How to Train ASHAs in Home-Based Newborn and Child Care

Training Manual : Volume 3

Integrated Management of Childhood Illnesses

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Volume 3 :

Module 9: Management of Sick Child and Counseling for Immunization & Nutrition (IMCI)
In Training Workshop 3
Module 9A: Assess and Classify
In Training Workshop 5
Module 9B: Identifying treatment and giving treatment before referral
In Training Workshop 7
Module 9C: Counseling and Follow-up

Annexure : Key Issues in Nutrition

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Training Workshop 3

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Assessment of ASHAs

At the completion of:

Annexure

Key nutrition issues

Module 9 : Management of Sick Child and Counseling for Immunization & Nutrition (IMCI)
9A : Assess and Classify

Preparation for this module

Checklist of Instructional Materials needed in each small group

ITEM NEEDED	NUMBER NEEDED
ASHA Training Manual : Volume 3	1 for each Trainer
Set of Learner's Training Module & Photographs and the Management Chart	1 set for each Trainer and 1 set for each participant
Video CD	1 set
Case Management Charts (Large version — to display on the wall)	1 set for each small group
Recording Forms (for exercises in module and for field practice)	10 for each participant plus some extras

Checklist of Supplies needed for Class Room Sessions

Supplies needed for each person include :

- Name tag and holder
- Paper
- Ball point pen
- Eraser
- Felt tip pen
- Highlighter
- 2 Pencils
- Folder or large envelope to collect answer sheetS

Supplies needed for each group include :

- Paper clips
- Pencil sharpener
- Stapler and staples
- Extra pencils and erasers
- Flipchart pad and markers or blackboard and chalk
- 2 Rolls transparent tape
- Rubber bands
- 1 Roll masking tape
- Scissors

Access is needed to a CD player. Your Course Director will tell you where this is located. In addition, certain exercises require special supplies such as drugs, ORS packets, or a baby doll (or rolled towel to hold like a baby). These supplies are listed in the guidelines for each activity. Be sure to review the guidelines and collect the supplies needed from your Course Director before starting the activities.

Module 9 : Management of Sick Child and Counseling for Immunization & Nutrition
9A : Assess and Classify

Session 1 : Common childhood problems and the case management process in a sick child

Day : 4
Time Required : 1 hour

Objective

At the end of the session ASHAs will be able to:

1. Explain how to use the wall chart to assess and classify common childhood problems

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for sick child module.

Training Activities :

Activity - 1 : Introduction to the training package

The training package comprises of the learner's Training Module "Health and Nutrition Care of Children above 2 Months", Case Management Chart, and Video CDs.

1. **Training Module**: The Learner's Training Module "Health and Nutrition Care of Children above 2 Months" has simple descriptions to help the ASHA in managing children of age 2 months up to 5 years having cough, diarrhea, fever, or malnutrition. It also includes **photographs** of certain signs.
2. **Case Management Chart :** It contains charts, which will help the participant correctly assess, classify and treat these children.
3. **CDs:** The CD demonstrates the key signs the ASHA are expected to learn.

Activity - 2 : Participants read 'Introduction' in the Training Module

Activity - 3 : Conduct a group discussion on common childhood problems

The objective of the group discussion is to identify the most common childhood health problems responsible for high mortality.

In order to initiate a discussion on the subject, ask following questions to ascertain the participants' perspective:

1. How many sick children under the age of 5 years did you see in last 4 weeks?
2. What are the main causes of sickness in children?
3. Where do sick babies go for treatment?

Ask the participants to identify the causes of infant and child mortality in their region. At the end of the discussion emphasize that:

- Infections are responsible for a large proportion of deaths in children.

- Pneumonia, diarrhoea and under nutrition are responsible for a sizeable number of deaths in children under 5 years
- Most cases of pneumonia, diarrhoea and under nutrition can be treated by the ASHA
- Mothers and other caretakers have a very important role in preventing these deaths

During the discussion, ask the ASHAs to relate their experiences of some of these common problems.

Activity - 4 : Introduce the colour-coded Management Charts

Material Needed

- Wall Chart or Case Management Chart

If the child is 2 months up to 5 years, select the appropriate chart **"Up to 5 years"** means the child has not yet had his fifth birthday. (Be sure that participants understand "up to" means up to but not including that age.)

Stress the 3 basic steps which include the Assessment, Classification and Identify Treatment.

These 3 steps must be carried out in a sequence. First assess as recommended, then classify, and finally, choose the treatment for conditions marked under that classification.

The chart has 3 colors to guide the treatment, which the participants have already learnt.

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

Pointing to the wall chart review with participants the objectives of the training in this module.

- Tell the participants that this chart has three main sections. They are indicated by the three headings: Assess, Classify and Identify Treatment.
- Point to each heading and column. Explain that this module will teach them how to assess and classify. Later, they will learn how to identify treatment.
  - ✓ Ask the mother about the child's problem.
  - ✓ Check for general danger signs.
  - ✓ Ask the mother about the main symptoms :
    - Cough or difficult breathing
    - Diarrhoea
    - Fever
  - ✓ When a main symptom is present:
    - Assess the child further for signs related to the main symptom
    - Classify the illness according to the signs which are present or absent.
  - ✓ Check for signs of malnutrition and anaemia and classify the child's nutritional status.
  - ✓ Check the child's immunization, vitamin A, and prophylactic IFA status and decide if the child needs any immunizations, vitamin A and IFA.
  - ✓ Assess any other problems.

Summary

- Ask a participant to explain how the Case Management Chart is to be used *(3 colour codes: red, yellow and green and 3 main sections: Assess, Classify and Identify Treatment)*
- Clarify that during this workshop, the participants will learn 'assessment' through 'classification'. In subsequent workshops 'Identifying treatment' and other steps for case management will be discussed.

Evaluation of the session

Objective	Assessment Method
Explain how to use the wall chart to assess and classify common childhood problems	Questions and answers

Module 9A : Assess and Classify

Session 2 : Assessment and classification of the sick child : Assess and classify danger signs

Day : 4
Time Required : 1 hour

Objective

At the end of the session the ASHA will be able to:

1. Assess the child for general danger signs

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for all sessions for sick child module.

Training Activities :

Activity - 1 : Participants read through the section 'Check for General Danger Signs'.

After the participant's have read the text in their manual, trainers make sure the participants understand what to ASK , and what to LOOK for.

Activity - 2 : Conduct Video Exercise

Exercise A - 'Check for General Danger Signs'

Show the video to the participants and have them do the exercises seen in the video.

To conduct these video exercises:

1. Introduce the participants to the procedure for video exercises in this course. Explain that during the video exercises they will:
   - See **videotaped demonstrations** and exercises;
   - do these exercises and record their answers; and
   - check their own answers to exercises with those given on the video,

   The Trainer should discuss the answers written by the participants and clarify doubts, if any.
2. Tell the participants that in the first part of the video, they will see examples of general danger signs. They will see a child who is:
   - Not able to drink or breast feed; and,
   - Lethargic or unconscious.

   Thereafter, the participants will do an exercise to practice how to decide if the general danger sign "*lethargic or unconscious*" is present in each child.

   Start the video tape. Because this is the first video exercise in the course, participants may not be clear how to proceed. During video exercise, watch the participants. If they are not writing answers on the worksheets, encourage them to do so and explain how this should be done. If they appear to be having some difficulty, replay the tape so they can see the exercise again, develop and write answers on the worksheet.

PARTICIPANTS WATCH THE VIDEO

4. At the end of the exercise, stop the video player. Ask if any participant had problems identifying the sign "*lethargic or unconscious*". Rewind the tape to replay any exercise item or demonstration that you think participants should see again. Emphasize points such as:

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

	Is the child lethargic or unconscious?	
	Yes	**No**
Child 1		✓
Child 2	✓	
Child 3		✓
Child 4	✓	

Summary : (10 min)

- Ask participants to state the 4 general danger signs (*not able to drink or breastfeed, vomits everything, has convulsions, or is lethargic / unconscious)*

Evaluation of the session

Objective	Assessment Method
Assess a child for general danger signs	Video Practice

Module 9A : Assess and Classify

Session 3 : Assessment and classification of the sick child : Assess and classify cough or difficult breathing

Day : 4
Time Required : 2 hours and 30 minutes

Objectives

At the end of the session ASHAs will be able to:

1. Count a child's respiration for 1 minute
2. Identify in-drawing breathing
3. Classify the sick child
4. Complete the front page of recording form

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for all sessions for sick child module.

Training Activities :

Activity - 1 : Participants read through 'Classify Cough or Difficult Breathing'

1. Make sure participants understand what to ASK, and how to LOOK (count respirations).

ASK ABOUT MAIN SYMPTOMS :

Does the child have cough or difficult breathing?

IF YES, ASK:	**LOOK:**
• For how long?	• Count the number of breaths in one minute. • Look for chest in-drawing.

2. Trainers ensure that participants understand the following :

- **If the child clearly has no cough or difficult breathing, do not assess that it has these problems.** If however the child appears to have this problem, & the mother also says that the child has cough or difficult breathing, then:
- **ASK: For how long?**

  A child who has had cough for more than 30 days needs to be referred to hospital for further assessment.
- **LOOK for chest in-drawing**

  Chest in-drawing in a child with cough or difficult breathing indicates that the child has severe pneumonia. Unlike young infants, mild chest in-drawing is **NOT** normal in a child.

  A child with any chest in-drawing should be referred to hospital.

Activity - 2 : Conduct Drill: Review of Cut-off for Determining Fast Breathing

To conduct this drill :

Explain the procedures for doing the drill.

- Tell the participants that this is not a test. Instead, this is an opportunity for participants to practice recalling the knowledge a ASHA needs to use when assessing and classifying sick children.
- Call on individual participants to answer questions one at a time. Travel around the circle putting questions to participants one after the other. If at any point, a participant is unable to answer, shift to the next person and repeat the question.
- Participants should wait to be called on and stay be prepared to answer as quickly as they can. This will help keep the drill lively.
- Ask if participants have any questions about the drill.
- Tell the participants they may refer to the chart during the drill, but they should try to answer the question without looking at or reading from the chart .
- Tell the participants that this drill will review the cutoffs for determining fast breathing in children.

Ask participants to state & remember the following cut off or threshold respiratory rates of the two age groups to ascertain whether breathing is fast:

- **In infants 2 months up to 12 months, 50 breaths per minute or more is fast breathing.**
- **In children 12 months up to 5 years, 40 breaths per minute or more is fast breathing.**

To explain how the drill will take place, first ask the co-Trainer, "What is the cut off for fast breathing in a 6 months old child?" The answer is: *The cut off for fast breathing is 50 or more per minute*.

Then ask the questions in the left column. Participants should answer in turn.

Questions	Answers
What is fast breathing in an infant or child :	
Age 4 weeks?	60 breaths per minute or more.
Age 6 weeks?	60 or more
Age 2 months?	50 or more
Age 6 months?	50 or more
Age 12 months?	40 or more
Age 4 months?	50 or more
Age 3 years?	40 or more
Age 3 months?	50 or more
Age 18 months?	40 or more
Age 8 months?	50 or more
Age 4-1/2 months?	50 or more
Age 9 months?	50 or more

Now explain to the participants that you will tell the age of the child and breathing rate in one minute. The participants will tell whether the breathing rate is fast or normal for age.

Begin the drill by asking your co-Trainer: "The age of the child is 4 months, breathing rate is 52 times per minute. Is it fast breathing or normal?" Answer: *This child has fast breathing since the cut off for fast breathing at this age is 50 or more per minute*.

Ask a participant to answer the first question, & as quickly as possible. Proceed to the next question and call on another participant to answer. If a participant gives an incorrect answer, go to the next participant, and so on.

Questions		Answer
Does this Infant or Child have fast breathing ?		
Age	**Breathing Rate**	
18 months	44	Yes
2 months	48	No
12 months	40	Yes
3 years	38	No
12 months	38	No
3 years	42	Yes
12 months	49	Yes
11 months	49	No
6 months	52	Yes
14 months	45	Yes

Questions		Answer
ASK : Does the Child have fast breathing if :		
The child is:	**and a number of breaths in a minute is:**	
3 months old	52	Yes
2 years old	38	No
6 months old	48	No
12 months old	38	No
12 months old	42	Yes
3 years old	37	No
8 months old	52	Yes

Questions		Answer
ASK : Does the Child have fast breathing if :		
The child is:	**and a number of breaths in a minute is:**	
18 months old	45	Yes
4 months old	45	No
14 months old	45	Yes
4 years old	43	Yes
20 months old	48	Yes
7 months old	48	No
10 months old	38	No
11 months old	45	No
12 months old	45	Yes

Activity - 3 : DEMONSTRATION : Classification for Cough or Difficult Breathing

Display enlarged section of chart or use Case management chart. Explain to participants as to how a classification is to be done using this chart. There are 3 classifications available if a child has cough or difficult breathing.

- If child has a general danger sign or chest in-drawing, the classification is "**severe pneumonia"**.
- If a child does not have this classification, they should go down and check if the child has fast breathing. If yes, they should select the classification "**pneumonia".**
- If the child does not have fast breathing, classify this case as "**no pneumonia, cough or cold".**

In this box, there can be only one classification. For example a child with **severe pneumonia** can not also have **pneumonia**.

Activity - 4 : Evaluation of Breathing

Materials :

- Digital wrist watch
- Skills Checklist : Counting respirations
- Young children if possible

Preparation :

Try to have young children available for this session

Demonstration : How to measure the respiratory rate (10 minutes)

Instructions to Trainers:

1. Ask for a volunteer: an adult or a child if possible.
2. Explain that breathing is taking air in and out of the body through the mouth or nose. One rise and fall of chest/ abdomen together make one breath.

3. Explain how you can observe breathing by watching the chest or stomach rise and fall. Infants breathe much quicker than adults. When crying, the baby breathes much faster.
4. Ask ASHAs to refer to the Counting Respiration Checklist in learner's training module . Have the trainees read the steps aloud.
5. Explain that if you can't see the chest of a child move, have the mother lift up the shirt.
6. It is important to count respirations when the infant or child is quiet and calm; if the child is crying, frightened or angry, have the mother calm the child before you count the respirations.
7. Following the checklist points, demonstrate counting the respirations of a child (if possible) for a full minute.

Skills Checklist : Counting Respirations

1. **Wait for the child to be quiet and calm.**
2. **Lift up the baby's shirt so you can see the full breath; the abdomen rising and falling equals one breath.**
3. **Remove your wrist watch and hold it in one hand, close to the baby's abdomen.**
4. **Count the child's breathing for one minute.**
5. **Record the number of breaths in a minute.**

Practice :

- Allow time for the Trainees to Practice counting respirations. All the trainees should practice in pairs. Each trainee determines the respiratory rate of her partner for one full minute, using the checklist.
- If babies are present, have trainees take turns counting the respiratory rate of the children.
- Trainer observes with the help of checklist and count with the ASHA to assess the skill.
- Ask ASHAs to do some physical exercise (sit-ups or running) for three full minutes and count again.

Each trainee should practice counting respirations of five persons.

Activity - 5 : Conduct Video Exercise – 'Child with Cough or Difficult Breathing'

Tell the participants that they will now :

- see a demonstration of how to count the number of breaths of a child in one minute
- practice counting the number of breaths a child takes in one minute, and decide if this is a case of fast breathing
- 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 videotape and show the demonstration, the exercises, and the case study for cough or difficult breathing. If any participant has difficulty seeing the child's breaths or counting them correctly, rewind the tape to that particular case and repeat the example. Show the participant again where to look for and count the number of breaths.

Chest In-drawing :

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

- If any participant has difficulty in identifying chest in-drawing, repeat an example from the video. Show this participant where to look for chest in-drawing, pointing to where the chest wall goes in when the child is breathing in.
- Some participants may need help determining when the child is breathing IN. Refer to an example from the video. Point to the spot on the child's chest where the participant should be looking. Each time the child breaths in, say "IN" to help the participant see clearly where 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 in-drawing. This will help you to check if participants are looking at the right place in order to identify chest in-drawing. Repeat the exercises in the video until you feel confident that the participants have understood where to look for chest in-drawing, and are able to identify the sign in each of the children shown in this exercise.

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

			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, answer the questions:	Does the child have chest in-drawing?	
	YES	NO
Mary		✓
Jenna	✓	
Ho	✓	
Anna		✓
Lo		✓

Video Case Study

Management of the Sick Child Age 2 Months up to 5 Years

Name: ____*Ben*___ Age: _*7 months* Weight: _*6 kg* Temperature: *101.3⁰ F (38.5⁰C)*

ASK : What are the child'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 breastfeed Lethargic or Unconscious Vomits everything Convulsions	General danger signs present? Yes___ No_✓_ Remember to use danger sign when selecting classifications
Does the child have cough or difficult breathing? **Yes**_✓__ **No**___ • For how long?_ 14_ days • Count the breaths in one minute. __55__ breaths per minute. Fast breathing? • Look for chest in-drawing.	**Severe Pneumonia** **or** **Very Severe Disease**

Activity - 6 : Filling of recording register

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, briefly covering each part of the form and its purpose. Use enlarged Recording Form, in order to enable 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 field practice.

There are 2 sides to the form. The front 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. In this module, however, you will use the front side only. You will learn how to use the reverse side later in the course.

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

- The child's name and age
- The mother's answers about the infant's problems
- Whether this is an initial visit or follow-up visit

Now look at how the Recording Form is arranged. Notice that the form is divided into 2 columns: (*Point to each column as you refer to 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 steps for assessing the infant's signs and symptoms. This 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 take the name*) diarrhoea, feeding problem & / or malnutrition. Under the main symptom on the chart, you can see that the assessment steps are the same as those 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 are to record the infant's classification in this column.

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

- Circling any sign that is present, like this (*circle a sign on the Recording Form*). If the infant does not have a sign, you do not need to circle anything.
- Ticking **YES** if a main symptom is present or **NO** if it is not present. (*point to the Yes__ No___ blanks after each symptom assessment question on the enlargement.*)
- Writing specific information in spaces such as the one for recording the number of breaths per minute (*point to where this number is to be written*) or the number of days a sign or symptom has been present (*point to the "for how long?" question in the diarrhea section*).
- Writing the classification of the main symptom.

As you work through the exercises in this module, you will only see that part of the form for the main symptoms and signs about which you have learned.

At the end of the demonstration, check for and answer any questions.

Summary : (10 min)

- Ask a participant to demonstrate how to count respirations
- Ask a participant to describe how to identify chest in-drawing

Evaluation of the session

Objectives	Assessment Method
Count a child's respiration for 1 minute	Video practice and classroom practice
Identify in-drawing breathing	Video practice
Classify the sick child	Video case study
Complete front page of recording form	Video case study/demonstration

Module 9A : Assess and Classify

Session 4 : Assessment and classification of the sick child : Assess and classify diarrhoea

Day : 4 and 5
Time Required : 2 hours 30 minutes

Objectives

At the end of the session the ASHAs will be able to:

1. Explain what to "ask" when assessing children with diarrhea
2. Explain what to "look for" and "feel" when assessing children with diarrhea
3. Identify signs of dehydration
4. Use the chart to assess and classify a child with diarrhoea

Materials and Preparation

See Checklist of Instructional Material at beginning of sick child module. These materials will be used for all sessions for sick child module.

Training Activities :

Activity - 1 : Participants read 'Assess and Classify Diarrhoea' through 'Classify diarrhoea'

1. Have the participants read their manuals starting from 'Assess and Classify Diarrhoea' through till 'Classify diarrhoea' to themselves.
2. After this, make sure the participants have understood what to ASK when a child has diarrhoea, and how to LOOK for signs of dehydration.

Activity - 2 : DEMONSTRATION : Classification for Diarrhoea

Display enlarged section of chart or use Case management chart. Explain to the participants how a classification is selected.

Classify Diarrhoea :

There are three classification tables for classifying diarrhoea.

- All children with diarrhoea are classified for dehydration.
- If the child has had diarrhoea for 14 days or more, classify the child as persistent diarrhoea.
- If the child has blood in the stool, classify the child as dysentery.

First Classify Dehydration :

There are three possible classifications of dehydration in a child with diarrhoea:

- Severe Dehydration
- Some Dehydration
- No Dehydration

To classify the child's dehydration, begin with the pink (or top) row.

- If **two** or more of the signs in the pink row are present, classify the child as having SEVERE DEHYDRATION.
- If **two** or more of the signs are not present in the pink row, look at the yellow (or middle) row. If two or more of the signs are presenting the yellow row, classify the child as having SOME DEHYDRATION.
- If **two** or more of the signs are not present in the pink row or yellow row, classify the child as having NO DEHYDRATION. This child does not have enough signs to be classified as having SEVERE / SOME DEHYDRATION.

Activity - 3 : Conduct Video Exercise and Case Study : "Does the Child have Dehydration?"

Now show them the video on the skin pinch and ask them to do the exercise shown in the video.

Video Exercise and Case Study - "*Does the child have dehydration?*"

To conduct this video exercise:

When all the participants are ready, show them the video exercise. Make sure they have their modules with them.

1. Tell the 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.
3. Participants will then check their answers against those provided on the video.
4. At the end of each exercise, stop the video player. If participants are having trouble identifying a particular sign, rewind the tape, and show the exercise item again. Talk through the exercise item and point to the participants where they should look to recognize the sign.
5. At the end of the video, conduct a short discussion. If participants had any particular difficulty, provide necessary guidance. Emphasize such points during the discussion as:
   - If you see 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 will not be able to see the tented skin at all after releasing it.
   - Repeat the skin pinch if you are not sure. Make sure you are doing it correctly.
   - Sometimes children who are sick or tired remain very still in the clinic but they do respond to touch or voice. Josh is an example of this. Such children should not be considered lethargic. It is hard to tell this on the video since you see the child only for a few minutes. If during the initial examination, you think a child is lethargic, but later during the examination, it awakens and becomes alert, do not consider this child to have the general danger sign "lethargic or unconscious".

6. 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		✓

7. 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	✓		

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

- If you can see the tented skin even briefly after you release the skin, this is a slow skin pinch. If the skin pinch returns immediately, so quickly that you cannot see the tented skin at all after releasing it, then it is not a slow skin pinch.
- Repeat the skin pinch if you are not sure. Make sure you are doing it correctly.

Video case study "Josh" :

Management of the sick child age 2 months up to 5 years

Name : _____*Josh*_____ Age : _6 months_ Weight : _6 kg_ Temperature : _100.4^0 F (38^0 C)_

ASK: What are the child's problems? ____*Diarrhoea*___ Initial visit? _✓_ Follow-up Visit? _____

ASSESS (circle all signs present)		**CLASSIFY**
Check for general danger signs Not able to drink or breastfeed vomits everything convulsions	Lethargic or Unconscious	General danger signs present? yes___ no_✓_ **remember to use danger sign when selecting classifications**
Does the child have cough or difficult breathing? Yes_✓__ No____		
• For how long? _3_ Days	• Count the breaths in one minute. _56_ breaths per minute. Fast breathing? • Look for chest in-drawing.	**Pneumonia**
Does the child have diarrhoea? Yes_✓_ No____		
• Is there blood in the stools? • For how long? __5_ Days	• Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back : Very slowly (longer than 2 seconds)? Slowly?	**Severe Dehydration**

Activity - 4 : Photograph Exercise On Skin Pinch

Now show the participants photographs

Photograph 1 : This child has sunken eyes.

Photograph 2 : The child's skin pinch goes back **very** slowly.

Photograph 3 : The child has sunken eyes.

Photograph 4 : The child has sunken eyes.

Photograph 5 : The child does not have sunken eyes.

Photograph 6 : The child has sunken eyes.

Photograph 7 : The child's skin pinch goes back **very** slowly.

Summary

- Ask a participant to explain what to ASK and LOOK for in a child with diarrhoea *(blood in stool? how long has the child had diarrhoea? look for general condition, restlessness, sunken eyes, skin pinch)*
- Ask a participant to explain how to assess a skin pinch? *(If the skin returns to normal immediately after being pinched, the skin pinch is normal; if the skin goes back in less than 2 seconds it is considered 'slow'; if it takes longer than 2 seconds to go back it is 'very slow')*

Evaluation of the session

Objectives	Assessment Method
Explain what to ask when assessing children with diarrhoea	Questions and answers
Explain what to "look for" and "feel" when assessing children with diarrhea	Questions and answers
Identify signs of dehydration	Video exercises
Use the chart to assess and classify a child with diarrhoea	Video Case Study

Module 9A : Assess and Classify

Session 5 : Assessment and classification of the sick child : Assess and classify fever

Day : 5
Time Required : 1 hour

Objectives

At the end of the session the ASHAs will be able to:

1. Explain what to ASK, LOOK for and FEEL when assessing fever
2. Explain the criteria for classifying a fever as very severe febrile disease or malaria
3. Correctly assess and identify a child with fever

Materials and Preparation

See Checklist of Instructional Material at beginning of sick child module. These materials will be used for all sessions for sick child module.

Training Activities :

Activity - 1 : Participants to read 'Assess and Classify Fever' through 'Classify Fever'

After this, make sure participants have understood what to ASK when a child has fever, and how to LOOK for a stiff neck.

Activity - 2 : Demonstration : Classification for Fever

Display enlarged section of chart or use Case management chart. Explain to participants how a classification is to be selected.

There are two possible classifications of fever.

- Very Severe Febrile Disease
- Malaria

If the child with fever has any general danger sign or a stiff neck, classify the child as having VERY SEVERE FEBRILE DISEASE.

If a general danger sign or stiff neck is <u>not</u> present, look at the yellow row. Because the child has a fever (by history, or feels warm, or temperature is 99.5°F (37.5°C) or above), classify the child as having MALARIA.

Activity - 3 : Conduct Video Exercise: "Does the child have stiff neck?" and Case Study "Pu"

When all the participants are ready, ask them to move to where the video exercise will be shown.

To conduct the video exercise :

1. Tell the participants that during the video exercise they will see examples of how to assess a child with fever for **stiff neck.** They will then conduct an exercise to practice identifying whether stiff neck is present, and do a case study to practice "assessing and classifying a sick child" through till "fever".

Before you start the video, check if they have any questions. Only when there are no more questions, start the video.

Assessing for stiff neck varies depending on the state of the child. You may not need to even touch the child. If the child is alert and calm, you may be able to attract his attention and cause him to look down. If you need to try to move the child's neck, you saw in the video a position which supports the child while gently bending the neck. It is hard to tell from a video whether the child's neck is stiff. When you do this step with a real child, you will feel the stiffness when you try to bend the neck. You also saw the child cry from pain as the ASHA tried to bend the neck.

Answers to Exercise J

For each of the children shown, answer the question:

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

Video Case Study:

Management of the sick child age 2 months up to 5 years

Name: _Pu_____ Age: __4 years , 9 months__ Weight : 14 kg Temperature: _ 100.4^0 F (38^0 C)

ASK : What are the child's problems? ___Rash, Fever_____ Initial visit? _✓__ Follow-up Visit? ___

ASSESS (circle all signs present)		**CLASSIFY**
Check for general danger signs Not able to drink or breastfeed Vomits Convulsions	Lethargic or Unconscious	General danger signs present? yes___ no_✓_ remember to use danger sign when selecting classifications
Does the child have cough or difficult breathing? **Yes**_✓__ **no**___		
• For how long? __7__ days	• Count the breaths in one minute __ 44_____ breaths per minute. Fast breathing? • Look for chest in-drawing.	**Pneumonia**
Does the child have diarrhoea?	Yes ___ no ✓__	
• Is there blood in the stools? • For how long? _____ Days	• Look at the child's general condition. Is the child: Lethargic or unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child: Not able to drink or drinking poorly? Drinking eagerly, thirsty?	

	• Pinch the skin of the abdomen. Does it go back : Very slowly (longer than 2 seconds)? Slowly?	
Does the child have fever? (By history/feels hot/temperature 99.5^0 F (37.5^{0}C) or above) yes_✓ no___		
• For how long? __3___ days • If more than 7 days, has fever been present every day? Yes __ No __	• Look or feel for stiff neck.	**Malaria**

Summary : (10 min)

- Ask a participant to explain what to ask and look for when assessing a child with fever
- Ask a participant to explain the 2 possible classifications for fever

Evaluation of the session

Objectives	Assessment Method
Explain what to ASK, LOOK for and FEEL when assessing fever	Questions and answers
Explain the criteria for classifying a fever as very severe febrile disease or malaria	Questions and answers
Correctly assess and classify a child with fever	Video Case Study

Module 9A : Assess and Classify

Session 6 : Assessment and classification of the sick child : Check for malnutrition

Day : 5
Time Required : 1 hour 30 minutes

Objectives

At the end of the session the ASHAs will be able to:

1. Explain what to ASK, LOOK and FEEL for when assessing for malnutrition
2. Correctly assess and identify a child with malnutrition

Materials and Preparation

See Checklist of Instructional Material at beginning of sick child module. These materials will be used for all sessions for sick child module.

Training Activities :

Activity - 1 : Participants read 'Check for Malnutrition' through 'Classify Malnutrition'

After all the participants have finished reading, ask participants what they LOOK for when assessing for malnutrition? *(*Answer*: visible wasting and oedema in both feet).*

Ask for any questions about the reading, and clarify any confusion.

Activity - 2 : Group Work followed by Group Feedback – 'Look for Visible Severe Wasting', 'Look for Oedema of both feet'

Photograph 8	:	This is an example of visible severe wasting. The child has small hips and thin legs relative to the abdomen. Notice that there is still cheek fat on the child's face.
Photograph 9	:	This is the same child as in photograph 8 showing loss of buttock fat.
Photograph 10	:	This is the same child as in photograph 8 showing folds of skin ("baggy pants") due to loss of buttock fat. Not all children with visible severe wasting have this sign. It is an extreme sign.
Photograph 11	:	This child has oedema of both feet.

Now look at photographs numbered 12 through 20. For each photograph, tick (✓) whether the child has visible severe wasting. Also look at photograph 20 and tick whether the child has oedema of both feet.

	Does the child have visible severe wasting ?	
	YES	**NO**
Photograph 12		✓
Photograph 13	✓	
Photograph 14		✓
Photograph 15	✓	
Photograph 16	✓	
Photograph 17	✓	
Photograph 18		✓
Photograph 19	✓	
	Does the child have oedema ?	
	Yes	**No**
Photograph 20	✓	

Activity - 3 : Demonstration : Classify Malnutrition

Use chart for the demonstration

In this box, whether child has any major symptom or not, one classification is to be definitely chosen.

There are three classifications for a child's nutritional status:

- Severe Malnutrition
- Very Low Weight
- Not Very Low Weight

- If the child has visible severe wasting or oedema of both feet, classify the child as having SEVERE MALNUTRITION
- If the child is very low weight for age , classify the child as having VERY LOW WEIGHT
- If the child is not very low weight for age and there are no other signs of malnutrition, classify the child as having NOT VERY LOW WEIGHT.

Activity - 4 : Demonstration : How to Determine Weight-for-Age

Objectives :

1. To demonstrate how to plot the weight of a child in the weight-for-age chart.
2. To identify the child whether it is normal or very low weight-for-age.

Materials needed :

- Weight-for-age chart
- Pencil

Information required :

Age of the child in months and weight.

Activities to be performed :

1. Display the weight-for-age chart.

2. Point out that the left hand axis (vertical) of the chart shows the weight of the child in kgs.
3. Point out that the bottom axis (horizontal) of the chart is to locate the age of the child in months.
4. Emphasize that the age must be in months. Therefore, if age is known in years, it should be converted into months. Check whether the conversion of age from years to months is correct.
5. For this purpose, count the number of completed months and not days, e.g., a 20 months 29 days old child is to be shown as 20 months old.
6. Indicate the age of the child in months on the weight-for-age chart.
7. Determine the weight of the child on weighing balance, place a mark on the weight axis.
8. Draw a horizontal line from weight recorded and a vertical line on age axis.
9. Find the point on the chart where the line for the child's weight meets the line for the child's age and plot it on the chart.
10. Then point out if the plotted point is above, on or below the thick curved line on the weight-for-age chart.
11. Emphasize that if the point is below the thick curved line (and the weight is on the shaded area in the chart), the child is very low weight for age; if however the plotted point is above or on the thick curved line, the child is not very low weight-for-age.
12. Illustrate the drill by an example. Take the weight of a child and determine the age. Ask the co-Trainer to demonstrate plotting weight of the child on the weight for age chart and determining whether the child is very low weight for age or not. A child is 18-month-old and his weight is 6 kg. The co-Trainer describes the procedures as mentioned from 2 to 10 and plots the weight on the growth chart. Conclude that this child's weight is below the thick curved line, therefore the child is very low weight-for-age.

Activity - 5 : DRILL : Determine Weight-for-Age

This activity is optional. If you think that participants have done this well earlier, you may skip this.

To conduct this drill:

1. Make sure each participant is looking at the weight-for-age chart. This is included in learner's manual.
2. Tell the participants that you will state some ages and weights of children. You will then call on individual participants to answer whether the child is very low weight-for-age or not very low weight-for-age. Reassure participants that this is a practice activity and not a test. Ask participants to wait to be called on and to be prepared to answer as quickly as they can.
3. Demonstrate by giving an example. A girl 6 months of age is 7.0 kg in weight. Make a mark on horizontal line on chart and then mark a dot across 7 kg by drawing a vertical line up to the 7 kg mark. Tell the participants that this dot is above the thick curved line. Therefore, this girl is not very low weight-for-age.
4. Start the drill by saying aloud the weight and age of the first child. Allow participants time to look at a weight-for-age chart and determine the answer. Then ask a participant to give the child's weight-for-age status. Continue calling on different participants, making sure that each participant understands how to use the weight-for-age chart correctly.

Drill : Determine weight-for-age

ASK: If the child is	and weighs	Is the child very low weight-for-age?
7 months	7.0 kg	No
36 months	13.0 kg	No
12 months	5.5 kg	Yes
18 months	9.0 kg	No
3 months	3.0 kg	Yes
2 years	7.0 kg	Yes
6 months	7.0 kg	No
12 months	8.0 kg	No
36 months	9.0 kg	Yes
8 months	6.0 kg	No
15 months	6.0 kg	Yes
4 months	6.0 kg	No
14 months	7.5 kg	No
48 months	14.0 kg	No
20 months	7.5 kg	Yes
7 months	7.5 kg	No
10 months	7.5 kg	No
11 months	7.0 kg	No
12 months	6.0 kg	Yes

Summary : (5 min)

- Ask participants what to LOOK for when assessing for malnutrition? *(*Answer*: visible severe wasting and oedema in both feet)*
- Ask a participant to explain what materials and information is needed to determine how the child is growing when compared to other children (Answer*: age, weight, weighing scale and growth chart)*

Evaluation of the session

Objectives	Assessment Method
Explain what to ASK, LOOK and FEEL for when assessing for malnutrition	Questions and answers
Correctly assess and identify a child with malnutrition	Assessment and identification drill

Module 9A : Assess and Classify

Session 7 : Assessment and classification of the sick child : Anaemia and checking immunization, vitamin A and iron status

Day : 5
Time Required : 1 hour 30 minutes

Objectives

At the end of the session the ASHAs will be able to:

1. Explain what to LOOK for when assessing for anaemia
2. Explain the government immunization schedule and what to do if child is not up to date
3. Explain where to look for Vitamin A and Iron Folic acid (IFA) schedule and instructions

Materials and Preparation

- See Checklist of Instructional Material at beginning of sick child module. These materials will be used for all sessions for sick child module.

Training Activities :

Activity - 1 : Participants to read from 'Check for Anaemia' through 'Classify Anaemia'

Make sure participants have read through the material. Ask participants what they LOOK for when assessing for anaemia? *(*Answer*: pallor of palms).* Ask for any questions about the reading, and clarify any confusion.

Activity - 2 : Demonstration : Classify Anaemia

1. Trainer uses chart for demonstrating how to classify anaemia
2. Explain that whether child has any major symptom or not, one classification is to be definitely chosen in this box.

   There are three classifications for a child's anaemia:

   - Severe Anaemia
   - Anaemia
   - No Anaemia

- If the child has severe palmar pallor, classify the child as having SEVERE ANAEMIA**.**
- If the child has some palmar pallor, classify the child as having ANAEMIA.
- If the child has no palmar pallor, classify the child as having NO ANAEMIA.

Activity - 3 : Photograph Exercise - Group Work

1. Gather the participants together. Show photographs 21 – 23 b. First ask participants what they see, and if the child has anaemia. Listen to the answers. If someone answers correctly, praise her, and explain the answer to the group. Then go on to the next example.

Photograph 21 : This child's skin is normal. There is no palmar pallor.

Photograph 22a : The hands in this photograph are from two different children. The child on the left has some palmar pallor.

Photograph 22b : The child on the right has no palmar pallor.

Photograph 23a : The hands in this photograph are from two different children. The child on the left has no palmar pallor.

Photograph 23b : The child on the right has severe palmar pallor.

2. Small quiz exercise: Now show photos 24 to 29. Have participants work alone and decide if the child has severe, some or no pallor. Have them check the appropriate box on the sheet in their manuals. When everyone is done, review the answers.

	Does the child have signs of :		
	Severe pallor	**Some pallor**	**No pallor**
Photograph 24		✓	
Photograph 25			✓
Photograph 26a	✓		
Photograph 26b			✓
Photograph 27	✓		
Photograph 28		✓	
Photograph 29	✓		

Activity - 4 : Assessing each other for Anemia

Tell participants to assess each other for pallor and discuss your assessment in the group.

Activity - 5 : Conduct Video Exercise - EXERCISE - 'P' 'Checking for Malnutrition and Anaemia'

Activity - 6 : Participants to read from 'Check the Child's Immunization, Prophylactic Vitamin A and IFA Supplementation Status' through 'Assess Other Problems'.

1. Make sure participants have read through the material.
2. Ask participants if they have any questions. Either answer them, or write them down to be answered later in the session.

Activity - 7 : Group Discussion on Immunization and other health problems

1. Conduct a group discussion on other health problems. Ask participants to list the common problems they see. Write them on the flip chart. Emphasize that boils on the skin, scabies ('kharish'), sore eyes or pus draining from the ear are the common problems. These do not normally cause death. However, they need to be treated to reduce discomfort.

- These conditions should be recognized and treated accordingly. This course does not include teaching their treatment.
- Review with the participants the Government's immunization guidelines being used.
- Emphasize that all children should complete BCG, 3 doses of DPT and Polio and Measles immunizations before 12 months age.
- BCG should be given as soon as possible in the first few weeks after the baby is born.
- The three doses of DPT and Polio should be given 1 month apart.
- Measles immunization is recommended at 9 months age.
- Immunizations can be given even when the child is ill, but should not be given if the child is to be referred to the hospital.
- An immunization record is very helpful in updating the immunization status and in avoiding giving unnecessary immunization.
- Iron-Folic: Also give prophylactic iron folic acid for a total of 100 days in a year after a child has recovered from acute illness if it is 6 months of age or older, and has not received prophylactic iron folic acid for 100 days in the last one year.
- Vitamin A: Give the recommended dose of vitamin A for the child's appropriate age.

2. Ask participants what they would do in the following situations:
   - if you meet a young infant without any immunizations? (Answer: *accompany the child and its mother to the health center, or arrange for them to come to the next EPI session, etc.)*
   - you reviewed the child card of a 4 month old and saw she was late for her 2nd DPT?

     *(*Answer*: same as above)*

Activity - 8 : Conduct Drill: Identify the need for Immunization in Children

To conduct this drill:

1. Make sure that participants are looking at the Immunization Section in the chart.
2. Write on the flip chart the age at which immunization should be given.
3. Illustrate by one example. Ask your Co-Trainer: "A child six months age with cough and cold is brought to ASHA. He has been given BCG, DPT-1 and DPT-2, Polio-1 and Polio-2. What immunization should be given today?" (Answer**:** *DPT-3 and Polio-3*.)
4. Start the drill by describing clearly and slowly the immunizations to be given and then asking participants turn by turn what immunizations are required today.
5. Continue the drill until you are sure that all participants know the correct immunization schedule.

Questions		Answers
What immunizations would you advise today if:		
The child is	**He/she has been given the following immunizations**	
2 months old	BCG	Polio-1, DPT-1
5 months old	BCG	Polio-1, DPT-1
4 months old	BCG, Polio-1, DPT-1	Polio-2, DPT-2
11 months old	BCG, Three doses of DPT and Polio and Measles	No immunizations required
8 months old	BCG, Polio-1, DPT-1	Polio-2, DPT-2
6 months old	BCG, Polio 3 doses, DPT 3 doses	No immunizations required
7 months old	BCG, Polio-1, 2, DPT-1, 2	Polio-3, DPT-3
5 months old	Polio-1, 2, DPT-1, 2	BCG
10 months old	BCG, Polio 3 doses, DPT 3 doses	Measles

Summary : (10 min)

- Ask participants what they LOOK for when assessing for anaemia? *(*Answer*: palmar pallor)*
- Ask a participant to name the 3 classifications for anaemia: *(*Answer *: severe anaemia, anaemia, no anaemia)*
- Ask a participant to explain the government guidelines on BCG, DPT and measles *(*Answer: *complete BCG, 3 doses of DPT and Polio and Measles immunizations before completing 12 months age*).
- Ask participants to explain when and how much IFA (iron-folic acid) to children (Answer*: 1 tablet IFA for a total of 100 days in a year after the child has recovered from acute illness if the child is 6 months or older, and has not already received iron-folic in that year)*
- Explain where to look for Vitamin A and Iron Folic acid (IFA) schedule and instructions *(*Answer*: IMCI chart)*

Evaluation of the session

Objectives	Assessment Method
Explain what to LOOK for when assessing for anaemia	Questions and answers, photo drill
Explain the government immunization schedule and what to do if the child is not up to date	Questions and answers; drill
Explain where to look for Vitamin A and Iron Folic acid (IFA) schedule and instructions	Questions and answers (group discussion)

Module 9A : Assess and Classify

Session 8 : Assessment for classification

Day : 5
Time Required : 30 minutes

Objective

At the end of the session the ASHAs will be able to:

1. Classify a sick child by using the case management chart

Materials and Preparation

See Checklist of Instructional Material at beginning of sick child module. These materials will be used for all sessions for sick child module.

Training Activities :

Activity - 1 : Review Classifying Signs of Illness

Tell the participants they will now practice classifying signs of illness. You will describe a child's signs and symptoms. Then call on a participant to select the appropriate classification. If you think a participant needs additional practice, ask him to describe how she classified the child's signs according to the classification table. This would ensure that the participant is not getting a correct answer by mere guess work

Illustrate by giving an example. How would you classify a 10 MONTH old child who is lethargic, has visible severe wasting and some palmar pallor? Go to the chart, mark out the circles in the "Signs" section. This child has severe disease, severe malnutrition and anaemia.

Tell all participants to write their answers on the paper provided.

Sr. No	Question		Answer
	How would you classify a 9-month old child who has:		
1	Cough **and**	not able to drink, has chest in-drawing.	**Severe Disease or Severe Pneumonia**
2	Cough **and**	breathing rate of 51 breaths per minute and no signs of very serious disease.	**Pneumonia**
3	Cough **and**	breathing rate of 40 breaths per minute and no signs of very serious disease.	**Cough or Cold**
4	Diarrhoea for 3 days **and**	blood in stool; child is drinking eagerly; skin pinch is slow.	**Dehydration and Dysentery**
5	Diarrhoea for 3 days **and**	blood in stool; no signs of **Dehydration**.	**Dysentery No Dehydration**
6	Diarrhoea for 16 days **and**	no blood in stool; child is drinking eagerly; skin pinch goes back slowly.	**Dehydration and Persistent Diarrhoea**

Sr. No	Question		Answer
	How would you classify a 9-month old child who has:		
7	Diarrhoea for 2 days **and**	no blood in stool; not lethargic or unconscious; is able to drink normally; skin pinch goes back immediately.	**No Dehydration**
8	No cough and No diarrhoea **and**	visible severe wasting.	**Severe Malnutrition**
9	No cough, No diarrhoea **and**	oedema of both feet.	**Severe Malnutrition**
10	No cough, No diarrhoea **and**	severe pallor.	**Severe Anaemia**
11	No cough, No diarrhoea **and**	does not have severe wasting, does not have oedema but has some pallor.	**Anaemia**
12	No cough, No diarrhoea **and**	does not have severe wasting, does not have oedema but is very low weight-for-age.	**Very Low Weight**
13	No cough, No diarrhoea, No severe wasting, No oedema of both feet **and**	not very low weight-for-age and does not have pallor.	**Not Very Low Weight**

Summary : (10 min)

- Ask different participants to demonstrate on the case management chart how they arrived at their answers in each of the questions above.

Evaluation of the session

Objective	Assessment Method
Classify a sick child by using the case management chart	Answers on assessment sheet

Module 9 : Management of Sick Child and Counseling for Immunization & Nutrition

9B : Identifying treatment and giving treatment before referral

Session 1 : Evaluation of participants and recapitulation of previous training

Day : 2
Time Required : 1 hour

Objective

At the end of the session ASHAs will be able to:

1. Demonstrate ability to assess and classify sick children according to the case management chart

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for sick child module.

Training Activities :

Activity - 1 :

Ask participants to share their experiences of assessing sick children. Write the type of cases seen and signs encountered in children. Write down their responses on flip board.

Clarify any doubts.

Activity - 2 : Review Video Exercise

Ask participants to see the video and write down their assessment on the case recording form. The participants should write their names on top of the recording form. Do not show them the answers at this stage.

Case Study 1 :

Management of the sick child age 2 months up to 5 years

Name: __*Jenny*__ Age: _*15 months*__ Weight: _*6 kg*_ Temperature: _*98.6^0 F (37^0 C)*_

ASK: What are the child's problems? ___*Diarrhoea* _____ Initial visit? _✓__ Follow-up Visit? ___

ASSESS (circle all signs present)	**CLASSIFY**
Check for general danger signs **General danger signs present?** Not able to Drink or Breastfeed Lethargic or Unconscious Vomits Everything Convulsions	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 breaths in one minute. __42___ breaths per minute. Fast breathing? • Look for chest in-drawing.	**Pneumonia**
Does the child have diarrhoea? Yes_✓_ No _	
• Is there blood in the stools? • For how long? _2_ days • Look at the child's general condition. Is the child: Lethargic or Unconscious? Restless and/or irritable? • Look for sunken eyes. • Offer the child fluid. Is the child : Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back : Very slowly (longer than 2 seconds)? Slowly?	**No dehydration**
Does the child have fever? (By history/feels hot/temperature 99.5^0 F (37.5^0 C) or above) yes__ no_✓__	
• Fever for how long? ___ Days • If more than 7 days, has fever been present every day? Yes __ No__ • Look or feel for stiff neck.	
Then check for malnutrition • Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine grade of malnutirion grade 1, 2 (3) 4	**Severe Malnutrition**
Then check for anaemia • Look for palmar pallor Severe palmar pallor? Some palmar pallor? No palmar pallor?	**Anaemia**

Case Study 2 :

Management of the sick child age 2 months up to 5 years

Name: ___ *Marthaa* _____ Age: _*4 Years*__ Weight: _*13 kg* __ Temperature: __100.4^0 F (38^0 C)__

ASK: What are the child's problems? __*Cold, Cough* _____ Initial visit? _✓__ Follow-up Visit? ___

ASSESS (circle all signs present)		**CLASSIFY**
Check for general danger signs Not able to drink or breastfeed Vomits Everything Convulsions	Lethargic or Unconscious	General danger signs present? Yes___ No_✓_ Remember to use danger sign when selecting classifications
Does the child have cough or difficult breathing? Yes__✓__ No		
• For how long? _5___ days	• Count the breaths in one minute. _46_ breaths per minute. Fast breathing? • look for chest in-drawing.	**Pneumonia**
Does the child have diarrhoea? Yes __ No _✓_		
• Is there blood in the stools? • For how long? ____ Days	• Look at the child's general condition. Is the child : Lethargic or Unconscious? Restless and/or Irritable? • Look for sunken eyes. • Offer the child fluid. Is the child : Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back : Very slowly (longer than 2 seconds)? Slowly?	
Does the child have fever? (By history/feels hot/temperature 99.5^0 F (37.5^0 C) or above) yes_✓_no__		
• For how long? _4__ days • If more than 7 days, has fever been present every day? Yes __ No__	• Look or feel for stiff neck.	**Malaria**
Then check for malnutrition	• Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine grade of malnutirion Grade 1 2 3 4	**Not Very Low Weight**
Then check for anaemia	• Look for palmar pallor Severe palmar pallor? Some palmar pallor? No palmar pallor?	**No Anaemia**

After the participants have recorded their assessment collect all the recording forms.

Now show them the answers as given in the video.

Case Study 3 (Optional) :

Management of the sick child age 2 months up to 5 years

Name: ___Faduma___ Age: _18 months__ Weight: _6 kg__ Temperature: __98.6^0 F (37^0 C)__

Ask: What are the child's problems? __Itching, Rash __ Initial visit? _✓_ Follow-up visit? ___

ASSESS (circle all signs present)		**CLASSIFY**
Check for general danger signs Not able to drink or breastfeed Vomits everything Convulsions	Lethargic or Unconscious	General danger signs present? Yes___ No_✓_ remember to use danger sign when selecting classifications
Does the child have cough or difficult breathing? Yes__✓__ No ___		
• For how long? _7_ days	• Count the breaths in one minute. _42_ breaths per minute. Fast breathing? • Look for chest in-drawing.	**Pneumonia**
Does the child have diarrhoea? Yes _✓__ No ___		
• Is there blood in the stools? • For how long? _6_ days	• Look at the child's general condition Is the child: Lethargic or Unconscious? Restless and/or irritable? • Look for sunken eyes • Offer the child fluid. Is the child : Not able to drink or drinking poorly? Drinking eagerly, thirsty? • Pinch the skin of the abdomen. Does it go back : Very slowly (longer than 2 seconds)? Slowly?	**Severe Dehydration**
Does the child have fever? (By history/feels hot/temperature 99.5^0 F (37.5^0 C) or above) Yes___ No_✓__		
• For how long? _____ Days • If more than 7 days, has fever been present every day? Yes __ No__	• Look or feel for stiff neck.	
Then check for malnutrition	• Look for visible severe wasting. • Look and feel for oedema of both feet. • Determine grade of malnutirion Grade 1 2 (3) 4	**Severe Malnutrition**
Then check for anaemia	• Look for palmar pallor • Severe palmar pallor? Some palmar pallor • No palmar pallor?	**Anaemia**

Summary

- Ask a participant to explain how the case management chart is used *(3 colour codes; red, yellow and green, and 3 main sections Assess, Classify and Identify Treatment)*
- Ask for any questions about the case studies; discuss and clarify them

Evaluation of the session

Objective	Assessment Method
Demonstrate ability to assess and classify sick children according to the case management chart	Case studies

Module 9B : Identifying treatment and giving treatment before referral

Session 2 : Identify treatment and give treatment / advice before referral

Day : 2
Time Required : 30 minutes

Objectives

At the end of the session ASHAs will be able to:

1. Identify the appropriate treatment based on the child's classification
2. Explain what advice or treatment (if any) is required before refering a particular case

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module . These materials will be used for sick child module.

Training Activities :

Activity - 1 : Participants read 'Identify Treatment'

Briefly introduce the section by explaining that it describes the final step on the *ASSESS and CLASSIFY* chart : "Identify Treatment".

Activity - 2 : Demonstration: How to identify treatment and Using back of recording form

- Conduct a demonstration on identifying treatment. Illustrate it with some examples.
- Pointing to the wall chart, explain how to read across the chart from each classification to the list of treatments needed. Point to the treatments listed for SEVERE PNEUMONIA and read them aloud (or have a participant read them aloud). Point to the treatments listed for diarrhoea with NO DEHYDRATION and read them aloud (or have a participant read them aloud). Ask a participant to point to the classification DYSENTERY. Then ask that participant to read aloud the treatments for dysentery.
- Explain that severe classifications usually require referral to a hospital.
- **Explain what is meant by "hospital": a health facility with inpatient beds and supplies and expertise to treat a very sick child.**
- Explain that this section does not describe how to do the treatments, but simply how to identify which treatments are needed.

Activity - 3 : Exercises on 'Identify Treatment'

In this exercise you will decide whether or not urgent referral is needed. Tick the appropriate answer.

1. Sarla is an 11-month-old girl. She has the classification :

   SEVERE PNEUMONIA, NOT VERY LOW WEIGHT AND ANAEMIA

   Does Sarla need urgent referral? YES _✓__ NO

   Identify the treatment she needs:

- Give first dose of cotrimoxazole.
- **Refer URGENTLY** to hospital.

2. Neena is a 6-MONTH-old girl. She has the classification:

   NOT ABLE TO FEED – VERY SEVERE FEBRILE DISEASE

   Does Neena need urgent referral? YES _✓_ NO___

   What is the pre-referral treatment that she needs?

   - Give first dose of cotrimoxazole.
   - Give first dose of antimalaria as per NAMP guidelines after making a smear.
   - For high fever , give one dose of paracetamol immediately.

3. Hanif is a 7-MONTH-old boy. He has the classification:

   Diarrhoea with NO DEHYDRATION AND VERY LOW WEIGHT

   Does Hanif need urgent referral? YES ___ NO _ ✓_

4. Habib is a 19-MONTH-old boy. He has:

   NO PNEUMONIA COUGH OR COLD AND SEVERE MALNUTRITION

   Does Habib need urgent referral? YES _✓_ NO ___

   What is the pre-referral treatment that he needs?

   - Give Vitamin A
   - Prevent low blood sugar by giving breastmilk. If the mother is unable to feed give expressed breastmilk; if that is also not possible, give other milk or water with sugar (4 tsp sugar per cup)
   - Keep the child warm.

Summary

- Ask a participant to explain how to determine the treatment from the case management chart

Evaluation of the session

Objectives	Assessment Method
Identify the appropriate treatment based on the child's classification	Case examples
Explain what pre referral advice or treatment is required (if any) for a particular case	Case examples

Module 9B : Identifying treatment and giving treatment before referral

Session 3 : Treat the child : Referral issues

Day : 2
Time Required : 1 hour

Objective

At the end of the session ASHAs will be able to:

1. Identify cases that need referral and assist the family in overcoming barriers to referral

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for sick child module.

Training Activities :

Activity - 1 : Introduce "Treat the Child"

State briefly that in this session participants will learn how to use the *TREAT* chart. The chart contains information on how to provide treatment to sick children and how to teach the mother to continue providing treatment at home.

Activity - 2 : Participants read 'Refer the Child' in their manual

Activity - 3 : Role Play – Counselling a Mother for Referral

- Give the "mother" the situation described below. Remind her that she may imagine additional realistic information that fits the situation if necessary.
- After the role play, use questions to lead a group discussion.

Role Play - Description for Harish's Mother

You have a 3 month-old son named Harish who has difficulty in breathing. The ASHA has already explained to you that Harish needs urgent referral.

You are afraid of the ASHA and do not volunteer information unless asked for. You have come a long way to the clinic and you are tired. You are reluctant to go to the hospital because transportation is difficult for you as you have no money and your husband is away at work. You are also concerned about where to leave your 2 year old elder daughter if you were to go away to the hospital. You also have concerns about how to manage yourself in a large hospital in a large city.

Role Play Instructions :

ASHA :

Explain the need for referral to Harish's mother and give her instructions. Discuss any problems she may have about going to the hospital. Assume that the hospital is about an hour away and that transportation is similar to what is available in your own area. If you have a telephone in your area, assume that one is available in the role play.

Observers:

Tell them to watch the role play. Be prepared to comment on what was done well and what could be improved. Be prepared to answer the questions.

Questions:

Is this mother likely to go to the hospital? Why or why not?

Has she been given all the necessary instructions? If not, what information was missing?

Activity - 4 : Group Discussion on Referral Issues

Emphasize the importance of giving a referral card and solve the problems related to referrals. Discuss the likely problems participants will face in the field. Take suggestions from the participants as to how problems can be tackled.

Discussion on common problems in referral

After the role play lead a discussion on common problems in referral. Information in the following table can be used to relate to the role play as well as general discussion.

Problems	Possible solutions
Mother is not convinced about seriousness of the illness	Explain what harm can occur if the treatment is delayed. Give examples of children with similar diseases who suffered from complications or died because of delay of even a few hours in taking them to the referral facility.
Mother is scared of the treatment and tests carried out in the hospital.	Tell the mother what to expect. Explain that the treatment is to help the child get better. The injections, IV and tests do cause some pain but are not harmful for the child.
Family does not have faith in the services provided by the referral centre. They have heard of a bad outcome in other children.	Give examples of children who have recovered from their illness as a result of timely referral. Emphasize that the purpose of referral is to provide the best treatment for the child.
The family has heard that the hospital staff is rude.	Tell the mother that you are providing a referral card which will help the family get priority treatment. Explain that it is worthwhile to bear a little inconvenience in hospital treatment and staying in a strange unfamiliar place for the sake of the child who can be cured.

Problems	Possible solutions
The family is worried about large expenses from hospital admission, transport and expenses on food.	Explain that the charges are according to the financial situation of the family. Discuss with the mother what expenses are likely to occur and how the family may be able to arrange these to meet the situation. Some hardship is going to occur but this is worth the trouble since it involves the well being of the child.
The family is worried about who will look after the other children while the mother and the child are gone to the hospital.	Discuss the possibility of another member of the household doing this job. Suggest that neighbours or relatives may be approached for help during this crisis situation.
The mother wonders why the treatment can not be provided by you.	Explain that you can treat most of the diseases but not all of them. If the disease requires IV fluids, oxygen or medicines by injection then hospital treatment is the best. Clarify that it is not possible for you to do certain tests on the child. They are carried out only in hospitals.

Summary

- Ask a participant to explain some problems families have when a ASHA 'refers' their child to a facility, and how they as ASHAs would handle this.

Evaluation of the session

Objective	Assessment Method
Identify cases that need referral and assist the family in overcoming barriers to referral	Role play and discussion on solution to problems

Module 9B : Identifying treatment and giving treatment before referral

Session 4 : Treat the child: Treatment with medicines at home i) Treat pneumonia/ dysentery with cotrimoxazole

Day : 2
Time Required : 1 hour

Objective

At the end of the session ASHAs will be able to:

1. Treat the child with pneumonia or dysentery at home with the correct dose of cotrimoxazole

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module . These materials will be used for sick child module.

Training Activities :

Activity - 1 : Participants read ' Treat pneumonia/ dysentery with cotrimoxazole'

Activity - 2 : Drill: Determine the dose and schedule of cotrimoxazole in the treatment of child with pneumonia / dysentery

Tell the participants that this drill will review how to determine the schedule and dose of cotrimoxazole.

To conduct the drill :

a. Explain that this drill will help participants gain skill to determine the schedule and dose of Cotrimoxazole to be given to a sick child. This is an important skill. If the dose is not correct, it may not help the child's treatment. An over dose may be harmful. Be sure that each participant consults the table during the drill. Do not let them guess as they are likely to make mistakes.

b. Before the drill begins ask the participants if they have any questions. Provide detailed answers to all questions.

c. Give an example. Ask your Co-trainer, "what is the dose of cotrimoxazole in a 9 month old child with pneumonia?"

Answer 2 Paediatric tablets in the morning and 2 tablets at night for 5 days.

d. Begin the drill. Ask the question in the left column. Refer to the appropriate column to check the participant's answer.

QUESTIONS	COTRIMOXAZOLE PEDIATRIC TABLET
What dose of cotrimoxazole and schedule would you use for:	**20 mg trimethoprim + 100 mg sulphamethoxazole Give two times for how many days**
A 12-month-old child classified as having pneumonia?	3
A 6-month-old child classified as having pneumonia?	2
A 10-month-old child with cough classified as having severe disease or severe pneumonia?	2 once, single dose and refer.
A 2-year-old child classified as having pneumonia?	3
A 3-month-old child classified as having pneumonia?	2
A 20-month-old child classified as having pneumonia?	3
A 10-months-old child with only cough and cold, no pneumonia?	Nil
A 5-month-old child classified as having pneumonia?	2
A 12-month-old child classified as having dysentry?	3
A 6-month-old child classified as having dysentry?	2
A 2-year-old child classified as having dysentry?	3
A 3-month-old child classified as having dysentry?	2
A 20-month-old child classified as having dysentry?	3
A 10-months-old child with only diarrhoea?	Nil
A 5-month-old child classified as having dysentry?	2

Activity - 3 : Role Play on teaching a mother to give oral cotrimoxazole at home using good communication skills

Characters:

The characters in this play are the mother and the ASHA

Case Scenario for the Mother

Gauri is a 5 month old infant. Her mother told the ASHA that "*Gauri has a cough*". The ASHA assessed Gauri and determined that she had a breathing rate of 60 per minute, no chest in-drawing and no other sign of severe illness. ASHA classified her as having pneumonia. The mother is concerned as to how Gauri will swallow the tablets being prescribed by the ASHA.

1. The ASHA locates the "Give Cotrimoxazole" to treat the young infant and counsels the mother by showing her that part of the chart. She locates the correct dose of cotrimoxazole to be given to Gauri.
2. Praises the mother for bringing her child at the right time. The ASHA assures the mother that Gauri will get better if she gives the medicine according to her advice.
3. The ASHA tells the mother that this is the best medicine for the pneumonia and tells her that "*I will now show you how much to give at one time and how to give*".
4. The ASHA describes the steps – holding a tablet of pediatric cotrimoxazole. Crushes it and mixes it with some water and feeds it to the infant.
5. The ASHA asks the mother to do the same with the other half and after preparing the medicine, gives it to her infant. Also, praises her for doing so.
6. The ASHA packs and labels the drug. Describes the schedule and explains, when and how to give it.
7. Tells the mother to give the full dose even if the infant gets better.
8. The ASHA asks the mother how many times each day, and how much of the oral medicine each time will she give Gauri. Also, asks her how long will she continue to give the medicine.

Summarize the Role play:

Emphasize the following points about giving oral drugs at home :

- Determine the appropriate drugs and dosage for the child's age or weight.
- Tell the mother the reason for giving the drug to the child.
- Demonstrate how to measure a dose.
- Watch the mother practice measuring a dose by herself.
- Ask the mother to give the first dose to her child.
- Explain carefully how to give the drug, then label and package the drug.
- Explain that all the tablets must be used to finish the course of treatment, even if the child gets better.
- Check the mother's understanding before she leaves

Summary

- Ask a participant to explain the treatment for pneumonia or dysentery, including the dose, and when to give it
- Ask a participant to explain what information the mother or care giver needs and why it is important to make sure she understands what to do

Evaluation of the session

Objective	Assessment Method
Treat the child with pneumonia or dysentery at home with the correct dose of cotrimoxazole	Role play, drill, and discussion

Module 9B : Identifying treatment and giving treatment before referral

Session 5 : Treat the Child: Treatment with medicines at home ii) Treat diarrhoea with dehydration by using Oral Rehydration Salt (ORS) solution (Plan B)

Day : 2
Time Required : 1 hour

Objectives

At the end of the session ASHAs will be able to:

1. Explain how to mix ORS correctly
2. Treat the child with diarrhea and dehydration with the correct dose of ORS

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module . These materials will be used for sick child module.

Training Activities :

Activity - 1 : Participants read 'Treat diarrhoea with dehydration with Oral Rehydration Salt (ORS) solution (Plan B)'

Activity - 2 : Determine amounts of ORS solution to be given during the first 4 hours for treatment of children with dehydration

Tell the participants that this drill will provide practice in determining the approximate amount of ORS solution to be given to a child who has diarrhoea and some dehydration.

Materials needed for this drill :

- Learner' guide/chart book - Consult the table which shows ORS solution amounts to be given according to age of the child.
- Pencil and paper.

To conduct the drill :

a. Ask the participants to look at the instructions for giving ORS solution to children with dehydration. Review the fluid amounts. Tell the participants they can refer to the table during the drill. Discourage them from relying on memory since this can lead to mistakes.
b. Tell the participants that you will state the ages of children with signs of dehydration. You will then call on individual participants to state how much ORS solution should be given. Tell the participants that this drill is a practice for them to quickly and correctly determine the approximate amounts of ORS to give to dehydrated children. To keep the drill lively, encourage the participants to wait to be called on and be prepared to answer as quickly as they can.
c. Ask if there are any questions. Provide detailed answers to all questions .

d. Start the drill by giving an example. Ask your Co-facilitator: "How much ORS is to be given to a 1-year old child with diarrhoea and dehydration?" **The answer is** 700-900 ml, i.e., 5-6 cups. Discuss with participants, and ask them what is the volume of fluid that is generally available in one cup. For this drill, consider that one cup provides 150 ml fluid.

e. Begin the drill. State the age for the first child. Call on a participant to tell you the **range** or the calculated **amount** of ORS solution to give to that child during the first 4 hours. Encourage the participants to answer quickly. Then state the next age, and call on the next participant.

f. Praise participants for correct answers. If a participant gives an incorrect answer, move on and ask the next participant to answer. If you feel that there are one or more participants who do not understand, pause to explain. Then resume the drill.

g. Keep the drill moving at a quick pace. Repeat the list of questions or make up new ones if you believe participants need more practice. The drill ends when you are convinced that all participants have acquired adequate are skills and are comfortable determining amounts of fluid needed in 4 hours.

Age of a Sick Child	Number of Cups*
3 years old	7
4 months old	3
5 months old	3
10 months old	3
1-1/2 years old	5
4 years old	7
15 months old	5
1 year old	5
2 months old	2
7 months old	3
8 months old	3
18 months old	5
4½ years old	7
3 months old	2

** One cup provides 150 ml fluid. Adjust this volume according to the volume of ORS that local cups provide.*

Tell the participants that the above amounts are only a guide. If a child wants more or less ORS solution, give him what he wants.

Activity - 3 : Demonstration - Preparation of ORS solution

Objectives:

1. To demonstrate steps of preparing ORS solution.
2. To discuss precautions to be observed while preparing ORS solution.

Supplies :

- Measuring jar (1 litre)
- ORS packets (1000 ml preparation)
- Spoon
- Bowl
- A big container to dissolve ORS
- Clean water

Steps :

- Gather all the participants around the table. Make sure that every participant can clearly see the demonstration.
- Wash your hands with soap and water.
- Pour all the ORS powder from one packet into a clean container.
- Measure 1000 ml of clean water.
- Pour water into the container. Mix well until the powder is completely dissolved.
- Taste the solution so that you know how it tastes. Ask all the participants to taste the solution.
- Illustrate the steps from the pictures in the learner's guide.
- Discuss the precautions to be observed while preparing ORS :
  - Cleanliness (hands, container, etc,).
  - Correct measurement of water (1000 ml).
  - Clean water
  - Mixing it well.
  - Taste the solution.
  - Keep it for not more than 24 hours after preparation and throw away the unused solution.
  - Dissolve a new ORS packet for giving to the child.
  - Give it only by a spoon, frequently (once every minute).
  - If one litre measure is not available, suggest a suitable alternative.
  - Make sure that the participants understand the importance of correct measurement.
- Ask one of the participants to repeat the steps.
- Request one participant to repeat the demonstration in case the participants need more practice.

Summary

- Ask a participant to explain how to mix ORS correctly.
- *Ask another participant to state the precautions to be taken while preparing ORS*

Evaluation of the session

Objectives	Assessment Method
Explain how to mix ORS correctly	Demonstration/Questions and answers
Treat the child with diarrhea and dehydration with the correct dose of ORS	Drill and role play

Module 9B : Identifying treatment and giving treatment before referral

Session 6 : Treat the child: Treatment with medicines at home iii) Treat high fever and anaemia

Day : 2
Time Required : 30 minutes

Objectives

At the end of the session ASHAs will be able to:

1. Treat the child with high fever at home with paracetamol
2. Treat the child with anaemia with iron/folic acid tablets

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module . These materials will be used for sick child module.

Training Activities :

Activity - 1 : Participants read 'Treat High Fever' through 'Treat Anaemia'.

Activity - 2 : Drill: Determine the dose of Paracetamol and Iron Folic Acid

Tell the participants that this drill will provide practice in determining the dose of Paracetamol in the treatment of fever and Iron in the treatment of pallor.

Materials needed for this drill :

- Learner's guide - Consult the table which shows the dose of Paracetamol and Iron /Folic Acid according to the age of the child.
- Pencil and paper

To conduct the drill :

a. Ask the participants to look at the table "Treat Fever with Paracetamol", and "Treat Anaemia with Iron Folic Acid ". They should keep the tables in front of them and refer to them. Participants should not try to rely on their memory. If they rely on memory, they can make mistakes.

b. Tell the participants that you will tell them the age of the child. In case of fever, you would also inform them about the temperature or whether the child feels hot to the touch. You will then call on the participants to state how much medicine is required. The purpose of this drill is to practice determining the dose of this drug. To keep the drill lively, encourage the participants to wait to be called on and be prepared to answer as quickly as they can.

c. Ask if there are any questions. Provide detailed answers to all questions.

d. Begin the drill. State the age for the first child and that she has fever. Call on a participant to tell you the dose. Encourage the participants to answer quickly. Then state the next age and the problems and call on the next participant.

e. Praise a participant for a correct answer. If the participant gives an incorrect answer, ask the next participant to answer. If you feel that more than one participant can not answer, pause to explain. Then resume the drill.

f. Keep the drill moving at a rapid pace. The drill ends when you are convinced that all the participants have acquired adequate skills in and are comfortable with determining the correct dose.

g. Ask the participants to consult and mark on the case management chart the dose of paracetamol and iron for children with fever or anaemia. Also explain to them that the dose of iron folic acid tablets has been as 1 or 2 tablets because it is difficult to break these tablets in to two equal halves.

Age	Paracetamol 500 mg	Iron/Folic Acid Tablets for children
A 4-year-old with high fever	1/2	-
A 2-year-old with 99.5^{0}F (37.5^{o}C) temperature	-	-
A 1-year-old where mother informs you that child feels very hot	1/4	-
A 3-year-old with 104^{0}F (40^{o}C) temperature	1/2	-
A 2½-month-old who has high fever	1/4	-
A 4-year-old who has some pallor	-	2
A 18 months-old who has some pallor	-	1
A 3-year old who has some pallor	-	2
A 4½-year-old who has no pallor	-	-
A 6-month-old who has some pallor	-	1
A 1½-year-old with no pallor	-	-
A 2½-year-old who has severe pallor	-	Refer

Summary

- Ask a participant to explain the treatment for high fever in a child
- Ask a participant to explain the treatment for anaemia in a child

Evaluation of the session

Objectives	Assessment Method
Treat the child with fever with paracetamol	Drill
Treat the child with anaemia with iron/ folic acid tablets	Drill

Module 9B : Identifying treatment and giving treatment before referral

Session 7 : Home care

Day : 2
Time Required : 2 hours

Objectives

At the end of the session ASHAs will be able to:

1. Explain the home care for a child with cough and cold
2. Explain the home care for a child with diarrhoea but no dehydration
3. Identify 2 local home fluids that can be given during diarrhoea to prevent dehydration

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for sick child module.

Training Activities :

Activity - 1 : Participants read 'Home Care for Cough and Cold'

Activity - 2 : Group Discussion on 'Home Made Safe Cough Remedies'

Objectives :

1. To determine the effectiveness of locally available cough remedies being used by parents or grandmother or others in the family for treating a child having cough or difficult breathing.
2. To make ASHAs aware that home made safe cough remedies are beneficial to a child with cough.
3. To inform ASHAs that cough medicines, which are available in the market, are often harmful to a child having cough or difficult breathing.

Issues to be raised :

1. Safe home remedies, e.g., sugar with water, tea, lemon water, tulsi water are good, because of the following reasons:
   - easily available;
   - traditionally used for centuries without harmful effect;
   - mothers/grandmothers have faith in them;
   - cheap;
   - these are sweet, the child will take it.
2. Cough mixtures, available in the market, can be harmful because of the following reasons:
   - contain the medicine that makes the child drowsy (sleepy);
   - the taste is not good and the child may vomit;
   - costs money and are harmful;
   - are not available in the village.

Some home made remedies are not safe, e.g., preparation containing menthol are harmful. **Safe cough remedies are those cough remedies which do not produce harmful effects, i.e., do not cause vomiting, do not produce drowsiness (sleepiness) and are easily available at home without costing a lot.**

Activity - 3 : Role Play - Advising Home Care for a Child with Cough or Difficult Breathing: No Pneumonia

Objectives :

To practice communication skills in advising home care for a child with cough or difficult breathing with special emphasis on home made cough remedy.

Case Scenario for the Mother

A mother brought her 7-months-old girl Tina who had cough for 4 days. The ASHA assessed Tina and found that she has no general danger sign, no chest in-drawing and no fast breathing. The ASHA classified her as having NO PNEUMONIA: Cough or Cold. The ASHA decided to give HOME CARE to Tina. The mother has travelled 10 kms to reach the clinic. This is her first child and she is worried that this cough may 'become' pneumonia. She wants the ASHA to give some medicine in a bottle which relieves the cough. Tina's nose is blocked.

Give a copy of the description to both the persons performing the role play

Use of Chart :

The ASHA consults the box on Counsel the mother on Home Treatment for 'cough or cold' (no pneumonia) in the case management chart (green box). She marks the section feed the child, give increased fluids, soothe the throat and watch for signs to return quickly. The facilitator should monitor the process of using the case management chart.

Tips for the ASHA :

1. Praises the mother for having traveled so far to consult her.
2. Assures her that Tina does not have pneumonia and the cough will most probably not lead to pneumonia if she follows the advice given to her.
3. Determines what she has given to treat cough in the past. Explains that cough medicines, though available in the market, are not safe in children.
4. Discusses with her how to make a local safe cough remedy at home to soothe the throat. Checks with her if she has all the ingredients available at home or within her village.
5. Determines whether the mother will be able to give the safe cough remedy.
6. Advises her and demonstrates how to clear the nose using saline nose drops (water in which salt is dissolved - a medicine which can be prepared at home). This will also help the child eat well.
7. Explains all the signs regarding when to return immediately.

What the participants should check while watching the role play?

- Did the ASHA praise the mother for bringing Tina?
- Was he/she able to convince the mother regarding the role of home made safe cough remedy and the harmful effects of most cough medicines purchased from the market?

- Did she ask the mother about the safe cough remedy used by her in the past at home?
- Did she explain how to clear the nose and how to prepare saline drops?
- Did the ASHA explain to the mother when to return immediately?
- Were checking questions asked?
- Was the mother convinced and satisfied?

Summarize the Role Play

- Continue breast feeding.
- Home made safe cough remedy should be given to soothe the throat. Discuss with the mother 1 or 2 safe cough remedies which she can prepare at home.
- Increase fluids to loosen the secretions. This will help the child bring out secretions easily while coughing.
- Clear the nose by using saline nose drops.
- Advise the mother about signs to observe and when to return immediately:
  - Breathing becomes difficult.
  - Breathing becomes fast.
  - Difficulty in feeding

Activity - 4 : Participants read 'Home Care for Diarrhoea with No Dehydration'

Activity - 5 : Conduct Group Discussion on "Home Available Fluids"

Objectives:

1. To help the participants learn about the locally available fluids which can be given by the mother at home to her child during diarrhoea.
2. To decide on a list of fluids not recommended during diarrhoea.

Points for Discussion :

- Discuss the importance of giving home available fluids during diarrhoea.
- Ask the participants, one by one, to list the fluids which are commonly available at home in their area.
- Discuss which fluids can be given during diarrhoea. Emphasize that the fluids selected should not be too sweet, or spicy or salty.
- List fluids which should be avoided during diarrhoea. Discuss the reasons for avoiding these fluids.
- Discuss the method of giving home available fluids.

Summarize Key Points

- Home available fluids are important to prevent dehydration during diarrhoea.
- Encourage the mother to give locally available fluids which she can afford and which are readily available.
- Do not give fluids like aerated drinks, sweetened fruit, juices, spicy drinks coffee, etc. These can worsen the diarrhoea.
- NEVER DILUTE A FLUID. If you feel that a fluid is too strong, then after giving it, offer the child plain clean water to drink.
- Give home available fluids by a cup or a spoon. Do not use a bottle.

- Give small quantities at frequent intervals.
- Continue to feed the child with foods as well.
- As far as possible, give a variety of fluids. This helps to balance out the salt and sugar intake.
- The presence of food in the home available fluid helps in its absorption.

Examples of available home fluids

Fluids to be given	Fluids not to be given
• Rice Kanji (Mand, Peech) • Vegetable • Buttermilk (Dahi ki Lassi) • Water • Lemon water with Salt and Sugar (Shikanji) • Milk • Dal • Fresh fruit juice(not sweetened) _____ _____ _____	• Aerated drinks like Coke, Fanta, etc. • Fruit juices (sweetened) • Coffee _____ _____ _____

Do not add any additional water to a fluid. If the ASHA feels that the fluid may be too strong, ask the mother to give plain clean water after giving the fluid drink to the child. **The practice of dilution during illness should be discouraged.**

Activity - 6 : Role Play on the Advice regarding Home Treatment of Diarrhoea and No Dehydration

Objectives:

The objective of this role play is to discuss with the mother, home care of a child with diarrhoea and no dehydration.

The characters in this role play are the mother and a ASHA.

Description for the Mother

Gopal is an 11 month old child who is brought to the ASHA with diarrhoea of 2 days duration. The ASHA has examined Gopal and has found no dehydration. The role play starts with the ASHA explaining to the mother that Gopal does not have dehydration and needs treatment at home. The mother is from a village. She is illiterate. The family is poor and the earnings are made by daily wage labour. Gopal is the fourth child. Gopal is continuing on breast feed and the mother thinks that the child is not fully satisfied with her milk. She also gives him half diluted cow's milk. Before Gopal got sick he was getting two teaspoons of porridge but this has been stopped ever since diarrhoea began. The mother wants the ASHA to give the child some medicine to cure the illness.

Use of Case Management Chart :

The ASHA selects the box Counsel the Mother on Home Treatment for 'Diarrhoea - no dehydration' (green box) on the case management chart , chooses the home available fluids in consultation with the mother, marks out relevant portions of advice on breast feeding, home available fluids, how much to give (half cup per stool), how to give, to continue feeding and when to return. The facilitator should monitor the process of using the case management chart.

Tips for the ASHA :

1. Praises the mother for bringing Gopal to the ASHA.
2. Assures the mother that the child has no dehydration. Praises her for bringing the child early in the onset of disease.
3. Identifies the fluids available at home.
4. Encourages the mother to give home available fluids in amounts larger than given normally and gives some idea about how much is to be given.
5. Discourages the mother from diluting cow's milk. Emphasizes that breast milk is good for Gopal and it must be continued during diarrhoea.
6. Emphasises continued feeding during the illness.
7. Teaches the mother, danger signs of illness she should look for. If any of these signs are noted the mother should bring Gopal immediately.
8. Convinces the mother that medicines are not required.

What the observers of the role play should check while watching the role play?

- Did the ASHA praise the mother for bringing Gopal to her?
- Has the ASHA advised the correct fluids available at home for giving to Gopal?
- Has the ASHA answered the questions of the mother to her satisfaction?
- Was the ASHA successful in correcting the feeding problems identified?
- Was any advice given for increasing the amounts of fluids?
- How well were the signs of illness taught?
- Was the mother convinced that medicines should not be given?
- Identify one checking question that was asked?
- What was done well in the role play?
- How could you improve the communication with the mother?

Summarize the Role Play

- Only home management is required in the treatment of child with diarrhoea and no dehydration.
- The three rules of home care are to give increased amount of fluids, to continue feeding and observe for signs of when to return to the ASHA.
- Medicines are generally not required in the treatment of diarrhoea with no dehydration.
- Home available fluids, which are safe, should be advised.
- Do not dilute home available fluids in treatment of illness.

Summary

- Ask a participant to explain the basics of home care for the child with a cough and cold, but not pneumonia
- Ask a participant to explain the basics of home care for a child with diarrhoea and dehydration
- *Ask what is the care advice for a child with diarrhoea but no dehydration?*

Evaluation of the session

Objectives	Assessment Method
Explain home care of the child with a cough or cold	Role play and discussion
Explain home care for the child with diarrhoea but no dehydration	Role play and discussion
Identify 2 local fluids available at home that can be given during diarrhoea to prevent dehydration	Questions and answers

Module 9 : Management of Sick Child and Counseling for Immunization & Nutrition
9C : Counseling and Follow-up

Session 1 : Assessment of child's feeding and identification of feeding problems

Day :
Time Required : 1 hour 30 minutes

Objectives

At the end of the session ASHAs will be able to:

1. Explain how to use the feeding chart
2. Ask appropriate questions to assess feeding
3. Identify feeding problems and initiate corrective feeding practices

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for sick child module.

Training Activities :

Activity - 1 : Participants read 'Promote the Health of the Child' through 'Feeding Recommendations'

Emphasize that all children above 6 months of age, even without signs of pallor, need to be given pediatric IFA for 100 days in a year and on every contact with the child, its mother must be reminded about the next immunization. Also, discuss the Vitamin A supplementation schedule with participants.

Activity - 2 : Demonstration : Use of Feeding Chart

Explain how to use the *COUNSEL THE MOTHER* section in the case management chart. Point to the relevant sections of the chart while outlining the tasks which are going to be taught:

- Assess the child's feeding.
- Identify feeding problems by comparing the actual child's feeding against the recommendations on the chart.
- Praise the mother for the tasks she is doing well and negotiate with her on what she needs to do to solve any feeding problem.

Activity - 3 : Participants read 'Assess the feeding' through 'Identify Feeding Problems'

When using the case management chart, ask participants what questions need to be asked in order to assess proper feeding. Emphasize the importance of using the case management chart while doing so. Ask the participants the age group of children they will assess for feeding problems
(Answer*: All children below 2 years of age and children between 2-5 years of age with very low weight for age*)

Activity - 4 : Role Play: Identifying Feeding Problems

- Select one participant to play the role of the ASHA and another to play the role of the MOTHER.

Description for role of the MOTHER

You are the mother of Ruby, a 7-month-old girl. You have brought her to the ASHA because she has cough and a runny nose. The ASHA has already told you about a soothing local remedy for cough. Now the ASHA will ask you some questions about how you feed Ruby.

You still breast feed Ruby about 3 times each day, and once during the night. In the past month, you have started giving her a thin cereal gruel (dalia) because she seemed hungry after breast feeding and your mother-in-law suggested it. You give dalia by spoon 3 times each day. You neither own nor use a feeding bottle.

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

Give a copy of the description to both the persons performing the role play

Use of Case Management Chart

The ASHA should use the chart and identify appropriate feeding recommendations by looking at the second box from the left. Note the statement that Ruby is "breast fed", but at the same time, note that she is fed 4 times during day and night while she should be fed at least 8 times in 24 hours. In addition, she is also being given thin dalia, which she is not swallowing. Now systematically circle on the chart the good feeding practices - breast feeding, not using a bottle. Identify and circle feeding problems - not breast feeding enough number of times, giving thin dalia and giving sugar water. The Trainer should monitor the correct use of the case management chart.

Description for the ASHA

- You will use the questions listed on the chart to identify feeding problems.
- Presume that you have already assessed the child and given necessary treatment and advice. Make sure that the problem of "runny nose" is discussed in home treatment.
- You may need to ask additional questions if the mother's answers are unclear or incomplete.
- Feeding problems include (a) not breast feeding adequately; (b) Ruby's refusal of "dalia" during her illness; (c) complementary food being "thin" and not energy rich; and (d) giving sugar water during the illness.

- Conduct the role play

  Participants who are not role playing should note their observations against the following questions:
  - Were all the questions on assessment of feeding identified?
  - Which questions were missed?
  - Was the mother praised for giving Ruby breastmilk and *dalia*?
  - Did the ASHA ask questions to check and clarify the mother's answers?
  - Was the ASHA able to identify Ruby's feeding problems?
- After the role play, summarize :
  - Review the answers which the mother gave to the questions on feeding.

    On the flip chart or chalk board, list the correct feeding practices and feeding problems which emerged as a result of the role play.

Good Feeding Practices	Feeding Problems
• Breast feeding Ruby. • Not using a feeding bottle. • Giving *'dalia'* as complementary food.	• Breast feeding not adequate. • Gives thin '*dalia'*. • Started sugar water during Ruby's illness.

- Discuss whether all the necessary questions were asked of the mother. If not, what additional questions should have been asked? What could be the consequences of not asking these questions?
- Discuss possible solutions for each feeding problem

Feeding Problems	Possible Solutions
• Breast feeding not adequate.	• Ruby should continue to be breast fed during the illness. • Increase the frequency of breast feeding to at least 8 times during day and night. • Mother must continue to breast feed Ruby at night.
• Gives thin '*dalia'*.	• Dalia should be thick in consistency. Add 1 teaspoon oil to a cup. This will increase the energy content of the dalia. • Dalia should be given about 2 times per day after the breast feed, in as much quantity as Ruby will accept.
• Started sugar water during Ruby's illness.	• Breast milk has enough water in it. So no extra water is needed. • Sugar water only reduces the success of breast feeding. Therefore, it should not be given.

Summary

- Ask a participant to explain how to use the feeding chart
- Ask another participant to give examples of the questions which should be asked to assess feeding

Evaluation of the session

Objectives	Assessment Method
Explain how to use the feeding chart	Questions and answers
Ask appropriate questions to assess feeding	Role play and discussion
Identify feeding problems and initiate corrective feeding practices	Role play discussion

Module 9C: Counseling and Follow-up

Session 2 : Feeding recommendations

Day :
Time Required : 1 hour 30 minutes

Objectives

At the end of the session ASHAs will be able to:

1. Adapt the food box to local conditions by listing local complementary foods which can be given to children
2. Explain the important principles to consider while selecting complementary foods

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for sick child module.

Training Activities :

Activity - 1 : Conduct Drill: Review of Feeding Recommendations

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

QUESTIONS	ANSWERS
A child is 15 months old.	
Which column of the FEEDING RECOMMENDATIONS applies?	The third column
How often should the child breastfeed ?	As often as the child wants
How often should complementary foods or family foods be given ?	5 times per day
A child is 10 months old and is not breastfed.	
Which column of the FEEDING RECOMMENDATIONS applies ?	The second column from the left
What kinds of food should this child be given ?	*Several participants may answer with local complementary foods.*
How many times per day ?	5 times per day, since the child is not breastfed
A child is 2 years old.	
Which column of the FEEDING RECOMMENDATIONS applies ?	The last (i.e., the extreme right) column
How often should family foods be given ?	At 3 meals per day
How often should food be given between meals ?	Twice daily
A child is 1 month old. She is breastfed about 6 times in 24 hours and receives no other milk.	
Is this child breastfed often enough ?	No, the child should be breastfed at least 8 times in 24 hours
A child is 5 months old and is exclusively breastfed (8 times in 24 hours).	
Which column of the feeding recommendations applies ?	The 1st column
Should this child be given complementary foods ?	NO.
A child is 3 years old. She eats 3 meals each day with her family.	
Which column of the feeding recommendations applies ?	The fourth column (on extreme right)
How often should this child be given nutritious food between meals ?	Twice daily
What are some examples of foods to give between meals?	*Several participants may mention local foods listed on the chart.*
A child is 1 month old and is exclusively breastfed. The weather is extremely hot and dry.	
The mother asks if she should give her child clean water as well as breastmilk, since it is so hot. Should she ?	No. Breastmilk contains all the water that the child needs.

Activity - 2 : Conduct Group Discussion on "Complementary Foods available locally for different age groups"

1. Points for Discussion

- Encourage the participants to list the foods which can be given at the following age:
  - up to 6 months
  - 6 to 12 months
  - 12 to 2 years
  - 2 years to 5 years.
- Discuss in brief the contents or consistency of the foods recommended to ensure that these are energy rich foods.
- Encourage the participants to discuss cultural acceptability of the foods suggested for different age groups among mothers.
- Discuss the important messages that a mother should know while giving food to the child.

Summarize Key Points

- Every child should start getting complementary foods by the age of 6 months.
- By the age of 2 years, the child should be started on family foods.
- Complementary foods selected should be:
  - thick in consistency
  - energy dense (with added oil & sugar)
  - multimix (rice + 2 types of dals or vegetables or meat)
  - should not be diluted
- Every mother should be given the following messages:
  - Do not dilute the food.
  - Crush the food & make it into paste before giving to a small child.
  - Add extra oil / sugar.
  - Give enough servings.
  - Actively feed the child*.

    (Discuss and clarify what is meant by active feeding of the child.)

*** Active Feeding** : The mother should be present when the child is fed. If the child is not old enough to eat him or herself, the mother (or its caretaker) needs to feed the child. The portion for the child should be separate from the food for other family members (including other children). After the child has finished eating, some food should be left over in the plate / bowl.

Summary

- Ask participants to name locally available complementary food
- What considerations should be given for choosing a complementary food? *(Answer: thick, energy dense, with oil added)*

Evaluation of the session

Objectives	Assessment Method
Adapt the food box to local conditions by listing local complementary foods which can be given to children	Adapted food box for complementary foods
Explain the important principles to consider while selecting complementary foods	Questions and answers/discussion

Module 9C: Counseling and Follow-up

Session 3 : Counsel the mother on feeding

Day :
Time Required : 1 hour 30 minutes

Objectives

At the end of the session ASHAs will be able to:

1. Demonstrate good communication skills when asking questions to assess feeding, when identifying feeding problems, and when giving advice to mothers and caretakers on improving feeding practices
2. Counsel a mother effectively for feeding a child with diarrhoea

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for sick child module.

Training Activities :

Activity - 1 : Participants read 'Give Feeding Advice'

Activity - 2 : Demonstration Role Play - Giving Feeding Advice using Good Communication Skills

This demonstration role play gives participants a model of the entire process of **feeding assessment**, identification of feeding problems and counseling:

To practice counseling steps and communication skills in the following:

- asking questions to assess feeding;
- identifying correct feeding practices and the important feeding problems;
- praising the mother, whenever appropriate;
- advising the mother using simple language and giving only relevant advice about feeding.
- checking the mother's understanding of correct feeding practices.

Description for the MOTHER

- This is a **scripted role play** about Ashish, an 8-month-old child who has lost his appetite during illness.
- Read your role (Ashish's mother) carefully from the script.

Description for the ASHA

- The Trainer should play the role of the ASHA.
- Read the script carefully.
- Have the relevant chart ready for use. A baby doll will be helpful as a prop.

- For the participants not playing the roles write the following communication skills on the flip chart (or blackboard) before role play begins:
  - Ask, listen
  - Praise
  - Advise
  - Check understanding

To the left of the script, the communication skills being used are listed in italics. The co-Trainer 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.

Perform the role play and hold a discussion afterwards.

SCRIPT FOR DEMONSTRATION ROLE PLAY

ASHA *Ask, listen*	:	Let's talk about feeding Ashish. Do you breast feed him?
Mother	:	Yes, I'm still breast feeding him.
ASHA *Praise* *Ask, listen*	:	That's very good. Breastmilk is still the best milk for Ashish. How often do you breast feed him each day?
Mother	:	It varies. Maybe 4 or 5 times.
ASHA *Ask, listen*	:	Do you also breast feed at night?
Mother	:	Yes, if he wakes up and wants it.
ASHA *Praise* *Ask, listen*	:	Good. Keep breast feeding as often as he wants. Tell me, are you giving Ashish any other foods or fluids besides breastmilk?
Mother	:	Sometimes I give him cooked porridge, or banana mixed in curds.
ASHA *Praise* *Ask, listen*	:	Those are good choices. Who feeds the child & How often are these food given?
Mother	:	I feed Ashish myself whenever he appears to be hungry.
ASHA *Ask, listen*	:	That is very good . Now tell me what is the amount you give and how many times a day?
Mother	:	Usually ½ -1 *coterie*[1] about 2 times a day.
ASHA *Ask, listen*	:	Do you ever give Ashish a feeding bottle?

[1]: A coterie in Hindi means a cup.

Mother : No, I don't have one.

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

Mother : He still breast feeds, but he has not been hungry for porridge or curds.

ASHA : 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 but frequently.
Have there been any other problems with feeding?

Mother : No, I don't think so.

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

ASHA : Let me show you on this chart what Ashish needs. Since he's 8 months old, he
Advise
should get the foods in the proper amount around 1 *catorie* a day. Have a look at this picture. (*Mention some local foods.)*

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

ASHA : Sure, try offering them. He might like the taste, and if he will eat them, these are
Advise
the best foods. Give him the food that he likes.
And most importantly, continue with breast feeding.

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

ASHA : Good. What do you have that you will add?
Check
Understand

Mother : I will add a little oil, and some mashed peas. Sometimes I can add vegetables or egg, whenever they are available in my house.

ASHA : Good. And how often will you try to feed Ashish these foods?
Check
Understand

Mother : Three times each day.

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

Discussion of Role Play :

- Ask participants to tell you what feeding problems were found.

  Answer : Feeding problems include:

  - Ashish not feeding well during illness.
  - Needs more variety in his complementary foods.
  - Needs an additional serving every day.

- Was all of the relevant advice about feeding given? Identify the key specific advice.

Summarize the Role Play

- Sick children often have poor appetite. They should hence be given their favourite foods, in small amounts, and frequently.
- Adding oil and sugar to food helps to increase their strength. Children can get more energy from these foods even if they consume small amounts.
- Increase frequency and duration of breast feeding during illness.
- Discuss with the mother roughly the amounts that she would agree to give every time she gives food.

Activity - 3 : Role Play - Giving Feeding Advice for a Child suffering from Diarrhoea, using Good Communication Skills

- The purpose of this role play is to practice using good communication techniques while giving feeding advice regarding a child suffering from diarrhoea.
- Identify a participant to play the ASHA's role, and another to play the mother's role.

Role Play - Description for the Mother

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

You are worried about Java, but you have little food available in your home, and you have three other children to feed. You are afraid while talking to the ASHA, and you are hesitant to ask questions and even you are confused. You tend to answer the ASHA very briefly so that he or she is compelled to ask further questions to get the necessary information.

Java is no longer breast fed. He is given goat's milk and shares the food eaten by the rest of the family, 2 or 3 times each day. He has continued to eat everything that he is offered during the diarrhoea. If the ASHA asks what foods are given, describe low energy foods common in your area. If asked who feeds the child and how, tell her that sometimes you feed, and sometimes your eldest child feeds Java. Java is given food from the same plate as for other children. Describe feeding practices common in your area.

Role Play - Description for the ASHA

- Review the feeding questions and feeding recommendations for Java's age (*12 months to 2 years age in the food box*).
- Encourage the mother to give nutritious complementary food or family foods 5 times a day to Java, since he is not breast fed any more.
- Advise the mother how to make food for Java energy dense. Also suggest to her to increase the variety and quantity of foods.
- Make sure that Java is given adequate servings of food and is actively fed.
- Negotiate with her on types of locally available foods which she can give to Java.
- You should only recommend foods which the mother can afford to prepare, since she is poor and has very few food items at home.

Give a copy of the description to both the persons performing the role play.

Participants not playing the roles should observe and note:

- Has ASHA asked all the questions on feeding? Note down any question that may have been missed out?
- Were feeding problems identified? Record any feeding problems missed out?
- Did the ASHA praise the mother on any good practice?
- Did the feeding advice relate to family's economic status? In what way?
- How did the ASHA encourage the mother to ask questions for clarification?
- Did the ASHA ASK any checking questions? Write one checking question.

Use of the Case Management Chart

The ASHA first marks the answers to all feeding questions by circles and by writing appropriate information - Java who is 15 months old gets goat's milk, he shares family food with other children 2-3 times/day. An elder sibling feeds Java. The foods are thin. This feeding practice is matched with the recommendations given in the second box from right '12 months to 2 years age'. Next, she marks the good feeding practices and feeding problems.

The Trainer should monitor the correct use of the Case Management Chart.

Summarize the Role Play

- Ask questions on feeding and identify feeding problems before advising the mother.

Good Feeding Practices	Feeding Problems
➢ Feeding continued during illness.	➢ Shares food with other children. ➢ Elder sister feeds Java. ➢ Feeds 2-3 times/day.

- Feeding advice should be adjusted according to the foods available at home and what the mother is able to prepare and give to the child.
- Negotiate for only about 2 changes. More than this may confuse the mother.

- Feeding problems and possible solutions should be summarized.

Feeding Problems	Possible Solutions
➢ Shares food with other children.	➢ Child's food should be separate.
➢ Elder sister feeds the child sometimes.	➢ Preferably, Mother should feed the child. If this is not possible, somebody more responsible must feed the child.
➢ Feeds 2-3 times/day.	➢ Increase the frequency to 5 times/day.

- The ASHA should encourage the reluctant and shy Mother to talk.

Summary

- Ask a participant to name the key communication techniques when talking to mothers *(*Answer*: Ask, Listen, Praise, Advise, Check understanding)*
- Ask a participant to give the key points on counseling a mother when she is feeding a child with diarrhoea (Answer*: continued feeding, increased intake of food, ORS* or *water and food-based fluids, more frequent meals and snacks)*

Evaluation of the session

Objectives	Assessment Method
Demonstrate good communication skills when assessing and counseling for feeding problems	Discussion after role play
Counsel a mother effectively for feeding a child with diarrhoea	Discussion after role play

Module 9C: Counseling and Follow-up

Session 4 : Follow up

Day :
Time Required : 1 hour 30 minutes

Objectives

At the end of the session ASHAs will be able to:

1. State the normal 'follow-up' time after diagnosing a child with a common illness (pneumonia, dysentery, diarrhoea, malaria, etc.)
2. State the signs which necessitate immediate referral

Materials and Preparation

See Checklist of Instructional Materials at beginning of sick child module. These materials will be used for sick child module.

Training Activities :

Activity - 1 : Participants read 'Follow up visits'

Activity - 2 : Conduct a Drill on "When to return immediately"

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

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

   - is not able to drink or breastfeed
   - becomes more sick
   - develops fever *(unless the child already had fever)*

   Point to the part of the chart where the signs to return immediately are listed

b. In this drill participants will practice saying the signs to return immediately for different cases. Tell them that they may refer to the case management chart as needed.

c. Read aloud the case's classifications and follow-up times in the left column. (Unless specified otherwise, assume that the child has NO ANAEMIA and NOT VERY LOW WEIGHT and NO OTHER CLASSIFICATIONS.) Ask each participant, turn by turn, to recite aloud the signs which call for a mother to return immediately.

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

CASE	SIGNS TO RETURN IMMEDIATELY
The child has PNEUMONIA and will be seen again after 2 days, for follow-up. The child has no fever.	Not able to drink or breastfeed Becomes sicker Develops fever
The child has DYSENTERY and will be seen again after 2 days, for follow-up.	Not able to drink or breastfeed Becomes sicker Develops a fever Drinks poorly Note*: "Blood in stool" is omitted because the child already has this sign.*
The child has NO PNEUMONIA, but COUGH OR COLD and VERY LOW WEIGHT. She will be seen again after 5 days about the feeding problem.	Not able to drink or breastfeed Becomes sicker Develops fever Has fast breathing Has difficulty in breathing
The child has DIARRHOEA with NO DEHYDRATION. The mother has been told to come back after 2 days, if the child does not improve.	Not able to drink or breastfeed Becomes sicker Develops fever Blood in stool Drinks poorly
The child has fever and is classified as having MALARIA. He will be seen after 2 days for follow-up if the child does not improve.	Not able to drink or breastfeed Becomes sicker

Activity - 3 : Participants read 'Follow up care'.

Activity - 4 : Review 'Follow up care' by demonstration on chart : follow up care for pneumonia, diarrhoea, or feeding problem

Summary

- Ask a participant to state the usual interval for follow-up for common illnesses *(*Answer*: usually 2 days for pneumonia, dysentery and malaria, 5 days for feeding problem of LBW).*
- Ask a participant to state the danger signs that need immediate referral *(*Answer*: Not able to drink or breastfeed, becomes sicker, develops fever, blood in stool, drinks poorly, has fast breathing, has difficulty in breathing).*

Evaluation of the session

Objectives	Assessment Method
State the normal 'follow-up' time after diagnosing a child with a common illness (pneumonia, dysentery, diarrhoea, malaria, etc.)	Drill / Discussion
State the signs which necessitate immediate referral	Drill / Discussion

Assessment of ASHAs at the completion of Module 9A : Assess and classify sick child

(Score 20 – 1 point for each correct answer) (Use Case Management Chart as guide)

1. Encircle the danger signs from the following -

Not able to drink or breastfeed	Baby having cold
Lethargic / unconscious	Convulsions
Baby having bruises	Loose motion once a day
Vomits everything	Baby's temperature 97.6^{0}F

2. Classify following breathing as normal or fast breathing

2 month old baby has 48 breaths per minute	normal / fast breathing
3 year old baby has 51 breaths per minute	normal / fast breathing
1 year old baby has 35 breaths per minute	normal / fast breathing

3. Match the following by drawing lines to connect the correct pairs

persistent diarrhoea	child with fever has stiff neck
very severe febrile disease	a child has blood in stool
severe pneumonia	child has diarrhoea for 16 days
dysentery	child with chest in-drawing

4. For the following conditions tick (✓) in the appropriate box –

	No dehydration	Some dehydration	Severe dehydration
Sunken eyes and skin pinch returns to normal very slowly			
Sunken eyes and skin pinch returns to normal slowly			
Eyes not sunken and skin pinch returns to normal very fast			

Name of the ASHA : _____ **Date :** _____

Name of the trainer : _____ **Total score :** _____

Block : _____

5. Assess and classify following children –

   a. One year old baby has no cough, no diarrhoea and has visible severe wasting.

   _____

   b. Baby 9 month old has no cough or fever. Baby has severe pallor.

   _____

   c. Child four year old has cough and breathing rate 43 and no signs of very serious disease.

   _____

   d. Weight of a 20 months old baby 7.5 Kg. The baby does not have diarrhoea, fever or cough.

   _____

6. Write immunizations needed for the following babies

   a. 10 month old baby has been given BCG, 3 doses of polio and 3 doses of DPT.

   _____

   b. 2 month old baby has received BCG and Polio -1.

   _____

Answers to Assessment of ASHAs at the completion of Module 9A : Assess and classify sick child

(Score 20 – 1 point for each correct answer) (Use Case Management Chart as guide)

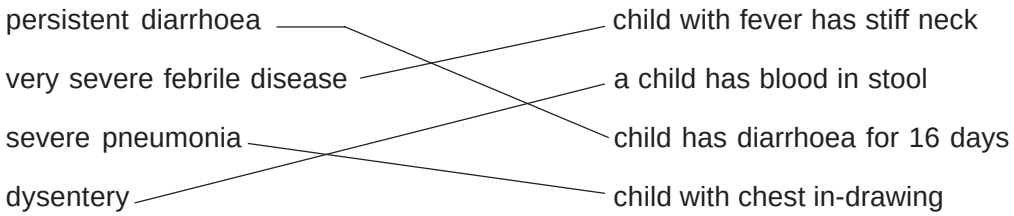
1. Encircle the danger signs from the following -

Not able to drink or breastfeed	Baby having cold
Lethargic / unconscious	**Convulsions**
Baby having bruises	Loose motion once a day
Vomits everything	Baby's temperature 97.6^{0}F

2. Classify following breathing as normal or fast breathing

2 month old baby has 48 breaths per minute	**normal** / fast breathing
3 year old baby has 51 breaths per minute	normal / **fast breathing**
1 year old baby has 35 breaths per minute	**normal** / fast breathing

3. Match the following by drawing lines to connect the correct pairs



4. For the following conditions tick (✓) in the appropriate box –

	No dehydration	Some dehydration	Severe dehydration
Sunken eyes and skin pinch returns to normal very slowly			✓
Sunken eyes and skin pinch returns to normal slowly		✓	
Eyes not sunken and skin pinch returns to normal very fast	✓		

5. Assess and classify following children –

   a. One year old baby has no cough, no diarrhoea and has visible severe wasting.

   Severe malnutrition

   b. Baby 9 month old has no cough or fever. Baby has severe pallor.

   Severe anaemia

c. Child four year old has cough and breathing rate 43 and no signs of very serious disease.

Pneumonia

d. Weight of a 20 months old baby 7.5 Kg. The baby does not have diarrhoea, fever or cough.

Low weight for age

6. Write immunizations needed for the following babies

a. 10 month old baby has been given BCG, 3 doses of polio and 3 doses of DPT.

Measles

b. 2 month old baby has received BCG and Polio -1.

DPT 1

Assessment of ASHAs at the completion of Module 9B : Identifying treatment and giving treatment before referral

(Score 20 – 1 point for each correct answer) (Use Case Management Chart as guide)

1. Write for each of the following whether the baby has general danger sign (encircle correct answer)
   a. A 12 month old baby has chest indrawing Yes / No
   b. A baby 1 year old is unconscious Yes / No
   c. A baby 6 month old is having convulsions Yes / No
   d. A 2 year old baby is having fast breathing Yes / No

2. Match the following by drawing lines to connect the correct pairs

Pneumonia	Immunization
Polio	ORS solution
Anaemia	Paracetamol
Dehydration	Cotrimoxazole
Fever	Iron folic tablets

3. What should be given to each of the following baby (Encircle the correct answer)
   a. A two year old baby has cough since 30 days. She has no other problem.
      give home remedy / refer to hospital
   b. A 7 month old baby has persistent diarrhoea for more than 14 days. No other problem
      refer to hospital / give ORS solution
   c. A 3 year old baby has some palmar pallor and no other problem
      Give iron folic tablets for 14 days and advice on diet / refer to hospital

4. Encircle the three rules of home care during diarrhoea
   give more fluids to baby / give paracetamol / follow up
   refer immediately / continue to feed the baby / give iron folic

Name of the ASHA : _____ **Date :** _____

Name of the trainer : _____ **Total score :** _____

Block : _____

5. Write immunizations needed for the following babies
   a. 6 week old baby has been given BCG and Polio -1

      _____

   b. 9 month old baby has received BCG and Polio -3, DPT-3 and vitamin A.

      _____

6. How much ORS (by cup) is needed every 4 hours for the following babies who have some dehydration?
   a. A baby is 3 months old and his weight is 5.5 Kg.

      _____

   b. A baby is 3 years old and her weight is 14 Kg.

      _____

   c. A baby is 15 months old and his weight is 10 Kg.

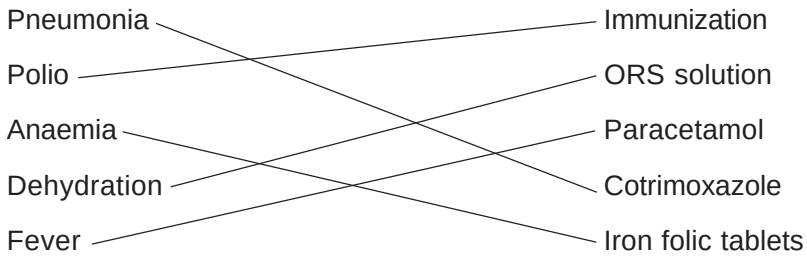
      _____

Answers to Assessment of ASHAs at the completion of Module 9B : Identifying treatment and giving treatment before referral

(Score 20 – 1 point for each correct answer) (Use Case Management Chart as guide)

1. Write for each of the following whether the baby has general danger sign (encircle correct answer)
   a. A 12 month old baby has chest indrawing — Yes / **No**
   b. A baby 1 year old is unconscious — **Yes** / No
   c. A baby 6 month old is having convulsions — **Yes** / No
   d. A 2 year old baby is having fast breathing — Yes / **No**

2. Match the following by drawing lines to connect the correct pairs



3. What should be given to each of the following baby (Encircle the correct answer)
   a. A two year old baby has cough since 30 days. She has no other problem.
      give home remedy / **refer to hospital**
   b. A 7 month old baby has persistent diarrhoea for more than 14 days. No other problem
      refer to hospital / give ORS solution
   c. A 3 year old baby has some palmar pallor and no other problem
      Give iron folic tablets for 14 days and advice on diet / refer to hospital

4. Encircle the three rules of home care during diarrhoea
   give more fluids to baby / give paracetamol / **follow up**
   refer immediately / **continue to feed the baby** / give iron folic

5. Write immunizations needed for the following babies
   a. 6 week old baby has been given BCG and Polio -1
      DPT 1
   b. 9 month old baby has received BCG and Polio -3, DPT-3 and vitamin A.
      Measles

6. How much ORS (by cup) is needed every 4 hours for the following babies who have some dehydration?

   a. A baby is 3 months old and his weight is 5.5 Kg.
      2 cups

   b. A baby is 3 years old and her weight is 14 Kg.
      7 cups

   c. A baby is 15 months old and his weight is 10 Kg.
      5 cups

Assessment of ASHAs at the completion of Module 9C : Counseling and follow up

(Score 20 – 1 point for each correct answer) (Use Case Management Chart as guide)

1. If a baby has cough and cold when should mother seek immediate help for the baby? (Encircle 5 correct answers)

baby becomes more sick	diarrhoea	fast breathing
fever	blocked nose	difficulty breathing
cough and cold	unable to breastfeed or drink	

2. Encircle 'Yes' or 'No'

a. If a baby has some dehydration, action is needed as per Plan A	Yes / No
b. Adding oil and sugar to food of children gives them more energy.	Yes / No
c. Take any drinking water and prepare ORS solution in it.	Yes / No
d. If baby with diarrhoea gets blood in stool mother should seek immediate help.	Yes / No
e. Mother should herself feed family foods to 18 month old baby.	Yes / No

3. Select from the following 4 important points while counseling mother. (Encircle correct answer)

check understanding	criticise	listen
blame	advise	ask, listen

4. Encircle correct answer:
   a. If a child has Pneumonia the mother should be asked to return after how many days for follow up?
      2 days / 4 days / 5 days
   b. A child has cough and cold. He has no pneumonia and has very low weight. The child should be seen after how many days for feeding problem?
      3 days / 4 days / 5 days
   c. What is the usual interval for follow up of illnesses like malaria and dysentery?
      2 days / 4 days / 5 days

5. The complementary foods selected for babies age 6 months or more should be: (Encircle three answers)

thick	diluted
spicy	multimix
with extra sugar / oil	given once a week

Name of the ASHA : _____ **Date :** _____

Name of the trainer : _____ **Total score :** _____

Block : _____

Answers to Assessment of ASHAs at the completion of Module 9C : Counseling and follow up

(Score 20 – 1 point for each correct answer) (Use Case Management Chart as guide)

1. If a baby has cough and cold when should mother seek immediate help for the baby? (Encircle 5 correct answers)

baby becomes more sick	diarrhoea	**fast breathing**
fever	blocked nose	**difficulty breathing**
cough and cold	**unable to breastfeed or drink**	

2. Encircle 'Yes' or 'No'

a. If a baby has some dehydration, action is needed as per Plan A	Yes / **No**
b. Adding oil and sugar to food of children gives them more energy.	**Yes** / No
c. Take any drinking water and prepare ORS solution in it.	Yes / **No**
d. If baby with diarrhoea gets blood in stool mother should seek immediate help.	**Yes** / No
e. Mother should herself feed family foods to 18 month old baby.	**Yes** / No

3. Select from the following 4 important points while counseling mother. (Encircle correct answer)

check understanding	criticise	**listen**
blame	**advise**	**ask, listen**

4. Encircle correct answer:
   a. If a child has Pneumonia the mother should be asked to return after how many days for follow up?
      2 days / 4 days / 5 days
   b. A child has cough and cold. He has no pneumonia and has very low weight. The child should be seen after how many days for feeding problem?
      3 days / 4 days / **5 days**
   c. What is the usual interval for follow up of illnesses like malaria and dysentery?
      2 days / 4 days / 5 days

5. The complementary foods selected for babies age 6 months or more should be :
   (Encircle three answers)

thick	diluted
spicy	**multimix**
with extra sugar / oil	given once a week

Annexure

Key Issues in Nutrition

By

Breastfeeding Promotion Network of India

Key nutrition issues

Session 1 : The problem of not enough milk

Day 1
Time : 1 hour 30 minutes

Purpose

To review the reasons for the most common complaint of mothers: 'not enough milk', so that ASHAs will be able to effectively manage this perception, and promote positive infant feeding practices

Objectives

At the end of the session, ASHAs will be able to:

1. Explain at least 3 practices that can reduce the quantity of breastmilk
2. State 2 ways to determine if a baby is getting enough milk
3. Demonstrate how to counsel a mother who thinks she does not have enough milk.

Materials

- Flip chart papers or black board
- Markers or chalk
- HBNCC flipchart
- Communication checklist from HBNCC module

Preparation

- Refer participants to Communication Checklist
- Ensure participants have flipcharts for the practice role play

Training methods :

Presentation and Discussion (30 min)

Instruction for trainers:

1. Explain that that the topics covered in the 5 sessions in this section have already been introduced in earlier parts of this training. They are highlighted here again because of their importance.
2. Explain that the statement that "I do not have enough milk" is the complaint of almost every mother. This is the most common reason given by mothers for introducing artificial or top feeding.
3. Ask trainees to state the common reasons for insufficient milk, and why women feel they do not produce have enough of it. Listen to their answers. Encourage participation and praise correct ideas.
4. List their answers on the board under the heading "**Common reasons for not enough milk".** If any thing from the box below is left out, add to the list.

HOW TO HELP A MOTHER WHOSE BABY IS NOT GETTING ENOUGH MILK

Successful breastfeeding requires	Common reasons for not enough milk
• Motivation and confidence • Start within one hour of birth • Correct position for feeding • Demand feeding the baby • Feeding during night also • Keeping mothers and babies together • Giving a baby only breastmilk till it is 6 months old • Avoiding bottle / rubber nipples or pacifiers	• Lack of motivation and confidence • Delayed start of first feeding • Incorrect feeding position • Feeding only as per a fixed schedule • No night feeding, infrequent feeding • Separating the mother from her baby • Early start of complementary feeding • Giving other fluids besides breast milk with a bottle or using a pacifier

5. For the first point 'lack of motivation and self-confidence', reinforce that when the mother does not get cooperation and help from her family, she loses confidence in herself easily. She starts staying tense and due to this, & her milk flow can get reduced.

6. Emphasize on the fact that **the more the baby suckles, the more will be the milk produced** (use the illustration at end of this session to show how more suckling produces more milk). This applies to most of the common reasons for "not enough milk". Give examples, such as:
   - delayed start of initial feed (*delayed breast feeding leads to less suckling)*
   - feeding only as per a fixed schedule *(if instead, babies are fed when they demand, the amount of milk produced will exactly meet the baby's need*,
   - no feeding at night *(this limits amount of suckling, which in turn decreases the total supply)*
   - separating mother and baby *(again, this limits amount of suckling which decreases the total supply)*
   - early start of complementary feeding *(babies' stomachs fill up so they stop suckling)*
   - giving other fluids from bottle *(babies' stomachs get fill up so they stop suckling at their mothers' breasts)*
7. Referring to the list drawn as a result of the discussions, ask ASHAs to state what should be done for successful breastfeeding. See the left column of box above. Emphasize on support and motivation from ASHAs and the family, etc.
8. Explain that to become an effective worker, an ASHA will have to give full attention to this problem. Normally, when a mother perceives her milk is not enough, her baby does not get the adequate quantity of milk which it needs. The ASHAs should then:
   - determine whether the baby is getting enough milk.
   - evaluate why baby is not getting enough milk, & then
   - help mother and the baby.

If the baby suckles effectively, almost all mothers are capable of producing enough breastmilk for one, or even two babies.

9. **Determine** if the baby is getting enough milk. Trainers lead ASHAs in discussion as per box below:

a. Determine whether the baby is getting enough milk*Reliable Signs*

Poor weight gain	(Less than 500gm in a month) (Less than birth weight after 2 weeks)
Passing small amount of concentrated urine	(Less than 6 times a day, yellow in colour, & giving out a strong smell)
Some other Signs Baby does not appear satisfied after its breastfeed. Baby cries often. Baby demands very frequent breastfeeds. Baby breastfeeds for very long. Baby refuses to breastfeed. Baby has hard, dry or green stools. No milk comes out when mother tries to express. Breasts did not enlarge (during pregnancy). Milk did not 'come in' (after delivery).	

10. **Evaluate:** Explain how an ASHA can evaluate why baby is not getting enough milk. ASHAs should assess the quality of breastfeeding by observing a breastfeed (for latch on position, is breast being emptied, etc.), and asking about the common causes for not producing enough milk (see the box on previous page).
11. Ask ASHAs what is the main cause of insufficient milk? (*The answer is "**not enough suckling"** because of a variety of reasons - late start, scheduled feeds, etc)*.
12. Explain the facts in the following box to ASHAs:

    Many mothers think that in the following situations lead to insufficient production of milk. In fact,

    THESE DO NOT AFFECT THE BREASTMILK SUPPLY:

    - Advanced age of the mother
    - Having sexual intercourse while the child is still breastfeeding
    - Restart of menstruation
    - Disapproval by relatives or neighbours
    - The mother rejoining her office (even when the baby continues to suckle often)
    - Age of the baby
    - If the delivery was via a caesarian section
    - If the baby has many siblings
    - If the mother has a simple "ordinary" diet
13. **Help mother and the baby.** Ask ASHAs how they can help mothers. Encourage participation from the group. See box below:

HOW TO HELP A MOTHER WHOSE BABY IS NOT GETTING ENOUGH BREASTMILK

Determine the cause by taking the following steps:

- Listen and learn
- Take the history
- Assess during a breastfeed
- Examine the baby

Check:

How does the mother feel? Psychological factors Breastfeeding factors, use of contraceptive pills / diuretics

Baby's position at breast: bonding or rejection?

- Examine the mother and her breasts — Illness or abnormality; growth; Mother's nutrition and health; Special problems, if any, with the breasts

- Build confidence and give support

  Help the mother to believe that she can produce enough to be able to give her baby more breastmilk

  Accept — Her ideas about breastmilk supply; Her feelings about breastfeeding and her baby

  Praise(as appropriate) — She is still breastfeeding

  Give practical help — Her breasts are good for making milk

  Give relevant information — Improve baby's attachment to breast

  Use simple language to suggest (as appropriate) — Explain how baby's suckling controls milk supply; Explain how baby can get more breastmilk; "Breasts will make more milk if baby takes more"; "Breastfeed more often, longer, at night; Stop using bottles or pacifiers(use cup if necessary); Reduce or stop top feed and other fluids (if baby aged less than 6 months); Ideas to reduce stress and anxiety; Offer to talk to family

- Help with less common causes

  Baby's condition: — If ill or abnormal, treat or refer

  Mother's condition: — If taking estrogen pills or diuretic, help her to change; Help as appropriate with other conditions

- Follow-up

  Visit daily until baby gaining weight and mother is confident, and thereafter, every month. It may take 3-7 days for the baby to start gaining weight.

14. Emphasize the communication skills an ASHA should use to encourage the mother:
    - *Build her confidence by accepting her ideas and praising what she has been doing well*
    - *Help her to breastfeed in a correct position with proper latch-on*
    - *Suggest any of the following as indicated, if it is a reason for 'less milk'*
      - *breastfeed more often, longer, also at night*
      - *stop using bottles or pacifiers*
      - *stop giving other fluids or topfeed (if the baby is less than 6 months)*
    - *Check the baby for weight gain and frequency of passing urine to determine if it is getting enough milk.*

If the baby is gaining adequate weight, is passing urine about six times a day, & is exclusively breastfed, then you can be confident that the baby is getting enough milk.

15. Elaborate and discuss the following (**not very common) reasons for mother not producing enough milk**
    - Use of contraceptive pills
    - Use of medication for increasing urination
    - Another pregnancy
    - Severe malnutrition of the mother
    - Mother addicted to alcohol or being a smoker
    - Baby being unwell
    - Congenital abnormalities in the baby
16. Ask trainees what they can do as ASHAs to help mothers who have any of the not very common reasons for not producing enough milk. Possible answers are in box below:
    An ASHA could render assistance in the following conditions.
    - Condition of the mother – if the mother is malnourished, counsel her about eating more, and nutritious food. She may even need to be referred to a hospital.
    - Condition of the baby – if the baby is sick or if it seems to be abnormal, refer to the health centre
    - If the mother is taking contraceptive pills, or some other medication, she should be asked to take doctor's advice
    - In any other uncommon condition, accompany the mother to the nearest health center & assist in consulting the doctor.
17. Emphasize that ASHAs should follow up each week till the mother gains confidence. By providing timely counseling and practical support, ASHAs can build the confidence of those mothers who assume that their milk production is not enough.

Building self confidence in mother is the right solution to counter the negative feeling of not being able to produce enough milk.

Role play exercise (40 min)

Counseling for a mother who thinks she doesn't have enough milk

Instructions to trainers:

1. Divide the participants into small groups of 3 each.
2. Have two participants practice a role play with the 3rd participant observing using the checklist.
3. Trainees should switch roles so that all play the role of an 'ASHA'. This means there will be at least 3 role plays enacted. Choose among the following "not enough milk' causes:
   - Delayed initiation of breastfeeding on 2nd day
   - Family giving additional fluids with bottle
   - Mother thinks her breasts are too small
   - Not feeding at night
   - Baby urinating only 4 times a day
4. When required, use the flipcharts to reinforce the learnings from the role plays.
5. After each role play, each small group should have a brief discussion; each participant should state what was done well and what needs improvement. The person using the checklist should point out those areas which may have been missed or which need more attention.
6. Trainers must circulate in the room, giving supportive suggestions as required, and complimenting the ASHAs for their good work.

Summary (10 min)

- Ask trainees to review the main inputs for successful breastfeeding *(see first box)*
- Ask them how they can determine if the baby is getting enough milk? *(urination at least 6 times, baby gains weight (after 1st week), breasts are empty after a feed, baby feeds on demand and often)*

Evaluation of the session

Objectives	Assessment Method
Explain at least 3 practices that can reduce the quantity of breast milk	Questions and answers
State 2 ways to determine if a baby is getting enough milk	Questions and answers and role plays
Demonstrate how to counsel a mother who thinks she does not have enough milk	Role plays in class

Key nutrition issues

Session 2 : Observing and assessing a breastfeed

Day : 1
Time : 1 hour

Purpose

To review how to observe and assess a breastfeed, as this is a crucial diagnostic tool for ASHAs and necessary to support successful breastfeeding

Objectives

At the end of the session ASHAs will be able to:

1. Explain 3 things to look for when observing a breastfeed
2. Demonstrate how to observe a breast feed in order to assess problems, if any

Materials

- Flip chart papers or black board
- Markers or chalk
- HBNCC flipchart

Preparation

- Arrange to have a breastfeeding mother attend the session.
- Ensure that participants have IMNCI and HBNC flipcharts

Training methods :

Presentation and Discussion (30 min)

Instruction for trainers:

1. Explain that although observing a breastfeed was discussed in previous workshops, we will now be reviewing what to look for and practice how to do it because this is a very important skill.
2. Explain that before helping a mother in breastfeeding (as well as with complementary feeding), it is very important to observe how she is feeding her baby. By observing, ASHAs can assess if the baby is in a supportive position and if it is suckling correctly. If it is not, ASHAs can diagnose what is going wrong and help the mother to rectify the problem and improve breastfeeding.
3. Make two columns on the board or white paper. In one column write “Breastfeeding going well’ and the other ‘Possible difficulties’ as in the box below.
4. Ask participants to recollect their own experiences and what they learnt during the past training sessions. Ask how they can tell if a breastfeeding is going well? Encourage participation. Write their answers down.
5. Ask about signs of ‘possible difficulties’. Write the answers in the right hand column. At the end of the exercise, if anything has been left out from the box below, complete the table.

1. Breastfeeding is going well	*2. Possible difficulties*
How does the mother hold her baby?	
Mother is holding baby close, facing breast, with baby's ear, shoulder and buttocks in a straight line.	Baby's neck is twisted
Mother is holding her whole breast	Mother is holding her breast between two fingers
Mother is sitting or lying down straight	Mother is bent towards her baby
Baby's mouth is placed below the breast	Baby's mouth is placed above the breast
Does the baby look well attached to the breast?	
Mouth is wide open	Mouth is not wide open
Baby's mouth is full with its mother's breast	Baby is sucking only at the nipple
Areola is inside the baby's mouth	Areola is outside baby's mouth
What is the condition of the mother's breasts?	Very full or engorged breasts (give extra feed to empty out the breasts)Cracked nipples (adjust position and latch-on)
How does breastfeeding feel to the mother?	
Mother is feeling happy.	Mother finds breastfeeding to be painful Mother has small or inverted nipples or very long nipples (refer to training guidelines) Mother has either hard or soft breasts There is redness or lumps in the breast

6. Have the participants look at the following illustrations of the two breastfeeding mothers. Ask them what they are observing?

   Possible answers:

   In situation 1 *mother and baby are feeding well; baby is well positioned*: *Mother is holding the baby close, & the baby is facing the breast, with its ears, shoulders and buttocks in a straight line.*

   In situation 2 *there is difficulty*. *Baby not supported well, mother holding breast with two fingers which may hamper latch-on, mother is distracted and does not look happy.***This mother and baby will need help and advice on appropriate positioning of child at breast during breastfeeding.**
7. Explain that appropriate positioning of mother-child and proper latch-on of child at breast are key to successful breastfeeding. Explain how the positioning of a mother's hand on her breast can either support proper latch-on (see illustration on left side below) or hinder proper latch-on (illustration on right).

   Offer the baby the whole breast and not just the nipple for successful breastfeeding.
8. Refer trainees to the Breastfeeding Observation Tips they received during an earlier session on breastfeeding problems (see below). Have them review the main points when observing a breastfeed,

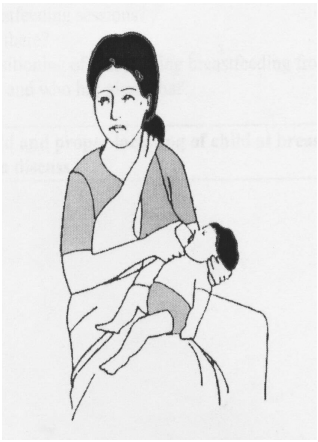
Content Box :

Breastfeeding Observation Tips

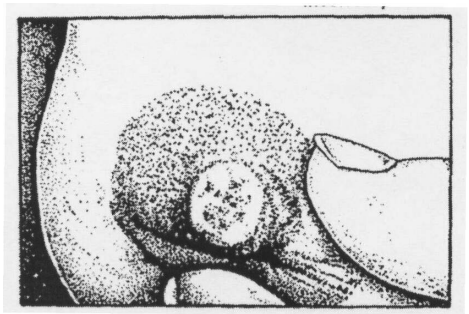
Sign breastfeeding going well	Sign of possible difficulties
Mother's body relaxed, comfortable, confident	Mother tense, leans over baby
Eye contact with baby, touching	Not much eye contact or touching
Baby's mouth well attached; covering most of areola, opened wide, lower lip turned outwards	Mouth not opened wide, not covering areola; lips only around the nipple
Suckling well; deep sucks, bursts with pauses	Rapid sucks, cheeks tense or sucked in smacking or clicking sounds
Cheeks round, swallowing heard or seen	
Baby calm and alert at breast, stays attached	Baby restless or crying, slips off
Mother may feel uterus cramping, some may be leaking (showing milk is flowing) After feed, breasts soft, nipples protruding	Mother not feeling cramping, no leakingmilk (milk not flowing) breast. After feed, breasts full or engorged, nipples may be red, cracked, flat or inverted.

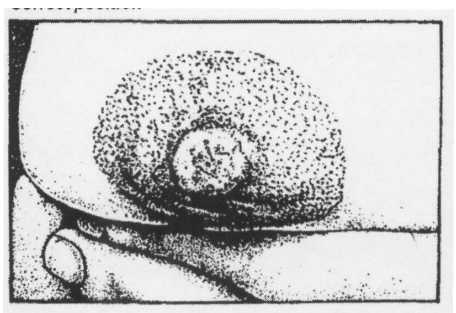
Adapted from WHO-UNICEF, *Breastfeeding Counseling: A Training Course*

Correct position for breastfeeding



Incorrect position for breastfeeding





How does the mother hold her breast

9. Explain that how the mother is feeling, as well as her attitude and mood are all important clues to understand what may be causing the problem.

   How does the mother feel about her breastfeeding experience?

   Does the mother feel any pain during breastfeeding? *If yes, observe latch-on and advise.*

   Is the baby comfortable while breastfeeding? *If not, assist with positioning*

   Are the breasts engorged? *If yes, encourage mother to breastfeed more often to empty out the breasts. Mother will have to express some milk out of her breasts, as latching on is difficult with very full breasts – she may need help to do this.*

   Is the mother happy or sad & tense? *(If the mother is sad, try and encourage her. Explain to her that breastfeeding releases hormones which will help to relax her.)*

   Appropriate positioning of mother and baby, and correct attachment or latch-on of the baby are key factors for successful breastfeeding

Demonstration (40 min) Observing and assessing a breastfeed

1. Trainer tries to arrange 2-3 lactating mothers to come to the training session. If this is not possible, a role play exercise may be arranged instead.
2. Based on the number of lactating mothers available, divide the trainees into groups. Each mother will be observed by a number of ASHAs.
3. While observing the breastfeed, the ASHAs must refer to “Breastfeeding Tips” handout given to them in the previous breastfeeding session.
4. Have the ASHAs observe the breastfeed. Point out the signs of good positioning, proper latch-on, etc.

Summary (10 min)

- Ask trainees to state what to look for when observing and assessing a breastfeed (*position of baby, latch on, attitude of mother, breast empty at the end of feeding, etc.)*

Evaluation of the session

Objectives	Assessment Method
Explain 3 things to look for when observing a breastfeed	Questions and answers
Demonstrate how to observe a breast feed in order to assess problems, if any	Demonstration in class or role plays

Key nutrition issues

Session 3 : Building confidence, giving support and checking understanding

Day : 1
Time : 1 hour 30 minutes

Purpose

To reinforce the importance of giving support to mothers, and of clear communication in order to ensure positive infant feeding practices

Objectives

At the end of the session ASHAs will be able to:

1. Explain the importance of providing support to mothers while promoting breastfeeding
2. Demonstrate at least 3 communication techniques that result in increased understanding while talking to mothers about infant feeding practices

Materials

- Flip chart papers or black board
- Markers or chalk
- IMCI Case management chart
- Communication checklist from HBNCC module

Preparation

- Refer participants to Communication Checklist
- Ensure participants have flipcharts for role play practice

Training methods :

Presentation and Discussion (45 min)

Importance of providing support to mothers with the aim of improved breastfeeding and infant feeding practices

Instruction for trainers:

1. This session will focus on the importance for a mother to have confidence in herself. This confidence ensures success in feeding her child, both during the first 6 months of exclusive breastfeeding, and in adopting positive infant feeding practices at 6 months and beyond. This especially applies to a new mother who can easily lose her confidence, often under pressure from the mother-in-law or other relatives. This can result in succumbing to pressure from family and friends for starting top feed for the baby. **If the ASHA is able to help her to build confidence in herself, she will be able to resist such pressures.**
2. Ask participants what they can do to support mothers to adopt the best breastfeeding practices? Listen to their answers, and if there is anything missing out of the points given below, advise them.
   - ✓ *Create trust with the mother through your behavior so that she starts listening to you*
   - ✓ *Provide clear information*

- ✓ *Provide support and encouragement in order to boost her self-esteem. Almost all women can breastfeed successfully if they get proper support; those that can't are often very sick.*
- ✓ *Be patient. Some mothers need a lot of support and attention to gain self-confidence*

3. Explain that these skills will develop slowly and the more they practice, the more they will learn.
4. Have the trainees look at the Communication Checklist, and review the techniques to be used to make the mother comfortable, to encourage her, etc.

Creating a Caring Environment	**Yes**	**No**	**Comment**
Skill: Building Rapport Greeting			
Make woman relaxed by smiling, eye contact, body language			
Soft tone, explain the purpose of the visit, ask how mother and baby are, show empathy			
Gathering Information for Care Plan **Skill: Questioning and Listening** Use appropriate questions and listen actively			
• Encourage dialogue: *open-ended questions*			
• Show that you are listening (head nodding, eye contact, acknowledging sounds, such as yes…hmm)			
• Do not interrupt			
• Seek more information: *probing questions*			
• Avoid jumping in with premature diagnosis			
• Reflect the mothe's feelings			
• Acknowledging (make clients feel noticed and normal)			
• Paraphrase what the mother says			
Counseling Effectively **Skill: Counseling and Sharing Information** • Ask client's understanding of illness or situation			
• Discuss and try to correct any misconception or rumours			
• Use simple and easy-to-understand language			
• Check if there are any questions or concerns			
• Present the care plan (what the client needs to do) in short sentences and in clear blocks of information			
• Use visual aids when appropriate			
• Ask the client to repeat what she needs to do			
• Ask if she agrees and will try to do what is being discussed			
• Summarize and repeat key information			
• Arrange follow-up if indicated			

5. Explain that because building self-confidence is so important for successful breastfeeding and infant feeding, we will now focus specifically on some of the techniques or actions they can use for building confidence in mothers.

- ✓ **Accept what she thinks and feels: *Acknowledging and reflecting feelings***

  For example:

  Mother says – "I give him water because days are warmer now".

  Acceptance by worker - "When it is so hot, you do feel that sometimes baby needs water".

  Although you let her know you understand why she gives the baby water, you can latter explain that when she breastfeeds 'on demand' that is all the fluid the baby needs. If the baby passes urine at least 6 times in 24 hours, it is getting enough fluid even in warm weather. If not, advise the mother to breastfeed more frequently.

- ✓ **Recognise and praise. *Praise positive actions she does for the baby***

  For example:

  Mother says - "My child is 15 months old and still breastfeeding. She also takes dalia, tea, bread etc".

  Praise by worker: "It is good that you are still breastfeeding your child and also giving her complementary foods."

  By praising the good things done by a mother as an example in front of others, you encourage her as well as inspiring others. After this the mother will more readily accept your suggestions.

- ✓ **Practical help given at the appropriate time increases confidence of a mother**

  For example:

  Mother says- "No, I have not breastfed him yet, my breasts are empty and it is too painful to sit up".

  Practical help by worker - "Let me make you comfortable" and you provide a pillow or chair for her

  Demonstrates listening and acknowledging.

  In this situation, the mother needs your help rather than your advice. You can also help in cleaning and holding the baby, or in giving food.

- ✓ **Give information which is of immediate relevance: *Present the care plan (what the client needs to do) in short sentences and in clear blocks of information.***

  For example:

  To the new mother who wants to give prelacteal feed to the baby:

  Relevant information by worker – "At this age the baby needs only colostrum".

  Make sure mother remembers / learns what you have said or helped

  For example:-

  After giving information to a new mother about colostrum, you may ask

  "What first feed will you give to your baby ". *Checking mothers understanding*

  If she says "only colostrum", *praise* her.

  If she says something different, *reinforce* again the importance of feeding colostrum without being critical, judgmental or aggressive.

- ✓ **Use simple language**

  For example:

  "Exclusive breastfeeding should be done for the first 6 months".

  Instead, ASHA can use simple language - "the baby does not need anything other than breastmilk till it is 6 months old".

✓ **Give suggestions instead of commands**

For example, to the mother of a premature baby who cannot suckle directly from the breast:

"Express your milk and feed your baby by cup"

Instead ASHA can suggest: "Because the baby is too small to suckle directly from the breast, I will show you how to express your milk. You can then feed the baby by cup or paladay. Many mothers in the same situation do this successfully and in a few days, once the baby gains more strength, she will be able to suckle directly from the breast."

With practice and experience it will be easier for you to decide, when and how to counsel the mother.

Building confidence of the mother is the key to successful breastfeeding and infant feeding

Role play exercise (40 min) Building confidence and self esteem

Instructions to trainers:

1. Divide the participants into groups of 3 each.
2. Have two participants practice a role play with the 3rd participant just observes, using the checklist.
3. Trainees should switch roles so that all have experience acting as the 'ASHA'. This means there will be at least 3 role plays enacted. Choose from the following topics:
   - early breastfeeding: 'not enough milk', or engorgement
   - 3 month old 'baby not getting enough milk'
   - 6 month old baby to start 'complementary feeding'
   - 12 month old
4. Use the flipcharts to reinforce learning when indicated, but focus on the communication skills that build self-confidence.
5. After each role play, each small group should have a brief discussion; each participant must say what was done well and what needs improvement. Have the person using the checklist point out areas which may have been missed or which need more attention.
6. Trainers must circulate in the room, giving supportive suggestions as required, and praising good work.

Summary (5 min)

- Have an ASHA state 3 ways to build a mother's self-confidence

Evaluation of the session

Objectives	Assessment Method
Explain the importance of providing support to mothers while promoting breastfeeding	Questions and answers
Demonstrate at least 3 communication techniques that result in increased understanding while talking to mothers about infant feeding practices	Role plays in class

Key nutrition issues

Session 4 : Complementary feeding: foods to fill the nutrient gap

Day : 1
Time : 1 hour

Purpose

To review infant feeding practices for children from 6 months to 2 years of age, so that ASHAs can effectively counsel mothers for complementary feeding.

Objectives

At the end of the session ASHAs will be able to:

1. Explain when to introduce complementary foods, and what kind of foods to suggest to mothers
2. Explain how much food infants need at different points between 6 months and 2 years of age

Materials

- Flip chart papers or black board
- Markers or chalk
- IMCI Case Management Chart

Preparation

- Ensure participants carry their IMNCI Case Management Chart with them

Training methods :

Presentation and Discussion (40 min) Review of complementary feeding

Instruction for trainers:

1. Explain that breastfeeding alone is not sufficient for growing children after six months of age. After this age, babies need other types of foods for their growth, and this is referred to as complementary feeding. This goes along with breastfeeding which continues for two years, or more. If complementary foods are not introduced at this age, babies will not grow well, & will become undernourished and stunted.
2. Emphasize the following points:
   - All young children require complementary feeding after 6 months of age.
   - The 6-11 month period is an especially vulnerable time because infants are just learning to eat solids and are not able to take in sufficient foods. Malnutrition often happens at this time. Mothers or other care-givers must **actively feed the child at this age.**
   - By 6 months, an infant is able to swallow soft family foods, its teeth begin to come out, and it learns to start biting. It can now digest starchy foods.
   - By 9 months an infant can take small quantities of family foods and eat by itself.
   - By 15 months a child can fulfill all its requirements from family food.
3. Remind the trainees:

a. Affordability: Advise the mother to give only those food items as her family can afford to buy. Remember she will not be able to buy expensive foods.

b. Quality of food: The mother should be advised to give variety of thick semi-solid foods along with green leafy vegetables and seasonal fruits normally consumed at home.
c. Food hygiene: Practice the following:
   clean hands and nails with soap and water
   clean utensils with soap and water
   clean the food items
   use clean water
   clean the surface on which food is kept
   Keep cooked food and water well covered
   Consume food within two hours after cooking it

4. Explain that people have different kind of myths and beliefs about foods.
   For example – "What to eat or what not to eat after delivery" or that for a lactating mother and her child, some food is "hot" in nature & some food is "cold". Do not condemn these thoughts straight away. Clear their myths later once the family has gained confidence in you.
5. Discuss the risks of introducing complementary foods too early or too late. Ask trainees what could happen in either case? Listen to their answers and fill in any missing information from the list below:

   Early introduction of complementary food –
   a. Increases the risk of diarrheal diseases. When an infant has diarrhea, it usually loses weight. An infant not growing properly is at greater risk of getting ill and becoming malnourished.
   b. Replaces breastmilk with food that is usually less nutritious, leading to less weight gain, and the possibility of the child becoming malnourished.

   Risk of introducing complementary food late-
   c. Child does not receive all the nutrients it needs
   d. Child's growth and development slow down or stop
   e. Risk of nutritional deficiencies and malnutrition increase
   f. Risk of ill health increases

When child is 6 months old, start giving complementary food. Feed it with soup, dal, fruits and vegetables - they will make it healthy.

6. **Complementary feeding**

Trainer to review the main points listed below:

6-9 months

- A child's first food should be soft food, which the it can swallow easily, like 'suji kheer, khichari, mashed vegetables, or fruits such as banana. The food should be thicker than breastmilk, and should be bland in taste and mashed or strained to homogenize it. Boiled & mashed potatoes, and seasonal fruits can also be given in a similar way.
- **Most mothers do not have extra time to cook separately and specifically for their children.** Home made dal, rice and vegetables can be given without *mirch* (or chillies) and spices. Mash it to make it soft. Add some milk, oil/ghee, and sugar/gur, which increase dietary energy levels.
- Make small pieces of bread or *roti,* soak them in milk. Keep for sometime, & then mash it so that this soft food can be consumed by the child easily.
- In place of milk, curry of vegetables or ghee/oil can also be used to make the bread (or *roti*) soft and then given to the child.
- Consistency of food needs to be changed gradually from liquid to semi-solid and then to solid as the child advances in age.
- Initially, a baby might spit out such food but this does not mean it does not like that food. The same food could be given some time later and effort made that child should consume it.
- To start with, give 1 or 2 teaspoon of food. Within 3-4 weeks increase it to ½ cup.
- Boiled & mashed egg can be given between 7-8 months. First give only the yellow of the egg, and then give the whole egg.
- As child starts sitting up, and its teeth begin to come out, the child wants to put everything in its mouth. During this period, bread, piece of *roti*, biscuit, or small pieces of carrot can be given. Encourage the child to eat by itself, provide help if really required.
- Keep in mind that baby has a small stomach and will eat only small amounts at a time so feed should be given 2-3 times.
- Continue breastfeeding and give semi-solids after breastfeeding.

9 – 12 months

- Quantity and frequency of above mentioned foods can be increased gradually and mashed non vegetarian food may also be given. At this age most babies need 3/4 *katori* (i.e., cup) of food 3-4 times a day. Continue with breastfeeding.

Do not prepare special items for the child, give it what you normally eat.

1 – 2 years

- Give almost every thing which is cooked at home. Gradually increase the quantity of food. Non-vegetarian families may add fish and minced meat to the diet. At this age, babies need 1 *katori* (cup) of food 5 times a day, 3meals and 2 snacks. Breastfeeding should continue.

- The following points should be kept in mind while preparing the food for the child:
  - Oil/ghee or sugar/gur should be added in food, to increase the dietary energy levels.
  - Green leafy vegetables are a must in diet, as they prevent anemia.

A child of 1-2 years needs half the amount of food which its mother eats.

Adequate complementary feeding of infants along with continued breastfeeding reduces malnutrition in children.

6. Review the main messages given below:

Key messages

(Give these key messages while talking to mothers or families)

1. Breastfeeding till at least two years of age helps a child to grow strong and healthy
2. Children who start complementary feeding at six months grow well.
3. Family food with a thick, soft consistency, i.e., foods which stay easily on a spoon, nourish and fill the child's stomach.
4. Animal foods are special foods for children.
5. Legumes – peas, beans, lentils and nuts – are also good source of nutrients.
6. Vitamin C rich foods help body to get its iron requirement
7. Dark green leaves and orange and yellow coloured fruits and vegetables are rich in vitamin A, which helps the child to have healthy eyes and lesser infections.
8. A growing child needs frequent meals and snacks. Give a variety of foods to the child.
9. A growing child needs increasing amount of food.

7. Check for any questions and clarify doubts, if any.
8. Refer trainees to the IMCI Case Management Chart and review the pages on complementary feeding, and feeding during illness.

Summary (10 min)

- Ask trainees to state when complementary foods should be introduced? *(6 months)*
- Ask how long breastfeeding should continue (*2 years)*
- What kinds of food should be offered at first?

Evaluation of the session

Objectives	Assessment Method
Explain when to introduce complementary foods, and what kind of foods to suggest to mothers	Questions and answers
Explain how much food infants need at different points between 6 months and 2 years of age	Questions and answers