



USAID
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 **BASICS**

TOOLKIT FOR COMMUNITY CASE MANAGEMENT OF CHILDHOOD ILLNESSES

COMMUNITY HEALTH WORKER'S MANUAL



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

Manuals and Guides

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

Facility-level tools

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

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

TABLE OF CONTENTS

PATIENT FORM	2
SESSION 1 IDENTIFICATION AND DOCUMENTATION OF COMPLAINTS	4
SESSION 2 DANGER OR WARNING SIGNS	5
SESSION 3 FEVER/ MALARIA	7
SESSION 4 DIARRHEA	12
SESSION 5 COUGH, COLD OR DIFFICULT BREATHING	15
SESSION 6 MALNUTRITION.....	17
SESSION 7 CPS, VACCINATION AND VITAMIN A	21
REFERENCE	22
SESSION 8 FOLLOW UP VISIT	24
SESSION 9 SITE AND DRUGS MANAGEMENT	25

PATIENT FORM

DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH

CHILD PATIENT FORM

Form N°.....

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

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

HEALTH ZONE: HEALTH CENTER: SITE:

1. IDENTIFICATION

Names: Mother's Name: Address:

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

2. COMPLAINTS (Tick NO or YES)

For how many days

Treatment received at home

Feverdays
 Diarrhea.....days
 Cough or cold.....days

SPECIFY other complaints.....

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

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

4 FEVER (= Hot to the touch or history of fever within the 2 days) (Tick) NO YES

REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	FEVER case to be REFERRED
	- Fever with generalized rash	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
FEVER case to be treated at the site	All the problems above are absent,	<input type="checkbox"/> NO	<input type="checkbox"/> YES	MALARIA

5 DIARRHEA (= Loose stool 3 times per day or more) NO YES (Tick)

REFER IF:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	<input type="checkbox"/> NO	<input type="checkbox"/> YES	DIARRHEA case to be REFERRED
	- Blood in the stool, or	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
	- Liquid diarrhea (like water)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
DIARRHEA case to be treated at the site	All the problems above are absent	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Simple DIARRHEA

6 COUGH or COLD NO YES (Tick)

Respiratory mvts= Nber per Minute (Write)

BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year	<input type="checkbox"/> NO	<input type="checkbox"/> YES	PNEUMONIA
	- 40 respiratory movements (or more) in a child aged > year	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year	<input type="checkbox"/> NO	<input type="checkbox"/> YES	COUGH or COLD
	- less than 40 respiratory movements in a child aged > 1 year	<input type="checkbox"/> NO	<input type="checkbox"/> YES	

7 MALNUTRITION (we have to search for point 7, 8, and 9 in every child)

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

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

- Did the child attend to weighing sessions?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Catching up	<input type="checkbox"/> NO	<input type="checkbox"/> YES
- Is the child immunized?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Catching up	<input type="checkbox"/> NO	<input type="checkbox"/> YES
- Did he receive Vitamin A?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Catching up	<input type="checkbox"/> NO	<input type="checkbox"/> YES

9 OTHER PROBLEM ANY OTHER PROBLEM (refer) NO YES OTHER: Refer

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

11. TREATMENT

<p>TREATMENT OF FEVER/MALARIA</p> <p>1) Drugs</p> <p>A) ANTI MALARIA drugs:</p> <ul style="list-style-type: none"> Child 2-6 month: QUININE drops 20%(1 drop/kg of weight, 3 times per day, for 7 days) Child 7-11 months: Art ½ Tab + AQ ½ Tab, for 3 days (TOTAL 1½ Tab Art + 1½ Tab AQ) Child 12-59 months: Art 1 Tab + AQ 1 Tab, for 3 days <p>Note: In case of lack of ART+AQ, give the SP according to the following dosage:</p> <ul style="list-style-type: none"> Child 2-11 months: SP ½ Tab single-dose, only for 1 day Child of 1-2 years: SP ¾ Tab single-dose, only for 1 day. Child of 3-5 years: SP 1 single-dose Tab, only for 1 day <p>B) Paracetamol 500 Mg Tab: (4 times per day).</p> <ul style="list-style-type: none"> Child less than 3 years old: ½ Tab, for 2 days (TOTAL 4 Tab) Child above 3 years old: ¾ Tab, for 2 days (TOTAL 6 tab) <p>2) Advice: See CHART 1</p> <p>3) Appointment after 2 days</p>	<p>TREATMENT OF DIARHEA</p> <p>1) Drugs:</p> <p>a) ORS (at least 2 bags) or other recommended liquids:</p> <ul style="list-style-type: none"> ½ glass of ORS after each stool: Child < 2 years 1 glass of ORS after each stool: Child 2 years and above <p>(If Vomiting: Wait 10 min. then give again)</p> <p>b) Mebendazole: 100 mg Tab 2 times per day for 3 days (TOTAL 6 Tabs) (or 1 Tab of 500 mg single-dose from one year of age)</p> <p>c) Zinc Tab for 10 days with the following dosage:</p> <ul style="list-style-type: none"> ½ 20 Mg tab, child of less than 6 months (TOTAL : 5 Tabs) 20 mg tab, child 6 months and above (TOTAL: 10 Tabs) <p>2) Advice: See CHART 2</p> <p>3) Appointment after 2 days</p>
<p>TREATMENT OF PNEUMONIA AND COUGH/COLD</p> <p>1) PNEUMONIA :</p> <p>a) COTRIMOXAZOLE</p> <ul style="list-style-type: none"> Child 2 - 6 months: ¼ Tab 2 times per day for 5 days (TOTAL 2½) Child 6 months - 3 years: ½ Tab 2 times per day for 5 days (TOTAL 5 Tab) Child 3 years - 5 years: 1 Tab 2 times per day for 5 days (TOTAL 10 Tab) <p>b) Remedy against cough: Lemon juice (diluted) or honey</p> <p>c) If fever: See Treatment for malaria.</p> <p>2) SIMPLE COUGH OR COLD:</p> <p>a) Remedy against cough (Lemon juice or diluted honey)</p> <p>b) If fever: See treatment for malaria.</p> <p>3) Advice: See CHART 3</p> <p>4) Appointment after 2 Days</p>	<p>MANAGEMENT OF SLIGHT MALNUTRITION</p> <p>1) Drugs</p> <p>a) Mebendazole : 100 mg Tab 2 times a day for 3 days (TOT 6 Tabs) (or 500 mg Tab single dose from one year of age)</p> <p>b) Ferrous sulfate 1 tablet per day for 1 month (TOT 30 Tabs)</p> <p>2) Advice : See CHART 4</p> <p>3) Appointment after 2 days to verify whether the advice given was followed, Then appointment after 7 days</p>

12. CATCHING UP (See Vaccination status, CPS & Vit. A, and advice for catching up if necessary)

In all cases, encourage the mother to continue child weighing sessions, immunization and Vitam in A supplementation at the HC

13 FOLLOW UP VISIT CARRIED OUT? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		INSTRUCTIONS FOR FOLLOW UP APPOINTMENT.																																																	
<p>A POSSIBILITY n°1:</p> <p>The child's mother returned <input type="checkbox"/></p> <p>Tick if:</p> <p>a. Returned according to the given appointment <input type="checkbox"/></p> <p>b. Returned immediately due to child worsening health <input type="checkbox"/></p>		<p>POSSIBILITY n°2:</p> <p>The child's mother did not return <input type="checkbox"/></p> <p>Tick why she did not return:</p> <p>a. Consultation by a traditional practitioner or traditional treatment <input type="checkbox"/></p> <p>b. Lack of money <input type="checkbox"/></p> <p>c. Child got better <input type="checkbox"/></p> <p>d. Mother's activities: Seller, field, work, illness in the family... <input type="checkbox"/></p> <p>e. Death <input type="checkbox"/></p> <p>f. Other causes: <input type="checkbox"/></p>																																																	
<p>B IS THE CHILD'S STATE AGGRAVATED? (Ask the mother) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (Tick) IF YES, REFER</p>																																																			
<p>C DOES THE CHILD HAVE A NEW COMPLAINT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, TAKE A NEW FORM</p>																																																			
<p>D LOOK FOR WARNING AND DANGER SIGNS REFER IN CASE A SINGLE SIGN IS PRESENT</p> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> <th></th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>• The child is unable to drink or breastfeed</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Fever that persists despite treatment</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• The child vomits all that he consumes</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Appearance of rash and/or pruritus</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Had convulsions or convulsing now</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Dehydration signs</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Unconscious or very weakened</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Blood in the stool,</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Difficult breathing (pulling or wheezing)</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• Very liquid diarrhea (like water)</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Palmar paleness (anemia)</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>• or another abnormal phenomenon</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• The child becomes sicker</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					NO	YES		NO	YES	• The child is unable to drink or breastfeed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Fever that persists despite treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• The child vomits all that he consumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Appearance of rash and/or pruritus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Had convulsions or convulsing now	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Dehydration signs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Unconscious or very weakened	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Blood in the stool,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Difficult breathing (pulling or wheezing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Very liquid diarrhea (like water)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Palmar paleness (anemia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• or another abnormal phenomenon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• The child becomes sicker	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
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<p>E IF THE CHILD HAD COUGH OR COLD, Nber of respiratory mvts/minute <input type="checkbox"/> Fast Respiration? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> REFER IF YES</p>																																																			
<p>F VERIFY IF THE CHILD RECEIVED HIS DRUGS AS PRESCRIBED. Did he receive his dose? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>• Verify the remaining quantity of drugs in the mother's bag.</p>																																																			
<p>G ADVISE TO CONTINUE CHILD TREATMENT</p> <p>• Ask the mother to recall how she administered the drugs (review the «3 HOWS »)</p> <p>• If the mother administered well the drugs, CONGRATULATE AND ENCOURAGE HER TO CONTINUE THIS WAY</p> <p>• If the mother has administered the drugs inappropriately, make a demonstration on drug dispensation (review the « 3 HOWS ») then ask her to repeat and administer a dose in your presence. Verify her understanding.</p>																																																			

SESSION 1 IDENTIFICATION AND DOCUMENTATION OF COMPLAINTS

DEMOCRATIC REPUBLIC OF CONGO/ MINISTRY OF HEALTH

CHILD PATIENT FORM **FORM N°:**

DATE:/...../..... **CHW's NAME:**

SITE: **HEALTH CENTER** **HEALTH ZONE**

IDENTIFICATION

Names **Mother's name**..... **Address**.....

Gender M F **Age** **Weight** Kg... **Child's nutritional status** Green Yellow Red

COMPLAINTS (Tick NO or YES) **For how many days** **Treatment received at home**

	NON	OUI		
Fever.....	<input type="checkbox"/>	<input type="checkbox"/>days
Diarrhea.....	<input type="checkbox"/>	<input type="checkbox"/>days
Cough	<input type="checkbox"/>	<input type="checkbox"/>days

SPECIFY other complaints.....

Example :

Democratic Republic of Congo/ Ministry of health

INDIVIDUAL CHILD PATIENT FORM **FORM N°: 20**

DATE: 9/1/2008 **CHW's NAME:** Kabongo

SITE: Langa **HEALTH CENTER** moyo **HEALTH ZONE** Golo

IDENTIFICATION

Names Alanda **Mother's name** Marie **Address** Langa

Gender M F **Age** 10M **Weight** 08 Kg... **Child's nutritional status** Green Yellow Red

COMPLAINTS (Tick NO or YES) **For how many days** **Treatment received at home**

	NON	OUI		
Fever.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>days	Zinc
Diarrhea.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>days
Cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>days

SPECIFY other complaints... ma rorange pas

Note: THE THREE VERBS OF THE CHW

- WRITE
- ENCIRCLE
- TICK






SESSION 2 DANGER OR WARNING SIGNS

The child bears a light in relation to his health state. Make sure it's not a red light.

- Red light
- Yellow light
- Green light

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

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

DANGER OR WARNING SIGNS	ILLUSTRATIONS	HOW TO LOOK FOR THEM						
1 Infant, 1 week to 2 months brought to the site.		From the moment that the mother brought him to the site, the infant should be referred to the HC						
2 Child's nutritional status - RED	<table border="1" style="margin: auto;"> <tr><td style="background-color: green; color: white;">GREEN</td><td>GOOD</td></tr> <tr><td style="background-color: yellow;">YELLOW</td><td>WARNING</td></tr> <tr><td style="background-color: red; color: white;">RED</td><td>DANGER</td></tr> </table>	GREEN	GOOD	YELLOW	WARNING	RED	DANGER	The child's weight for age is below the lower curve on CPS card
GREEN	GOOD							
YELLOW	WARNING							
RED	DANGER							
3 The child is unable to drink or breastfeed.		When the baby is given breast-milk or water, there is no swallowing movement at the throat. The breastmilk or water falls without being swallowed.						
4 The child vomits everything he consumes		The child vomits everything he takes: water, food, milk (breastmilk). This is different from selective or repetitive vomiting.						
5 The child is convulsing or had convulsions		Even if the child had convulsions at home, we must consider what the mother says.						
6 The child is unconscious or he is not responding to external stimuli		He doesn't respond to external stimuli (such as tapping, call, etc). He may have capped eyes. Significant weakness should also be a warning sign!						

EXAMPLE :

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

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

IN CASE OF A SINGLE DANGER OR WARNING SIGN, STOP EXAMINATION AND REFER THE SICK CHILD, FOLLOWING ADVICE ON REFERRED CASES, including:

1. Making sure you recorded on the patient form information about:
 - a. Identification
 - b. Complaints on arrival
 - c. Identified warning signs
2. Filling out the reference note
3. Give advice to the mother regarding the reference and recommended medicine for reference (or case by case)
4. Dismiss the mother and inform the community
5. Record the data in the register



SESSION 3 FEVER/ MALARIA

4 FEVER (= Hot to the touch or history of fever within the 2 days) (Tick) <input type="checkbox"/> NO <input type="checkbox"/> YES			
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	- Fever with generalized rash	<input type="checkbox"/> NO	<input type="checkbox"/> YES
FEVER case to be treated at the site	All the problems above are absent,	<input type="checkbox"/> NO	<input type="checkbox"/> YES

FEVER case to be REFERRED

MALARIA

CASE DEFINITION

Simple malaria:
Every sick person with fever
(Hot to the touch)



Most vulnerable people

- Children less than 5 years
- Pregnant women

ALWAYS CHECK IF THE CASE SHOULD NOT BE REFERRED

CASES OF FEVER TO BE REFERRED:



1. Fever that persists after 2 days of treatment with ART+AQ and paracetamol

(or SP and paracetamol)

2. Fever with generalized rash

A. Example of fever case that HAS TO BE REFERRED






























4	FEVER (= Hot to the touch or history of fever within the 2 days) (Tick) NO YES		
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ) Fever with generalized rash	NO YES <input checked="" type="checkbox"/> <input type="checkbox"/>	FEVER case to be REFERRED
		NO YES <input type="checkbox"/> <input checked="" type="checkbox"/>	
FEVER case to be treated at the site	All the problems above are absent,	NO YES <input type="checkbox"/> <input type="checkbox"/>	MALARIA

B. Example of fever case TO BE TREATED AT THE SITE














4	FEVER (= Hot to the touch or history of fever within the 2 days) (Tick) NO YES		
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ) Fever with generalized rash	NO YES <input checked="" type="checkbox"/> <input type="checkbox"/>	FEVER case to be REFERRED
		NO YES <input checked="" type="checkbox"/> <input type="checkbox"/>	
FEVER case to be treated at the site	All the problems above are absent,	NO YES <input type="checkbox"/> <input checked="" type="checkbox"/>	MALARIA

DOSAGE FOR MALARIA TREATMENT

- ARTESUNATE + AMODIAQUINE + PARACETAMOL

Age group	Weight		1st Day		2nd Day		3rd Day	
			ART	AQ	ART	AQ	ART	AQ
7 - 11 months	7-10 Kg							
12 to 59 months	11 to 20 Kg							
1-5 years								
6- 13 years	21-40 Kg							
>13 years	>40 Kg							




PARACETAMOL in case of fever




	2 to 11 months	1 to 2 years	3 to 5 years	6 to 10 years	10 to 12 years	13 to 15 years
	 5-10 Kg	 11-13 Kg	 14-20 Kg	 21-30 Kg	 31-41 Kg	 41-60 Kg
In case of fever, give PARACETAMOL 4 times a day						
	Less than 3 years old: 1/2 Tab		3 to 5 years old 3/4 Tab			

HOME BASED TREATMENT OF MALARIA WITH SP + PARACETAMOL

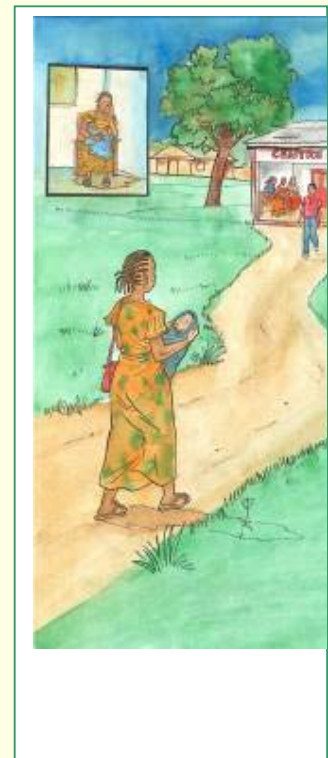
Dear parents, as soon as your 2 months to 5 years old child has fever, give him SP and Paracetamol to treat malaria.

Children 2-11 months old	
SP in a single dose	
Paracetamol Up to 4x/day for 2 days	

Children 1-2 years old	
SP in a single dose	
Paracetamol Up to 4x/day For 2 days	

Children 3-5 years old	
SP in a single dose	
Paracetamol Up to 4x/day for 2 days	

**If the child is less than 2 months old
Take him quickly to the Health Center!!!**



If fever persists after two days of treatment on SP, go to the Health Center

ADVICE ON HOME BASED TREATMENT OF FEVER/MALARIA



**If high fever,
Wrap wet the child's head
+ Paracetamol**



INSECTICIDE TREATED MOSQUITO NET



Exclusive breastfeeding for 6 months



The 3 rules of home based treatment:

- 1. Continue feeding**
- 2. Increase fluid intake (or breastfeeding in case of exclusive breastfeeding)**
- 3. Recognize when to RETURN IMMEDIATELY to the site (i.e. if the child gets sicker)**

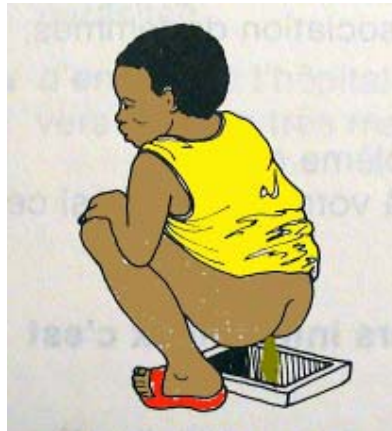
SEE CHART N° 1: FEVER/MALARIA (enclosed)

SESSION 4 DIARRHEA

5 DIARRHEA (= Loose stool 3 times per day or more)		<input type="checkbox"/> NO	<input type="checkbox"/> YES (Tick)
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or - Blood in the stool, or - Liquid diarrhea (like water)	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES
DIARRHEA case to be treated at the site	All the problems above are absent	<input type="checkbox"/> NO	<input type="checkbox"/> YES
			DIARRHEA case to be REFERRED
			Simple DIARRHEA

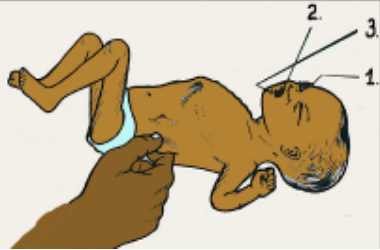


CASE DEFINITION:

Diarrhea case: Every person who has produced 3 or more liquid or very soft stools over the past 24 hours.



ALWAYS VERIFY IF THE CASE SHOULD NOT BE REFERRED

DIARRHEA CASES WHICH HAVE TO BE REFERRED:

<p>DEHYDRATION SIGNS</p>  <ul style="list-style-type: none"> • Persistent Skin pinch goes back slowly • Sunken eyes • Eagerly drinks (Thirsty) • Child is agitated (Crying) 	<p>Blood in the stool</p> 
<p>Very liquid diarrhea (like water)</p> 	





A. Example of DIARRHEA CASE THAT HAS TO BE REFERRED

5	DIARRHEA	<u>Loose stool 3 times per day or more</u>	NO	YES (Tick)	
	REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or <u>Blood in the stool, or</u> - Liquid diarrhea (like water)	<input checked="" type="checkbox"/> NO	YES	DIARRHEA case to be REFERRED
			NO	YES	
			NO	YES	
	DIARRHEA case to be treated at the site	All the problems above are absent	NO	YES	Simple DIARRHEA

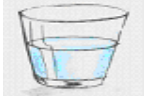

B. Example of DIARRHEA CASE TO BE TREATED AT THE SITE

5	DIARRHEA	<u>Loose stool 3 times per day or more</u>	NO	YES (Tick)	
	REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or - Blood in the stool, or - Liquid diarrhea (like water)	<input checked="" type="checkbox"/> NO	YES	DIARRHEA case to be REFERRED
			<input checked="" type="checkbox"/> NO	YES	
			<input checked="" type="checkbox"/> NO	YES	
	DIARRHEA case to be treated at the site	All the problems <u>above</u> are absent	NO	YES	Simple DIARRHEA

Preparation of ORS (Oral Rehydration Solution)

1	Wash hands and utensils which will be used, with soap and clean water	
2	Measure the water in a clean bottle of about one liter (eg: A bottle of Primus or skol + a bottle of coke)	
3	<ul style="list-style-type: none"> Pour that water in a clean container Add one packet of ORS and mix 	
4	This mixture should be given to the patient within 24 hours or one day	

How much ORS should be given to the child after each bowel movement?

Child's age	ORS quantity to give	
Up to 2 years	50-100ml (1/2 Cup)	
2 years and above	100-200ml (1Cup)	

NOTE: Other recommended liquids in case of diarrhea are: drinking water, rice water, soup, coconut milk, soy milk, squash soup, porridge

TREATMENT ON ZINC

CHILDREN LESS THAN 6 MONTHS	CHILDREN AGED 6 MONTHS OF ABOVE
10 mg Tab for 10 days,	20 mg Tab for 10 days,

ADVICE IN CASE OF DIARRHEA

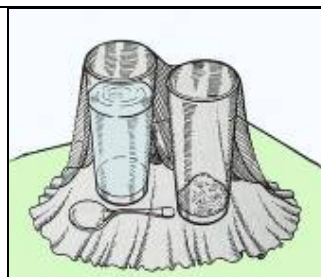
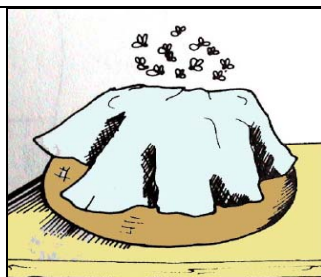


**Exclusive
breastfeeding until 6
months**



Wash hands with soap or ash and clean water:

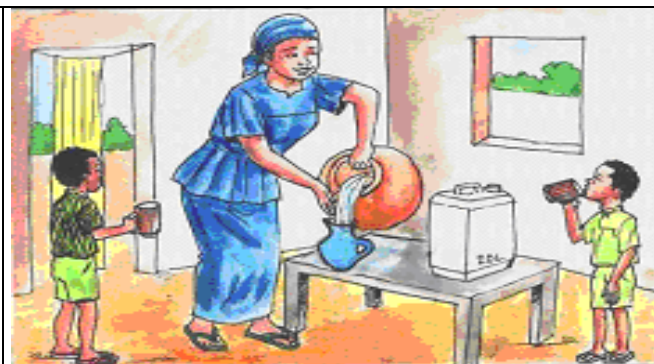
- Before serving food
- Before eating
- After toilet use



Cover food and drinking water



Boil drinking water



**Drink pure water given in a clean
container**


SEE CHART N° 2: DIARRHEA (Enclosed Job aid)

SESSION 5 COUGH, COLD OR DIFFICULT BREATHING

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

DIFFICULT BREATHING

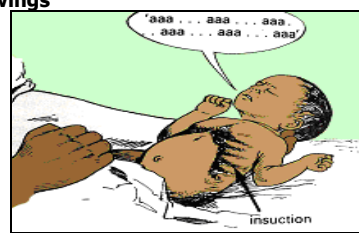
IF THERE IS ANOTHER WARNING SIGN, REFER



1 2

In case of breathing difficulty, we can observe:

- A regular titration or sag during inspiration (at the base of the thorax or above the thorax)
- You can also hear a hiss during regular breathing
- There also are movements of nose wings



insuccion



THE COUNTING OF RESPIRATORY MOVEMENTS.

This is done with the help of a **TIMER.**

For this to be done, the child must be calm, **Unclothed to the trunk and abdomen.**

The CHW gazes at a point on the trunk or abdomen during the count.

Begin counting as soon as you press. There is a first click in 30 seconds, and a second click indicates 1 minute.

A. Example of cough or cold with FAST BREATHING /PNEUMONIA
 In a child aged 2 years with 46 respiration movements per minute











6	COUGH or COLD	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (Tick)	
	Respiratory mvts= Nber	46 per Minute (Write)	
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES - 40 respiratory movements (or more) in a child aged > year <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	PNEUMONIA
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES - less than 40 respiratory movements in a child aged > 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES	COUGH or COLD

B. Example of SIMPLE COUGH OR COLD
 In a child aged 2 years with 36 respiration movements per minute

6	COUGH or COLD	NO <input type="checkbox"/> YES <input type="checkbox"/> (Tick)	
	Respiratory mvts= Nber	36 per Minute (Write)	
	BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES - 40 respiratory movements (or more) in a child aged > year <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	PNEUMONIA
	BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year <input type="checkbox"/> NO <input type="checkbox"/> YES - less than 40 respiratory movements in a child aged > 1 year <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	COUGH or COLD

DOSE OF COTRIMOXAZOLE DURING TREATMENT

Patient's AGE	COTRIMOXAZOLE (Adult's Tablet=400 mg sulfamethoxazole + 80 mg trimethoprim)
From 2 to 6 months	¼ Tablet 2 times per day for 5 days
From 6 months to 3 years	½ Tablet 2 times per day for 5 days
From 3 to 5 years	1 Tablet 2 times per day for 5 days

	2-6 months	6 months to < 3 years	3-5 years
	 5-10 Kg	 11-13 Kg	 14-20 Kg
Morning			
Evening			
(2 Times/day)	1 / 4 Tab	1 / 2 Tab	1 Tab

PREVENTION: The means to prevent acute respiratory infections are:



Cover children, especially toddlers and make them sleep in a well ventilated room.



**DO NOT EXPOSE CHILDREN TO SMOKE
(COOKING, CIGARETTES) AND DUST**

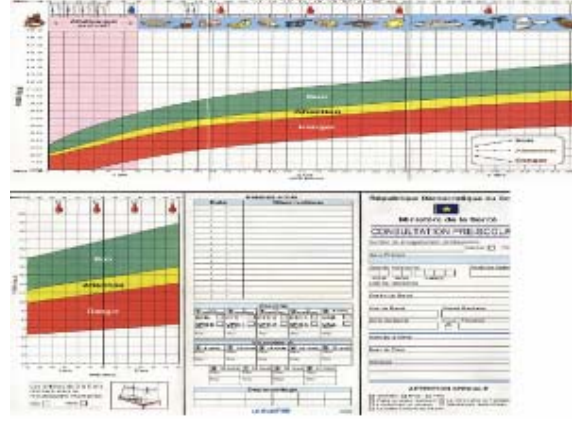
SEE CHART N° 3: COUGH/COLD AND PNEUMONIA (Enclosed Job aid)

SESSION 6 MALNUTRITION


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


Malnutrition assessment is based on:


- The evolution of the child's weight in relation to his age during growth monitoring (weighing)
- The symptoms of malnutrition.




Good	Green
Warning	Yellow
Danger	Red








Swelling or edema





Visible and severe thinning

A. Example of severe malnutrition case that must be referred

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

B. Example of malnutrition case to be treated at the site

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

C. Example of 'NO MALNUTRITION' case

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

INFANT FEEDING RECOMMENDATIONS (for both healthy and sick children)

From 0 to 6 months



- Breastfeed the baby whenever he wants it, day or night, *at least 8 times within 24 hours.* (no other food or drinks given)
- Baby and mother body contact since the baby's birth.
- Start breastfeeding just after birth (do not throw away the colostrum)

From 6 months to 11 months



- Continue *breastfeeding every time the baby wants it.*
- Nutritive porridge containing :
 - Cereals: (maize, rice, sorghum, millet, cassava...)
 - Enriched either with soya, Pea nuts, beans, fish, worms, or meat.
 - And in addition with palm oil.
- Give mashed vegetables and fruits (mango, banana, orange...)
- *Increase meals progressively from 3 to 4 per day (if the baby is breastfed)*
- *Go up to 5 times when the baby is weaned.*

From 12 months to 23 months



- Continue *breastfeeding all the time the baby wants it.*
- Accustom the child to family meals and progressively reduce giving porridge:
- *5 meals a day (meat, fish, vegetables, worms.....)*
- Give fruits and vegetables.

2 years and above



- Family meals food: *3 meals per day.*
- In addition to the meals give nutritive food *2 times per day* between meals such as:
 - *enriched porridge,*
 - *doughnuts,*
 - *Biscuits, cakes, etc.....*
- Seasonally add fruits

« Every good food diet must be appropriate in quantity and includes food rich in energy (for example: cereals porridge with added oil); in proteins (example: meat, fish, eggs or vegetables. Worms.) and vitamins (example : fruits)»

RECOMMENDATIONS ON FEEDING A CHILD WITH *PERSISTANT DIARRHEA*

- Breastfeed the child more frequently and longer day and night, in case he is not wane.
- If the baby takes commercial whole milk :
 - Replace that milk by increasing breastfeeding or
 - Replace that milk with nutritive semi-solid food: cereals porridge + milk.
 - Regarding other meals, follow child feeding recommendations according to the child's age group.

Observe breastfeeding to verify:

- The baby's **POSITION**: the mother has to support the baby's body (not only the neck or the shoulders) Maintain the baby's body against the mother's chest.
- **HOLDING WELL THE BREAST**:
 - The chin touching the breast.
 - the baby's mouth widely opened
 - the lower lip of the baby straight
 - The breast areola better seen on top than on the bottom
- **Efficient breastfeeding**: i.e. Sucking which is deep, slow and alternating with short breaks.

SEE CHARTN° 4: SLIGHT MALNUTRITION (Enclosed)

SESSION 7 CPS, VACCINATION AND VITAMIN A

8. CATCH-UP on CPS, EPI and Vit A **CPS CARD** NO YES (Tick)

Did the child attend to weighing sessions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the child immunized or not	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did he receive Vitamin A or not	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EXAMPLE OF CATCH-UP ON CPS, EPI AND VITAMIN A

KOSI, a child of 1 year and 6 months old, arrives at the site in February 2006. Here is the information on his CPS card:

- He attended a weighing session on the 10th December 2005
- He received Vitamin A on the 15th October 2005
- He received the following vaccines: VPO1, VPO2, VPO3, DTC 1 and DTC2, VAR, VAA. e






CATCH-UP on CPS, PEV and Vitamin A **CPS CARD WAS SEEN** NO YES (Tick)

Did the child attend to weighing sessions	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is the child immunized or not	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Did he receive Vitamin A or not	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

Immunization protects children against diseases like an umbrella protects against rain



WHEN DO YOU NEED TO HAVE YOUR CHILDREN IMMUNIZED?

Age group: 0 to 11 months:				
				
birth	6 months 1 ½ months	10 weeks 2 ½ months	14 weeks 3 ½ months	9 months
BCG	DTC1	DTC2	DTC3	VAR
VPO	VPO1	VPO2	VPO3	VAA

9. OTHER PROBLEMS **ANY OTHER PROBLEM (Refer)** **OTHER: Refer**

REFERENCE

IN CASE OF A SINGLE DANGER OR WARNING SIGN, STOP EXAMINATION AND REFER THE SICK CHILD, FOLLOWING ADVICE ON REFERRED CASES, including:

1. **Making sure you recorded on the patient form information about:**
 - a. **Identification**
 - b. **Complaints on arrival**
 - c. **Identified warning signs**
2. **Filling out the reference note**
3. **Give advice to the mother regarding the reference and recommended medicine for reference (or case by case)**
4. **Dismiss the mother and inform the community**
5. **Record the data in the register**



REFERENCE NOTE

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

SITE SECTION

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

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

Age Weight.....kg

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

DANGER SIGNS	
<ul style="list-style-type: none"> a) Infant from 1week to 2 months brought to the SITE b) Nutritional status of the child - RED c) Is the child able to drink or breastfeed? d) Does the child vomit all that he consumes? e) Did the child have convulsions or is convulsing now? f) The child is unconscious or not responding to external stimuli 	<ul style="list-style-type: none"> g) Palmar pallor or anemia h) Difficult breathing or wheezing i) Any disease that lasts 15 days or more j) The child is often sick k) The child is very weak l) The child becomes sicker despite adequate home care
FEVER referred for : <ul style="list-style-type: none"> - Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol) - Fever with generalized rash 	DIARRHEA referred for <ul style="list-style-type: none"> - Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), - Blood in the stool, or - Liquid diarrhea (like water)
COUGH OR COLD OR RESPIRATORY PROBLEMS referred for <ul style="list-style-type: none"> - Difficult breathing (with pulling or wheezing) - Cough or cold for 15 days or more - Respiratory rate:/Minutes 	SEVERE MALNUTRITION referred for <ul style="list-style-type: none"> - Visible and severe Thinning - or swollen lower limbs
OTHER PROBLEM (Specify) ?	
RECEIVED TREATMENT (Drugs, dosage, Number of days)	

CHW's Name and Signature

REFERENCE HEALTH FACILITY SECTION: Feedback note

Health Facility.....

Signs, Diagnostic.....

Received treatment

Recommendations

.....

Names and Signature...
Date

SESSION 8 FOLLOW UP VISIT

13 FOLLOW UP VISIT CARRIED OUT?

INSTRUCTIONS FOR FOLLOW UP APPOINTMENT.

A POSSIBILITY n°1: . The child's mother returned <input type="checkbox"/> Tick if: a. Returned according to the given appointment <input type="checkbox"/> b. Returned immediately due to child worsening health <input type="checkbox"/>	POSSIBILITY n°2: The child's mother did not return <input type="checkbox"/> Tick why she did not return: a. Consultation by a traditional practitioner of traditional treatment <input type="checkbox"/> b. Lack of money <input type="checkbox"/> c. Child got better <input type="checkbox"/> d. Mother's activities: Seller, field, work, illness in the family... <input type="checkbox"/> e. death <input type="checkbox"/> f. other causes: <input type="checkbox"/>																																																																					
B IS THE CHILD'S STATE AGGRAVATED? (Ask the mother) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (Tick) IF YES, REFER																																																																						
C DOES THE CHILD HAVE A NEW COMPLAINT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, TAKE A NEW FORM																																																																						
D LOOK FOR WARNING AND DANGER SIGNS REFER IN CASE A SINGLE SIGN IS PRESENT																																																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 5%;"></th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">YES</th> </tr> </thead> <tbody> <tr> <td>• The child is unable to drink or breastfeed</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>•</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>• The child vomits all that it consumes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>•</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Had convulsions or convulsing now</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>•</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Unconscious or very weakened</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>•</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Difficult breathing (pulling or wheezing)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>•</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Palmar paleness (anemia)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>•</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>• The child becomes sicker</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>•</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		NO	YES		NO	YES	• The child is unable to drink or breastfeed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• The child vomits all that it consumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Had convulsions or convulsing now	<input type="checkbox"/>	<input checked="" type="checkbox"/>	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Unconscious or very weakened	<input type="checkbox"/>	<input checked="" type="checkbox"/>	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Difficult breathing (pulling or wheezing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Palmar paleness (anemia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• The child becomes sicker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<table style="width: 100%; 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E IF THE CHILD HAD COUGH OR COLD, Nber of respiratory mvts/minute <input type="checkbox"/> Fast Respiration? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> REFER IF YES																																																																						
F VERIFY IF THE CHILD RECEIVED HIS DRUGS AS PRESCRIBED. Did he receive his dose? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> • Verify the remaining quantity of drugs in the mother's bag.																																																																						
G ADVISE TO CONTINUE CHILD TREATMENT • Ask the mother to recall how she administered the drugs (review the «3 HOWS ») • If the mother administered well the drugs, CONGRATULATE AND ENCOURAGE HER TO CONTINUE THIS WAY • If the mother has administered the drugs inappropriately, make a demonstration on drug dispensation (review the « 3 HOWS ») then ask her to repeat and administer a dose in your presence. Verify her understanding.																																																																						

SESSION 9 SITE AND DRUGS MANAGEMENT

**Democratic Republic of Congo
Ministry of Health**

SITE CONSULTATION REGISTER

(Draw on a double page in a notebook during training)

DATE	N°	Full name	Age	Gender	Weight	Mother's name	Village	Status				Classification	Treatment	Price	Observation
								Nutrit	CPS	Vit A	vaccin				

**Democratic Republic of Congo
Ministry of Health**

DAILY CHECKLIST Model

N°	Medicines	1/11	2/11	3/11	4/11	5/11
1	Artesunate + amodiaquine	//// // // // 12				
2	Quinine drops 20 %	//// // // 10				
3	Paracetamol 500 mg	//// 5				
4	ORS	//// 5				
5	Zinc 10 mg Tab	//// 5				
6	Zinc 20 mg Tab	//// 5				
7	Mebendazole 100 mg	//// 5				
8	Cotrimoxazole 400/80mg	//// 5				
9	Iron 10 mg	//// 5				
10	Condom	//// 4				

**Democratic Republic of Congo
Ministry of health**

SUPPLY ORDER/REQUISITION FORM

Health Zone:

Order N°:

Date:

Community health care site:

Order placed at:

By:

Order approved by:

Signature:

N°	Drugs description	AMC	Quantity		Unit Price		Total Price	
			Ordered	Delivered	Ordered	Delivered	Ordered	Delivered
1	Artesunate-amodiaquine							
2	Quinine drops 20 %							
3	Paracetamol 500 mg							
4	ORS							
5	Zinc 10 mg Tab							
6	Zinc 20 mg Tab							
7	Mebendazole 100 mg							
8	Cotrimoxazole 400/80mg							
9	Iron 10 mg							
10	Condom							
TOTAL PRICE								

Amount Received in CF: (in letters).....

Delivery date:

Names and signature of the stock manager:

Names and signature of the nurse in charge of health center.....

SITE ACTIVITY MONTHLY REPORT

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

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

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

Date.

Name and signature of the CHW

Signature of the COGESITE member