the child's problems.

#### **□ Cough for 21 days or more**

A child who has had cough for 21 days or more has a danger sign. The child may have tuberculosis (TB), asthma, whooping cough, or another problem. The child needs more assessment and treatment at the health facility. Refer a child with cough for 21 days or more.

#### **□ Diarrhoea for 14 days or more**

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

Any child who does not improve on treatment for three days or has had diarrhoea for 14 days or more should be referred urgently



□ **Blood in stool**

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

□ **Fever for last 7 days**

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

□ **Convulsions**

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

□ **Not able to drink or eat anything**

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

□ **Vomits everything**

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

□ **Red eye**

A child who presents with red eye is commonly due to acute conjunctivitis. Acute conjunctivitis presents with discomfort in the eye, swollen eye lids, pus discharge and the redness in the white part of the eye

Refer a child with red eye if child has had 4 days or more of treatment for it. Also refer red eye with visual problem or history of trauma and any other child with red eye but without signs of conjunctivitis.

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



### Exercise: Decide to refer (1)

The children below have cough, diarrhoea, fever, and other problems reported by the caregiver.

**Which children have a danger sign?** Circle **Yes** or **No**. To guide your decision, refer to the Chart Booklet.

**Which children must be referred to the health facility?** Tick [✓] if the child should be referred. *[The facilitator may ask you to do this exercise as a group discussion.]*

Does the child have a danger sign? (Circle Yes or No.)			If ANY Danger Sign, refer Tick [✓]
Sam – cough for 2 weeks	Yes	No	
Murat – cough for 2 months	Yes	No	
Beauty – diarrhoea with blood in stool	Yes	No	
Marco – diarrhoea for 10 days	Yes	No	
Amina – fever for 3 days	Yes	No	
Nilgun – low fever for 8 days	Yes	No	
Ida – diarrhoea for 2 weeks	Yes	No	
Carmen – cough for 1 month	Yes	No	
Tika – convulsion yesterday	Yes	No	
Nonu – very hot body since last night	Yes	No	
Maria – vomiting food but drinking water	Yes	No	
Thomas – not eating or drinking anything because of mouth sores	Yes	No	
Hellen – with red eyes with pus for four days	Yes	No	
Shadie 3 years old, red eyes for 3 days, chest indrawing	Yes	No	
Armando – Red eye and is not able to see	Yes	No	

## **Any DANGER SIGN: Refer the child (continued)**

Cough for 21 days or more, diarrhoea for 14 days or more, blood in stool, fever for the last 7 days, convulsions, not able to drink or eat anything, and vomits everything, red eye after three days — all are danger signs, based on the caregiver's report.

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

### **□ Chest indrawing**

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

### **□ Very sleepy or unconscious**

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



Photo WHO CAH

**Refer a very sleepy or unconscious child urgently to the nearest health facility.**

### **□ Anaemia**

Anaemia presents with pallor. Pallor is unusual paleness of the skin. It is therefore a sign of anaemia.

Not eating foods rich in iron can lead to iron deficiency and anaemia. Anaemia is a reduction of red cells or a reduced amount of haemoglobin in each red cell.

#### **A child can develop anaemia as a result of:**

- Malaria which can destroy red cells rapidly. Children can develop anaemia if they have repeated episodes of malaria or if the malaria was inadequately treated. The anaemia may develop very suddenly due to massive destruction of red blood cells.
- Infections
- Parasites such as hook worms or whip worms. They can cause blood loss from the gut and lead to anaemia.

To see if the child has palmar pallor, look at the skin of the child's palm. Hold the child's palm open by grasping it gently from the side. Do not stretch the fingers backwards. This may cause pallor by blocking the blood supply.

Compare the colour of the child's palm with mother's palm and with the palms of other children. If the skin of the child's palm is pale, the child has palmar pallor.

**□ Red on MUAC tape**

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

*[Where there is a community-based feeding programme, you will refer the child with yellow (or MUAC  $\leq$  11.0 – 11.9 cm) on the tape to the feeding programme for supplementary feeding.]*

**□ Swelling of both feet**

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



## Exercise: Decide to refer (2)

The children below have cough, diarrhoea, fever, and other problems reported by the caregiver and found by you. **Does the child have a danger sign?** Circle Yes or No. **Should you urgently refer the child to the health facility?** Tick [✓] if the child should be referred. To guide your decision, use the Recording Form. *[The facilitator may ask you to put the example on a chart for the group discussion.]*

Does the child have a danger sign? (Circle Yes or No.)			If ANY Danger Sign, refer Tick [✓]
1. Child age 11 months has cough; he is not interested in eating but will breastfeed	Yes	No	
2. Child age 4 months is breathing 48 breaths per minute.	Yes	No	
3. Child age 2 years vomits all liquid and food her mother gives her	Yes	No	
4. Child age 3 months frequently holds his breath while exercising his arms and legs	Yes	No	
5. Child age 12 months is too weak to drink or eat anything	Yes	No	
6. Child age 3 years with cough cannot swallow	Yes	No	
7. Child age 10 months vomits ground food but continues to breastfeed for short periods of time	Yes	No	
8. Arms and legs of child, age 4 months, stiffen and shudder for 2 or 3 minutes at a time	Yes	No	
9. Child age 4 years has swelling of both feet	Yes	No	
10. Child age 6 months has chest indrawing	Yes	No	
11. Child age 2 years has a YELLOW reading on the MUAC tape	Yes	No	
12. Child age 10 months has had diarrhoea with 4 loose stools since yesterday morning	Yes	No	
13. Child age 8 months, has a RED reading on the MUAC tape	Yes	No	
14. Child age 36 months has had a very hot body since last night	Yes	No	
15. Child age 4 years has loose and smelly stools with white mucus	Yes	No	
16. Child age 4 months has chest indrawing while breastfeeding	Yes	No	
17. Child age 4 and a half years has been coughing for 2 months	Yes	No	
18. Child age 2 years has diarrhoea with blood in her stools	Yes	No	
19. Child age 2 years has had diarrhoea for 2 weeks with no blood in her stools	Yes	No	
20. Child age 18 months has had a low fever (not very hot) for 2 weeks	Yes	No	
21. Child has had fever and vomiting (not everything) for 3 days	Yes	No	
22. Child - 8 months old with fever since 2 days ago and palmar pallor	Yes	No	

## ***SICK but NO DANGER SIGN: Treat the child***

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

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

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

### **□ Diarrhoea (less than 14 days AND no blood in stool)**

Diarrhoea for less than 14 days, with no danger sign, needs treatment. You will be able to give the child Oral Rehydration Salts (ORS) and zinc. ORS in water prevents and treats dehydration. Zinc helps to reduce the severity of diarrhoea and can even prevent diarrhoea in future months.

### **□ Fever**

Any fever may be a sign of malaria. Testing for malaria before treating the child may not be practical because of the cost of the test and the danger of waiting for the results. Therefore, the policy in Malawi is to give any child with fever an antimalarial, to reduce the child's risk of dying.

### **□ Red eye**

Often a red eye in a child is a sign of local infection of the eye (conjunctivitis). A child with red eye may have difficulties in seeing. If left untreated, a red eye may become blind. Red eyes for less than 3 days have to be treated at home. The treatment policy is to apply an antibiotic eye ointment on the inner lower lids of both eyes.

### **□ Fast breathing**

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

In addition, a cough for less than 21 days may be a simple cough or cold, if the child does not have a danger sign AND does not have fast breathing. A safe, soothing remedy—like honey in warm water—can help relieve a cough that irritates the throat. There is no need for other medicine.

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



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

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

**Part 1. Demonstration**

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

1. What signs of illness did the Health Surveillance Assistant find? (See the ticked boxes in the first column, on the left.)
2. Identify danger signs or other signs of illness.

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

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

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

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

### Sick Child Recording Form

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

Date: 14/7/2008 (Day / Month / Year)

HSA: John Banda

Child's First Name: Grace Surname Wadza Age: \_\_\_ Years / \_\_\_ Months Boy / Girl

Caregiver's name: Patricia Wadza Relationship: Mother / Father / Other: \_\_\_\_\_

Physical Address: Behind Hilltop Mosque Village / TA: Malemba

#### 1. Identify problems

LOOK	Any DANGER SIGN?	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> 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 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 type="checkbox"/> ■	<input checked="" 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"/> 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:	
<b>LOOK:</b>		
<input type="checkbox"/> ■ Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<b>IF COUGH, count breaths in 1 minute: <u>36</u> breaths per minute</b> <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	
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	

Decide: Refer or treat child  
(tick decision)

Go to Page 2 →

Part 2. Practice

If ANY Danger, Sign refer to health facility

If NO Danger Sign, treat at home and advise caregiver



The HSA found the signs for each of the children below. Identify which are **DANGER SIGNS** and which are other signs that the child is **SICK but NO Danger Sign**. Tick [✓] the appropriate box to indicate your decision.

Then, decide to **refer or treat the child at home**. Tick [✓] the appropriate decision box to indicate your decision.

**Child 1: Sue Chimunthu**

**Sick Child Recording Form**

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

Date: 14/7/2008 (Day / Month / Year)

HSA: Lameck Chirwa

Child's First Name: Sue Surname Chimurthu Age: 1 Year 2 Months Boy / Girl

Caregiver's name: Lix Chawinga Relationship: Mother / Father / Other: \_\_\_\_\_

Physical Address: Fodya School Village / TA: Sibweni / Khobwe

**1. Identify problems**

LOOK	Any DANGER SIGN?	SICK but NO Danger Sign?
<b>ASK: What are the child's problems? If not reported, then ask to be sure.</b> YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input checked="" type="checkbox"/>		
<input type="checkbox"/> <input checked="" type="checkbox"/> Cough? If yes, for how long? _____ days	<input type="checkbox"/> Cough for 21 days or more	
<input checked="" type="checkbox"/> <input type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? <u>2</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 checked="" type="checkbox"/>	<input 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 type="checkbox"/> Not able to drink or feed anything	
<input checked="" type="checkbox"/> <input type="checkbox"/> Vomiting? If yes, vomits everything? <input type="checkbox"/>	<input type="checkbox"/> Vomits everything	
<input checked="" type="checkbox"/> <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"/> <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"/> 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:	
<b>LOOK:</b>		
<input type="checkbox"/> <input checked="" type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> <input checked="" type="checkbox"/> Fast breathing: IF COUGH, count breaths in 1 minute: _ breaths per minute 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 checked="" type="checkbox"/> <input type="checkbox"/> Palmar pallor	<input checked="" type="checkbox"/> Palmar pallor	
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	

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

Child 2: Comfort Kazombo

If ANY Danger, refer to health facility

If NO Danger Sign, treat at home and advise caregiver

**Sick Child Recording Form**

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

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

HSA: Lameck Chirwa

Child's First Name: Comfort Surname Kazombo Age: \_\_\_ Years/ 4 Months Boy / Girl

Caregiver's name: Paulos Kazombo Relationship: Mother / Father / Other: \_\_\_\_\_

Physical Address: Kapeni Mosque

Village / TA: Palasa/Nyanja

**1. Identify problems**

LOOK	Any DANGER SIGN?	SICK but NO Danger Sign?
<b>ASK: What are the child's problems? If not reported, then ask to be sure.</b> 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)? 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"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Blood in stool	
<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 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? <input type="checkbox"/> If yes, vomits everything?	<input type="checkbox"/> Vomits everything	
<input checked="" 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:	
<b>LOOK:</b>		
<input 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 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>Yellow</u>	<input type="checkbox"/> Red on MUAC tape	
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

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

Child 3: Karen Shabani

If ANY Danger Sign refer to health facility

If NO Danger Sign, treat at home and advise caregiver

### Sick Child Recording Form

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

Date: 14/7/2008 (Day / Month / Year)

HSA: Lameck Chirwa

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

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

Physical Address: Tikambe Estate Village/ TA: Chamba / Zobe

#### 1. Identify problems

LOOK	Any DANGER SIGN?	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> 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? _____ days	<input type="checkbox"/> Cough for 21 days or more	
<input type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? _____ days. <input checked="" 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> IF YES, not able to drink or feed anything? <input checked="" type="checkbox"/>	<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 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 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:	
<b>LOOK:</b>		
<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 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>==</u>	<input type="checkbox"/> Red on MUAC tape	
<input type="checkbox"/> Swelling of both feet?	<input type="checkbox"/> Swelling of both feet	

Decide: Refer or treat child (tick decision)

If ANY Danger, refer to health facility

If NO Danger Sign, treat at home and advise caregiver

## **Looking ahead**

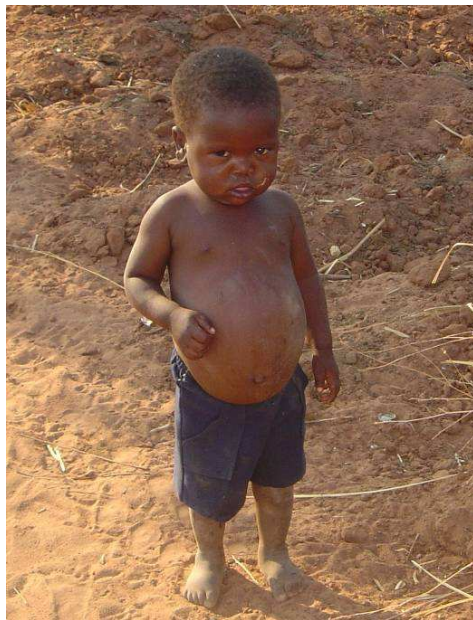
So far, you have learnt to ASK and LOOK to identify signs of illness. Then, using the signs, you decided whether to refer a child or treat the child at home. Page 1 of the Sick Child Recording Form guides you in identifying signs of illness and deciding whether to refer the child or treat the child at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

Next, you will learn how to treat a child at home. If you refer a child to the health facility, you can also prepare a child and the child's family for referral. Page 2 of the Sick Child Recording Form helps you decide on what to do to assist referral or treat the child at home. Page 2 also lists the schedule of vaccines the child needs to prevent many common childhood illnesses

**Integrated Management of Childhood Illness**

**Caring for Newborns and Children in the Community**

# Manual for the Health Surveillance Assistant



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## The sick child

Age 2 months up to 5 years

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Treat or Refer the child

July 2008



GOVERNMENT OF MALAWI



World Health  
Organization

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# Treat or refer children in the community

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## Introduction

A Health Surveillance Assistant who has been well trained in community case management and provided with medicine for common childhood illness can bring treatment to many children. Children receive life-saving treatment with less delay, when medicine is available in the community.

You have learnt to identify signs of illness and decide whether to refer the child to a health facility or treat the child at home. This manual builds on these skills and provides more time to practice them. You will also learn how to give children life-saving medicine—Oral Rehydration Salts (ORS) solution, zinc supplement, an antimalarial, an antibiotic eye ointment and an antibiotic.

## Course objectives

By the end of this manual, you will be able to do the following **tasks**:

- To teach caregivers on how to give ORS solution and zinc for diarrhoea, an antimalarial medicine for fever, an eye ointment for red eye (conjunctivitis) and an antibiotic for fast breathing.
- To give pre-referral treatment children who are referred to a health facility
- To assist the families of children who are referred to health facility in taking care of their families
- To counsel families to bring their children immediately if they become sicker, and to return for scheduled follow-up visits.
- To identify the vaccines the child has received, and to help the family complete the child's remaining vaccines.
- To assess children on a follow up visit if improving, help the caregiver to continue appropriate treatment at home, and if child is not improving, refer to the health facility.
- To use a Sick Child Recording Form to guide the tasks in caring for a sick child and to record your decisions and actions.

With this additional training, you will be able to help many more children who have common illnesses.

## Course methods and materials

The materials used in this manual include:

*Manual for the Health Surveillance Assistant*

- *Sick Child Recording Form*
- *Chart Booklet for the Health Surveillance Assistant*

As before, you will have many chances to practise what you are learning: exercises in the classroom and skill practice in the health facility. Later you will also practise your new skills in the community.

### Case Study 1:

Natasha has a fever and is coughing. He is weak. He needs to go to the health facility. The health facility, however, is very far away.

So Mrs. John first takes her son to see the Health Surveillance Assistant. The Health Surveillance Assistant now has medicine for children. He asks questions. He looks at Natasha from head to toe. Natasha has a fever. So Natasha needs an antimalarial for the fever.

He also counts Natasha's breaths. He decides that Natasha has pneumonia and needs an antibiotic immediately.

The Health Surveillance Assistant shows Mrs. John how to prepare the antimalarial medicine and the antibiotic by mixing each with breast milk. Mrs. John then gives Natasha the first dose of each medicine slowly with a spoon.

He then gives Mrs. John medicine to give Natasha at home. He explains how much, when, and how many days to give the antibiotic and antimalarial to Natasha.

The Health Surveillance Assistant also explains how to care for Natasha at home. Mrs. John should give breast milk more often, and continue to feed Natasha while he is sick. If Natasha has more

difficulty breathing or he becomes sicker, Mrs. John should bring him back right away.



At home Mrs. John has an insecticide treated net (ITN). The HSA asks Mrs. John to describe how she uses the ITN. He explains that it is very important for Natasha and the other young children to sleep under the ITN, to prevent malaria.

Before Natasha leaves, the HSA checks his vaccination record. Natasha has had all his vaccines.

Mrs. John agrees to bring Natasha back in 3 days for a follow up visit. Even if Natasha improves, the HSA explains that he wants to see Natasha again.

Mrs. John is grateful. Natasha has already begun treatment. If Natasha gets better, they will not need to go the long distance to the health facility.

In the previous lessons, you have learnt many of the tasks in caring for Natasha. Discuss with your facilitator: **Which of these tasks can you do already? What new tasks do you need to learn?**

---

## If NO danger sign: Treat the child at home

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You will see many sick children who do not have danger signs or another problem needing referral. Children with diarrhoea, fever, red eye and fast breathing may be treated at home. This treatment, with good basic home care, is essential. Without treatment, they may become sicker and die.

This box summarizes the treatments for diarrhoea, fever, fast breathing and red eye:

<input type="checkbox"/> If diarrhoea	<input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement
<input type="checkbox"/> If fever	<input type="checkbox"/> Give LA (if the child is age 5 months or older) <input type="checkbox"/> Give paracetamol
<input type="checkbox"/> If fast breathing	<input type="checkbox"/> Give oral antibiotic
<input type="checkbox"/> If Red eye	<input type="checkbox"/> Give antibiotic eye ointment

For diarrhoea, give the child Oral Rehydration Salts (ORS) and zinc. For fever, give the child LA and Paracetamol (if child is 5 months or older). For fast breathing, give the child an oral antibiotic. For red eye give the child an antibiotic eye ointment.

It is common for a child to have two or three of these signs. The child needs treatment for each. If a child has diarrhoea and fever, for example, give the child: Oral Rehydration Salts (ORS), zinc supplement, and an oral antimalarial for treatment at home. More details on these medicines and how to give them will be discussed later.

In addition, advise caregivers of all sick children on home care. The box below, from the Recording Form, summarizes the basic home care.

<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: <ul style="list-style-type: none"> <li><input type="checkbox"/> Cannot drink or feed</li> <li><input type="checkbox"/> Becomes sicker</li> <li><input type="checkbox"/> Has blood in the stool.</li> </ul> <input type="checkbox"/> Follow up child in 3 days.
--	--



## ***Demonstration and Practice: Decide on treatment for the child***

### **Part 1. Demonstration**

Your facilitator will show you examples of the medicine you can give a child: ORS, zinc supplement, antibiotic eye ointment, LA, an oral antibiotic, and an antibiotic eye ointment

### **Part 2. Practice**

For each child below, tick [✓] all the treatments to give at home. To decide, refer to the box on page 2 of the Sick Child Recording Form. Discuss your decisions with the group.

After you decide the treatment, the facilitator will give you medicine to sort for one child's treatment.

<p>1. Child age 3 years has cough and fever</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Give ORS</li> <li><input type="checkbox"/> Give zinc supplement</li> <li><input type="checkbox"/> Give LA</li> <li><input type="checkbox"/> Give Paracetamol</li> <li><input type="checkbox"/> Give oral antibiotic</li> <li><input type="checkbox"/> Give antibiotic eye ointment</li> <li><input type="checkbox"/> Advise on home care               <ul style="list-style-type: none"> <li><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</li> <li><input type="checkbox"/> Advise on personal hygiene</li> <li><input type="checkbox"/> Advise on when to return</li> <li><input type="checkbox"/> Follow up child in 3 days</li> </ul> </li> </ul>
<p>2. Child age 6 months has fever and is breathing 55 breaths per minute</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Give ORS</li> <li><input type="checkbox"/> Give zinc supplement</li> <li><input type="checkbox"/> Give LA</li> <li><input type="checkbox"/> Give Paracetamol</li> <li><input type="checkbox"/> Give oral antibiotic</li> <li><input type="checkbox"/> Give antibiotic eye ointment</li> <li><input type="checkbox"/> Advise on home care               <ul style="list-style-type: none"> <li><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</li> <li><input type="checkbox"/> Advise on personal hygiene</li> <li><input type="checkbox"/> Advise on when to return</li> <li><input type="checkbox"/> Follow up child in 3 days</li> </ul> </li> </ul>

<p>3. Child age 3 years has cough, fever and red eye for 2 days</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Give ORS</li> <li><input type="checkbox"/> Give zinc Supplement</li> <li><input type="checkbox"/> Give LA</li> <li><input type="checkbox"/> Give Paracetamol</li> <li><input type="checkbox"/> Give oral antibiotic</li> <li><input type="checkbox"/> Give antibiotic eye ointment</li> <li><input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <li><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</li> </ul> </li> <li><input type="checkbox"/> Advise on when to return</li> <li><input type="checkbox"/> Follow up child in 3 days</li> </ul>
<p>4. Child age 2 years has a fever and a YELLOW reading on the MUAC tape</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Give ORS</li> <li><input type="checkbox"/> Give zinc supplement</li> <li><input type="checkbox"/> Give LA</li> <li><input type="checkbox"/> Give Paracetamol</li> <li><input type="checkbox"/> Give oral antibiotic</li> <li><input type="checkbox"/> Give antibiotic eye ointment</li> <li><input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <li><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</li> </ul> </li> <li><input type="checkbox"/> Advise on when to return</li> <li><input type="checkbox"/> Follow up child in 3 days</li> </ul>
<p>5. Child age 1 year has had fever, diarrhoea, and vomiting (not everything) for 3 days</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Give ORS</li> <li><input type="checkbox"/> Give zinc supplement</li> <li><input type="checkbox"/> Give LA</li> <li><input type="checkbox"/> Give Paracetamol</li> <li><input type="checkbox"/> Give oral antibiotic</li> <li><input type="checkbox"/> Give antibiotic eye ointment</li> <li><input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <li><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</li> </ul> </li> <li><input type="checkbox"/> Advise on when to return</li> <li><input type="checkbox"/> Follow up child in 3 days</li> </ul>
<p>6. Child age 10 months with cough vomits ground food but continues to breastfeed for short periods of time</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Give ORS</li> <li><input type="checkbox"/> Give zinc supplement</li> <li><input type="checkbox"/> Give LA</li> <li><input type="checkbox"/> Give Paracetamol</li> <li><input type="checkbox"/> Give oral antibiotic</li> <li><input type="checkbox"/> Give antibiotic eye ointment</li> <li><input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <li><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</li> </ul> </li> <li><input type="checkbox"/> Advise on when to return</li> <li><input type="checkbox"/> Follow up child in 3 days</li> </ul>

<p>7. Child age 4 years has diarrhoea for 3 days, red eye for a day and is weak</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Give ORS</li><li><input type="checkbox"/> Give zinc supplement</li><li><input type="checkbox"/> Give LA</li><li><input type="checkbox"/> Give Paracetamol</li><li><input type="checkbox"/> Give oral antibiotic</li><li><input type="checkbox"/> Give antibiotic eye ointment</li><li><input type="checkbox"/> Advise on home care<ul style="list-style-type: none"><li><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding</li><li><input type="checkbox"/> Advise on when to return</li><li><input type="checkbox"/> Follow up child in 3 days</li></ul></li></ul>
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## Give oral medicine and advise the caregiver

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Sick children need treatment without delay. Begin treatment before the child leaves, if the child can drink.

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

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

This section presents:

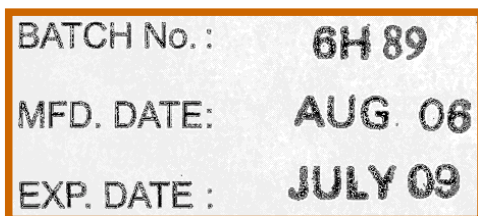
- The treatment for diarrhoea (give ORS solution and zinc)
- The treatment for fever (an antimalarial, paracetamol plus advice on using an ITN).
- The treatment for fast breathing (an antibiotic).
- The treatment for red eye (an antibiotic eye ointment)
- Home care for all sick children not referred to the health facility. The treatment for fever plus advice on using an ITN.

### Check the expiry date

Old medicine loses its ability to cure the illness. Check the expiry date on the package of antibiotics and all other medicine before you use them. Today's date should not be later than the expiry date.

For example, if it is now May 2008 and the expiry date is December 2007, the medicine has expired. Do not use expired medicines. They may no longer be effective. They may be poisonous. If medicines are about to expire, exchange them at the earliest possible time so the health facility can use . .

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



**What is the expiry date?**

**Has this medicine expired?**

**If this antibiotic was in your drug box, what would you do with it? Return it or use it?**





**Exercise:**  
**Check the expiry date of medicine**

The facilitator will show you sample packages of medicine. Find the expiry date on the samples. Decide whether the medicines have expired or are still useable.

Medicine	Expiry date	Expired? Circle Yes or No		Return? Tick [✓]	Use? Tick [✓]
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		

## If diarrhoea

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

Diarrhoea with dehydration is a major cause of childhood deaths. Frequent bouts of diarrhoea also contribute to malnutrition.

If the child has diarrhoea and no danger sign, the family can treat a child with diarrhoea at home. A child with diarrhoea receives ORS solution and a zinc supplement.

Below is the box on treating diarrhoea on the Sick Child Recording Form. Find this box on page 2 of the form. It is there to remind you about what medicine to give and how to give it.

<input type="checkbox"/> If diarrhoea	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Give ORS.</b> Help caregiver to give child ORS solution in while you observe until child is no longer thirsty.</li><li><input type="checkbox"/> <b>Give caregiver 2 ORS packets to take home.</b> Advise to give as much as the child wants, but at least 1/2 cup ORS solution after each loose stool.</li><li><input type="checkbox"/> <b>Give zinc.</b> Give 1 dose daily for 10 days:<ul style="list-style-type: none"><li><input type="checkbox"/> Age 2 months up to 6 months—1/2 tablet (total 5 tabs)</li><li><input type="checkbox"/> Age 6 months up to 5 years—1 tablet (total 10 tabs)</li></ul>Help caregiver to give first dose now.</li></ul>
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## Give ORS

A child with diarrhoea can quickly become dehydrated and may die. The body loses water and salts in diarrhoea. These must be replaced. Giving water, breast milk, and other fluids to children with diarrhoea helps to prevent dehydration.

However, children who are dehydrated—or are in danger of becoming dehydrated—need a mixture of Oral Rehydration Salts (ORS) and water. The ORS solution replaces the water and salts that the child loses in the diarrhoea. It prevents the child from getting sicker. The new, improved ORS also helps to shorten the time the child will suffer from diarrhoea.

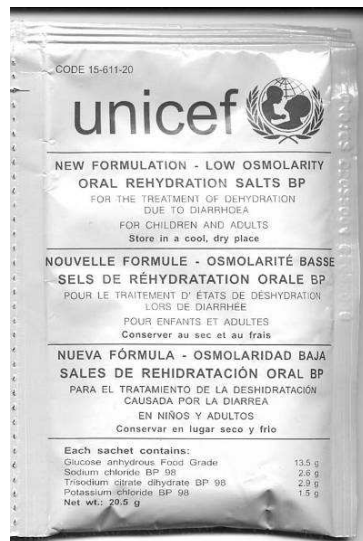


Use every opportunity to teach caregivers how to prepare ORS solution.

Ask caregivers to begin giving ORS in while you observe, and give it until the child has no more thirst. While you observe the child taking ORS helps you to see whether the child will improve. You also have a chance to see that the caregiver is giving the ORS solution correctly and continues to give it. Give the caregiver 2 packets of ORS to take home.

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

If the child improves, give the caregiver 2 packets of ORS to take home. If diarrhoea continues, advise the caregiver to give as much ORS solution as the child wants. But give **at least ½cup** of a 250 ml cup (about 125 ml) after each loose stool.



ORS mixed with water replaces the fluids and salts lost during diarrhoea.

The new formulation of ORS—low osmolality ORS—helps to reduce the amount of fluids the child loses during diarrhoea. It also helps to shorten the number of days the child is sick with diarrhoea.

(UNICEF distributes this packet of ORS to mix with 1 litre of water. A locally produced packet will look different and may require less than

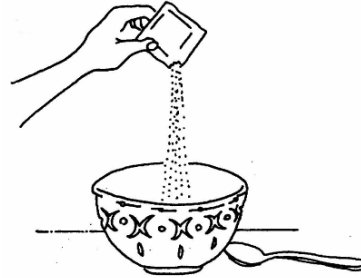
1 litre of water. Check the packet for the correct amount of water to use.)

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

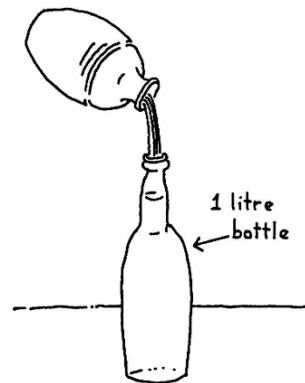
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### Prepare ORS solution

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



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



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



### Give ORS solution

1. Explain to the caregiver the importance of replacing fluids in a child with diarrhoea. Also explain that the ORS solution tastes salty. Let the caregiver taste it. It might not taste good to the caregiver. But a child who is dehydrated drinks it eagerly.
2. Ask the caregiver to start giving the child the ORS solution while you observe. Give frequent small sips from a cup or spoon. (Use a spoon to give ORS solution to a young child.)
3. If the child vomits, advise the caregiver to wait 10 minutes before giving more ORS solution. Then start giving the solution again, but more slowly. She should offer the child as much as the child will take, or at least  $\frac{1}{2}$  cup ORS solution after each loose stool.

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

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



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

If the child is not exclusively breastfed the caregiver should offer the child clean water while continuing breastfeeding. If the child is exclusively breastfeeding advise the caregiver to breastfeed more frequently and for longer periods. Advise the caregiver not to give very sweet drinks and juices to the child with diarrhoea, who is taking ORS.

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

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

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

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

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

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

**TIP:** Be ready to give ORS solution to a child with diarrhoea. Keep in your drug box:

- A supply of ORS packets
- A 1 litre bottle or other measuring container (equivalent to 3 empty clean Coke bottle)
- A container and spoon for mixing the ORS solution
- A cup and small spoon for giving ORS
- A jar or bottle with a cover, to send ORS solution with the caregiver on the trip to health facility or home.

### **Store ORS solution**

1. Keep ORS solution in a clean, covered container.
2. Ask the caregiver to make fresh ORS solution when needed. Do not keep the mixed ORS solution for more than 24 hours. It can lose its effectiveness.



**Discussion: How to prepare and give ORS solution**

Marianna is 2 years old. She has diarrhoea. Review what the Health Surveillance Assistant should do to treat Marianna’s diarrhoea. **With the group, fill in the blank spaces below with the correct words, listed below:**

solution	no longer thirsty	one packet	litre	spoon
slowly	Dehydration	dissolve	spits up	loose stool
water	24 hours	Cup	one half	

The Health Surveillance Assistant will give Marianna ORS \_\_\_\_\_ for her diarrhoea. It will help prevent \_\_\_\_\_.

He empties \_\_\_\_\_ of ORS into a bowl. He pours one \_\_\_\_\_ of drinking water into the bowl with the **ORS**. He stirs the ORS solution with a spoon until the salts \_\_\_\_\_.

He asks the mother to begin giving Marianna the ORS solution with a \_\_\_\_\_ or with a \_\_\_\_\_. He advises the mother to wait 10 minutes, if Marianna \_\_\_\_\_. Then she can start giving the ORS solution again, but more \_\_\_\_\_.

Marianna no longer breastfeeds. Therefore, Marianna should also drink more \_\_\_\_\_, to increase the fluids she takes.

Marianna’s mother should try to give her child \_\_\_\_\_ cup of ORS solution after each \_\_\_\_\_, or as much as Marianna wants.

How does the Health Surveillance Assistant know that Marianna is ready to go home? \_\_\_\_\_.

Her mother can keep unused ORS solution for \_\_\_\_\_ hours in a covered container.

What can the Health Surveillance Assistant do to check the mother’s understanding of how to give Marianna ORS solution at home?  
\_\_\_\_\_.

## Give zinc supplement

Zinc is an important part of the treatment of diarrhoea. Zinc helps to lessen the amount of fluid lost during diarrhoea so that the diarrhoea is less severe. Zinc shortens the number of days of diarrhoea. It increases the child's appetite and makes the child stronger.

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

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

Before you give a child zinc, **check the expiry date** on the package. Do not use zinc tablets that have expired.

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

<input type="checkbox"/> If <b>Diarrhoea</b>	<input type="checkbox"/> <b>Give ORS.</b> Help caregiver to give child ORS solution while you observe until child is no longer thirsty. <input type="checkbox"/> <b>Give caregiver 2 ORS packets to take home.</b> Advise to give as much as the child wants, but at least 1/2 cup ORS solution after each loose stool. <input type="checkbox"/> <b>Give zinc.</b> Give 1 dose daily for 10 days: Age 2 months up to 6 months—1/2 tablet (total 5 tabs) Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.
---	---

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

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

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

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

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

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

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

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

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

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

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

**Cut the packet in half to give 5 tablets to the child age 2 months up to 6 months.**

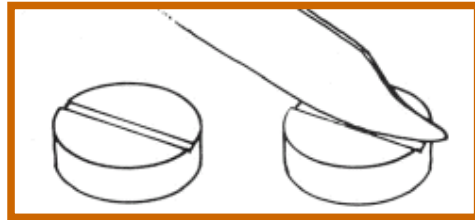




### Help the caregiver give the first dose now

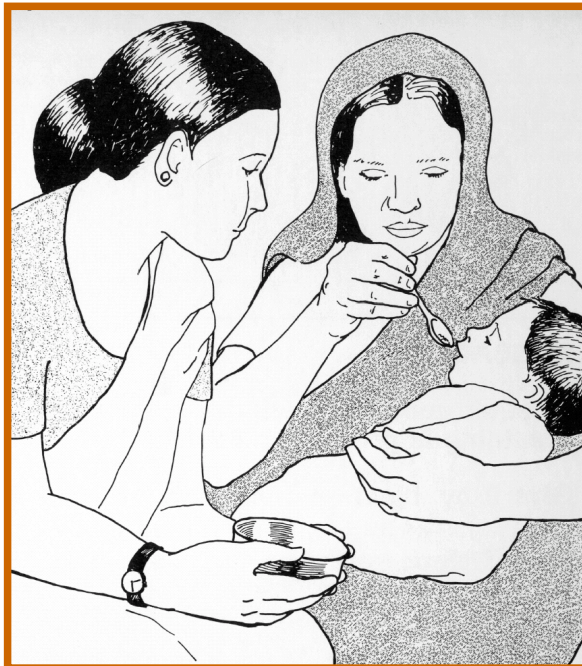
1. If the dose is for half of a tablet, help the caregiver cut it into two parts.

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



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

4. Encourage the caregiver to ask questions. Praise the caregiver for being able to give the zinc to her child. Explain how the zinc will help her child.



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

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

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

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



## ***Role play practice: Prepare and give ORS solution and zinc***

*[This may be the first time that Health Surveillance Assistants will prepare an ORS solution or zinc. If so, the facilitator will demonstrate the unfamiliar tasks before this role play practice.]*

### **Roll play practice**

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

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

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

2. Help the caregiver give the ORS solution to her child.
3. Help the caregiver to prepare and give the first dose of the zinc to her child. Follow the steps in this manual.
4. Discuss any difficulties participants had in doing giving ORS solution and zinc. Identify how to involve the caregiver in doing the tasks.

## □ *If fever*

Many children become sick with malaria. Often malaria is the most common cause of childhood deaths in the community.

Identify fever by touch. However, fever is not always present with malaria. Also accept the caregiver's report of fever now or in the last three days.

Often malaria is the most common cause of childhood deaths in the community.

Identify fever by touch. However, fever is not always present with malaria. Also accept the caregiver's report of fever now or in the last three days.

## □ Give Lumefantrine Artemether (LA)

Your ability to start treatment quickly with an antimalarial medicine can save the child's life. For this reason, assume that a child with fever has malaria. The Ministry recommends that you do not wait for a test to confirm malaria in children before beginning treatment.



**The Ministry recommends LA. It combines medicines that together are currently effective against malaria in Malawi**

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

Refer to the fever box below, which is also on the Recording Form.

<input type="checkbox"/> <b>If Fever</b>	<input type="checkbox"/> <b>Give LA.</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Age up to 5 months—Not recommended</li><li><input type="checkbox"/> Age 5 months up to 3 years—1 tablet (total 6 tabs)</li><li><input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs)</li></ul> Help caregiver give first dose now, and 2 <sup>nd</sup> dose after 8 hours. Then give dose twice daily for 2 more days. <ul style="list-style-type: none"><li><input type="checkbox"/> Give Paracetamol</li><li><input type="checkbox"/> Advise caregiver on use of an ITN.</li></ul>
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### W

#### What is recommended for a child less than 5 months?

LA is not recommended for a child before age 5 months. Its safety is not known for the youngest children.

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

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

You will give a total of 6 tablets for the full 3-day treatment. Ask the caregiver to give the first dose immediately—1 tablet, and then after 8 hours again give 1 tablet. Then, give the remaining tablets, 1 in the morning and 1 at night until the tablets are finished (for 2 more days).

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

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

You will give a total of 12 tablets for the full 3-day treatment. Ask the caregiver to give the first dose immediately—2 tablets, and then give 2 tablets again after 8 hours. (It may be helpful to remember that the dose for a child this age is 2 times or double the dose for a child age 5 months up to 3 years.)

Then, ask the caregiver to give the remaining tablets, 2 in the morning and 2 at night, until the tablets are finished (for 2 more days).

#### Help the caregiver to give the first dose now

You will help the caregiver give the child the first dose immediately while you observe. To make it easier for the child to take the tablet, help the caregiver prepare the first dose:

1. Use a spoon to crush the tablet.
2. Mix it with breast milk or with water. Or crush it with banana or another favourite food of the child.



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

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

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

### Paracetamol

A child with malaria should also be given paracetamol. Paracetamol lowers fever and reduces pain.

<input type="checkbox"/> <b>Give Paracetamol.</b> 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)

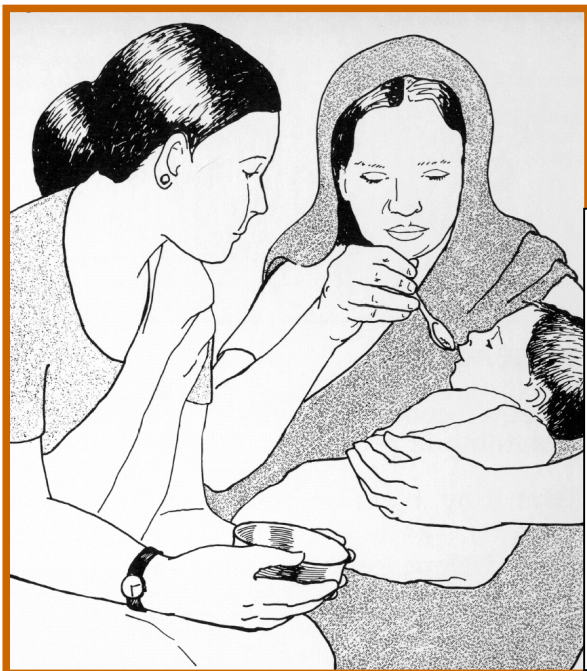
If a child has high fever, give one dose of paracetamol in clinic.

If the child has malaria, give the caregiver enough paracetamol for 3 days. Tell the caregiver to give one dose every 6 hours until fever or pain is gone.

You do not have to memorize the doses. As with zinc and other treatments, refer to the box on the Recording Form. Tick [✓] the treatment you give for fever in the fever box.

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

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



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

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



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

Your facilitator will give you a card with the name and age of a child, from the list below. The child has fever (with no danger sign) and will be treated at home. Complete the information for your child in the table below.

The facilitator will also give you blister packs of tablets of LA. Demonstrate the dosage using the tablets. Refer to the box on the treatment of fever on the Recording Form to guide your answers.

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

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

Child with fever	Age	How much is a single dose?	How many times a day?	For how many days?	How many tablets in total?	First dose was given at:	What time should the caregiver give child the next dose?
1. Carlos	2 years					8:00	
2. Ahmed	4 and a half years					14:00	
3. Jan	3 months					Now	
4. Anita	8 months					10:00	
5. Nindi	6 months					15:00	
6. Becky	36 months					11:00	
7. Maggie	4 years					9:00	
8. William	3 and a half years					13:00	
9. Yussef	12 months					14:00	
10. Andrew	4 years					7:00	
11. Ellie	Almost 5 years					12:00	
12. Peter	5 months					16:00	

## □ Advise caregiver on use of an Insecticide Treated Mosquito nets (ITNs)

Children under 5 years (and pregnant women) are particularly at risk of malaria. They should sleep under an ITN that has been treated with an insecticide to repel and kill mosquitoes.

The mosquitoes that carry the malaria parasite come out to bite at night. Without the protection of ITNs, children will get malaria repeatedly. They are at great risk of dying.

Further, malaria is a major cause of anaemia in young children. Anaemia makes a child very weak and tired. It limits the child's ability to learn.

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

If the family does not have an ITN, provide information on where to get an ITN. The Ministry distributes free ITNs

### Types of insecticide-treated nets (ITNs).

- The recommended net is now a long-lasting insecticidal net (LLIN).

Discuss with the facilitator: **How do families get a in your community?** Some ways to get an ITN might be:

- From the health facility—the **Ministry** may give an ITN to all families with children under age 5 years or with a pregnant woman.
- From a local seller—a local store or market stand may sell ITN at a reduced cost.

Unfortunately, many families who have an ITN do not use it consistently and correctly. They do not

- ❖ Use the net everyday and throughout the year
- ❖ Hang the net correctly over the sleeping area
- ❖ Replace a damaged or torn net.

Discuss: **Where do families learn how to use and maintain an ITN**  
Refer families to the person in the community who is responsible for promoting the use of ITN. You can also invite someone from the health facility to speak during the SADC malaria week about how to use an ITN. How to maintain the effectiveness of an ITN depends on the type of net. (see tip box).



### **□ If red eye**

Red eye may be a sign of local infection of the eye (conjunctivitis). A child with red eye may have difficulties in seeing. If untreated, red eye may lead to blindness – Give children with red eyes an antibiotic eye ointment.

#### **□ Give an antibiotic eye ointment**

**Check the expiry date** on the eye ointment tube. Do not use it if the drug has expired.

Always wash hands before and after applying the ointment

Clean the child's eyes immediately before applying the tetracycline eye ointment.

Then apply tetracycline ointment in both eyes 3 times daily (in the morning, at mid-day and in the evening).

The dose is about the size of a grain of rice.

Squeeze the dose of tetracycline (or chloramphenicol) eye ointment onto both lower eyelids.

Treat for **three** days. Do not use other eye ointments or drops, or put anything else in the eye

Teach the caregiver to apply the antibiotic eye ointment.

Tell caregiver that treatment should be applied onto both eyes to prevent damage to the eyes.

Also tell the caregiver that the ointment will slightly sting the child's eye. Below is a box (from the recording form) showing treatment for red eye:

<b>□ If red eye</b>	<b>□ Apply antibiotic eye ointment.</b> Squeeze the size of a grain of rice on each of the inner lower eyelids, three times a day for 3 days
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## **If fast breathing**

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

### **Give oral antibiotic**

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

**Check the expiry date** on the antibiotic package. Do not use an antibiotic that has expired.

The instructions here are for cotrimoxazole in the form of an adult tablet.

<input type="checkbox"/> <b>If Fast Breathing</b>	<input type="checkbox"/> <b>Give oral antibiotic</b> (cotrimoxazole adult tablet). Give twice daily for 5 days: <ul style="list-style-type: none"><li><input type="checkbox"/> Age 2 months up to 12 months—1/2 tablet (total 5 tabs)</li><li><input type="checkbox"/> Age 12 months up to 5 years—1 tablet (total 10 tabs)</li></ul> Help caregiver give first dose now
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Look in the box above (from the Recording Form). **What is the dose for a child age 2 months up to 12 months?**

- One-half (1/2) of an adult tablet of cotrimoxazole
- Twice daily (morning and night)
- For 5 days

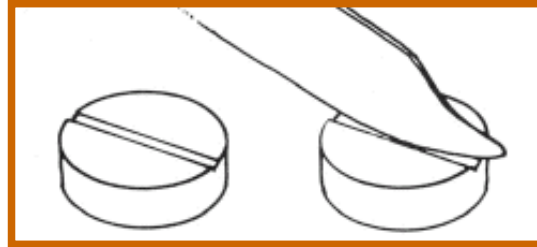
You will give the caregiver a supply of 5 tablets for the 5-day treatment for a child age 2 months up to 12 months.

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

- One (1) adult tablet of cotrimoxazole
- Twice daily (morning and night)
- For 5 days.

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

For a child age 2 months up to 12 months, help the caregiver cut a tablet into 2 parts. Give the child 1/2 of an adult tablet of cotrimoxazole for one dose.



*Break the Tablet*

Ask the caregiver to give the first dose immediately. Help the caregiver crush the antibiotic and add water or breast milk to it to make it easier for the child to take.

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

**Antibiotics and antimalarials** are valuable when used correctly to save the life of a child who needs them.

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

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

Ask the caregiver to repeat the instructions before leaving with the child. Make sure that the caregiver understands how much antibiotic to give, when, and for how long.

Emphasize that it is important to give the antibiotic for the full 5 days, even if the child feels better.

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

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



**Exercise and demonstration:  
Decide on the dose of an oral  
antibiotic to give a child**

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

The facilitator will also give you antibiotic tablets. Demonstrate the dosage using the tablets. Refer to the box on the treatment of fast breathing on the Recording Form to guide your answers.

1. How much should the child take in a **single dose**? **How many times a day**? **For how many days**?
  
2. Count out the tablets for the child's full treatment. (If the tablets are in a blister pack, do not remove them from the pack.) **How many tablets in total should the child take**?

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

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

**□ For ALL children treated at home:  
Advice on home care**

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

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

<p><b>□ For ALL children treated at home, advise on home care</b></p>	<p><b>□ Advise the caregiver to give more fluids and continue feeding.</b></p> <p><b>□ Advise on when to return.</b> Go to nearest health facility or, if not possible, return immediately if child</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Cannot drink or feed</li><li><input type="checkbox"/> Becomes sicker</li><li><input type="checkbox"/> Has blood in the stool</li></ul> <p><b>□ Follow up child in 3 days.</b></p>
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**□ Advise to give more fluids and continue feeding**

During illness a child loses fluid. For children who are exclusively breastfeeding, advise the mother to breastfeed more frequently, and for longer at each feed. This should be enough fluid, even when the weather is hot and dry.

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

A child often loses an appetite during illness and has less interest in food. The caregiver might think that she should stop offering food until the child feels better.

Instead, advise the caregiver to continue feeding. If the child is breastfed, continue breastfeeding.

For the child who is taking foods, advise the caregiver to offer the child's favourite nutritious foods. Do not force the child to eat. But take more time and offer food more often. Expect that the appetite will improve as the child gets better.

Children who are frequently sick can become malnourished. Being malnourished makes the child more at risk of serious illness. Advise the caregiver to continue to offer more foods, more frequently after the child is well. This will help the child catch up after the illness.

A child with cough may also have a sore throat. A sore throat is uncomfortable and can prevent the child from drinking and feeding well.

If the child is exclusively breastfed, advise the caregiver to continue offering the breastfeeding. Do not give any throat or cough remedy. A child, even with a sore throat, will usually continue breastfeeding when offered.

If the child is *not* exclusively breastfed, advise the caregiver to soothe the throat with a safe remedy. For example, give the child warm—not hot—water with honey.

Tell the caregiver not to give cough medicine to a child. Cough medicines are expensive. And they often contain ingredients that are harmful for children. Warm water with honey will be comforting. It will be all that the child needs.

### □ Advise on when to return

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

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

- Cannot drink or feed
- Becomes sicker
- Has blood in the stool

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

If the caregiver sees signs that the child is getting sicker, she should take her child directly to the health facility. She should not delay. If this is not possible, she should return immediately to you, and you will assist the referral.

## **Check the vaccines the child received**

Vaccines protect children from many illnesses. With a vaccine, children no longer need to suffer and die from diphtheria, whooping cough, hepatitis, or measles. A vaccine can protect against a life-long disability from polio.

Health workers, who give the vaccines, will tell the caregiver when to bring a child for the next vaccine. Your role with the caregiver is to ask about and help make sure that child receives each vaccine according to schedule.

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

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

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

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

### **Childhood vaccines**

- BCG—tuberculosis vaccine
- OPV—oral polio vaccine
- DPT-HepB +HIb (Pentavalet)
- DPT—combined diphtheria, pertussis (or whooping cough), and tetanus vaccine
- Hib—meningitis and other serious infection vaccine
- HepB—hepatitis B vaccine

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

For example, OPV is the Oral Polio Vaccine. For the *best protection* against polio, one vaccine is not enough. The child must receive the vaccine four times. The polio vaccines are: OPV-0, OPV-1, OPV-2, and OPV-3. (Do not give OPV-0 if the child is 14 days old or more.)

## **4. CHECK VACCINES RECEIVED**

### **Identify problems**

(Tick  vaccines completed, circle  vaccines missed)

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

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

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

**For each vaccine:**

1. **How many times does the child receive the vaccine?**
2. **What are the recommended ages to receive the vaccine?**

A child should receive the vaccines at the recommended age. If the child is too young, the child cannot fight the illness well. If the child is older, then the child is at greater risk of getting the illness without the vaccine.

The DPT- HepB+ Hib vaccine is given at the same time in the series with the oral polio vaccine (OPV). The first time is when the child is age 6 weeks. Keep an interval of 4 weeks between the DPT-Hib + HepB vaccines and OPV.

The measles vaccine should not be given before the child is 9 months old. The child should receive all the vaccines, however, by no later than the child's first birthday.

In the sample below, the Health Surveillance Assistant checked the vaccines given to Mary Kanthiti, a 12 week old child. A tick [✓] in the sample recording form below indicates a vaccine that Mary Kanthiti has received. A circle [O] indicates a missed vaccine—that is, a vaccine Mary Kanthiti should have received, based on her age and the schedule.

**Even if the child is sick and will be treated at home, give the needed vaccine at the first opportunity.**



**4. CHECK VACCINES RECEIVED**

(Tick  vaccines completed, circle  vaccines missed)  
 \*Keep an interval of 4 weeks between DPT-HepB + Hib and OPV doses. Do not give OPV 0 if the child is 14 days old or more

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

**What vaccines did Mary Kanthiti receive?**

**Mary Kanthiti is 12 weeks old. Is she up to date on her vaccines? What vaccines did she miss?**

**Which vaccines should she receive next?**

**The Health Surveillance Assistant counselled Mrs. Kanthiti to be sure to take her daughter for her vaccination. When and where should they go, according to the note?**

**Which vaccines remain on the schedule to be completed later?**

Reminder: A child may need to receive a set of vaccines to catch up on missed ones. If so, the child should wait 4 weeks before receiving the next, subsequent set of vaccines.

**Ella is 2 and half years old and has not received any vaccines. What vaccines should Ella receive today or as soon as possible?**

*{She should receive BCG, OPV-1, DPT- HepB 1 + Hib and measles vaccines. Four weeks later, what vaccines should Ella receive?}*



**Exercise: Advise on the next vaccines for the child**

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

1. What vaccines did the child receive?
2. Which vaccines, if any, did the child miss?
3. Which vaccines should the child receive next?
4. The child lives in your community. When and where would you advise the caregiver to take the child for the next vaccine? Write your advice in the space provided.

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

**Child 1. Sam Katola, age 6 months**

**4. CHECK VACCINES RECEIVED** *Sam Katola*

(Tick  vaccines completed, circle  vaccines missed)  
 \*Keep an interval of 4 weeks between DPT-HepB + Hib and OPV doses. Do not give OPV 0 if the child is 14 days old or more

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

**Child 2. Wilson Manyozo, age 5 months**

Wilson received only his BCG at birth. At age 6 weeks, 10 weeks, and 14 weeks, he received his DPT- HepB + Hib and his polio vaccine.

Complete the portion of the recording form below. Indicate the vaccines received, and the vaccines missed. Which vaccines should Wilson receive next?

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

**4. CHECK VACCINES RECEIVED** *Wilson Manyozo*

(Tick  vaccines completed, circle  vaccines missed)  
 \*Keep an interval of 4 weeks between DPT-HepB + Hib and OPV doses. Do not give OPV 0 if the child is 14 days or more

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

**Child 3. Joyce Tanyamula, age 12 weeks**

Joyce was born in Malingunde Hospital. She received her BCG and OPV-0 vaccines at birth. She has not had any other vaccines since birth.

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

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

**4. CHECK VACCINES RECEIVED** *Joyce Tanyamula*

(Tick  vaccines completed, circle  vaccines missed)  
 \*Keep an interval of 4 weeks between DPT-HepB + Hib and OPV doses. Do not give OPV 0 if the child is 14 days or more

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

## Follow up the sick child treated at home

### Follow up child in 3 days

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

### Set an appointment for the follow up visit

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

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

<p>6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Weekend</p> <p>7. Note on follow up:</p>	<p><input type="checkbox"/> Child better—continue to treat at home. Day of next follow up:_____.</p> <p><input type="checkbox"/> Child is not better—refer URGENTLY to health facility.</p> <p><input type="checkbox"/> Child has danger sign—refer URGENTLY to health facility.</p>
--	--

### During the follow up visit

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

Then, make sure that the child is receiving correct treatment. Find out if the caregiver is continuing to give the medicine. Remind her that she must give the daily dose of zinc, the antimalarial or the antibiotic, until the tablets are finished, even if the child is better.

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

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

In the blank space, write the next follow up day, if needed for a new problem, if the child is improving and continues treatment at home.

Remind the caregiver to bring the child back if the child cannot drink or feed, becomes sicker, or has blood in the stool.

### ***Record the treatments given and other actions***

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

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

If so, on the Recording Form ***tick [✓] all the treatments and other actions you would plan to give the child***, if you saw the child in the community.



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

Jenna Odala, age 6 months, has visited the Health Surveillance Assistant.

1. Use the information on the child's Recording Form on the next page to complete the rest of the form.
  - a. Decide whether Jenna has fast breathing.
  - b. Identify danger signs, if any. Identify the signs that Jenna is sick but no danger sign.
2. Decide to refer or treat Jenna.
3. Decide on treatment.
  - a. Tick [✓] the treatment you would give the child. Select the medicine to give, the dose, and how much to send home with the caregiver. Use your supply of medicine to demonstrate the treatment.
  - b. Decide on the advice on home care to give the caregiver. Tick [✓] the advice.
  - c. Indicate when the child should come back for a follow up visit.
  - d. Determine what vaccines, if any, the child needs. In your community, when and where should the child go to receive the vaccines?
4. Do not complete item 7, the note on the follow up visit that will happen later.
5. Make sure that you have recorded all the decisions on the Recording Form.

Ask the facilitator to check the Recording Form and the medicine you have selected to give the child.

If there is time, the facilitator will give you a second Recording Form to complete.

**Sick Child Recording Form**  
(for community-based treatment of child age 2 months up to 5 years)

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

HSA: Jane Manda

Child's First Name: Jenna Surname Odaba Age: \_\_\_ Years / \_\_\_ Months Boy  Girl

Caregiver's name: Peter Odon Relationship: Mother /  Father / Other: \_\_\_\_\_

Physical Address: Near Market Borehole Village / TA: Madaba / Utsipa

**4. Identify problems**

ASK and LOOK	Any DANGER SIGN?	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> 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>3</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 type="checkbox"/> Blood in stool	
<input checked="" type="checkbox"/> Fever (reported or now)? If yes, started <u>2</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 type="checkbox"/> Not able to drink or feed anything	
<input checked="" type="checkbox"/> Vomiting? If yes, vomits everything? <input 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:	
<b>LOOK:</b>		
<input type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> IF COUGH, count breaths in 1 minute: <u>45</u> breaths per minute (bpm) Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		<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	
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	

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

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

If ANY Danger sign, refer to health facility

If NO Danger Sign, treat at home and advise caregiver

**Identify problems**

If ANY Danger Sign, refer to health facility

**GO TO PAGE 3er →**  
Sign, treat at home and advise caregiver

### 3. Refer or treat child

(tick treatments given and other actions)

If any danger sign,  
**REFER URGENTLY to health facility:**

**ASSIST REFERRAL to health facility:**  
 Explain why child needs to go to health facility.  
 **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"/> Give antibiotic eye ointment

For any sick child who can drink, advise to give fluids and continue feeding.  
 Advise to keep child warm, if child is NOT hot with fever.  
 Write a referral note.  
 Arrange transportation, and help solve other difficulties in referral.  
 → FOLLOW UP child on return at least once a week until child is well.

If no danger sign,  
**TREAT at home and ADVISE 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 <sup>nd</sup> 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 <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)

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

5. If any OTHER PROBLEM or condition I cannot treat, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)

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

Describe problem: \_\_\_\_\_

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

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

Child's name: Jenna Odaba Age: \_\_\_\_\_

3. 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:**

☐ Explain why child needs to go to health facility.

☐ FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:

☐ If Diarrhoea	☐ Begin giving ORS solution immediately.
☐ If Fever	☐ Give first dose of LA ☐ Age up to 5 months—Not recommended ☐ Age 5 months up to 3 years—1 tablet ☐ Age 3 yrs up to 5 yrs—2 tablets
☐ If Chest indrawing, or ☐ Fast breathing and danger sign	☐ Give first dose of oral antibiotic (cotrimoxazole adult tablet—80/400) ☐ Age 2 months up to 12 months— $\frac{1}{2}$ tablet ☐ Age 12 months up to 5 years—1 tablet
If red eye for 4 days or more	☐ Apply antibiotic eye ointment

☐ For any sick child who can drink, advise to give fluids and continue feeding.

☐ Advise to keep child warm, if child is NOT hot with fever.

☐ Write a referral note.

☐ Arrange transportation, and help solve other difficulties in referral. FOLLOW UP child on return at least once a week until child is well.

If no danger sign, TREAT at home and ADVISE on home care:

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

**4. CHECK VACCINES RECEIVED**

(tick ☐ vaccines completed, circle ● vaccines missed)

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

5. If any OTHER PROBLEM or condition I cannot treat, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)

Age	Vaccine		➔ Advise caregiver, if needed:  WHEN is the next vaccine to be given?  WHERE?
Birth	<input checked="" type="checkbox"/> BCG	<input checked="" type="checkbox"/> OPV-0	
6 weeks*	<input checked="" type="checkbox"/> DPT-Hib + HepB 1	<input checked="" 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		

Describe problem: \_\_\_\_\_

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

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

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## If DANGER SIGN, refer urgently: Begin treatment and assist referral

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Joseph is very sick. He has had fever for 2 days and he has chest indrawing. He has a red reading on the MUAC tape. Joseph can still drink, but he is not interested in eating.

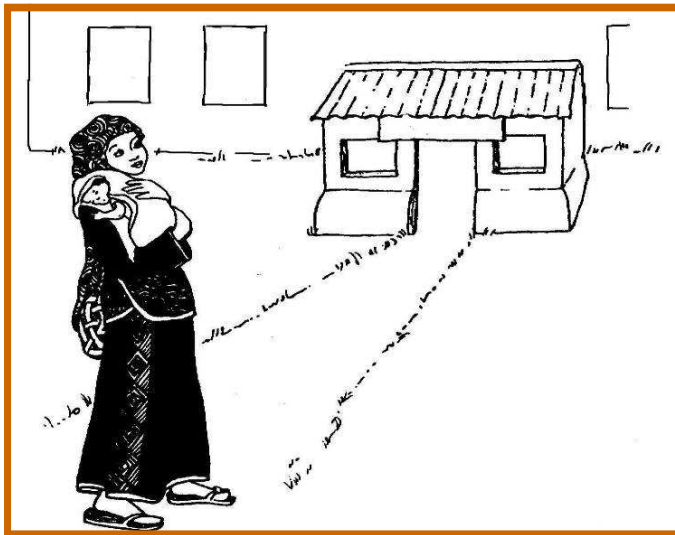
The Health Surveillance Assistant says that Joseph must go immediately to the health facility. She explains that Joseph is very sick. He needs treatment that only the health facility can provide. Mrs. Kazombo agrees to take Joseph.

Before they leave, the Health Surveillance Assistant begins treatment. She helps Mrs. Kazombo give her son the first dose of an antimalarial for fever.

Then, she asks Mrs. Kazombo to give Joseph the first dose of an antibiotic for the chest indrawing (severe pneumonia). She explains that Joseph will receive additional treatment at the health facility.

She advises Mrs. Kazombo to continue giving breast milk and other fluids on the way. She wants her to lightly cover Joseph so he does not get too hot.

The Health Surveillance Assistant knows that she must do everything she can to assist the referral. Joseph must reach the health facility without delay.



The Health Surveillance Assistant writes a referral note to explain why she is sending Joseph to the health facility and what treatment Joseph has started.

She escorts Mrs. Kazombo and her son to the roadway in order to help them find a ride to the health facility.

As they leave, Mrs. Kazombo asks, “Will Joseph need to go to the hospital?” The Health Surveillance Assistant says she does not know. The nurse at the health facility will decide how to give Joseph the best care.

If Joseph must go to the hospital, the Health Surveillance Assistant says that she will inform neighbours to help the family until she returns. Mrs. Kazombo should not worry about her family at home.

***What did the Health Surveillance Assistant do to help Joseph get care at the health facility?***

- ***What did the Health Surveillance Assistant do to encourage Mrs. Kazombo to agree to take Joseph to the health facility?***
- ***What treatment did Joseph begin?***
- ***What did the Health Surveillance Assistant do to help Joseph receive care as soon as possible after he arrives at the health facility?***

***In some situations, it might be better for the child to go directly to the hospital. Discuss with the facilitator when, if ever, you might refer the child directly to the hospital.***

## ***Begin treatment***

A very sick child needs to start treatment immediately. If the child can drink, you will be able to start *pre-referral treatment* before the child leaves for the health facility. You will begin treating a child with danger signs and diarrhoea, fever, fast breathing and red eye.

The pre-referral treatment is the same as **the first dose** of the medicine. The first dose of the medicine will start to help the child on the way to the health facility. ORS, an antimalarial, and an antibiotic are in your drug box to use as pre-referral treatments.

[Note that a **zinc supplement is not a pre-referral treatment**. You do not need to give it before referral.]

Refer to the box on the Recording Form to guide you in selecting and giving a pre-referral treatment. See the examples on the next page.

Note that treatment may not be for a referral sign. For example, for a child with cough for 21 days or more and fever: refer the child for cough for 21 days or more, but give a pre-referral treatment (an antimalarial) for fever.

If any danger sign, <b>REFER URGENTLY to health facility:</b>	
<b>ASSIST REFERRAL to health facility:</b> <input type="checkbox"/> Explain why child needs to go to health facility. <input type="checkbox"/> <b>FOR SICK CHILD WHO CAN DRINK, BEGIN TREATMENT:</b>	
<input type="checkbox"/> If <b>Diarrhoea</b>	<input type="checkbox"/> <b>Begin giving ORS solution immediately.</b>
<input type="checkbox"/> If <b>Fever</b>	<input type="checkbox"/> <b>Give first dose of LA</b> <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 <b>Chest indrawing, or</b> <input type="checkbox"/> <b>Fast breathing</b> <b>and danger sign</b>	<input type="checkbox"/> <b>Give first dose of oral antibiotic</b> (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"/> <b>Apply antibiotic eye ointment</b>
<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.	

EXAMPLE 1. Amina is 6 months old with cough and chest indrawing for 3 days.

Write: **What is the reason to refer this child (the danger sign or other problem)?** \_\_\_\_\_

**In the form, tick [✓] the signs requiring pre-referral treatment.**

**Then, tick [✓] the dose for the pre-referral treatment.**

EXAMPLE 2. Ali is 4 years old. He has a red reading on the MUAC tape and diarrhoea.

Write: **What is the reason to refer this child (the danger sign or other problem)?**  
 \_\_\_\_\_

**In the form, tick [✓] the signs requiring pre-referral treatment.**

**Then, tick [✓] the dose for the pre-referral treatment.**

Note that the dose for ORS solution is: Help the caregiver to start giving ORS right away. Continue to give ORS on the way to the health facility.



## Discussion: Select a pre-referral treatment for a child

For each child listed below:

1. Circle the sign or signs for which the child needs referral.
2. Decide which sign or signs need a pre-referral treatment.
3. Tick [✓] all the pre-referral treatments to give before the child leaves for the health facility.
4. Write the dose for each pre-referral treatment. Refer to the Recording Form to guide you. Be prepared to discuss your decisions. *[The facilitator may give you a child's card for the group discussion.]*

Circle the signs to refer the child	Tick [✓] pre-referral treatment	Write the dose for each pre-referral treatment
<b>Leslie (4 year old boy) –</b> Cough for 21 days Fever	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give first dose of oral antibiotic	
<b>Anita (2 year old girl) –</b> Cough for 21 days, Diarrhoea No blood in stool	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give first dose of oral antibiotic	
<b>Sam (2 month old boy) –</b> Diarrhoea for 3 weeks No blood in stool, Fever for last 3 days, red eye for 1 day	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give first dose of antibiotic eye ointment	
<b>Kofi (3 year old boy) –</b> Cough for 3 days, Chest indrawing, Very sleepy or unconscious	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give first dose of oral antibiotic	
<b>Sara (3 year old girl) –</b> Diarrhoea for 4 days Burns on both feet	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give first dose of oral antibiotic	
<b>Thomas (3 year old boy) –</b> Diarrhoea for 8 days, Fever for last 8 days, Vomits everything Red on MUAC tape	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give first dose of oral antibiotic	
<b>Maggie (5 month old girl) –</b> Fever for last 7 days Diarrhoea less than 14 days Swelling of both feet	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give first dose of oral antibiotic	
<b>Nellie 7 months</b> Diarrhoea for 2 days, palmar pallor	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antimalarial <input type="checkbox"/> Give first dose of oral antibiotic	

## **Assist referral**

A pre-referral treatment for fever or fast breathing is only the first dose. This is not enough to treat the child. The child with a danger sign must go to the health facility to identify what is the problem and to receive the full treatment.

The Recording Form guides you through a list of tasks to assist the child's urgent referral to the health facility. As you complete each task to assist referral, tick [✓] each task on the Recording Form.

### **□ Explain why a child needs to go to the health facility**

Once you have given the first dose, the caregiver may think that you have the medicine to save the child. You must be firm. Explain that this medicine alone is not enough. The child must go to the health facility for treatment.

Going immediately to the health facility may not be possible in some conditions. Perhaps the child is too sick. Perhaps travel at night is dangerous. Perhaps the rains have closed or blocked the roads.

Discuss with your facilitator what you can do when referral is not possible. Remember that your medicine will not be enough for the child. You must try to get a child with a danger sign to a health facility as soon as possible.

### **□ For any sick child who can drink, advise to give fluids and continue feeding**

If the child can drink and feed, advise the caregiver to continue to offer fluids and food to the child on the way to the health facility.

If the child is still breastfeeding, advise the mother to continue breastfeeding. Offer the breast more frequently and for a longer time at each feed.

If the child is not breastfeeding, advise the caregiver to offer water to drink and some easy-to-eat food.

If the child has diarrhoea, help the caregiver to start giving ORS solution immediately. Sometimes ORS can help the child to stop vomiting, to take other medicines.

### **□ Advise to keep child warm, if child is NOT hot with fever**

Some children have a hot body because of fever. The bodies of other sick children, however, may become too cold. How the caregiver covers the child's body will affect the body temperature. What to advise depends on whether the child has a fever and on the weather.

**To keep the child warm**, cover the child, including the child's head, hands, and feet with a blanket. Keep the child dry, if it rains.

If the weather is cold, advise the caregiver to put a cap on the child's head and hold the child close to her body.

**If the child is hot with fever**, covering the body too much will raise the body temperature. It may make the child sicker and increase the danger of convulsions.

A light blanket may be enough to cover the child with fever if the weather is warm. If the body becomes very hot, advise the caregiver to remove even the light blanket.

### **□ Write a referral note**

To prevent delay at the health facility, write a referral note to the nurse or other person who will first see the child. You may have a specific referral form to complete from your health facility.

If there is no referral form, write a referral note. A referral note should give:

1. The name and age of the child
2. A description of the child's problems
3. The reason for referral (list the danger signs or other reason you referred the child)
4. Treatment you have given
5. Your name
6. The date and time of referral

You also can make a simple referral note based on the Sick Child Recording Form. (An example of a referral note is in the next exercise.)

Tick [✓] each medicine and the dose you gave. It is very important for the health worker to know what medicine you have already given the child, and when. Send the referral note with the caregiver to the health facility.

### **□ Arrange transportation, and help solve other difficulties in referral**

Communities may have access to regular bus, mini-bus, or car transportation to the health facility.

If so, know the transportation available. Keep the schedule handy. You do not want to miss the bus or other transportation by a few minutes. You may need to rush or send someone to ask the driver to wait, if the child is very sick.

Some communities have no direct access to transportation. A Health Surveillance Assistant can help leaders understand the importance of organizing transportation to the health facility. Or they can organize

assistance to a road where there is regular bus service. A community leader may call on volunteers to assist families.



This service can be critical, especially for very sick children. Others also need this service, including women having difficulty delivering their babies.

Keeping track of the numbers of children you have referred can help show the need. Use the recording forms or a health register for this information.

Transportation one of the difficulties a family faces in taking a sick child to the health facility. Mrs. Kazombo may have been concerned about how to reach her husband who was working in the field. She could not go without telling him. She also needed someone to care for the other children remaining at home, if Joseph needed to go to the hospital.

The Health Surveillance Assistant knew her community. She knew the family and neighbours of the sick child. Her knowledge helped Mrs. Kazombo solve the problems that prevented her from taking Joseph to the health facility.

Always ask the caregiver if there are any difficulties in taking the child to the health facility. Listen to her answers. Then, help her solve problems that might prevent her or delay her from taking the child for care.

If the caregiver does not want to take the child to the health facility, find out why. Calm the caregiver's fears. Help her solve any problems that might prevent the child from receiving care. Here are some examples.



The caregiver does not want to take the child to the health facility because:	How to help and calm the caregiver's fears:
The health facility is scary, and the people there will not be interested in helping my child.	Explain what will happen to her child at the health facility. Also, you will write a referral note to help get care for her child as quickly as possible.
I cannot leave home. I have other children to care for.	Ask questions about who is available to help the family, and locate someone who could help with the other children.
I don't have a means to get to the health facility.	<p>Help to arrange transportation.</p> <p>In some communities, transportation may be difficult. Before an emergency, you may need to help community leaders identify ways to find transportation. For example, the community might buy a motor scooter, or arrange transportation with a produce truck on market days.</p>
I know my child is very sick. The nurse at the health facility will send my child to the hospital to die.	Explain that the health facility and hospital have trained staff, supplies, and equipment to help the child.

Even if families decide to take their sick child to the health facility, they face many difficulties. The difficulties add delay. A study in rural Tanzania, for example, found that almost half of referrals took two or more days for the children to arrive at a health facility.<sup>2</sup> Delaying care—even only a few hours—for some sick children with danger signs can lead to death.

Discuss: ***What are the reasons that sick children in your community do not get to the health facility on time?***

You and your community can help families solve some of the delays in taking children for care. Also, when you assist the referral, families are more willing to take their children. Children can arrive at the health facility and receive care with less delay.

<sup>2</sup> Font, F. and colleagues. (2002). Paediatric referrals in rural Tanzania: The Kilombero District study—a case series. *BMC International Health and Human Rights*, 2(4), 6 pp.

## □ Follow up the child on return at least once a week until child is well

The child will need care when he or she returns from the health facility. Ask the caregiver to bring the child to see you when they return. Ask her to bring any note from the health worker about continuing the child's treatment at home.

During the follow-up visit, check for danger signs. If there are any danger signs, you will need to refer the child again to the health facility. The child is not improving as expected.

If there are no danger signs, help the caregiver continue appropriate home care. If the health worker at the health facility gave the child medicine to take at home, make sure that the caregiver understands how to give it correctly. Giving the medicine correctly means:

- The correct medicine
- The correct dose
- The correct time or times of the day
- For the correct number of days

Help the caregiver continue to follow the treatment that the health worker recommended to continue at home.

Remind the caregiver to offer more fluids and to continue feeding the child. Also, offer more food to the child as the child gets better. The extra food will help the child catch up on the growth the child lost during the illness.

If the child becomes sicker, or if the caregiver has any concerns, advise the caregiver to bring the child to you immediately.

Follow up the child on return at least once a week until the child is well. If the child has an illness that is not curable, continue to support the family. Help the family give appropriate home care for the child.



***Exercise: Complete a Recording Form and write a referral note***

You are referring Martha Banda to the health facility.

1. Complete Martha's **Recording Form** on the next two pages. Based on the signs of illness found:
  - a. Decide which signs are Danger Signs or other signs of illness. Tick [✓] any DANGER SIGN and other signs of illness.
  - b. Decide: Refer or treat Martha at home
  - c. Act as if you have seen Martha. Tick [✓] treatments given and other actions.
  - d. You will refer Martha. Therefore, do not complete item 4 (vaccines), item 6 (follow up), or item 7 (note on follow up).
2. Then, use Martha's Recording Form to complete a **referral note** for Martha.

If there is time, the facilitator will give you a sample Recording Form for another child. Complete the Recording Form and a referral note for the child.

**Sick Child Recording Form**  
(for community-based treatment of child age 2 months up to 5 years)

Date: 17/7/2008 (Day / Month / Year)

HSA: Obvious Tambo

Child's First Name: Martha Surname Banda Age: \_\_\_ Years 4 Months Boy / Girl

Caregiver's name: Chimwenwe Banda Relationship: Mother / Father / Other: \_\_\_\_\_

Physical Address: Near Kamaliwa Mosque Village /TA: Kamaliwa /Chilowamatambe

**1. Identify problems**

ASK and LOOK		Any DANGER SIGN to refer?	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure: ..... <b>YES</b> , sign present → Tick <input checked="" type="checkbox"/> <b>NO</b> sign → Circle <input type="checkbox"/>			
<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"/>	<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 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 type="checkbox"/> Fever (less than 7 days)
<input type="checkbox"/>	<input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions	
<input type="checkbox"/>	<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"/>	<input type="checkbox"/> Vomiting? If yes, vomits everything? <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Vomits everything	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Red eyes? If yes, for how long <u>2</u> days.	<input type="checkbox"/> Red eye for 4 days or more	<input type="checkbox"/> Red eye (less than 4 days)
<input type="checkbox"/>	<input type="checkbox"/> Difficulty in seeing? If Yes for how long _____ days	<input type="checkbox"/> Red eye with visual problem	
<input type="checkbox"/>	<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:	
<b>LOOK:</b>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input checked="" type="checkbox"/>	<b>IF COUGH, count breaths in 1 minute: <u>58</u> breaths per minute (bpm)</b> <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 type="checkbox"/> Very sleepy or unconscious?	<input type="checkbox"/> Very sleepy or unconscious	
<input type="checkbox"/>	<input type="checkbox"/> Palmar pallor	<input type="checkbox"/> Palmar pallor	
	<b>For child 6 months up to 5 years, MUAC tape colour:</b> <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. Decide: Refer or treat child**  
(tick decision)

If ANY Danger Sign, refer to health facility

If NO Danger Sign, treat at home and advise careaiver

**3. 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

If any danger sign, REFER URGENTLY to health facility:

**ASSIST REFERRAL to health facility:**  
 Explain why child needs to go to health facility.  
 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 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

For any sick child who can drink, advise to give fluids and continue feeding.  
 Advise to keep child warm, if child is NOT hot with fever.  
 Write a referral note.  
 Arrange transportation, and help solve other difficulties in referral. FOLLOW UP child on return at least once a week until child is well.

If no danger sign, TREAT at home and ADVISE 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 <sup>nd</sup> 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 <input type="checkbox"/> Age 2 months up to 3 years - $\frac{1}{2}$ 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, 3 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)

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

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

**5. If any OTHER PROBLEM or condition I cannot treat, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)**

Describe problem: \_\_\_\_\_

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

7. Note on follow up:  Child better—continue to treat at home. Day of next follow up: \_\_\_\_\_

Child is not better—refer URGENTLY to health facility.

Child has danger sign—refer URGENTLY to health facility.

**Sick Child Recording Form**  
(for community-based treatment of child age 2 months up to 5 years)

Date: 17/1/2008 (Day / Month / Year)

HSA: Obvious Tambo

Child's First Name: Lucy Surname Phiri Age: \_\_\_ Years 8 Months Boy / Girl

Caregiver's name: Sophie Mbandawire Relationship: Mother / Father / Other: Aunt

Physical Address: Near Graveyard Village /TA: Kaphazi /Mwase

**1. Identify problems**

ASK and LOOK	Any DANGER SIGN to refer?	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> If not reported, then ask to be sure: ..... <b>YES, sign present</b> → Tick <input checked="" type="checkbox"/> <b>NO sign</b> → Circle <input checked="" 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"/> <input checked="" type="checkbox"/> Diarrhoea (loose stools)? IF YES, for how long? <u>4</u> days. <input checked="" 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"/> <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 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 type="checkbox"/> <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? <u>2</u> days.	<input type="checkbox"/> Red eye for 4 days or more	<input type="checkbox"/> Red eye (less than 4 days)
<input type="checkbox"/> <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"/> 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:	
<b>LOOK:</b>		
<input type="checkbox"/> <input checked="" type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> <b>IF COUGH, count breaths in 1 minute:</b> ___ breaths per minute (bpm) <input type="checkbox"/> <b>Fast breathing:</b> 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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> Palmar pallor	<input type="checkbox"/> Palmar pallor	
<input type="checkbox"/> <b>For child 6 months up to 5 years, MUAC tape colour:</b> <u>Red</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	

**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 careaiver

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

**GO TO PAGE 2** →

If ANY Danger Sign, refer to health facility

If NO Danger Sign, treat at home and

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
<input type="checkbox"/> 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 <sup>nd</sup> 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 <input type="checkbox"/> Age 2 months up to 3 years - $\frac{1}{2}$ 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, 3 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)

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

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

5. If any OTHER PROBLEM or condition I cannot treat, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)

Describe problem: \_\_\_\_\_

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

7. Note on follow up:  Child better—continue to treat at home. Day of next follow up: \_\_\_\_\_

Child is not better—refer URGENTLY to health facility.

Child has danger sign—refer URGENTLY to health facility.

**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 type="checkbox"/> no sign):	Reason for referral:	Treatment given:	
<input type="checkbox"/>	<input type="checkbox"/> <input 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"/>	<input type="checkbox"/> <input type="checkbox"/> Diarrhoea (loose stools)? ____ days.	<input type="checkbox"/> Diarrhoea for 14 days or more		
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> If diarrhoea, blood in stool?	<input type="checkbox"/> Blood in stool		
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Fever (reported or now)? ____ days.	<input type="checkbox"/> Fever for last 7 days		
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Convulsions?	<input type="checkbox"/> Convulsions		
<input type="checkbox"/>	<input type="checkbox"/> <input 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"/> LA for fever
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Vomiting? If yes, <input type="checkbox"/> vomits everything?	<input type="checkbox"/> Vomits everything		
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Red eyes? If yes, for how long ____ days. <input type="checkbox"/> <input type="checkbox"/> <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"/> Antibiotic eye ointment
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Chest indrawing? <b>IF COUGH, breaths in 1 minute: _____</b> <input type="checkbox"/> <input 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"/> Chest Indrawing		<input type="checkbox"/> Oral antibiotic cotrimoxazole for chest indrawing or fast breathing
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Very sleepy or unconscious?	<input type="checkbox"/> Very sleepy or unconscious		
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Palmar pallor	<input type="checkbox"/> Palmar pallor		
	<b>For child 6 months up to 5 years, MUAC Tape colour: _____</b>	<input type="checkbox"/> Red on MUAC Tape		
<input type="checkbox"/>	<input type="checkbox"/> <input 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-----

<b>FEEDBACK FROM HEALTH FACILITY (Please give feedback)</b>	
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	: .....



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## Use good communication skills

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

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

You have practised good communication throughout this course. As a reminder, for good communication:

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

This is a review of what you have learnt before. Here, we will focus on how to **advise the caregiver on how to treat the child**, and how to **check the caregiver's understanding**.

### Advise the caregiver on how to treat the child at home

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

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

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

**To show an example**, show how to do the task. For example, cut a tablet in half.

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

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

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

When teaching the caregiver:

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

### **Check the caregiver's understanding**

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

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

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

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

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

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

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

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

A question that the caregiver can answer with a “yes” or “no” is a poor question. It does not show you how much the caregiver knows.

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

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

Asking checking questions requires patience. The caregiver may know the answer, but may be slow to speak. The caregiver may be

surprised that you asked, and that you really want an answer. Wait for the answer. Do not quickly ask a different question.

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



## ***Exercise: Use good communication skills***

In this exercise, you will review good communication skills.

### **Child 1. Sasha**

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

Discuss with the facilitator:

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

### **Child 2. Morris**

The Health Surveillance Assistant gives Morris' mother some oral antibiotics to give her son at home. Before the Health Surveillance Assistant explains how to give them, he asks the mother if she knows how to give her child the medicine. The mother nods her head yes. So the Health Surveillance Assistant gives her the antibiotics, and Morris and his mother leave.

If a mother tells you that she already knows how to give a treatment, what should you do?

### **Checking questions**

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

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



## ***Role Play Practice: Give an oral antibiotic to treat child at home***

You will go into groups of three for the role play. In your groups, first identify who will be the caregiver, the Health Surveillance Assistant, and an observer. Refer to the Recording Form on the next pages to guide your advice on correct treatment and home care for Keterina.

**Keterina Yohane** is age 2 years. In the role play, the **caregiver** should act like a real parent. Be interested in doing what is necessary to make sure that Keterina gets well. Listen carefully and ask questions. Only ask questions about what is not clear. (Do not add difficulties during this practice.)

The **Health Surveillance Assistant** will teach the caregiver how to treat Keterina at home. Complete the Recording Form for Keterina. Tick [✓] the treatments given and other actions.

1. Help the caregiver:
  - Prepare the oral medicine to give Keterina, age 2 years, 1 month.
  - Give the first dose to Keterina.
2. Make sure that the caregiver can give the medicine correctly at home.
3. Give the caregiver enough medicine for the full treatment at home.
4. Advise the caregiver on basic home care for the sick child.
5. Set a day for a follow up visit.

The **observer** will look for:

1. What did the Health Surveillance Assistant do that was helpful in teaching the caregiver how to treat the child at home?
2. What else could the Health Surveillance Assistant do to help?
3. Was the advice correct? If not, identify what was not correct.
4. How well did the caregiver understand what to do? How do you know?
5. What task, if any, might the caregiver not understand or remember?

**Sick Child Recording Form**  
(for community-based treatment of child age 2 months up to 5 years)

Date: 17/7/2008 (Day / Month / Year)

HSA: Dora Namoyo

Child's First Name: Keterina Surname Yohane Age: 2 Years Months 0 Boy / Girl

Caregiver's name: Kejala Banasi Relationship: Mother / Father / Other: \_\_\_\_\_

Physical Address: Near Mapazi Mosque Village /TA: Balakasi /Toleza

**1. Identify problems**

ASK and LOOK	Any DANGER SIGN to refer?	SICK but NO Danger Sign?
<b>ASK: What are the child's problems?</b> 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>2</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 type="checkbox"/> <input checked="" type="checkbox"/> Fever (reported or now)? If yes, started <u>2</u> 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 type="checkbox"/> <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 <u>2</u> days.	<input type="checkbox"/> Red eye for 4 days or more	<input type="checkbox"/> Red eye (less than 4 days)
<input type="checkbox"/> <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"/> 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:	
<b>LOOK:</b>		
<input type="checkbox"/> <input checked="" type="checkbox"/> Chest indrawing? (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	
<input checked="" type="checkbox"/> <b>IF COUGH, count breaths in 1 minute: <u>45</u> breaths per minute (bpm)</b> <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	
<b>For child 6 months up to 5 years, MUAC tape colour:</b> <u>Green</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
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2. Decide: Refer or treat child (tick decision)

<input type="checkbox"/> If ANY Danger Sign, refer to health facility	<input type="checkbox"/> If NO Danger Sign, treat at home and advise careaiver
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3. Refer or treat child (tick treatments given and other actions)

<input type="checkbox"/> If ANY Danger Sign, refer to health facility
---

<input type="checkbox"/> If NO Danger Sign, treat at home and advise careaiver
--

GE 2 →

If any danger sign, REFER URGENTLY to health facility:

**ASSIST REFERRAL to health facility:**

Explain why child needs to go to health facility.

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

For any sick child who can drink, advise to give fluids and continue feeding.

Advise to keep child warm, if child is NOT hot with fever.

Write a referral note.

Arrange transportation, and help solve other difficulties in referral. FOLLOW UP child on return at least once a week until child is well.

If no danger sign, TREAT at home and ADVISE 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 <sup>nd</sup> 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 <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, 3 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)

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

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

5. If any OTHER PROBLEM or condition I cannot treat, refer child to health facility, write referral note. (If diarrhoea, give ORS. Do not give antibiotic or antimalarial.)



Describe problem: \_\_\_\_\_

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

7. Note on follow up:  Child better—continue to treat at home. Day of next follow up: \_\_\_\_\_

Child is not better—refer **URGENTLY** to health facility.

Child has danger sign—refer **URGENTLY** to health facility.

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## Practise your skills in the community

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You have had many opportunities to practise what you are learning in this course. Now you will have another chance to practise your new skills in the community under supervision. You will not forget what you have learnt if you begin to practise right away. Each task will become easier to do with practice.

The facilitator will discuss ways to provide supervision in the community. Possible ways are:

- The facilitator visits families together with you.
- The facilitator assigns you to a health worker. The health worker will be your mentor in the community. A mentor helps you until you get more experience.
- Course participants meet regularly to practise together and discuss their experiences in the community.
- You continue to practise with a health worker in a clinic.

The record keeping system and the method of supplying you with medicine will be different in different places. Together the facilitator and supervisor will make arrangements for regularly refilling your drug box.

Before you leave, the facilitator also will give you the following items to use when you see sick children:

1. Recording Forms and referral notes
2. ORS packets
3. Zinc tablets
4. LA tablets
5. Antibiotics
6. Paracetamol
7. Antibiotic eye ointment

In addition, keep the following items with you:

- Utensils to prepare and give ORS solution
- A table knife to cut a tablet, and a spoon and small cup to prepare the medicine to give the child
- Pencils
- Chart Booklet

When you visit families or they bring their children to see you, complete a Recording Form for every sick child. Bring the completed Recording Forms to the next meeting with the facilitator or supervisor. You will discuss the children, their signs, and the actions you have taken. You can discuss any problems you found and how to solve them.

## **GUIDELINES FOR THE MANAGEMENT OF COMMUNITY DRUGS**

### **1.0 INTRODUCTION**

#### **1.1 PURPOSE OF THE COMMUNITY DRUGS GUIDELINES**

The government of Malawi is making efforts to increase accessibility to health care at community level. Drugs for common childhood illnesses such as diarrhoea, pneumonia and malaria will be made available at community level. The guidelines are developed to provide direction in the management of community IMCI drugs at all levels and addresses the following important issues:

- Proper selection, estimation of quantities and procurement of drugs
- Proper ordering of drugs at community level
- Distribution, storage and dispensing of drugs
- Proper treatment given to patients
- Rational of drugs
- Referral of patients

#### **1.2 USERS OF THE GUIDE**

This guide is developed for all stakeholders involved in health related community interventions i.e. donors, NGOs, H.S.As and village health committees.

#### **1.3 METHODS OF GUIDELINES FORMULATION**

The formulation of the community drug guidelines was undertaken by organising a national workshop attended by the MOH, UNICEF, NGOs, DHOs, Community volunteers and H.S.As. The workshop extensively utilized experiences and expertise of the participants.

#### **1.4. SIGNIFICANCE OF THE COMMUNITY DRUG GUIDELINES**

Malawi has a high infant mortality rate and morbidity rate. According to a baseline survey conducted in the Year 2000, 52% of children were dying in the home

without seeking medical attention and 48% of respondents indicated that health facilities were far.

The guidelines will ensure the realization of the following outcomes:

- Assure communities of drug availability, which in turn will create trust, influence proper utilization and alleviate disease burden.
- Easy accessibility to treatment
- Monitoring utilization of drugs and supplies is made easier.

## **2.0 SPECIFIC GUIDELINES AND KEY ACTIONS**

### **2.1 Selection of drugs**

Selection of community IMCI drugs is based on:

- Some conditions as outlined in the Essential Health Package (EHP) and detailed under relevant section in this guide.
- Dosage regimen i.e. ease of drug administration e.g. Albendazole vs. Mebendazole.
- Storage i.e. drugs that do not require special conditions to be stored.

### **2.2 Estimation of required quantities**

Required drug quantities shall be based on consumption.

The H.S.A. shall record Stock Balance (Stock on Hand), Losses and Expired quantities, and Quantity used on the LMIS-01C. The H.S.A. and one committee member shall sign at the space provided. Then the form shall be sent to the Pharmacy Technician either directly or through the Health Centre basing on the bureaucracies existing. The Pharmacy Technician shall collate the information provided in the LMIS reporting forms and calculates the quantity required for each facility using a formula that ensures that quantity requested are enough to last three months.

### **2.3 Source of community drugs**

The community drugs will come from the Regional Medical Stores to services Delivery Point.

#### **2.3.1. Management of donated drugs**

All donated drugs will pass through Central Medical Stores (CMS) for quality control.

- Relevant programs will determine allocation of these drugs
- Distribution of these drugs will be according to the channels stipulated by government

## 2.4 Quality assurance

Quality of drugs will be maintained at different levels of the system as follows:

- **Central Medical Stores** will test the drugs for potency and quality.
- **DHO** will play the important role of monitoring and evaluating e.g. drug storage and checking expiry dates.
- **Health Centres** will ensure proper storage and maintenance of tally sheets and drug registers
- **Communities** will ensure :
  - a) Proper storage and hygienic handling of drugs the H.S.A who is the dispenser will ensure proper storage and hygienic handling of drugs. The H.S.A will also provide advice on proper storage and administration of oral drugs. The drugs will be stored in drug boxes at community level. When expanding the programme the DHMTs will provide the drug boxes from their regular budget.
  - b) Return of expired drugs  
The H.S.A shall report to the Health Centre about the expired drugs. The Health Centre shall in turn report to the DHO who would follow the required procedures for disposal of drugs. The Expired Community Drugs shall be replaced in the next consignment.
  - c) Proper transportation of drugs. The H.S.A with one community drug committee member will transport the drugs from the nearest health facilities with available means of transport e.g. bicycle. Use of tally sheets and patients registers

## 2.5 Ordering of drugs at community level

The dispenser who is the Health Surveillance Assistant will order the drugs from the nearest health facility after the community Drug Committee (CDC) has signed the **LMIS-01C form**.

## 2.6 Distribution of drugs

The health surveillance assistant with a representative from the CDC will collect drugs from the health facility.

Distribution of Community drugs will be based on the current Direct Delivery system from RMS to health facilities. Determination of what to distribute to communities will be done by the District Pharmacy Technician using the reported data as it is the case with all other drugs and medical supplies. The distribution and delivery to health facilities are done monthly while the requested quantities are calculated using a formula that ensures three months supply.

Quantities for all the community Drug Kits shall be clearly spelt out in the Delivery Notes to various Health Centres and District Pharmacies.

Where government does not have its own health facility, a Cham Unit if present in the area will serve as a collection point for community drugs.

## 2.7 Types of drugs to be managed at community level

Health extension workers (H.S.As) at community level will manage the following drugs:

- LA
- Cotrimoxazole
- Albendazole
- Feso4 (Iron tablets)
- Paracetamol
- ORS

## 2.7 Storage and security of drugs at community level

### STORAGE

- The community Drugs shall be under the custody of the H.S.A.
- Patient registers and drug tally cards (showing the amount of drugs received, dispensed and the balance) will be maintained by the H.S.A's. The DHOs will provide these tally cards
- Storage place should be convenient to the dispenser
- Use lockable waterproof boxes and haversacks: a **2-key lock system** is advocated for.
- Store the drugs in a cool dry place.

### SECURITY:

The following security measures should be observed at all times:

- Secure house with lockable door
- Lockable box with a double locking system – the Dispenser (herein referred to as H.S.A) will keep a set of keys for one padlock whilst the other one will be kept by a member of community drug committee (CDC). It is extremely recommended that a set of the keys be kept by a mature and elderly Committee member. The member should not allow any of his/her family to surrender the keys to anyone.
- **Haversack** will be used to carry drugs for dispensing
- Drug theft will be dealt with following normal legal Procedures

## 2.9 Age of patient to be managed at community level

- Only under five patients will be managed at community level by H.S.As

## 2.10 Cost to the patient

- Community drugs will be dispensed to the under – fives free of charge in line with EHP and PRSP.

## 3.0 Conditions to be managed at Community level

The following conditions will be managed at community level:

- Pneumonia
- Malaria
- Diarrhoea
- Worm infestation
- Eye infection

<b>All severe cases should be referred to a health facility by the H.S.A</b>
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### **3.1 Dispensing and administration of drugs**

- Only oral drugs are to be used
- All first doses will be administered under observation (DOTS)
- All drug packets/envelopes should have the following information:
  - (a) Name of drug
  - (b) Dosage and frequency of administration
  - (c) Date of issue
  - (d) Name of patient

### **3.2 Personnel to manage community drugs**

- Only H.S.A's who have undergone the formal 10 week induction training will be eligible to keep the community drug kit at community level
- The H.S.A. shall also be responsible for administering of drugs to sick children
- A Member of the Drug Committee shall be responsible for keeping a set of keys for the Drug box. No other member, including the H.S.A. shall have the mandate of opening the drug box alone.

### **3.3 Hygiene to be ensured**

- Drugs are to come in the usual containers from Central Medical Stores
- Small empty plastic packs shall be made available for H.S.As for packing drugs and labelling instructions
- H.S.As to give proper instructions on ORS preparation at home (No ORT Corner).
- H.S.As to be supported with safe water and sanitary facilities (VIPs and hand washing facilities) at the dispensing points.
- H.S.As should also be supported with supplies like cups, spoons, pails, soap, towels, basins and water purifiers etc.

### **3.4 Monitoring and Evaluation**

- An IMCI coordinator/Focal point will oversee the activities i.e. to ensure that guidelines are being followed.
- H.S.As should submit monthly reports containing a summary of drug consumption, cases seen by age groups using a monitoring tool, to Malaria and IMCI Coordinators, and the Pharmacy Technician
- The focal person will conduct monthly supervisory visits
- An evaluation will be conducted after 6 months of implementation using data from available surveys.

### **3.5 Referral procedures**

- Give initial treatment according to diagnosis and refer
- Write a referral slip to include the following information:
  - (a) Name and age of patient
  - (b) Date and time of referral
  - (c) Reason for referral (symptoms and signs leading to severe classification)
  - (d) Treatment given, dose, time and route
  - (e) Name of dispenser and the name of the referring village
- Organise local transport (e.g. bicycle ambulance, oxcart etc, send for an ambulance)

**Refer all children with danger signs!!**