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**INTEGRATED MANAGEMENT OF
NEONATAL AND CHILDHOOD
ILLNESS**

FACILITATOR GUIDE

For Module 1-9

Sick Young Infant Age Upto 2 months

Sick Child Upto 5 years (IMNCD)



World Health Organization



Unicef

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**ASSESS AND CLASSIFY THE SICK CHILD
AGE 2 MONTHS UP TO 5 YEARS**

PROCEDURES	FEEDBACK
1. Distribute and introduce the module.	-----
2. Participants read through section 2.0. Demonstration: Introduce the Recording Form	----- Demonstration
3. Participants read through section 3.2.	-----
4. Participants do a video exercise. They record their answers on the worksheet for Exercise A	Answers on Video
5. Participants read through section 4.1 and do Exercise B a photograph exercise.	Group Discussion
6. Participants read through 4.2.1 Classify Dehydration.	
7. Participants do Exercise C.	-----
8. Participants read through section 4.2.3 and do Exercise D	-----
9. Participants do a video exercise and write their answers on the worksheet for Exercise E.	Answers on Video
10. Participants read through section 5.1 and do Exercise F, a photograph exercise.	Group Discussion
11. Participants read "Look for mouth ulcers" and do Exercise G, a photograph exercise.	Group Discussion
12. Participants read through "Look for pus draining from the eye" and "Look for clouding of the cornea." They do Exercise H, a photograph exercise.	Group Discussion
13. Participants read through section 5.3. Conduct group discussion of example case for Exercise I. Participants do Exercise I.	Group Discussion -----

PROCEDURES	FEEDBACK
14. Participants do a video exercise and write their answers on the worksheet for Exercise J.	Answers on Video
15. Participants read through section 6.2	Individual Group Discussion
16. Drill: Determine fast breathing in children 2 months up to 5 years.	
17. Participants read through 7.1 and do Exercise K, a photograph exercise.	Individual Group Discussion
18. Participants read through 7.2 and do Exercise L.	Individual
19. Participants read through 8.1 and do Exercise M, a photograph exercise and finish 8.2.	Group Discussion
20. Participants read through 9.3 and do Exercise N.	Individual
21. Participants read through 10.0 and do Exercise O	Answers on Video
22. Video Exercise P.	Individual
23. Summary of Module	Group Discussion

PREPARE TO FACILITATE THE MODULE

Because participants work at their own pace, the course schedule only suggests where a group should be at the end of a day's session. While you should not rush participants through their work just to complete a schedule, you should monitor their daily progress carefully so you can prepare to lead group discussions, drills, and demonstrations at the right times. Before you begin each day's module session, make sure you have the supplies and information you need for leading discussions, drills and demonstrations.

For the video exercises: To conduct video exercises, make sure the following supplies and information are available:

- * a copy of the videotape
- * videotape player
- * video monitor (a television set with wires to connect it to the videotape player)
- * instructions for operating the videotape player including how to turn the player On and Off and how to Rewind or Fast Forward the videotape to specific locations.
- * location of electrical outlets
- * any particular time during the work period when power may not be available.

For demonstrations: There are at least 3 demonstrations scheduled for this module. The guidelines for the demonstrations suggest using enlargements of some parts of the *ASSESS & CLASSIFY* chart and the Recording Form to conduct the demonstrations. The enlargements focus participants' attention on points you introduce and want to emphasize such as how to use a classification table to classify a child's illness.

To conduct the demonstrations as described in these guidelines, use the following enlargements which are provided as Facilitator Aids.¹

- * Blank Recording Form (both sides)

¹In some places where this course is given, additional facilitator aids may be provided to introduce case management charts. If you are using other facilitator aids, your course director will provide you with modified guidelines for using them. Refer to the modified guidelines to determine the advance preparations you need to make.

- * Classification Table: Fever - High Malaria Risk
- * Classification Table: Measles

If you are using laminated Facilitator Aids, you will also need:

- * a special pen for writing on laminated enlargements
- * a cloth or other material for erasing the laminated enlargements after they have been used for a demonstration.

For drills: To lead drills, use the information provided in these guidelines. When the drills are conducted, participants may use their chart booklets or the wall charts. Participants need weight for age charts to do the last drill in this module.

For photograph exercises: Make sure you have enough photograph booklets to give one to each participant.

* * *

Guidelines for leading the module ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS begin on the next page.

1. INTRODUCE THE MODULE

Distribute the module. Explain that in this module, participants will learn how to assess and classify children according to the process described on the chart *ASSESS AND CLASSIFY SICK CHILDREN AGE 2 MONTHS UP TO 5 YEARS*. Tell them that by learning how to use the process shown on the chart, participants will be able to identify signs of serious disease such as pneumonia, diarrhoea, malaria, measles, meningitis, malnutrition and anaemia.

1. Explain that they will learn each part of the chart as they work through the module over the next few days. Reassure them by explaining that they are not expected to know and understand all of the steps on the chart in one day. Each part of the chart represents a step in a process that will be taught to them in the module and during clinical practice sessions.
2. Ask the participants to read the Introduction and the Learning Objectives.

When they have finished reading, ask participants to move closer so they can see the wall chart more easily.

- Tell participants that as for the young infant, this chart also has three main sections. They are indicated by three headings: Assess, Classify and Identify Treatment.
- Point to each heading and column. Explain that this module will teach participants how to assess and classify. Later, they will learn how to identify treatment.

Next review the learning objectives with the participants. State each objective as you point to the relevant assess step or classification table of the wall chart.

- * Ask the mother about the child's problem.
- * Check for general danger signs.
- * Ask the mother about the four main symptoms:
 - cough or difficult breathing
 - diarrhoea

- fever
- ear problem
- * When a main symptom is present:
 - assess the child further for signs related to the main symptom
 - classify the illness according to the signs which are present or absent.
- * Check for signs of malnutrition and anaemia and classify the child's nutritional status.
- * Check the child's immunization, vitamin A and prophylactic IFA status and decide if the child needs any immunizations, vitamin A and IFA.
- * Assess any other problems.

Introduce the first two sections of the module: "Ask the mother what the child's problems are" and "Check for general danger signs."

2. Ask participants to turn to section 1.0 Ask The Mother What The Child's Problems Are. Ask them to read this section and section 2.0 Check For General Danger Signs.

Show participants where these steps are located on the large wall chart.²

Next, you must decide if this is an initial or follow-up visit. (Point to where this step is listed above the General Danger Signs box for deciding if this is an initial or follow-up visit.) An "Initial" visit is the first visit for a problem. A "follow-up" visit means that the child was seen a few days ago for the problem, and has now returned for further evaluation.

Next, according to the chart (point to the box "Check for General Danger Signs"), you check the child for general danger signs. To check for general danger signs (point to each assessment step as you say it) ask if the child is able to drink or breastfeed. Ask if the child vomits everything he takes in. Ask if the child has had convulsions. Look to see if the child is lethargic or unconscious.

Look at the note at the bottom of the General Danger Signs box. It says, "A child with any general danger sign needs URGENT attention; complete the assessment and any pre-referral treatment immediately so referral is not delayed." You will learn more about treating a child with a general danger sign later in the course.

DEMONSTRATION: Introduce the Recording Form

Materials needed to do this demonstration:

- * Enlarged Blank Recording Form

To conduct the demonstration:

When all the participants are ready, introduce the form by briefly mentioning each part of the form and its purpose. Use enlarged Recording Form, to help participants see

²If you are using other visual aids to help introduce the case management charts, refer to the modified guidelines your course director has prepared for you.

each part as you refer to it. For example:

"This is a Recording Form. This form is similar to the Recording form which you learnt to use earlier. The basic principles of filling the form are similar.

There are 2 sides to the form. The front side is similar to the ASSESS & CLASSIFY chart. The other side of the form has spaces for you to use when you plan the child's treatment. In this module, however, you will use the front side only. You will learn how to use the reverse side later in the course.

Look at the top of the front side of the form. (Point to each space as you say:) There are spaces for writing:

- * the child's name, age, sex, weight and temperature.*
- * the mother's answer about the child's problems.*
- * whether this is an initial visit or follow-up visit.*

Look at how the Recording Form is arranged. Notice that:

- * the form is divided into 2 columns: (point to each column as you mention it) one is for "Assess" and the other is for "Classify." These two columns relate to the Assess and Classify columns on the ASSESS & CLASSIFY wall chart.*
- * Point to the relevant columns on the wall chart and then on the Recording Form to show their correspondence.
Here is the Assess column on the Recording Form where you record any signs and symptoms that you find are present.
Here on the form is where you will record information about (point as you say the name) general danger signs -- the four main symptoms including signs of cough or difficult breathing -- diarrhoea -- fever -- ear problem -- and malnutrition and anaemia. You can see that the assessment steps under the main symptom questions on the chart are the same as on this form.
There is also a section for recording information about the child's immunization, vitamin A supplementation and prophylactic IFA status and to record the answers when you assess the child's feeding later in the child's visit.*
- * Here is the Classify column on the Recording Form. You record the child's classifications in this column.*

When you use the Recording Form to do exercises in this course or when you are working with sick children during clinical sessions, you record information by:

- * circling any sign that is present, like this (circle a sign on the Recording Form). If the child does not have the sign, you do not need to circle anything.*
- * ticking Yes if a general danger sign is present and No if it is not present here*

*in the Classify column for the general danger signs section.
The special reminder in the Classify column for general danger signs says,
"Remember to use danger sign when selecting classifications." This is to
remind you to consider the general danger sign when you classify the child's
main symptoms. You will learn more about classifying illness soon.*

- * *ticking Yes if a main symptom is present or No if it is not present. (point to the Yes ___ No ___ blanks after each main symptom assessment question on the enlargement.)*
- * *writing specific information in spaces such as the one for recording the number of breaths per minute (point to where this number is written) or the number of days a sign or symptom has been present (point to the "for how long?" question in the cough section.*
- * *writing the classification of the main symptom."*

At the end of the demonstration, ask if there are any questions.

3. Ask the participant to read section 3.0 Assess and Classify Cough or Difficult Breathing and through section 3.2 Classify Cough or Difficult Breathing.

While the participants are reading make arrangements for the video exercise.

**4. EXERCISE A: Video exercise -- "Check for general danger signs" and
"Does the child have cough or difficult breathing?"**

If the video is being shown in a room other than where the participants are working on the module, ask the participants to take their modules with them when they go to where the video is being shown. They should also bring a pencil.

To conduct this video exercise:

1. Introduce participants to the procedure for video exercises in this course. Explain that during video exercises they will:
 - * see videotaped demonstrations and exercises
 - * do exercises and record their answers on worksheets in the module
 - * check their own answers to exercises and case studies with those on the video.
2. Tell participants that in the first part of the video for Exercise A they will see examples of general danger signs. They will see:
 - * a child who is not able to drink or breastfeed,
 - * a child who is vomiting,
 - * a mother who is being asked about her child's convulsions, and

- * a child who is lethargic or unconscious.

Then participants will do an exercise to practice deciding if the general danger sign "lethargic or unconscious" is present in each child.

3. Start the videotape. If they are not writing answers on the worksheets in their modules, encourage them to do so. If they seem to be having difficulty, replay the exercise so they can see the exercise again, develop an answer and write it on the worksheet.
4. At the end of the exercise, stop the machine. Ask if any participant had problems identifying the sign "lethargic or unconscious". Rewind the tape to replay any exercise item or demonstration that you think participants should see again. Emphasize points such as:

- * Notice that a child who is lethargic may have his eyes open but is not alert or paying attention to what is happening around him.
- * Some normal young children sleep very soundly and need considerable shaking or a loud noise to wake them. When they are awake, however, they are alert.

Answers to Exercise A

1. For each of the children shown, answer the question:

Is the child lethargic or unconscious ?		
	YES	NO
Child 1		✓
Child 2	✓	
Child 3		✓
Child 4	✓	

Video Case Study

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		
Name: <u>BEN</u> Age: <u>7</u> months Weight: <u>6</u> kg Temperature: <u>38.5</u> °C		
ASK: What are the child's problems? <u>cough for 2 weeks</u> Initial visit? <u>✓</u> Follow-up Visit? <u> </u>		
ASSESS (Circle all signs present)		CLASSIFY
CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS LETHARGIC OR UNCONSCIOUS		General danger signs present? Yes <u> </u> No <u>✓</u> Remember to use danger sign when selecting classifications
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <u>✓</u> No <u> </u> • For how long? <u>14</u> Days • Count the breaths in one minute. <u>55</u> breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor.		SEVERE PNEUMONIA or VERY SEVERE DISEASE

5. Ask the participants to read through 4.1 Assess Diarrhoea.

Tell them you will conduct Exercise B as a group exercise when all the participants are ready. Each participant will need a booklet of photographs to do this and the other photograph exercises in this module.

EXERCISE B Photograph exercise -- Group work with group feedback -- Practice identifying signs of dehydration in children with diarrhoea.

Note: Participants are not expected to prepare complete descriptions for signs in these photographs. They only need to decide if the sign asked for in each exercise item is present. If you see that a participant is writing a lengthy formal description of the photograph, reassure him that he only needs to answer the question in the module.

Because this is the first time participants do a photograph exercise, this exercise is designed for group work followed by group feedback.

Photographs 1 and 2:

Talk through the example photographs with your group of participants. Explain particular points such as:

Photograph 30: This child's eyes are sunken.

Photograph 31: This child has a very slow skin pinch.

Photographs 32 through 36:

Allow all the participants time to answer the next exercise item. Then call on a participant to give his answer to the exercise item. Ask questions as needed to help a participant explain how he recognized the sign or how he would assess for the sign. Then go to the next item. For example:

Now look at Photograph 32. Does the child have sunken eyes ? Write your answer on the worksheet in your module. (Wait a few minutes while participants write answers in their modules. Then ask:) Sunita, are the child's eyes sunken ? (Sunita answers.) How did you decide that the sign is present ? To confirm your answer, what should you do ? Yes, that is right. Ask the mother if the child's eyes look unusual to her.

Now look at Photograph 33. Does this child have sunken eyes ? Write your answer on the worksheet. (Wait a few minutes while participants write their answers). Then ask: Sunil, how did you answer the question for photograph 4? Does the child have sunken eyes ? (Sunil answers.)

Provide guidance as needed for any of the photographs participants have difficulty identifying.

Answers to Exercise B

Part 1:

Photograph 30: This child's eyes are sunken.

Photograph 31: The skin pinch for this child goes back very slowly.

Part 2:

Photograph 32: This child has sunken eyes.

Photograph 33: The child has sunken eyes.

Photograph 34: The child does not have sunken eyes.

Photograph 35: The child has sunken eyes.

Photograph 36: The child's skin pinch goes back very slowly.

6. Ask the participants to read through 4.2.1 Classify Dehydration.

There will be a demonstration of Exercise C after they have finished reading.

7. DEMONSTRATION :Exercise C

Ask participants to turn to Exercise C in their modules. Talk through Case 1 for Exercise C to review how to classify a child for dehydration.

(Use the enlarged blank Recording Form when you talk through this exercise.)

This is Pano. I am going to read the information about his signs of dehydration from the module. (Read aloud the description of Pano's assessment for dehydration in Exercise C of the module.) Take a few minutes and record his signs of dehydration on the worksheet in your module.

(Participants record signs present on Recording Form excerpt in module. When you see that everyone is ready:) *Let's see how the doctor recorded these signs.* Ask for a participant to tell you what signs he recorded for this case. Record the signs the participant tells you on the Recording Form enlargement. Ask participants if they agree that these are the correct signs to record. When you have the signs recorded, display the enlarged classification table for dehydration. Then continue the demonstration:

Notice in the signs column for the pink (or top) row that you need to decide if the child has two signs of dehydration present. Look at Pano's signs. Does Pano have any signs in the pink row such as lethargic or unconscious, not able to drink or drinking poorly, sunken eyes and skin pinch goes back very slowly? He only has one sign in the pink (or top) row: sunken eyes. This is not enough to select the severe classification.

So look now at the next row, the yellow (or middle) row. Does Pano have any signs in the yellow row? Pano is restless and irritable, drinks eagerly, is thirsty and has sunken eyes. He has at least two signs in this row so you can select the classification SOME DEHYDRATION.

8. Ask participants to read through 4.2.3 and do Exercise D.

Answers to Exercise D

Case : Maya

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS					
Name: <u>MAYA</u> Age: <u>25 months</u> Sex: M ☐ F ☒ Weight: <u>9</u> kg Temperature: <u>37</u> °C					
ASK: What are the child's problems? <u>Diarrhoea</u> Initial visit? ☒ Follow-up Visit? ☐					
ASSESS (Circle all signs present)		CLASSIFY AS			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px; vertical-align: top;"> DOES THE CHILD HAVE DIARRHOEA? • For how long? <u>4</u> Days • Is there blood in the stools? </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> Yes ☒ No ☐ • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? </td> <td style="width: 20%; padding: 5px; vertical-align: top; text-align: center;"> NO DEHYDRATION </td> </tr> </table>			DOES THE CHILD HAVE DIARRHOEA? • For how long? <u>4</u> Days • Is there blood in the stools?	Yes ☒ No ☐ • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?	NO DEHYDRATION
DOES THE CHILD HAVE DIARRHOEA? • For how long? <u>4</u> Days • Is there blood in the stools?	Yes ☒ No ☐ • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?	NO DEHYDRATION			

9. EXERCISE E: Video exercise and case study --
"Does the child have diarrhoea?"

When all the participants are ready, arrange for participants to move to where the video exercise will be shown. Make sure the participants bring their modules with them.

1. Tell participants that in this video exercise, they will:

- * See examples of children with diarrhoea who have the signs of dehydration.
- * Watch a demonstration of a diarrhoea assessment and how to classify dehydration.
- * Do an exercise to practice recognizing sunken eyes and slow or very slow skin pinch.

2. Explain that the participants should write answers to the exercises and case study on the worksheet for Exercise E in their modules. They check their answers with those provided on the video.
3. At the end of each exercise, stop the machine. If participants are having trouble identifying a particular sign, rewind the tape and show the exercise item again. Talk through the exercise item and show the participants where to look to recognize the sign.

At the end of the video, conduct a short discussion. If participants had any particular difficulty, provide guidance as needed. Emphasize points during the discussion such as:

- * If you can see the tented skin even briefly after you release the skin, this is a slow skin pinch. A skin pinch which returns immediately is so quick that you cannot see the tented skin at all after releasing it.
- * Repeat the skin pinch if you are not sure. Make sure you are doing it in the right position.
- * Sometimes children who are sick or tired hold very still in clinic but they respond to touch or voice. Josh is an example of this. They should not be considered lethargic. It can be hard to tell this on the video because you only see a few minutes of the child. If you initially think a child is lethargic but then he awakens and becomes alert later in the examination, do not consider this child to have the general danger sign "lethargic or unconscious"

Answers to Exercise E

1. For each of the children shown, answer the question:

	Does the child have sunken eyes?	
	YES	NO
Child 1	✓	
Child 2		✓
Child 3	✓	
Child 4		✓
Child 5	✓	
Child 6		✓

2. For each of the children shown, answer the question:

	Does the skin pinch go back:		
	very slowly ?	slowly ?	immediately ?
Child 1		✓	
Child 2			✓
Child 3	✓		
Child 4		✓	
Child 5	✓		

Video Case Study:

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS		
Name: _____ JOSH _____ Age: 6 MONTHS, Sex: M ☒ F _____ Weight: 6 kg Temperature: 38°C		
ASK: What are the child's problems? DIARRHOEA _____ Initial visit? ☒ Follow-up Visit? _____		
ASSESS (Circle all signs present)		CLASSIFY
CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS LETHARGIC OR UNCONSCIOUS		General danger signs present? Yes _____ No ☒ _____ Remember to use danger sign when selecting classifications
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ☒ No _____ • For how long? 3 Days • Count the breaths in one minute. 56 breaths per minute. <u>Fast breathing?</u> • Look for chest indrawing. • Look and listen for stridor.		PNEUMONIA
DOES THE CHILD HAVE DIARRHOEA? Yes ☒ No _____ • For how long? 5 Days • Is there blood in the stools? • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?		SEVERE DEHYDRATION

10. Ask participants to read through section 5.1 Assess Fever and do Exercise F as a group exercise.

EXERCISE F: Group work with group feedback -- Practice identifying generalized rash of measles in children with fever

When the participants have completed reading section 5.1 and before you conduct this exercise, lead a short group discussion.

The participants have just read a long passage, which includes general information about malaria and measles. They have also read about the assessment for fever which is a 2-step process. To provide a break from the reading and to help participants review what they have just read:

- * Review with participants how to assess a child with fever. Review the assessment steps and how to do them. Emphasize that you do the assessment steps below the broken line only if the child has signs of measles (generalized rash and one of these: cough, runny nose, or red eyes) or has had measles within the last 3 months.
- * Review briefly with participants the step, "Decide malaria risk." Point out that to select the correct classification table, you need to know the malaria risk. Talk through with participants whether the malaria risk in their clinic's area is high or low. Is the malaria risk high all year long? Or is the malaria risk high only during certain seasons ? Helping participants to clarify the risk of malaria in their clinic's area will guide them in whether they should read or skip the information later in this section about classifying fever when the risk of malaria is low or when there is no malaria risk. Discuss National malaria policy 2008 .
- * Explain that participants can circle on the recording form how they decided to assess the child for fever. They can circle the appropriate phrase -- by history/feels hot/temperature 37.5°C or above - that follows the question, "Does the child have fever ?"

* * *

Photographs 37 through 40:

After the discussion, begin Exercise F by talking through photographs 37- 40.

Photograph 37: This child has the generalized rash of measles and red eyes. You can see that the rash has spread to the child's face and chest. The measles rash does not have vesicles or pustules.

Photograph 38: This child has a heat rash. Heat rash can be generalized with small bumps and vesicles which itch. The child's rash is not red.

Photograph 39: This child has scabies. This is not a generalized rash. There are vesicles present and open "runny" sores.

Photograph 40: This child's rash is due to chicken pox. It is not a generalized rash of measles.

Photographs 41 through 50:

Allow participants time to answer the exercise item. Then call on individual participants one at a time to answer an exercise question. For example:

Now look at Photograph 41. Does the child have the generalized rash of measles ? Write your answer on the worksheet in your module. (Wait a few minutes while participants write answers in their modules. Then ask:) Malik, does the child have a measles rash ? (Malik answers.) How did you decide that the child had a measles rash ?

Now look at Photograph 42. Does this child have a measles rash ? Write your answer on the worksheet. (Wait a few minutes while participants write their answers. Then ask:) Sunil, how did you answer the question for photograph 13? Does the child have a measles rash ? (Sunil answers.)

Continue in this manner until you and the participants have completed the exercise.

Answers to Exercise F

Part 1:

- Photograph 37: This child has the generalized rash of measles and red eyes.
- Photograph 38: This example shows a child with heat rash. It is not the generalized rash of measles.
- Photograph 39: This is an example of scabies. It is not the generalized rash of measles.
- Photograph 40: This is an example of a rash due to chicken pox. It is not a measles rash.

	Is the generalized rash of measles present ?	
	YES	NO
Photograph 41	✓	
Photograph 42		✓ <i>This child has scabies.</i>
Photograph 43	✓	
Photograph 44		✓ <i>This child has scabies.</i>
Photograph 45		✓ <i>This child has tinea versicolor.</i>
Photograph 46		✓ <i>This child has chicken pox.</i>
Photograph 47		✓ <i>This child is malnourished and has normal skin.</i>
Photograph 48		✓ <i>This child has heat rash.</i>
Photograph 49	✓	
Photograph 50		✓ <i>This child has normal skin.</i>

Part 2
:

11. Ask the participant to read through the description of mouth signs and be ready to do Exercise G.

Note: Photograph exercises are designed for group feedback. However, feedback to any of the photograph exercises can be given individually. To do a photograph exercise with individual feedback, discuss the example photographs with the group of participants as described in the guidelines. Then ask participants to complete the exercise and to tell you when they are ready to discuss their answers. Compare the participant's answers with those on the answer sheet. Give guidance as needed.

EXERCISE G: Photograph exercise -- Group work with group feedback – Practice identifying mouth ulcers.

Photographs 51 through 53:

Talk through the example photographs. Explain points such as:

- | | |
|----------------|---|
| Photograph 51: | This is an example of a normal mouth. The child does not have mouth ulcers. |
| Photograph 52: | This child has Koplik spots. These spots occur in the mouth inside the cheek early in a measles infection. They are not mouth ulcers. |
| Photograph 53: | This child has measles with mouth ulcers. In this photograph, we can only see the ulcers on the lips. |

Ask participants to identify photographs 54 through 56.

Photographs 54 through 56

Allow the participants time to answer the three exercise items.

Then call on participants one at a time to give their answers. If participants have difficulty identifying mouth ulcers, provide guidance about recognizing the sign. Remind participants that mouth ulcers are not only found inside the mouth but may also be found on the child's lips and tongue. Discuss any other questions participants have about this exercise or the sign "mouth ulcers."

Give the participant a copy of the answer sheet.

Answers to Exercise G

Part 1:

Photograph 51: This is an example of a normal mouth. The child does not have mouth ulcers.

Photograph 52: This child has Koplik spots. These spots occur in the mouth inside the cheek early in a measles infection. They are not mouth ulcers.

Photograph 53: This child has a mouth ulcer.

Part 2:

	Does the child have mouth ulcers?	
	YES	NO
Photograph 54	✓	
Photograph 55	✓	
Photograph 56		✓

12. Ask participants to read the next section describing eye signs and be ready to do Exercise H.

EXERCISE H: Photograph exercise -- Group work followed by group feedback -- Pus draining from the eye and clouding of the cornea in children with measles.

Photographs 57 through 59:

When all the participants are ready, talk through the three example photographs.

Photograph 57: This is a normal eye showing the iris, pupil, conjunctiva and cornea. (Make sure participants understand the terms *iris*, *pupil*, *conjunctiva* and *cornea*.) There is no pus. There are tears. The child has been crying. There is no pus draining from the eye.

Photograph 58: This child has pus draining from the eye.

Photograph 59: This child has clouding of the cornea.

Photographs 60 through 66:

Tell the participants that there are two questions to answer for each photo: one about pus draining from the eye and another for clouding of the cornea. They should write "yes" if the sign is present and "no" if it is not present. If the participant is not able to tell from the photo whether a sign is present, write "not able to tell" in the answer column.

Allow participants time to do the exercise. When you see that everyone has completed the exercise, call on participants one at a time to give their answers. Ask each participant to describe how he recognized the sign. Ask questions to help participants review the parts of the eye. Provide guidance as needed about identifying eye signs in any of the photographs.

Answers to Exercise H

Part 1:

Photograph 57: This is a normal eye showing the iris, pupil, conjunctiva and cornea. The child has been crying. There is no pus draining from the eye.

Photograph 58: This child has pus draining from the eye.

Photograph 59: This child has clouding of the cornea.

Part 2:

	Does the child have:	
	Pus draining from the eye ?	Clouding of the cornea ?
Photograph 60	yes	Not able to tell
Photograph 61	no	no
Photograph 62	yes	Not able to tell
Photograph 63	no	yes
Photograph 64	no	yes
Photograph 65	yes	Not able to tell
Photograph 66	no	no

13. Ask the participant to read through 5.3 Classify Measles and study the example case study for Exercise I.

**EXERCISE I: Individual work followed by individual feedback --
Practice classifying sick children up through fever.**

Classifying fever involves selecting the appropriate classification table. This is slightly different from the system participants have learned so far. Make sure that participants use the correct classification table when answering the case studies for this exercise. Participants should only practice classifying fever according to the classification table for low malaria risk if there is low malaria risk in their clinic's area.

Materials needed:

- * Enlargement of Blank Recording Form
- * Enlargement of Classification Table - Fever (High Malaria Risk)
- * Enlargement of Classification Table - Measles

To conduct the group discussion:

When all the participants have read through 5.3, lead a brief discussion about the example case study for Exercise I and review how to classify fever.

- * Obtain the case information by calling on participants to provide it. Record the case information on the enlarged Recording Form. For example:

This is Pawan (write his name on the enlarged Recording Form). What is his age, weight and temperature, Sunil? (Sunil answers. The facilitator or another participant writes information on Recording Form enlargement). *Good. What is the child's problem, Ram?* (Ram answers. Facilitator records information.) *And this is Pawan's initial visit for this problem.* (Facilitator ticks "Initial visit"). *Does Pawan have a general danger sign, Karma?* (Karma answers.) *How did you decide no general danger sign is present?* (Karma answers.)

- * Continue in this manner until all of *Pawan's* signs and classifications have been recorded. When you discuss *Pawan's* signs of fever, talk through the classification of fever and measles. Point to the enlarged classification table for fever (high malaria risk) and the enlarged classification table for measles as you talk through *Pawan's* signs related to the main symptom "fever" and how to classify them.

Answers to Exercise I

1. Case: Kareem

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: Kareem Age: 5 months Sex: M ☒ F ☐ Weight: 5.2 kg Temperature: 37.5°C

ASK: What are the child's problems? Not eating well, feels hot Initial visit? ☒ Follow-up Visit? ☐

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS LETHARGIC OR UNCONSCIOUS		General danger signs present? Yes ☐ No ☒ Remember to use danger sign when selecting classifications
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ☐ No ☒ • For how long? <u> </u> Days • Count the breaths in one minute. <u> </u> breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor.		
DOES THE CHILD HAVE DIARRHOEA? Yes ☐ No ☒ • For how long? <u> </u> Days • Is there blood in the stools? • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?		
DOES THE CHILD HAVE FEVER? (by history/ <u>feels hot</u> /temperature <u>37.5°C</u> or above) Yes ☒ No ☐ Make a smear/perform RDT. • Decide Malaria Risk: <u>High</u> Low • For how long? <u>2</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last three months? • Look or feel for stiff neck. • Look or feel for bulging fontanelle. • Look for runny nose Look for signs of MEASLES: • Generalized rash like measles and • One of these: cough, runny nose, or red eyes.		MALARIA
Does the child have measles now or within the last 3 months?: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.		

14.EXERCISE J: Video exercise -- "Does the child have fever ?"

When all the participants are ready, arrange for them to move to where the video exercise will be shown. Make sure they bring their modules.

To conduct the video exercise:

1. Tell participants that during the video for Exercise J they will see examples of how to assess a child with fever for:

- stiff neck
- generalized rash of measles

They will also see how to assess children with measles for:

- mouth ulcers
- pus draining from the eye
- clouding of the cornea

They will do an exercise to practice identifying whether stiff neck is present and do a case study to practice assessing and classifying a sick child up through fever.

2. Ask if participants have any questions before you start the video. When there are no additional questions, start the video.
3. At the end of the video presentation, lead a short discussion. Answer any questions that participants might have about identifying and classifying clinical signs in children with fever. If they had any particular difficulty identifying or classifying signs during the case study, rewind the tape and show especially clear examples that demonstrate the sign effectively for the participant.

Important points to emphasize in this video are:

- * The video shows examples of measles rash at different stages: the early red rash and the older rash which is peeling as you saw in Pu's case.
- Assessing for stiff neck varies depending on the state of the child. You may not need to even touch the child. If the child is alert and calm, you may be able to attract his attention and cause him to look down. If you need to try to move the child's neck, you saw in the video a position which supports the child while gently bending the neck. It is hard to tell from a video whether the child's neck is stiff. When you do this step with a real child, you will feel the stiffness when you try to bend the neck. You also saw the child cry from pain as the doctor tried to bend the neck.

Answers to Exercise J

For each of the children shown, answer the question:

	Does the child have a stiff neck ?	
	YES	NO
Child 1		✓
Child 2	✓	
Child 3		✓
Child 4	✓	

Video Case Study:

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: PU Age: 4 YEARS, 9 MONTHS Sex: M ☒ F ☐ Weight: 14 kg Temperature: 38 °C

ASK: What are the child's problems? RASH, FEVER Initial visit? ☒ Follow-up Visit? ☐

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED LETHARGIC OR UNCONSCIOUS VOMITS EVERYTHING CONVULSIONS		General danger signs present? Yes ☐ No ☒ Remember to use danger sign when selecting classifications
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ☒ No ☐ • For how long? <u>7</u> Days • Count the breaths in one minute. <u>44</u> breaths per minute. <u>Fast breathing?</u> • Look for chest indrawing. • Look and listen for stridor.		PNEUMONIA
DOES THE CHILD HAVE DIARRHOEA? Yes ☐ No ☒ • For how long? <u>7</u> Days • Is there blood in the stools? • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?		
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature <u>37.5°C</u> or above) Yes ☒ No ☐ Make a smear/perform RDT. • Decide Malaria Risk: <u>High</u> Low • For how long? <u>3</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last three months? • Look or feel for stiff neck. • Look or feel for bulging fontanelle. • <u>Look for runny nose</u> <u>Look for signs of MEASLES:</u> • Generalized <u>rash like measles</u> and • One of these: cough, runny nose, or red eyes.		MALARIA
Does the child have measles now or within the last 3 months?: • <u>Look for mouth ulcers.</u> If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.		MEASLES WITH EYE OR MOUTH COMPLICATIONS

15. Ask the participants to read through 6.2 Classify Ear Problem.

16. DRILL: Determining fast breathing in children 2 months up to 5 years

Conduct this drill at any convenient time after this point in the module. For example, plan to conduct this drill when participants return from tea break. Doing the drill at that time will help participants focus their attention and prepare them to resume work in the module.

To conduct the drill:

1. There are no special materials required for this drill. However, before you begin, help participants review the cut-offs for determining fast breathing. Ask one of the participants to tell the group the cut off for fast breathing in a child age 2 months up to 12 months; ask another to tell the group the cut off for fast breathing in a child 12 months up to 5 years.
2. Remind participants about the procedures for doing drills and that this is not a test. They should wait to be called on and should be prepared to answer as quickly as they can.
3. Start the drill by asking the first question. Call on participants one at a time. If a participant cannot give an answer or gives an incorrect answer, cheerfully go to the next participant and ask if he can answer the question.

When the group is ready, start the drill by asking the first question below:

QUESTION	ANSWER
ASK: What is fast breathing in a child who is:	
4 months old	50 breaths per minute or more
18 months old	40 breaths per minute or more
36 months old	40 breaths per minute or more
6 months old	50 breaths per minute or more
11 months old	50 breaths per minute or more
12 months old	40 breaths per minute or more
2 months old	50 breaths per minute or more

DRILL: Part 2:

QUESTION		ANSWER
<i>ASK: Does the child have fast breathing if:</i>		
<i>The child is:</i>	<i>and number of breaths in a minute is:</i>	
3 months old	52	Yes
2 years old	38	No
6 months old	48	No
12 months old	38	No
12 months old	42	Yes
3 years old	37	No
8 months old	54	Yes
18 months old	45	Yes
15 months old	42	Yes
4 months old	45	No
14 months old	45	Yes
4 years old	43	Yes
20 months old	48	Yes
7 months old	48	No
10 months old	38	No
11 months old	45	No
12 months old	45	Yes

1. Ask participants to read through 7.1 Assess for malnutrition and do Exercise K as group exercise

EXERCISE K: Group work followed by group feedback -- Look for visible severe wasting. Look for oedema of both feet.

When the participants are ready to do Exercise K gather the participants together.

Photographs 67 through 70:

Talk through the example photographs. Mention these points:

- Photograph 67: This is an example of visible severe wasting. The child has small hips, thin legs relative to the abdomen. There is still cheek fat on the child's face.
- Photograph 68: This is the same child as in photograph 67 showing loss of buttock fat.
- Photograph 69: This is the same child as in photograph 67 showing folds of skin ("baggy pants") due to loss of buttock fat. Not all children with visible severe wasting have this sign. It is an extreme sign.
- Photograph 70: This child has oedema. *Notice that the child has oedema of both feet. In this child, the oedema extends up to the child's legs.*

Photographs 71 through 79:

Allow participants time to complete the exercise. When you see that everyone has completed the exercise, call on participants one at a time to give their answers. After the participant answers, ask further questions about what signs the participant looked for to decide if the child had visible severe wasting or oedema.

Answers to Exercise K

Part 1:

- Photograph 67: This is an example of visible severe wasting. The child has small hips, thin legs relative to the abdomen. There is still cheek fat on the child's face.
- Photograph 68: This is the same child as in photograph 67 showing loss of buttock fat.
- Photograph 69: This is the same child as in photograph 67 showing folds of skin ("baggy pants") due to loss of buttock fat. Not all children with visible severe wasting have this sign. It is an extreme sign.
- Photograph 70: This child has oedema.

Part 2: For each photograph, answer the question:

	Does the child have visible severe wasting ?	
	YES	NO
Photograph 71		✓
Photograph 72	✓	
Photograph 73		✓
Photograph 74	✓	
Photograph 75	✓	
Photograph 76	✓	
Photograph 77		✓
Photograph 78	✓	
	Does the child have oedema ?	
	Yes	No
Photograph 79	✓	

18. Ask participants to read through 7.2 Classify Nutritional Status and do Exercise L.

Answers to Exercise L

Case : Nadia

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: NADIA Age: 18MONTHS Sex: M F ☒ Weight: 7 kg Temperature: 38.5 °C

ASK: What are the child's problems? FEELS HOT, RASH, SKIN AND BONES Initial visit? ☒ Follow-up Visit?

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS		General danger signs present?
NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS	LETHARGIC OR UNCONSCIOUS	Yes <u> </u> No <u>☒</u> Remember to use danger sign when selecting classifications
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <u> </u> No <u>☒</u> • For how long? <u> </u> Days • Count the breaths in one minute. <u> </u> breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor.		
DOES THE CHILD HAVE DIARRHOEA? Yes <u> </u> No <u>☒</u> • For how long? <u> </u> Days • Is there blood in the stools? • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?		
DOES THE CHILD HAVE FEVER? (by history <u>feels hot/temperature 37.5°C or above</u>) Yes <u>☒</u> No <u> </u> Make a smear/perform RDT. Decide Malaria Risk: <u>High</u> Low • For how long? <u>5</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last three months? • Look or feel for stiff neck. • Look or feel for bulging fontanelle • Look for runny nose Look for signs of MEASLES: • <u>Generalized rash like measles and</u> • One of these: cough, runny nose, or <u>red eyes</u> .		MALARIA
Does the child have measles now or within the last 3 months?: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.		MEASLES
DOES THE CHILD HAVE AN EAR PROBLEM? Yes <u> </u> No <u>☒</u> • Is there ear pain? • Is there ear discharge? If Yes, for how long? <u> </u> Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear		
THEN CHECK FOR MALNUTRITION • <u>Look for visible severe wasting.</u> • Look and feel for oedema of both feet. • Determine weight for age. Severe underweight <u>☒</u> Moderately underweight/normal weight <u> </u>		SEVERE MALNUTRITION

2. Ask participants to read through 8.1. Assess for Anaemia and do Exercise M.

Answers for Exercise M

Part 1:

Photograph 80: This child's skin is normal. There is no palmar pallor.

Photograph 81a: The hands in this photograph are from two different children. The child on the left has some palmar pallor.

Photograph 81b: The child on the right has no palmar pallor.

Photograph 82a: The hands in this photograph are from two different children. The child on the left has no palmar pallor.

Photograph 82b: The child on the right has severe palmar pallor.

Part 2:

	Does the child have signs of:		
	Severe pallor	Some pallor	No pallor
Photograph 83		✓	
Photograph 84			✓
Photograph 85a	✓		
Photograph 85b			✓
Photograph 86	✓		
Photograph 87		✓	
Photograph 88	✓		

3. Ask participants to read through 9.3 and do Exercise N.

**EXERCISE N: Individual work followed by individual feedback --
Check the child's immunization and Vitamin A supplementation status.**

As you talk through each case with the participant, check to see that the participant understands how to decide if the child needs any immunizations or Vitamin A supplementation during this visit. For example:

- * *How did you decide that this child needed an immunization today ?*
- * *What would you say to the mother first to find out this child's immunization history ?*
- * *If she says, "Yes, I brought an immunization card today," what should you do next ?*
- * *If she did not bring the card today, what would you do ?*
- * *How did you decide whether their child needs a Vitamin A supplementation today ?*

Answers to Exercise N

1. Salim -- 6 months:

- a. Is Salim up-to-date with his immunizations? *No.*
- b. What immunizations, if any, does Salim need today?
He needs DPT 3 and OPV 3. Hepatitis B if available
- c. When should he return for his next immunization?
He should return at 9 months of age for measles immunization.

2. Chilunji -- 3 months:

- a. Is Chilunji-to-date with her immunizations ? *No.*
- b. What immunizations, if any, does Chilunji need today ?
She needs OPV 2 and DPT 2. Hepatitis B IF AVAILABLE.
- c. What immunizations will she receive at her next visit ?
Give her DPT 3 AND OPV 3+ Hepatitis B IF AVAILABLE
- d. When should she return for her subsequent immunization ?
At 9 months of age.

3. Marco - 9 months:

- a. Is Marco up-to-date with his immunizations ? *No.*
- b. What immunizations, if any, does Marco need today ? *He needs DPT 3, OPV 3*

Hepatitis B –3 and Measles.

c. When should he return for his next immunization ?

He needs booster at 18 months of age.

d. Should he be given vitamin A today ?

YES he should be given vitamin A since he has not been given vitamin A earlier.

e. Yes he should be given IFA since he is more than 6 months of age.

21. Ask the participant to read through 10.0 Assess Other Problems and to do Exercise O.

Remind participants to work carefully through the cases in Exercise O. They are long cases because the participant has now learned all of the steps for assessing and classifying children according to the *ASSESS & CLASSIFY* chart.

**EXERCISE O: Individual work followed by individual feedback --
Assess and classify the sick child**

In this and the remaining exercises in this module, participants review all they have learned up to this point. Use any relevant opportunity to re teach difficult points about identifying particular signs or classifying illness according to the process on the *ASSESS & CLASSIFY* chart.

* * *

Compare the participant's answers to those on the answer sheet. Talk through each case with the participant. Use this review opportunity to make sure the participants understand the steps on the *ASSESS & CLASSIFY* chart. For example:

- * *How do you decide if the child has fast breathing ? What if the child was 8 months old instead of 18 months old ?*
- * *How would you classify this child if he had a low malaria risk ?*
- * *How would you classify this child's cough if he had chest indrawing ?*

Note: In this module, participants only need to circle the immunizations the child needs today. Decisions about giving the immunization and when to return are taught in the module *Identify Treatment*.

Answers to Exercise O : Case 1: Dan

MANAGEMENT OF THE SICK YOUNG INFANT AGE 2 MONTHS UP TO 5 YEARS

Name: Dan Age: 9 MONTHS Sex: M ☒ F ☐ Weight 9.5 Kg Temperature 39.5°C

ASK: What are the child's problems? DIARRHOEA FOR 7 DAYS Initial visit? ☒ Follow-up Visit? ☐
ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS LETHARGIC OR UNCONSCIOUS	General danger signs present? Yes ☐ No ☒ Remember to use danger sign when selecting classifications																		
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ☐ No ☒ • For how long? <u> </u> Days • Count the breaths in one minute. <u> </u> breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor.																			
DOES THE CHILD HAVE DIARRHOEA? Yes ☒ No ☐ • For how long? <u>7</u> Days Is ABLE TO DRINK OR BREASTFEED • Is there blood in the stools? • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for <u>sunken eyes</u> . • Offer the child fluid. Is the child: Not able to drink or drinking poorly? <u>Drinking eagerly, thirsty?</u> • Pinch the skin of the abdomen. Does it go back: <u>Very slowly</u> (longer than 2 seconds)? <u>Slowly?</u>	SOME DEHYDRATION																		
DOES THE CHILD HAVE FEVER? (by history) feels hot <u>temperature 37.5°C or above</u> Yes ☒ No ☐ Make a smear/perform RDT. Decide Malaria Risk <u>High</u> Low • For how long? <u>2</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last three months? • Look or feel for stiff neck. • Look or feel for bulging fontanelle • Look for runny nose Look for signs of MEASLES: • Generalized rash like measles and • One of these: cough, runny nose, or red eyes.	MALARIA																		
Does the child have measles now or within the last 3 months?: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.																			
DOES THE CHILD HAVE AN EAR PROBLEM? Yes ☐ No ☒ • Is there ear pain? • Is there ear discharge? If Yes, for how long? <u> </u> Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear																			
THEN CHECK FOR MALNUTRITION • Determine weight for age. • Look for visible severe wasting. • Look and feel for oedema of both feet. Severe underweight <u> </u> Moderately underweight/normal weight <u> </u>	NOT VERY LOW WEIGHT																		
THEN CHECK FOR ANAEMIA • Look for palmar pallor - Severe palmar pallor? Some palmar pallor? <u>No pallor?</u>	NO ANAEMIA																		
CHECK THE CHILD'S IMMUNIZATION VITAMIN A AND IFA SUPPLEMENTATION STATUS Circle immunizations needed today. <table border="0"> <tr> <td>☒ BCG</td> <td>☒ DPT 1</td> <td>☒ DPT 2</td> <td>☒ DPT 3</td> <td><u> </u> DPT (booster)</td> <td><u> </u> DT</td> </tr> <tr> <td><u> </u> Hep B-1</td> <td><u> </u> Hep B-2</td> <td><u> </u> Hep B-3</td> <td><u> </u> Vitamin A</td> <td><u> </u> IFA</td> <td></td> </tr> <tr> <td>☒ OPV 0</td> <td>☒ OPV 1</td> <td>☒ OPV 2</td> <td>☒ OPV 3</td> <td><u> </u> OPV</td> <td></td> </tr> </table>	☒ BCG	☒ DPT 1	☒ DPT 2	☒ DPT 3	<u> </u> DPT (booster)	<u> </u> DT	<u> </u> Hep B-1	<u> </u> Hep B-2	<u> </u> Hep B-3	<u> </u> Vitamin A	<u> </u> IFA		☒ OPV 0	☒ OPV 1	☒ OPV 2	☒ OPV 3	<u> </u> OPV		Next visit for DPT/OPV BOOSTER
☒ BCG	☒ DPT 1	☒ DPT 2	☒ DPT 3	<u> </u> DPT (booster)	<u> </u> DT														
<u> </u> Hep B-1	<u> </u> Hep B-2	<u> </u> Hep B-3	<u> </u> Vitamin A	<u> </u> IFA															
☒ OPV 0	☒ OPV 1	☒ OPV 2	☒ OPV 3	<u> </u> OPV															

ASSESS OTHER PROBLEMS:

Case 2: MISHU

MANAGEMENT OF THE SICK YOUNG INFANT AGE 2 MONTHS UP TO 5 YEARS

Name: Mishu Age: 4 MONTH Sex: M ☒ F ☐ Weight 5.5 Kg Temperature 38°C

ASK: What are the child's problems? DIARRHOEA Initial visit? ☒ Follow-up Visit? ☐

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS LETHARGIC OR UNCONSCIOUS		General danger signs present? Yes ☐ No ☒ Remember to use danger sign when selecting classifications
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ☐ No ☒ • For how long? <u> </u> Days • Count the breaths in one minute. <u> </u> breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor.		
DOES THE CHILD HAVE DIARRHOEA? Yes ☒ No ☐ • For how long? <u>2</u> Days • <u>Is there blood in the stools?</u> • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?		NO DEHYDRATION DYSENTERY
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ☒ No ☐ Make a smear/perform RDT. • Decide Malaria Risk: <u>High</u> Low • For how long? <u>2</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last three months? • Look or feel for stiff neck. • Look or feel for bulging fontanelle • Look for runny nose Look for signs of MEASLES: • Generalized rash like measles and • One of these: cough, runny nose, or red eyes.		MALARIA
Does the child have measles now or within the last 3 months?: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.		
DOES THE CHILD HAVE AN EAR PROBLEM? Yes ☐ No ☒ • Is there ear pain? • Is there ear discharge? If Yes, for how long? <u> </u> Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear		
THEN CHECK FOR MALNUTRITION Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Severe underweight <u> </u> Moderately underweight/normal weight <u> </u>		NOT VERY LOW WEIGHT
THEN CHECK FOR ANAEMIA • Look for palmar pallor • Severe palmar pallor? Some palmar pallor? <u>No pallor?</u>		NO ANAEMIA
CHECK THE CHILD'S IMMUNIZATION VITAMIN A AND IFA SUPPLEMENTATION STATUS Circle immunizations needed today. <u>✓</u> BCG <u>✓</u> DPT 1 <u> </u> DPT 2 <u> </u> DPT 3 <u> </u> DPT (booster) <u> </u> DT <u> </u> Hep B-1 <u> </u> Hep B-2 <u> </u> Hep B-3 <u> </u> Vitamin A <u> </u> IFA <u>✓</u> OPV 0 <u>✓</u> OPV 1 <u> </u> OPV 2 <u> </u> OPV 3 <u> </u> Measles <u> </u> OPV 4		

ASSESS OTHER PROBLEMS:

4. Video Exercise P.

Participants see video exercise on “Jenny” to assess a child with an ear problem and how to look for signs of malnutrition and anaemia. Then they see case studies of “Martha” and “Faduma”.

Case 1: MARTHA

MANAGEMENT OF THE SICK YOUNG INFANT AGE 2 MONTHS UP TO 5 YEARS

Name: Martha Age: Sex: M F Weight Kg Temperature °C

ASK: What are the child's problems? Initial visit ? Follow-up Visit?

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS LETHARGIC OR UNCONSCIOUS		General danger signs present? Yes <u> </u> No <u>✓</u> Remember to use danger sign when selecting classifications			
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes <u>✓</u> No <u> </u> • For how long? <u>5</u> Days • Count the breaths in one minute <u>46</u> breaths per minute (Fast breathing?) • Look for chest indrawing. • Look and listen for stridor.		PNEUMONIA			
DOES THE CHILD HAVE DIARRHOEA? Yes <u> </u> No <u>✓</u> • For how long? <u> </u> Days • Is there blood in the stools? • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?					
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes <u>✓</u> No <u> </u> Make a smear/perform RDT. • Decide Malaria Risk: <u>High</u> Low • For how long? <u>2</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last three months? • Look or feel for stiff neck. • Look or feel for bulging fontanelle • Look for runny nose Look for signs of MEASLES: • Generalized rash like measles and • One of these: cough, runny nose, or red eyes.		MALARIA			
Does the child have measles now or within the last 3 months?: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.		MEASLES			
DOES THE CHILD HAVE AN EAR PROBLEM? Yes <u> </u> No <u>✓</u> • Is there ear pain? • Is there ear discharge? If Yes, for how long? <u> </u> Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear					
THEN CHECK FOR MALNUTRITION Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Severe underweight <u> </u> Moderately underweight/normal weight <u>✓</u>		NOT VERY LOW WEIGHT			
THEN CHECK FOR ANAEMIA • Look for palmar pallor • Severe pallor? Some pallor? <u>No pallor?</u>		NO ANAEMIA			
CHECK THE CHILD'S IMMUNIZATION VITAMIN A AND IFA SUPPLEMENTATION STATUS Circle immunizations needed today.					
BCG	DPT 1	DPT 2	DPT 3	DPT (booster)	DT
	Hep B-1	Hep B-2	Hep B-3	Vitamin A	IFA
OPV 0	OPV 1	OPV 2	OPV 3	Measles	OPV 4

ASSESS OTHER PROBLEMS

Case 2: FADUMA

MANAGEMENT OF THE SICK YOUNG INFANT AGE 2 MONTHS UP TO 5 YEARS

Name: Faduma Age: 18 months Sex: M ☐ F ☒ Weight 6 Kg Temperature 37 °C

ASK: What are the child's problems? Itching, rash Initial visit? ☒ Follow-up Visit? ☐

ASSESS (Circle all signs present)

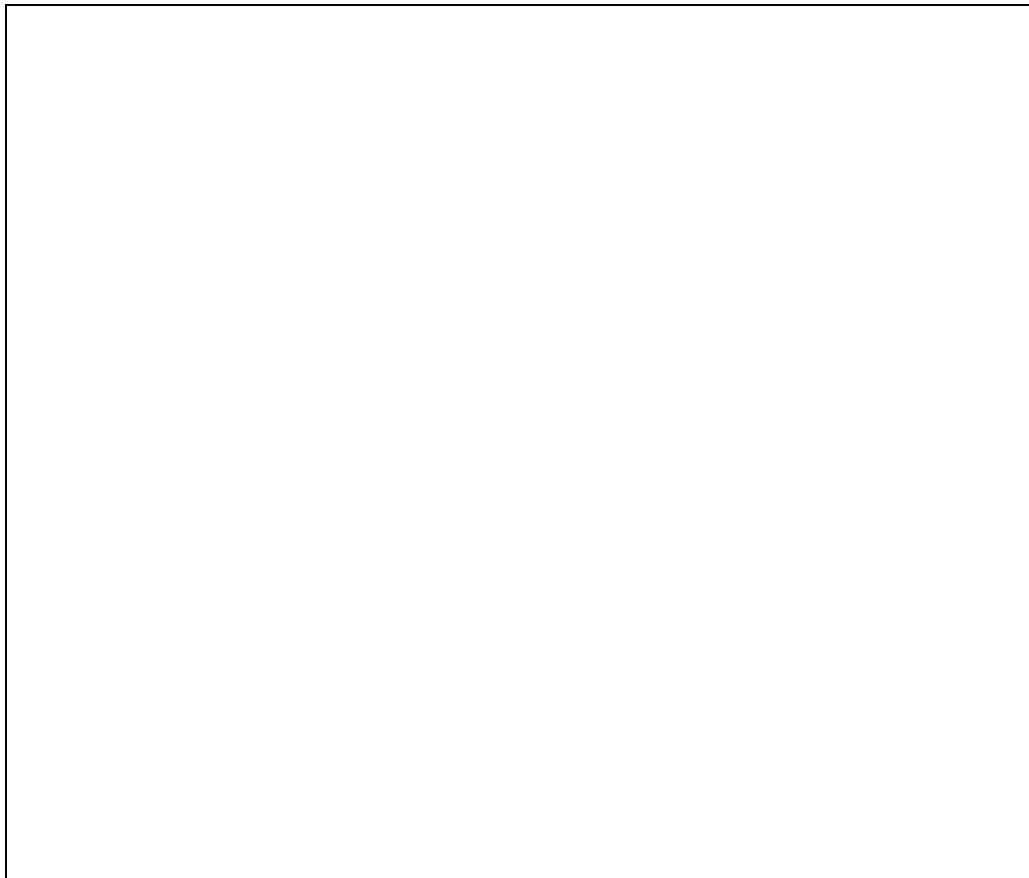
CLASSIFY

CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS LETHARGIC OR UNCONSCIOUS		General danger signs present? Yes ☐ No ☒ Remember to use danger sign when selecting classifications			
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ☒ No ☐ • For how long? <u>7</u> Days • Count the breaths in one minute. <u>42</u> breaths per minute. Fast breathing? • Look for chest indrawing. • Look and listen for stridor.		PNEUMONIA			
DOES THE CHILD HAVE DIARRHOEA? Yes ☒ No ☐ • For how long? <u>6</u> Days • Is there blood in the stools? • Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back: <u>Very slowly (longer than 2 seconds)?</u> Slowly?		SEVERE DEHYDRATION			
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ☒ No ☐ Make a smear/perform RDT. • Decide Malaria Risk <u>High</u> Low • For how long? <u>2</u> Days • If more than 7 days, has fever been present every day? • Has child had measles within the last three months? • Look or feel for stiff neck. • Look or feel for bulging fontanelle • Look for runny nose Look for signs of MEASLES: • Generalized rash like measles and • One of these: cough, runny nose, or red eyes.		MALARIA			
Does the child have measles now or within the last 3 months?: • Look for mouth ulcers. If Yes, are they deep and extensive? • Look for pus draining from the eye. • Look for clouding of the cornea.					
DOES THE CHILD HAVE AN EAR PROBLEM? Yes ☒ No ☐ • <u>Is there ear pain?</u> <u>Is there ear discharge?</u> If Yes, for how long? <u>21</u> Days • Look for pus draining from the ear. • Feel for tender swelling behind the ear		CHRONIC EAR INFECTION			
THEN CHECK FOR MALNUTRITION Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine weight for age. Severe underweight _____ Moderately underweight/normal weight _____		SEVERE MALNUTRITION			
THEN CHECK FOR ANAEMIA • Look for palmar pallor • Severe pallor? <u>Some</u> pallor? No pallor?		ANAEMIA			
CHECK THE CHILD'S IMMUNIZATION VITAMIN A AND IFA SUPPLEMENTATION STATUS Circle immunizations needed today.					
BCG	DPT 1	DPT 2	DPT 3	DPT (booster)	DT
	Hep B-1	Hep B-2	Hep B-3	Vitamin A	IFA
OPV 0	OPV 1	OPV 2	OPV 3	Measles	OPV 4

23. SUMMARY OF MODULE -- Group discussion

To review the skills covered in this module, first ask participants to read again the list of learning objectives on the first page of the module.

1. Review each step of the process on the *ASSESS & CLASSIFY* chart. As you state each objective, point (or ask a participant to point) to where the relevant step is located on the chart.
2. Tell participants what was done well during their work with this module. Also mention any points that were difficult for participants, such as recognizing a particular sign or using communication skills to talk with mothers. Tell participants that several points in the module will be reinforced in future clinical sessions. They will also be reviewed throughout the rest of the modules that describe how to identify treatment, treat sick children and counsel mothers.
3. Review any points that you noted below and answer any questions that participants still have.

A large, empty rectangular box with a thin black border, intended for participants to write down any points noted during the discussion or questions they still have.

**FACILITATOR GUIDELINES
FOR**

**IDENTIFY TREATMENT
FOR THE SICK CHILD
AGE 2 MONTHS UPTO 5 YEARS**

IDENTIFY TREATMENT

PROCEDURES	FEEDBACK
1. Distribute and introduce the module.	-----
2. Participants read Introduction and section 1.0 Explain the chart and the rest of section 1.0.	-----
3. Demonstrate how to use the back of the Sick Child Recording Form and Participants read section 2.0.	Individual
4. Participants do Exercise A.	-----
5. Participants read the section on When to Return Immediately and do Exercise B.	
6. Lead drill on when to return immediately.	Individual
7. Participants read section 3.0 and do Example	Individual
8. Participants read sections 4.0 and 5.0	Individual
9. Summarize the module.	Group discussion -----

1. INTRODUCTION OF MODULE

Briefly introduce the module by explaining that it describes the final step on the *ASSESS & CLASSIFY* chart: "Identify Treatment." Point to the "Identify Treatment" column on the wall-size *ASSESS & CLASSIFY* chart.

Pointing to the wall chart, explain how to read across the chart from each classification to the list of treatments needed. Point to the treatments listed for PNEUMONIA and read them aloud (or have a participant read them aloud). Point to the treatments listed for diarrhoea with NO DEHYDRATION and read them aloud (or have a participant read them aloud). Ask a participant to point to the classification DYSENTERY. Then ask that participant to read aloud the treatments for dysentery.

Explain that severe classifications usually require referral to a hospital. For these classifications, the instruction is given to "Refer URGENTLY to hospital." Point to the treatment instructions for SEVERE PNEUMONIA OR VERY SEVERE DISEASE and read them aloud, including the instruction to refer urgently to the hospital. Ask a participant to point to the classification MASTOIDITIS. Then ask that participant to read aloud the treatments for MASTOIDITIS.

Explain that this module does not describe how to give the treatments, but simply how to identify which treatments are needed. Participants will learn how to give the treatments in the module *Treat the Child*.

Ask participants to read the Introduction to the module and complete section 1.0.

2. Explanation of "Decisions Involved in Plan C" and Section 1.0

When all participants have read up to "Decisions Involved in Plan C" ask participants to gather for an explanation.

Materials needed:

- * Enlargement of the Classification Table -- Dehydration
- * Enlargement of Simplified Plan C

To conduct the explanation:

Review the following points:

- * Most severe classifications require urgent referral.
- * ***Exception: If the only severe classification is SEVERE PERSISTENT DIARRHOEA, the child needs referral, but not as urgently. There is time to***

give other treatments before referral.

Note to facilitator: There are other non-urgent referrals as well: for coughing more than 30 days and for fever present for over 7 days. In these cases also, there is time to give other treatments before referral. Although this is not urgent referral, it is important that the mother go as soon as possible, in the next day or two.

- * Another possible exception: If a child's only severe classification is SEVERE DEHYDRATION, you may keep and treat the child if your clinic has the ability to treat the child. (This includes a child who may have a general danger sign because of severe dehydration: lethargic or unconscious, or not able to drink.) You will use Plan C to decide how this child should be treated.

Reassure participants that Plan C will be taught in detail in the next module. For now, they will focus on the questions on the left side.

Read through the simplified Plan C out loud as participants follow in their modules. Explain what happens for each NO or YES answer.

Ask each participant to think through the decisions for his own clinic for a child with SEVERE DEHYDRATION who cannot drink.

Explain that, in addition to referrals for severe classifications, the following children should be referred:

- * Children who have a general danger sign without a severe classification
- * **Children who have any other severe problem that cannot be treated at the clinic (for example, severe abdominal pain)**

Look at the abbreviated version of Plan C in section 1.0 with the participant. Discuss whether the participant's clinic has IV therapy available, whether IV therapy is available nearby (within 30 minutes), and whether NG tubes can be used. The situation at the participant's clinic will determine what he can do for a child who needs Plan C.

Ask the participant to what hospital or clinic he refers children who need urgent referral. Discuss briefly how far away that is and how mothers can travel there.

Now begin section 2.0 as a group.

3. Demonstration of how to use the back of the Sick Child Recording Form

Hold up a blank Sick Child Recording Form. Explain that they are now going to record treatments needed on the back.

The participants have already learnt how to fold the "Classify" column of the Young Infant Recording Form so that it can be seen while looking at the back of the form. The same method is applied for a Sick Child recording form

- * Look at the *ASSESS & CLASSIFY* chart to find the treatments needed for each classification.
- * List treatments needed on the back of the form, across from the classification.
- * Write only the relevant treatments.

Show participants that only the relevant treatments were listed on the form. The treatment that begins "If child also has a severe classification...." is not written.

- * Shorten the wording of treatments if desired. For example,

Fluid and food (Plan B)

instead of "Give fluid and food for some dehydration (Plan B)."

- * Follow-up times are listed in the treatments. These mean to tell the mother to return in a certain number of days. You may abbreviate "Follow-up" as "F/up." If you list several follow-up times, you will tell the mother the earliest, definite time. This is the time to record in the designated space on the recording form.

(Note: you may also need to tell the mother about earlier follow-up that may be needed if a problem persists. For example, you may need to say "Return in 5 days for sure, but return in 2 days if there is still fever.")

- Notice that the recording form already lists the item, "Advise mother when to return immediately," because it is needed for every sick child going home. Do not list this again. (You will learn the signs which indicate when to return immediately later in this module.)
- * Notice the space on the back of the recording form to record immunizations and Vitamin A supplementation needed today.
- * You will learn how to complete the feeding sections of the Sick Child Recording Form in the module *COUNSEL THE MOTHER*.. When feeding assessment is needed, it may be done at any convenient time during the visit, after the child's immediate needs are taken care of.
- * If the same treatment is needed for more than one classification, you only need to list it once. However, since different antibiotics may be needed for different problems, list antibiotic treatment separately for each problem, for example:
antibiotic for pneumonia
antibiotic for Shigella

Ask participants to read section 2.0 of the module and do Exercise A.

4. EXERCISE A: Individual work followed by individual feedback -- Identifying treatments for children who do not need urgent referral

Compare the participant's answers to the answer sheet and discuss any differences.

Ask the participant to read the section on "When to Return Immediately" and do Exercise B.

Answers to Exercise A

Note: The treatments are listed briefly in the answers to this exercise; the wording may be shorter than that on the *ASSESS & CLASSIFY* chart.

Answers to case should be written on the back of the Sick Child Recording Forms.

PNEUMONIA Amoxycillin for, 5 days.
Soothe throat/relieve cough with safe remedy.
F/up: 2 days

MALARIA Give oral antimalarial for high risk malaria.
One dose of paracetamol in clinic
F/up: 2 days

ACUTE EAR Amoxycillin for 5 days.
INFECTION Dry ear by wicking.
F/up: 5 days for ear

NOT VERY *Since the child is 3 years old ,there is no need to assess the*
LOW WEIGHT *child's feeding (nothing is written here).*

NO ANAEMIA Give prophylactic iron folic acid if not received during last one
year *after* child improves *(nothing is written here in*
this visit).

Return for follow-up in: 2 days
Vitamin A
IFA after child improves

Explain that Amoxycillin may be used for ear infection as well as pneumonia. Participants will learn about selecting antibiotics in the next module.

5. EXERCISE B: Individual work followed by individual feedback -- When to return immediately

Compare the participant's answers to those on the answer sheet and discuss any differences. *Note: Explain that, when speaking with mothers of children who have diarrhoea, participants should combine the signs "not able to drink or breastfeed," and "drinking poorly." "Drinking poorly" includes "not able to drink or breastfeed."*

These signs are listed separately on the answer sheet, but in discussions with the mother, it will be simpler to combine them.

Stress the importance of teaching the mother the signs to return immediately.

Show the participant the Mother's Card, and explain that it will be used to help teach the mother the signs.

Give the participant a copy of the answer sheet.

If you plan to do the drill on signs to return immediately as your next activity, tell the participant to prepare for the drill by reviewing the signs.

Answers to Exercise B

1. Not able to drink or breastfeed
Becomes sicker
Develops fever
2. Not able to drink or breastfeed
Becomes sicker
Develops fever
Blood in stool
Drinking poorly
3. Not able to drink or breastfeed
Becomes sicker

Note: The sign "develops a fever" is not listed because the child already has a fever.

6. DRILL: When to return immediately

Conduct this drill at any convenient time after this point in the module. You may wish to do it when participants need a review, or when they need a break from reading and writing. Begin the drill as follows:

- a. Remind participants that, in addition to telling the mother about definite follow-up visits needed, the doctor must teach her when to return immediately.

For example, if a child has pneumonia, the mother should be told to return in 2 days for follow-up. She should also be told to return **immediately** if the child:

- is not able to drink or breastfeed
- becomes sicker
- develops a fever (*unless the child already has a fever*)

Point to the part of the *COUNSEL THE MOTHER* chart where the signs to return immediately are listed. Also show participants in the chart booklet where these

signs are listed.

- b. In this drill participants will practice saying the signs to return immediately for different cases. Tell them that they may refer to the chart booklet as needed.
- c. Read aloud the case's classifications and follow-up times in the left column. (Unless specified otherwise, assume that the child has NO ANAEMIA AND NOT VERY LOW WEIGHT and no other classifications.) Ask each participant, in turn, to say the signs to return immediately for a case.

Note: The signs "not able to drink or breastfeed" and "drinking poorly" are listed separately in the answers to the drill. However, if a participant combines these signs for a child with diarrhoea, his answer is correct. Explain that, in discussions with mothers of children with diarrhoea, it will be simpler to say "drinking poorly," which includes the sign "not able to drink or breastfeed."

CASE	SIGNS TO RETURN IMMEDIATELY
The child has PNEUMONIA and will be seen in 2 days for follow-up. The child has no fever.	Not able to drink or breastfeed Becomes sicker Develops a fever
The child has DYSENTERY and will be seen in 2 days for follow-up.	Not able to drink or breastfeed Becomes sicker Develops a fever Drinking poorly <i>Note: "Blood in stool" is omitted because the child already has this sign.</i>
The child has an ACUTE EAR INFECTION and MALARIA. He will be seen in 5 days for follow-up of the ear infection, or in 2 days if the fever persists.	Not able to drink or breastfeed Becomes sicker <i>Note: "Develops a fever" is omitted because the child already has a fever.</i>
The child has NO PNEUMONIA: COUGH OR COLD and VERY LOW WEIGHT. She will be seen again in 5 days about a feeding problem.	Not able to drink or breastfeed Becomes sicker Develops a fever Fast breathing Difficult breathing

-- Drill continued on next page

CASE	SIGNS TO RETURN IMMEDIATELY
The child has diarrhoea with NO DEHYDRATION. The mother has been told to come back in 5 days if the child is not better.	Not able to drink or breastfeed Becomes sicker Develops a fever Blood in stool Drinking poorly
The child has MEASLES WITH EYE OR MOUTH COMPLICATIONS. He also has fever and is classified as having MALARIA. He will be seen in 2 days for follow-up.	Not able to drink or breastfeed Becomes sicker
The child has PERSISTENT DIARRHOEA with NO DEHYDRATION. He will be seen for follow-up in 5 days.	Not able to drink or breastfeed Becomes sicker Develops a fever Blood in stool Drinking poorly
The child has CHRONIC EAR INFECTION and NO PNEUMONIA: COUGH OR COLD. She has no fever. She will be seen in 5 days for follow-up.	Not able to drink or breastfeed Becomes sicker Develops a fever Fast breathing Difficult breathing

<i>LOW MALARIA RISK CASE</i>	<i>SIGNS TO RETURN IMMEDIATELY</i>
The child has fever with no apparent cause so he is classified as having MALARIA. He will be seen again in 2 days if the fever persists.	Not able to drink or breastfeed Becomes sicker
The child has NO PNEUMONIA: COUGH OR COLD and FEVER-MALARIA UNLIKELY. Follow-up is in 2 days if fever persists.	Not able to drink or breastfeed Becomes sicker Fast breathing Difficult breathing

7. Participants read section 3.0 and discuss the example of case Hashah.

Explain that how only important treatments are given before referral and not all treatments listed are carried out. Discuss with the participants as to which are the other treatments that can be postponed.

8. Participants to read Section 4.0 and Section 5.0

Discuss that the referral process is similar to what they have read for the Young Infant and answer if they have any questions.

9. SUMMARY OF MODULE

Review with participants the main skills covered in this module. These are listed in the learning objectives on the first page of the module. Also review any points that you may have noted below:

A large, empty rectangular box with a thin black border, intended for participants to take notes during the module summary.

**FACILITATOR GUIDELINES
FOR**

**TREAT THE SICK CHILD AGE
2 MONTHS UPTO 5 YEARS**

TREAT THE CHILD

PROCEDURES	FEEDBACK
1. Distribute and introduce the module.	-----
2. Demonstrate how to read a drug table.	Demonstration
3. Participants read Introduction through section 1.5 and work individually on Exercise A Part-I.	Individual
4. Conduct a role play on Exercise A. Part-II	Role Play
5. Lead drill on selecting appropriate oral drugs.	Drill
6. Participants read section 2.0 and do Exercise B.	Individual
7. Participants read section 3.0 and do Exercise C.	Individual
8. Participants read through section 4.1. Participants work individually on Exercise D	Individual
9. Participants read through 4.2 and do Exercise E	Group Discussion
10. Conduct a role play for Exercise F.	Role Play
11. Demonstrate how to use the Plan C Flowchart. Participants read section 4.3.	Demonstration
12. Participants continue reading through section 5.0 and do Exercise G	Individual
13. Participants read through 6.	Individual
14. Participants read Annex A, B & C-1 and work individually on exercise.	Individual
15. Participants read Annex C-2 , C-3 & C-4.	Individual
16. Summarize the module.	Group Discussion

NOTE ABOUT ADAPTATION

The Course Director has given you an adapted version of the *TREAT THE CHILD* chart. The chart will have first-line and second-line drugs and descriptions of safe and harmful remedies for cough and sore throat recommended in your area.

The module *Treat the Child* has also have been adapted prior to the course. It includes first- and second-line antibiotics and antimalarials used at clinics in your area, safe remedies recommended for relieving a sore throat or cough, and practices in your area on how to label drugs.

In discussions, role plays, drills and individual feedback, use locally appropriate examples whenever possible.

1. INTRODUCTION OF MODULE

Introduce the module. State briefly that it will teach health workers how to use the *TREAT THE CHILD* chart. The chart contains information on how to provide treatment to sick children and how to teach the mother to continue providing treatment at home.

The *TREAT THE CHILD* chart is organized into several main sections. As you mention a section, point to it on the wall chart. The sections are:

- * Give These Treatments in Clinic Only
- * Teach the Mother to Give Oral Drugs at Home
- * Teach the Mother to Treat Local Infections at Home
- * Give Extra Fluids for Diarrhoea and Continue Feeding
- * Immunize Every Sick Child, as Needed

This module will teach how to give the treatment described in each section.

Tell participants that many sick children will need to be treated with oral drugs at home. Introduce section 1.0 – Treat a sick child with Oral Drugs at home. Section 1.0 and Exercises A will teach participants how to use the top part of the *TREAT THE CHILD* chart, titled "Teach the Mother to Administer Oral Drugs at Home."

Tell participants that they will learn to select the appropriate drug (when there is more than one drug available). They will also learn how to determine the correct dose and schedule for a sick child. Tell them to read page3-6 and do Exercise A

2. Demonstration -- How to read a drug table

Purpose: To demonstrate how to read a drug table on the *TREAT THE CHILD* chart, including selecting the appropriate drug and determining the dose and schedule.

Materials: Enlargement of the box, Give an Appropriate Oral Antibiotic from the *TREAT THE CHILD* chart

To conduct the demonstration:

- a. Display the enlargement, Give an Appropriate Oral Antibiotic. (Or, ask participants to read the antibiotic box in the module or chart booklet.) Point to the antibiotic box and tell participants that the box indicates the following:
 - * Name of the drug and its formulation
 - * How much of the drug should be given (the dose)
 - * When the drug should be given (the schedule)

Then point out the lines with the arrow (▶) that tell the name of the drug recommended for each classification of illness (for example, PNEUMONIA, DYSENTERY, and CHOLERA).

- b. Name the first-line antibiotic used in your area for pneumonia. Then tell participants that you will show them how to use the box to determine how much antibiotic should be given to a child classified as having PNEUMONIA.
- c. Find the antibiotic in the antibiotic box. Point first to the antibiotic, then to the column that specifies the different formulations of the antibiotic (e.g., adult tablet, pediatric tablet, or syrup). Ask participants which formulation is used in their clinics. Point to the formulation that is mentioned.
- d. Point to the row where ages are listed. Explain the ages and weights in each row. Then find the row for a 6-month-old child. Explain it is better to use the child's weight, not age.
- e. Determine the dose for a 6-month-old child who has PNEUMONIA. Point to the correct amoxicillin column and row to show that a 6-month-old child should receive:
 - ½ tablet - three times daily for 5 days, **or**
 - 5 ml syrup - three times daily for 5 days,
- f. Repeat the above demonstration for a 12 kg child with the same classification. When giving amoxycillin, a 2-year-old child should receive:

1 tablet - three times daily for 5 days, **or**

- 10 ml syrup - three times daily for 5 days,
- g. Give each participant the opportunity to try to read the antibiotic box. Ask one participant, what drug would you give:

1. a child classified as having PNEUMONIA ?

Then have the participant point to the correct place on the antibiotic box where he would find the answer. Continue to ask the following questions, one participant at a time.

What drug would you give:

2. a child classified as having ACUTE EAR INFECTION ?

3. a child classified as having DYSENTERY ?

4. a child suspected of having CHOLERA ?

- h. Then give each participant the opportunity to practice determining the dose. Ask the following questions.

If giving tablets of amoxycillin, what dose would you give:

1. an 8 kg child ?

2. a 15 kg child ?

If giving syrup of amoxycillin, what dose would you give:

3. an 8 kg child ?

4. a 15 kg child ?

3. Ask the participants to work individually on Exercise A Part-I

After participants understand how to read the drug box and select the correct drug, ask them to read the Introduction to Exercise A in the module. Then tell them to work individually to complete Exercise A.

**EXERCISE A: Individual work followed by individual feedback --
Selecting appropriate oral drug, dose and schedule**

Compare the participant's answers to the answer sheet. If there are errors, ask the participant to refer to the relevant box. Ask him to show you how to determine the dose and schedule. Give any guidance needed so the participant is able to find the correct answer.

Be sure the participant understands when a child can be treated with a single antibiotic and when two antibiotics are needed. Then give the participant a copy of the answer sheet.

Answers to Exercise A - PART-I

1. A 2-year-old (11 kg) child needs an antibiotic for PNEUMONIA and ACUTE EAR INFECTION

Amoxycillin, give 3 times daily for 5 days.

*Dose = 1 tablet **or***

10 ml syrup

2. A 4-month-old needs an antibiotic for an ACUTE EAR INFECTION and an oral antimalarial for MALARIA(Low Risk area P. vivax positive)

Give a dose of amoxycillin 3 times daily for 5 days.

Dose =

*1/2 tablet, **or***

5 ml syrup

Give a dose of chloroquine for 1 day.

chloroquine, dose =

1/2 tablet (150 mg base) once only. or Syp=7.5 ml

3. A 12-kg-child (2.5 year) needs an oral antimalarial for MALARIA (PS Negative) and paracetamol for high fever(High Risk area).

Give 3 days of chloroquine

Chloroquine, dose =

1 tablet (150 mg base) once a day on days 1 and 2, and 1/2 tablet on day 3

and

and

Give paracetamol for high fever.

Dose = 1/4 tablet (500 mg) every 6 hours until high fever is gone.

4. A 9-month-old needs vitamin A for MEASLES.

Give first dose of vitamin A in clinic; give mother 1 dose for next day.

Dose = 1 ml of 100 000 IU/ml

5. A 2-year-old child (11 kg) has ANAEMIA with some palmar pallor and needs iron .

Give 1½ tablet of Iron/Folate (Ferrous fumarate)

once daily for 14 days. or Symp=2 ml once a day

6. A one year old and 7-kg-child needs Zinc supplement for persistent diarrhoea

Give one dose daily of 20 mg Zinc Sulfate for 2 weeks.

4. Conduct a role play on Exercise A. Part- II.

EXERCISE Role play -- Teaching a mother to give oral drugs

Ask the participant to read the instructions for a role play in part-2 of Exercise A. Ask one participant to play the role of the mother and another to play the health worker. Instruct those participants to prepare the role play.

Purpose: To practice teaching mothers to give oral drugs at home.

Highlights of the case:

A health worker has decided that a baby named Dasar needs 2 different drugs, chloroquine and iron. Both drugs are in Syrup form. The health worker will need to teach the mother how to give Dasar the drugs at home.

Select two participants to play the roles of the health worker and mother. Explain the roles and give the participants time to prepare.

Tell the participant to be sure to explain a dose in such a way that the mother can measure the dose herself. Also tell the participant that he should measure and give the mother enough of both Syrup for the full course of therapy, that is, and chloroquine for 3 days. Explain that iron therapy will be given after the child recovers from illness.

Encourage the participant who will be the mother to act like a normal, concerned mother. Suggest that the mother be confused about the schedule, the dose, or be concerned about giving more than one oral drug at a time.

Gather all of the following supplies.

- * *TREAT THE CHILD* chart or chart booklet opened to the page titled, "Teach the Mother to Give Oral Drugs at Home"
- * Doll or other "baby"
- * Drug labels and a pen
- * Chloroquine Syrup
- * Iron Syrup

Introduce the role play by telling participants that the health worker will follow the steps for teaching a mother how to give oral drugs at home. This role play will not include assessing or classifying Dasar, which has already been done.

Introduce the mother and the health worker. Read aloud from the module "The Situation -- What has happened so far." Remind the observers to think about the questions listed in the module as they watch. Ask the players to begin the role play.

When the role play is finished, thank the participants. Then begin a discussion of the questions listed in the module. Also ask the participants to mention the different or additional steps that a health worker should do when more than one drug is given.

After the discussion, introduce the box "Teach the Mother to Treat Local Infections at Home" on the *TREAT THE CHILD* chart. Tell participants that local infections are eye and ear infections, mouth ulcers, sore throat and cough.

5. Lead a drill on selecting appropriate oral drugs

DRILL: Select the appropriate oral antibiotic or an oral drug, and determine its schedule and dose

Conduct this drill at any convenient time after participants have read section 1.4 in the module. You may wish to do it when participants need a review or when they need a break from reading.

Tell participants that this drill will review how to select the appropriate antibiotic or an oral drug, and determine its schedule and dose.

To conduct the drill:

- a. Explain that this drill will help participants gain skill in using the *TREAT THE CHILD* chart to determine correct antibiotic or an oral drug to give a sick child. This is an important skill. If antibiotics are not chosen correctly, it can be harmful to children. Tell the participants they can refer to the relevant box to answer the questions in this drill. Be sure each participant can see the wall chart or has his chart booklet.
- b. Ask participants if they have any questions before the drill begins. Answer all questions thoroughly.
- c. Begin the drill. Ask the question in the left column. Refer to the appropriate column to check the participant's answer.

QUESTIONS:

PARACETAMOL

- For high fever, give one dose in clinic
- For ear pain, give every 6 hours until pain is gone

IRON

➤ Give one dose daily for 14 days

VITAMIN A

- Give two doses
 - Give first dose in clinic
 - Give mother one dose to give at home the next day

TABLET

100 mg

TABLET

500 mg

**IRON/FOLATE
TABLET**
Ferrous sulfate 100 mg +
100 mcg Folate
(20 mg elemental iron)

IRON SYRUP

Ferrous fumarate
100 mg per 5 ml
(20 mg/ml elemental iron)

SYRUP
100 000 IU/ML

A 12-kg-child with ear pain?

1

 $\frac{1}{4}$

A 16-kg-child with high fever?

1½

 $\frac{1}{2}$

A 2-year-old child with ear pain?

1

 $\frac{1}{4}$

A 2-year-old child classified as having measles?

2 ml

An 8-month-old child with high fever and classified as having measles?

1

 $\frac{1}{4}$

1 ml

A 14-kg-child with some palmar pallor?

2

2.5 ml

An 18-month-old child with some palmar pallor?

1½

2.0 ml

EXERCISE B - PART 1: Individual work followed by individual feedback -- Teaching mothers to treat local infections

Compare the participant's answers to PART 1 with the answer sheet. If there are differences, try to determine the reason. Refer to the chart or module and have the participant locate the correct instructions.

Give the participant a copy of the answer sheet for PART 1. Tell the participant that when all participants are ready, you will do PART 2 as a group activity.

Answers to Exercise B - PART 1

PART 1:

1. a. What would you tell a mother about why it is important to treat an eye infection ?
Treating an eye infection will prevent damage to the eye.
 - b. What major step of how to teach a mother to treat an eye infection is missing from the list below ?
Practice is missing.
 - * Explain how and why to treat the eye.
 - Demonstrate how to clean the eye and apply Tetracycline eye ointment.
 - * Tell her how often and for how many days to treat the eye and tell her to not put anything else in the child's eye.
 - * *Ask the mother to practice cleaning the eye and putting the ointment in her child's eye. Observe her as she practices and provide feedback.*
 - * Give her one tube of eye ointment.
 - * Ask checking questions to make sure she understands the instructions.
 - c. 1. Do you know how to treat your child's eye ?
How will you treat your child's eye ?
 2. Can you hold your child still while you apply the ointment?
How will you hold your child still so that you can put the ointment in his eye?
2. a. What is meant by a "safe" remedy ? Give an example.
A safe remedy is any remedy that does not contain harmful ingredients, such as HONEY, TUSLI LEAVES AND GINGER DRINK, LEMON JUICE, TURMERIC DRINK.
 - b. Give at least 2 examples of remedies that are not safe.

Harmful remedies include medicated nose drops and those that contain atropine, codeine or codeine derivatives, or alcohol.

- c. When should a child classified as NO PNEUMONIA: COUGH OR COLD return immediately for treatment ?
- *If not able to drink or breastfeed*
 - *If becomes sicker*
 - *If develops a fever*
 - *If fast breathing*
 - *If difficult breathing*

EXERCISE B - PART 2: Case study followed by individual work and group discussion -- Practice determining priority of advice

- a. Read aloud the following case description to the participants. Be sure to read slowly and clearly. Tell the participants to write the findings of Mela's assessment and classification on the recording form in the module.

A grandmother brought her 3-year-old granddaughter, Mela, to the clinic because she had been coughing with a runny nose for a week and today she felt hot. The grandmother told the health worker that Mela's ear had been "wet" for 2 days and her throat was sore. The risk of malaria is high.

Mela weighs 14 kg and has a temperature of 39⁰C. The health worker finds no general danger signs. He counts her breathing at 50 breaths per minute, but notes that she has no chest indrawing and no stridor. Mela also does not have diarrhoea. She does not have a stiff neck and has no signs of measles. The grandmother tells the health worker that Mela never had measles. RDT for falciparum malaria is negative.

The health worker sees pus draining from one of the ears and notices that Mela has ear pain. There is no tender swelling behind Mela's ears. The health worker finds Mela has no visible severe wasting, no palmar pallor and no oedema. Her weight for age is not very low. The health worker noted that Mela has had all the necessary immunizations. She also has received Vitamin A and IFA 3 months ago..

The health worker classifies Mela as having PNEUMONIA, MALARIA, ACUTE EAR INFECTION, and NO ANAEMIA AND NOT VERY LOW WEIGHT.

- b. Ask the participants to list the treatments for the above classifications on the recording form. Give them enough time. When everyone is ready, review the list.
- c. Continue reading the case description.

The health worker shows the grandmother the drugs (cotrimoxazole, chloroquine and paracetamol) she will take home. He tells the grandmother that to treat Mela's

*PNEUMONIA and ACUTE EAR INFECTION, he is giving her **amoxycillin**. He tells the grandmother to give Mela 1 tablets 3 times daily for 5 days. He explains how the tablets should be given and tells her to return in 2 days for follow-up care. He also advises the grandmother to return immediately if Mela is not able to drink or becomes sicker.*

*The health worker tells the grandmother to give Mela chloroquine for malaria. He tells the grandmother that the child should be given, one tablet of Chloroquine. In the clinic; the next day, which is Thursday, The child has to be given one tablet at home, and then on Friday only half a tablet of Chloroquine only. Then the health worker tells the grandmother to give Mela **paracetamol** tablets for the ear pain. The paracetamol also lowers a fever. He tells her to give the child ½ tablet until the ear pain is gone. He explains that the first dose will be given in the clinic, and that the grandmother should give Mela a dose every 6 hours, as needed for pain.*

*The health worker then shows the grandmother how to make a wick and **dry Mela's ear by wicking**. He lets her practice wicking Mela's ear. He explains that Mela's ear should be wicked 3 times per day until it stays dry.*

*The health worker began to tell the grandmother about how she could **relieve Mela's cough with a home remedy**. The grandmother interrupts the health worker. She tells him that she is very worried. She will try to remember all of the instructions, but she does not remember things well. She tells him that she cannot read. The health worker realizes that he will not be able to teach this grandmother all the treatments, instructions and advice properly.*

- d. Ask the participants to answer questions 4 and 5 in the module. Give them time to write their answers. If they are having difficulty answering the questions, suggest they read "Priority of Advice" in the module again.
- e. In a group, discuss participants' answers to questions 4 and 5. Review the items that could be omitted or delayed if a grandmother is overwhelmed. The treatments and advice most essential for a child's survival are antibiotic and antimalarial drugs, and fluids for a child with diarrhoea. Make sure participants understand this.

Give participants the answer sheet for Exercise B- PART 2.

When the participants have finished this exercise, ask if they give injections to children. Tell them that they will learn about giving injections of antibiotics and quinine in the next section.

Answers to Exercise B - PART 2

1 - 2. *See the completed recording form.*

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

Name: MELA Age: 3 YEARS Sex: M F ☒ Weight 14 Kg Temperature 39°C

ASK: What are the child's problems? COUGH, RUNNY NOSE, WET EAR

Initial visit ? ☒ Follow-up Visit?

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR GENERAL DANGER SIGNS NOT ABLE TO DRINK OR BREASTFEED VOMITS EVERYTHING CONVULSIONS	LETHARGIC OR UNCONSCIOUS	General danger signs present? Yes <u> </u> No ☒ Remember to use danger sign when selecting classifications																		
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? Yes ☒ No <u> </u> ▪ For how long? <u>7</u> Days ▪ Count the breaths in one minute. <u>50</u> breaths per minute. <u>Fast breathing?</u> ▪ Look for chest indrawing. ▪ Look and listen for stridor.		PNEUMONIA																		
DOES THE CHILD HAVE DIARRHOEA? Yes <u> </u> No ☒ ▪ For how long? <u> </u> Days ▪ Is there blood in the stools? ▪ Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? ▪ Look for sunken eyes. ▪ Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? ▪ Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly?																				
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above) Yes ☒ No <u> </u> Make a smear/perform RDT ▪ Decide Malaria Risk: <u>High</u> Low ▪ For how long? <u>1</u> Days ▪ If more than 7 days, has fever been present every day? ▪ Has the child had measles within the last 3 months? ▪ Look or feel for stiff neck. ▪ Look and feel for bulging fontanelle ▪ Look for runny nose. Look for signs of MEASLES: ▪ Generalized rash like measles and One of these: cough, runny nose, or red eyes.		MALARIA																		
Does the child have measles now or within the last 3 months? ▪ Look for mouth ulcers. If yes, are they deep and extensive? ▪ Look for pus draining from the eye. ▪ Look for clouding of the cornea.																				
DOES THE CHILD HAVE AN EAR PROBLEM? Yes ☒ No <u> </u> ▪ Is there ear pain? ▪ Is there ear discharge? If Yes, for how long? <u>2</u> Days ▪ Look for pus draining from ear. ▪ Feel for tender swelling behind the ear.		ACUTE EAR INFECTION																		
THEN CHECK FOR MALNUTRITION ▪ Look for visible severe wasting. ▪ Look for oedema of both feet. ▪ Determine weight for age. Severe underweight <u> </u> Moderately underweight/normal weight <u> </u>		NOT VERY LOW WEIGHT																		
THEN CHECK FOR ANAEMIA ▪ Look for palmar pallor: Severe palmar pallor? Some palmar pallor? <u> </u> No palmar pallor?		NO ANAEMIA																		
CHECK THE CHILD'S IMMUNIZATION, PROPHYLACTIC VITAMIN A & IRON-FOLIC ACID STATUS Circle immunizations and Vitamin A or IFA supplements needed today <table border="0"> <tr> <td><u> </u> BCG <u> </u></td> <td><u> </u> DPT 1 <u> </u></td> <td><u> </u> DPT 2 <u> </u></td> <td><u> </u> DPT 3 <u> </u></td> <td><u> </u> DPT B <u> </u></td> <td><u> </u> DT <u> </u></td> </tr> <tr> <td><u> </u> OPV 0 <u> </u></td> <td><u> </u> OPV 1 <u> </u></td> <td><u> </u> OPV 2 <u> </u></td> <td><u> </u> OPV 3 <u> </u></td> <td><u> </u> OPV <u> </u></td> <td><u> </u> IFA <u> </u></td> </tr> <tr> <td><u> </u> <u> </u></td> <td><u> </u> HEP-B 1 <u> </u></td> <td><u> </u> HEP-B 2 <u> </u></td> <td><u> </u> HEP-B 3 <u> </u></td> <td><u> </u> MEASLES <u> </u></td> <td><u> </u> VITAMIN A <u> </u></td> </tr> </table>		<u> </u> BCG <u> </u>	<u> </u> DPT 1 <u> </u>	<u> </u> DPT 2 <u> </u>	<u> </u> DPT 3 <u> </u>	<u> </u> DPT B <u> </u>	<u> </u> DT <u> </u>	<u> </u> OPV 0 <u> </u>	<u> </u> OPV 1 <u> </u>	<u> </u> OPV 2 <u> </u>	<u> </u> OPV 3 <u> </u>	<u> </u> OPV <u> </u>	<u> </u> IFA <u> </u>	<u> </u> <u> </u>	<u> </u> HEP-B 1 <u> </u>	<u> </u> HEP-B 2 <u> </u>	<u> </u> HEP-B 3 <u> </u>	<u> </u> MEASLES <u> </u>	<u> </u> VITAMIN A <u> </u>	Return for next immunization or vitamin A or IFA supplement on <u> </u> (Date)
<u> </u> BCG <u> </u>	<u> </u> DPT 1 <u> </u>	<u> </u> DPT 2 <u> </u>	<u> </u> DPT 3 <u> </u>	<u> </u> DPT B <u> </u>	<u> </u> DT <u> </u>															
<u> </u> OPV 0 <u> </u>	<u> </u> OPV 1 <u> </u>	<u> </u> OPV 2 <u> </u>	<u> </u> OPV 3 <u> </u>	<u> </u> OPV <u> </u>	<u> </u> IFA <u> </u>															
<u> </u> <u> </u>	<u> </u> HEP-B 1 <u> </u>	<u> </u> HEP-B 2 <u> </u>	<u> </u> HEP-B 3 <u> </u>	<u> </u> MEASLES <u> </u>	<u> </u> VITAMIN A <u> </u>															

TREAT

Remember to refer any child who has a general danger sign and no other severe classification.

Amoxycillin For 5 Days

Soothe The Throat And Relieve The Cough With Safe Remedy

Follow Up In 2 Days

GIVE CHLOROQUIN And Primaquine FOR MALARIA

Give Paracetamol For High Fever

Follow Up In 2 Days

Paracetamol For Ear Pain

Dry The Ear By Wicking

Follow Up In 5 Days

Return for follow up in: 2 days

Advise mother when to return immediately.

Give any immunizations, vitamin A or IFA supplements needed today: _____

Counsel the mother about her own health.

Feeding advice: _____

The case description continues:

The health worker shows the grandmother the drugs (amoxycillin chloroquine and paracetamol) she will take home. He tells the grandmother that to treat Mela's PNEUMONIA, and ACUTE EAR INFECTION, he is giving her **amoxycillin**. He tells the grandmother to give Mela 1 tablet 3 times daily for 5 days. He explains how the tablets should be given and tells them to return in 2 days for follow-up care. He also advises the grandmother to return immediately if Mela is not able to drink or becomes sicker.

The health worker tells the grandmother to give Mela chloroquine and Primaquine for malaria. He tells the grandmother that the child should be given, one tablet of Chloroquine and 3 tablets of Primaquine in the clinic; the next day, which is Thursday, The child has to be given one tablet of Chloroquine at home, and then on Friday only half a tablet of Chloroquine.

Then the health worker tells the grandmother to give Mela **paracetamol** tablets for the ear pain. The paracetamol also lowers a fever. He tells her to give the child ½ tablet until the ear pain is gone. He explains that the first dose will be given in the clinic, and that the grandmother should give Mela a dose every 6 hours, as needed for pain.

The health worker then shows the grandmother how to make a wick and **dry Mela's ear by wicking**. He lets her practice wicking Mela's ear. He explains that Mela's ear should be wicked 3 times per day until it stays dry.

The health worker began to tell the grandmother about how she could **relieve Mela's cough with a home remedy**. The grandmother interrupts the health worker. She tells him that she is very worried. She will try to remember all the instructions, but she does not remember things well. She tells him that she cannot read. The health worker realizes that he will not be able to teach this grandmother all the treatments, instructions and advice properly.

4. Review your list of treatments, instructions and advice that Mela needs.
Which ones are the most important for the health worker to teach the grandmother ?
 - * *How and when to give the **amoxycillin** to Mela*
 - *Instructions on **when Mela should return** (that is, 2 days for follow-up or earlier if Mela cannot drink or breastfeed or if she gets worse)*
 - * *How and when to give the **chloroquin** to Mela*
5. Which treatments, instructions or advice could be omitted or delayed if the grandmother is clearly overwhelmed ?
 - * *Soothe the throat with a safe remedy*
 - * *Instructions for giving paracetamol*
 - * *Instructions on wicking the ear*

EXERCISE C - : Individual work followed by individual feedback -- Determine correct doses

Compare the participant's answers to the answer sheet. If there are differences, refer to the boxes on the chart that describe treatments to be given in clinic only. Then discuss the answers with the group.

Answers to Exercise C

1. What dose would you give the following children ?

Child's weight	If Chloramphenicol is needed (180 mg/ml)	If Quinine is needed (150 mg/ml)
5 kg	<i>1.0 ml (or 180 mg)</i>	<i>0.4 ml</i>
7 kg	<i>1.5 ml (or 270 mg)</i>	<i>0.6 ml</i>
13 kg	<i>2.5 ml (or 450 mg)</i>	<i>1.0 ml</i>
18 kg	<i>3.5 ml (or 630 mg)</i>	<i>1.2 ml</i>

2. What are the possible side effects of a quinine injection ?

Sudden drop in blood pressure
Dizziness
Ringing of the ears
Sterile abscess

3. Sunil
Specify the dose of each treatment.

Chloramphenicol: *2.5 ml or 450 mg*

Quinine: *0.8 ml if concentration is 150 mg/ml, or*
0.4 ml if concentration is 300 mg/ml

Sugar water by NG tube: *50 ml*

After the exercise, tell the participants that the next section of the module will cover how to give extra fluid to treat a child with diarrhoea. A child with diarrhoea also needs to be fed a good normal diet, which will be described in the module *Counsel the Mother*.

EXERCISE D: Individual work followed by individual feedback -- Using fluid Plan Treat Diarrhoea at Home

Compare the participant's answers to the answer sheet. If there are differences, ask the participant to locate the correct instructions in Plan A or the module text.

Give the participant a copy of the answer sheet.

Answers to Exercise D

1. Somi
 - a. What are the four rules of home treatment of diarrhoea ?

 - Give extra fluid
 - Continue feeding
 - Zinc supplements
 - When to return
 - b. What fluids should the health worker tell his mother to give ?

ORS solution, food-based fluids (such as soup, rice water and yoghurt drinks), and clean water
2. Kasit
What should the health worker tell his mother about giving him extra fluids ?

The health worker should tell Kasit's mother to breastfeed him more frequently than usual. The health worker should also tell the mother that after breastfeeding, she should give Kasit ORS solution or clean water.
3. For which children with NO DEHYDRATION is it especially important to give ORS at home ?

 - Children who have been treated with Plan B or Plan C during the visit.
 - Children who cannot return to a clinic if the diarrhoea gets worse.
4. Write the amount of extra fluid that the mother should give after each stool.

	Name	Age	Amount of extra fluid to give after each loose stool
a)	Kala	6 months	50-100 ml
b)	Sam	2 years	100-200 ml
c)	Kara	15 months	50-100 ml

5. ☒ a. Tea that the child usually drinks with meals
☒ b. Fruit juice that the child usually drinks each day
☒ c. Water from the water jug. The child can get water from the jug whenever he is thirsty.
☒ d. ORS after each loose stool
☒ e. Yoghurt drink when the mother makes some for the family

EXERCISE E: Individual work followed by individual feedback -- Using fluid Plan B: Treat Some Dehydration with ORS

Compare the participant's answers to the answer sheet. If there are differences, refer to Plan B or the module text and have the participant locate the correct instructions. Give the participant a copy of the answer sheet.

While the group is finishing Exercise E, ask the participant to read the instructions for Exercise F, a role play. Ask one participant to play the health worker and another to play the mother. Instruct those participants to begin preparing themselves for the role play.

Answers to Exercise E

1. List the appropriate range of amounts of ORS solution each child is likely to need in the first 4 hours of treatment.

	Name	Age Weight	or	Range of Amounts of ORS Solution
a)	Andras	3 years		900 - 1400 ml
b)	Gul	10 kg		750 ml or 700 - 900 ml
c)	Nirveli	7.5 kg		562.5 ml or 400 - 700 ml
d)	Sami	11 months		400 - 700 ml

2. Vinita

a. Vinita should be given 400 - 700 ml of ORS solution during the first 4 hours of treatment.

b. What should the grandmother do if Vinita vomits during the treatment ?

She should wait 10 minutes before giving more ORS solution. Then she should give Vinita the ORS solution more slowly.

c. When should the health worker reassess Vinita?

After Vinita is given ORS solution for 4 hours on Plan B

d. What treatment plan should Vinita be put on ?

Because Vinita has been reassessed as NO DEHYDRATION, she should be put on Plan A.

e. How many one-litre packets of ORS should the health worker give the grandmother ?

2 one-litre packets

f. To continue treatment at home, the grandmother should give Vinita 50 - 100 ml of ORS solution after each loose stool.

3. What should the health worker do before the mother leaves ?
- * Show her how to prepare ORS solution at home.
 - *Show the mother how much ORS solution to give to finish the 4-hour treatment at home.*
 - *Give her enough packets to complete rehydration. Also give her 2 one-litre packets as recommended in Plan A.*
 - * Explain the 4 Rules of Home Treatment:
 1. *GIVE EXTRA FLUID*

Explain what extra fluids to give. Since the child is being treated with Plan B during this visit, the mother should give ORS at home. Explain how much ORS solution to give after each loose stool.
 2. *CONTINUE FEEDING*

Instruct her how to continue feeding during and after diarrhoea.
 3. *Give zinc supplement*
 4. *WHEN TO RETURN*

Teach her the signs to bring a child back immediately.

10. Conduct a Role Play for EXERCISE F.

EXERCISE F: Role play - Teaching a mother to care for a dehydrated child

Purpose: To practice talking with mothers about treatment of diarrhoea.

Highlights of the case:

Part 1 - A health worker has decided that a baby named Lura has diarrhoea with SOME DEHYDRATION and should be treated with ORS solution on Plan B. In the role play, the health worker will instruct the mother how to give the ORS to the child.

Part 2 - Lura's dehydration has improved and she is ready for Plan A. In the role

play, the health worker will teach the mother Plan A.

Preparations:

Gather the following supplies:

- * The *TREAT THE CHILD* chart or chart booklet opened to diarrhoea treatment Plans A and B
- * Doll or other "baby"
- * ORS solution, already mixed (for Part 1)
- * Cup and spoon

Write the highlights of the case on a flipchart.

Select two participants to play the roles of a mother and a health worker in Part 1. Select two other participants to play these roles in Part 2. This will give more participants a chance to practice. Explain the roles and give the participants time to prepare.

Take the participants aside who will be the mothers. Encourage them to act like normal, concerned mothers. Suggest that the mother could ask for some medicine to stop the diarrhoea. Or, she could become alarmed when Lura vomits some of the solution.

To conduct Part 1:

Tell the participants that a health worker will practice talking with a mother about treatment of diarrhoea. Have observers read "The Situation" in the module.

Remind the group that the role play will not include assessing or classifying Lura, which has already been done. Remind the observers to refer to the appropriate diarrhoea treatment plan and to note how the health worker communicates with the mother.

Introduce the mother and the health worker. Then ask the players to begin Part 1 of the role play.

When Part 1 is finished and the mother is successfully giving ORS solution, thank the players. Then stop the role play and lead a discussion. Ask the observers to comment on the following:

- * What did the health worker do well ?
- * Did the health worker leave out anything important ?
Be sure to comment on:

- if the health worker told the mother the amount of ORS to give in the next 4 hours,
 - if the health worker said to give the ORS slowly, and
 - if he showed her how to give the fluid with a spoon.
- * How were the 3 basic teaching steps (information, example, practice) demonstrated ?
 - * How did the health worker check the mother's understanding ?

To conduct Part 2:

After the discussion, tell participants that 4 hours has passed. The mother has already been taught how to mix ORS. In this part of the role play, the health worker will teach the mother Plan A, but does not need to mix ORS. Remind observers to refer to Plan A and to note the communication skills that the health worker uses. Then ask participants to read "The Situation 4 Hours Later" in the module.

Introduce the other two players, Lura's mother and the health worker. Ask them to begin Part 2 of the role play.

When Part 2 is finished, thank the players. Lead a discussion of the role play. Ask the observers to comment on the following:

- * What did the health worker do well ?
- * Did the health worker leave out anything important ?
Be sure to comment on:
 - if the health worker told the mother the amount of fluid to give and when to give it,
 - if the health worker said to continue giving normal fluids,
 - if he told her to give extra fluid until the diarrhoea stops,
 - if he discussed continued feeding, and
 - if he discussed when to return immediately.
- * How were the 3 basic teaching steps (information, example, practice) demonstrated ?
- * How did the health worker check the mother's understanding ?

11. Demonstration -- How to read the Plan C Flowchart. Participants read section 4.3.

Explain how participants will work on the next section of the module.

Display the enlargement of the Plan C Flowchart. Explain that section 4.3 - Plan C: Treat Severe Dehydration Quickly is different than any other section in the course. It is designed so that participants learn how to do Plan C as they will do it at their own clinics. Ask the participants to read section 4.3 now.

Point to the enlargement (alternatively, the Plan C flowchart in the module). Read the flowchart with the participants. Tell participants to note the first time they answer YES. The flowchart directs each participant to an appropriate C Annex. Different participants in the group may turn to different annexes to work on different exercises.

When participants know the annex that matches their situation, ask them to turn to the annex. Tell them to read and do the exercise in that annex.

EXERCISE G: Individual work followed by group discussion -- Determining whether to immunize

Lead a group discussion to quickly review the answers to the exercise. Call on a participant or ask for a volunteer to answer each question. Then give participants a copy of the answer sheet.

Possible Answers to Exercise G

1. Should Malambu be given the immunizations today?

Yes, Malambu should be immunized today. PNEUMONIA and MALARIA are not contraindications to immunizations.

2. a. Should the health worker give Joli OPV 3 Hep B-3 and DPT 3 today?

Yes. DYSENTERY is not a contraindication to immunizations.

- b. What should the health worker tell the mother about possible side effects of OPV and DPT vaccines?

The health worker should tell the mother that there are no side effects of the OPV vaccine, but sometimes there are side effects from DPT. Fever, irritability and soreness are possible, but not serious. Fever means that the

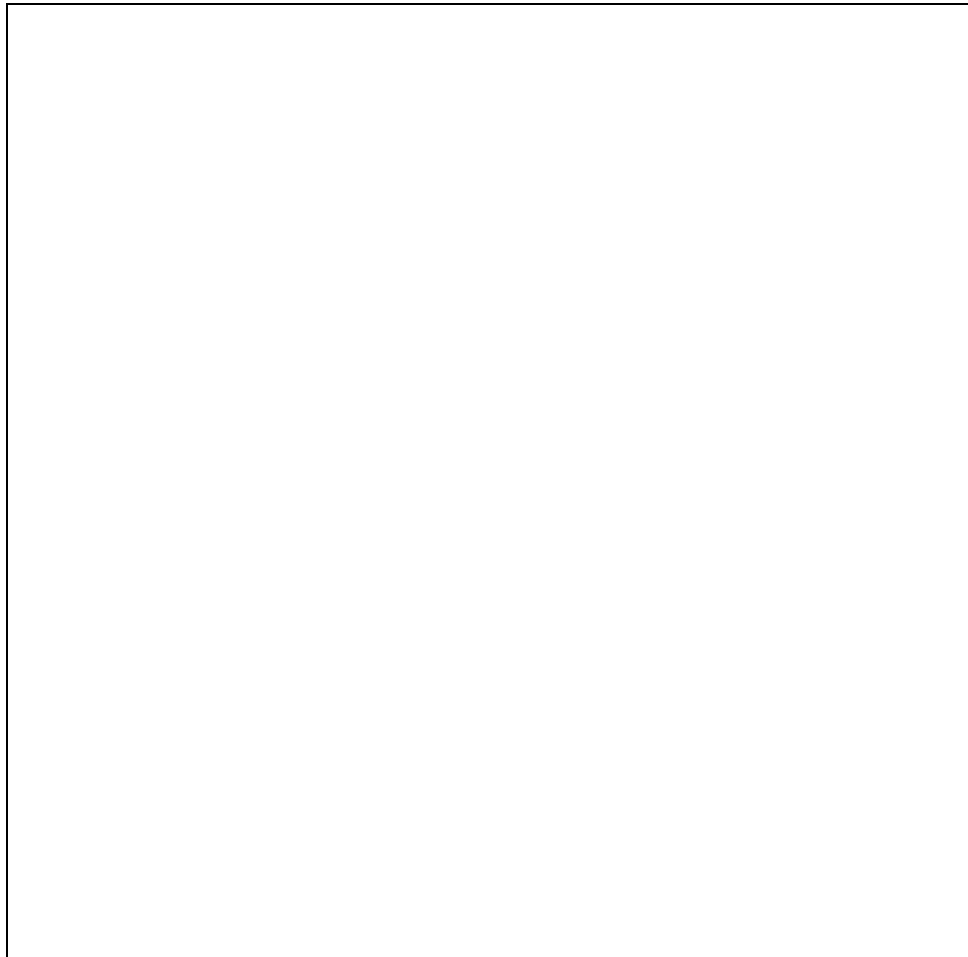
DPT is working. Tell the mother to give paracetamol to Joli if she feels very hot or is in pain.

3. Describe what you would say to a child's mother to try to convince her to

Your child is at an age when he is very likely to get measles. Immunizing your child for measles will not make him sicker. It will prevent him from getting measles. If he is not immunized today, he may get measles before he comes back to the clinic. Measles can make your child very sick.

13. SUMMARY OF MODULE

Review with participants the main skills covered in this module. They are listed in the learning objectives in the beginning of the module. Also review any points that you may have noted below:

A large empty rectangular box with a thin black border, intended for participants to write down any points they have noted during the module review.

FACILITATOR GUIDELINES FOR

COUNSEL THE MOTHER

COUNSEL THE MOTHER

PROCEDURES	FEEDBACK
1. Distribute and introduce the module.	-----
2. Participants read "Introduction" and "Feeding Recommendations" and do written Exercise A.	Individual
3. Lead drill on feeding recommendations.	Drill
4. Participants read section 1.0 and do Short Answer Exercise.	Self-checked
5. Participants read section 2.0. Conduct role play Exercise B.	Group Discussion
6. Participants read section 3.1 and do written Exercise C.	Individual
7. Participants read section 3.2 and do Short Answer Exercise.	Self-checked
8. Participants read through section 3.3 and the Mother's Card. Conduct Demonstration Role Play.	Group Discussion
9. Conduct role play Exercise D.	Group Discussion
10. Participants read sections 4.0 and do Short Answer Exercise - when to return	Self-checked
11. Continue Demonstration role play	Group Discussion
12. Conduct role play Exercise E.	Group Discussion
13. Participants read section 6.0. Lead discussion of Exercise F.	Group Discussion
14. Summarize the module.	-----

NOTE ABOUT ADAPTATION:

The module *Counsel the Mother* should have been adapted prior to the course to include local examples of good complementary foods, common feeding problems, etc. Before beginning this module, the Course Director should give you a local version of the *COUNSEL THE MOTHER* chart and a local Mother's Card. The Course Director should also present the results of research done before the course about local feeding problems. Local information has been used in the module where possible. In discussions, role plays, and individual feedback, you should also use local examples whenever possible.

1. INTRODUCTION OF MODULE

Explain that this module describes how to use the *COUNSEL THE MOTHER* chart. Point to the relevant sections of the *COUNSEL THE MOTHER* chart while outlining the tasks to be taught:

- Assess the child's feeding.
- By comparing the child's feeding to recommendations on the chart, identify feeding problems.
- Advise the mother to increase fluids during illness.
- Advise the mother when to return to the doctor:
 - for follow-up visits
 - immediately if certain signs appear
 - for immunizations.

Explain that it is also important to counsel the mother about her own health, as noted at the bottom of the chart.

Point to the nutritional status section of the *ASSESS & CLASSIFY* chart, and remind participants that they may have identified the need to "Assess the child's feeding and counsel the mother on feeding." This module will teach them how to assess feeding and counsel the mother on feeding.

This module emphasizes good communication skills such as asking the mother questions and listening carefully to her. There will be a number of role plays in which to practice good communication.

Ask participants to read the "Introduction" to the module and the section titled "Feeding Recommendations." Explain that the recommendations have been adapted to include local foods. Ask participants to do Exercise A when they come to it.

2. EXERCISE A: Individual work followed by individual feedback -- Content of feeding recommendations

Compare the participant's answers to the answer sheet (on the next page) and discuss any differences. For answer 3, the participant should have listed two good local complementary foods. If the participant has listed foods that are not familiar to you, ask about the contents and preparation of the food. It should be nutrient-rich, energy-rich, and thick.

Give the participant a copy of the answer sheet.

If you plan to do the drill next, tell the participant to prepare for the drill by reviewing the feeding recommendations. If you will do the drill at some later time, ask the participant to continue reading the module through section 1.0 and to do the Short Answer Exercise.

B. Answers to Exercise A

1.
 - a. False. Children should be fed the recommended foods for their age, as often as recommended, during both sickness and health.
 - b. True
 - c. False. Complementary foods should be thick and energy-rich. Cereal gruels should be made thick and mixed with oil and mashed, nutritious foods.
 - d. True
 - e. True
2. Complementary foods should normally be started at 6 months of age.

3. Two locally available, good complementary foods for children age 6-12 months should be listed for this answer.

4. 3 times per day, since she is still breastfed
5. The mother can judge an adequate serving by how much food Samuel leaves. If Samuel leaves a spoonful uneaten, she has given enough food.
6. Replace the cow's milk with a fermented milk product such as yoghurt, OR give half the usual amount of cow's milk and replace the rest with other nutritious foods. Continue giving family foods 5 times per day as usual.

Ramon should return for follow-up in 5 days.

3. DRILL: Review of feeding recommendations

Conduct this drill at any convenient time after this point in the module. You may wish to do it when participants need a review, or when they need a break from reading and writing.

- a. Tell participants that this drill will review the feeding recommendations on the *COUNSEL THE MOTHER* chart. They should look at the *COUNSEL THE MOTHER* chart or chart booklet as needed. Ask them to find the Feeding Recommendations in the chart booklet now.
- b. Ask the questions in the left column. Participants should answer in turn.

DRILL: Review of Feeding Recommendations

QUESTIONS	ANSWERS
A child is 3 months old. Which column of the feeding recommendations applies? How often should this child breastfeed? Should other food or fluid be given?	The first (left-most) column As often as the child wants, day and night, at least 8 times in 24 hours. No.
A child is 5 months old. Which column of the feeding recommendations applies? How often should the child breastfeed? When should complementary foods be added?	The first (left-most) column As often as the child wants, at least 8 times in 24 hours. When the child is 6 months of age
A child is 6 months old and breastfed. Which column of the feeding recommendations applies? How often should the child breastfeed? How often should complementary foods be given?	The second column As often as the child wants 3 times per day, since the child is breastfed

QUESTIONS	ANSWERS
A child is 15 months old. Which column of the feeding recommendations applies ? How often should the child breastfeed ? How often should complementary foods or family foods be given ?	The third column As often as the child wants 5 times per day
A child is 10 months old and is not breastfed. Which column of the feeding recommendations applies ? What kinds of food should this child be given ? How many times per day ?	The second column (from left) <i>Several participants may answer with local complementary foods.</i> 5 times per day, since the child is not breastfed
A child is 2 years old. Which column of the feeding recommendations applies ? How often should family foods be given ? How often should food be given between meals ?	The last (right-most) column At 3 meals per day Twice daily
A child is 1 month old. She is breastfed about 6 times in 24 hours and receives no other milk. Is this child breastfed often enough ?	No, the child should be breastfed at least 8 times in 24 hours

QUESTIONS	ANSWERS
A child is 5 months old and is exclusively breastfed (8 times in 24 hours). Which column of the feeding recommendations applies ? Should this child be given complementary foods ?	The first column NO.
A child is 3 years old. She eats 3 meals each day with her family. Which column of the feeding recommendations applies ? How often should this child be given nutritious food between meals ? What are some examples of foods to give between meals?	The fourth column (right most) Twice daily <i>Several participants may mention local foods listed on the chart.</i>
A child is 1 month old and is exclusively breastfed. The weather is extremely hot and dry. The mother asks if she should give her child clean water as well as breastmilk, since it is so hot. Should she ?	No. Breastmilk contains all the water that the child needs.

QUESTIONS	ANSWERS
A 6-month-old child has persistent diarrhoea. Where on the chart are the feeding recommendations for persistent diarrhoea ? This 6-month-old usually breastfeeds 4 times per day and takes cow's milk 3 times per day. What is the first recommendation for this child with persistent diarrhoea ? What are the mother's choices to replace the cow's milk ? Should this child be taking complementary foods ? - How often? - What are good complementary foods for this child ?	In the box below the feeding recommendations by age group Give more frequent, longer breastfeeds, day and night <i>Three participants may answer:</i> - Replace with increased breastfeeding, - OR - Replace with fermented milk products, such as yoghurt, OR - Replace half the milk by adding Cereals to milk Yes, since the child is 6 months old 3 times per day (since the child is breastfed) <i>Several participants may answer with local complementary foods. The answers should not include animal milk since this child has persistent diarrhoea.</i>

4. READING AND SHORT ANSWER EXERCISE -- Assessing Feeding

Participants read section 1.0 and do the Short Answer Exercise. Encourage participants to ask you questions as needed. Tell participants to read on to Exercise B after doing the Short Answer Exercise.

As participants work on this and other Short Answer Exercises, look at their work to make sure they are completing the exercises. Ask occasionally if there are any questions.

5. EXERCISE B: Role Play followed by discussion -- Assessing feeding

There is one role play in this exercise, and there are three more in later exercises. Each role play is instructionally important and teaches certain counselling steps or content. Do not omit role plays.

In the facilitator notes for each role play, there will be a note such as the following which lists the main points covered. Do not read this to the participants beforehand, but ensure that the points are covered in discussion afterwards.

Counselling steps covered in this role play:

- *asking questions to assess feeding*
- *identifying correct feeding and feeding problems*

Highlights of case: Breastmilk is being reduced too quickly as complementary food is added. Feeding has changed during illness (sugar water added).

Plan to assign every participant a role in one of the role plays in this module. If a participant does not play a role in this exercise, be sure that he or she is assigned a role in a later role play.

1. Assign the role of doctor to a participant who seems confident and understands the course materials well. Explain that the "doctor" will use the questions on the Sick Child Recording Form to identify feeding problems. Explain that the doctor may need to ask additional questions if the mother's answers are unclear or incomplete.

Remind the doctor that he is not giving advice in this role play but simply identifying the feeding problems and correct feeding practices.

2. Assign the role of the mother in the role play to a different participant. (If there are not enough women, men can play the roles of mothers.) Give the "mother" the box (given below) describing her child's feeding. This box may be copied or cut out. Tell the mother that she may make up additional realistic information that fits the situation if necessary. She should behave as a real mother might behave.

EXERCISE B: Role Play - Description for Durga's Mother

You are the mother of Durga, a 6-month-old girl. You have brought her to the doctor because she has a cough and runny nose. The doctor has already told you about a soothing local remedy for cough. Now the doctor will ask you some questions about how you feed Durga.

You are still breastfeeding Durga about 3 times each day and once during the night. In the past month you have started giving her a thin cereal gruel (*local cereal gruel: Daliai, Dal Pani, Khichari* because she seemed hungry after breastfeeding and your mother-in-law suggested it. You give the gruel by spoon 3 times each day. You do not own or use a feeding bottle.

During the illness Durga has breastfed as usual, but she spits out the gruel and cries. Your friend suggested giving Durga some sugar water instead of the gruel while she is sick. You have tried giving the sugar water by cup, and Durga seems to like the sweet taste.

3. Conduct the role play. Participants not playing roles should record answers on the Sick Child Recording Form section reprinted in the module. They should make notes of correct feeding practices and feeding problems discovered.
4. After the role play, lead a brief discussion. Review the answers that the mother gave to the feeding questions. List on the flipchart or chalkboard correct feeding practices mentioned in the role play, and feeding problems discovered. (See Answer Sheet.) Also discuss whether all the necessary questions were asked of the mother. If not, what additional questions should have been asked? What might be the consequences of not asking these questions?

1. Answers to Exercise B

ANSWERS TO FEEDING QUESTIONS

ASSESS CHILD'S FEEDING if child has ANAEMIA OR VERY LOW WEIGHT or is less than 2 years old. - Do you breastfeed your child? Yes ☒ No ☐ - If Yes, how many times in 24 hours? <u>4</u> times. Do you breastfeed during the night? Yes ☒ No ☐ - Does the child take any other food or fluids? Yes ☒ No ☐ - If Yes, what food or fluids? <u>THIN CEREAL GRUEL</u> - How many times per day? <u>3</u> times. What do you use to feed the child? <u>SPOON, NO FEEDING BOTTLE</u> - How large are servings? _____ - Does the child receive his own serving? ☐ Who feeds the child and how? _____ - During the illness, has the child's feeding changed? Yes ☒ No ☐ - If Yes, how? <u>SPITS OUT GRUEL, GIVING SUGAR WATER INSTEAD</u>	Feeding Problems: NOT BREAST FEEDING ENOUGH, CEREAL GRUEL IS TOO THIN AND GIVEN TOO OFTEN, SUGAR WATER SHOULD NOT BE GIVEN
--	---

Notice that the questions for "very low weight for age" were not answered for Durga because her weight is not very low.

FEEDING PROBLEMS:

Not breastfeeding often enough. The child needs to breastfeed on demand, at least 8 times in 24 hours.

Complementary food (thin cereal gruel) is too thin, not energy-rich and nutrient-rich. Mother needs to offer thicker foods.

Sugar water should not be given.

CORRECT FEEDING PRACTICES:

Still breastfeeding

Has started complementary foods

Uses a spoon or a cup rather than feeding bottle

6. Participants read through section 3.1 of the module and to do written Exercise C individually.

EXERCISE C: Individual work followed by individual feedback -- Identifying feeding problems and relevant advice

Compare the participant's answers to the answer sheet and discuss any differences. Be sure that the participant has mentioned good local complementary foods where appropriate.

The main point of this exercise is to identify **relevant** feeding advice and limit advice to that. Be sure that the participant understands that it is not necessary to give all the feeding advice to every mother. If certain recommendations are not being followed, advice should be limited to those recommendations. This helps the mother focus on what is important in her situation.

If the child is being fed correctly for his age group, then the mother may not need any feeding advice now. (If the child is about to enter a new age group with different feeding recommendations, however, explain these new recommendations to her.) Remember to praise the mother for feeding practices that are correct.

C. Answers to Exercise C

1. *Feeding problem(s):*

Not breastfeeding often enough
Taking other milk (cow's milk 2 times per day)
Using feeding bottle

Correct Feeding Practices:

Breastfeeding day and night
Feeding the same during illness as health

Relevant Advice:

You can produce all the breastmilk your child needs. Your child will gain weight better on more breastmilk than on cow's milk.

Give more frequent, longer breastfeeds, day and night, and gradually reduce amount of cow's milk given.

Use a cup instead of a bottle.

Note: This mother will also need to be told to return for follow-up in 5 days

since there is a feeding problem.

2. *Feeding Problem(s):*

Child is receiving only 2 meals per day.

Family foods (rice and thin soup) are not varied and are not energy-rich.

Child is not fed actively. He shares a plate with siblings and does not get much.

Correct Feeding Practices:

Giving family foods

Continue feeding during illness

Relevant Advice:

Feed the child 5 times each day.

Give at least 1 ½ katori serving at a time. She can start with small amount.

Try to add some oil, vegetables, meat, fish, or other foods to the rice. Give a thick food rather than thin soup. Give other nutritious foods such as (*Mashed Roti/rice /bread mixed in thick dal with added ghee/oil or other local food*)

Save out an individual serving for the child and feed it to him, or help him get enough from the shared plate. Feed him until he does not want any more.

Note: This child will need to be seen again in 5 days for feeding problems.

3. *Feeding Problem(s):*

The amount of food is less and there is no active feeding. The child is also having persistent diarrhoea which suggests that he is having trouble digesting cow's milk.

What is the mother doing correctly?

- Feeding 5 times a day
- Feeding during illness
- Child gets his own serving

Relevant Advice:

Increase amount of food to at least 1 ½ katori

Active feeding

Replace the cow's milk with yoghurt, OR replace half the cow's milk with nutritious foods such as (*local foods....*).

Note: This child will need to be seen again in 5 days for follow-up for persistent diarrhoea.

4. *Feeding Problem(s) -- Recorded on the front of the Sick Child Recording Form:*

Complementary foods are not given often enough and are not thick and nutritious.

Mother has stopped cereal during illness.

On the back of the form, the participant should have written advice such as:

At this age the child needs more complementary foods. Give at least 1 katori. Make cereal gruel thicker and add oil and mashed vegetables or fruit. Also try combinations such as rice with vegetables, meat, or fish.

Start now to give this 3 times daily, even during illness.

Keep breastfeeding as often as the child wants.

Handwashing

Follow up in 5 days

7. Participants read through section 3.2 and do Short Answer Exercise

SHORT ANSWER EXERCISE -- Good communication skills

Ask the participant to read section 3.2 and do the Short Answer Exercise.

As participants work on the Short Answer Exercise, look at their work to make sure they are completing the exercises. Ask occasionally if there are any questions.

When a participant has completed the Short Answer Exercise, tell the participant to read section 3.3 and to look at the Mother's Card (either the adapted card or the Mother's Card in the Annex).

When participants have studied the Mother's Card, explain any plans for use of the adapted Mother's Card in their clinics. If no plans have yet been made, explain that there are many ways that Mother's Cards could be designed. Some

countries give a new Mother's Card at every visit. Some countries use a multivisit card that should be brought back to the clinic at every visit. Other countries use a card which is kept at the clinic and used for education, but is not taken home by mothers.

8. Participants read through section 3.3 and the Mother's Card. Conduct Demonstration Role Play

EXAMPLE: Demonstration role play -- Giving feeding advice using good communication skills

Counselling steps and communication skills covered in this role play:

- *asking questions to assess feeding*
- *identifying correct feeding and feeding problems*
- *praising the mother when appropriate*
- *advising the mother using simple language and giving only relevant advice about feeding*
- *using the Mother's Card*
- *checking the mother's understanding*

*This demonstration gives participants a model of the entire process of **feeding assessment and counselling**. (A later continuation of this demonstration covers advice about fluids and when to return.*

***Highlights of case:** Child has lost appetite during illness. Information given on complementary feeding for a 8-month-old.*

This is a scripted role play about Karma, an 8 month-old child. You may play the role of the doctor & have a participant or your co-facilitator read the role of the mother. You will need an extra copy of the script for the mother; you may use the one in your co-facilitator's guide. Have the Mother's Card ready to use. A baby doll will be helpful. Practice the demonstration at least once before doing it in front of the group.

To the left of the script, the communication skills being used are listed in italics. Write these skills on the flipchart or blackboard before the role play:

Ask, listen

Praise

Advise

Check understanding

You or your co-facilitator should stand near the flipchart or blackboard during the role play. Point to each skill as it is used in the script. This will make participants aware of the skills being used.

After the role play, ask participants to tell you what feeding problems were found and whether all of the relevant advice about feeding was given. Feeding problems: Karma is not feeding well during illness. Karma needs more varied complementary foods. He also needs one more serving per day. All of the relevant advice was given.

SCRIPT FOR DEMONSTRATION ROLE PLAY

Doctor: Let's talk about feeding Karma. Do you breastfeed him ?
Ask, listen

Mother: Yes, I'm still breastfeeding.

Doctor: That's very good. Breastmilk is still the best milk for Karma.
Praise
How often do you breastfeed him each day ?
Ask, listen

Mother: It varies. May be 4 or 5 times.

Doctor: Do you also breastfeed at night ?

Mother: Yes, if he wakes up and wants to.

Doctor: Good. Keep breastfeeding as often as he wants.
Praise
Tell me, are you giving Karma any other foods or fluids
Ask, listen besides breastmilk ?

Mother: Sometimes I give him cooked cereal, or banana mixed in yoghurt.

Doctor: Those are good choices. How often do you give them ?
Praise
Ask, listen

Mother: When he seems hungry.

Doctor: How often is that ?

Mother: Usually about 2 times a day.

Doctor: Do you ever give Karma a feeding bottle ?

Mother: No, I don't have one.

Doctor: Good. It is much better to use a spoon or cup.
Praise Tell me, during this illness, has Karma's
Ask, listen feeding changed ?

Mother: He is still breastfeeding, but he has not been hungry for the cereal or yoghurt.

Doctor: Well, he's probably just lost his appetite due to the fever....
Advise Most children do. Still, keep encouraging him to eat. Try
Ask, listen giving him his favourite nutritious foods. Give him small servings frequently. Have there been any other problems with feeding?

Mother: No, I don't think so.

Doctor: You said you were feeding Karma cereal 2 times a day. At
Advise his age, he is ready to eat foods like cereal about 3 times each day. Make sure the cereal is thick. He needs 1 katorie per feed. You can start with small amount and gradually increase every day. Karma is ready for some different foods too. Try adding some mashed vegetables or beans to the cereal, or some very small bits of meat or fish. Also add a little bit of oil for energy. Would this be possible for you to do ?

Mother: Yes, I think so.

Doctor: Let me show you on this Mother's Card what Karma needs.
Advise Since he's 8 months old, he should get the foods under this picture. (*Mention some local foods.*)

Mother: Should I give him these foods now, while he is sick ?

Doctor: Try offering them. He might like the taste, and these are the best foods if he will eat them. Offer the foods that he likes. And most importantly, keep breastfeeding.

Mother: All right. I will try adding some more things to the cereal.

Doctor: Good. What do you have that you will add ?

Check
understanding

Mother: I will add a little oil, and some mashed peas. Sometimes I
can add vegetables or chicken, when I have one.

Doctor: Good. And how often will you try to feed Karma these
Check foods ?
understanding

Mother: Three times each day.

Doctor: That's right. I am sure you will feed him well.
Praise

9. Conduct Role plays - EXERCISE D: Giving feeding advice using good communication skills

There are 2 role plays in this exercise. These role plays include feeding problems that could occur anywhere. Your Course Director may prefer for you to use role plays involving specific local feeding problems. If so, you will be given different role play descriptions to use.

Counselling steps and communication skills covered in this role play:

- *asking questions to assess feeding*
- *identifying correct feeding and feeding problems*
- *praising the mother when appropriate*
- *advising the mother using simple language and giving only relevant advice about feeding*
- *using the Mother's Card*
- *checking the mother's understanding*

In the role play about Karma, the above process was demonstrated. In these role plays, the participants must practice the process themselves.

Highlights of role play 1, Suman: *7-month-old child is still exclusively breastfed but needs complementary foods. Doctor must explain good complementary foods to give and how often.*

Highlights of role play 2, Jatin: *15-month-old child has very low weight and has persistent diarrhoea. Doctor must explain how to feed a child with persistent diarrhoea.*

Assign roles and conduct the role plays as follows:

1. Assign the role of doctor in each role play to a different participant. Give these participants a copy of the Mother's Card to use in the role play. Encourage these participants to take several minutes to review the feeding questions (on the Sick Child Recording Form reprinted in the module) and the feeding recommendations for the child's age (on the Mother's Card). Tell them they should be prepared for the mother to behave like a real mother, to ask questions, etc.

2. Assign the role of the mother in each role play to a different participant. (If there are not enough women, men can play the role of mothers.) Give each mother a slip of paper describing the situation, the child's usual feeding and feeding during the illness, and her attitude. These slips of paper are provided below and on the next page of this guide and may be photocopied or cut out. Tell the "mothers" that they may make up additional realistic information that fits the situation if necessary. Help them prepare to play the role.
3. Conduct each role play. During the role play, observers should complete the sections of the recording form reprinted in the module. They should be prepared to answer and discuss the questions given in the module.
4. After each role play, lead a brief discussion using the questions in the module. Ensure that positive comments are made as well as suggestions for improvements. *(Note: If the doctor in the second role play does not properly explain the recommendations for persistent diarrhoea, be sure to explain them in this discussion.)*

EXERCISE D: Role Play 1 - Description for the Mother

You are the mother of a 7-month-old boy named SUMAN. Suman has a cough and a runny nose. You have been taught to give a soothing cough remedy. Now the doctor is going to ask you some questions and give you some advice about feeding Suman.

You are anxious to leave the health centre as Suman has been crying. You did not get much sleep last night, so you are tired.

Suman is exclusively breastfed and has never been given a bottle. You breastfeed him about 8 times each day, and you also breastfeed at night if he wakes up. Suman has been fussy during his cold and seems to want to breastfeed more often. He seems hungry even after breastfeeding. You are worried that giving him other foods besides breastmilk will make him sicker.

EXERCISE D: Role Play 2 - Description for the Mother

You are the mother of Jatin, a 15-month-old boy who has very low weight and has persistent diarrhoea. The doctor has explained how to give extra fluid to treat diarrhoea at home (*ORS, water and food-based fluids such as: _____*). Now the doctor is going to ask you some questions and advise you about feeding Jatin

You are worried about Jatin, but you have little food available in your home, and you have three other children to feed. You are timid when talking with the doctor, and you are hesitant to ask questions, even when you are confused. You tend to answer the doctor very briefly so that he or she must ask further questions to get the necessary information.

Jatin is no longer breastfed. He takes goat's milk and foods eaten by the rest of the family, 2 or 3 times each day. He has continued to eat everything that he is offered during the diarrhoea. *If the doctor asks what foods are given, describe low energy foods common in your area. If asked who feeds the child and how, describe feeding practices common in your area.*

10 Participants read sections 4.0 and do Short Answer Exercise - when to return

After the participants read sections 4.0 and 5.0 tell them to do the short answer exercise about when to return. Stress the importance of teaching the mother about when to return, especially the importance of teaching her the signs to return immediately.

As participants do the short answer exercise, encourage them to ask questions as needed.

11. **Continue the Demonstration role play -- Giving advice on fluid and when to return using good communication skills**

The earlier demonstration about Karma covered the steps of assessing feeding, identifying feeding problems, and counselling the mother about feeding. This demonstration completes the interaction by covering advising the mother about fluid and when to return. In other words, this role play covers the remaining parts of the COUNSEL THE MOTHER chart.

Highlights of the case: Doctor uses the Mother's Card to teach the signs to return immediately, including the very important signs -- ***fast breathing and difficult breathing.***

Continue the scripted role play about *Karma* beginning on the next page. Have the same people play the roles of the doctor and mother. Use the Mother's Card. A baby doll will be helpful. Practice the demonstration at least once before doing it in front of the group.

Before the role play, remind participants that *Karma* is 8 months old and has no general danger signs. He has: NO PNEUMONIA: COUGH OR COLD, MALARIA, NO ANAEMIA AND NOT VERY LOW WEIGHT.

In the previous demonstration, the doctor assessed feeding and found three feeding problems: *Karma* was not feeding well during illness; he needed more varied complementary foods; and he needed one more serving each day. The doctor counselled the mother to keep feeding during illness even though *Karma* had lost his appetite. The doctor also gave advice on good complementary foods for *Karma* and advised the mother to feed him 3 times per day. Now, the doctor will give advice on fluid and when to return. (Point to the parts of the *COUNSEL* chart to be used.)

To the left of the script, notice that the communication skills are again listed in italics. You previously wrote these on the flipchart or blackboard:

Ask, listen
Praise
Advise
Check understanding

As in the previous demonstration about *Karma*, you or your co-facilitator should point to each skill as you use it in the script.

SCRIPT FOR DEMONSTRATION ROLE PLAY, CONTINUED

- Doctor: We've already talked about how important breastfeeding is.
Ask, listen Does *Karma* take any other fluids regularly ?
- Mother: Sometimes I give him orange juice.
- Doctor: That's good. During illness children may lose fluids due to
Praise fever, and it is important to give extra fluids to replace those.
Advise You can do that by breastfeeding frequently and by giving
Ask, listen fluids like orange juice or soups as well. How do you give
him his orange juice now ?
- Mother: In a cup. I hold it while he sips.
- Doctor: That's very good. That is the best way to give him extra
Praise fluid.

Advise Now we need to talk about when you should bring *Karma*
back to see me. If his fever continues for 2 more days, bring
him back. Otherwise, come back in 5 days so we can find out
how he is feeding.
- Mother: In 5 days?
- Doctor: Yes, that will be Monday. If you can come in the afternoon
Ask, listen at 3:00, there will be a nutrition class that would be helpful
for you. Can you come then ?
- Mother: I think so.
- Doctor: I also want you to bring *Karma* back **immediately** if he
Advise **is not able to drink** or if he **becomes sicker**. This is very
important. I'm going to show you these pictures on the
Mother's Card to help you remember. (*Points to Mother's
Card and describes the pictures for these signs*)
- Mother: I understand.
- Doctor: Good. Now I am going to tell you two more signs to look
Advise for so you will know if *Karma* needs to come back. The signs
are **fast breathing** and **difficult breathing**. If you

notice *Karma* breathing fast, or having difficulty breathing, bring him back **immediately**. These signs mean he may have developed pneumonia and may need some special medicine. I do not expect this will happen, but I want you to know what to look for. Here is another picture to help you remember to look at *Karma*'s chest for fast breathing. (*Points to Mother's Card.*) If *Karma* is breathing faster than usual, or he seems to have trouble breathing, bring him back.

Mother: All right.

Doctor: I also want to see *Karma* again in one month for his measles immunization. I know this is a lot to remember, but don't worry, I'm going to write it down for you.

Check Understanding Can you remember the important signs to bring *Karma* back immediately ?

Mother: Yes, fast breathing and difficult breathing.

Doctor: Good. And how will you recognize fast breathing ?

Mother: If it's faster than usual ?

Doctor: Good. That's right. And there were two more signs that I told you first.

Praise

Mother: Oh yes, if he cannot drink and...?

Doctor: If he cannot drink and if he becomes sicker. Let's look again at the Mother's Card. You can take it home to help you

Check understanding remember everything. (*Doctor points to the relevant pictures again and asks the mother to say the signs.*)

Mother: Not able to drink....sicker....fast or difficult breathing....

Doctor: Excellent. Bring *Karma* back if any of these signs appear.

Praise

I'm also writing the day to come back for measles immunization here. That is very important to keep *Karma* from getting measles. And remember, if his fever doesn't stop in 2 days, you also need to come back. Do you have any questions ?

Mother: No, I think I understand.

Doctor: You were right to bring *Karma* today. I will see you again on Monday. I hope his cough is better soon.

Praise

12. Conduct role play. EXERCISE E:

Role plays -- Using good communication skills and the entire *COUNSEL THE MOTHER* chart and Mother's Card

*This exercise allows participants to practice the **entire** process covered on the *COUNSEL THE MOTHER* chart: feeding assessment, counselling on feeding, giving advice on fluid, and teaching when to return. Participants do the whole process using good communication skills and using the Mother's Card.*

Highlights of the case: *Child has VERY LOW WEIGHT and feeding problems. As well as assessing feeding and counselling on feeding, the doctor will practice giving instructions on when to return for VERY LOW WEIGHT and a feeding problem.*

Conduct the role play as in Exercise D. Give the "mother" the situation described on the next page. Remind her that she may make up additional realistic information that fits the situation if necessary.

After the role play, use questions in the module to lead a group discussion.

EXERCISE E, Role Play - Description for Fatima's Mother

You have a 2-year-old daughter named Fatima who has very low weight and has an ear infection. The doctor has already given you instructions on wicking the ear and giving an antibiotic for the ear infection. He or she will now assess feeding and counsel you about FOOD, FLUID, and WHEN TO RETURN.

You are timid with the doctor and do not volunteer information unless asked. You have come a long way to the clinic and you are tired. You are reluctant to come back for a follow-up visit because transportation is difficult for you. You are not able to read the words on the Mother's Card, but you try to understand the pictures.

Fatima is no longer breastfed. She eats family foods about 3 times a day. She drinks cow's milk when it is available. She does not use a feeding bottle. Food servings are small and Fatima finishes all of her food. *(If asked about family foods and feeding practices, describe foods and feeding practices that are typical in your area.)*

13. EXERCISE F: Group discussion -- Local feeding problems and recommendations

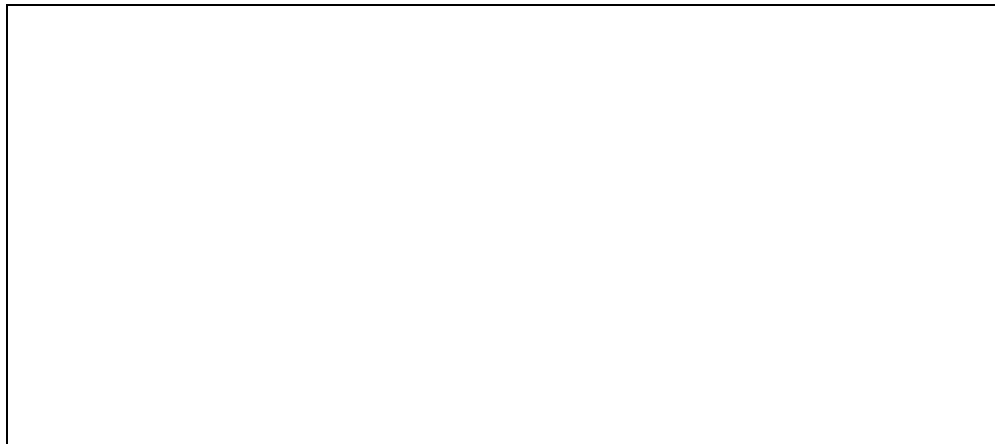
Lead a group discussion of local feeding problems and recommended advice for these problems. Relate the discussion to the feeding problems of children seen during the **clinical sessions**. (If participants have not yet practiced counselling about feeding during a clinical session, delay this discussion until after that clinical session.)

Ask participants what common local feeding problems they found during their clinical sessions. For problems covered on the *COUNSEL THE MOTHER* chart, point out what advice should be given. For any additional local problems identified by participants, ask what would be suitable advice.

Ask participants if the recommended advice for local feeding problems is practical. Ask if mothers are likely to follow this advice. If not, ask for alternative suggestions that would improve feeding, be practical, and be followed by mothers.

14. SUMMARY OF MODULE

Review with participants the main skills covered in this module. These are listed in the learning objectives on the first page of the module. Also review any points that you may have noted below:

A large empty rectangular box with a thin black border, intended for participants to write down any points they have noted during the module review.

FACILITATOR GUIDELINES FOR

FOLLOW-UP

FOLLOW-UP

PROCEDURES		FEEDBACK
1.	Distribute and introduce the module.	-----
2.	Participants read section 1.0 and do Exercise A.	Individual
3.	Participants read sections 2.0 through 4.0, and do Exercise B.	Individual
4.	Participants read sections 5.0 through 6.0, and do Exercise C.	Individual
5.	Participants read sections 7.0 through 11.0 and do Exercise D.	Individual
6.	Summarize the module.	Individual

NOTE ABOUT TEACHING THIS MODULE:

Because this module is presented at the end of the course, it is possible that some activities took longer than scheduled and a short amount of time remains for completing this module. If this is the situation, you may need to make some special arrangements to be sure that all participants can complete the module and fully understand it.

If time is short, you may give out the module the night before. Ask all the participants (or ask the slower participants) to read ahead in the module and do some exercises at night. This will let them get ahead in the module. You can begin giving individual feedback on exercises early in the classroom session. This will allow you to give more time to each participant, rather than having a period of waiting while participants read and work on the first exercises.

Though participants may be weary at the end of the course and may want to rush through this module, it is an important module. Follow-up visits are an important opportunity to identify and help children who are getting worse and give or refer them for the additional care that they need, thereby preventing deaths. There is no clinical session to practice conducting follow-up visits. Therefore the participants must learn about follow-up visits from just reading the module and completing the exercises. When they conduct a follow-up visit in their own clinics, they will need to refer to the charts. As you work with each participant on this module, be sure that each participant learns:

- * Where to find instructions for a follow-up visit on the charts.
- * How to assess a child who comes for follow-up.
- * How to select treatment based on results of the follow-up assessment.
- * To refer to hospital any child who has multiple problems and is getting worse. Also refer any child who needs a second-line drug which is not available, and any child you are worried about or do not know how to treat.

1. INTRODUCE THE MODULE

Before you begin the introduction, locate the enlargement of the Follow-up box for Pneumonia. Be ready to display it.

Distribute the module and introduce it by stating that follow-up is very important. It is the doctor's chance to see whether a child is improving and to see that the child gets any additional care that he needs. It is especially important to identify any children who are not improving. Children who are getting worse can be referred for additional care.

The steps for conducting a follow-up visit are different from the ones used when a child or

young infant comes for an initial visit. When conducting a follow-up visit for a child or young infant, the doctor uses the instructions in the relevant follow-up box.

Tell the participants that in this module they will read about the steps for follow-up to a child's initial treatment. The module does not discuss care of children who have returned immediately because their condition has worsened. This module focuses on steps for conducting a "scheduled" follow-up visit.

In your remarks, remind participants that part of the treatment for many classifications is for sick children to return to the doctor for follow-up care. Review the "Treatment" column of the *ASSESS & CLASSIFY* chart and the "When to Return" box on the *COUNSEL THE MOTHER* chart to highlight with participants when follow-up visits are indicated.

Ask participants to look at the *TREAT THE CHILD* wall chart. Point to the bottom of the chart and the boxes that provide instructions for conducting the follow-up visit.

Ask the participants to open to page 1 of the module. Review with them the learning objectives of this module. Briefly mention that the information on the following two pages provides an overview of how to reassess and select treatment for a child who comes for follow-up care.

Ask participants to look at the Follow-Up box for Pneumonia. (Point to the relevant instructions on the enlargement, or ask participants to look at a pneumonia box in their chart booklet or module.) Explain that in each follow-up box there are two types of instructions:

- * how to **assess** the child's problem which is being followed-up
- * how to **treat** the child

When you assess the child as the box suggests, you will have the information needed to select the treatment that is appropriate.

Ask the participants to read these introductory pages and section 1.0. Then do Exercise A.

2. Participants read section 1.0 and do EXERCISE A: Individual work followed by individual feedback -- Conducting follow-up for pneumonia

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who came for follow-up of PNEUMONIA.

Compare the participant's answers to those on the answer sheet and discuss any differences between them. As you discuss the answers with the participant, ask the participant to show you where he looked on the chart for information about conducting this follow-up visit:

Follow-up box for PNEUMONIA on the *TREAT THE CHILD* chart, the *ASSESS & CLASSIFY* chart for how to assess danger signs and cough and difficult breathing, and the antibiotic box on the *TREAT THE CHILD* chart.

Give the participant a copy of the answer sheet for this exercise.

Ask the participant if mothers who come to his clinic will bring a child back for follow-up. If he says that mothers usually will not, discuss how he could make follow-up visits more convenient for them. Also discuss how he could explain to them the importance of follow-up.

D. Answers to Exercise A

1. a) How would you reassess Puneet today ? List all the signs you would look at and write the questions you would ask his mother.

Is he able to drink or breastfeed ?
Does he vomit everything ?
Has he had convulsions ?
See if he is lethargic or unconscious.
Is he still coughing ? How long has he been coughing ?
Count the breaths in one minute.
Look for chest indrawing.
Look and listen for stridor.
Is he breathing slower ?
Is there less fever ?
Is he eating better?

- b) Based on Puneet's signs today, how should he be treated ?

Tell his mother that he is improving nicely. She should continue giving him the pills as she has been until they are all gone.

2. a) How would you reassess Ahmed today ? List the signs you would look at and the questions you would ask his mother.

Is he able to drink ?
Does he vomit everything ?
Has he had convulsions ?
See if he is lethargic or unconscious.
Is he still coughing ? How long has he been coughing ?
Count the breaths in one minute.
Look for chest indrawing.

*Look and listen for stridor.
Is he breathing slower ?
Is there fever ? Is it less ?
Is he eating better ?*

- b) Is Ahmed getting worse, the same, or better ?

He is worse. He has chest indrawing.

- c) How should you treat Ahmed? If you would give a drug, specify the dose and schedule.

Refer urgently. Before departure give him a dose of Injection Chloramphenicol (Intramuscular), 3.5 ml(630 mg).

3. a) Is Flora getting worse, the same, or better ?

She is the same -- she still has fast breathing and no other significant signs of improvement.

- b) What treatment would you give Flora now ?

Refer the child to hospital

3. Participants read sections 2.0 through 4.0 and do EXERCISE B: Individual work followed by individual feedback -- Conducting follow-up for dysentery or persistent diarrhoea

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who returns for follow-up for DYSENTERY or PERSISTENT DIARRHOEA.

Compare the participant's answers with those on the answer sheet. As with the previous exercise, ask the participant to show you on the *TREAT* chart where to find the instructions for conducting a follow-up visit for both persistent diarrhoea and for dysentery. Also ask the participant to show you where he found the information about what care the child needs. For example:

- * for Persistent Diarrhoea, ask the participant what chart he would use to do a full

assessment of a child whose diarrhoea had not stopped (Answer: *ASSESS & CLASSIFY* chart). Ask him where he would look to find the feeding recommendations appropriate for a child whose diarrhoea had stopped (Answer: *COUNSEL THE MOTHER* chart, Feeding Recommendations box).

- * for Dysentery, be sure the participant understands he must assess diarrhoea as on the *ASSESS & CLASSIFY* chart, plus ask the additional questions listed in the Follow-up box. Ask the participant: If you need to give a second-line antibiotic, where will you look to find the recommended antibiotic? (Answer: the antibiotic box for Dysentery on the *TREAT THE CHILD* chart.)

Give the participant a copy of the answer sheet.

Answers to Exercise B

1. a) What is your first step for reassessing Suresh ?

*Ask: Has Suresh's diarrhoea stopped ?
How many loose stools is he having per day ?*
- b) Suresh's mother tells you that his diarrhoea has not stopped. What would you do next ?

Reassess Suresh completely as described on the ASSESS & CLASSIFY chart. Treat any problems that require immediate attention. Then refer him to hospital.
- c) Is Suresh dehydrated ?
No
- d) How will you treat Suresh ?
Refer him to a hospital. He does not need any treatments before he leaves.
- e) If your reassessment found that Suresh had some dehydration, what would you have done before referral ?
Rehydrate him according to Plan B before referral.
2. a) How will you assess Mary ?
 - * *Assess Mary for diarrhoea as on the ASSESS & CLASSIFY chart.*
 - * *Ask:*

- *Are there fewer stool ?*
- *Is there less blood in the stool ?*
- *Is there less fever ?*
- *Is there less abdominal pain ?*
- *Is the child eating better ?*

- b) Is Mary dehydrated ? If so, what will you do ?
Yes, she has SOME DEHYDRATION.

Use Plan B. Give 400 - 700 ml of ORS in first 4 hours and reassess dehydration.

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- c) What else will you do to treat Mary ? If you will give a drug, specify the dose and schedule.

Mary's dysentery is the same, and she is dehydrated. Because she is less than 12 months old, refer her to hospital. Treat her dehydration according to Plan B before departure.

3. a) How would you assess Fazal ?

* *Because Fazal has a new problem - cough, do a full assessment of Fazal.. Classify the cough and any other new problems as at an initial visit using the ASSESS & CLASSIFY chart.*

* *Assess the child for diarrhoea as on the ASSESS & CLASSIFY chart.*

* *Also ask:*

- *Are there fewer stool ?*
- *Is there less blood in the stool ?*
- 7- *Is there less fever ?*
- *Is there less abdominal pain ?*
- *Is the child eating better ?*

- b) What would you do for Fazal's diarrhoea?

Tell his mother to complete the 3 days of the antibiotic. Review the schedule and the importance of using all the pills.

Review Plan A with his mother.

- c) How would you classify his cough ?

Classify as NO PNEUMONIA: COUGH OR COLD.

- d) List the treatments for Fazal's cough and cold.

Advise his mother to soothe the throat and relieve the cough with a safe remedy. Advise his mother when to return immediately. Ask her to bring him for follow-up in 5 days if not improving.

4. a) Do you need to assess Masud further ? If so, describe what you would assess.

No. His diarrhoea has stopped.

- b) What instructions will you give the mother about feeding Masud ?

Feed him according to the feeding recommendations for his age. That is, feed him 5

meals per day of family foods or an energy-rich food such as rice or a thick cereal with added oil, meat, fish, eggs or pulses; fruits and vegetables.

4. Participants read sections 5.0 through 6.0 and do Exercise C.

EXERCISE C: Individual work followed by individual feedback -- Conducting follow-up for malaria or fever

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who has come for follow-up for **MALARIA** or **FEVER-MALARIA UNLIKELY** .

Compare the participant's answers with the answer sheet and discuss any differences. Ask the participant to show you where he looked on the chart to decide how to assess and treat each of the children in these cases. Clarify with the participant whether he will be giving follow-up for children where or when there is low or no malaria risk and the box to refer to.

Give the participant a copy of the answer sheet.

Answers to Exercise C

1. a) How would you assess Rakesh ?

Completely assess Rakesh as on the ASSESS & CLASSIFY chart. Also, assess for other

possible causes of the fever.

- b) How would you treat Rakesh? If you would give a drug, specify the dose and schedule.
- *If malaria is the only cause of fever, continue day 3 of treatment*
 - *Advise the mother to return again in 2 days if the fever persists.*

2. a) How would you treat Sarla ? If you would give drugs, specify the dose and schedule.

Since Sarla has a general danger sign, treat her as for VERY SEVERE FEBRILE DISEASE. Refer her urgently to hospital, but before referral give:

- *quinine -- 0.8 ml (150 mg/ml)*
- *chloramphenicol (2.5 ml = 450 mg) (since she cannot drink to take an oral drug)*
- *Make a blood smear.*
- *breastmilk, milk, or sugar water by NG tube if possible (since she cannot drink).*
- *(no paracetamol, since she cannot drink)*

3. a) How should the doctor assess Mohammed ?

Do a full reassessment as on the ASSESS & CLASSIFY chart.

- b) What should the doctor do next?

Assess the ear: ask the mother about the pus and if she knows how long it has been there. Ask about ear pain, irritability might be because of his ear pain. Feel for tender swelling behind the ears.

- c) How should the doctor classify the ear problem?

Ear infection, probably acute.

- d) How should the doctor treat Mohammed? If he should give a drug, specify the dose and schedule.

The doctor should treat the apparent cause of the fever, the ear infection:

Give amoxycillin – ½ tablet three times daily for 5 days.

Give paracetamol for pain (1/4 500 mg tablet every 6 hours when in pain.)

Teach the mother to dry the ear by wicking.

Ask the mother to return in 5 days for follow-up.

4. Participants read sections 7.0 through 11 and do Exercise D.

**EXERCISE D: Individual work followed by individual feedback --
Conducting follow-up for feeding problem, pallor, or VERY LOW
WEIGHT**

The purpose of this exercise is for the participant to practice deciding how to assess and select treatment for a child who returned for follow-up for a feeding problem, pallor or VERY LOW WEIGHT.

Compare the participant's answers with the answer sheet and discuss any differences. As needed, ask the participant to show you on the chart where he looked for information about reassessing and providing treatment for each case. Also ask the participant to show you where he looked for information about the relevant feeding recommendations.

Give the participant a copy of the answer sheet.

Answers to Exercise D

1. a) Tick the items appropriate to do during this visit:
 - ☒ Ask about any new problems. If yes, assess, classify and treat as at an initial visit.
 - ☒ Ask the questions in the top box of the *COUNSEL THE MOTHER* chart. Identify any new feeding problems.
 - ☒ Ask the mother if she has been able to give Ashok extra meals each day. Ask what she fed him and the number of meals.
 - ☐ Since Ashok has not gained weight, immediately refer him to hospital.
 - ☐ Advise the mother to resume breastfeeding.
 - ☐ Give vitamin A.
 - ☒ Since Ashok has had no weight gain, repeat the advice given to the mother before. Behaviour change takes a long time.
 - ☒ Ask the mother questions to identify additional feeding problems.

✓ Make recommendations for any feeding problems that you find.

✓ Ask if Ashok is still having diarrhoea.

b) What advice would you give Ashok's mother now ?

Talk to her about active feeding, such as: It is very good that you are giving him the roti with rice/dal as extra food. When you give him the roti, sit with him for a few minutes and encourage him to eat it. At family meals, give Ashok his own plate of food, especially when you serve eggs or milk or banana. It is very good that you are planning to get some eggs and milk when you can afford to. They are very nutritious.

c) Should you ask the mother to bring Ashok back to see you ? If so, when should she come back ? Why ?

Yes. Since Ashok is very low weight for age, you want to be sure that he is gaining weight. Since you are asking his mother to give different foods, to feed him more often and to sit with Ashok to encourage him to eat, you need to find out if she is able to feed Ashok this way. You would give her encouragement and reinforce some of the advice. She should come back in 30 days after the initial visit, that is, in about 3 weeks.

2. a) Write below 3 questions that you could ask Mamta's mother to find out whether Mamta's feeding has improved.

* *Describe for me how you are feeding Mamta now. What do you give her for lunch and for dinner ?*

* *Does she eat the amount you serve her ?*

* *When are you breastfeeding her ?*

* *Have you been able to give her a mid-morning feed? What food do you give then ?*

b) What would you advise the mother today ? Also write something to praise.

Soup is thin and does not give as much nutrition as the rice. It is better to give the mash of vegetable-rice and oil first, and then give her some soup if she is still hungry. Serve her the dal-rice first at both lunch and dinner.

It is very good that you are breastfeeding Mamta in the morning now. It is also very good that she is getting the mid-morning oat-gruel. This food will help her grow.

6. SUMMARY OF MODULE

Lead a brief discussion to review with the participants the main skills covered in this module. They are listed in the learning objectives on the first page of the module. The introduction to this module asks participants to consider special arrangements that may be needed at their clinic to help make follow-up visits convenient for mothers. Possible arrangements include not charging for follow-up visits or reducing the waiting time spent in the queue. If time allows, discuss with participants what changes would be needed in their clinics to encourage mothers to bring their sick children and infants for follow-up care.

Also review any points you may have noted below and answer any questions that participants may still have.



LIST OF PHOTOGRAPHS OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS

*Photograph
Number:*

DEHYDRATION

- 30: This child's eyes are sunken.
- 31: The skin pinch for this child goes back very slowly.
- 32 This child has sunken eyes.
- 33: The child has sunken eyes.
- 34: The child does not have sunken eyes.
- 35: The child has sunken eyes.
- 36: The child's skin pinch goes back very slowly.

MEASLES

- 37: This child has the generalized rash of measles and red eyes.
- 38: This example shows a child with heat rash. It is not the generalized rash of measles.
- 39: This is an example of scabies. It is not the generalized rash of measles.
- 40: This is an example of a rash due to chicken pox. It is not a measles rash.
- 41: This child has generalized rash of measles.
- 42: This child has scabies. It is not measles rash.
- 43: This child has generalized rash of measles.
- 44: This child has scabies. It is not measles rash.
- 45: This child has tinea versicolor. It is not measles rash.
- 46: This child has chicken pox. It is not measles rash.
- 47: This child is malnourished and has normal skin.
- 48: This child has heat rash. It is not measles rash.
- 49: This child has generalized rash of measles.

50: This child has normal skin.

MOUTH SIGNS IN CHILDREN WITH MEASLES

51: This is an example of a normal mouth. The child does not have mouth ulcers.

52: This child has Koplik spots. These spots occur in the mouth inside the cheek early in a measles infection. They are not mouth ulcers.

53: This child has measles with mouth ulcers on the lips.

54: This child has a mouth ulcer.

55: This child has a mouth ulcer.

56: This child does not have mouth ulcers.

EYE COMPLICATIONS OF MEASLES

57: This is a normal eye showing the iris, pupil, conjunctiva and cornea. The child has been crying. There is no pus draining from the eye.

58: This child has pus draining from the eye.

59: This child has clouding of the cornea.

60: There is pus draining from the eye. Not able to tell whether there is clouding of the cornea.

61: There is no pus draining from the eye. There is no clouding of the cornea.

62: There is pus draining from the eye. Not able to tell whether there is clouding of the cornea.

63: There is no pus draining from the eye. There is clouding of the cornea.

64: There is no pus draining from the eye. There is clouding of the cornea.

65: There is pus draining from the eye. Not able to tell whether there is clouding of the cornea.

66: There is no pus draining from the eye. There is no clouding of the cornea.

VISIBLE SEVERE WASTING AND OEDEMA

67: This child has visible severe wasting. The child has small hips, thin legs relative to the abdomen. There is still cheek fat on the child's face.

68: This is the same child as in photograph 47 showing loss of buttock fat.

69: This is the same child as in photograph 47 showing folds of skin ("baggy pants") due to loss of buttock fat. Not all children with visible severe wasting have this sign. It is an extreme sign.

70: This child has oedema of both feet.

- 71: This child does not have visible severe wasting.
- 72: This child has visible severe wasting.
- 73: This child does not have visible severe wasting.
- 74: This child has visible severe wasting.
- 75: This child has visible severe wasting.
- 76: This child has visible severe wasting.
- 77: This child does not have visible severe wasting.
- 78: This child has visible severe wasting.
- 79: This child has oedema of both feet.

PALMAR PALLOR

- 80: This child's skin is normal. There is no palmar pallor.
- 81a: The hands in this photograph are from two different children. The child on the left has some palmar pallor.
- 81b: The child on the right has no palmar pallor.
- 82a: The hands in this photograph are from two different children. The child on the left has no palmar pallor.
- 82b: The child on the right has severe palmar pallor.
- 83: The child has some palmar pallor.
- 84: The child has no palmar pallor.
- 85a: The child has severe palmar pallor.
- 85b: The child has no palmar pallor.
- 86: The child has severe palmar pallor.
- 87: The child has some palmar pallor.
- 88: The child has severe palmar pallor.