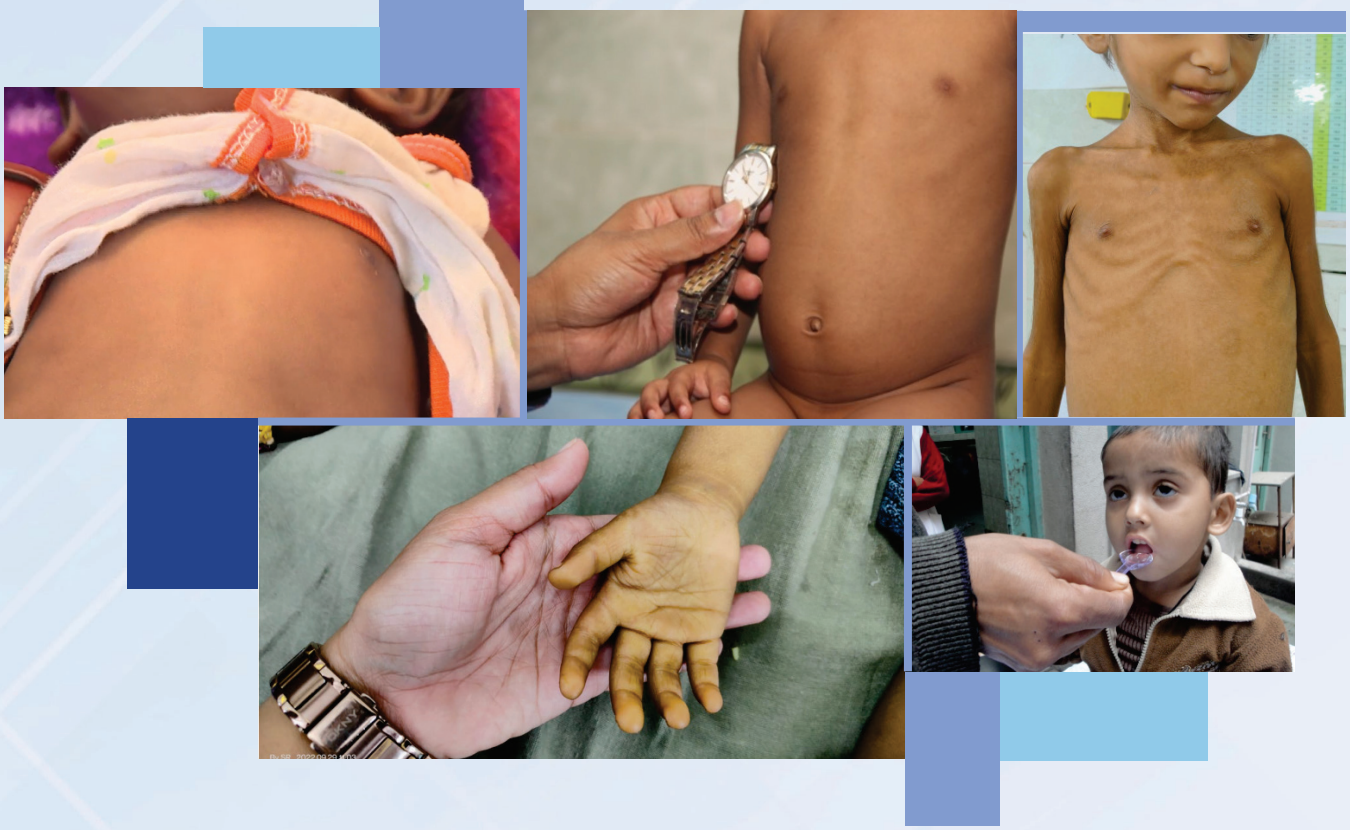
सत्यमेव जयते

राष्ट्रीय स्वास्थ्य मिशन

INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (IMNCI)



FACILITATOR GUIDE FOR MEDICAL OFFICERS

Child Health Division
Ministry of Health & Family Welfare
Government of India

2023

सत्यमेव जयते

राष्ट्रीय स्वास्थ्य मिशन

Ministry of Health and Family Welfare
Government of India

INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (IMNCI)

FACILITATOR GUIDE FOR MEDICAL OFFICERS

2023

डॉ. विनोद कुमार पॉल
सदस्य
Dr. Vinod K. Paul
MEMBER

सत्यमेव जयते

आज़ादी का अमृत महोत्सव

भारत सरकार
नीति आयोग
संसद मार्ग, नई दिल्ली-110 001
Government of India
NATIONAL INSTITUTION FOR TRANSFORMING INDIA
NITI Aayog
Sansad Marg, New Delhi-110 001
Tele. : 23096809, 23096820, Fax : 23096810
E-mail : vinodk.paul@gov.in

13th November, 2023

MESSAGE

I am pleased to note that the Ministry of Health and Family Welfare has developed the revised version of Integrated Management of Neonatal and Childhood Illness (IMNCI) and developed Facility Based Care of Sick Children as an update of "Facility Based Integrated Management of Neonatal and Childhood Illness (F-IMNCI)" training package which are being released.

National Health Policy (NHP) 2017 provides a framework to strengthen healthcare system for attaining Universal Health Coverage (UHC) and work on Government's philosophy of 'Sabka Sath Sabka Vikas'. Our flagship programme 'Ayushman Bharat' is working towards attainment of UHC as one of the key targets under Sustainable Development Goals. Under this UHC, we are committed to provide appropriate healthcare to newborns and children across the country. Our progress has been steady, despite the COVID-19 pandemic and we are making all efforts to improve children's survival.

There's a continuous need for upskilling and revising training packages, based on recent challenges and new evidence. The training packages developed by the Ministry of Health and Family Welfare are a right step in this direction towards addressing comprehensive management of newborns and sick children in outpatient as well as in-patient settings. These will be helpful in setting up better standards of care in public health facilities for our newborns and children and will help us ensure that each child gets a better start to life and is provided an equal opportunity to survive and thrive.

I extend my best wishes to everyone.

(Vinod Paul)

स्वच्छ भारत
एक कदम स्वच्छता की ओर

सुधांश पंत
सचिव
Sudhansh Pant
Secretary

सत्यमेव जयते

आज़ादी का अमृत महोत्सव

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

MESSAGE

Health systems strengthening over the last decade brought a considerable improvement in the infrastructure, availability of human resources, drugs and equipment along with supportive services all across India. Effective sick newborn and child care is a crucial challenge that is faced by every health care system in low resource settings. While efforts are being made to improve the availability of specialists dealing with sick newborns and children, training of doctors, nurses and peripheral health workers remains key to equip the staff with appropriate knowledge and skills to provide evidence based healthcare to children.

With advances in critical care and based on evidence, the Integrated Management of Neonatal and Childhood Illness (IMNCI) training package has now been revised by the Child Health Division, with updated algorithm and improved training methodology. The revised training package also includes recommendations of the technical expert group on paediatric management of common illness. The package has been bifurcated and rebranded into OPD based Integrated Management of Neonatal and Childhood Illness Modules and Facility Based Care for Sick Children Package for inpatient management.

This revised package provides latest, evidence-based knowledge in improving newborn and child at facilities to provide required care for a newborn and child to identify and manage common conditions, complications, and emergency management of children, including pre-referral management, thereby saving many precious lives.

I hope that these training modules will be rolled out expeditiously across the States and UTs to ensure essential care to the children as a first step towards healthy childhood and adult life.

Date: 15.11.2023
Place: New Delhi

Sudhansh Pant
(Sudhansh Pant)

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011
Tele : (O) 011-23061863, 23063221, E-mail : secyhfw@nic.in

एल. एस. चाँगसन, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
L. S. Changsan, IAS
Additional Secretary & Mission Director (NHM)

सत्यमेव जयते

आज़ादी का अमृत महोत्सव

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011

FOREWORD

The Ministry of Health and Family Welfare, Government of India has implemented a number of policies and programmes aimed at ensuring universal access to health coverage and reducing child and neonatal mortality. Our country has made sizeable gains in last one decade in Child Mortality and reach to 32 per 1000 Live births in the year 2020. Under National Health Policy (NHP) 2017, the country has set-up ambitious targets of Under 5 Mortality i.e. 23 per 1000 Live births by 2025 and our team is closely working with States/ UTs to achieve these targets in given time frame.

To fulfill the role of providing quality healthcare services for newborns and children, Ministry of Health and Family Welfare, Government of India has developed training package for comprehensive management of illness in newborns and under-five children with distinct outpatient and inpatient components. These target the capacity building needs of pediatricians, medical officers, nurses and peripheral health workers and provide knowledge and skills of high order required for management of common conditions that lead to maximum morbidity and mortality among children in our country.

I would like to express my heartfelt appreciation to all those who contributed to the preparation of these documents. I am sure that these packages will help in equipping our healthcare providers with knowledge and skill to deliver newborn and child health services with quality, all across the country.

With best wishes!

(Ms. L S Changsan)

'A' Wing, Nirman Bhawan, New Delhi-110011
Tel. : 011-23061723, 23061773, e-mail : lschangsan@nic.in

राष्ट्रीय स्वास्थ्य मिशन

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-११००११

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI-110011

डॉ. पी. अशोक बाबू, भा.प्र.से.
संयुक्त सचिव

Dr. P. Ashok Babu, IAS
Joint Secretary

PREFACE

The Government of India is committed to achieve goals under National Population Policy (2017) and bring down Neonatal Mortality Rate to 16 and Under Five Mortality Rate to 23 by 2025, which are well beyond the Sustainable Development Goals (SDGs) set for 2030. Newborn and Child health are the central pillars in the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy. Inter-linkages between various RMNCAH+N life cycle stages have a significant impact on the mortality and morbidity of children.

The Child Health Division of the Ministry, with support from technical experts and development partners has revised Facility Based Integrated Neonatal and Childhood Illness (F-IMNCI) developed in the year 2009, with updated algorithms and improved training methodology and presented it in a pictorial format which also serves as a job-aid. The F-IMNCI training package has been divided into two packages of "Integrated Management of Newborn and Child Illnesses (IMNCI)" – for outpatient management of both young infants (0-2 months) and children up to five years of age and new package titled, "Facility Based Care of Sick Children" – focusing on appropriate inpatient management of major causes of childhood mortality beyond neonatal age from one month to 59 months old children with common illnesses, like pneumonia, diarrhoea, malaria, meningitis, and severe malnutrition. The training duration has been reduced to make it more practical.

The package emphasizes on the skill imparting techniques by the facilitators and ensures uniform messaging across all the levels. With this revised training package, we hope that the training will be more hands-on and the entire training experience will be enhanced, leading to better learning outcomes. I urge the States and UTs to take this package up to scale and universalize it by the end of 2024-25.

I am hopeful that by adopting this revised training package, the trainers along with service providers will feel more confident in carrying on with their roles and responsibilities. I would also like to place on record my appreciation for the hard work and untiring efforts put in by the Child Health Division in revising and developing the training package. I assure the States and UTs full support, of my team, in taking this important initiative forward.

(Dr. P. Ashok Babu)

Room No. 243 (A), 'A' Wing, Nirman Bhawan, New Delhi - 110011
Tel. : 011-23061447 E-mail : jsrch-mohfw@gov.in

DR. SHOBHNA GUPTA
Deputy Commissioner Incharge
Child Health & RBSK
Telefax : 011-23061218
E-mail : shobhna.gupta@gov.in
drshobhna.mohfw@gmail.com

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, MAULANA AZAD ROAD
NEW DELHI - 110011

ACKNOWLEDGEMENT

India has witnessed a huge transformation in the scenario of children's health evident by faster reduction in child mortality over the last decade as compared to global rates. This has been made possible by India's continued investments in health systems which are being strengthened further in the wake of threats posed by COVID-19 pandemic through improvement of physical infrastructure and training of health care providers to equip them with suitable skill sets at different levels of care, to deliver quality newborn and child health services.

The Facility Based Integrated Neonatal and Childhood Illness (FIMNCI) package was first launched in India in the year 2009 guiding appropriate inpatient management of major causes of childhood mortality, which has now been bifurcated into two packages based on outpatient and inpatient management:

1. Integrated Management of Newborn and Child Illnesses (IMNCI)- for outpatient management of both young infants (0-2 months) and children up to five years of age with two separate chart booklets for healthcare workers (ANM) and Physicians to be covered over five days.

Cont'd on next page

2. New package titled, "Facility Based Care of Sick Children" - focuses on providing appropriate inpatient management of major causes of childhood mortality beyond neonatal age i.e. one month to 59 months old children with common illnesses, like- pneumonia, diarrhoea, malaria, meningitis, and severe malnutrition also taught over five days.

Other major differences are:

I. Facility based approach dissociated from IMNCI; management is now linked to Emergency signs
II. New chapters added on management of children with shock, management of children presenting with lethargy, unconsciousness or convulsions, supportive care
III. National Guidelines for pediatric management of COVID-19, Malaria, Dengue and Tuberculosis included
IV. Training videos developed by KSCH, Lady Hardinge Medical College

These training packages are a culmination of the work initiated by my previous colleagues Dr Ajay Khera, Ex-Commissioner (MCH); Dr P K Prabhakar, Ex Joint Commissioner (CH) and Dr. Sumita Ghosh, Ex- Additional Commissioner (Child Health), I convey my sincere gratitude for their vision. I would also like to thank Prof. (Dr) Praveen Kumar, Kalawati Saran Children's Hospital (KSCH), New Delhi and his team who worked very hard to develop and revise this package. I also want to acknowledge the contribution of Dr. Ashfaq Bhat (NIPI), Dr. Deepti Agarwal (WHO-India), Vishal Kataria (MoHFW) and Vaibhav Rastogi (MoHFW) who had worked together with KSCH to refine this package further with the support of Academicians, Experts, State Child Health Officers, Development Partners (NIPI, WHO, UNICEF, USAID, IPE Global, PATH) and also supported the pilot testing.

The Child Health Division will provide all the necessary support to the States and UTs to roll out these training packages at the earliest and contribute towards further improving children's health and survival. I wish you the very best for your efforts and look forward to your continued support as we move together on the mission to improve the quality of life of children and attain the national health goals.

(Dr. Shobhna Gupta)

LIST OF CONTRIBUTORS

MOHFW

- Ms L S Changsan, Additional Secretary & Mission Director (NHM), MoHFW
- Dr P Ashok Babu, Joint Secretary (RCH), MoHFW
- Dr Shobhna Gupta, Deputy Commissioner & In-charge (Child Health), MoHFW
- Vishal Kataria, National Technical Consultant (CH), MoHFW
- Dr Vaibhav Rastogi, Lead Consultant (CH), MoHFW
- Dr Kapil Joshi, Senior Consultant (CH), MoHFW
- Sharad Singh, Lead Consultant (CH), MoHFW
- Sumitra Dhal Samanta, Senior Consultant (CH), MoHFW

Experts

- Dr A K Jaiswal, Patna Medical College, Bihar
- Dr Anju Seth, Lady Hardinge Medical College, New Delhi
- Dr Dipangkar Hazarika, NHM Assam
- Dr Harish Chellani, VMMC & Safdarjung Hospital, New Delhi
- Dr Inderdeep Kaur, NHM Punjab
- Dr Jagdish Chandra, ESI Hospital, Basaidarapur , Delhi
- Dr Jyotsna Shrivastava, Gandhi Medical College, Bhopal, MP
- Dr Kamal Kumar Singhal, Lady Hardinge Medical College, New Delhi
- Dr Mala Kumar, King George's Medical College, Lucknow, UP
- Dr Mallesh Kariyappa, Vanivilas Hospital & BMC, Bangalore
- Dr Praveen Kumar, Lady Hardinge Medical College, New Delhi
- Dr Rani Gera, VMMC & Safdarjung Hospital, New Delhi
- Dr Rajesh Mehta, Delhi
- Dr Satinder Aneja, Sharda University, UP
- Dr Shalu Gupta, Lady Hardinge Medical College, New Delhi
- Ms Shivani Rohatgi, Lady Hardinge Medical College & KSCH, Delhi University, New Delhi
- Dr Soumya Tiwari, Lady Hardinge Medical College, New Delhi
- Dr Sumita Ghosh, Ex-Additional Commissioner & In-charge (Child Health), MoHFW
- Dr Varinder Singh, Lady Hardinge Medical College, New Delhi
- Dr Virendra Kumar, Maulana Azad Medical College, New Delhi
- Dr Viswas Chhapola, Lady Hardinge Medical College, New Delhi
- Dr Younis Mushtaq, NHM Jammu & Kashmir

Development Partners

- Dr Ashfaq Bhat, NIPI
- Dr Deepti Agrawal, WHO – India
- Dr Harish Kumar, IPE Global
- Dr Nimisha Goel, NIPI
- Dr Rajat Khanna, NIPI
- Dr Sachin Gupta, USAID – India
- Dr V K Anand, Save the Children
- Dr Vandana Bhatia, UNICEF - India
- Dr Vivek Singh, UNICEF – India

CONTENTS

SECTION A: GUIDELINES FOR IMNCI TRAINING OF MEDICAL OFFICER

This training of medical officers in the Integrated Management of Neonatal and Childhood Illness (IMNCI) focuses on the outpatient management of common causes of neonatal and child mortality. This does not replace the usual pediatric training. It is, in fact, an additional training that does not require the use of laboratory tests and x-rays and can be used in primary health care settings, e.g., by physicians at the PHC, Health & Wellness Centres or dispensaries.

1. Teaching Methods

The following teaching methods will be used:

a. ***Classroom / Side-Room***

- Self-reading of the module by the participants in the presence of the facilitators. There are no lectures.
- Demonstrating how to use the IMNCI charts to assess and classify sick young infants and children.
- Video exercises followed by group discussions.
- Role plays (scripted and unscripted) followed by group discussion.

b. ***Clinical Sessions***

- Demonstration by the facilitators on how to assess and classify a sick young infant or a child.
- Assessment, classification and management of cases individually by all participants.
- Observation and feedback by the facilitators.

c. ***What does a Facilitator do?***

As a facilitator, you do three basic things:

1. You INSTRUCT:

- Make sure that each participant understands how to work through the materials and what he is expected to do in each module and each exercise.
- Answer the participant's questions as they occur.
- Explain any information the participant finds confusing and help him understand the main purpose of each exercise.
- Lead group activities such as group discussions, oral drills, video exercises, and role plays to ensure that learning objectives are met.
- Provide additional explanations or practice to improve skills and understanding.
- Explain what to do in each clinical practice session.
- Model good clinical skills, including communication skills, during clinical practice sessions.
- Give guidance and feedback as needed during clinical practice sessions.

2. **You MOTIVATE:**

- Compliment the participant on the correct answers, improvements or progress.
- Make sure that there are no major obstacles to learning (such as too much noise or not enough light).

3. **You MANAGE:**

- Plan ahead and obtain all supplies needed each day so that they are in the classroom or taken to the clinic when needed.
- Make sure that movements from classroom to clinic and back are efficient.
- Monitor the progress of each participant.

2. Course Structure

The IMNCI course will be conducted over five days, each day's sessions will likely take 7-8 hrs. The activities to be undertaken in each of these sessions are summarized in the table below:

3. Schedule of the IMNCI Training

Day	Read module	Video / Role play	Clinical session
1	Introduction to IMNCI; Outpatient management of the sick young infant: read upto the assessment of feeding problem and low weight for age	Video: Possible serious bacterial infection, jaundice, diarrhoea and feeding problem	-
2	Read upto treatment of sick young infants	Role play: Referral, teaching a mother to give oral drugs at home using good communication skills	Assess and classify sick young infants (possible bacterial infection/jaundice, diarrhoea & feeding problem and malnutrition)
3	Read to complete assess and classify the sick young infant, and assessment of cough or difficult breathing and diarrhoea	Video: Helping mothers with feeding problems Demonstration and exercise on assessment the child age 2 months to 5 years for general danger signs, diarrhoea	Treat and counsel sick young infant
4	Read to complete assessment of sick children	Video: Exercise on fever Role play: Teaching a mother to care for a dehydrated child, and assessing feeding	Assess and classify sick child for general danger signs, cough, diarrhoea, and fever
5	Read upto treatment of sick children and counselling of mothers	Role plays: Giving feeding advice using good communication skills, and giving advice on fluid and when to return using good communication skills	Complete assessment of sick child, treat and counsel

4. Checklist of instructional materials needed

ITEM NEEDED	NUMBER NEEDED
Facilitator Guide	1 for each facilitator
Participant's IMNCI module, chart book	1 for each facilitator and 1 for each participant
Mother and Child Protection (MCP) card	1 for each facilitator and 1 for each participant
Laptop, projector, copy of photograph book	Lead facilitators will inform you where your group will view the video.
Set of IMNCI Case Management Wall Charts (Large version of charts - to display on the wall)	1 set for each room
Young Infant Recording Forms (for exercises in module)	5 for each participant plus some extras
Sick young infant and sick child recording forms for outpatient clinical practice	2 forms per participant for each clinical practice session

5. Checklist of supplies needed for work on modules

Supplies needed for each person include:

* Name tag and holder
* Paper/Notebook
* Pen
* Eraser
* Folder
* Highlighter
* 2 pencils, sharpner

Supplies needed for each group include:

* Paper clips, envelops/folders to keep answer-sheets
* Pencil sharpener, eraser
* Stapler and staple pins
* Extra pencils and erasers
* Flipchart pad and markers "OR" Blackboard and chalk

In addition, certain exercises require special supplies such as drugs, ORS packets and a baby doll for role plays. These supplies are listed in guidelines for each activity. Be sure to review the guidelines & collect supplies needed before these activities.

6. Facilitation techniques

A. Techniques for Motivating participants

- Encourage Interaction
- Keep participants Involved in Discussions
- Keep the Session Focused and Lively
  - Present information conversationally rather than read it.
  - Speak clearly. Vary the pitch and speed of your voice.
  - Use examples from your own experience and ask participants for examples from their experience.

B. Manage any Problems

Some participants may talk too much. Here are some suggestions on how to handle an overly talkative participant:

- Do not call on this person first after asking a question.
- After a participant has gone on for some time, say, "You have had an opportunity to express your views. Let's hear what some of the other participants have to say on this point." Then rephrase the question and invite other participants to respond or call on someone else immediately by saying, "Dr. Suman, you had your hand up a few minutes ago."
- When the participant pauses, break in quickly and ask to hear from another group member or ask a question of the group, such as, "What do the rest of you think about this point?"
- Record the participant's main idea on the flipchart. As s/he continues to talk about the idea, point to it on the flipchart and say, "Thank you, we have already covered your suggestion." Then ask the group for another opinion.
- Do not ask the talkative participant any more questions. If s/he answers all the questions directed to the group, ask for an answer from another individual specifically or a specific subgroup. (For example, ask, "Does anyone on this side of the table have an idea?")

Try to identify participants who have difficulty understanding or speaking the course language. Speak slowly and distinctly so you can be more easily understood, and encourage the participant in his efforts to communicate.

C. Reinforce participants' efforts

As a facilitator, you will have your style of interacting with participants. However, a few techniques for reinforcing participants' efforts include:

- Avoiding the use of facial expressions or comments that could cause participants to feel embarrassed,
- Sitting or bending down to be on the same level as the participants when talking to them,
- Answering questions thoughtfully, rather than hurriedly,
- Encouraging participants to speak to you by allowing them time,
- Appearing interested, saying "That's a good question/suggestion".

Reinforce participants who:

- Try hard,
- Ask for an explanation of a confusing point,
- Participate in group discussions,
- Help other participants (without distracting them by talking at length about irrelevant matters).

D. When participants are working

- Look available, interested and ready to help.
- Watch the participants as they work and offer individual help if you see a participant looking troubled, staring into space, not writing answers, or not turning pages. These are clues that the participant may need help.
- Encourage participants to ask you questions whenever they would like some help.
- If important issues or questions arise when you talk with an individual, note them to discuss later with the entire group.
- If a question arises that you feel you cannot answer adequately, obtain assistance from another facilitator as soon as possible.

E. When Leading a Group Discussion

- Plan to conduct the group discussion at a time when you are sure that all participants will have completed the preceding work. Wait to announce this time until most participants are ready so that others will be quick.
- Before beginning the discussion, refer to the appropriate notes in this guide to remind yourself of the purpose of the discussion and the major points to make.
- Always begin the group discussion by telling the participants, the purpose of the discussion.
- Often, there is no single correct answer that needs to be agreed on in a discussion. Just be sure the group's conclusion are reasonable and that all participants understand how the conclusions were reached.
- Try to get most of the group members involved in the discussion. Record key ideas on a flipchart as they are offered. Keep your participation to a minimum, but ask questions to keep the discussion active and on track.
- Always summarize what was discussed in the exercise or ask a participant to summarize.
- Reinforce the participants for their excellent work by (for example):
  - ♦ Praising them for the list, they compiled,
  - ♦ Commenting on their understanding,
  - ♦ Commenting on their creative or helpful suggestions,
  - ♦ Praising them for their ability to work together as a group.

F. When Coordinating a Role Play

- Before the role play, refer to the appropriate notes in this guide to remind yourself of the purpose of the role-play, roles to be assigned, background information, and major points to make in the group discussion afterward.
- As participants come to you for instructions before the role play, assign roles. At first, select individuals who are outgoing rather than shy, perhaps by asking for volunteers. If necessary, a facilitator may be a model for the group by acting in an early role play.
  - ♦ Give role play participants any props needed, for example, a baby doll, drugs.
  - ♦ Give role play participants any background information needed (There is usually some information for the "mother" which can be photocopied or clipped from this guide).
  - ♦ Suggest that role play participants speak loudly.
  - ♦ Allow preparation time for role play participants.
- When everyone is ready, arrange seating/placement of individuals involved. Have the "mother" and "physician" stand or sit apart from the rest of the group, where everyone can see them.
- Begin by introducing the players in their roles and stating the purpose or situation. For example, you may need to describe the age of the child, assessment results and any treatment already given.
- Interrupt if the players are having tremendous difficulty or have strayed from the purpose of the role play.
- When the role play is finished, thank the players. Ensure that feedback offered by the rest of the group is supportive. First discuss things done well. Then discuss things that could be improved.
- Try to get all group members involved in discussion after the role play. In many cases, there are questions given in the module to help structure the discussion.
- Ask participants to summarize what they learned from the role play.

G. During Clinical Practice Sessions

Objectives

Clinical practice is an essential part of the *Integrated Management of Neonatal and Childhood Illness* course. The course provides practice in using case management skills so that participants can perform them proficiently. Participants learn about the skills by reading information in the modules or seeing demonstrations on video. They then use the information by doing case studies. Finally, and most importantly, in clinical practice, participants practice using their skills with real sick children and young infants.

General Objectives:

During clinical practice sessions, participants will:
- See examples of signs of illness in real children.
- See demonstrations of how to manage sick children and young infants according to the case management charts.
- Practice assessing, classifying and treating sick children and young infants and counselling mothers about food, fluids, and when to return.
- Receive feedback about how well they have performed the skill and guidance about how to strengthen particular skills.
- Gain experience and confidence in using the skills described on the case management charts.

Outpatient Sessions take place in outpatient clinics. Each small group of participants travels to an outpatient clinic daily and is supervised by its facilitators. The focus of the outpatient session is to provide practice of the case management process with sick children and young infants.
In outpatient sessions, participants will:

- See sick children and young infants brought to the clinic by their mothers.
- Practice assessing and classifying sick children and young infants according to the *ASSESS & CLASSIFY* charts.
- Practice identifying the child's treatment using the "Identify Treatment" column on the *ASSESS & CLASSIFY* charts.
- Practice treating sick children and young infants according to the *TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER* charts.
- Practice counseling mothers about feeding and fluid recommendations, development supportive practices and when to return according to the *COUNSEL THE MOTHER* chart.
- Practice using good communication skills when assessing, treating and counseling mothers of sick children and young infants.

Inpatient Sessions take place in an inpatient ward and each small group is led by the inpatient instructor. The inpatient sessions focus on assessing and classifying clinical signs, especially signs of severe illness. During inpatient sessions, participants will:

- See as many examples of signs of severe classifications as possible from the *ASSESS & CLASSIFY* charts, including signs not frequently seen.
- Practice assessing and classifying sick children and young infants according to the *ASSESS & CLASSIFY* charts, focusing especially on the assessment of general danger signs, other signs of severe illness and signs which are particularly difficult to assess (for example, chest indrawing and skin pinch).
- Practice treating dehydration according to Plans B and C described on the *TREAT THE CHILD* chart.
- Practice helping mothers to correct positioning and attachment.

Participants practice the case management steps as part of a case management process. The clinical practice skills are presented in the order they are being learned in the modules. In each clinical session, participants use the skills they have learned upto and including that day's session. This allows participants to gain experience and confidence in performing skills introduced in earlier sessions.

To ensure that participants receive as much guidance as possible in mastering the clinical skills, the outpatient facilitator and inpatient instructor give particular attention and feedback to the new skill being practiced that day. If any participant has difficulty with a specific skill, the facilitator or inpatient instructor continues working with the participant on that skill in subsequent sessions until the participant can perform the skill with confidence.

Role of Facilitator During Clinical Sessions

The role of the facilitator during outpatient sessions is to:

1. **Do all necessary preparations** for carrying out the outpatient sessions.
2. **Explain** the session objectives and make sure the participants know what to do during each outpatient session.
3. **Demonstrate** the case management skills described on the charts. Demonstrate the skills exactly as participants should do them when they return to their own clinics.
4. **Observe** the participants' progress throughout the outpatient sessions and provide feedback and guidance as needed.
5. **Be available** to answer questions during the outpatient sessions.
6. **Lead discussions** to summarize and monitor the participants' performance.
7. **Complete the Checklist for Monitoring Outpatient Sessions** to record participants' performance and the cases managed.

(There should be 1 facilitator for every group of 6 to 8 participants).

SECTION B: DAILY LIST OF ACTIVITIES

DAY 1: LIST OF ACTIVITIES

S. No.	Sections	Mode	Time
1.	Registration of Participants, Inauguration	Group discussion	9:00-10:00 am
2.	Introduction to IMNCI- Chapter-1	Self-reading	10:00-10:45 am
3.	How to choose appropriate case management charts	Group discussion	10:45-11:00 am
	Tea-break	-	**11:00-11:30 am**
4.	Read section 2.2.1 and 2.2.2	Self-reading	11:30 am -12:15 pm
5.	Introduce Chart Booklet	Demonstration	12:15-12:30 pm
6.	Introduce Young Infant Recording Form	Demonstration	12:30-12:40 pm
7.	Demonstration: Classification table	Demonstration	12:40-12:50 pm
8.	Discuss signs	Group discussion	12:50-1:00 pm
	Lunch-break	-	**1:00-2:00 pm**
9.	Conduct video demonstration and exercise on possible serious bacterial infection / jaundice	Video	2:00:2:30 pm
10.	Exercise: Photographs	Group discussion	2:30-3:00 pm
11.	Participants read section 2.2.3	Self-reading	3:00-3:15 pm
12.	Classification of diarrhoea	Demonstration	3:15 -3:30 pm
	Tea-break	-	**3:30-4:00 pm**
13.	Participants read section 2.2.4	Self-reading	4:00-4:15 pm
14.	Classification of Feeding problem or low weight for age	Demonstration	4:15-4:30pm
15.	Conduct video demonstration and exercise on assessment of Diarrhoea and Feeding problem	Video	4:30-5:00 pm

INTRODUCTION OF YOURSELF AND PARTICIPANTS

If participants do not know you or do not know each other, introduce yourself as a facilitator of this course and write your name on the blackboard or flipchart. As the participants introduce themselves, write their names on the blackboard or flipchart. Leave the list of names in a place where everyone can see it to help you and the participants learn each other's names.

ADMINISTRATIVE TASKS

There may be some administrative tasks or announcements that you should address. For example, you may need to explain the arrangements that have been made for lunches, the daily transportation of participants from their lodging to the course or payment of per diem.

EXPLANATION OF YOUR ROLE AS FACILITATOR

Explain to participants that as facilitator (and along with your co-facilitator, if you have one), your role throughout this course will be to:

- Guide them through the course activities
- Answer questions as they arise or find the answer if you do not know
- Clarify information they find confusing
- Give individual feedback on exercises, wherever indicated
- Lead group discussions, drills, video exercises and role plays
- Prepare them for each clinical session (explain what they will do and what to take)
- In outpatient sessions, demonstrate tasks
- Observe and help them as needed during their practice in outpatient sessions

2.	Introduction to IMNCI, Chapter- 1	Self-reading	45 min

3.	How to choose appropriate case management charts	Group discussion	15 min

To summarize, review the following points:

A. The case management process is described on 5 charts: (Point to or walk to each of the charts on the wall as you say its title.)

   - *ASSESS AND CLASSIFY THE SICK YOUNG INFANT*
   - *TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER*

   These 2 charts are used for sick young infant's age upto 2 months.

   Management of the sick child age 2 months upto 5 years is summarized on the following charts:

   - *ASSESS & CLASSIFY THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS*
   - *TREAT THE CHILD*
   - *COUNSEL THE MOTHER & FOLLOW UP*

B. To use the charts, you first decide which age group the child is in:

- Age upto 2 months
- Age 2 months upto 5 years
- If the child is 2 months upto 5 years, select the chart *ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS*

"Upto 5 years" means the child has not yet had his fifth birthday (Be sure that participants understand "upto" means upto but not including that age).

- A child who is 2 months old would be in the group 2 months upto 5 years, not in the group upto 2 months.
- **If the child is not yet 2 months of age, the child is considered a young infant.** Use the chart *ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT.*

C. In this course you will learn to do all the steps on these charts. You will learn from:

- The participant's module (Hold up the module)
- Clinical sessions. You will go to clinics to practice managing sick children using what you have learned.

D. Ask participants if they have any questions about what they read in the module or heard in the opening session. Answer their questions, but ***do not explain how to use the case management charts***. This will be taught in the rest of the course.

Note:Participants may ask whether the case management charts can be used for children who are older or younger than the age groups specified on the charts. If they ask this question during discussion of *Introduction*, explain as simply as possible, such as by using only the explanation given below. If they ask later in the course, after they have learned how to assess and classify, they could understand the entire explanation below.

Why not use this process for children age 5 years or more?

The case management process is designed for children less than 5 years of age. Although much of the advice on treatment of pneumonia, diarrhoea, malaria, measles and malnutrition is applicable to older children, the assessment and classification of older children would differ. For example, the cut-off rates for determining fast breathing would be different, because normal breathing rates are slower in older children. Chest indrawing is not a reliable sign of severe pneumonia as children get older and the bones of the chest become firmer. Older children can talk and so are able to report additional symptoms which are not in these charts, such as chest pain and headache, which may be useful in deciding whether pneumonia or malaria is present. In addition, certain treatment recommendations or advice to the mother on feeding would differ for children over 5 years of age. The drug dosing tables only apply to children upto 5 years. The feeding advice for older children may differ and they may have different feeding problems.

To summarize: ***Much of the treatment advice may be helpful for a child age 5 years or more. However, because of differences in the clinical signs of older and younger children who have these illnesses, this assessment and classification process using these clinical signs is not recommended for older children.***

4.	Read page Section 2.2.1 and 2.2.2 (Good communication, Possible Serious Bacterial Infection)	Self-reading	45 min
5.	Introduce Chart Booklet	Demonstration	15 min

Distribute the chart booklet. Introduce it by briefly stating the following points:

- *This booklet is called the chart booklet. You can use the chart booklet to find information about assessing and classifying sick children. Both describe the same process. The chart booklet contains the same information that is shown on the wall charts. It also contains blank copies of the two Recording Forms.*
- The chart you are learning now is called ASSESS AND CLASSIFY THE SICK YOUNG INFANT AGE UPTO 2 MONTHS. All the assess column boxes and all the classification tables from the ASSESS & CLASSIFY chart are in the first section of the chart booklet. The assessment box and classification table for each main symptom are grouped together like this. (Show a sample page, such as the one for possible serious bacterial infection, so participants see that it matches with the assess box, the classification arrow and classification table on the wall chart).
- *The chart booklet is convenient to use when you work with modules at a table and when you practice assessing and classifying sick children during clinical sessions. We will begin using the chart booklet today so you can become familiar with it before using it during clinical practice.*

  Look at the table of contents on the cover. It tells you where to find each part of the chart. The ASSESS & CLASSIFY charts are listed in the first column. They begin on page 1 where you see the charts that tell you how to check for possible serious bacterial infection / jaundice.

  Ask if participants have any questions.

6.	Introduce Young Infant Recording Form	Demonstration	10 min
7.	Demonstration: Classification table	Demonstration	10 min
8.	Discuss signs	Group discussion	10 min

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 each part as you refer to it.

For example:

"This is a Recording Form. Its purpose is to help you record information collected about the infant's signs and symptoms when you do exercises in the module and when you see infants during clinical practice sessions.

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 infant's treatment. You will first 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 infant's name, age, weight and temperature.*
- *The mother's answer about the infant'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.

  Look at the "Assess" column on the wall chart. It shows the assessment steps for assessing the infant's signs and symptoms.
  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) *signs of possible serious bacterial infection / jaundice. You can see that the assessment steps under check for possible serious bacterial infection / jaundice on the chart are the same as on this form. There is also a section for recording information about the infant's immunization status.*

  Here is the "Classify As" column on the chart, and here is the "Classify" column on the Recording Form. You record the infant's classifications in this column.

When you use the Recording Form while you are working with sick infants during clinical sessions, you record information by:

- *Circling any sign that is present, like this* (circle a sign on the Recording Form). *If the infant does not have the sign, you do not need to circle anything.*
- *Ticking YES or NO at appropriate places* (point to the Yes___ No ___ blanks 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 diarrhoea section.
- *Writing the classification.*

As you work through this module, you will only see the part of the form for the symptoms and signs you have learned.
Note- you may project a case study and ask the participants complete the recording form

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

DEMONSTRATION: INTRODUCE THE CLASSIFICATION TABLES AND DEMONSTRATE HOW TO CLASSIFY POSSIBLE SERIOUS BACTERIAL INFECTION / JAUNDICE

Materials needed:

* Enlargement of Classification Table – Possible Serious Bacterial Infection / Jaundice

To conduct the demonstration:

Ask if there are any questions about recognizing signs for assessing an infant with Possible Serious Bacterial Infection / Jaundice.

When there are no further questions, tell participants that the purpose of the demonstration is to introduce the classification tables and how to use them to classify illness in sick infants. Details about individual classifications will be described later.

Point to the wall chart and show participants where the classification tables are located on the chart. Mention points such as:

- Most of the classification tables on the "*ASSESS & CLASSIFY*" chart have 3 rows. There are some exceptions, for example the table for POSSIBLE SERIOUS BACTERIAL INFECTION has 4 rows.
- Each row is colored either pink or yellow, or green.
- The color of the row helps to identify rapidly whether the infant has a serious disease requiring urgent attention.
- A classification in a *pink* row means the infant has a severe classification and needs urgent attention and referral or admission for inpatient care.
- A classification in a *yellow* row means the infant needs a specific medical treatment, such as an appropriate antibiotic or other treatment. Treatment includes teaching the mother how to give oral drugs or to treat local infections at home. The physician advises her about caring for the infant at home and when she should return.

- A classification in a *green* row is not given a specific medical treatment such as antibiotics or other treatments. The physician teaches the mother how to care for her infant at home. For example, you might advise her on feeding her sick infant.

Now display the enlarged classification table for "POSSIBLE SERIOUS BACTERIAL INFECTION / JAUNDICE". Point out the "Signs" column and the "Classify As" column. As you talk through the steps for classifying POSSIBLE SERIOUS BACTERIAL INFECTION, JAUNDICE listed in the module, point to each row as you describe it. For example:

CLASSIFY all young infants for *POSSIBLE SERIOUS BACTERIAL INFECTION. There are four classifications for POSSIBLE SERIOUS BACTERIAL INFECTION:*

- *Look at the top pink row. Does the infant have any of the signs of POSSIBLE SERIOUS BACTERIAL INFECTION? If the infant has any of the following signs: not able to feed/ not feeding well, convulsions, severe chest indrawing, fever, hypothermia, lethargy or unconsciousness, or less than normal movements, select the severe classification,* ***POSSIBLE SERIOUS BACTERIAL INFECTION.***
- *Look at the yellow row if the infant does not have any signs of Possible Serious Bacterial Infection. If the infant is 7-59 days old and has only fast breathing, look at the second/yellow row and select the classification PNEUMONIA.*
- *If the infant has umbilicus red or draining pus or skin pustules and does not have a severe classification, select the classification in the third/yellow row,* ***LOCAL BACTERIAL INFECTION.***
- *If the infant does not have any signs of possible serious bacterial infection or pneumonia, or local bacterial infections, select the green row and classify the infant as* ***INFECTION UNLIKELY****.*

CLASSIFY if the infant has jaundice. There are three possible classifications for jaundice.

- *Look at the top pink row. A sick young infant who has yellow palms and soles or has jaundice at age < 24 hours has signs of Severe Jaundice. Select the classification* ***SEVERE JAUNDICE.***
- *If the infant does not have any signs of Severe Jaundice, look at the yellow row. If the* ***sick*** *young infant does not have yellow palms and soles, but jaundice appears after 24 hours of age, select classification* ***JAUNDICE*** *in the yellow row.*
- *If the infant has no sign of jaundice, select the classification in the green row* ***NO JAUNDICE****.*

Use the enlarged classification table for POSSIBLE SERIOUS BACTERIAL INFECTION. Point to the enlargement as you continue:

Always start at the top of the classification table. If the infant has signs from more than one row of different colors, always select the more serious classification under one arm. For example, if the infant has a sign in the top pink row and a sign in the second yellow row, select the more serious classification, POSSIBLE SERIOUS BACTERIAL INFECTION.

Answer any questions.

9.	Conduct video demonstration and exercise on possible serious bacterial infection/jaundice (Video-1 Assess very severe disease)	Video	30 min

VIDEO DEMONSTRATION & EXERCISE: ASSESSING FOR POSSIBLE BACTERIAL INFECTION/ JAUNDICE

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 and a writing pad.

To conduct this video exercise:

Introduce participants to the procedure for video exercises in this course. Explain that during video exercises, they will:

- See video demonstrations and exercises.
- Do exercises and record their answers on the writing pad.
- Check their answers to exercises and case studies with those on the video.

Tell participants that they will watch a demonstration of how to assess a young infant for possible serious bacterial infection. The video will show examples of abnormal signs.

Start the video. Because this is the first video exercise in the course, participants may need clarification about how to proceed. During the first few video exercises, watch the participants. If they are not writing answers, encourage them to do so. If they seem to be having difficulty, replay the exercise so they can see it again, develop an answer and write it.

Follow the instructions given in the video. Pause the video and explain or discuss what the participants are seeing as needed to be sure the participants understand how to assess these signs.

Note: Chest indrawing may be a difficult sign for participants to identify the first time. It may take several trials for the participant to feel comfortable with the sign.

- If any participant has difficulty with this sign, repeat an example from the video. Talk through with the participant where to look for chest indrawing, pointing to where the chest wall goes in, when the infant breathes in.
- Some participants may need help determining when the infant is breathing IN. Show an example from the video. Point to where on the infant's chest the participant should be looking. Each time the infant breathes in, say "IN" to help the participant clearly see where to look and what to look for.
- It may be helpful to stop the video and ask participants to point to the place where they see chest indrawing. This will help you to check if participants are looking at the appropriate place for identifying chest indrawing. Repeat the exercises on the video until you feel confident that the participants understand where to look for chest indrawing and can identify the sign in each child shown in this exercise.

At the end of the video, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again.

Important points to emphasize about the assessment in this video are:

- Counting breathing requires close attention to one spot on the chest or abdomen.
- It is particularly difficult to count breathing in a young infant because of irregular breathing. Repeat any count which is 60 per minute or more.
- Chest indrawing requires knowing when the infant is breathing in and out. Practice this when you see infants in the clinic later.
- If participants are having trouble understanding grunting, demonstrate it.

10.	Exercise: Photographs	Group discussion	30 min

Group discussion of photographs of a young infant's umbilicus, skin pustules and jaundice.
Talk about each of the first 2 photographs, pointing out or having participants point out and tell how they recognize the signs.

Then ask participants to comment on the rest of the photographs for this exercise and write answers in the chart in the module.

Give feedback in a group discussion: For each photograph, ask a participant to explain what s/he sees in the photograph. Discuss as necessary so that participants understand how to recognize an infected umbilicus.

Give the participants a copy of the answer sheet
Photograph 1: Normal umbilicus in a newborn
Photograph 2: An umbilicus with redness extending to the skin of the abdomen

Umbilicus	Normal	Redness or draining pus
Photograph 3		√
Photograph 4	√	
Photograph 5		√

Photograph 6: Many skin pustules
Photograph 8: Jaundice (Palms and soles not yellow)
Photograph 9: Jaundice (Yellow palms and soles)

Skin	Normal	Skin pustules	Jaundice	Yellow palms and soles
Photograph 10		√		
Photograph 11				
Photograph 12				√

11.	Participants read section 2.2.3 (Diarrhoea)	Self-reading	15 min
12.	Classification of diarrhoea	Demonstration	15 min

DEMONSTRATION: Classify dehydration

When all the participants have read through Assess Diarrhoea, gather the participants together for a short demonstration.

Materials needed:

- Enlarged Blank Recording Form
- Enlarged Classification Table - Dehydration

To conduct this demonstration:

1. Briefly review with participants, the steps for classifying Possible bacterial infection, jaundice.
2. Introduce the enlarged classification table for diarrhoea. Explain that classifying diarrhoea is slightly different than classifying Possible serious bacterial infection, or jaundice.
   - All Young Infants with diarrhoea are classified for dehydration. To select a classification for dehydration, the young infant must have two or more of the signs in either the pink or yellow row. One sign is not enough to select a pink or yellow classification. If the young infant has only one sign in a row, look at the next row.

13.	Participants read section 2.2.4 (Assessment of very low weight & feeding problems)	Self-reading	15 min
14.	Classification of Feeding problem or low weight for age	Demonstration	15 min

Demonstration: Classify "Feeding problem" or "Malnutrition"

Materials needed:

- Enlarged Blank Recording Form
- Enlarged Classification Table – "Feeding Problem" or "Malnutrition"

To conduct this demonstration:

- Briefly review with participants the steps for classifying Feeding Problem or Malnutrition.
- Display the enlarged section of the chart:

Tell participants that there are two sections in this chart, above and below the dotted lines. The part below the dotted line deals with assessing feeding.

Point to the enlargement and review the steps of assessing feeding problem or malnutrition. Look at the top row.

A young infant with the signs, "not able to feed" or "no attachment at all" or "no sucking at all" has the classification 'Not Able to Feed-Possible Serious Bacterial Infection'.

A young infant, whose age is less than seven days and weight is **less than 1800 gm or weight for age is less than -3SD in infants 7-59 days old**, is classified as VERY LOW WEIGHT FOR AGE.

A young infant with very low weight for age has the classification Severe Malnutrition.

Now assess for breastfeeding.

- If the infant is exclusively breastfed without difficulty and is not low weight for age, there is no need to assess breastfeeding.
- If the infant is not breastfed at all, do not assess breastfeeding.
- If the infant has a serious problem requiring urgent referral to a hospital, do not assess breastfeeding. In these situations, classify the feeding based on the information that you have already.

If the mother's answers or the infant's weight indicates a difficulty, observe a breastfeed. Low weight for age is often due to low birth weight and these infants are particularly likely to have a problem with breastfeeding.

The four signs of good attachment. (Point to these on the enlargement as you review them)

An infant who is well attached does not cause any pain or discomfort to the breast. Good attachment allows the infant to suckle effectively. Signs of effective suckling are:

The infant suckles with slow deep sucks you may see or hear swallowing.
An infant who is suckling effectively may pause sometimes and then start suckling again. Remember that the mother should allow her baby to finish the feed and release the breast itself. A baby who has been suckling effectively will be satisfied after a breastfeed.

- A Young Infant with no signs in the pink row and having any of the signs - Not well attached to breast or Not suckling effectively or Less than 8 breastfeeds in 24 hours or Receives other foods or drinks or Low weight for age or Thrush or Breast or nipple problem or Weight between 1800–2500 gm or weight for age <-2 SD has the Classification FEEDING PROBLEM and/or LOW WEIGHT FOR AGE.
- If a Young Infant is Not Low Weight for Age and has No Other Signs of Inadequate Feeding has the Classification- NO FEEDING PROBLEM.

REMEMBER: At least one classification needs to be picked in all Young Infants.

15.	Conduct video demonstration and exercise on assessment for Diarrhoea & Feeding problem (Video-2 Case study IKRAM)	Video	30 min

Video case study - Group viewing and discussion of assessing and classifying a young infant for possible serious bacterial infection and diarrhoea

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 and chart booklets.

To conduct the video exercise:

1. Tell participants that during this exercise they will watch a case study of a young infant Ikram. The young infant will be assessed for possible serious bacterial infection and diarrhoea. They should record their assessment results on the recording form in the module. They will be given time to classify the young infant and write the classifications on the form.
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, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again. If there are any questions about the classifications, review the infant's signs and how they were classified, referring to a classification table.

Video demonstration of breastfeeding assessment (Video-3 Assess Breastfeeding)

If possible, in the room where the video is being shown, display the enlarged section of the chart: Assess Breastfeeding.

Tell participants that they will see a demonstration of assessing feeding. In particular, they will see how to assess breastfeeding. Point to the enlargement and review the steps of assessing breastfeeding. (Or, ask participants to turn in the chart booklet to the *YOUNG INFANT* chart and read over the steps to assess feeding of a young infant.) The video will show examples of the signs of good and poor attachment and effective and ineffective suckling.

Ask if participants have any questions before you start the video. When there are no additional questions, start the video.

At the end of the video, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again.

Important points to emphasize in the discussion are:

- The four signs of good attachment.
- An infant who is well attached does not cause any pain or discomfort to the breast. Good attachment allows the infant to suckle effectively. Signs of effective suckling are:
  - The infant suckles with slow deep sucks
- An infant who is suckling effectively may pause sometimes and then start suckling again. Remember that the mother should allow her baby to finish the feed and release the breast himself. A baby who has been suckling effectively will be satisfied after a breastfeed.

DAY 2: LIST OF ACTIVITIES

S. No.	Task	Method	Time
1.	Recap of Day-1 sessions	-	9:00-9:15 am
2.	Drill on reading a weight for age chart for young infants	Drill	9:15-9:30 am
3.	Exercise: Photograph	Group discussion	9:30-10:00 am
4.	Participants read section 2.2.5, 2.2.6, and 2.2.7 (Immunization, other problems & Development supportive practices	Self-reading	10:00-10:30 am
	Tea-break	-	**10:30-11:00 am**
5.	**Clinical session-1** Assess and classify sick young infants (possible serious bacterial infection/ jaundice, diarrhoea & feeding problem and malnutrition)	-	11:00 am -1:30 pm
	Lunch-break	-	**1:30-2:30 pm**
6.	Participants read 2.3.1 (Referral of sick young infants)	Self-reading	2:30-2:45 pm
7.	Demonstration: Identify treatment	Demonstration and Video	2:45-3:10 pm
8.	Referral	Role play	3:10-3:40 pm
	Tea-break	-	**3:40-4:00 pm**
9.	Demonstration: Using young infant recording form for Identifying treatment	Demonstration	4:00-4:15 pm
10.	Participants read page 2.3.2.1 and 2.3.2.2 (Treat)	Self-reading	4:15-4:30 pm
11.	Teaching a mother to give oral drugs at home using good communication skills	Demonstration, Role play	4:30-5:00 pm

1.	Recap - Tell one of participants to summarize what they completed yesterday. Highlight importance of checking every young infant for possible serious bacterial infection and feeding problems		15 min
2.	Drill on reading a weight for age chart for young infants	Drill	15 min
3.	Exercise: Photographs	Group discussion	30 min

DRILL: Reading a weight for age chart for young infants

Tell participants that in this drill they will practice determining whether a young infant is low weight for age. Ask them to take out their chart booklets and turn to the Weight for Age chart.
Ask the question in the left column. Participants should answer in turn.

QUESTIONS	ANSWERS
Which curve do you look at to assess weight for age in a child age upto 2 months ?	Very low weight for age (Bottom curve) or Low weight for age (middle curve)
If a young infant's weight is on the curve for low weight for age, is he low weight for age?	No- Below the curve is low weight. On or above the curve is not.
Does the bottom of the Weight for Age chart show age in weeks or months for young infants?	Weeks
If a young infant has very low weight for age, does this count as low weight for age?	Yes

IS THE YOUNG INFANT LOW WEIGHT FOR AGE?

Age	Weight	Sex	Low weight for age
3 weeks old	3 kg	Female	No
6 weeks old	4 kg	Male	No
7 weeks old	3 kg	Female	Yes
4 weeks old	2.5 kg	Female	Yes
5 weeks old	3.25 kg	Male	Yes
2 weeks old	2.5 kg	Male	Yes
6 weeks old	3.85 kg	Male	No
5 weeks old	2.9 kg	Female	Yes

Group discussion of example photographs - Recognizing signs of good attachment

Talk about each photograph, pointing out or having participants point out and tell how they can see each sign of good or poor attachment. Participants should refer to the descriptions of each photograph in their module.

Photograph	Signs of Good Attachment				Assessment	Comments
	Chin Touching Breast	Mouth Wide Open	Lower Lip Turned Outward	More Areola Showing Above		
13	Yes (almost)	Yes	Yes	Yes	Good attachment	
14	No	No	Yes	No (equal above and below)	Not well attached	
15	Yes	No	No	Yes	Not well attached	Lower lip turned in
16	No	No	No	No	Not well attached	Cheeks pulled in
17	Yes	Yes	Yes	Cannot see	Good attachment	
18	No	No	Yes	No (equal above and below)	Not well attached	
19	Yes	Yes	Yes	Yes	Good attachment	
20	Yes (almost)	Yes	Yes	Yes	Good attachment	
21	Yes	No	No	No (more below)	Not well attached	Lower lip turned in

Photographs 22 and 23: White patches (thrush) in the mouth of an infant.

4.	Participants read section 2.2.5, 2.2.6, and 2.2.7 (Immunization, other problems & Development supportive practices	Self-reading	30 min

5.	**Clinical session- 1** Assess and classify sick young infants (possible serious bacterial infection, jaundice, diarrhoea & feeding problem and malnutrition)	-	2.5 hrs

CLINICAL SESSION

To Prepare	Choose young infants with signs of bacterial infection or jaundice, diarrhoea or feeding problems, to demonstrate as many of the clinical signs as possible. Also choose some normal young infants. Identify any young infants with infrequently seen signs.
Participant Objectives	• Assess a young infant's breastfeeding. • Assess and classify a young infant for possible serious bacterial infection, jaundice, diarrhoea, and feeding. • Record findings on the Young Infant Recording Form; use the chart to choose classifications; record them. • Obtain additional practice assessing some signs.
Instructor Procedures	1. Demonstrate assessment of a young infant for possible serious bacterial infection and jaundice. 2. Demonstrate infants with as many signs of bacterial infection as available: severe chest indrawing and mild chest indrawing; umbilical redness and skin pustules; normal and less than normal movement. Also show a normal infant. 3. Demonstrate a normal young infant feeding well, emphasize on showing the signs of attachment and suckling. 4. Demonstrate a young infant with feeding problems. 5. Assign participants to young infants. Ask them to assessand classify the young infant. Observe and assist as needed. 6. Conduct rounds. Have all participants assess as many of the signs above as possible.
At the end of the session	Summarize the session with participants. Complete the Monitoring Checklist.

DEMONSTRATION: CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION/ JAUNDICE, ASSESS DIARRHOEA, CHECK FOR LOW WEIGHT OR FEEDING PROBLEMS

Remind participants that they should use Young Infant Recording Form during the clinical session.

Demonstrate how to assess and classify a young infant for possible serious bacterial infection/ jaundice diarrhea and feeding problems. During the assessment, describe what you are doing. Do not start discussions or lecture during the demonstration. Record the findings on a recording form.

Classify the young infant according to the signs and symptoms present. Make sure you and the participants look into the chart booklet while classifying. Answer any questions the participants may have.

6.	Participants read section 2.3.1 (Referral of sick young infants)	Self-reading	15 min
7.	Demonstration: Identify treatment	Demonstration and Video	25 min

Demonstration: Identify treatment

Materials needed:

- Chart booklet

Briefly introduce the final step on the *ASSESS & CLASSIFY* chart: "Identify Treatment."

Pointing to the wall /projected chart, explain how to read across the chart from each classification to the list of treatments needed. Point to the treatments listed for POSSIBLE SERIOUS BACTERIAL INFECTION/ JAUNDICE 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).

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 POSSIBLE SERIOUS BACTERIAL INFECTION and read them aloud, including the instruction to refer urgently to the hospital.

If a young infant has only one classification, it is easy to see what to do for the infant. However, many sick young infants have more than one classification. For example, a young infant may have both LOCAL BACTERIAL INFECTION and FEEDING PROBLEM OR LOW WEIGHT.

When a young infant has more than one classification, you must look in more than one place on the *ASSESS & CLASSIFY THE SICK YOUNG INFANT* chart to see the treatments listed.

For some young infants, the *ASSESS & CLASSIFY THE SICK YOUNG INFANT* chart says "Refer URGENTLY to hospital." By hospital, we mean a health facility with inpatient beds, supplies and expertise to treat a very sick young infant or child. If you work in a health facility with inpatient beds, referral may mean admission to the inpatient department of your own facility.

If the young infant must be referred urgently, you must decide which treatments to do before referral. Some treatments are not necessary before referral

Show Video-4 on giving amoxycillin and gentamicin

8.	Referral	Role play	30 min

ROLE PLAY: EXPLAINING TO A MOTHER THAT HER YOUNG INFANT NEEDS URGENT REFERRAL

Select someone to play the role of the physician and someone to play the role of Parvati's mother. Explain that all others will observe and be prepared to comment afterwards. Have everyone read the Role Play Instructions in the module. Also give the "mother" the instructions in the box below, which may be cut out or photocopied.
After the role play, discuss whether or not this mother seems likely to go to the hospital, and why or why not. Discuss whether all necessary information was given to the mother and all possible help provided.

Role Play - Instructions for Parvati's Mother

Parvati is your second child. You also have a 2-year-old son who is at home with your mother-in-law. You did not bring much money with you to the clinic, and you do not know how to get to the hospital. Your home is about 20 minutes away on foot, and you walked to the clinic. There is no phone in your home, but there is a phone at the place where your husband works. You want to do what is right for Parvati, but you are concerned about how to get to the hospital, how to communicate with your family, etc. Also, a child in your community recently died at the hospital. You are very worried that Parvati is going to die.

9.	Demonstration: Using young infant recording Form for identifying treatment	Demonstration	15 min
10.	Participants read page 2.3.2.1 and 2.3.2.2 (Treat)	Self-reading	15 min
11.	Teaching a mother to give oral drugs at home using good communication skills	Demonstration, Role play	30 min

Demonstration of how to use the back of the Sick Young Infant Recording Form

Hold up a blank Sick Young Infant Recording Form. Until now participants have used only the front. Explain that they are now going to record treatments needed on the back.

Show how to fold the "Classify" column of the Sick Young Infant Recording Form so that it can be seen while looking at the back of the form. Ask the participants to fold a blank form. Use recording form of Jatin to explain (page 29 of participant book).

As participants look at the folded back of recording form, make the following points:

- 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.

Point to Jatin's first classification, LOCAL BACTERIAL INFECTION, and read aloud all the listed 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, because Jatin does not have a severe classification. ("Advise when to return immediately" is already on the form, so does not need to be written again).

Ask another participant to point to Jatin's next classifications, SOME DEHYDRATION and also FEEDING PROBLEM, and read aloud the treatments.

- 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.
- 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 needed today.
- If the same treatment is needed for more than one classification, you only need to list it once.

ROLE PLAY: TEACHING A MOTHER TO GIVE ORAL DRUGS AT HOME USING GOOD COMMUNICATION SKILLS

Purpose: To demonstrate good communication skills and show the steps of teaching a mother to give oral drugs to a sick child.

Highlights of the case:

A physician has decided that a young infant named Gita needs the antibiotic amoxicillin. The physician must now teach Gita's mother how to give the drug to the infant.

Gather the following supplies. Put them on a table in front of the participants.

- Doll or other "baby"
- Bottle of amoxicillin syrup or amoxicillin tablets
- Drug envelope with label
- Pen
- Cup and spoon

The role play script is on the following pages.

Read the role of the physician. Ask a co-facilitator or a participant to read the role of the mother. You will need an extra copy of the script for the person who plays the mother (you may use the one in your co-facilitator's guide). Practice the demonstration at least once before performing in front of the group.

Introduce the role play by telling the participants that you are going to demonstrate teaching a mother to give an oral drug at home. Ask participants to observe the demonstration and to look for:

- The steps to follow when giving oral drugs to the mother of a sick child, and
- Whether good communication skills were used while teaching the mother to give the drugs at home.

After the demonstration, lead a group discussion. Ask participants to read the general steps listed in the upper left of the box titled, "Teach the Mother to Give Oral Drugs at Home." Point out that these steps were followed in the demonstration.

Ask a participant to list the basic teaching steps that they have already read. Their list should include:

- Giving **information**,
- Showing the mother an **example** (by demonstrating how to measure a dose),
- Letting the mother **practice**, and
- Checking the mother's **understanding**.

A physician should ask good checking questions and then praise the mother when she answers a checking question correctly.

SCRIPT FOR DEMONSTRATION ROLE PLAY

Physician: Now I am going to teach you how to give this drug to Gita. This is amoxicillin which is an antibiotic. She needs to take this drug to treat her umbilical infection. Are you the person who will give the drug to Gita?

Mother: Yes, I am.

Physician: Good. I will show you how much to give her. Since Gita is a baby, 1 month old, she needs to take just one-half of one of these tablets at a time.
(Holds up one amoxicillin tablet.)
You will have to break the tablet in half, like this *(breaks tablet in fingers)* or you can cut it in half with a knife. *(Holds up half tablet.)*
This half is one dose. Now you try it. *(Hands a tablet to the mother.)*

Mother: Yes, I will try. *(Mother struggles a bit but breaks the tablet in half.)*

Physician: Good, you did it. Now, how much is one dose for Gita?

Mother: *(Mother holds up the half tablet.)* This much.

Physician: That's correct. Now you are going to give the tablet to Gita. Have you ever given tablets to Gita before?

Mother: No. She has never been sick before.

Physician: Ah. To give a tablet, you will have to make it so the baby can swallow it. You should crush it or grind it until it is in very small pieces, and then mix it with a little breastmilk. Here is a cup and spoon for you to use. *(Hands mother a cup and spoon)* Put the dose into the cup and.....

Mother: Do that now?

Physician: Yes, now. I would like you to prepare a dose and give it to Gita now. *(Mother nods.)* Put the half tablet into the cup and crush it with the spoon.
(Mother begins crushing the tablet. Physician watches her and looks into the cup to see when it is crushed.)
That's correct. Now add a **little** breast milk and mix it in.

Mother: *(Mother mixes turns around and expresses her breast milk into the cup with the crushed tablet. She shows the cup to the physician)*. Is it OK?

Physician: Yes, that looks ready. Now, with the spoon, try to put the medicine into Gita's mouth.

Mother: I'll try. *(She spoons it into the baby's mouth.)* She doesn't like it. What should I do?

Physician: You are doing fine. See, she is swallowing it now. At home, try mixing it with more breast milk.

Mother: I will.

Physician: You need to give a dose to Gita two times each day, once in the morning, such as at breakfast, and again at dinner. I am giving you enough tablets for 5 days. *(Physician writes the instructions on the envelope and then puts 5 tablets into the envelope. He closes the envelope and the jar of amoxicillin. He hands the envelope to the mother so that she can see the instructions).*

Mother: Thank you.

Physician: I have written the instructions on the envelope to remind you when to give the medicine. Would you read me the instructions on the envelope?

Mother: *(Looking at envelope)* What is this picture?

Physician: That is a picture of the sun rising. The round sun represents midday; the next picture is sunset....

Mother: Yes, of course. I see now. *(Mother tries unsuccessfully to read the instructions on the envelope.)*

Physician: *(Reads the instructions on the envelope to the mother.)* Who can help you read the envelope?

Mother: My sister can read. She lives with us.

Physician: Good. I want to tell you another important thing - continue giving Gita the medicine in this envelope until it is all gone. Even if she seems to be better, she needs to take **all** the tablets to be sure that she will get well and stay well.

Mother: I can do that.

Physician: Good. And how much will you give Gita each time?

Mother: I will give her one-half tablet.

Physician: Correct. And how will you prepare it?

Mother: I will crush it and add a little breast milk.

Physician: Good. Can you tell me how many times each day you will give Gita a dose of the medicine?

Mother: I will give the medicine at sunrise and at sunset.

Physician: That's correct. Twice each day. I want you to bring Gita back to see me in 2 days, so that I can be sure she is getting better.

Mother: When is that?

Physician: The day after tomorrow. Will you, or someone else in your family, be able to bring Gita back?

Mother: Yes, I can bring Gita back the day after tomorrow.

Physician: Good, I will expect you then.

Mother: *(Gathering up her things and Gita and leaving)* Thank you.

Physician: Good bye.

Advise the mother and the family on home care

Exclusive breastfeeding

Ask the mother if she has already put the infant to the breast. If the mother has already started breastfeeding, praise the mother for starting the breastfeeding in time. If the mother has not yet started breast-feeding, prepare her to put the infant to the breast. Talk to the mother to answer any questions about breastfeeding that she may have.

Emphasize the importance of exclusive breastfeeding and counsel her against giving any other foods or fluids other than breast milk. Remember to tell her that no extra water is required for an exclusively breast-fed baby, even in hot weather. There is always enough water in breast milk to protect the baby from getting dehydrated.

How to keep the baby warm?
As in the TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER chart.

When to seek care
As in TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER chart.

Advise the mother and the family on newborn care practices

Umbilical cord care

Check if the cord is oozing blood because it has not been tied properly. If not tied properly, tie it again with a thread that has been boiled in water for at least 15 minutes. See if anything has been applied to the cord. If nothing has been applied, praise the mother and the family. Otherwise emphasize the importance of not applying anything on the cord and keeping the cord dry.

Bathing the infant

While the baby needs to be kept clean, discourage the mother from giving bath to the baby during the first day after birth. The mother or the birth attendant can clean the baby by wiping with a soft moist cloth. When the baby is given a bath, bathing should be done quickly in a warm room, using warm water.

Low birth weight infants should not be given a bath. Instead, clean the baby with a soft, clean cloth soaked in lukewarm water.

Hand washing

The mother should wash hands with soap and water after cleaning the baby every time it passes stools.

Counsel mother for her own health

Remember to take the opportunity at every home visit to check and advice the mother about her own health

Tell the family to contact you/ health worker in case they feel that the young infant has problem.

DRILL: Review of points of Advice for Mothers of Young Infants

Conduct this drill at a convenient time after this point in the module. If possible, do the drill before the participants go to the last clinical session which should include counseling for mothers of young infants.

Tell the participants that in this drill, they will review important points of advice for mothers of infants, including

- Improving positioning and attachment for breastfeeding
- Home care

They may look at the *YOUNG INFANT* chart if needed, but should try to learn these points so they can recall them from memory.

Ask the question in the left column. Participants should answer in turn. When a question has several points in the answer, you may ask each participant to give one point of the answer. This will move along smoothly and quickly if participants are setting in a circle or semi-circle and they reply in order.

QUESTIONS	ANSWERS
When advising a mother about Home Care for a young infant, what are the five **major** points of advice? (see page 11 of chart booklet)	Breastfeed frequently Make sure the young infant stays warm Hand washing Not to apply anything on the cord When to return
What is the advice to give about breastfeeding? (see page 12 of chart booklet)	- Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health. - Exclusive breastfeeding is best. - Do not use a bottle.
What are the signs to teach a mother to return immediately with the young infant? (see page 14 of chart booklet)	Return immediately with the infant if: - Breastfeeding or drinking poorly - Becomes sicker - Develops a fever - Fast breathing - Difficult breathing - Blood in stool
What is another reason that a mother may return with the young infant?	Return for a follow-up visit as scheduled. Return for immunization.
If a young infant has a feeding problem, when should the mother bring him back for follow-up?	In 2 days
What advice would you give about keeping the infant warm? (see page 13 of chart booklet)	In cool weather, cover the infant's head and feet and dress the infant with extra clothing.
What are the four signs of good attachment? (see page 7 of chart booklet)	Chin touching breast Mouth wide open Lower lip turned outward More areola visible above than below the mouth
Describe effective suckling. (see page 7 of chart booklet)	The infant takes slow, deep sucks, sometimes pausing.
When you help a mother hold and position her infant for breastfeeding, what are 4 points to show her? (see page 12 of chart booklet)	Show her how to hold the infant - with the infant's head and body straight - facing her breast, with infant's nose opposite her nipple - with infant's body close to her body - supporting infant's whole body, not just neck and shoulders
When the infant has attached, what should you do?	Look for the signs of good attachment and effective suckling.
Again, what are the signs of good attachment?	Chin touching breast Mouth wide open Lower lip turned outward More areola visible above the mouth than below
If attachment or suckling is not good, what should you do?	Ask the mother to take the infant off the breast. Help the mother position and attach the infant again.

DAY 3: LIST OF ACTIVITIES

S. No.	Task	Mode	Time
1.	Recap of Day- 2 sessions	-	9:00-9:15 am
2.	Participants read 2.3.2.3 (Counselling mothers)	Self-reading	9:15-9:45 am
3.	Helping mothers with feeding problems	Video Demonstration	9:45-9:55 am
4.	Participants read 2.3.2.4 to 2.3.2.6 (Follow-up & Counselling)	Group Discussion	9:55-10:15 am
5.	Practices to support child's development	Demonstration (MCP card)	10:15-10:30 am
	Tea-break	-	**10:30-11:00 am**
6.	**Clinical session- 2** Treat and counsel sick young infant	-	11:00 am -1:30 pm
	Lunch-break	-	**1:30-2:30 pm**
7.	Participants read sections 3.1, 3.2.1, and 3.2.2 (Learning objectives, taking history/general danger sign)	Self-reading	2:30-2:50 pm
8.	Participants read sections 3.2.3.1, and 3.2.3.2 (Cough or difficult breathing & Diarrhoea)	Self-reading	2:50-3:20 pm
	Tea-break	-	**3:20-3:45 pm**
9.	Exercise: Photographs	Group discussion	3:45-4:20 pm
10.	Conduct video demonstration and exercise on assessment the child age 2 months to 5 years for general danger signs, diarrhoea	Video	4:20-5:00 pm

1.	Recap of Day-2 session	-	15 min
2.	Participants read section 2.3.2.3 (Counselling mothers)	Self-reading	30 min
3.	Helping mothers with feeding problems	Video Demonstration	10 min

Video demonstration of how to teach correct positioning and attachment for breastfeeding.
Now show them Video-5

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

If it is possible in the room where the video is shown, display the enlarged "Teach Correct Positioning and Attachment for Breastfeeding."
To show the video demonstration:

1. Tell participants that they will watch a demonstration of helping a mother to improve positioning and attachment for breastfeeding.
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, lead a short discussion. Ask participants to look at the box, "Teach Correct Positioning and Attachment for Breastfeeding." Explain that the video showed exactly these steps. Then make the following points:

    - Good positioning is important for good attachment. A baby who is well positioned can take a good mouthful of breast.
    - Review the steps to help her position the infant. (As you speak, point to the steps on the enlargement.)
    - When you explain to a mother how to position and attach her infant, let her do as much as possible herself.
    - Then review the steps to help the infant to attach.
    - Check for signs of good attachment and effective suckling. It may take several attempts before the mother and baby are able to achieve good attachment.

If participants are not clear about the steps, rewind the video and show it again.

Now show them Video-6 on Expression of BF

4	Participants read 2.3.2.4 to 2.3.2.6 (Follow-up & counselling).	Group Discussion	20 min
5	Practices to support child's development .	Demonstration (MCP card).	15 min

Answer queries of participants related to follow-ups & Practices to support child's development.

6	**Clinical session- 2** Treat and counsel sick young infant	-	2.5 hrs

CLINICAL SESSION

To Prepare	• Ask participants to bring chart booklet, pencils, timing devices. • Bring 2 Recording Forms per participant. • Place tablets or syrup, drug label, envelope or paper to wrap tablets on table or tray.
Objectives	• Identify few stable sick infants for clinical session. • Assess and classify a sick Young Infant; practice identifying the Young Infant's treatment. • Counsel mother for any breastfeeding problem. • Advise mothers when to return immediately. • Teach mother to give her child an oral drug at home. • Use a MCP Card to advise and teach mothers. • Use good communication skills. • Assess other problems • Assess the mother/caregiver's development supportive practices & counsel for practices to support child's development
Facilitator Procedures	Choose sick Young Infants with any symptoms. 1. Assess and classify a Young Infant and, using chart or chart booklet and a Recording Form, demonstrate how to identify the Young Infant's, treatment. 2. Demonstrate how to advise mother when to return immediately. Use the relevant part of the MCP Card. 3. Review steps on chart and demonstrate how to teach mother to give an oral drug at home. 4. Assign patients to participants. 5. Supervise participants carefully as they practice 3 new steps: identifying treatment, advising when to return immediately and giving oral drugs. 6. Give feedback and guidance as needed. 7. Return Young Infant to clinic with note for treatment.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced and demonstrated today. 2. Discuss problems with compliance and words that mothers understand for: becomes sicker, develops a fever, drinking poorly, tablet, syrup. 3. Remind participants to keep their Recording Forms. 4. Complete Monitoring Checklist.

7.	Participants read sections 3.1, 3.2.1, and 3.2.2 (Learning objectives, taking history, general danger signs)	Self-reading	20 min
8.	Participants read sections 3.2.3.1, and 3.2.3.2 (Cough or difficult breathing & Diarrhoea)	Self-reading	30 min
9.	Exercise: Photographs	Group discussion	35 min
10.	Conduct video demonstration and exercise on assessment the child age 2 months to 5 years for general danger signs, diarrhoea	Video	40 min

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.

Photographs 30 and 31:

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:

- 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.

Video exercise -- "Check for general danger signs" Show them Video-7

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 video demonstrations and exercises
    - Do exercises and record their answers on note pad
    - 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 video. If they are not writing answers on the note pad, 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 note pad .
4. At the end of the exercise, stop the video. Ask if any participant had problems identifying the sign "lethargic or unconscious". Rewind the video 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

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	✓	

Conduct Video Exercise – 'Child with Cough or Difficult Breathing' Show them Video-8

Tell the participants that they will now:

- See a demonstration of how to count the number of a child's breaths in one minute
- Practice counting the number of breaths a child takes in one minute and decide if fast breathing is present;
- See examples of looking for chest in drawing and fast breathing
- Do a case study and practice assessing and classifying a sick child up through cough or difficult breathing.

Start the video and show the demonstration, exercises and case study for cough or difficult breathing. If any participant has difficulty seeing the child's breaths or counting them correctly, rewind the video to that particular case and repeat the example. Show the participant where to look for and count the breaths again.

Conduct video exercise 9-12

Chest Indrawing

Note: Chest indrawing may be a difficult sign for participants to identify the first time. It may take several trials for the participant to feel comfortable with this sign.

- If any participant has difficulty in identifying chest indrawing, repeat an example from the video. Talk through with the participant where to look for chest indrawing, pointing to where the chest wall goes in when the child breathes in.
- Some participants may need help determining when the child is breathing IN. Show an example from the video. Point to where on the child's chest the participant should be looking. Each time the child breaths in, say "IN" to help the participant see clearly where to look and what to look for.

- It may be helpful to pause the video and ask a participant to point to the place where s/he would look for chest indrawing. This will help you to check if participants are looking at the appropriate place for identifying chest indrawing. Repeat the exercises on the video until you feel confident that the participants understand where to look for chest indrawing and can identify the sign in each child shown in this exercise.

For each of the children shown in the video, answer the question:

For each of the children shown in the video-10, answer the questions:			Does the child have fast breathing?	
	Age	**Breaths per minute**	**YES**	**NO**
Mano	**4 years**	**65**	✓	
Wambai	**6 months**	**66**	✓	

For each of the children shown in the video-11 answer the questions:	Does the child have chest indrawing?	
	YES	**NO**
Mary		✓
Jenna	✓	
Ho	✓	
Anna		✓
Lo		✓

For each of the children shown in the video-12, answer the questions:	**Does the child have stridor?**	
	YES	**NO**
Petty	✓	
Helen	✓	
Simbu		✓
Hassan		✓

Video-13 Case Study- Ben

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS

Name: *Ben* **Age:** *7 months* **Gender:** *Male* **Weight:** *6* **kg** **Temperature:** *38.5* **°C** **Date:** *13/02/23*

ASK: What are the infant's problems? *cough for 2 weeks* **Initial visit?** *√* **Follow up visit?**_____

ASSESS (Circle all signs present)		**CLASSIFY**
CHECK FOR GENERAL DANGER SIGNS • NOT ABLE TO DRINK OR FEED • CONVULSIONS /CONVULSING NOW	• LETHARGIC OR UNCONSCIOUS • VOMITS EVERYTHING	General danger sign present? Yes _____ No *√* **Remember to use danger sign when selecting classifications**
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? **Yes** *√* **No**____ • For how long? *14* Days	• Count the breath in one minute *55* breaths. Fast breathing • Look for chest indrawing • Look and listen for stridor • Look and listen for wheeze • Check oxygen saturation- <90% / ≥90%	PNEUMONIA

Show Video-14 and 15: exercise and case study -
"Does the child have diarrhoea?"

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. They check their answers with those provided on the video.
3. At the end of each exercise, stop the video. If participants are having trouble identifying a particular sign, rewind the video 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

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	✓		

Now show them the videos on Pulse-oximeter , MDI with spacer and discuss

DAY 4: LIST OF ACTIVITIES

S. No.	Task	Method	Time
1.	Recap of Day- 3 sessions	-	9:00-9:15 am
2.	Participants read section 3.2.3.3 (Fever)	Self-reading	9:15-9:45 am
3.	Classification of a child with fever	Demonstration	9:45-10:00 am
4.	Exercise: Photographs	Group work	10:00 -10:20 am
5.	Fever: Video Exercise	Video	10:20-11:00 am
	Tea-break	-	**11:00-11:15 am**
6.	**Clinical session 3-** Assess and classify sick child for general danger signs- cough or difficulty in breathing, diarrhoea, and fever	-	11:15 am - 1:45 pm
	Lunch-break	-	**1:45-2:30 pm**
7.	Participants read sections 3.2.3.4, 3.2.4, and 3.2.5 (Ear problem, Malnutrition & Anemia)	Self-reading	2:30-3:00 pm
8.	Exercise: Photographs	Group work	3:00-3:20 pm
	Tea-break	-	**3:20-3:45 pm**
9.	Participants read sections 3.2.6, 3.2.7, and 3.2.8 (Immunization, vitamin A & folic acid supplementation status, other problems and development supportive practices)	Self-reading	3:45-4:15 pm
10.	Teaching a mother to care for a dehydrated child and assessing feeding	Role play	4:15-5:15 pm

1.	Recap of Day- 3 sessions	-	15 min
2.	Participants read section 3.2.3.3 (Fever)	Self-reading	30 min
3.	Classification of a child with fever	Demonstration	15 min

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.

Materials needed:

- Enlargement of Blank Recording Form
- Enlargement of Classification Table - Fever
- Enlargement of Classification Table – Measles

To conduct the group discussion:

Review with participants how to assess a child with fever. Review the assessment steps and how to do them. Find out availability of RDT in their areas. Discuss when participants will classify fever cases as "Malaria" and "Fever Malaria unlikely". Discuss when to classify severe dengue fever & dengue fever. Ask one of participant to describe tourniquet test and its interpretation.
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.

- Discuss with them about the signs of dengue in sick children. Point out the danger signs they need to look when dengue is a possibility and the Tourniquet test to identify children with dengue fever and risk of bleeding.
- 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?"

4.	Exercise : Photographs	Group work	20 min

Photographs

Photographs 37 through 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.

Now look at Photograph 41. Does this child have a measles rash?

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

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.

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

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.

	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

5.	Fever: Video Exercise	Video	40 min

Video-18: 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 Pus case.

- Assessing for a stiff neck varies depending on the state of the child. You may not even need to 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 stiffness when you try to bend the neck. You also saw the child cry from pain as the doctor tried to bend the neck.

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	✓	

Show them video-19"assessing malnutrition and anemia"
Now show videos 20-23 "taking anthropometric measurements"

1. Tell the participants that in these video they will learn about measuring weight, length, height, MUAC and bilateral pitting oedema and classifying nutritional status.
2. Explain the participants about methods of anthropometric measurements and common errors.

6.	**Clinical session 3-** Assess and classify sick child for general danger signs, cough or difficulty in breathing diarrhoea, and fever	-	2.0 hrs

CLINICAL SESSION

Management of the Sick Child:

General Danger Signs - Cough or Difficult Breathing, Diarrhoea and Fever

To Prepare	• Ask participants to bring their chart booklets. • Bring 2 copies of Recording Form per participant. • Make sure the following are available in each room where participants are working: cup or spoon and clean water for offering fluid to assess dehydration.
Objectives	• Check for general danger signs. • Assess and classify sick children for cough or difficult breathing through fever. • Practice using Recording Form in outpatient setting. • Use good communication skills
Facilitator Procedures	Choose children with diarrhoea or with cough or difficult breathing and any child with a general danger sign or with fever; fever with and without measles, and fever with other rashes. 1. Introduce clinic facility and staff, describe general procedures for outpatient sessions, and show where supplies are located. 2. Demonstrate how to check for general danger signs and how to assess and classify child for cough or difficult breathing and also demonstrate how to assess child for diarrhoea and fever. (Preferably, do this demonstration with a child who is dehydrated.) Demonstrate technique for doing skin pinch. 3. Demonstrate how to assess a sick child for fever, and, if feasible, how to assess child with fever who has signs suggesting measles. 4. Assign patients to participants. 5. Supervise closely when first-time participant counts child's breaths, looks for chest indrawing and listens for stridor, also observe closely, first-time participant, assess a child with diarrhoea to be sure assessment is done correctly (especially skin pinch). 6. Observe each participant as he works with a patient. 7. If you cannot observe, ask participant to present case or look at participant's Recording Form. Record case on Monitoring Checklist, if possible. 8. If child with CHEST INDRAWING, SOME DEHYDRATION or SEVERE DEHYDRATION presents during session, demonstrate signs to all participants. 9. Give feedback and guidance as needed. 10. Return patient to clinic staff with note for treatment, or treat according to arrangements.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss words mothers understand for: convulsions, difficult breathing, fast breathing, pneumonia diarrhoea, blood in the stool. 3. Tell participants to keep their Recording Forms to use when they return to the classroom. 4. Complete the Monitoring Checklist.

SPECIAL NOTES FOR CLINICAL SESSION

Demonstration of danger signs:

Tell participants the objectives for today's session. Also review the following phrases that describe age groups in this course:

- "2 months upto 5 years" refers to children who are at least 2 months old and also any age between 2 months and 5 years of age. It does not include the child who is already 5 years old.
- "2 months upto 12 months" includes children who are at least 2 months old and any age between 2 months and 12 months. It does not include a child who is already 12 months old.
- "12 months upto 5 years" includes children who are at least 12 months old and any age between 12 months and 5 years. It does not include a child who is already 5 years old.

Review the cut-offs for determining fast breathing. Ask several participants in turn to tell you the definition of fast breathing in a child who is:

- at least 2 months of age upto 12 months of age
  ANSWER: 50 breaths per minute or more

- 12 months upto 5 years of age
  ANSWER: 40 breaths per minute or more.

- exactly 12 months old
  ANSWER: 40 breaths per minute or more.

* Do the demonstration. Make sure participants know where to look in their chart booklets for the *ASSESS & CLASSIFY* boxes that describe how to check for general danger signs and how to assess and classify cough or difficult breathing.

* Ask participants to tell you if they identify a child with a general danger sign so you can alert the regular clinic staff.

Demonstration of fever:

Before you demonstrate the assessment, review the techniques for assessing stiff neck and the techniques for drawing the child's attention so you can observe if the child's neck can move freely:

- Watch the child as you talk with the mother. Can the child move and bend his neck as he watches you talk or responds to other sounds or sights?
- Draw the child's attention to his toes by tickling his toes. Or use a sounding timer or shine a torch so the child has to look down to see it.
- If you still have not seen the child move his neck, lean over the child and gently support his back and shoulders with one hand. Hold his head with the other hand. Gently bend the child's head forward toward the chest. Does the neck bend easily? If so, the child does not have the sign "stiff neck." If the neck feels stiff or there is resistance when you try to bend it, the child has the sign "stiff neck."

If a child with stiff neck presents during the session, demonstrate the sign to all the participants. (Ensure that a child with stiff neck is urgently referred to the hospital.) Also demonstrate to all participants any child with measles, especially a child who has complications of measles such as mouth ulcers, pus draining from the eye or clouding of the cornea.

Supervision and feedback:

Watch each participant while s/he counts the number of breaths, looks for chest indrawing and listens for stridor. If a participant's count is too high or too low, or if s/he had difficulty identifying chest indrawing or stridor, give them guidance based on your observation of their work. For example, you may have noticed that the participant did not time one minute correctly and needs instruction on how to time a minute. Or you may ask them about how s/he counted (for example, where s/he was watching for movement) and suggest how to do it better. If there are errors, ask the participant to do the step again.

7.	Participants read sections 3.2.3.4, 3.2.4 and 3.2.5 (Ear problem, Malnutrition & Anemia)	Self-reading	30 min
8.	Exercise: Photographs	Group work	20 min

Discuss assessment for ear problems and checking for malnutrition. Ask one of participant to enumerate criteria for classifying nutritional status as severe acute malnutrition.

Discuss photographs in group.

Photograph 70: This child has oedema. *Notice that the child has oedema of both feet. In this child, the oedema extends upto the child's legs.*

Does the child have oedema ?		
	Yes	**No**
Photograph 79	✓	

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 anemia		
	Severe pallor	**Some pallor**	**No pallor**
Photograph 83		✓	
Photograph 84			✓
Photograph 85a	✓		
Photograph 85b			✓
Photograph 86	✓		
Photograph 87		✓	
Photograph 88	✓		

9.	Participants read sections 3.2.6, 3.2.7, and 3.2.8 (Immunization, Vitamin A & folic acid supplementation status, other problems & development supportive practices)	Self-reading	30 min
10.	Teaching a mother to care for a dehydrated child, and assessing feeding	Role play	1 hr

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* 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 have 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.

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?

***ROLE PLAY:* ASSESSING FEEDING**

There is one role play in this exercise, and there are two 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 physician to a participant who seems confident and understands the course materials well. Explain that the "physician" will use the questions on the Sick Child Recording Form to identify feeding problems. Explain that the physician may need to ask additional questions if the mother's answers are unclear or incomplete. Remind the physician 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 on the next page 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.
3. Conduct the role play. Participants not playing roles should record answers on the Sick Child Recording Form. 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?

Role Play - Description for Zubaida's Mother

You are the mother of Zubaida, a 5-month-old girl. You have brought her to the physician because she has a cough and runny nose. The physician has already told you about a soothing local remedy for cough. Now the physician will ask you some questions about how you feed Zubaida.

You are still breastfeeding Zubaida about 3 times each day and once during the night. In the past month you have started giving her a thin cereal gruel (*khichri)* 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 Zubaida has breastfed as usual, but she spits out the gruel and cries. Your friend suggested giving Zubaida some sugar water instead of the gruel while she is sick. You have tried giving the sugar water by cup, and Zubaida seems to like the sweet taste.

DAY 5: LIST OF ACTIVITIES

S. No.	Task	Mode	Time
1.	Recap of Day- 4 sessions	-	9:00-9:15 am
2.	Participant read section 3.3	Self-reading	9:15-10:05 am
3.	Discuss treatment	Group discussion	10:05-10:30 am
	Tea-break	-	**10:30-11:00 am**
4.	**Clinical session-4** Complete assessment of sick child, treat and counsel	-	11:00 am – 1:30 pm
	Lunch-break	-	**1:30-2:30 pm**
5.	Giving feeding advice using good communication skills	Demonstration, Role play	2:30-3:00 pm
6.	Giving advice on fluid and when to return using good communication skills	Demonstration, Role play	3:00-3:30 pm
	Evening tea- Session end	-	3:30-4:00 pm

1.	Recap of Day- 4 sessions	-	15 min
2.	Participant read section 3.3	Self-reading	50 min
3.	Discuss treatment	Group discussion	25 min
4.	**Clinical session-4** Complete assessment of sick child, treat and counsel	-	2.5 hrs

CLINICAL SESSION

To Prepare	• Ask participants to bring chart booklets, pencils. • Bring 2 copies of Recording Form per participant. • Place tablets or syrup, drug label, envelope or paper to wrap tablets on table or tray. • Make sure needed supplies are available in clinic.
Objectives	• Assess and classify sick child through ear problem and check for malnutrition and anemia. • Use good communication skills. • Use weight for age, weight for height chart. • Assess and classify a sick child; practice identifying the child's treatment. • Advise mothers when to return immediately. • Teach mother to give her child an oral drug at home. • Use a MCP Card to advise and teach mothers. • Assess other problems. • Assess the mother/caregiver's development supportive practices if age is less than 3 years / has uncomplicated acute malnutrition or anemia. • Counsel the mother about her own health.
Facilitator Procedures	Select cases with ear problems and any child with one or more of the following: severe acute malnutrition, some or severe palmar pallor and oedema of both feet. 1. Demonstrate how to assess and classify ear problem. 2. Demonstrate how to check for malnutrition and anemia and use weight for age, weight for length/height chart. 3. Assess and classify a child and, using chart or chart booklet and a Recording Form, demonstrate how to identify the child's treatment. 4. Demonstrate how to advise mother when to return immediately. Use the relevant part of the MCP Card. 5. Review steps on *TREAT* chart and demonstrate how to teach mother to give an oral drug at home. 6. Assign patients to participants. Participants assess and classify through malnutrition and anemia. If a child with stiff neck or measles presents, demonstrate signs to all participants. If a child with severe acute malnutrition, palmar pallor or oedema presents, show to all participants. 7. Supervise participants carefully as they practice 3 new steps: identifying treatment, advising when to return immediately and giving oral drugs. 8. Give feedback and guidance as needed. 9. Return child to clinic with note for treatment. 10. Observe each participant to be sure child has been assessed and classified correctly. If you cannot observe, ask participant to present case.
At the end of the session	1. Lead discussion to summarize session and give feedback on skills practiced today. 2. Discuss words mothers understand for: ear problem, ear pain, ear discharge, becomes sicker, develops a fever, drinking poorly, tablet, syrup. 3. Remind participants to keep Recording Forms. 4. Complete Monitoring Checklist.

Observing participants:

Supervise closely the first-time participants counsel mothers. Make sure they:

- Know where to record the mother's answers on the Recording Form
- Teach mothers the signs to return immediately
- Check the mothers' understanding

If you cannot observe all of a participant's work with a case, check their Recording Form for assessment and classification. Then observe them counselling the mother.

Make sure participants use good communication skills. They should:

- Ask all the questions to assess feeding
- Praise the mother for what she is already doing well
- Limit feeding advice to what is relevant
- Give accurate advice
- Ask checking questions

5.	Giving feeding advice using good communication skills	Demonstration Role play	30 min

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 MCP 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 an 8-month-old.*

This is a scripted role play about Amit, an 8-month-old child. You may play the role of the physician and 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 MCP 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: Amit is not feeding well during illness. Amit 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

Physician: *Ask, listen*	Let's talk about feeding Amit. Do you breastfeed him?
Mother:	Yes, I'm still breastfeeding.
Physician: *Praise* *Ask, listen*	That's very good. Breastmilk is still the best milk for Amit. How often do you breastfeed him each day?
Mother:	It varies. Maybe 4 or 5 times.
Physician:	Do you also breastfeed at night?
Mother:	Yes, if he wakes up and wants to.
Physician: *Praise* *Ask, listen*	Good. Keep breastfeeding as often as he wants. Tell me, are you giving Amit any other foods or fluids besides breastmilk?
Mother:	Sometimes I give him cooked cereal, or banana mixed in yoghurt.
Physician: *Praise* *Ask, listen*	Those are good choices. How often do you give them?
Mother:	I myself feed Amit, Whenever he seems hungry.
Physician:	How often is that?
Mother:	Usually about 2 times a day.
Physician:	Do you ever give Amit a feeding bottle?

Mother: No, I don't have one.

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

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

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

Mother: No, I don't think so.

Physician: You said you were feeding Amit cereal 2 times a day. At his age, he is ready
Advise to eat foods like cereal about 3 times each day. Make sure the cereal is thick. Amit 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.

Physician: Let me show you what Amit needs.
Advise Since he's 8 months old, he should get the foods under this picture. (*Mention some foods from the Feeding Recommendations box.)*

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

Physician: 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.

Physician: 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.

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

Mother: Three times each day.

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

6.	Giving advice on fluid and when to return using good communication skills	Demonstration Role play	30 min

DEMONSTRATION ROLE PLAY: GIVING ADVICE ON FLUID AND WHEN TO RETURN USING GOOD COMMUNICATION SKILLS

The earlier demonstration about Amit 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 chart.
Highlights of the case: *Physician uses the MCP Card to teach the signs to return immediately, including the very important signs -* ***fast breathing*** *and* ***difficult breathing****.*

Continue the scripted role play about Amit beginning on the next page. Have the same people play the roles of the physician and mother. Use the MCP 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 Amit is 8 months old and has no general danger signs. He has: NO PNEUMONIA: COUGH OR COLD, MALARIA, NO ANEMIA AND NOT VERY LOW WEIGHT.

In the previous demonstration, the physician assessed feeding and found three feeding problems: Amit was not feeding well during illness; he needed more varied complementary foods; and he needed one more serving each day. The physician counselled the mother to keep feeding during illness even though Amit had lost his appetite. The physician also gave advice on good complementary foods for Amit and advised the mother to feed him 3 times per day. Now, the physician 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 Amit, you or your co-facilitator should point to each skill as you use it in the script.

SCRIPT FOR DEMONSTRATION ROLE PLAY, CONTINUED

Physician: *Ask, listen* — We've already talked about how important breastfeeding is. Does Amit take any other fluids regularly?

Mother: — Sometimes I give him orange juice.

Physician: *Praise* *Advise* *Ask, listen* — That's good. During illness children may lose fluids due to fever, and it is important to give extra fluids to replace those. You can do that by breastfeeding frequently and by giving 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.

Physician: *Praise* — That's very good. That is the best way to give him extra fluid.

Advise — Now we need to talk about when you should bring Amit back to see me. If his fever continues for 2 more days, bring him back. Otherwise, come back in 2 days so we can find out how he is feeding.

Mother: — In 2 days?

Physician: *Ask, listen* — Yes. If you can come in the afternoon at 3:00, there will be a nutrition class that would be helpful for you. Can you come then?

Mother: — I think so.

Physician: *Advise* — I also want you to bring Amit back **immediately** if he **is not able to drink** or if he **becomes sicker**. This is very important.

Mother: — I understand.

Physician: *Advise* — Good. Now I am going to tell you two more signs to look for so you will know if Amit needs to come back. The signs are **fast breathing** and **difficult breathing.** If you notice Amit 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 Amit's chest for fast breathing. If Amit is breathing faster than usual, or he seems to have trouble breathing, bring him back.

Mother: — All right.

Physician: — I also want to see Amit 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 Amit back immediately?
Mother:	Yes, fast breathing and difficult breathing.
Physician:	Good. And how will you recognize fast breathing?
Mother:	If it's faster than usual?
Physician: *Praise*	Good. That's right. And there were two more signs that I told you first.
Mother: Physician: *Check understanding*	Oh yes, if he cannot drink and...? If he cannot drink and if he becomes sicker. Let's look again.
Mother:	Not able to drink.... sicker.... fast or difficult breathing....
Physician: *Praise*	Excellent. Bring Amit back if any of these signs appear. I'm also writing the day to come back for measles immunization here. That is very important to keep Amit from getting measles. And remember, if he still has fever after 2 days, you also need to come back. Do you have any questions?
Mother:	No, I think I understand.
Physician: *Praise*	You were right to bring Amit today. I will see you again after two days. I hope his cough is better soon.

SECTION C: MONITORING CLINICAL SESSIONS

Checklist for Monitoring Clinical Sessions

You will use a Checklist for Monitoring Clinical Sessions to monitor each participant's progress in learning the case management process. Refer to the checklists which follow these instructions as you read about how to use them.

There is a checklist to use in sessions with sick children (age 2 months upto 5 years) and a checklist to use in sessions with young infants. Each checklist is arranged so you can record results for 3 participants who manage upto 6 patients each without turning the page. If there are more than 6 patients managed by a participant in a morning, use a second checklist.

Do not spend all your time in the outpatient session completing the checklist. Concentrate on actually observing participants and giving feedback. You can complete the checklist for each child from memory after the case is completed since you only need to record the child's age, classifications and treatments or counselling given.

To use the checklist:

1. Tick (√) each classification the child actually has (according to your assessment). Tick the true classifications, not the ones assigned by a participant if he is in error.
2. If there is an error in the participant's classification, circle the tick that you have entered by the correct classification. The participant's error could be in the assessment or could be misclassification based on correct assessment. Even if the classification is correct, if there was an error in the assessment, circle the tick and annotate the assessment problem.
3. For the step "Identify Treatment Needed" tick if the participant performed this step and wrote the correct treatment on the Recording Form. If he made an error, circle the tick mark. (Common errors are skipping treatments, not crossing off treatments that are not needed, or recording treatments that are not needed because the conditional "if" was ignored.)
4. For the rows for doing treatments (oral drugs, Plan A, Plan B and treating local infections), for "Counsel When to Return" and for the steps for counselling on feeding, tick if the participant actually performed the step.

   Note: Giving the treatment means teaching the mother how to give it and administering first dose or the initial treatment.

   If there is any error in the treatment or counselling, circle the relevant tick. There could be an error in the treatment (either the dosage or explanation to the mother) or counselling.
5. For each circled tick, note the problem in the space at the bottom of the checklist. Note the problems very briefly. You can use letters or numbers next to the circles to annotate the problems. These notes will help you when you discuss the participants' performance at the facilitator meeting. These notes will also help you keep track of the skills that need further practice.
6. If you did not see the participant manage the case, take note of the child's condition yourself. Then ask the participant to present the case or refer to the participant's Recording Form. Tick the checklist as described above.
7. When you complete the checklist and record information about the case:

- If the child does not have a main symptom, do not tick that section. There is no classification to record.
- If the participant has not yet learned the steps related to certain rows of the checklist, leave these rows blank. If there was no time for the treatment or counselling, leave these rows blank.
- Draw a line under the row for the last step that the group practiced.

An example of a completed checklist is on the next page.

CHECKLIST FOR MONITORING CLINICAL SESSIONS

This is an example of a monitoring checklist that has been completed after a busy clinic session. The facilitator has used a simple lettering system to annotate the problems.

Checklist for Monitoring Clinical Sessions

SICK YOUNG INFANT AGE UPTO 2 MONTHS

Tick correct classifications.
Circle if any assessment or classification problem. **Date:**
Annotate below

Participants Initials																
SICK YOUNG INFANT (weeks)																
POSSIBLE SERIOUS BACTERIAL INFECTION	Possible serious bacterial infection OR very severe disease															
	Pneumonia															
	Local bacterial infection															
	Infection Unlikely															
JAUNDICE	Severe Jaundice															
	Jaundice															
	No Jaundice															
DIARRHOEA	Severe dehydration															
	Some dehydration	A														
	No dehydration															
FEEDING PROBLEM OR LOW WEIGHT FOR AGE	Very low weight															
	Feeding problem and/or low weight for age															
	No feeding problem															
CHECK AND ASSESS	Immunization status															
	Other problems															
	Mother's/ caregiver development supportive practices															
IDENTIFY TREATMENT NEEDED																
Tick treatments or counselling actually given **Circle, if any problem** **Annotate below**																
TREAT AND COUNSEL	Pre-referral treatment /Oral drugs															
	Teach correct positioning, attachment and feeding problem															
	Teach mother how to express breastmilk															
	Teach the mother to feed with cup and spoon															
	Oral Thrush															
	Immunization															
	Development supportive practices															
	About her own health															
	Follow-up care															
SIGNS DEMONSTRATED IN ADDITIONAL CHILDREN																

PROBLEMS: A: WRONG ASSESSMENT OF SKIN PINCH

SICK CHILD- AGE 2 MONTHS UPTO 5 YEARS

Tick correct classifications. Circle if any assessment or classification problem. Annotate below

Participant's Initials																
SICK CHILD AGE (months)																
GENERAL DANGER SIGNS																
COUGH OR DIFFICULT BREATHING	Severe Pneumonia OR very severe disease															
	Pneumonia															
	No pneumonia: cough & cold															
DIARRHOEA	Severe dehydration															
	Some dehydration															
	No Dehydration															
	Severe Persistent Diarrhoea															
	Persistent diarrhoea															
	Dysentery															
FEVER	Very severe febrile disease															
	Malaria/ suspected malaria															
	Fever-Malaria unlikely															
	Severe dengue/ Dengue with warning signs															
	Dengue fever															
	Severe complicated measles															
	Measles with eye or mouth complications															
	Measles															
EAR PROBLEMS	Mastoiditis															
	Acute ear infection															
	Chronic ear infection															
	No ear infection															
MALNUTRITION	Severe acute malnutrition with medical complication															
	Severe acute malnutrition without medical complication															
	Moderate acute malnutrition															
	No acute malnutrition															
ANEMIA	Severe anemia															
	Anemia															
	No anemia															
CHECK AND ASSESS	Immunization status															
	Feeding problems															
	Other problems															
	Mother's/ caregiver development supportive practices															
IDENTIFY TREATMENT NEEDED																
Tick treatments or counselling actually given. Circle, if any problem. Annotate below																
TREAT	Prereferral treatment															
	Oral Antibiotic															
	Plan B/ Plan C/ Plan A															
	Anti-malarial															
	Topical Ear drops															
COUNSEL	Give advice on feeding															
	Feed of child with severe acute malnutrition without medical complication or moderate acute malnutrition															
	Immunization															
	Development supportive practices															
	About her own health															
	Follow-up care															
SIGNS DEMONSTRATED IN ADDITIONAL CHILDREN																

PROBLEMS

GROUP CHECKLIST OF CLINICAL SIGNS

Participants will monitor their own clinical practice experience by using their Recording Forms to complete a Group Checklist of Clinical Signs.

A sample checklist is on the next two pages. The first page contains the signs to observe in young infants age upto 2 months. The second page lists additional signs that are usually seen in children age 2 months upto 5 years.

To use the group checklist:

1. Obtain or make an enlarged version of each page of the checklist and hang it on the wall of the classroom. (You can copy it onto flipchart paper.)
2. When participants return to the classroom after clinical practice each day, they should indicate the signs they have seen that day by writing their initials in the box for each sign. They should indicate signs that they have seen in either the outpatient session or the inpatient session.
3. Each day they will add to the same checklist.
4. Monitor the Group Checklist to make sure that participants are seeing all of the signs.

- If you notice that participants have not seen many examples of a particular sign, take every opportunity to show participants this sign when a child with the sign presents during an outpatient session.
- Or, in facilitator meetings, talk with the inpatient instructor and discuss locating in the inpatient ward a child or young infant with the sign the participants need to observe.

GROUP CHECKLIST OF CLINICAL SIGNS

Young Infant Age upto 2 Months

(Note: These signs may also be observed in older infants and children age upto 5 years.)

Mild chest indrawing in young infant (normal)	Fast breathing in young infant	Severe chest indrawing in young infant	Convulsions
Normal breathing	Jaundice without yellow palm and soles	Yellow Palms and Soles	Red umbilicus or draining pus
Axillary temperature 37°C	Skin pustules	Lethargic or unconscious young infant	Less than normal movement
No attachment at all	Not well attached to breast	Good attachment	Not suckling at all
Not suckling effectively	Suckling effectively	Thrush	Ear Discharge
Cold to touch	Very low weight	Low weight	

GROUP CHECKLIST OF CLINICAL SIGNS

Sick Child Age 2 Months upto 5 Years

Not able to drink or breastfeed	Vomits everything	Convulsion	Lethargic or unconscious
Fast breathing	Chest in drawing	Stridor in calm child	Restless and irritable
Sunken eyes	Drinking poorly	Drinking eagerly, thirsty	Very slow skin pinch
Slow skin pinch	Stiff neck	Runny nose	Generalized rash of measles
Red eyes	Mouth ulcers	Deep and extensive mouth ulcers	Pus draining from eye
Clouding of the cornea	Pus draining from ear	Tender swelling behind the ear	Severe acute malnutrition
Severe palmar pallor	Some palmar pallor	Oedema of both feet	

SECTION D: PRACTICE EXERCISES- CASE STUDIES

Tell the participants to practice these exercise in the recording forms given in there participant's module.

Case Study 1 (Young infant)-

Mona, 4 weeks' old female has been brought by her mother Bimla due to difficulty in breathing. Mona has current weight of 3.5 kg. Mona's axillary temperature is 34.7°C. Bimla tries several times to put Mona on the breast but Mona did not attach at all. Bimla says that she has had no convulsions. You counted 45 breaths per minute, and because Mona did not exceed 60 breaths per minute, you do not need to repeat the count. You observe Mona's breathing, her lower chest wall moves in quite severely when Mona breathes in. She does not have skin pustules. The umbilicus is not red or draining pus. When you move Mona's arm to stimulate her movements, Mona drops the arm when you release it. Mona is not having loose motion.
Mona has received birth doses of BCG, OPV & Hepatitis-B.

1. Classify Mona illness
2. Identify treatment for Mona with doses of medicines

MANAGEMENT OF THE SICK YOUNG INFANT AGE UPTO 2 MONTHS

Name: *Mona* Age: *4 weeks* Gender: *Female* Weight: *3.5* kg Temperature: *34.7*°C Date: *13/02/23*

ASK: What are the infant's problems? *Not breastfeeding well* Initial visit? ✓ Follow up visit? _____

ASSESS (Circle all signs present)	**CLASSIFY**
CHECK FOR POSSIBLE SERIOUS BACTERIAL INFECTION/JAUNDICE • Is the infant having difficulty in feeding? • Has the infant had convulsions? • Count the breaths in one minute 45 breaths per minute Repeat if elevated . Fast breathing? • Look for severe chest indrawing • Measure axillary temperature (if not possible, feel for fever or low body temperature)- Is it < 35.5°C / 37.5 °C or above? • Look at young infant's movements. If infant is sleeping, ask the mother to wake him/her ⇨ Does the infant move only when stimulated but then stops? ⇨ Does the infant not move at all? • Look at the umbilicus. Is it red or draining pus? • Look for skin pustules?	*Possible Serious Bacterial Infection OR Very Severe Disease*
CHECK FOR JAUNDICE • If present - Ask when did jaundice appeared – First 24 hours / After 24 hours • Look for jaundice (yellow skin) • Is the young infant's palms and soles yellow?	*No Jaundice*
DOES THE YOUNG INFANT HAS DIARRHOEA? Yes No ✓ • Look at the young infant's general condition. ⇨ Does the infant move only when stimulated? ⇨ Does the infant not move at all? ⇨ Is the infant restless and irritable? • Look for sunken eyes. • Pinch the skin of the abdomen. Does it go back: ⇨ Very slowly (longer than 2 seconds)? ⇨ Slowly	
THEN CHECK FOR FEEDING PROBLEM & VERY LOW WEIGHT • Is there any difficulty in feeding? **Yes** ✓ **No** • Is the infant breastfed? **Yes** ___ **No** _____ If yes, how many times in 24 hours? _____times • Does the infant usually receive any other foods or drinks? **Yes** _____ **No** _____ If yes, how many times in 24 hours? _____ If yes, what do you use to feed the infant ____ • Determine weight for age ⇨ Weight for Age (<- 3 SD) ⇨ Weight for Age (<- 2 SD) ⇨ Weight for Age (≥ -2SD) • Look for ulcers or white patches in the mouth (thrush) **If the infant has any difficulty in feeding, is feeding <8 times in 24 hours, is taking any other food or drinks or is low weight for age (Weight for age <-2SD) , AND has no indications to refer urgently to hospital: ASSESS BREASTFEEDING**	
ASSESS BREASTFEEDING: • If infant has not breastfed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfed for 4 minutes. • To check attachment, look for: ⇨ Chin touching breast Yes___No_____ ⇨ Mouth wide open Yes___No_____ ⇨ Lower lip turned outward Yes_No_____ ⇨ More areola above than below the mouth Yes__No_____ • Is the infant able to attach? ⇨ no attachment at all ⇨ not well attached ⇨ good attachment • Is the infant suckling effectively (that is, slow deep sucks, something pausing)? ⇨ not suckling at all ⇨ not suckling effectively ⇨ suckling effectively • Does the mother have pain while breastfeeding? If yes, then look for: ⇨ Flat or inverted nipples or sore nipples ⇨ Engorged breast or breast abscess	
CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunization needed today ✓ Birth ✓ BCG ✓ OPV 0 ✓ HEP-B 0 _____ 6 weeks ___ Penta-1 _____ OPV-1 _____ Rotavirus-1 _____ fIPV-1 _____ PCV-1	Circle immunization needed today Return for next immunization on: ____(Date)

2. Identify treatment for Mona with doses of medicines

- Give first dose of intramuscular ampicillin (1 ml) and gentamicin (0.8 ml of strength 20mg/ml)
- Treat to prevent low blood sugar
- Advise the mother how to keep the infant warm on the way to the hospital
- Refer URGENTLY to hospital

Case Study -2 (Sick Child aged 2months upto 5 years): Video-24
Exercise: Josh bought with complaint of diarhhoea

ANSWER OF CASE STUDY 2

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS BY MO

Name: *Josh* **Age:** *6 months* **Gender:** *male* **Weight:** *6* **kg** **Temperature:** *38* **°C** **Date:** *13/02/23*

ASK: What are the infant's problems? *Diarrhoea* **Initial visit?** *√* **Follow up visit?**

ASSESS (Circle all signs present)		**CLASSIFY**
CHECK FOR GENERAL DANGER SIGNS • NOT ABLE TO DRINK OR FEED • CONVULSIONS /CONVULSING NOW	• LETHARGIC OR UNCONSCIOUS • VOMITS EVERYTHING	General danger sign present? Yes _____ No *√* **Remember to use danger sign when selecting classifications**
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? • For how long? *3* Days	**Yes** *√* **No** • Count the breath in one minute *56* breaths. Fast breathing? • Look for chest indrawing • Look and listen for stridor • Look and listen for wheeze • Check oxygen saturation- <90% / ≥90%	***PNEUMONIA***
DOES THE CHILD HAVE DIARRHOEA? • For how long? *5* Days • Is there blood in the stool?	**Yes** *√* **No** • Look at the child's general condition. Is the child: ⇨ Lethargic or unconscious? ⇨ Restless and 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: ⇨ Slowly? ⇨ Very slowly (longer than 2 seconds)?	***SEVERE DEHYDRATION***

Case Study -3 (Sick Child aged 2months upto 5 years): Video-25

Exercise: Martha bought with complaint of fever and rash

ANSWER OF CASE STUDY 3

MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UPTO 5 YEARS BY MO

Name: ___*Martha*_____ **Age:** *4 years* **Gender:** ___*Female*__ **Weight:** __*13*__ **kg** **Temperature:** _*38*_____**°C** **Date:** _*13/02/23*____

ASK: What are the infant's problems? ____*cold and cough*_____ **Initial visit?**____*√*_____ **Follow up visit?**_____

ASSESS (Circle all signs present)		**CLASSIFY**
CHECK FOR GENERAL DANGER SIGNS • NOT ABLE TO DRINK OR FEED • CONVULSIONS /CONVULSING NOW	• LETHARGIC OR UNCONSCIOUS • VOMITS EVERYTHING	General danger sign present? Yes _____ No *√* **Remember to use danger sign when selecting classifications**
DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING? **Yes** *√* **No**____ • For how long? ___*5*__ Days	• Count the breath in one minute__*46*__breaths. Fast breathing? • Look for chest indrawing • Look and listen for stridor • Look and listen for wheeze • Check oxygen saturation- <90% / ≥90%	*PNEUMONIA*
DOES THE CHILD HAVE DIARRHOEA? **Yes**____ **No** *√*____ • For how long? _____ Days • Is there blood in the stool?	• Look at the child's general condition. Is the child: ⇨ Lethargic or unconscious? ⇨ Restless and 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: ⇨ Slowly? ⇨ Very slowly (longer than 2 seconds)?	
DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5 °C or above) **Yes** *√*____ **No**____ Is it a PF (P. falciparum) predominant area **Yes/ No** • Fever for how long? __*<7*_____ Days? • If more than 7 days, has fever been present every day? Do RDT for PF/PV if PF predominant area or no obvious cause of fever present –Positive/Negative • **Is this a dengue season? (Yes/No)** If Yes-Is there is continuous fever of 2-7 days?	• Look or feel for stiff neck • Look for any bacterial focus of fever • Look for signs of MEASLES ⇨ Generalized rash ⇨ One of these: cough/ runny nose/ or red eyes	*MALARIA/SUSPECTED MALARIA*
• If this is a dengue season and there is continuous fever of 2-7 days? ⇨ Is there any rash/ bleeding from any site? ⇨ Are extremities cold? ⇨ Is there severe abdominal pain?	Positive Tourniquet test	
• If child has measles now or within the last 3 months	• Look for mouth ulcers If yes, are they deep and extensive? • Look for pus draining from eye • Look for clouding of cornea	*MEASLES*
DOES THE CHILD HAVE EAR PROBLEM **Yes**____ **No** *√*____ • Is there ear pain? • Is there ear discharge? If yes, for how long _____Days	• Look for pus draining from the ear • Feel for tender swelling behind the ear	
THEN CHECK FOR MALNUTRITION Weight_____(kg) Length/Height_____ (cm) • If child is 6 months or older, measure MUAC_____cm	• Determine WFH/L SD score: ⇨ Red (<-3SD) ⇨ Yellow (<-2 SD) ⇨ Green (≥-2SD) • Look for oedema of both feet	
THEN CHECK FOR ANEMIA	• Look for palmar pallor – severe/some/no • Check haemoglobin: _____gm/dl (if possible)	


NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन