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**INTEGRATED MANAGEMENT OF
NEONATAL AND CHILDHOOD ILLNESS**

FACILITATOR GUIDE – 1
Sick Young Infant Age Upto 2 months



World Health Organization



Unicef

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INTRODUCTION TO THIS FACILITATOR GUIDE

How does this course differ from other training courses?

- * The material in the course is not presented by lecture. Instead, each participant is given a set of instructional booklets, called modules, that have the basic information to be learned. Information is also provided through demonstrations, photographs and videotapes.
- * The modules are designed to help each participant develop specific skills necessary for case management of sick children. Participants develop these skills as they read the modules, observe live and videotaped demonstrations, and practice skills in written exercises, video exercises, group discussions, oral drills, or role plays.
- * After practicing skills in the modules, participants practice the skills in a real clinical setting, with supervision to ensure correct patient care.
- * Each participant works at his own speed.
- * Each participant discusses any problems or questions with a facilitator, and receives prompt feedback from the facilitator on completed exercises. (Feedback includes telling the participant how well he has done the exercise and what improvements could be made).

What is a FACILITATOR?

A facilitator is a person who helps the participants learn the skills presented in the course. The facilitator spends much of his time in discussions with participants, either individually or in small groups. For facilitators to give enough attention to each participant, a ratio of one facilitator to 3 to 6 participants is desired. In your assignment to teach this course, YOU are a facilitator.

As a facilitator, you need to be very familiar with the material being taught. It is your job to give explanations, do demonstrations, answer questions, talk with participants about their answers to exercises, conduct role plays, lead group discussions, organize and supervise clinical practice in outpatient clinics, and generally give participants any help they need to successfully complete the course. You are *not* expected to teach the content of the course through formal lectures. (Nor is this a good idea, even if this is the teaching method to which you are most accustomed.)

What, then, DOES a FACILITATOR do?

As a facilitator, you do 3 basic things:

1. You INSTRUCT:

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

2. You MOTIVATE:

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

3. You MANAGE:

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

How do you do these things?

- * Show enthusiasm for the topics covered in the course and for the work that the participants are doing.
- * Be attentive to each participant's questions and needs. Encourage the participants to come to you at any time with questions or comments. Be available during scheduled times.
- * Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing answers, or not turning pages. These are clues that the participant may need help.
- * Promote a friendly, cooperative relationship. Respond positively to questions (by saying, for example, "Yes, I see what you mean," or "That is a good question."). Listen to the questions and try to address the participant's concerns, rather than rapidly giving the "correct" answer.
- * Always take enough time with each participant to answer his questions completely (that is, so that both you and the participant are satisfied).

What NOT to do.....

- * During times scheduled for course activities, do not work on other projects or discuss matters not related to the course.
- * In discussions with participants, avoid using facial expressions or making comments that could cause participants to feel embarrassed.
- * Do not call on participants one by one as in a traditional classroom, with an awkward silence when a participant does not know the answer. Instead, ask questions during individual feedback.
- * Do not lecture about the information that participants are about to read. Give only the introductory explanations that are suggested in the *Facilitator Guide*. If you give too much information too early, it may confuse participants. Let them read it for themselves in the modules.
- * Do not review text paragraph by paragraph. (This is boring and suggests that participants cannot read for themselves.) As necessary, review the highlights of the text during individual feedback or group discussions.
- * Avoid being too much of a showman. Enthusiasm (and keeping the participants awake) is great, but learning is most important. Keep watching to ensure that participants are understanding the materials. Difficult points may require you to slow down and work carefully with individuals.
- * Do not be condescending. In other words, do not treat participants as if they are children. They are adults.
- * Do not talk too much. Encourage the participants to talk.
- * Do not be shy, nervous, or worried about what to say. This *Facilitator Guide* will help you remember what to say. Just use it!

How can this FACILITATOR GUIDE help you?

This *Facilitator Guide* will help you teach the course **modules**, including the video segments. There is a separate guide to assist you with clinical practice sessions: the *Facilitator Guide for Clinical Practice*.

For each module, this *Facilitator Guide* includes the following:

- * a list of the procedures to complete the module, highlighting the type of feedback to be given after each exercise
- * guidelines for the procedures. These guidelines describe:
 - how to do demonstrations, role plays, and group discussions,
 - supplies needed for these activities,
 - how to conduct the video exercises,
 - how to conduct oral drills,
 - points to make in group discussions or individual feedback.
- * answer sheets (or possible answers) for most exercises
- * a place to write down points to make in addition to those listed in the guidelines

At the back of this *Facilitator Guide* is a section titled "Guidelines for All Modules" (section I). This section describes training techniques to use when working with participants during the course. It also includes important techniques to use when:

- participants are working individually,
- you are providing individual feedback,
- you are leading a group discussion,
- you are coordinating a role play.

The last four pages fold out so that you can refer to them as needed.

To prepare yourself for each module, you should:

- * read the module and ***work the exercises***,
- * read in this *Facilitator Guide* all the information provided about the module,
- * plan exactly how work on the module will be done and what major points to make,
- * collect any necessary supplies for exercises in the module, and prepare for any demonstrations or role plays,
- * think about sections that participants might find difficult and questions they may ask,
- * plan ways to help with difficult sections and answer possible questions,
- * think about the skills taught in the module and how they can be applied in participants' own clinics,
- * ask participants questions that will encourage them to think about using the skills in their clinics. Questions are suggested in appropriate places in the *Facilitator Guide*.

CHECKLIST OF INSTRUCTIONAL MATERIALS NEEDED IN EACH SMALL GROUP

ITEM NEEDED	NUMBER NEEDED
<i>Facilitator Guide for Modules</i>	1 for each facilitator
<i>Facilitator Guide for Clinical Practice</i>	1 for each facilitator
Set of 7 modules, photograph booklet, chart booklet (titled <i>Integrated Management of Childhood Illness</i>), and Mother's Card	1 set for each facilitator and 1 set for each participant
Videotape	(Course Director will inform you where your small group will view the video.)
Set of 4 WHO/UNICEF Case Management Charts (Large version -- to display on the wall)	2 sets for each small group
Set of Facilitator Aids (if available)	1 set for each small group
Set of Answer Sheets	1 for each participant
Young Infant Recording Forms (for exercises in module)	5 for each participant plus some extras
Group Checklist of Clinical Signs Observed	1 per group

CHECKLIST OF SUPPLIES NEEDED FOR WORK ON MODULES

Supplies needed for each person include:

- | | |
|-----------------------|---|
| * name tag and holder | * felt tip pen |
| * paper | * highlighter |
| * ball point pen | * 2 pencils |
| * eraser | * folder or large envelope to collect answer sheets |

Supplies needed for each group include:

- | | |
|---|----------------------------|
| * paper clips | * 2 rolls transparent tape |
| * pencil sharpener | * rubber bands |
| * stapler and staples | * 1 roll masking tape |
| * extra pencils and erasers | * scissors |
| * flipchart pad and markers OR blackboard and chalk | |

Access is needed to a video player. Your Course Director will tell you where this is. 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 these activities.

**GUIDELINES
FOR
ALL MODULES**

FACILITATOR TECHNIQUES

A. *Techniques for Motivating Participants*

Encourage Interaction

1. During the first day, you will talk individually with each participant several times (for example, during individual feedback). If you are friendly and helpful during these first interactions, it is likely that the participants (a) will overcome their shyness; (b) will realize that you want to talk with them; and (c) will interact with you more openly and productively throughout the course.
2. Look carefully at each participant's work (including answers to short-answer exercises). Check to see if participants are having any problems, even if they do not ask for help. If you show interest and give each participant undivided attention, the participants will feel more compelled to do the work. Also, if the participants know that someone is interested in what they are doing, they are more likely to ask for help when they need it.
3. Be available to the participants at all times.

Keep Participants Involved in Discussions

4. Frequently ask questions of participants to check their understanding and to keep them actively thinking and participating. Questions that begin with "what," "why," or "how" require more than just a few words to answer. Avoid questions that can be answered with a simple "yes" or "no."

After asking a question, PAUSE. Give participants time to think and volunteer a response. A common mistake is to ask a question and then answer it yourself. If no one answers your question, rephrasing it can help to break the tension of silence. But do not do this repeatedly. Some silence is productive.

5. Acknowledge all participants' responses with a comment, a "thank you" or a definite nod. This will make the participants feel valued and encourage participation. If you think a participant has missed the point, ask for clarification, or ask if another participant has a suggestion. If a participant feels his comment is ridiculed or ignored, he may withdraw from the discussion entirely or not speak voluntarily again.
6. Answer participants' questions willingly, and encourage participants to ask questions when they have them rather than to hold the questions until a later time.
7. Do not feel compelled to answer every question yourself. Depending on the situation, you may turn the question back to the participant or invite other participants to respond. You may need to discuss the question with the Course Director or another facilitator before answering. Be prepared to say "I don't know but I'll try to find out."
8. Use names when you call on participants to speak, and when you give them credit or thanks. Use the speaker's name when you refer back to a previous comment.

9. Always maintain eye contact with the participants so everyone feels included. Be careful not to always look at the same participants. Looking at a participant for a few seconds will often prompt a reply, even from a shy participant.

Keep the Session Focused and Lively

10. Keep your presentations lively:
 - * Present information conversationally rather than read it.
 - * Speak clearly. Vary the pitch and speed of your voice.
 - * Use examples from your own experience, and ask participants for examples from their experience.
11. Write key ideas on a flipchart as they are offered. (This is a good way to acknowledge responses. The speaker will know his suggestion has been heard and will appreciate having it recorded for the entire group to see.)

When recording ideas on a flipchart, use the participant's own words if possible. If you must be more brief, paraphrase the idea and check it with the participant before writing it. You want to be sure the participant feels you understood and recorded his idea accurately.

Do not turn your back to the group for long periods as you write.
12. At the beginning of a discussion, write the main question on the flipchart. This will help participants stay on the subject. When needed, walk to the flipchart and point to the question.

Paraphrase and summarize frequently to keep participants focused. Ask participants for clarification of statements as needed. Also, encourage other participants to ask a speaker to repeat or clarify his statement.

Restate the original question to the group to get them focused on the main issue again. If you feel someone will resist getting back on track, first pause to get the group's attention, tell them they have gone astray, and then restate the original question.

Do not let several participants talk at once. When this occurs, stop the talkers and assign an order for speaking. (For example, say "Let's hear Dr. Samua's comment first, then Dr. Salvador's, then Dr. Lateau's.") People usually will not interrupt if they know they will have a turn to talk.

Thank participants whose comments are brief and to the point.
13. Try to encourage quieter participants to talk. Ask to hear from a participant in the group who has not spoken before, or walk toward someone to focus attention on him and make him feel he is being asked to talk.

Manage any Problems

14. Some participants may talk too much. Here are some suggestions on how to handle an overly talkative participant:
- * Do not call on this person first after asking a question.
 - * After a participant has gone on for some time say, "You have had an opportunity to express your views. Let's hear what some of the other participants have to say on this point." Then rephrase the question and invite other participants to respond, or call on someone else immediately by saying, "Dr. Samua, you had your hand up a few minutes ago."
 - * When the participant pauses, break in quickly and ask to hear from another member of the group or ask a question of the group, such as, "What do the rest of you think about this point?"
 - * Record the participant's main idea on the flipchart. As he continues to talk about the idea, point to it on the flipchart and say, "Thank you, we have already covered your suggestion." Then ask the group for another idea.
 - * Do not ask the talkative participant any more questions. If he answers all the questions directed to the group, ask for an answer from another individual specifically or from a specific subgroup. (For example, ask, "Does anyone on this side of the table have an idea?")
15. Try to identify participants who have difficulty understanding or speaking the course language. Speak slowly and distinctly so you can be more easily understood and encourage the participant in his efforts to communicate.

Discuss with the Course Director any language problems which seriously impair the ability of a participant to understand the written material or the discussions. It may be possible to arrange help for the participant.

Discuss disruptive participants with your co-facilitator or with the Course Director. (The Course Director may be able to discuss matters privately with the disruptive individual.)

Reinforce Participants' Efforts

16. As a facilitator, you will have your own style of interacting with participants. However, a few techniques for reinforcing participants' efforts include:
- * avoiding use of facial expressions or comments that could cause participants to feel embarrassed,
 - * sitting or bending down to be on the same level as the participant when talking to him,
 - * answering questions thoughtfully, rather than hurriedly,
 - * encouraging participants to speak to you by allowing them time,

- * appearing interested, saying "That's a good question/suggestion."
17. Reinforce participants who:
- * try hard
 - * ask for an explanation of a confusing point
 - * do a good job on an exercise
 - * participate in group discussions
 - * help other participants (without distracting them by talking at length about irrelevant matters).

B. Techniques for Relating Modules to Participants' Jobs

1. Discuss the use of these case management procedures in participants' own clinics. The guidelines for giving feedback on certain exercises suggest specific questions to ask. (For example, in *Identify Treatment*, ask where the participant can refer children with severe classifications; in *Treat the Child*, ask what fluids will be recommended for Plan A, and ask whether he dispensed drugs to mothers; in *Follow-up*, ask whether mothers will bring a child back for follow-up.) Be sure to ask these questions and listen to the participant's answers. This will help participants begin to think about how to apply what they are learning.
2. Reinforce participants who discuss or ask questions about using these case management procedures by acknowledging and responding to their concerns.

C. Techniques for Assisting Co-facilitators

1. Spend some time with the co-facilitator when assignments are first made. Exchange information about prior teaching experiences and individual strengths, weaknesses and preferences. Agree on roles and responsibilities and how you can work together as a team.
2. Assist one another in providing individual feedback and conducting group discussions. For example, one facilitator may lead a group discussion, and the other may record the important ideas on the flipchart. The second facilitator could also check the *Facilitator Guide* and add any points that have been omitted.
3. Each day, review the teaching activities that will occur the next day (such as role plays, demonstrations, and drills), and agree who will prepare the demonstration, lead the drill, play each role, collect the supplies, etc.
4. Work *together* on each module rather than taking turns having sole responsibility for a module.

GUIDELINES FOR ALL MODULES

When Participants are Working:

- * Look available, interested and ready to help.
- * Watch the participants as they work, and offer individual help if you see a participant looking troubled, staring into space, not writing answers, or not turning pages. These are clues that the participant may need help.
- * Encourage participants to ask you questions whenever they would like some help.
- * If important issues or questions arise when you are talking with an individual, make note of them to discuss later with the entire group.
- * If a question arises which you feel you cannot answer adequately, obtain assistance as soon as possible from another facilitator or the Course Director.
- * Review the points in this *Facilitator Guide* so you will be prepared to discuss the next exercise with the participants.

When Providing Individual Feedback:

- * Before giving individual feedback, refer to the appropriate notes in this guide to remind yourself of the major points to make.
- * Compare the participant's answers to the answer sheet provided. If the answer sheet is labelled "Possible Answers," the participant's answers do not need to match exactly, but should be reasonable. If exact answers are provided, be sure the participant's answers match.
- * If the participant's answer to any exercise is incorrect or is unreasonable, ask the participant questions to determine why the error was made. There may be many reasons for an incorrect answer. For example, a participant may not understand the question, may not understand certain terms used in the exercise, may use different procedures at his clinic, may have overlooked some information about a case, or may not understand a basic process being taught.
- * Once you have identified the reason(s) for the incorrect answer to the exercise, help the participant correct the problem. For example, you may only need to clarify the instructions. On the other hand, if the participant has difficulty understanding the process itself, you might try using a specific case example to show step-by-step how the case management charts are used for that case. After the participant understands the process that was difficult, ask him to work the exercise or part of the exercise again.
- * Summarize, or ask the participant to summarize, what was done in the exercise and why. Emphasize that it is most important to learn and remember the process demonstrated by the exercise. Give the participant a copy of the answer sheet, if one is provided.

* Always reinforce the participant for good work by (for example):

- commenting on his understanding,
- showing enthusiasm for ideas for application of the skill in his work,
- telling the participant that you enjoy discussing exercises with him,
- letting the participant know that his hard work is appreciated.

When Leading a Group Discussion:

- * Plan to conduct the group discussion at a time when you are sure that all participants will have completed the preceding work. Wait to announce this time until most participants are ready, so that others will not hurry.
- * Before beginning the discussion, refer to the appropriate notes in this guide to remind yourself of the purpose of the discussion and the major points to make.
- * Always begin the group discussion by telling the participants the purpose of the discussion.
- * Often there is no single correct answer that needs to be agreed on in a discussion. Just be sure the conclusions of the group are reasonable and that all participants understand how the conclusions were reached.
- * Try to get most of the group members involved in the discussion. Record key ideas on a flipchart as they are offered. Keep your participation to a minimum, but ask questions to keep the discussion active and on track.
- * Always summarize, or ask a participant to summarize, what was discussed in the exercise. Give participants a copy of the answer sheet, if one is provided.
- * Reinforce the participants for their good work by (for example):
 - praising them for the list they compiled,
 - commenting on their understanding of the exercise,
 - commenting on their creative or useful suggestions for using the skills on the job,
 - praising them for their ability to work together as a group.

When Coordinating a Role Play:

- * Before the role play, refer to the appropriate notes in this guide to remind yourself of the purpose of the role play, roles to be assigned, background information, and major points to make in the group discussion afterwards.
- * As participants come to you for instructions before the role play,
 - assign roles. At first, select individuals who are outgoing rather than shy, perhaps by asking for volunteers. If necessary, a facilitator may be a model for the group by acting in an early role play.
 - give role play participants any props needed, for example, a baby doll, drugs.
 - give role play participants any background information needed. (There is usually some information for the "mother" which can be photocopied or clipped from this guide.)
 - suggest that role play participants speak loudly.

- allow preparation time for role play participants.
- * When everyone is ready, arrange seating/placement of individuals involved. Have the "mother" and "doctor" stand or sit apart from the rest of the group, where everyone can see them.
- * Begin by introducing the players in their roles and stating the purpose or situation. For example, you may need to describe the age of the child, assessment results, and any treatment already given.
- * Interrupt if the players are having tremendous difficulty or have strayed from the purpose of the role play.
- * When the role play is finished, thank the players. Ensure that feedback offered by the rest of the group is supportive. First discuss things done well. Then discuss things that could be improved.
- * Try to get all group members involved in discussion after the role play. In many cases, there are questions given in the module to help structure the discussion.
- * Ask participants to summarize what they learned from the role play.

FACILITATOR GUIDELINES

INTRODUCTION

INTRODUCTION

PROCEDURES	FEEDBACK
1. Introduce yourself and ask participants to introduce themselves.	-----
2. Perform any necessary administrative tasks.	-----
3. Distribute and introduce the <i>Introduction</i> module. Participants read the module.	-----
4. Explain your role as facilitator.	-----
5. Participants tell where they work and tell briefly their responsibility for care of sick children.	-----
6. Summarize the module and answer any questions.	

1. INTRODUCTION OF YOURSELF AND PARTICIPANTS

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

2. ADMINISTRATIVE TASKS

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

3. INTRODUCTION OF MODULE

Explain that this module is short. Most of the pages are a glossary. The module briefly describes the problem of childhood illness, the need for integrated case management guidelines, and the case management charts. Under "Purpose of This Training Course" are the major teaching objectives of this course. The module also describes the course methods and materials.

Explain that this module, like all the modules that the participants will be given, is theirs to keep. As they read, they can highlight important points or write notes on the pages if they wish.

Ask the participants to read the first several pages of the *Introduction* module now. They should stop reading when they reach the glossary. After everyone has finished reading, there will be a short discussion and you will answer any questions.

Note: Do not review the Glossary or discuss any questions about definitions in the Glossary now. Participants will learn the terms in logical order as they study the modules. Tell the participants that if they need help understanding a word when it is used in a module, they should refer to the Glossary. They can also ask a facilitator for explanation if needed.

4. EXPLANATION OF YOUR ROLE AS FACILITATOR

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

- * guide them through the course activities
- * answer questions as they arise or find the answer if you do not know
- * clarify information they find confusing
- * give individual feedback on exercises where indicated
- * lead group discussions, drills, video exercises and role plays
- * prepare them for each clinical session (explain what they will do and what to take)
- * in outpatient sessions, demonstrate tasks
- * observe and help them as needed during their practice in outpatient sessions.

5. BRIEF DESCRIPTION OF PARTICIPANTS' RESPONSIBILITY FOR CARE OF SICK CHILDREN

Explain to participants that you would like to learn more about their responsibilities for caring for sick children. This will help you understand their situations and be a better facilitator for them. For now, you will ask each

of them to tell where they work and what their job is. During the course you will further discuss what they do in their clinic.

Begin with the first person listed on the flipchart and ask the two questions below. Note the answers on the flipchart.

- * What is the name of the clinic where you work?
- * What is your training or position?

Note: Have the participant remain seated. You should ask the questions and have the participant answer you, as in a conversation. It is very important at this point that the participant feel relaxed and not intimidated or put on the spot. (Though it may be interesting to you to ask the participant more questions about his responsibilities, do not do that now.)

6. SUMMARIZE THE MODULE AND ANSWER ANY QUESTIONS

To summarize the module, review the following points:

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

Management of the young infant age up to 2 months is described on:

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

Management of the sick child age 2 months upto 5 years is somewhat different from young infants. It is described on:

- * *ASSESS AND CLASSIFY THE SICK CHILD*
- * *TREAT THE CHILD*
- * *COUNSEL THE MOTHER*

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

- Age up to 2 months
- Age 2 months up to 5 years

- * **If the child is not yet 2 months of age, the child is considered a young infant.** Use the chart *ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT*.

- * If the child is 2 months up to 5 years, select the chart *ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS*. **"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.)
 - * A child who is 2 months old would be in the group 2 months up to 5 years, not in the group up to 2 months.
- C. In this course you will learn to do all the steps on these charts. You will learn from:
- * Modules (Hold up or point to a set of modules.)
 - * Clinical sessions. You will go to clinics to practice managing sick children using what you have learned.
- D. Ask participants if they have any questions about what they read in the module or heard in the opening session. Answer their questions, but ***do not explain how to use the case management charts***. This will be taught in the rest of the course.

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

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

The case management process is designed for children less than 5 years of age. Although much of the advice on treatment of pneumonia, diarrhoea, malaria, measles and malnutrition is applicable to older children, the assessment and classification of older children would differ. For example, the cut-off rates for determining fast breathing would be different, because normal breathing rates are slower in older children. Chest indrawing is not a reliable sign of severe pneumonia as children get older and the bones of the chest become more firm. Older children can talk and so are able to report additional symptoms which

are not in these charts, such as chest pain and headache, which may be useful in deciding whether pneumonia or malaria is present.

In addition, certain treatment recommendations or advice to the mother on feeding would differ for children over 5 years of age. The drug dosing tables only apply to children up to 5 years. The feeding advice for older children may differ and they may have different feeding problems.

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

- E. When there are no more questions, tell participants that they are ready to begin with the first step of case management, assessing and classifying a sick Young Infant up to 2 months. This is covered in the next module.

**FACILITATOR GUIDELINES
FOR**

MODULE ON

**ASSESS AND CLASSIFY
THE SICK YOUNG INFANT
UP TO 2 MONTHS**

**ASSESS AND CLASSIFY SICK YOUNG INFANT
AGE UPTO 2 MONTHS**

PROCEDURES	FEEDBACK
1. Distribute and introduce the module.	-----
2. Participants read through section 1.1 Demonstration: Introduce the Chart booklet and Recording Form	-----
3. Exercise A: Participants do Part 1 individually	Individual
4. Exercise A, Part 2 -- Show the video (how to assess young infant for possible bacterial infection).	Group discussion
5. Participants study the example photographs in Exercise A, Part 3. Facilitator leads brief discussion of example photographs. Participants work individually to identify the remaining photographs. Give each participant 5 copies of the Young Infant Recording Form to use in Exercise B. Demonstration: Introduce the classification tables and how to classify possible bacterial infection/jaundice.	Group discussion
6. Participants read sections 1.2 through 2.1. Demonstration: Classify dehydration.	Group discussion
7. Participants read through section 2.2 and work individually on Exercise B.	Individual
8. Exercise C ---- Show the video (How to assess the young infant for diarrhoea)	Group discussion
9. Participants read through section 3.1. Lead a drill on reading a weight for age chart for young infants.	Drill

PROCEDURES	FEEDBACK
10. Participants read section 3.2.	Individual
11. Exercise D, Part 1 -- Show the video of breastfeeding assessment	Group discussion
12. Participants study the example photographs in Exercise D, Part 2. Facilitator leads brief group discussion of example photographs. Participants work individually on rest of photographs.	Group discussion Individual
13. Participants read sections 3.3 – 4.0 Demonstration: Classify Feeding problem or Malnutrition Participants work individually on Exercise E.	Individual
14. Participants read section 5.0 and work individually on Exercise F.	Individual
15. Summarize the module.	-----

PREPARE TO FACILITATE THE MODULE

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

For the video exercises: Depending on arrangements made by your course director, you will either show the video in the same room where the participants work on their modules or take the participants to another room at a scheduled time. To conduct video exercises, make sure the following supplies and information are available:

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

For demonstrations: There are at least 5 demonstrations scheduled for this module. The guidelines for the demonstrations suggest using enlargements of some parts of the *ASSESS & CLASSIFY* chart and the Recording Form to conduct the demonstrations. The enlargements focus participants' attention to points you introduce and want to emphasize such as how to use a classification table to classify a child's illness.

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

- ∴ Blank Recording Form (both sides)
- ∴ Classification table:

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

- ∴ A special pen for writing on laminated enlargements
- ∴ A cloth or other material for erasing the laminated enlargements after they have been used for demonstrations

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

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

For chart booklets to use in clinical sessions: Participants will be introduced to the chart booklet on Day 1 of the module and begin to use it during the first clinical practice session on Day 2. Make sure you have enough chart booklets on Day 1.

Guidelines for leading the module *ASSESS AND CLASSIFY THE YOUNG INFANT AGE UPTO 2 MONTHS* begin on the next page.

INTRODUCE THE MODULE

Distribute the module. Explain that in this module, participants will learn how to assess and classify children according the process described on the chart *ASSESS AND CLASSIFY THE YOUNG INFANT AGE UPTO 2 MONTHS*. Tell them that by learning how to use the process shown on the chart, participants will be able to identify signs of serious disease such as bacterial infection, jaundice, diarrhoea, feeding problems and malnutrition.

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

(Note: It is important to not overwhelm participants with extensive details about the chart at this point. Because this is the first day of the course, participants may not be able to retain extensive and detailed points. They are still adjusting to the course method, to you as the facilitator and to their surroundings.)

2. Ask the participants to read the Introduction the Learning Objectives on page 1.

When they have finished reading page 1, ask the participants to move closer so that they can see the wall chart more closely.

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

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

- ∴ Ask the mother about the child's problem.
 - ∴ Assess the young infant for signs related to possible bacterial infection/ jaundice
 - classify the infant's illness according to the signs which are present or absent

 - ∴ Ask the mother about diarrhoea
 - assess the young infant further for signs related to diarrhoea
 - classify the infant's illness according to the signs which are present or absent

 - ∴ Check for feeding problem or signs of malnutrition and classify the infant for feeding problem or its nutritional status.

 - ∴ Check the infant's immunization status and decide if the infant needs any immunization today.
 - ∴ Assess any other problem
3. Introduce the first section of the module: "ask the mother what the infant's problems are". Show the participants where the steps are located on the large wall chart. For example:

Now you will read about how to do the first step on the chart. Here is where the step is located on the chart. (Point to the top of the Assess column). First ask the mother what the young infant's problems are. (Point to the relevant question on the chart.) She will tell you the young infant's problems and why she brought her infant to the clinic today.

Next you must decide if this is an initial or follow-up visit. (Point to where this step is listed in the Assess column.) An "initial" visit is the first visit for a problem. A "follow-up" visit means that the infant was seen a few days ago for the problem, and now has returned for further evaluation.

Ask the participants to turn to section 1.0. Ask The Mother What the Young Infant's problems are. Explain that when they have finished reading till Exercise A that they should tell a facilitator. There will be a demonstration before they do exercise A.

2. DEMONSTRATION: Introduce the chart booklet and the recording Form

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

- * *This booklet is called the chart booklet. You can use the wall chart to find information about assessing and classifying sick young infants and children or you can use the chart booklet. Both describe the same process. The chart booklet contains the same information that is on the wall charts. It also contains blank copies of the two Recording Forms.*
- * *The chart you are learning now is called ASSESS AND CLASSIFY THE SICK YOUNG INFANT UPTO AGE 2 MONTHS. All the assess column boxes and all the classification tables from the ASSESS & CLASSIFY wall chart are in the first section of the chart booklet. The assessment box and classification table for each main symptom are grouped together like this.*

(Show a sample page such as the one for possible bacterial infection so participants see it matches with the assess box, the classification arrow and classification table on the wall chart.)

The chart booklet is convenient to use when you work with modules at a table and when you practice assessing and classifying sick children during clinical sessions. We will begin using the chart booklet today so you can become familiar with it before using it for the first time tomorrow morning during clinical practice.

*Look at the table of contents.. It tells you where to find each part of the chart. The ASSESS & CLASSIFY charts are listed in the first column. They begin on page 2 where you see the charts that tell you how to check for possible bacterial infection.*¹

Introduce the recording Form

Materials needed to do this demonstration:

∴ Enlarged Blank Recording Form

To conduct the demonstration:

When all the participants are ready, introduce the form by briefly mentioning each part of the form and its purpose. Use enlarged Recording Form, to help participants see each part as you refer to it. For example:

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

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

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

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

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

- ∴ *the form is divided into 2 columns: (Point to each column as you mention it) one is for “Assess” and the other is for “Classify.” These two columns relate to the Assess and Classify columns on the ASSESS & CLASSIFY wall chart.*

¹ If the classification tables in the chart booklets do not have coloured rows, participants can use markers to color them pink, yellow and green. Before they begin this activity, explain clearly to them what color each row should be.

- ∴ Point to the relevant columns on the wall chart and then on the Recording Form to show their correspondence.

Look at the Assess column on the wall chart. It shows the assessment steps for assessing the infant's signs and symptoms.

Here is the Assess column on the Recording Form where you record any signs and symptoms that you find are present.

Here on the form is where you will record information about (point as you say the name) possible bacterial infection/severe jaundice, diarrhoea, feeding problem or malnutrition. You can see that the assessment steps under the main symptom on the chart are the same as on this form.

There is also a section for recording information about the infant's immunization status.

- ∴ *Here is the Classify As column on the chart, and here is the Classify column on the Recording Form. You record the infant's 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 clinical sessions, you record information by:

- ∴ *circling any sign that is present, like this (circle a sign on the Recording Form). If the infant does not have 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 numbers is written) or the number of days a sign or symptom has been present (point to the "for how long?" question in the diarrhoea section).*

∴ Writing the classification of the main symptom

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

At the end of the demonstration, ask if there are any questions. When there are no additional questions, ask the participants to turn to Exercise A and begin the exercises. Explain that they should tell a facilitator when they have completed their work on the exercises, and that the facilitator will, discuss their answers with them individually.

**3. EXERCISE A: Part 1. Individual work followed by individual feedback-
Check for Possible Bacterial Infection/ Jaundice**

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

This is the first time participants use the Recording Form make sure participants learn to use the form correctly. As you discuss each case with the participant:

- ∴* make sure the participant has written the infant's name, age weight and temperature in the appropriate places.
- ∴* make sure the participant has written the infant's problems in the space provided and ticked whether this is an initial or follow-up visit.

Sentences follow each case to help guide the participant in the completion of the Recording Form. Talk through these sentences to review with the participant the steps for filling in the Recording Form.

Praise the participant for what they have done well. Answer their questions and provide guidance as needed. Give the participant a copy of the answer sheet.

Answers to Exercise A

Case: Vidya

Name: Vidya Age 4 weeks Weight: 3.5 kg Temperature: 36.5 °C

ASK: What are the infant's problems? Cough and not feeding well Initial visit? Follow-up Visit?

ASSESS (Circle all signs present)

CLASSIFY

ASSESS (Circle all signs present)	CLASSIFY
<p>CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE</p> <ul style="list-style-type: none"> • Has the infant had convulsions? <ul style="list-style-type: none"> • Count the breaths in one minute. <u> 64 </u> breaths per minute. Repeat if elevated <u> 66 </u> <u>Fast breathing?</u> • Look for severe chest indrawing. • Look for nasal flaring. • Look and listen for grunting. • Look and feel for bulging fontanelle. • Look for pus draining from the ear. • Look at umbilicus. Is it red or draining pus? • Look for skin pustules. Are there 10 or more skin pustules or a big boil? • Measure axillary temperature (if not possible, feel for fever or low body temperature): <ul style="list-style-type: none"> 37.5°C or more (or feels hot)? Less than 35.5°C? Less than 36.5°C but above 35.4°C (or feels cold to touch)? • See if young infant is lethargic or unconscious. • Look at young infant's movements. Less than normal? • Look for jaundice. Are the palms and soles yellow? 	<p>Possible Serious bacterial infection</p>

- a. Write Vidya's name, age, weight and temperature in the spaces provided on the top line of the form below.
- b. Write Vidya's problem on the line after the question "Ask -- What are the infant's problems?"
- c. Tick (✓) whether this is the initial or follow-up visit for this problem.
- d. Does Vidya have a sign of possible serious bacterial infection?

4. EXERCISE A: Part 2: Video demonstration – Assessing for possible Bacterial Infection/Jaundice

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

To show the video exercise:

1. Tell participants that they will watch a demonstration of how to assess a young infant for possible bacterial infection/jaundice. The video will show examples of abnormal signs.
2. Ask if participants have any questions before you start the video. When there are no additional questions, start the video.
3. Show the video. Follow the instructions given in the video. Pause the video and give explanations or discuss what the participants are seeing as needed to be sure the participants understand how to assess these signs.
4. At the end of the video, lead a short discussion. If the participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again.

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

- ∴ It is particularly difficult to count breathing rate in a young infant because of irregular breathing. Repeat any count, which is 60 or more.
- ∴ Grunting can be difficult to hear. Many infants make occasional noises. Grunting is regular, soft, short noises when breathing out (at the beginning of expiration). (If participants are having trouble understanding grunting, demonstrate it.)
- ∴ You need to look very closely for nasal flaring – the nostrils of a young infant are small.

For each infant shown, answer the question:

Infant number	Breaths in one minute	Does the infant have Fast breathing
1	68	Yes
2	64	Yes

For each child shown, answer the question:

Infant number	Does the infant have severe chest indrawing?
1	Yes
2	Yes
3	Yes
4	No
5	No

5. EXERCISE A: Part 3: group discussion of photographs of a young infant’s umbilicus, skin pustules and jaundice.

Talk about each of the first 2 photographs, pointing out or having participants point out and tell how they recognize the signs.

Then ask participants to work individually to study the rest of the photographs for this exercise and write answers in the chart in the module.

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

Give the participants a copy of the answer sheet

- Photograph 1: Normal umbilicus in a newborn
- Photograph 2: An umbilicus with redness extending to the skin of the Abdomen

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

Photograph 6: Many skin pustules
 Photograph 7: A big boil
 Photograph 8: Jaundice (Palms and soles not yellow)
 Photograph 9: Jaundice (Yellow palms and soles)

Skin	Normal	Many pustules	A big boil	Jaundice	Yellow palms and soles
Photograph 10		√			
Photograph 11			√		
Photograph 12					√

Demonstration: Introduce the classification tables and how to classify possible bacterial infection/ jaundice.

When all participants have read section "Assess possible bacterial infection/ jaundice," ask participants to gather for a demonstration.

Materials needed:

*Enlargement of Classification Table -- **Possible bacterial infection/jaundice.**

To conduct the demonstration:

Ask if there are any questions about recognizing signs for assessing a Young infant such as: count the number of breaths in one minute, look for chest indrawing, and listen for grunting.

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

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

- In general, most of the classification tables on the *ASSESS & CLASSIFY* chart have 3 rows (except Possible bacterial infection/jaundice).
- Each row is coloured either pink, yellow, or green.

- The colour of the row helps to identify rapidly whether the Young infant has a serious disease requiring urgent attention.
- A classification in a *pink* row means the Young infant has a severe classification and needs urgent attention and referral or admission for inpatient care.
- A classification in a *yellow* row means the Young infant needs a specific medical treatment such as an appropriate antibiotic, or other treatment. Treatment includes teaching the mother how to give the oral drugs or to treat local infections at home. The doctor advises her about caring for the Young infant at home and when she should return.
- A classification in a *green* row is not given a specific medical treatment such as antibiotics or other treatments. The doctor teaches the mother how to care for her Young infant at home. For example, you might advise her on feeding her sick child.

Now display the enlargement of the classification table for Possible Bacterial infection/jaundice. Point out the ‘Signs’ column and the ‘Classify As’ column. As you talk through the steps for classifying Possible Bacterial infection/jaundice, point to each row as you describe it. Explain that there is no green row in the classification table for Possible Bacterial infection/jaundice. Depending on the combination of the young infant's signs and symptoms, the young infant is classified in either the pink, yellow, or green row. However, the young infant may have more than one classification with the same color code in a classification table.

All young infants must be assessed for possible bacterial infection / jaundice. There are two pink and three yellow classifications.

Pink classifications:

- POSSIBLE SERIOUS BACTERIAL INFECTION and/or
- SEVERE JAUNDICE

OR

Yellow classifications:

- LOCAL BACTERIAL INFECTION and/or
- JAUNDICE and/or
- LOW BODY TEMPERATURE

Here is the classification table for possible bacterial infection / jaundice.

1. Look at the pink (or top) rows.

Does the young infant have any of the signs of possible serious bacterial infection?

If the young infant has any of the signs of possible serious bacterial infection, select the severe classification, POSSIBLE SERIOUS BACTERIAL INFECTION.

2. If the young infant does not have the severe classifications, look at the yellow rows.

This young infant does not have a severe classification. Is the umbilicus red or draining pus? Is there pus discharge from ear? Does the young infant have < 10 skin pustules?

3. Whenever you use a classification table, start with the top row. **In each classification limb**, a young infant receives classifications in one colour only. If the infant has signs from more than one row, always select the more serious classification.
4. Young infants have also to be classified for jaundice or Low Body temperature if present. You have to select an appropriate classification for these conditions too.
5. For the classification tables that have a green row, if the young infant does not have any of the signs in the pink or yellow rows, select the classification in the green row.

When all discussion is complete, ask participants to continue working in the module. They should read sections 1.2 through 2.1.

6. DEMONSTRATION: Classify dehydration

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

Materials needed:

- * Enlarged Blank Recording Form
- * Enlarged Classification Table - Dehydration

To conduct this demonstration:

1. Briefly review with participants the steps for classifying Possible bacterial infection/ jaundice.
2. Introduce the enlarged classification table for diarrhoea. Explain that classifying diarrhoea is slightly different than classifying Possible bacterial infection/ jaundice.

- All Young Infants with diarrhoea are classified for dehydration. To select a classification for dehydration, the Young Infants must have two or more of the signs in either the pink or yellow row. One sign is not enough to select a pink or yellow classification. If the Young Infants has only one sign in a row, look at the next row.
 - * Only classify Severe persistent diarrhoea if the Young Infants has had diarrhoea lasting 14 days or more.
 - * Only classify Severe dysentery if the Young Infants has blood in the stool.
7. Ask participants to read through 2.2 and work individually on Exercise B. Give each participant 5 copies of the young infant Recording Form to use in Exercise B.

EXERCISE B: Individual work followed by individual feedback -- Assess and classify possible bacterial infection and diarrhoea in case studies

Watch to see when participants are beginning Exercise B. Be sure that each participant has 5 copies of the Young Infant Recording Form and understands that he should record the information about each case in Exercise B on these forms. If any participant seems confused, explain or show him individually how to use the Recording Forms, so that he can get started on the exercise without delay.

Compare the participant's Recording Forms with the Answer Sheets for Exercise B. Where the participant has recorded something different, discuss why he did that, and go back to the case study as needed to verify the reason for the answer. Give the participant a copy of the answer sheet to keep.

Tell the participant that later exercises in this module will continue these same 5 case studies. The participant will continue completing the same 5 Recording Forms as he continues to work through the module.

In order to better understand the participant's work situation, discuss with the participant whether he sees sick young infants at his clinic.

Ask the participant to read through section 3.1 and to let you know when he has finished. (If you do not plan to do the drill on reading a weight for age chart right away, ask the participant to read section 3.2 also and to let you know when he comes to Exercise C. Exercises C and D are video exercises).

Answers to Exercise B

CASE-1

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Name: Harish Age: 3 weeks Weight: 3.6 kg Temperature: 36.5 °C

ASK: What are the infant's problems? Difficulty in breathing Initial visit? Follow-up Visit? _____

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE		Possible Serious Bacterial Infection
<ul style="list-style-type: none"> • Has the infant had convulsions? 	<ul style="list-style-type: none"> • Count the breaths in one minute. <u>74</u> breaths per minute Repeat if elevated <u>70</u> <u>Fast breathing?</u> • Look for severe chest indrawing. • Look for <u>nasal flaring.</u> • Look and listen for grunting. • Look and feel for bulging fontanelle. • Look for pus draining from the ear. • Look at the umbilicus. Is it red or draining pus? • Look for skin pustules. Are there 10 or more pustules or a big boil? • Measure axillary temperature (if not possible, feel for fever or low body temperature): 37.5°C or more (or feels hot)? Less than 35.5°C? Less than 36.5°C but above 35.4°C (or feels cold to touch)? • See if young infant is lethargic or unconscious • Look at young infant's movements. Less than normal? • Look for jaundice. Are the palms and soles yellow? 	
DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes ___ No <input checked="" type="checkbox"/>		
<ul style="list-style-type: none"> • <input type="checkbox"/> For how long? ___ Days • <input type="checkbox"/> Is there blood in the stool? 	<ul style="list-style-type: none"> • Look at the young infant's general condition. Is the infant: • Lethargic or unconscious? • Restless and irritable? • Look for sunken eyes. • <input type="checkbox"/> Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	

Answers to Exercise B

CASE - 2

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Name: Shashi Age: 4 days Weight: 2.7 kg Temperature: 37 °C

ASK: What are the infant's problems? Yellow and has rash Initial visit? ✓ Follow-up Visit? _____

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE		
<ul style="list-style-type: none"> • Has the infant had convulsions? 	<ul style="list-style-type: none"> • Count the breaths in one minute <u>55</u> breaths per minute Repeat if elevated _____ Fast breathing? • Look for severe chest indrawing. • Look for nasal flaring. • Look and listen for grunting. • Look and feel for bulging fontanelle. • Look for pus draining from the ear. • Look at the umbilicus. Is it red or draining pus? • <u>Look for skin pustules</u>. Are there 10 or more pustules or a big boil? • Measure axillary temperature (if not possible, feel for fever or low body temperature): 37.5°C or more (or feels hot)? Less than 35.5°C? Less than 36.5°C but above 35.4°C (or feels cold to touch)? • See if young infant is lethargic or unconscious • Look at young infant's movements. Less than normal? • Look for jaundice. Are the <u>palms and soles yellow?</u> 	<p>Severe Jaundice Local Bacterial infection</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA?</p> <ul style="list-style-type: none"> • For how long? _____ Days • Is there blood in the stool? 	<p style="text-align: right;">Yes ___ No <u>✓</u></p> <ul style="list-style-type: none"> • Look at the young infant's general condition. Is the infant: • Lethargic or unconscious? • Restless and irritable? • Look for sunken eyes. • <input type="checkbox"/> Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	

Answers to Exercise B

CASE - 3

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Name: Ankit Age: 2 weeks Weight: 2.5 kg Temperature: 35.7 °C

ASK: What are the infant's problems? small, umbilical discharge Initial visit? Follow-up Visit?

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE		
<ul style="list-style-type: none"> • Has the infant had convulsions? 	<ul style="list-style-type: none"> • Count the breaths in one minute <u>55</u> breaths per minute Repeat if elevated _____ Fast breathing? • Look for severe chest indrawing. • Look for nasal flaring. • Look and listen for grunting. • Look and feel for bulging fontanelle. • Look for pus draining from the ear. • Look at the umbilicus <u>Is it red or draining pus?</u> • Look for skin pustules. Are there 10 or more pustules or a big boil? • Measure axillary temperature (if not possible, feel for fever or low body temperature): 37.5°C or more (or feels hot)? Less than <u>35.5°C?</u> Less than <u>36.5°C but above 35.4°C</u> (or feels cold to touch)? • See if young infant is lethargic or unconscious • Look at young infant's movements. Less than normal? • Look for jaundice. Are the palms and soles yellow? 	<p>Local Bacterial Infection</p> <p>Low Body Temperature</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> For how long? _____ Days • <input type="checkbox"/> Is there blood in the stool? 	<p style="text-align: right;">Yes ___ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> • Look at the young infant's general condition. Is the infant: • Lethargic or unconscious? • Restless and irritable? • Look for sunken eyes. • <input type="checkbox"/> Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	

Answers to Exercise B

CASE - 4

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Name: Neera Age: 7 weeks Weight: 3 kg Temperature: 36.8 °C

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

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE</p> <ul style="list-style-type: none"> Has the infant had convulsions? Count the breaths in one minute <u>58</u> breaths per minute Repeat if elevated _____ Fast breathing? Look for severe chest indrawing. Look for nasal flaring. Look and listen for grunting. Look and feel for bulging fontanelle. Look for pus draining from the ear. Look at the umbilicus. Is it red or draining pus? Look for skin pustules. Are there 10 or more pustules or a big boil? Measure axillary temperature (if not possible, feel for fever or low body temperature): 37.5°C or more (or feels hot)? Less than 35.5°C? Less than 36.5°C but above 35.4°C (or feels cold to touch)? See if young infant is lethargic or unconscious Look at young infant's movements. Less than normal? Look for jaundice. Are the palms and soles yellow? 		
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA?</p> <ul style="list-style-type: none"> <input type="checkbox"/> For how long? <u>3</u> Days <input checked="" type="checkbox"/> Is there blood in the stool? 	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Look at the young infant's general condition. Is the infant: <ul style="list-style-type: none"> Lethargic or unconscious? <u>Restless and irritable?</u> Look for sunken eyes. <input type="checkbox"/> Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> Very slowly (longer than 2 seconds)? <u>Slowly?</u> 	<p>Some Dehydration</p> <p>Severe Dysentery</p>

8. EXERCISE C: Video case study -- Group viewing and discussion of assessing and classifying a young infant for possible bacterial infection and diarrhoea

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

To conduct the video exercise:

1. Tell participants that during this exercise they will watch a case study of a young infant. The young infant will be assessed for possible bacterial infection and diarrhoea. They should record their assessment results on the recording form in the module. They will be given time to classify the young infant and write the classifications on the form.
2. Ask if participants have any questions before you start the video. When there are no additional questions, start the video.
3. At the end of the video, lead a short discussion. If participants are not clear about the assessment of any signs, rewind the video and show the relevant portions again. If there are any questions about the classifications, review the infant's signs and how they were classified, referring to a classification table.

Give participants a copy of the answer sheet.

If you are not doing the drill now, ask participants to read through section 3.2

Answers to Exercise C

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Name: Gemma Age: 45 days Weight: 3.0 kg Temperature: 37 °C

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

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE		Possible Serious Bacterial Infection
<ul style="list-style-type: none"> • Has the infant had convulsions? 	<ul style="list-style-type: none"> • Count the breaths in one minute <u>42</u> breaths per minute Repeat if elevated _____ Fast breathing? • Look for <u>severe chest indrawing</u> • Look for <u>nasal flaring</u>. • Look and listen for <u>grunting</u>. • Look and feel for bulging fontanelle. • Look for pus draining from the ear. • Look at the umbilicus. Is it red or draining pus? • Look for skin pustules. Are there 10 or more pustules or a big boil? • Measure axillary temperature (if not possible, feel for fever or low body temperature): 37.5°C or more (or feels hot)? Less than 35.5°C? Less than 36.5°C but above 35.4°C (or feels cold to touch)? • <u>See if young infant is lethargic or unconscious</u> • Look at young infant's movements. <u>Less than normal?</u> • Look for jaundice. Are the palms and soles yellow? 	
DOES THE YOUNG INFANT HAVE DIARRHOEA?		Severe Dehydration
<ul style="list-style-type: none"> • <input type="checkbox"/> For how long? <u>4</u> Days • <input type="checkbox"/> Is there blood in the stool? 	<p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Look at the young infant's general condition. Is the infant: <u>Lethargic</u> or unconscious? • Restless and irritable? • Look for sunken eyes. • <input type="checkbox"/> Pinch the skin of the abdomen. Does it go back: <u>Very slowly</u> (longer than 2 seconds)? Slowly? 	

9. DRILL: Reading a weight for age chart for young infants

Conduct this drill when participants have finished reading section 3.1 or at any convenient time during work on this module.

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

Ask the question in the left column. Participants should answer in turn.

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

QUESTIONS		ANSWERS
IS THE YOUNG INFANT LOW WEIGHT FOR AGE IF		
the infant is:	and weighs?	
3 weeks old	3 kg	no
6 weeks old	4 kg	no
7 weeks old	3 kg	yes
4 weeks old	2.5 kg	yes
5 weeks old	3.25 kg	no
2 weeks old	2.5 kg	yes
6 weeks old	3.75 kg	no
5 weeks old	2.9 kg	yes

10. EXERCISE D - Part 1: Video demonstration of breastfeeding assessment

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

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

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

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

Important points to emphasize in the discussion are:

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

11. EXERCISE D - Part 2: Group discussion of example photographs. Then individual work followed by individual feedback -- Recognizing signs of good attachment

Talk about each of the first 4 photographs, pointing out or having participants point out and tell how they can see each sign of good or poor attachment. Participants should refer to the descriptions of each photograph in their module.

Then ask participants to work individually to study the rest of the photographs for this exercise and write the answers in the chart. They should look for the signs of good attachment present in each photograph and make an overall assessment of the infant's attachment.

To give individual feedback on this exercise, compare the participant's answers with the answers on the answer sheet. If the participant had a different answer, look at the photograph together and discuss how to recognize the sign.

Then look at photographs 22 and 23 (thrush) with the participant. Answer any questions that the participant may have about these photographs.

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

Ask the participant to read sections 3.3 through 4.0 and do Exercise E.

Answers to Exercise D

Photo	Signs of Good Attachment				Assessment	Comments
	Chin Touching Breast	Mouth Wide Open	Lower Lip Turned Outward	More Areola Showing Above		
13	yes (almost)	yes	yes	yes	Good attachment	
14	no	no	yes	no (equal above and below)	Not well attached	
15	yes	no	no	yes	Not well attached	lower lip turned in
16	no	no	no	no	Not well attached	cheeks pulled in
17	yes	yes	yes	can not see	Good attachment	
18	<i>no</i>	<i>no</i>	<i>yes</i>	<i>no (equal above and below)</i>	<i>Not well attached</i>	
19	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>Good attachment</i>	
20	<i>yes (almost)</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>Good attachment</i>	
21	<i>yes</i>	<i>no</i>	<i>no</i>	<i>no (more below)</i>	<i>Not well attached</i>	<i>lower lip turned in</i>

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

11. **Demonstration: Classify Feeding problem or Malnutrition
Before doing Exercise E Conduct a demonstration**

Materials needed:

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

To conduct this demonstration:

Briefly review with participants the steps for classifying Feeding Problem or Malnutrition.

Display the enlarged section of the chart:

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

Point to the enlargement and review the steps of assessing feeding problem or malnutrition.

Look at the top row.

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

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

Now assess for breastfeeding.

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

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

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

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

The infant suckles with slow deep sucks you may see or hear swallowing

An infant who is suckling effectively may pause sometimes and then start suckling again. Remember that the mother should allow her baby to finish the feed and release the breast himself. A baby who has been suckling effectively will be satisfied after a breastfeed.

A Young Infant with no signs in the pink row and having any of the signs Not well attached to breast or Not suckling effectively or Less than 8 breastfeeds in 24 hours or Receives other foods or drinks or Low weight for age or Thrush or Breast or nipple problem has the Classification Feeding Problem or Low Weight.

If a Young Infant is Not Low Weight For Age and has No Other Signs Of Inadequate Feeding has the Classification No Feeding Problem.

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

EXERCISE E: Individual work followed by individual feedback

Contraindications to immunization

If the infant:	Immunize this infant today if due for immunization	Do not immunize today
will be treated at home with antibiotics	√	
has a local skin infection	√	
has a congenital heart problem	√	
is being referred for severe classification		√
is exclusively breastfed	√	
older brother had convulsion last year	√	
was jaundiced at birth	√	
is LOW WEIGHT for age	√	
has DIARRHOEA: NO DEHYDRATION	√	

12. Ask the participants to read section 5.0 and do Exercise F.

EXERCISE F: Individual work followed by individual feedback -- Assess and classify nutritional status and feeding in case studies

Compare the participant's recording forms with the front of the forms, which are the Answer Sheets for Exercises F. If the participant recorded something different on his form, discuss his answer, and refer back to the case study as needed to verify the reason for the answer provided on the answer sheet.

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Name: Harish Age: 3 wk Weight: 3.6 kg Temperature: 36.5 °C

ASK: What are the infant's problems? Difficulty breathing Initial visit? Follow-up Visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE</p> <ul style="list-style-type: none"> • Has the infant had convulsions? • Count the breaths in one minute. <u>74</u> breaths per minute Repeat if elevated <u>70</u> Fast breathing? • Look for severe chest indrawing. • Look for nasal flaring. • Look and listen for grunting. • Look and feel for bulging fontanelle. • Look for pus draining from the ear. • Look at the umbilicus. Is it red or draining pus? • Look for skin pustules. Are there 10 or more pustules or a big boil? • Measure axillary temperature (if not possible, feel for fever or low body temperature): 37.5°C or more (or feels hot)? Less than 35.5°C? Less than 36.5°C but above 35.4°C (or feels cold to touch)? • See if young infant is lethargic or unconscious • Look at young infant's movements. Less than normal? • Look for jaundice. Are the palms and soles yellow? 	<p>POSSIBLE SERIOUS BACTERIAL INFECTION</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes ___ No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> • <input type="checkbox"/> For how long? ___ Days • <input type="checkbox"/> Is there blood in the stool? • Look at the young infant's general condition. Is the infant: Lethargic or unconscious? Restless and irritable? Look for sunken eyes. • <input type="checkbox"/> Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	
<p>THEN CHECK FOR FEEDING PROBLEM & MALNUTRITION</p> <ul style="list-style-type: none"> • Is there any difficulty feeding? Yes ___ No <input checked="" type="checkbox"/> • Is the infant breastfed? Yes <input checked="" type="checkbox"/> No ___ If Yes, how many times in 24 hours? <u>8</u> times • Does the infant usually receive any other foods or drinks? Yes ___ No <input checked="" type="checkbox"/> If Yes, how often? • What do you use to feed the infant? <p>If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital:</p>	

<p>ASSESS BREASTFEEDING:</p> <ul style="list-style-type: none"> Has the infant breastfed in the previous hour? Does mother have pain while breastfeeding? 	<p>If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.</p> <ul style="list-style-type: none"> Is the infant able to attach? To check attachment, look for: <ul style="list-style-type: none"> - Chin touching breast Yes ___ No ___ - Mouth wide open Yes ___ No ___ - Lower lip turned outward Yes ___ No ___ - More areola above than below the mouth Yes ___ No ___ <p><i>no attachment at all not well attached good attachment</i></p> <ul style="list-style-type: none"> Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? <p><i>not suckling at all not suckling effectively suckling effectively</i></p> <ul style="list-style-type: none"> Look for ulcers or white patches in the mouth (thrush). If yes, then look for: <ul style="list-style-type: none"> <input type="checkbox"/> Flat or inverted nipples, or sore nipples <input type="checkbox"/> Engorged breasts or breast abscess 	<p>NO FEEDING PROBLEM</p>
<p>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunizations needed today.</p> <p> <input checked="" type="checkbox"/> BCG <input type="checkbox"/> DPT1 <input type="checkbox"/> OPV 0 <input type="checkbox"/> OPV 1 <input type="checkbox"/> HEP-B 1 </p>		<p>Return for next immunization on:</p> <p><u>At 6 weeks age</u> (Date)</p>

ASSESS OTHER PROBLEMS:

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Name: Baby of Shashi Age: 4 days Weight: 2.7 kg Temperature: 37 °C

ASK: What are the infant's problems? Has become yellow and has a rash Initial visit? √ Follow-up Visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE</p> <ul style="list-style-type: none"> Has the infant had convulsions? Count the breaths in one minute. <u>55</u> breaths per minute Repeat if elevated _____ Fast breathing? Look for severe chest indrawing. Look for nasal flaring. Look and listen for grunting. Look and feel for bulging fontanelle. Look for pus draining from the ear. Look at <u>the umbilicus</u>. Is it red or draining pus? Look for <u>skin pustules</u>. Are there 10 or more pustules or a big boil? Measure axillary temperature (if not possible, feel for fever or low body temperature): <ul style="list-style-type: none"> 37.5°C or more (or feels hot)? Less than 35.5°C? Less than 36.5°C but above 35.4°C (or feels cold to touch)? See if young infant is lethargic or unconscious Look at young infant's <u>movements. Less than normal?</u> Look for jaundice. Are <u>the palms and soles yellow?</u> 	<p>SEVERE JAUNDICE LOCAL BACTERIAL INFECTION</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes ___ No <u>√</u></p>	

<ul style="list-style-type: none"> <input type="checkbox"/> For how long? ___ Days <input type="checkbox"/> Is there blood in the stool? 	<ul style="list-style-type: none"> Look at the young infant's general condition. Is the infant: Lethargic or unconscious? Restless and irritable? Look for sunken eyes. <input type="checkbox"/> Pinch the skin of the abdomen. Does it go back: <ul style="list-style-type: none"> Very slowly (longer than 2 seconds)? Slowly? 	
THEN CHECK FOR FEEDING PROBLEM & MALNUTRITION		
<ul style="list-style-type: none"> Is there any difficulty feeding? Yes ___ No ___ Is the infant breastfed? Yes <input checked="" type="checkbox"/> No ___ 		
<p>If Yes, how many times in 24 hours? <u>9-10</u> times</p>		
<ul style="list-style-type: none"> Does the infant usually receive any other foods or drinks? Yes ___ No <input checked="" type="checkbox"/> If Yes, how often? What do you use to feed the infant? 		
<p>If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital:</p>		
ASSESS BREASTFEEDING:		
<ul style="list-style-type: none"> Has the infant breastfed in the previous hour? 	<p>If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.</p>	<p>NO FEEDING PROBLEM</p>
	<ul style="list-style-type: none"> Is the infant able to attach? To check attachment, look for: <ul style="list-style-type: none"> - Chin touching breast Yes ___ No ___ - Mouth wide open Yes ___ No ___ - Lower lip turned outward Yes ___ No ___ - More areola above than below the mouth Yes ___ No ___ <p><i>no attachment at all not well attached good attachment</i></p> <ul style="list-style-type: none"> Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? <p><i>not suckling at all not suckling effectively suckling effectively</i></p> <ul style="list-style-type: none"> Look for ulcers or white patches in the mouth (thrush). <p>If yes, then look for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flat or inverted nipples, or sore nipples <input type="checkbox"/> Engorged breasts or breast abscess 	
<ul style="list-style-type: none"> Does mother have pain while breastfeeding? 		
CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunizations needed today.		
<p><input checked="" type="checkbox"/> BCG</p> <p><input checked="" type="checkbox"/> OPV 0</p>	<p>____ DPT1</p> <p>____ OPV 1</p> <p>____ HEP-B 1</p>	<p>Return for next immunization on:</p> <p><u>At 6 weeks age</u> (Date)</p>

ASSESS OTHER PROBLEMS:

MANAGEMENT OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

Name: Ankit Age: 2 wk Weight: 2.5 kg Temperature: 35.7 °C

ASK: What are the infant's problems? Premature & small at birth, umbilicus infected Initial visit? ✓
 Follow-up Visit? _____

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION / JAUNDICE</p> <ul style="list-style-type: none"> • Has the infant had convulsions • Count the breaths in one minute. <u>55</u> breaths per minute Repeat if elevated _____ Fast breathing? • Look for severe chest indrawing. • Look for nasal flaring. • Look and listen for grunting. • Look and feel for bulging fontanelle. • Look for pus draining from the ear. • Look at the umbilicus. Is it red or draining pus? • Look for skin pustules. Are there <u>10 or more</u> pustules or a big boil? • Measure axillary temperature (if not possible, feel for fever or low body temperature): 37.5°C or more (or feels hot)? Less than 35.5°C? <u>Less than 36.5°C but above 35.4°C (or feels cold to touch)?</u> • See if young infant is lethargic or unconscious • Look at young infant's movements. Less than normal? • Look for jaundice. Are the palms and soles yellow? 	<p>LOCAL BACTERIAL INFECTION and LOW BODY TEMPERATURE</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes ___ No <u>✓</u></p> <ul style="list-style-type: none"> • For how long? ___ Days • <input type="checkbox"/> Is there blood in the stool? • Look at the young infant's general condition. Is the infant: Lethargic or unconscious? Restless and irritable? Look for sunken eyes. • <input type="checkbox"/> Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? Slowly? 	
<p>THEN CHECK FOR FEEDING PROBLEM & MALNUTRITION</p> <ul style="list-style-type: none"> • Is there any difficulty feeding? Yes ___ No <u>Is the infant breastfed? Yes <u>✓</u> No ___</u> If Yes, how many times in 24 hours? <u>6-7</u> times • Does the infant usually receive any other foods or drinks? Yes ___ No <u>✓</u> If Yes, how often? • What do you use to feed the infant? <hr style="border-top: 1px dashed black;"/> <p>If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital:</p>	

<p>ASSESS BREASTFEEDING:</p> <ul style="list-style-type: none"> Has the infant breastfed in the previous hour? Does mother have pain while breastfeeding? 	<p>If infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.</p> <ul style="list-style-type: none"> Is the infant able to attach? To check attachment, look for: <ul style="list-style-type: none"> -Chin touching breast Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -Mouth wide open Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -Lower lip turned outward Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> -More areola above than below the mouth Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>no attachment at all not well attached <u>good attachment</u></i></p> <ul style="list-style-type: none"> Is the infant suckling effectively (that is, slow deep sucks, sometimes pausing)? <ul style="list-style-type: none"> <i>not suckling at all not suckling effectively <u>suckling effectively</u></i> Look for ulcers or white patches in the mouth (thrush). If yes, then look for: <ul style="list-style-type: none"> <input type="checkbox"/> Flat or inverted nipples, or sore nipples <input type="checkbox"/> Engorged breasts or breast abscess 	<p>FEEDING PROBLEM</p> <p>and</p> <p>LOW WEIGHT</p>
<p>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunizations needed today.</p> <p><u>BCG</u> <input type="checkbox"/> DPT1</p> <p><u>OPV 0</u> <input type="checkbox"/> OPV 1</p> <p><input type="checkbox"/> HEP-B 1</p>		<p>Return for next immunization on:</p> <p><u>At 6 weeks age</u> (Date)</p>

ASSESS OTHER PROBLEMS:

13. SUMMARY OF MODULE

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

**FACILITATOR GUIDELINES
FOR**

**IDENTIFY
TREATMENT
FOR THE SICK YOUNG
INFANT**

IDENTIFY TREATMENT FOR SICK YOUNG INFANT
Age Up To 2 Months

PROCEDURES	FEEDBACK
1. Distribute and introduce the module.	-----
2. Participants read through section 1.0 up to Exercise A	Individual
3. Participants do Exercise A individually	Individual
4. Demonstration: Using young infant recording Form for Identifying treatment	
5. Participants read section 2.0 and do Exercise B individually	Individual
6. Participants read through section 4.0	Individual
7. Participants do Exercise C, Part 1 Individually	Individual
8. Exercise C, Part 2: Conduct the role play	Individual
9. Summarize the module	Group discussion

1. INTRODUCTION OF MODULE

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

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 **POSSIBLE SERIOUS BACTERIAL INFECTION/JAUNDICE** and read them aloud (or have a participant read them aloud). Point to the treatments listed for diarrhoea with **NO DEHYDRATION** and read them aloud (or have a participant read them aloud). Ask a participant to point to the classification **SEVERE DYSENTERY**. Then ask that participant to read aloud the treatments for dysentery.

Explain that severe classifications usually require referral to a hospital. For these classifications, the instruction is given to "Refer **URGENTLY** to hospital." Point to the treatment instructions for **POSSIBLE SERIOUS BACTERIAL INFECTION** and read them aloud, including the instruction to refer urgently to the hospital. Ask a participant to point to the classification **SEVERE PERSISTENT DIARRHOEA**. Then ask that participant to read aloud the treatments for **SEVERE PERSISTENT DIARRHOEA**.

Explain what is meant by "hospital": a health facility with inpatient beds and supplies and expertise to treat a very sick child. (If some participants work in facilities with inpatient beds, these participants may refer severe cases to their own inpatient departments. Participants working in clinics will usually refer to a hospital some distance away.)

Ask participants to look at the flowchart on the first page of the module. Explain that this flowchart shows the steps described in this module. The first step, in the diamond, is a decision: 1.0 Determine if urgent referral is needed. If **NO**, you follow the upper arrow to step 2.0 to identify treatments. If **YES**, you quickly do steps 3.0, 4.0 and 5.0 to refer the child.

Explain that this module does not describe how to do the treatments, but simply how to identify which treatments are needed. Participants will learn how to do the treatments in the module *Treat the Young Infant and Counsel the Mother*.

Tell the participants to read through 1.0 till Exercise A.

3. EXERCISE A: Individual work followed by Individual feedback – Whether or not urgent referral is needed.

1. No. Sarla has no severe classification
2. Yes. Neena has a severe classification:
NOT ABLE TO FEED – POSSIBLE SERIOUS BACTERIAL INFECTION or SEVERE MALNUTRITION
3. No. Hanif has no severe classification
4. Yes. Habib has a severe classification:
POSSIBLE SERIOUS BACTERIAL INFECTION & NOT ABLE TO FEED – POSSIBLE SERIOUS BACTERIAL INFECTION or SEVERE MALNUTRITION.

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

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

Show how to fold the "Classify" column of the Sick Young Infant Recording Form so that it can be seen while looking at the back of the form. Ask the participants to fold the example form for Ankit (in section 2.0 of the module) in the same way.

As participants look at the folded back of Ankit's form, make the following points:

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

Point to Ankit's first classification, LOCAL BACTERIAL INFECTION, and read aloud all the listed treatments. Show participants that only the relevant treatments were listed on the form. The treatment that begins "If child also has a severe classification...." is not written, because Ankit does not have a severe classification. ("Advise when to return immediately" is already on the form, so does not need to be written again.)

Ask another participant to point to Ankit's next classification, FEEDING PROBLEM and LOW WEIGHT, and read aloud the treatments.

- * Follow-up times are listed in the treatments. These mean to tell the mother to return in a certain number of days. You may abbreviate "Follow-up" as "F/up." If you list several follow-up times, you will tell the mother the earliest, definite time. This is the time to record in the designated space on the recording form.
- * Notice that the recording form already lists the item, "Advise mother when to return immediately," because it is needed for every sick child going home. Do not list this again. (You will learn the signs, which indicate when to return immediately later in this module.)
- * Notice the space on the back of the recording form to record immunizations needed today.
- * If the same treatment is needed for more than one classification, you only need to list it once.

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

5. EXERCISE B: Individual work followed by Individual feedback – Identify treatment

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

Give the participant a copy of the answer sheet. Ask the participant to read sections 4.0 and do the written part of Exercise C.

Answers to Exercise B

1. Harish needs urgent referral.
2. Baby Shashi needs urgent referral
3. Ankit's treatment:
 - a. Warm by skin to skin contact for 1 hour & Reassess
 - b. Give oral amoxicillin
 - c. Teach mother to treat local infection at home
 - d. Treat to prevent low blood sugar
 - e. Increase frequency of breast feeding
 - f. Teach mother to keep young infant warm at home
 - g. F/up in 2 days
4. Neera needs referral

7. EXERCISE C, Part 1: Individual work followed by Individual feedback – Referral

1. Harish should be referred because he has a severe classification: POSSIBLE SERIOUS BACTERIAL INFECTION
2. – First dose of IM ampicillin and Gentamicin
 - Warm the young infant while arranging referral
 - Treat to prevent low blood sugar
3. Referral note for Harish

8. EXERCISE C, Part 2: Role Play – Counselling a Mother for Referral

Conduct the role-play as in Exercise C. Give the “mother” the situation described in the next page. Remind her that she may make up additional realistic information that fits the situation if necessary.

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

EXERCISE C, Role Play - Description for Harish’s Mother

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

You are timid with the doctor and do not volunteer information unless asked. You have come a long way to the clinic and you are tired. You are reluctant to 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.

9. Summarize the module

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

**FACILITATOR GUIDELINES
FOR**

**TREAT THE YOUNG
INFANT AND COUNSEL
THE MOTHER**

TREAT THE YOUNG INFANT & COUNSEL THE MOTHER

PROCEDURES	FEEDBACK
1. Distribute and introduce the module.	-----
2. Participants read Introduction through section 1.2.2 and work individually on Exercise A	Individual
3. Lead drill on asking checking questions	Drill
4. Participants read sections 1.3 - 1.5.1 and work individually on Exercise B.	Individual
5. Participants read through 1.5.3 Demonstration: Kangaroo mother care	Individual
6. Participants read through 1.8 Exercise C, Part 1: Video on position and attachment for Breast feeding	Group Discussion
7. Exercise C, Part 2: Participants study the example photographs. And work individually to identify the remaining photographs. Facilitator leads a brief group discussion.	Group Discussion
8. Participants read through sections 2.2 and work individually on Exercise D.	Individual
9. Participants read through sections 3.7 and work individually on Exercise E	Individual
10. Lead a drill on advise to mothers	Drill
11. Participants read sections 3.8 – 4.1.5 and do Exercise F individually	Individual
12. Summarise module	-----

1. INTRODUCTION OF MODULE

Introduce the module. State briefly that it will teach doctors how to use the *TREAT* chart. The chart contains information on how to provide treatment to sick young infant and how to teach the mother to continue providing treatment at home.

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

- * Teach the Mother to Give Oral Drugs at Home
- * Teach the Mother to Treat Local Infections at Home
- * Teach correct positioning and Attachment for Breastfeeding
- * Teach the mother how to keep young infant warm
- * Teach the mother to treat breast and nipple problems
- * Immunize Every Sick Young Infant, as Needed
- * Give Follow-Up Care

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

Tell participants that many sick young infants will need to be treated with oral drugs at home. Introduce section 1.0 - Select the Appropriate Oral Drug and determine the Dose and Schedule. Ask participants to read through section 1.2.1

2. EXERCISE A – Individual work and individual feedback --- Review good communication skills

1. Nurse Kanta must teach a mother to wick her infant's ear dry. First she explains how drying the ear will help the infant, and how to do it. Then she shows the mother how to make a wick and dry the infant's ear. Then, Nurse Kanta asks the mother to practice wicking the infant's ear while she observes and offers feedback. Before the mother and the infant leave the clinic, Nurse Kanta asks the mother several questions. She wants to make sure the mother understands why, how and when to give the treatment at home.
 - a. What information did Nurse Kanta give the mother about the treatment?

She explains how drying the ear will help her infant and how to dry the ear

b. In the paragraph above, underline the sentence that describes how the nurse gave examples.

c. What did the nurse do while the mother practiced?

Nurse Kanta observed the mother and gave her feedback

2. Doctor Basaka must teach a mother to prepare ORS solution for her infant with diarrhoea. First he explains how to mix the ORS, and then he shows her how to do it. He asks the mother, "Do you understand?" The mother answers "yes". So Basaka gives her 2 ORS packets and says good-bye.

a. What information did Basaka give the mother about the task?

Basaka explained how to mix ORS

b. Did he show her an example?

Yes, See underlined sentence above

c. Did he ask her to practice?

No

d. How did Basaka check the mother's understanding?

By asking "Do you understand?"

e. Did Basaka check the mother's understanding correctly?

No

f. How would you have checked the mother's understanding?

By asking checking questions, such as:

"How will you prepare ORS solution? Show me."

"How much water will you use?"

"How will you measure 1 litre of water at home?"

3. If a mother tells you that she already knows how to give a treatment, what should you do?

Praise her for her knowledge. Ask checking questions such as:

"When did you give the antibiotic before? How did you give it?"

*Then explain the dose and schedule for the antibiotic, giving her more **information** and **examples** as needed. Observe her **practice** giving the treatment. Ask more checking questions to make sure the mother does know how to give the treatment correctly.*

4. Which of the following is the best checking question after advice about increasing fluids during diarrhoea? (*Tick one.*)

- a. Do you remember some good fluids to give your infant?
 b. Will you be sure to give your infant extra fluid?
 c. How much fluid will you give your infant?

5. The following questions can be answered "yes" or "no". Rewrite the questions as good checking questions.

- a. Do you remember when to give the antibiotic?

When will you give the antibiotic? For how many days?

- b. Do you understand how much syrup to give your infant?

How much syrup would you give your infant? Show me.

- c. Did the nurse explain to you how to apply the paint?

How will you apply the paint?

- d. Can you wick your infant's ears?

*What material will you use to make a wick?
How would you wick your infant's ear? Show me.*

- e. Do you know how to get to the hospital?

How will you go to the hospital?

3. DRILL: Practice asking checking questions

Conduct this drill at any time after the participants have read section 1.2.2 of the module. You may wish to do it when participants need a break from reading, or after a lunch or tea break as a review.

Tell participants that this drill will review how to ask checking questions.

To conduct the drill:

Refer to the table on the following page. Read aloud each question in the first column. Ask participants to rephrase the question as a good checking question. Make sure that each participant is given the opportunity to answer.

A participant's checking question may be worded somewhat differently than the examples given. The question is acceptable if it asks a mother to describe how she will treat her child. If the question can be answered with a "yes" or "no", it is not acceptable.

DRILL: Checking Questions

Rephrase the following questions as good checking questions:	Examples of possible CHECKING QUESTIONS
Will you give your child the syrup as we discussed?	<ul style="list-style-type: none">➤ When will you give your child the syrup?➤ How much of the syrup will you give as one dose?
Do you know how to give your infant half a tablet of Cotrimoxazole?	<ul style="list-style-type: none">➤ Show me how you will give half of this cotrimoxazole tablet to your infant.➤ When will you give the cotrimoxazole tablet?
Do you know what to do if your infant cannot swallow this tablet?	<ul style="list-style-type: none">➤ How will you prepare this tablet so that your infant can swallow it?
Do you know how to give the syrup?	<ul style="list-style-type: none">➤ How will you give the syrup?➤ How you will measure a dose of the syrup? Show me.

Do you know how to apply gentian violet paint to your infant?	<ul style="list-style-type: none"> ➤ How will you apply gentian violet paint? ➤ How often will you apply gentian violet paint?
Can you take your infant to the hospital?	<ul style="list-style-type: none"> ➤ Who will take your infant to the hospital? ➤ How will you travel with your infant to the hospital?
Will you return for a follow-up visit? Do you know when to return?	<ul style="list-style-type: none"> ➤ When will you return for a follow-up visit?

4. EXERCISE B – Individual work and individual feedback --- Identify treatments

1. Harish needs urgent referral.
 - Give first dose of IM Ampicillin (2.0ml) and IM Gentamicin (1.5ml)
 - Ask mother to breast feed the infant
 - Advise mother to keep infant warm during transport

2. Baby Shashi needs urgent referral

Give oral Amoxicillin 1.25 ml

 - Ask mother to breast feed the infant
 - Advise mother to keep infant warm during transport

3. Ankit does not need urgent referral
 - Warm by skin to skin contact for 1 hour & Reassess
 - Give oral amoxicillin (1.25 ml three times daily for 5 days)
 - Teach mother to apply gentian violet twice a day at home
 - Ask mother to breast feed infant
 - F/up in 2 days

4. Neera needs referral

5. Give first dose of IM Ampicillin (1.5ml) and IM Gentamicin (1.5ml)
 - Ask mother to breast feed the infant . Advise mother to keep infant warm during transport
 - Give ORS on way to the hospital

5. DEMONSTRATION

When all the participants have finished reading through section 1.5.3 do the demonstration

Material Needed: Enlargement of the Section *Warm The Young Infant Using Skin To Skin Contact (Kangaroo Mother Care), A Baby Doll*

Review the steps written on the chart.
Provide privacy to the mother.

Request the mother to sit or recline comfortably.

Undress the baby gently, except for cap, nappy and socks.

Place the baby prone on mother's chest in an upright and extended posture, between her breasts, in Skin to Skin contact; turn baby's head to one side to keep airways clear

· Cover the baby with mother's blouse, 'pallu' or gown; wrap the baby-mother duo with an added blanket or shawl.

· Breastfeed the baby frequently.

· If possible, warm the room (>25°C) with a heating device.

If mother is not available, Skin to Skin contact may be provided by the father or any other adult.

Skin to Skin contact is the most practical, preferred method of warming a hypothermic infant in a primary health care facility.

6. EXERCISE C: Part 1 - Video demonstration of how to teach correct positioning and attachment for breastfeeding

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

If it is possible in the room where the video is shown, display the enlargement of "Teach Correct Positioning and Attachment for Breastfeeding."

To show the video demonstration:

1. Tell participants that they will watch a demonstration of helping a mother to improve positioning and attachment for breastfeeding.

2. Ask if participants have any questions before you start the video. When there are no additional questions, start the video.
3. At the end of the video, lead a short discussion. Ask participants to look at the box, "Teach Correct Positioning and Attachment for Breastfeeding." Explain that the video showed exactly these steps. Then make the following points:
 - * Good positioning is important for good attachment. A baby who is well positioned can take a good mouthful of breast.
 - * Review the four steps to help her position the infant. (As you speak, point to the steps on the enlargement.)
 - * When you explain to a mother how to position and attach her infant, let her do as much as possible herself.
 - * Then review the 3 steps to help the infant to attach.
 - * Check for signs of good attachment and effective suckling. It may take several attempts before the mother and baby are able to achieve good attachment.

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

7. EXERCISE C: Part 2 -- Photographs -- Group discussion of example photographs. Individual work, then group discussion -- Recognizing signs of good positioning

Talk about the first three photographs by describing or asking participants to describe the signs of good and poor positioning in each photograph.

Ask participants to work individually and study each remaining photograph to identify the signs of good or poor positioning. They should record whether each of the signs of good positioning is present and write any comments about the infant's attachment.

Give feedback in a group discussion:

Display the enlargement of "Teach Correct Positioning and Attachment for Breastfeeding."

For each photograph, ask a participant to explain the signs of good or poor position (such as baby's body is twisted away from mother). After the photograph has been assessed, ask a participant what he would advise this

woman to do differently to improve her baby's position (for example, hold the baby closer to her body, with the baby's head and body straight.) During this discussion, have the participants continually refer to the enlargement (or to the box on the *YOUNG INFANT* chart, "Teach Correct Positioning and Attachment for Breastfeeding") so that they repeat and learn all the correct steps.

Tell participants that when teaching a mother to position and attach her infant for breastfeeding, the doctor can place her hand on the mother's arm or hand to guide it into the appropriate position.

Pass out the answer sheets for Exercise C.

Answers to Exercise C

Photo	Signs of Good Positioning				Comments on Attachment
	Infant's Head and Body Straight	Head and Body Facing Breast	Infant's Body Close to Mother's	Supporting Infant's Whole Body	
24	yes	yes	yes	yes	
25	yes	yes	yes	yes	
26	no -- neck turned, so not straight with body	no	no -- turned away from mother's body	no	Not well attached: mouth not wide open, lower lip not turned out, areola equal above and below
27	<i>no</i>	<i>no -- body turned away</i>	<i>no -- body not close</i>	<i>no -- only neck and shoulders supported</i>	<i>Not well attached: mouth not wide open, lower lip not turned out, more areola below than above</i>

28	yes	yes	yes -- very close	yes	Good attachment: chin touching breast
29	no -- head and neck twisted and bent forward, not straight with body	no -- body turned away	no -- not close	no -- only neck and shoulders supported	Not well attached: mouth not wide open

7. Ask the participants to read through section 2.2 and work individually on Exercise D.

EXERCISE D:

List of the treatments that Manisha should get and the doses of the drugs.

The physician classified Manisha as POSSIBLE SERIOUS BACTERIAL INFECTION, LOW BODY TEMPERATURE, DIARRHOEA WITH NO DEHYDRATION AND LOW WEIGHT FOR AGE.

1. Injection Ampicillin and Gentamicin 1.0 ml intramuscularly.
2. Treat the young infant to prevent low blood sugar. This can be done by breast feeding or feeding expressed breast milk with a cup and spoon.
3. Warm the young infant using skin to skin contact. Teach the care at home especially how to keep a low weight baby warm at home.
4. Give ORS to prevent dehydration at home.
5. Counsel about breast feeding after assessing breast-feeding as the infant is low weight for age.

9. Participants read through section 3.7 and work on Exercise E.

EXERCISE E: Individual work followed by individual feedback -- Describing treatment for young infants, including treatment for local infection, home care

Compare the participant's answers to the answer sheet. If there are differences, refer to the chart and have the participant locate the correct instructions.

Answers to Exercise E

Case : Vinod

1. Steps that her mother should take to treat the skin pustules at home:
 - * Wash hands
 - * Gently wash off pus and crusts with soap and water
 - * Dry the area
 - * Paint with gentian violet
 - * Wash hands

2. How often should her mother treat the skin pustules? *Twice each day*

3. The 2 main points to advise the mother about home care are:
 - * *Food/Fluids: Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health*
 - * *Make sure the young infant stays warm at all times*

4. What would you tell Vinod's mother about when to return?

*Return in 2 days for follow-up (to be sure the skin pustules are improving).
Return **immediately** if Vinod is breastfeeding poorly, becomes sicker,
develops a fever, cold to touch, breathing becomes fast or difficult, or if there
is blood in her stool.*

10. DRILL: Review of points of advice for mothers of young infants

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

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

- improving positioning and attachment for breastfeeding
- home care.

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

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

QUESTIONS	ANSWERS
When advising a mother about Home Care for a young infant, what are the three major points of advice?	Food / Fluids When to return Make sure the young infant stays warm
What is the advice to give about food and fluids?	<ul style="list-style-type: none"> - Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health. - Exclusive breastfeeding is best. - Do not use a bottle.
What are the signs to teach a mother to return immediately with the young infant?	Return immediately with the infant if: <ul style="list-style-type: none"> - Breastfeeding or drinking poorly - Becomes sicker - Develops a fever - Cold to touch - Fast breathing - Difficult breathing - Blood in stool
What is another reason that a mother may return with the young infant?	Return for a follow-up visit as scheduled. Return for immunization.

	ANSWERS
If a young infant has a feeding problem, when should the mother bring him back for follow-up?	In 2 days
What advice would you give about keeping the infant warm?	In cool weather, cover the infant's head and feet and dress the infant with extra clothing.
What are the four signs of good attachment?	Chin touching breast Mouth wide open Lower lip turned outward More areola visible above than below the mouth
Describe effective suckling.	The infant takes slow, deep sucks, sometimes pausing.
When you help a mother hold and position her infant for breastfeeding, what are 4 points to show her?	Show her how to hold the infant - with the infant's head and body straight facing her breast, with infant's nose opposite her nipple - with infant's body close to her body supporting infant's whole body, not just neck and shoulders
To show a mother how to help her infant attach, what are 3 points to show her?	She should - touch her infant's lips with her nipple wait until her infant's mouth is opening wide - move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple
When the infant has attached, what should you do?	Look for the signs of good attachment and effective suckling.

QUESTIONS	ANSWERS
Again, what are the signs of good attachment?	Chin touching breast Mouth wide open Lower lip turned outward More areola visible above the mouth than below
If attachment or suckling is not good, what should you do?	Ask the mother to take the infant off the breast. Help the mother position and attach the infant again.

**11. EXERCISE F: Individual work followed by individual feedback --
Managing a sick young infant who returns for follow-up**

The purpose of this exercise is for the participant to practice how to assess and select treatment for a young infant who has come for follow-up care.

Compare the participant's answers with those on the answer sheet. Ask the participant to show you on the *YOUNG INFANT* chart where he looked to find instructions about reassessing and treating young infants.

Give the participant a copy of the answer sheet.

1. a) How would you reassess Sashie?

Look at the skin pustules. Decide if they are many pustules or a boil.

When you look at the skin of her buttocks, you see that there are fewer pustules and less redness.

- b) What treatment does Sashie need now?

Tell the mother that Shashi's infection is improving, but she must complete the 5 days of antibiotic. She should also continue cleaning the skin and applying gentian violet on those days.

2. a) How would you reassess this infant?

Reassess feeding as in the box “Then Check for Feeding problem or malnutrition”. Ask about the feeding problems found in the initial visit. Look for ulcers or white patches in the mouth.

b) How will you treat this infant?

Praise the mother and encourage her to continue breastfeeding Afiya as she is now doing. Tell her that the thrush is improving. She should continue cleaning the mouth and painting it with 0.25% gentian violet for a total of 5 days.

12. When all the participants are ready, summarize the module.

Review the learning objectives and the portions of the chart where the objectives were learnt. Write down any special points you want to record below.

LIST OF PHOTOGRAPHS OF THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

*Photograph
Number:*

POSSIBLE BACTERIAL INFECTION/JAUNDICE

- 1: This is a normal umbilicus in a newborn.
- 2: This is an umbilicus with redness extending to the skin of the abdomen.
- 3: This is an umbilicus with redness extending to the skin of the abdomen.
- 4: This is a normal umbilicus.
- 5: This umbilicus is draining pus.
- 6: This infant has many skin pustules.
- 7: This infant has a big boil
- 8 : This infant has jaundice (Palms and soles not yellow).
- 9: This infant has jaundice (Yellow palms and soles).
- 10: This infant has many skin pustules.
- 11: This infant has a big boil
- 12: This infant has jaundice (Yellow palms and soles).

**Photograph
Number:**

13- 21 : **ASSESSMENT NT OF FEEDING**

Photo	Signs of Good Attachment				Assessment	Comments
	Chin Touching Breast	Mouth Wide Open	Lower Lip Turned Outward	More Areola Showing Above		
13	yes (almost)	yes	yes	yes	Good attachment	
14	no	no	yes	no (equal above and below)	Not well attached	
15	yes	no	no	yes	Not well attached	lower lip turned in
16	no	no	no	no	Not well attached	cheeks pulled in
17	yes	yes	yes	cannot see	Good attachment	
18	<i>no</i>	<i>no</i>	<i>yes</i>	<i>no (equal above and below)</i>	<i>Not well attached</i>	
19	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>Good attachment</i>	
20	<i>yes (almost)</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>Good attachment</i>	
21	<i>yes</i>	<i>no</i>	<i>no</i>	<i>no (more below)</i>	<i>Not well attached</i>	<i>lower lip turned in</i>

**Photograph
Number:**

22 : White patches (thrush)

23: White patches (thrush)

Answers to Exercise C

Photo	Signs of Good Positioning				Comments on Attachment
	Infant's Head and Body Straight	Head and Body Facing Breast	Infant's Body Close to Mother's	Supporting Infant's Whole Body	
24	yes	yes	yes	yes	
25	yes	yes	yes	yes	
26	no -- neck turned, so not straight with body	no	no -- turned away from mother's body	no	Not well attached: mouth not wide open, lower lip not turned out, areola equal above and below
27	<i>no</i>	<i>no -- body turned away</i>	<i>no -- body not close</i>	<i>no -- only neck and shoulders supported</i>	<i>Not well attached: mouth not wide open, lower lip not turned out, more areola below than above</i>
28	yes	yes	yes -- very close	yes	<i>Good attachment: chin touching breast</i>
29	<i>no -- head and neck twisted and bent forward, not straight with body</i>	<i>no -- body turned away</i>	<i>no -- not close</i>	<i>no -- only neck and shoulders supported</i>	<i>Not well attached: mouth not wide open</i>