Introduction

Self-study modules
Integrated Management of Childhood Illness: distance learning course.

15 booklets


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Acknowledgements

The WHO Department of Maternal, Newborn, Child and Adolescent Health initiated the development of these distance learning materials on the Integrated Management of Childhood illness (IMCI), in an effort to increase access to essential health services and meet demands of countries for materials to train primary health workers in IMCI at scale. These materials are intended to serve as an additional tool to increase coverage of trained health workers in countries to support the provision of basic health services for children. The technical content of the modules are based on new WHO guidelines in the areas of pneumonia, diarrhoea, febrile conditions, HIV/AIDS, malnutrition, newborn sections, infant feeding, immunizations, as well as care for development.

Lulu Muhe of the WHO Department of Maternal, Newborn, Child and Adolescent Health (MCA) led the development of the materials with contributions to the content from WHO staff: Rajiv Bahl, Wilson Were, Samira Aboubaker, Mike Zangenberg, José Martines, Olivier Fontaine, Shamim Qazi, Nigel Rollins, Cathy Wolfheim, Bernadette Daelmans, Elizabeth Mason, Sandy Gove, from WHO/Geneva as well as Teshome Desta, Sirak Hailu, Iriya Nemes and Theopista John from the African Region of WHO.

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0.1 COURSE OBJECTIVES & STRUCTURE

Welcome to this distance-learning course for Integrated Management of Childhood Illness (IMCI). Congratulations on your efforts to participate in this course. It is an exciting effort to bring IMCI training to even more health professionals.

What are the objectives of this course?

At the end of this distance learning course, you will be able to:

- Use integrated case management for common health problems in sick young infants and children
- Use the IMCI chart booklet and recording forms as job aids in your clinic
- Counsel caregivers on home treatment, feeding, well child care, and disease prevention

HOW IS THE COURSE STRUCTURED?

There are several activities in this course, as shown in the chart below. You will meet with your course three (3) times for a one-day meeting. During the self-study periods, you will study at your home and practice IMCI in your clinic.

WHAT MATERIALS DO I NEED FOR THIS COURSE?

Your facilitator will give you the following materials during your first face-to-face meeting:

- **THIS SELF-STUDY MODULES BOOK**, which has three parts: (1) this introductory section on the course, (2) IMCI overview, (3) the course reading modules.
- **IMCI DVD (2 DISCS)** to watch as you study. The videos are very useful learning tools.
- **LOGBOOK**, which includes exercises to complete after you read each module. It may also include the IMCI recording forms to use while you practice in your clinic.
- **IMCI CHART BOOKLET**, an important job aid for using IMCI in your clinic.
0.2 COURSE CALENDAR

During the first face-to-face meeting, you facilitator will discuss the course calendar with you. **Fill in the meeting locations and dates in the calendar below:**

<table>
<thead>
<tr>
<th>COURSE CALENDAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SESSIONS</strong></td>
</tr>
</tbody>
</table>
| ORIENTATION | 1st face-to-face meeting | • Introduce IMCI process  
• Distribute learning materials and introduce content to Modules 1 and 2  
• Review distance learning course structure and expectations  
• Clinical practice with group | Meeting place | To fill |
| SELF-STUDY PERIOD 1 | Modules 1 & 2 | • Read modules and complete self-assessment exercises as you read  
• Practice in clinic and record cases on recording forms in logbook  
• Complete logbook assessment exercises  
• Meet with study group  
• Maintain contact with mentors and facilitators | Home facilities | 3–4 weeks |
| REVIEW & PRACTICE | 2nd face-to-face meeting | • Review progress and issues in self-study  
• Examine cases from clinical practice  
• Introduce content from upcoming modules  
• Clinical practice with group | Meeting place | To fill |
| SELF-STUDY PERIOD 2 | Remaining modules | • Read modules and complete self-assessment exercises as you read  
• Practice in clinic and record cases on recording forms in logbook  
• Complete logbook assessment exercises  
• Meet with study group  
• Maintain contact with mentors and facilitators | Home facilities | 8–9 weeks |
| FINAL SYNTHESIS | 3rd face-to-face meeting | • Review progress & issues in self-study  
• Examine cases from clinical practice  
• Review content from all modules  
• Clinical practice with group  
• Course assessment  
• Individual plans for continued learning | Meeting place | To fill |
0.3 LEARNING PROCESS

There are several components of distance learning in this course. These are detailed below.

1. SELF-STUDY MODULES

Self-study modules provide the content of this course. During distance learning, you will study on your own. You will also strengthen what you have learned through clinical practice, group study, and working with mentors. Distance learning is flexible, but also requires participants to manage their time very well, and study responsibly.

You should complete all modules by the end of this course. You are able to complete the modules at your own pace – however you are asked to complete Module 1 and Module 2 before the 2nd face-to-face meeting.

### SELF-STUDY MODULES

<table>
<thead>
<tr>
<th>Module</th>
<th>Title</th>
<th>Self-study period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General danger signs Identification signs of severe illness in sick children</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Care of the sick young infant Using the IMCI strategy with sick young infants Part I: Assess, classify, and treat the young infant Part II: Infant feeding and counselling the caregiver</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cough or difficult breathing Assess, classify, and treat cough or difficult breathing in sick child</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Diarrhoea Assess, classify, and treat diarrhoea and dehydration in sick child</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Fever Assess, classify, and treat fever in sick child</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Malnutrition and anaemia Assess nutritional status and address malnutrition, anaemia, or feeding problems</td>
<td></td>
</tr>
</tbody>
</table>

### ADDITIONAL, OPTIONAL MODULES:

<table>
<thead>
<tr>
<th>Module</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Ear problems</td>
</tr>
<tr>
<td>8</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>9</td>
<td>Well child care</td>
</tr>
</tbody>
</table>

How much time should you take for each module?

You should set a personal study calendar with goals for studying modules. This will help you keep a study pace that fits your other commitments, but also makes sure you complete all modules.

You should write this calendar with specific goals – for example, which page numbers you will complete by a certain day. Hang this calendar near the space where you study, so you can easily see it. It may take about a week for each module, although some might take more time to study than others. If you need help setting a study calendar, ask your facilitator for advice.
2. FACE-TO-FACE MEETINGS WITH FACILITATOR

There are three (3) face-to-face meetings with your course facilitators and fellow participants. This is good time to learn about IMCI, discuss your progress in self-study, answer questions, and practice in the clinic together.

What should I bring with me to each face-to-face meeting?

It is important to bring the following materials to the second and third meetings.

1. This book – including any notes on reading, exercises, or review questions
2. Your logbook – with completed written exercises and recording forms
3. IMCI Chart Booklet

1st meeting – ORIENTATION

The first meeting is an orientation to IMCI, the course structure, and your course materials. You will be given self-study modules. You will learn about the IMCI process in videos and during clinical demonstrations.

MEETING LEARNING OBJECTIVES

At the end of this meeting, participants should be able to:

- Explain the objectives and structure of this distance learning course, including the importance of clinical practice, mentors, and study groups
- Identify key causes of childhood mortality
- Explain the meaning and purpose of integrated case management
- Describe the major steps in the IMCI strategy
- Demonstrate how chart booklets and recording forms are job aids for the IMCI strategy
- Recognize the general danger signs in children
- Identify important care for young infants
- Explain the importance of assessing for signs of severe disease and feeding problems in young infants
- Describe how a welcoming environment is important for case management
- Explain and demonstrate key communication skills
- Plan self-study, group study, and clinical practice for Modules 1 and 2
2nd meeting – REVIEW AND PRACTICE

During the second face-to-face meeting you will review self-study of Modules 1 and 2, and practice skills. Facilitators will arrange opportunities for clinical demonstration and practice. This meeting might be arranged on-site in order to practice clinical skills. This session will introduce materials from the remaining Modules. You should bring completed recording forms and logbook exercises from Modules 1 and 2 for the facilitators.

MEETING LEARNING OBJECTIVES

At the end of this meeting, participants should be able to:

• Review self-study period 1, including cases from clinical practice, and address problem areas
• Demonstrate skills from Modules 1 and 2 in a clinical setting
• Explain and demonstrate how to use IMCI chart instructions to assess, classify, and treat main symptoms and conditions in a sick child
• Plan self-study, group study, work with mentors, and clinical practice for remaining modules

3rd meeting – FINAL SYNTHESIS

All participants will return 6-8 weeks later for the Final Synthesis meeting. This meeting finishes the course. It will take place about 3 months after the first face-to-face meeting. During this meeting you will discuss how you are using IMCI in your clinics. Facilitators will help participants with any difficult areas. Facilitators will arrange opportunities for clinical demonstration and practice.

Participants complete an assessment and receive certificates of completion. Then all participants will be asked to create individual action plans. These will include plans for continued skills development, refresher training, seeking mentorship, using IMCI in the clinic, and disseminating information to supervisors and colleagues.

MEETING LEARNING OBJECTIVES

At the end of this meeting, participants should be able to:

• Review self-study period 2, including cases from clinical practice, and address problem areas
• Explain and demonstrate IMCI clinical process with sick children and young infants
• Demonstrate good use of IMCI charts and recording forms in clinical practice
• Design an individual action plan for using IMCI and continuing to improve skills
3. USING YOUR LOGBOOK

The logbook is an important place for you to practice material and record cases as you study. The facilitators will review your logbook at each face-to-face meeting to check if you are having any challenges, and to address these with you. You will also discuss the exercises and your clinical cases during the meetings with the other participants. If you have problems, you should ask them for explanation and help. For each module, you should complete the following in the logbook:

1. **EXERCISES**: after reading each module, you should complete the exercises in the logbook on your own. This is to test your knowledge on the material you have just completed.

2. **RECORDING FORMS**: as you practice in the clinic, you will use these IMCI recording forms. In your Orientation meeting your facilitator will tell you how many forms are required for each module. In addition to these required cases, the more cases you record, the better your facilitators and peers will be able to give you useful feedback.

3. **CHECKLIST OF CLINICAL SIGNS**: as you practice in the clinic, use this checklist when you see signs. This will help your facilitator understand the exposure you are having in your clinic.

Remember to bring your logbook to each meeting.

Your facilitators will review the exercises and recording forms. You will also be marked in this course based on how well you complete the logbook.

4. PRACTICING IMCI IN YOUR CLINIC

This course’s objective is to improve your clinical skills through the IMCI strategy. As you read each module, practice the material in your clinic. It is important that IMCI becomes a central part of the way you care for children in your clinic.

You will have valuable tools for practicing IMCI in your clinic during the course:

- **CHART BOOKLET**: You will receive your IMCI chart booklet during the first face-to-face meeting. Read INTRODUCTION PART 2 for details on the chart booklet.

- **RECORDING FORMS in the LOGBOOK**: You will be introduced to the recording forms for the sick child and young infant during your first face-to-face meeting. INTRODUCTION PART 2 has details about using the recording form with your chart booklet.

  When you practice IMCI in your clinic during the course, you should use recording forms. You will not be able to fill out all of the form right away. There is a module for each section of the form, so you will only know how to complete the entire form at the end of the course.
BRING YOUR RECORDING FORMS TO FACE-TO-FACE MEETINGS
The more cases you record, the better your facilitators and peers will be able to give you useful feedback. If you have problems with any areas, you should ask them for explanation and help.

5. STUDYING WITH GROUPS
During self-study periods, you will ideally meet with other participants that live or work nearby on a regular basis, like once or twice a week. Learning in groups is very valuable. It gives you a time to explain information, discuss review questions, and practice in the clinic together if necessary. In the pages ahead, SECTION 0.5 includes more information on study groups.

6. CONTACT WITH COURSE FACILITATORS
Your facilitators are experienced clinicians. They have been trained in IMCI case management and IMCI facilitation. They will have a good understanding of national health policies.

They will instruct you about IMCI and also help you develop your skills as health professionals. You should ask for help from your facilitators if you have questions or confusions. They are here to help you best develop your skills.

At the Orientation meeting, your facilitator will tell you how to stay in contact with him/her as you study on your own.

7. REGULAR CONTACT WITH YOUR MENTORS
Mentorship is very important for distance learning. You should work with your facilitators who should help you identify mentors that can support you during your self-study. Mentors can help explain material from your modules, or show you how to use IMCI.

For example, if you need help looking for a certain sign, you might go to a mentor at the district hospital who could show you relevant cases of sick young infants or children. You may also send SMS messages asking for specific questions and they can help you answer them. Your facilitators will tell you more about mentors during your self-study.

8. SUPPORT AT YOUR FACILITY
It is important for you to discuss this IMCI course with your in-charge officer and colleagues. Explain what you are learning and ask for feedback as you practice IMCI in your clinic. This can help you learn more. You will also keep your in-charge office and colleagues aware of IMCI tools if you explain what you are learning.

They should also be aware that you will need extra support in your facility as you begin using IMCI with patients. You will also require time to study, attend face-to-face meetings, practice in the clinic, and meet your study group.
0.4 EXPECTATIONS FOR PARTICIPANTS

WHO ARE THE PARTICIPANTS IN THIS COURSE?

This course is designed for health professionals who manage children at first-level facilities. This includes nurses, nurse assistants, and clinical health workers.

WHAT IS EXPECTED OF PARTICIPANTS?

In order to complete this course, you will be expected to:

✔ Read all self-study materials
✔ Practice IMCI in your home facilities and record cases in your logbook
✔ Complete exercises in logbook
✔ Attend 3 face-to-face meetings
✔ Demonstrate eager participation in the course
✔ Learn with others as much as possible and seek mentors
✔ Notify facilitators, study groups, and mentors if you are going to be late for a meeting
✔ Practice with normal ethnical and professional conduct standards of the facilities

WHAT SHOULD I PLAN TO COMMIT TO THIS COURSE?

Before the course begins, participants and in-charge officers should understand that the course is a significant commitment of time and attention. Participants will be out of clinic each of the face-to-face meetings. They will need time to study and practice IMCI in their clinic. Ideally, in-charge officers will offer encouragement to participants who are trying to improve their clinical skills.

HOW WILL I BE ASSESSED IN THE COURSE?

Assessments will check that you understand the course material. It will also check that you have developed skills to use IMCI with patients. You be assessed by three things:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>OBJECTIVES</th>
<th>SUBMISSION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Logbook exercises</td>
<td>These are multiple-choice and true-false questions about each module. Your work on them shows that you have read and understand the material.</td>
<td>2nd face-to-face (Modules 1 and 2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd face-to-face (all other Modules)</td>
</tr>
<tr>
<td>2. Recording forms from cases</td>
<td>These recording forms (number as requested by facilitator) should demonstrate that you are practicing IMCI in the clinic.</td>
<td>2nd face-to-face (Modules 1 and 2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd face-to-face (all other Modules)</td>
</tr>
<tr>
<td>3. Final course assessment</td>
<td>This assesses your abilities to use IMCI with sick young infants and children. It includes a clinical skills assessment and a written examination.</td>
<td>During 3rd face-to-face meeting</td>
</tr>
</tbody>
</table>

WHAT WILL I RECEIVE AFTER COMPLETING THE COURSE?

If you fully satisfy the course requirements, you will receive a certificate of completion. This will certify that you are trained in IMCI through the distance-learning course.
0.5 PLANNING & MANAGING STUDY GROUPS

Why is group learning important?

Working with others is very important for effective distance learning. Group study can benefit your studying in two ways:

1. GROUP STUDY CAN IMPROVE THE QUALITY OF YOUR LEARNING

During group learning you learn from each other. You will be required to test your knowledge as you explain material to your peers. Discussing questions and problems with your group helps to improve your understanding of concepts. Working in a group can also motivate you. You have a sense of responsibility to your group and finishing your work so that you can contribute to the group study.

2. Group STUDY can help develop skills

- **Teamwork skills** – leadership skills, doing activities as a group, supporting group members
- **Analytical skills** – critical thinking, problem solving, analysing tasks and requirements, evaluating the work of others, understanding material
- **Collaborative skills** – conflict management, negotiating, compromising, accepting feedback
- **Organisational skills** – time management, working efficiently (i.e. not leaving work until the last minute, preparing for group studying with plenty of time), planning and managing a group study session

HOW DO YOU MANAGE STUDY GROUPS?

Ideally, groups will meet regularly (e.g. once or twice a week) to review modules and cases from the clinic. Groups might want to review the self-assessment exercises, or decide its own ways to study together. Group study has the above benefits if the group is well planned and managed. Steps for managing study groups are below.

**Step 1: Determine who will be in the study group**

Groups manage best with 2 to 5 members. Groups over 5 members are not recommended. They are too big to work efficiently. The course facilitators will help participants organize into study groups. Study group arrangements will depend on where participants live and work. At least one member of the group should have access to a DVD player so that they can do exercises from the IMCI video together.

**Step 2: Establish group members’ role(s) and responsibilities**

Efficient groups divide tasks so that each member has a certain role or responsibility. For example, these roles might include: a group leader, a scheduler, or a note-taker.

**Step 3: Define group procedures**

It is important to have clear, detailed guidelines and procedures for group that all members should follow. Each activity should be clear in purpose and function.
Step 4: Schedule group meetings

When organizing meetings, groups must consider:

✔ travel time and cost from multiple locations
✔ part-time or full-time work commitments
✔ family responsibilities
✔ disabilities among members

These are not minor issues. Group study requires additional time and energy for attending and contributing to group meetings. Planning must consider each member’s available time and work schedule. Below is a sample schedule for group study.

**HOW DO YOU SCHEDULE EFFECTIVE GROUP MEETINGS?**

When scheduling meetings, it is best to agree on the specific **date, time, location, and material to be covered** before the meeting. This will make the group meeting time as effective as possible for all group members. **Groups are also encouraged to watch DVD videos and practice in the clinic together.**

<table>
<thead>
<tr>
<th>MEETING DATE &amp; TIME</th>
<th>LOCATION</th>
<th>CHAPTER &amp; SECTION</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 24, 2010 5:00 PM</td>
<td>District resource centre</td>
<td>Part 1: Course overview Part 2: Introduction to IMCI</td>
<td>1 hour</td>
</tr>
<tr>
<td>July 31, 2010 5:00 PM</td>
<td>District resource centre</td>
<td>Self-study module 1: General danger signs, p. 1–21</td>
<td>1 hour</td>
</tr>
<tr>
<td>August 7, 2010 5:00 PM</td>
<td>District resource centre</td>
<td>Self-study module: Young infant, section 1 and 2, p. 25–45</td>
<td>1 hour</td>
</tr>
<tr>
<td>August 14, 2010 5:00 PM</td>
<td>District resource centre</td>
<td>Self-study module: Young infant, section 3 and 4, p. 45–67</td>
<td>1 hour</td>
</tr>
</tbody>
</table>
THE IMCI PROCESS

Introduction

Part 2
0.6 OVERVIEW OF IMCI

IMCI aims to reduce childhood mortality and improve the quality of care for major childhood illnesses, especially at first-level health facilities. Over 100 countries around the world have adopted IMCI, and thousands of healthcare professionals have been trained in IMCI.

WHAT IS THE STATE OF CHILD HEALTH TODAY?

Every year around the world, 6.6 million children in developing countries die before they reach their fifth birthday.

The large majority of these deaths are from preventable causes – acute respiratory infections (mostly pneumonia), diarrhoea, measles, malaria, or malnutrition. Children often die from a combination of these conditions.

What causes children to die globally

Countries may have some variation in child mortality, especially if disease burden like HIV and malaria incidence is especially high.

WHAT ARE FACTORS OF POOR HEALTH?

Mortality is higher in children living in the poorest households, in rural areas, or with mothers that have little education. This tells us that there are many factors that influence a child’s health.
What could some of these factors be?
✔ Poor access to health facilities, for example, because of poor roads or transportation costs to the family.
✔ Access to education, particularly for the mother. This is a very important factor for child health.
✔ Food insecurity due to poverty or not enough food from farming.
✔ Lack of basic resources that help prevent disease spread, like clean water, sanitary toilets, and waste disposal.


HOW CAN IMCI HELP MANAGE SICK INFANTS AND CHILDREN?
Every day, millions of caregivers take children with illnesses to first-level health facilities. Some of these illnesses are possibly fatal.

Most sick children present with signs and symptoms related to more than one condition. For example, the graph on the previous page showed that while a child might have diarrhoea, there is a strong chance that she is also undernourished.

This overlap means that a single diagnosis may not be possible or appropriate for the child. Treatment may need to combine therapy for several conditions.

1 First-level facilities include clinics, health centres, and outpatient departments of hospitals.
WHY WAS IMCI CREATED?

In most developing countries, **first-level facilities do not have many diagnostic tools** like laboratory services or radiology equipment to diagnose multiple conditions. Without many diagnostic tools, health providers at the first level often use patient history, signs, and symptoms to determine how to provide the best care with the available resources.

Due to limited supplies, human resources, and equipment, healthcare providers at first-level facilities often need to refer more complicated clinical procedures to second-level facilities. Providing quality care to sick children in these conditions is a serious challenge.

In response to this challenge, WHO and UNICEF developed a strategy known as **Integrated Management of Childhood Illness** (IMCI). IMCI integrates case management of the most common childhood problems, especially the most important causes of death.

WHAT DOES INTEGRATED MANAGEMENT MEAN?

With the IMCI process, you will always be given a list of conditions that you will check in children and infants. You will assess and treat children for all conditions that are present.

**Let us consider a typical situation in your clinic, the story of Suku.** Nidhi brings her son Suku into the clinic and tells you he has diarrhoea. You will normally examine Suku and give treatment for his diarrhoea. This is important because diarrhoea is a major cause of dehydration and death in children.

However, it is possible that Suku also has a fever, or that he is malnourished because of a feeding problem. Nidhi might not notice these issues. Maybe she is most worried about the diarrhoea so that is what she told you about. You will be busy making sure you diagnose his diarrhoea. You do not always have a strategy to check for other health problems.

**IMCI gives you instructions** to manage Suku’s diarrhoea based on the severity of dehydration and the type of diarrhoea. IMCI also gives you instructions to examine Suku for a list of common health problems in children. For each condition, IMCI explains what signs to ask the caregiver about, or look and feel for yourself.

For example, if Suku has a fever, it could be a symptom of malaria, measles, or another serious infection. You will examine Suku for several signs relating to causes of fever. You will use IMCI charts based on the signs he shows to decide how severe the problem is.

**The charts will also give instructions about treatment.** You will check Suku for all conditions and then decide on an overall treatment for all of the problems he has. If Suku shows signs of a severe condition, he requires referral. IMCI guidelines will explain how you will treat before urgent referral. If his conditions are serious
but do not require urgent referral, the guidelines will explain what treatment to give in your clinic. If the conditions are not severe, the guidelines will identify home-based treatment.

**IMCI instructions also provide advice on counselling** Nidhi about treating Suku at home, feeding problems, well child care, and disease prevention. IMCI also explains when they should return to the clinic. IMCI guidelines explain how to provide follow-up care when Nidhi and Suku come back.

**WHAT IS THE BENEFIT OF INTEGRATED CASE MANAGEMENT?**

IMCI guides you through comprehensive care. This ensures that you will examine Suku for common health problems, nutrition, and immunizations. **With the IMCI instructions, you might find health issues that you would not have otherwise.**

**IMCI also helps you to give rapid and affordable interventions.** For example, you know when to give Suku home treatment, instead of treatment in the clinic. Or you will know when Suku is most serious and needs referral, so that you do not unnecessarily send families to the hospital. At the same time, IMCI identifies when Suku has serious issues that require urgent attention.

**Key points about IMCI guidelines:**

- Assess *all* young infants and children for *all* common causes of illness and death
- Charts help you classify a problem
- Charts identify treatment and tell you where to treat the child

**HOW CAN IMCI HELP YOU IMPROVE YOUR SKILLS AS A CARE PROVIDER?**

By providing an algorithm for integrated management of the child, IMCI seeks to improve:

- ✓ Your case management and counselling skills
- ✓ Your knowledge of, and ability to follow, national health guidelines
- ✓ The way your facility and health system manages childhood illness
- ✓ Family and community practices, particularly in giving home treatment, preventing disease, and minimizing health risks around the home
WHY DOES IMCI ALSO FOCUS ON THE CAREGIVER?

Case management is most effective when families bring sick children to a trained health worker for care in a timely way. A child is more likely to die if a family waits to bring a child to a clinic until the child is extremely sick, or if the family takes the child to an untrained provider. Therefore, teaching families when to seek care is an important part of case management.

WHO CAN USE IMCI, AND WHEN?

IMCI is designed for first-level facilities, such as a clinic, health centre, or an outpatient department of a hospital. Any health professional caring for children under five years of age can use IMCI. IMCI guidelines are age-specific for sick young infants and sick children. You will learn more about this in the next section.

As you read in Suku’s case, the IMCI guidelines describe how to care for a child coming to a clinic with an illness (called an initial visit) or a scheduled follow-up visit to check the child’s progress (called a follow up visit).

In this course you will learn how to use the IMCI guidelines to recognize clinical signs, decide appropriate treatments, and counsel caregivers.

ARE THERE LIMITATIONS TO USING IMCI?

The IMCI guidelines address most, but not all, of the major reasons a sick child is brought to a clinic.

A child returning with chronic problems or less common illness may require special care that is not described in your IMCI modules. Additionally, the guidelines do not describe how to manage trauma or other acute emergencies due to accidents or injuries.

You will need to refer a child to a hospital for special care if the child’s illness does not respond to the standard treatments described, the child becomes severely malnourished, or the child returns to the clinic repeatedly.

Now you will learn more details about the IMCI process.

Overall, the goal of IMCI is to decrease childhood deaths, reduce how often children are sick, reduce the severity of illness, and improve growth and development in the children you care for.
0.7 WHAT DO THE IMCI GUIDELINES EXPLAIN?

The IMCI case management process involves these steps; refer to the flow charts on next pages.

ASSESS

IMCI uses simple signs to detect cases. As few clinical signs as possible are used. These signs are based on expert clinical opinion and research results. That means detection of conditions for treatment is based on your observations.

You will ASSESS all sick infants and children for:
1. Signs of serious illness that requires urgent referral, then
2. Signs of common health conditions, and then

CLASSIFY

You will classify each health condition using colour-coded IMCI charts. You will classify based on the history given, signs the child shows, and tests as indicated. The chart also identifies treatment for the condition. These classifications cover the most likely diseases, and reflect your national treatment guidelines.

The three colour-coded classifications also tell you where to give these treatments:

✔ RED: very serious condition requires urgent pre-referral treatment and referral
✔ YELLOW: serious condition needs treatment and advice in the clinic
✔ GREEN: less serious condition needs home treatment and advice

Some children will show signs from multiple boxes. You will always use the more severe classification. For example, if a child shows signs from a red and yellow box, you will use the red. If a child has multiple conditions, he will have a classification for each condition.

TREAT

After classifying all conditions, you will review all treatments identified in each classification. Then you will develop an integrated treatment plan. If a child requires urgent referral, give essential treatment before the patient is transferred. If a child needs treatment at the clinic, you will often give the first dose in the clinic. Give immunizations if needed. You will advise caregivers on home treatment.

COUNSEL

A critical component of IMCI is counselling caregivers on home treatment (e.g. treating local infections, giving oral drugs), feeding and fluids, breastfeeding, and other well child care. Then counsel the caregiver about her own health. Advise the caregiver to return for follow-up on a specific date. Teach caregivers when to return immediately if child shows signs of severe illness.

PROVIDE FOLLOW-UP CARE

When a child returns to the clinic as requested, give follow-up care as required. Re-examine conditions to see if the issues are improving, the same, or worsening. Use the full IMCI process again to check the child for new problems.
IMCI FOR THE SICK CHILD (2 months up to 5 years of age)

GREET THE CAREGIVER

**ASK:** child’s age *(this chart is for sick child)*

**ASK:** what are the child’s problems?

**ASK:** initial or follow-up visit for problems?

**MEASURE:** weight and temperature

CHECK FOR GENERAL DANGER SIGNS

- Unable to drink or breastfeed
- Vomits *everything*
- Convulsions
- Lethargic or unconscious

Even if present

All danger signs require urgent referral

ASSESS MAIN SYMPTOMS

- Cough or difficult breathing
- Fever
- Malnutrition and anaemia
- Check immunizations
- Diarrhoea
- Ear problems
- HIV status
- Others

CLASSIFY

URGENT REFERRAL (RED)

**URGENT REFERRAL REQUIRED**

- IDENTIFY pre-referral treatment
- URGENTLY REFER

TREAT IN CLINIC (YELLOW)

**REFERRAL NOT REQUIRED**

- IDENTIFY TREATMENT
- TREAT
- COUNSEL caretaker
- FOLLOW-UP CARE

TREAT AT HOME (GREEN)

**REFERRAL NOT REQUIRED**

- IDENTIFY TREATMENT
- COUNSEL caretaker on home treatment
- FOLLOW-UP CARE
IMCI FOR THE SICK YOUNG INFANT (up to 2 months of age)

GREET THE CAREGIVER

ASK: child’s age (this chart is for sick young infant)
ASK: what are the infant’s problems?
ASK: initial or follow-up visit for problems?
MEASURE: weight and temperature

ASSESS FOR GENERAL DANGER SIGNS for very severe disease

Even if present

All danger signs require urgent referral

ASSESS MAIN SYMPTOMS
- Jaundice
- Diarrhoea
- HIV status or mother’s HIV status
- Feeding problem and growth
- Check immunizations
- Assess other problems and mother’s health

CLASSIFY

URGENT REFERRAL (RED)
- IDENTIFY pre-referral treatment
- URGENTLY REFER

TREAT IN CLINIC (YELLOW)
- IDENTIFY TREATMENT
- TREAT
- COUNSEL caretaker
- FOLLOW-UP CARE

TREAT AT HOME (GREEN)
- IDENTIFY TREATMENT
- COUNSEL caretaker on home treatment
- FOLLOW-UP CARE

Even if present
0.8  CASE MANAGEMENT BY AGE

HOW DO YOU DETERMINE A YOUNG INFANT OR CHILD?

IMCI is age-specific because young infants and children show different signs of illness.

| Up to 2 months of age is a young infant |
| Age 2 months up to 5 years is a child |

HOW WILL YOU DETERMINE THE CHILD’S AGE?

Depending on the procedure for registering patients in your clinic, the child’s name, age and other information may have been recorded before they come to see you. If not, you will begin by asking the caregiver about the child’s name and age to determine the chart to use.

HOW DO YOU DETERMINE WHICH IMCI CHARTS TO USE FOR EACH?

The IMCI charts are organized into two sections for the sick child and sick young infant. You will learn about these charts and the chart booklet in the next section.

FOR ALL SICK CHILDREN up to 5 years of age who are brought to the clinic

GREET THE CAREGIVER and ASK THE CHILD’S AGE

If child is up to 2 MONTHS old

Use the charts:
- ASSESS & CLASSIFY SICK YOUNG INFANT
- TREAT THE SICK YOUNG INFANT

In this course, read more in:
- MODULE 2

If child is 2 MONTHS up to 5 YEARS

Use the charts:
- ASSESS & CLASSIFY SICK CHILD
- TREAT THE CHILD

In this course, read more in:
- MODULES 1,3,4,5,6 and 7

WHAT DOES ‘UP TO 5 YEARS’ MEAN?

Up to 5 years means the child has not yet had his or her fifth birthday. For example, this age group includes a child who is 4 years 11 months, but not a child who is 5 years old.

WHAT IF A CHILD IS EXACTLY 2 MONTHS OLD?

If the child is not yet 2 months of age, the child is considered a young infant. A child who is 2 months old is a sick child, not a young infant.
0.9 USING THE CHART BOOKLET & RECORDING FORMS

HOW WILL YOU USE THE IMCI CHART BOOKLET AND RECORDING FORM?

IMCI charts provide instructions to:

• Assess symptoms and health conditions
• Classify the illness and identify treatment for each classification
• Treat the child or young infant
• Counsel the caregiver
• Give follow-up care

The charts follow the same order as the IMCI recording form. This is where you will record notes on the IMCI process. It also helps you record critical health information about the child.

These charts are organized into a Chart Booklet. This booklet is a useful job aid, and you should keep it with you as you see patients. It guides you through the entire IMCI process. You will grow more comfortable using it as you practice.

HOW IS THE CHART BOOKLET ORGANIZED?

The Chart Booklet has a section for the sick child, and a section for the sick young infant. You must immediately determine a child’s age so you know which section of charts to use.

HOW DO YOU USE RECORDING FORMS?

The recording form helps you keep notes as you assess, classify, identify treatment, and treat. The IMCI recording form follows the instructions on the IMCI charts. Each section on the form is for a particular symptom or health problem. It helps you follow the process and not forget anything.

Remember two important points about recording forms:

✔ There are separate recording forms for the sick child and one for the sick young infant
✔ You will use a second recording form when the child or infant returns for a follow-up visit

NOW YOU WILL READ ABOUT USING THE CHART BOOKLET AND RECORDING FORMS

The following pages show you how the chart booklet instructions translate into the recording forms. As you read, follow along with your own chart booklet and a copy of recording forms. You will find recording forms in this section, in your logbook, or at the back of your chart booklet.

Open your chart booklet and follow along as you read the next pages.
ASSESS AND CLASSIFY CHARTS

The ASSESS AND CLASSIFY chart describes how to assess the child, classify the
child’s illnesses and identify treatments.

The **ASSESS** column on the left side of the chart describes how to take a history
and do a physical examination. You will note the main symptoms and signs found
during the examination in the ASSESS column of the case recording form.

The **CLASSIFY** column on the ASSESS AND CLASSIFY chart lists clinical signs
of illness and their classifications. ‘Classify’ means to make a decision about the
severity of the illness. For each symptom, you will select a classification and write
it in the CLASSIFY column of the recording form.

---

**ASSESS AND CLASSIFY CHART**

---

**CASE RECORDING FORM (FRONT)**
IDENTIFY TREATMENT COLUMN

The **TREATMENT** column of the ASSESS AND CLASSIFY chart shows the recommended treatment for each classification. You will write the treatments identified for each classification on the reverse side of the recording form.

**When a child has more than one classification, you will record treatments for each classification.**

On the following page, you will see an example of a recording form with identified treatments recorded on the back.

Once you have classified all of a child’s symptoms or problems, you will review all of the treatments you have listed. You will determine integrated treatment for the child. You will see some notes on integrated treatment on the next page.
**EXAMPLE OF REVERSE SIDE OF FOLDED RECORDING FORM**

**FEARS**

<table>
<thead>
<tr>
<th>__ kg</th>
<th>Temperature: 37.5 °C</th>
</tr>
</thead>
</table>

Follow-up Visit? ______

**CLASsIFY**

<table>
<thead>
<tr>
<th>General danger signs present?</th>
<th>Yes ☑ No ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember to use danger sign when selecting classifications</td>
<td>Remember to refer any child who has a danger sign and no other severe classification.</td>
</tr>
</tbody>
</table>

**TREAT**

**Pneumonia**

- **Antibiotic for pneumonia, 5 days**
- **Soothe throat, relieve cough with safe remedy**
- F/up: 2 days

**Acute Ear Infection**

- **Antibiotic for ear infection, 5 days**
- **Paracetamol for ear pain**
- **Dry ear by wicking**
- F/up: 5 days

**No Anaemia, Not Very Low Weight**

- Because child is less than 2 years old, assess feeding/counsel mother on feeding. If feeding problem, f/up 5 days.

**Return for next immunization on:**

(Date)

Return for follow-up in: ________________

Advise mother when to return immediately: ________________

Give any immunizations needed today: Measles

**FEEDING PROBLEMS**

Feeding advice:
TREAT THE CHILD CHARTS

The IMCI chart titled TREAT THE CHILD shows how to give the identified treatments. You will TREAT in the clinic or teach about giving treatment at home. TREAT charts include information about medicines, and their doses and when they should be given. It also describes treatments to be given in the clinic, and in the home.

TREAT THE CHILD CHART (TOP)

COUNSEL THE CAREGIVER CHARTS

The chart titled COUNSEL THE CAREGIVER includes recommendations on feeding, fluids, home treatment, and when to return to the clinic. You will counsel all caregivers about these topics if the child is going home.

You will write the results of any feeding assessment on the bottom of the case recording form. You will record the earliest date to return for follow-up on the reverse side of the case recording form.
During a sick child visit, listen for any problems that the caregiver herself may be having. The caregiver may need treatment or referral for her own health problems. You will also advise the caregiver about her own health. The next section discusses important communication skills counselling caregivers.

**FOLLOW-UP CARE CHARTS**

Several treatments in the ASSESS AND CLASSIFY chart include a follow-up visit. At a follow-up visit you can see if the child is improving on the drug or other treatment that was prescribed.

The **GIVE FOLLOW-UP CARE** section of the TREAT THE CHILD chart has instructions for follow-up care for each condition. There is a box for follow-up care for each of the classifications or health problems.

**TREAT THE CHILD CHART (BOTTOM)**

Now, review the IMCI recording forms in full:

The following two pages include recording forms for the young infant and the child. You will see how the recording form follows the IMCI guidelines in your chart booklet.

As a reminder, you should begin using these forms and your chart booklet in your clinic. These two tools are critical job aids when using the IMCI strategy. They provide a structure for each clinical visit with a child and family.
MANAGEMENT OF THE SICK CHILD AGED 2 MONTHS UP TO 5 YEARS

Name: Age: Weight (kg): Height/Length (cm): Temperature (°C):

Ask: What are the child's problems?

**ASSESS (Circle all signs present)**

**CHECK FOR GENERAL DANGER SIGN**

- NOT ABLE TO DRINK OR BREASTFEED
- VOMITS EVERYTHING
- CONVULSIONS

- LETHARGIC OR UNCONSCIOUS
- CONVULSING NOW

General danger sign present? Yes No __ __ Remember to use Danger sign when selecting classifications.

**YES ___ NO ____

**DOES THE CHILD HAVE COUGH OR DIFFICULT BREATHING?**

- For how long? ___ Days
- Count the breaths in one minute: ____ breaths per minute. Fast breathing?
- Look for chest indrawing
- Look and listen for stridor
- Look and listen for wheezing

Yes ___ No __ __

**DOES THE CHILD HAVE DIARRHOEA?**

- 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:
  - Very slowly (longer than 2 seconds)?
  - Slowly?

Yes ___ No __ __

**DOES THE CHILD HAVE FEVER? (by history/feels hot/temperature 37.5°C or above)**

- Decide malaria risk: High ___ Low ___ No___
- For how long? ___ Days
- If more than 7 days, has fever been present every day?
- If child had measles within the last 3 months:
  - Do a malaria test, if NO general danger sign in all cases in high malaria risk or NO obvious cause of fever in low malaria risk:
  - Test POSITIVE? P. falciparum  P. vivax NEGATIVE?

Yes ___ No __ __

**DOES THE CHILD HAVE AN EAR PROBLEM?**

- 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

Yes ___ No __ __

**THEN CHECK FOR ACUTE MALNUTRITION AND ANAEMIA**

AND

**ASSESS FEEDING if the child is less then 2 years old, has MODERATE ACUTE MALNUTRITION, ANAEMIA, or is HIV exposed or infected**

If child has MUAC less than 115 mm or WFH/L less than -3 Z scores or oedema of both feet:

- Is there any medical complication: General danger sign?
- Any severe classification?
- Pneumonia with chest indrawing?
- Child 6 months or older: Offer RUTF to eat. Is the child:
  - Not able to finish?    Able to finish?
  - Child less than 6 months: Is there a breastfeeding problem?

**CHECK FOR HIV INFECTION**

- Note mother's and/or child's HIV status
  - Mother's HIV test: NEGATIVE POSITIVE NOT DONE/KNOWN
  - Child's virological test: NEGATIVE POSITIVE NOT DONE
  - Child's serological test: NEGATIVE POSITIVE NOT DONE
- If mother is HIV-positive and NO positive virological test in child:
  - Is the child breastfeeding now?
  - Was the child breastfeeding at the time of test or 6 weeks before it?
  - If breastfeeding: Is the mother and child on ARV prophylaxis?

**CHECK THE CHILD'S IMMUNIZATION STATUS (Circle immunizations needed today)**

- BCG DPT+HIB-1 DPT+HIB-2 DPT+HIB-3 Measles1 Measles 2 Vitamin A Mebendazole
- OPV-0 OPV-1 OPV-2 OPV-3
- Hep B0 Hep B1 Hep B2 Hep B3
- RTV-1 RTV-2 RTV-3
- Pneumo-1 Pneumo-2 Pneumo-3

Return for next immunization on: ________ (Date)

**ASSESS OTHER PROBLEMS:**

- Ask about mother's own health

**Feeding Problems**
### MANAGEMENT OF THE SICK YOUNG INFANT AGED UP TO 2 MONTHS

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>Weight (kg):</th>
<th>Temperature (°C):</th>
<th>Initial Visit?</th>
<th>Follow-up Visit?</th>
</tr>
</thead>
</table>

#### CHECK FOR SEVERE DISEASE AND LOCAL BACTERIAL INFECTION
- Is the infant having difficulty in feeding? **Yes** **No**
- Has the infant had convulsions? **Yes** **No**
- Count the breaths in one minute: ___ breaths per minute
  Repeat if elevated: Fast breathing? **Yes** **No**
- Look for sev er chest indrawing. **Yes** **No**
- Look and listen for grunting. **Yes** **No**
- Look at the umbilicus. Is it red or draining pus? **Yes** **No**
- Fever (temperature 38°C or above feels hot) or low body temperature (below 35.5°C or feels cool) **Yes** **No**
- Look for skin pustules. Are there many or severe pustules? **Yes** **No**
- Movement only when stimulated or no movement even when stimulated? **Yes** **No**

#### THEN CHECK FOR JAUNDICE
- When did the jaundice appear first? **Yes** **No**
- Look for jaundice (yellow eyes or skin) **Yes** **No**
- Look at the young infant's palms and soles. Are they yellow? **Yes** **No**

#### DOES THE YOUNG INFANT HAVE DIARRHOEA?
- Look at the young infant's general condition. Does the infant:
  - move only when stimulated? **Yes** **No**
  - not move even when stimulated? **Yes** **No**
- Is the infant restless and irritable? **Yes** **No**
- Look for sunken eyes. **Yes** **No**
- Pinch the skin of the abdomen. Does it go back:
  - Very slowly? **Yes** **No**
  - Slowly? **Yes** **No**
- Look for skin pustules. Are there many or severe pustules? **Yes** **No**
- Movement only when stimulated or no movement even when stimulated? **Yes** **No**

#### THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT
- Is there any difficulty 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 often? **Yes** **No**
- What do you use to feed the child? **Yes** **No**

#### CHECK FOR HIV INFECTION
- Note mother's and/or child's HIV status:
  - Mother's HIV test: NEGATIVE **Yes** **No**
  - Child's serological test: NEGATIVE **Yes** **No**
  - Child's virological test: NEGATIVE **Yes** **No**
  - If mother is HIV positive and and NO positive virological test in young infant:
    - Is the infant breastfeeding now? **Yes** **No**
    - Was the infant breastfeeding at the time of test or 6 weeks before it? **Yes** **No**

#### ASSESS BREASTFEEDING
- Has the infant breastfed in the previous hour? **Yes** **No**
- If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.
  - Is the infant able to attach? **Yes** **No**
  - 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 sucking effectively (that is, slow deep sucks, sometimes pausing)? **Yes** **No**

#### CHECK THE CHILD'S IMMUNIZATION STATUS (Circle immunizations needed today)
- BCG **Yes** **No**
- OPV-0 **Yes** **No**
- DPT+HIB-1 **Yes** **No**
- OPV-1 **Yes** **No**
- DPT+HIB-2 **Yes** **No**
- OPV-2 **Yes** **No**
- Hep B 1 **Yes** **No**
- Hep B 2 **Yes** **No**
- 200,000 I.U vitamin A to mother **Yes** **No**

#### ASSESS OTHER PROBLEMS:
Ask about mother's own health
0.10 USING GOOD COMMUNICATIONS AND COUNSELLING SKILLS

It is important to have good communication with caregivers from the beginning of the visit.

WHY ARE COMMUNICATION SKILLS SO IMPORTANT?

Using good communication helps to reassure the caregiver or caregiver that the child will receive good care. Good communication skills also help you get important information about the child’s situation.

Good communication skills also help you counsel and teach a caregiver on care. For example, often a young infant or child who is treated at clinic needs to continue treatment at home. The success of home treatment depends on how well you communicate with the child’s caregiver or caregiver. She needs to know how to give the treatment. She also needs to understand the importance of the treatment.

WHEN USING IMCI, WHAT WILL YOU BE COUNSELLING CAREGIVERS ABOUT?

There are several counselling topics that the IMCI COUNSEL charts include. You will learn about these in this section, and in each of the self-study modules.

(1) HOME TREATMENTS – giving oral drugs, treating local infections

(2) FEEDING & FLUIDS – breastfeeding, feeding problems and recommendations

(3) WHEN TO RETURN – FOLLOW-UP

RETURN IMMEDIATELY

(4) COUNSEL MOTHER – on her own health and other care

WHAT COMMUNICATION SKILLS WILL YOU LEARN ABOUT IN THIS SECTION?

This section includes the following important information on counselling and communication:

✔ The APAC process (ASK, PRAISE, ADVISE, CHECK UNDERSTANDING)

✔ 3 basic teaching steps

✔ How to determine the priority of advice

✔ Counselling on returning to the clinic

You will read about these on the following pages.
WHAT IS THE APAC PROCESS?
The APAC process is a reminder of important skills that you should use *every time you see a patient and caregiver*. You will read more details below.

**ASK and LISTEN**
You have already learned that asking questions is critical for assessing the child’s problems. Listen carefully to find out what the child’s problems are. Listen to what the caregiver is already doing for the child. Then you will know what she is doing well, and what practices need to be changed.

**PRAISE**
It is likely that the caregiver is doing something helpful for the child, for example, a caregiver breastfeeding. Praise the caregiver for something helpful she has done. Be sure that the praise is genuine. Only praise actions that are indeed helpful to the child.

**ADVISE**
Some advice is simple. For example, you may only need to tell the caregiver to return with the child for follow-up in 2 days.

Other advice requires that you teach the caregiver how to do a task. Teaching how to do a task requires several steps. Think about how you learned to write, cook or do any other task that involved special skills. You were probably first given instruction. Then you may have watched someone else. Finally you tried doing it yourself. You will read about basic teaching steps on the next page.

Advise against any harmful practices that the caregiver may have used. When correcting a harmful practice, be clear, but also be careful not to make the caregiver feel guilty. Explain why the practice is harmful.

**CHECK understanding**
After you give advice, you want to be sure that the caregiver understands correctly. Ask questions to find out what the caregiver understands and what needs further explanation. When asking the caregiver questions to check her understanding, ask checking questions. Praise the caregiver for correct understanding. If she does not understand correctly, explain your advice again.
WHAT ARE THE 3 STEPS WHEN TEACHING A CAREGIVER HOW TO DO SOMETHING?

When you teach a caregiver how to treat a child, use 3 basic teaching steps:

1. **GIVE INFORMATION**
   Explain how to do the task, for example:
   ✔ Apply eye ointment
   ✔ Prepare ORS
   ✔ Soothe a sore throat

2. **SHOW AN EXAMPLE**
   Show how to do the task, for example:
   ✔ How to hold a child still and apply eye ointment
   ✔ How to mix the right amount of water with a packet of ORS
   ✔ How to make a safe remedy to soothe the throat

3. **LET HER PRACTICE**
   Ask the caregiver to do the task while you watch. For example, have the caregiver:
   ✔ Apply eye ointment in her child’s eye
   ✔ Mix ORS solution
   ✔ Describe how she will prepare a safe remedy to soothe the throat

   **Letting a caregiver practice is the most important part of teaching a task.**
   If a caregiver does a task while you observe, you will know what she understands and what is difficult. You can then help her do it better.

   The caregiver is more likely to remember something that she has practised than something that she has heard. In some cases, you can ask her to describe how she will do the task at home.

WHAT ARE OTHER IMPORTANT TIPS WHEN TEACHING?

Here are some good tips to remember when teaching a caregiver. Your effectiveness as a counsellor can depend on how well you use this advice.

✔ **SIMPLIFY LANGUAGE** – Use words that she understands.

✔ **USE VISUAL AIDS** – Use teaching aids that are familiar, such as common containers.

✔ **GIVE FEEDING** – When she practices. Praise what was done well and make corrections.

✔ **MORE PRACTICE** – Allow more practice, if needed.

✔ **ENCOURAGE & ANSWER QUESTIONS** – Encourage the caretaker to ask questions. Answer all questions.
WHAT ARE CHECKING QUESTIONS, AND HOW WILL YOU USE THEM?
Checking questions find out what a caregiver has learned. They are especially important to check a caregiver’s understanding after you have taught something, or counselled on a topic.

Good checking questions require the caregiver to describe something. From her answer you can tell if she has understood you and learned what you taught her about the treatment. If she cannot answer correctly, give more information or explain your instructions more clearly.

Checking questions must be phrased so that the caregiver answers more than “yes” or “no”. Questions that can be answered with a “yes” or “no” do not show you how much a caregiver knows. To do this, they should begin with question words, such as why, what, how, when, how many, and how much. These are called “open-ended” questions. Checking questions also do not suggest the right answer, for example, “you will remember to give the medicine three times a day, right?”

Checking questions begin with how, what, when, where, why
A good checking question cannot be answered “yes” or “no”

WHAT ARE EXAMPLES OF CHECKING QUESTIONS?
First, consider if you asked a basic question to a caregiver. For example, you taught a caregiver how to give an antibiotic. What if you ask a question like this: “Do you know how to give your child his medicine?” The caregiver would probably answer “yes”. This question does not require her to discuss the medicine further. She could answer “yes” even if she does not understand, because she may be embarrassed to say she does not understand.

However, if you ask a few good checking questions, you are asking the caregiver to describe instructions that you have given:

“When will you give your child the medicine?”
“How many tablets will you give each time?”
“For how many days will you give the tablets?”

Asking good checking questions like the ones below help you make sure that the caregiver learns and remembers how to treat her child. The poor questions below can be answered “yes” or “no”.

<table>
<thead>
<tr>
<th>GOOD CHECKING QUESTIONS</th>
<th>POOR QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will you prepare the ORS solution?</td>
<td>Do you remember how to mix the ORS?</td>
</tr>
<tr>
<td>How often should you breastfeed your child?</td>
<td>Should you breastfeed your child?</td>
</tr>
<tr>
<td>On what part of the eye do you apply the ointment?</td>
<td>Have you used ointment on your child before?</td>
</tr>
<tr>
<td>How much extra fluid will you give after each loose stool?</td>
<td>Do you know how to give extra fluids?</td>
</tr>
<tr>
<td>Why is it important for you to wash your hands?</td>
<td>Will you remember to wash your hands?</td>
</tr>
</tbody>
</table>
WHAT DO YOU DO AFTER ASKING A QUESTION?

After you ask a question, pause. **Give the caregiver a chance to think and then answer.**

✔ Do **not** answer the question for her.
✔ Do **not** quickly ask a different question.

**Asking checking questions requires patience.** The caregiver may know the answer, but she may be slow to speak. She may be surprised that you really expect her to answer. She may fear her answer will be wrong. She may feel shy to talk to an authority figure. Wait for her to answer. Give her encouragement.

If the caregiver answers incorrectly or says she does not remember, be careful not to make her feel uncomfortable. Teach her to give the treatment again. Give more information, examples or practice to make sure she understands. Then ask her good checking questions again.

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After teaching, what do I do?
- GIVE TIME for caregiver to ask questions
- REPEAT INFORMATION if needed
- ADDRESS CONCERNS that the caregiver has

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WHAT IF THE CAREGIVER HAS PROBLEMS WITH THE RECOMMENDED TREATMENT?

A caregiver may understand but may say that she cannot do as you ask. She may have a problem or objection. Common problems are lack of time or resources to give the treatment. A caregiver may object that her sick child was given an oral drug rather than an injection, or a home remedy rather than a drug.

**Help the caregiver think of possible solutions to her problems and respond to her objections.**

For example, if you ask, “**When will you apply the eye ointment in your child’s eye?**”

The caregiver may answer that she is not at home during the day. She may tell you that she can only treat her child in the morning and in the night. Ask her if she can identify someone (a grandparent, an older sibling) who will be at home during the day and can give the mid-day treatment. Help her plan how she will teach that person to give the treatment correctly.

If you ask, “**What container will you use to measure 1 litre of water for mixing ORS?**”

The caregiver may answer that she does not have a 1-litre container at home. Ask her what containers she does have at home. Show her how to measure 1 litre of water in her container. Explain how to mark the container at 1 litre with an appropriate tool or how to measure 1 litre using several smaller containers.
If you ask, “How will you soothe your child’s throat at home?”
A caregiver may answer that she does not like the remedy that you recommended. She expected her child to get an injection or tablets instead. Convince her of the importance of the safe remedy rather than the drug. Make the explanation clear. She may have to explain the reason for the safe remedy to family members who also expected the child to be treated differently.

**HOW DO YOU DETERMINE THE PRIORITY OF THE ADVICE?**

**WHEN CHILD HAS ONLY ONE PROBLEM TO BE TREATED:**
Give all of the relevant treatment instructions and advice listed on the charts.

**WHEN CHILD HAS SEVERAL PROBLEMS:**
When a child has several problems, the instructions to caregivers can be quite complex. In this case, you will have to limit the instructions to what is most important. You will have to determine:
- ✔ How much can this caregiver understand and remember?
- ✔ Is she likely to come back for follow-up treatment? If so, some advice can wait until then.
- ✔ What advice is most important to get the child well?

*If a caregiver seems confused or you think that she will not be able to learn or remember all the treatment instructions, select only those instructions that are most essential for the child’s survival.* Essential treatments include giving antibiotic or antimalarial drugs and giving fluids to a child with diarrhoea. Teach the few treatments well and check that the caregiver remembers them.

**IF YOU NEED TO LIMIT INFORMATION, WHICH TREATMENTS SHOULD YOU DELAY?**
If necessary, omit or delay the following treatments. They are important, but not the most essential treatments for immediate survival. You can give these treatment instructions when the caregiver returns for the follow-up visit.
- ✔ Feeding assessment and feeding counselling, unless you are treating malnutrition.
- ✔ Home treatments that may be lower priority at the moment because they are not life essential, like soothing remedy for cough or cold or wicking an ear.
- ✔ Second doses of Vitamin A, iron, immunizations, or other measures that can be addressed in the follow-up visit.

**HOW WILL YOU COUNSEL ABOUT RETURNING TO THE CLINIC?**
You will need to advise a caregiver when to return to the clinic for 3 situations:
1. **Scheduled follow-up visit** for the child’s current problems
2. For next **well child visit** and immunizations
3. **Immediately** if child shows signs of severe illness
WHEN SHOULD A CHILD RETURN FOR A FOLLOW-UP VISIT?
Certain problems require follow-up in a specific number of days. At the end of the visit, tell the caregiver or caregiver when to return for follow-up.

Some problems need follow-up to ensure that the treatment is working. For example, pneumonia, dysentery and acute ear infection require follow-up to ensure that an antibiotic is working. Persistent diarrhoea requires follow-up to ensure that feeding changes are working.

What is follow-up needed for more than one problem?
Child should return at earliest definite time.

Some other problems only need follow-up if the problem persists. This is the case of fever, or pus draining from the eye.

Sometimes an infant or child may need follow-up for more than one problem. In such cases, tell the caregiver the earliest definite time to return. Also tell her about any earlier follow-up that may be needed if a problem, such as fever, persists.

Both the COUNSEL THE CAREGIVER chart and the YOUNG INFANT chart show summaries of the follow-up times for different problems. You will review follow-up times in each module.

WHEN SHOULD A CHILD RETURN FOR A WELL CHILD VISIT?
Remind the caregiver or caregiver of the next visit her child needs for immunization unless the caregiver already has a lot to remember and will return soon anyway.

For example, if a caregiver must remember a schedule for giving an antibiotic, home care instructions for another problem, and a follow-up visit in 2 days, do not describe a well-child visit needed one month from now. However, do record the date of the next immunization on the Caregiver’s Card.

WHEN SHOULD A CHILD RETURN IMMEDIATELY?
You must counsel caregivers about signs that the infant or child will show if they have serious illness. These signs are listed in the section WHEN TO RETURN on both the COUNSEL THE CAREGIVER and YOUNG INFANT charts. They are also included below.

For all infants and children who are going home, you will teach the caregiver certain signs that mean to return immediately for further care. Remember that this is an extremely important section. Caregivers must know these signs.
**SICK YOUNG INFANT**

Advise the caregiver to return immediately if the young infant has any of these signs:

- Breastfeeding poorly
- Reduced activity
- Becomes sicker
- Develops a fever
- Feels unusually cold
- Fast breathing
- Difficult breathing
- Palms and soles appear yellow

**SICK CHILD**

Advise the caregiver to return immediately if the child has any of these signs:

- Any sick child:
- Not able to drink or breastfeed
- Becomes sicker
- Develops a fever

**If child has NO PNEUMONIA:**

**COUGH OR COLD:**

- Fast breathing
- Difficult breathing

**If child has diarrhoea, also return if:**

- Blood in stool
- Drinking poorly

**Exceptions:**

- If the child already has fever, the child does not need to return immediately for fever.
- If the child already has blood in the stool, you do not need to tell the caregiver to return immediately for blood, just for drinking poorly.

**USING A MOTHER/CAREGIVER’S CARD**

Use a take-home card to explain the signs and help her/him remember. The card should display signs in both words and drawings. Circle the signs that the caregiver must remember. Use local terms that she will understand. Ask checking questions to be sure that she understands.