INTEGRATED MANAGEMENT OF NEONATAL & CHILDHOOD ILLNESSES (IMNCI)

MODULE 3:
COUNSEL THE MOTHER ON HOME CARE AND FOLLOW-UP

World Health Organization

Ministry of National Health Services, Regulation And Coordination, Government of Pakistan

unicef

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COUNSEL THE MOTHER

INTRODUCTION

You have learned how to treat the sick child and how to advise the mother to continue treatment at home. For many sick children, you will also need to assess feeding and counsel the mother about feeding.

For all sick children going home, you will also advise the mother when to return for follow-up visits and teach her signs that mean to return immediately for further care.

Recommendations on FOOD, FLUID, and WHEN TO RETURN are given on the chart titled "Counsel the Mother" (called the COUNSEL chart in this module).

LEARNING OBJECTIVES

This module will describe and allow you to practice the following tasks:

- assessing the child's feeding
- identifying feeding problems
- counselling the mother about feeding problems
- advising the mother to increase fluid during illness
- advising the mother:
  - when to return for follow-up visits,
  - when to return immediately for further care,
  - when to return for immunizations.

In practicing these tasks, you will focus on:

* giving relevant advice to each mother
* using good communication skills
* using a Mother's Card as a communications tool

Even though you may feel hurried, it is important to take time to counsel the mother carefully and completely. You have been learning communication skills throughout this course. When counselling a mother, you will use some of the same communication skills that you have already practiced when assessing and treating the child.

For example, you will **ask the mother questions** to determine how she is feeding her child. You will then **listen carefully to the mother's answers** so that you can make your advice relevant to her.

You will **praise** the mother for appropriate practices and **advise** her about any practices that need to be changed. You will **use simple language** that the mother can understand. Finally, you will **ask checking questions** to ensure that the mother knows how to care for her child at home.

FEEDING RECOMMENDATIONS

This section of the module will explain the feeding recommendations on the *COUNSEL* chart.

Open page 26 of your chart booklet.

The recommendations are listed in columns for 3 age groups. You need to understand all of the feeding recommendations, but you will not need to explain them all to any one mother. You will first ask questions to find out how her child is already being fed. Then you will give **only the advice that is needed** for the child's age and situation.

These feeding recommendations are appropriate both when the child is sick and when the child is healthy. During illness, children may not want to eat much. However, they should be offered the types of food recommended for their age, as often as recommended, even though they may not take much at each feeding. After illness, good feeding helps make up for weight loss and helps prevent malnutrition. When the child is well, good feeding helps prevent future illness.

Sick child visits are a good opportunity to counsel the mother on how to feed the child both during illness and when the child is well.

RECOMMENDATIONS FOR AGES UP TO 6 MONTHS

The best way to feed a child from birth to 6 months of age is to breastfeed exclusively. Exclusive breastfeeding means that the child takes only breastmilk and no additional food, water, or other fluids (with the exception of medicines and vitamins, if needed). *Note: If other fluids and foods are already being given, counselling is needed as described in section 3.1 of this module.*

Breastfeed children at this age as often as they want, day and night. This will be at least 8 times in 24 hours.

Breast feed at least for 10 minutes on each breast every time

- Do not give other foods or water.
- Do not use bottles or pacifiers

Breastmilk contains exactly the nutrients needed by an infant. It contains:

- Protein
- Fat
- Lactose (a special milk sugar)
- Vitamins A and C
- Iron

- ***These nutrients are more easily absorbed from breastmilk*** than from other milk. Breastmilk also contains essential fatty acids needed for the infant's growing brain, eyes, and blood vessels. These fatty acids are not available in other milks.
- ***Breastmilk provides all the water infants need, even in a hot, dry climate.***
- ***Breastmilk protects an infant against infection.*** An infant cannot fight infection as well as an older child or an adult. Through breastmilk, an infant can share his mother's ability to fight infection. Exclusively breastfed infants are less likely to get diarrhoea, and less likely to die from diarrhoea or other infections. Breastfed infants are less likely to develop pneumonia, meningitis, and ear infections than non-breastfed infants.
- ***Breastfeeding helps a mother and baby to develop a close, loving relationship.***
- ***Breastfeeding protects a mother's health.*** After delivery, breastfeeding helps the uterus return to its previous size. This helps reduce bleeding and prevent anaemia. Breastfeeding also reduces the mother's risk of ovarian cancer and breast cancer.
- ***It is best not to give an infant any milk or food other than breastmilk.*** For example, do not give cow's milk, goat's milk, formula, cereal, or extra drinks such as teas, juices, or water. Reasons:

- Giving other food or fluid reduces the amount of breastmilk taken.
- Other food or fluid may contain germs from water or on feeding bottles or utensils. These germs can cause infection.
- Other food or fluid may be too dilute, so that the infant becomes malnourished.
- Other food or fluid may not contain enough Vitamin A.
- Iron is poorly absorbed from cow's and goat's milk.
- The infant may develop allergies.
- The infant may have difficulty digesting animal milk, so that the milk causes diarrhoea, rashes, or other symptoms. Diarrhoea may become persistent.

Exclusive breastfeeding will give an infant the best chance to grow and stay healthy

RECOMMENDATIONS FOR AGES 6 MONTHS UP TO 12 MONTHS

Most babies do not need complementary foods before 6 months of age. Breastmilk remains the child's most important food. These foods that are given after 6 months of age are often called complementary or weaning foods because they complement breastmilk.

By 6 months of age, all children should be receiving thick, nutritious complementary food.

It is important to continue to breastfeed as often as the child wants, day and night.

The mother should give the complementary foods **after** breastfeeding to avoid replacing breastmilk.

After 6 months of age, breastmilk cannot meet all of the child's energy needs. From age 6 months up to 12 months, gradually increase the amount of complementary foods given. Foods that are appropriate in your country are listed on the *COUNSEL* chart. By the age of 12 months, complementary foods are the main source of energy.

If the child is breastfed, give complementary foods 3 times daily. If the child is not breastfed, give complementary foods 5 times daily. (If possible, include feedings of milk by cup. However, cow's milk and other breastmilk substitutes are not as good for babies as breastmilk.)

It is important to actively feed the child. Active feeding means encouraging the child to eat. The child should not have to compete with older brothers and sisters for food from a common plate. He should have his own serving. Until the child can feed himself, the mother or another caretaker (such as an older sibling, father, or grandmother) should sit with the child during meals and help get the food into his mouth.

An "adequate serving" means that the child does not want any more food after active feeding.

A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.

GOOD COMPLEMENTARY FOODS

Good complementary foods are energy-rich, nutrient-rich, and locally affordable. Examples in some areas are thick cereal with added oil or milk; fruits, vegetables, pulses, meat, eggs, fish, and milk products. If the child receives cow's milk or any other breastmilk substitute, these and any other drinks should be given by cup, not by bottle.

Foods that are appropriate in your area are listed in the feeding recommendations on the *COUNSEL* chart and are described here:

Some local common complementary foods for 6 months and above

Khichri	Rice:	1 fist (handful)
	Dal (pulses):	1 fist (handful)
	Oil / Ghee:	One table spoon
	Salt:	pinch

(Green leafy vegetable, potato, minced meat if available)

Boil rice, dal, salt (add minced meat ¼ cup and/or small cut pieces of vegetables ½ cup if available/desired. Add oil when khichri is nearly cooked. Cook till soft. Mash and give to the child

Rice Kheer:

Rice:	1 fist (handful)
Milk:	2 glasses (½ kilo)
Sugar:	1 tablespoon

Boil rice with milk till soft. Add sugar, cook and mash rice.

Suji ka Halwa:

Suji:	2 tablespoons
Sugar:	1 tablespoon
Oil/ghee:	1 tablespoon
Water/milk:	1 cup (1/4 kilo)

Fry suji in ghee/oil till light brown. Add sugar and milk/water. Cook till smooth in consistency.

Dalia:

Wheat:	1 fist (handful)
Oil/ghee:	1 tablespoon
Sugar:	1 tablespoon
Water/milk:	2 glasses (1/2 kilo)

Soak wheat in water/milk for 2-3 hours. Then grind and fry in oil/ghee, till light brown. Add sugar and milk/water and cook till soft

Vermicelli:

Vermicelli:	1 fist
Water/milk:	2 glasses (½ kilo)
Sugar:	1 tablespoon
Oil/ghee:	1 tablespoon

Fry crushed vermicelli in oil/ghee till light brown. Add milk/water and sugar and cook till soft

Choori:

Chapati:	one
Oil/ghee:	1 tablespoon
Sugar:	1 tablespoon

Mash chapatti with oil/ghee and sugar.

Mashed Potato and Vegetable:

Potato 2-3 or small cut pieces of seasonal vegetable 1 cup. Oil/ghee/butter:1 tablespoon
Mash potato or vegetables with oil/ghee/butter

RECOMMENDATIONS FOR AGES 12 MONTHS UP TO 2 YEARS

During this period the mother should continue to breastfeed as often as the child wants and also give nutritious complementary foods. The variety and quantity of food should be increased. Family foods should become an important part of the child's diet. Family foods should be chopped so that they are easy for the child to eat.

Give nutritious complementary foods or family foods 5 times a day.

Adequate servings and active feeding (encouraging the child to eat) continue to be important.

** A good daily diet should be adequate quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.*

Some local foods for the children age 12 months and above.

Roti: Usually prepared/cooked at home with wheat flour.

Paratha: Paratha is roti fried in oil/ghee.

Curry: Chicken, meat or minced meat: 1-2 pieces of chicken/ meat or 1 tablespoon of minced meat.

Oil/ghee: 1 tablespoon Salt: to taste

Cut vegetable: ½ cup Water: 1-2 cups

Fry chicken, meat or minced meat in oil/ghee and add water. Cook till tender. Add vegetable. Cook till soft.

Other curry: Use the curry from family pot but with less spices.

Chips, Pakora or Samosa: preferably to be prepared at home. If bought from bazar be sure these are hygienically prepared.

RECOMMENDATIONS FOR AGES 2 YEARS AND OLDER

At this age the child should be taking a variety of family foods in 3 meals per day. The child should also be given 2 extra feedings per day. These may be family foods or other nutritious foods, which are convenient to give between meals. Examples are listed on the *COUNSEL* chart and below.

Local foods appropriate for the child age 2 years and older:

The child can be offered curry prepared for the family with rice or chapatti / paratha.

The child can be offered any of the foods described for the other age groups in this module.

SPECIAL RECOMMENDATIONS FOR CHILDREN WITH PERSISTENT DIARRHOEA

Children with persistent diarrhoea may have difficulty digesting milk other than breastmilk. They need to temporarily reduce the amount of other milk in their diet. They must take more breastmilk or other foods to make up for this reduction.

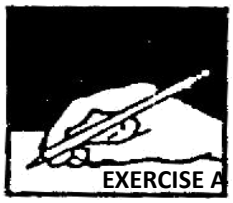
Feeding Recommendations for a Child Who Has PERSISTENT DIARRHOEA

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
    - replace with increased breastfeeding OR
    - replace with fermented milk products, such as yoghurt OR
    - replace half the milk with nutrient-rich semisolid food.
- For other foods, follow feeding recommendations for the child's age

Continue other foods appropriate for the child's age.

The mother should also give the child a Zinc suspension each day for 10 days.

The child with persistent diarrhoea should be seen again in 5 days for follow-up. Further feeding instructions will be described in the module *Follow-Up.*



In this exercise you will answer questions about the feeding recommendations.

1. Write a "T" by the statements that are True. Write an "F" by the statements that are False.
   a. ____ Children should be given fewer feedings during illness.
   b. ____ A 3-month-old child should be exclusively breastfed.
   c. ____ A very thin cereal gruel is a nutritious complementary food.
   d. ____ A 3-year-old child needs 5 feedings each day of family foods or other nutritious foods.
   e. ____ A 5-month-old child should be breastfed as often as he wants, day and night.
2. When should complementary foods be added to the child's diet?

3. List 2 locally available, nutritious complementary foods:

   _____

   _____

4. Fatima is 9 months old. She is classified as NO ANAEMIA And NO ACUTE MALNUTRITION. She is still breastfed. Her diet also includes fruit juice, water, and a thick cereal gruel mixed with oil or mashed banana. How many times per day should Fatima be given these foods?

   _____

5. Ramzan is 15 months old. He has PERSISTENT DIARRHOEA and NO DEHYDRATION. He is classified as NO ANAEMIA AND NO ACUTE MALNUTRITION. He stopped breastfeeding 3 months ago and has been taking cow's milk since then. He also eats a variety of family foods about 5 times a day.
   a. What recommendations should the health worker make for feeding Ramzan during persistent diarrhoea?

   b. When should Ramzan return for a follow-up visit?

When you have completed this exercise, please discuss your answers with a facilitator.
Your facilitator will lead a drill on the feeding recommendations.

1.0 ASSESS THE CHILD'S FEEDING

Please open page 25 of your chart booklet also refer Case recording form page 58

You will assess feeding of children who:

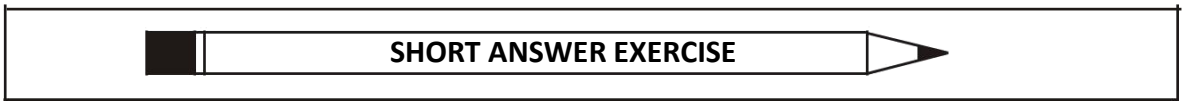
- are less than 2 years old OR
- are classified as having SEVERE ACUTE MALNUTRITION OR ANAEMIA

However, if the mother has already received many treatment instructions and is overwhelmed, you may delay assessing feeding and counselling the mother about feeding until a later visit.

To assess feeding, ask the mother the following questions. These questions are at the top of the COUNSEL chart and also at the bottom of the Sick Child Recording Form. These questions will help you find out about the child's usual feeding and feeding during this illness:

Note that certain questions are asked only if the child is very low weight for age. For these children, it is important to take the extra time to ask about serving size and active feeding.

Listen for correct feeding practices as well as those that need to be changed. You may look at the feeding recommendations for the child's age on the *COUNSEL* chart as you listen to the mother. If an answer is unclear, ask another question. For example, if the mother of a very-low-weight child says that servings are "large enough," you could ask, "When the child has eaten, does he still want more?"



1. Which sick children need a feeding assessment?

2. Which of the questions in the box titled "Assess the Child's Feeding" is intended to find out about active feeding?

3. Which of the questions is intended to find out whether a feeding bottle is being used?

Check your own answers to this exercise
by comparing them to the answers given at the end of this module.

2.0 IDENTIFY FEEDING PROBLEMS

It is important to complete the assessment of feeding and identify all the feeding problems *before* giving advice.

Based on the mother's answers to the feeding questions, identify any differences between the child's actual feeding and the recommendations. These differences are problems. Some examples of feeding problems are listed below.

EXAMPLES OF FEEDING PROBLEMS

CHILD'S ACTUAL FEEDING	*RECOMMENDED FEEDING*
A 3-month-old is given sugar water as well as breastmilk.	A 3-month-old should be given only breastmilk and no other food or fluid.
A 2-year-old is fed only 3 times each day.	A 2-year-old should receive 2 extra feedings between meals, as well as 3 meals a day.
An 8-month-old is still exclusively breastfed.	A breastfed 8-month-old should also be given adequate servings of a nutritious complementary food 3 times a day.
A 1-1/2 year old, not breastfed, eats small amount of food in each of the 3 meals of the day.	A 1-1/2 year old should eat at least 5 times per day if not breastfed. Increase small portion size for each meal day by day.
An 8-month-old is being fed with bottle.	The child should be given milk with cup and spoon. Show how to feed with a cup.
An 8-month-old is ill and refusing the food.	The mother should breastfeed more often. The child should be offered more frequent meals, in small amount of soft foods that the child likes. Explain to the mother the appetite will improve as the child's illness improves.

In addition to differences from the feeding recommendations, some other problems may become apparent from the mother's answers. Examples of such problems are:

- **Difficulty breastfeeding**

  The mother may mention that breastfeeding is uncomfortable for her, or that her child seems to have difficulty breastfeeding. If so, you will need to assess breastfeeding as described on the *YOUNG INFANT* chart. You may find that the infant's positioning and attachment could be improved.

- **Use of feeding bottle**

  Feeding bottles should not be used. They are often dirty, and germs easily grow in them. Fluids tend to be left in them and soon become spoiled or sour. The child may drink the spoiled fluid and become ill. Also, sucking on a bottle may interfere with the child's desire to breastfeed.

- **Lack of active feeding**

  Young children often need to be encouraged and assisted to eat. This is especially true if a child has very low weight. If a young child is left to feed himself, or if he has to compete with siblings for food, he may not get enough to eat. By asking, "Who feeds the child and how?" You should be able to find out if the child is actively being encouraged to eat.

- **Not feeding well during illness**

  The child may be eating much less or eating different foods during illness. Children often lose their appetite during illness. However, they should still be encouraged to eat the types of food

recommended for their age, as often as recommended, even if they do not eat much. They should be offered their favourite nutritious foods, if possible, to encourage eating.

- **The mother thinks she does not have enough milk:**

  Build mother's confidence that she can produce all the breast milk that the child needs. Suggest giving more frequent, longer breast feeds day and night, and gradually reducing other milk or foods.

- **Feeding too small amounts:**

  Mothers often do not recognize the importance of increasing portion size and frequency with increasing age of the child. They often believe that young children need only small amount of food and the child can decide how much to eat.

  Increasing the frequency and portion size for each meal day by day until recommended portion size is achieved, and by actively feeding the child will usually increase the intake.

- **Feeding harmful contaminated un hygienically prepared food from vendors:**

  Mothers often buy and give children food items from vendors.

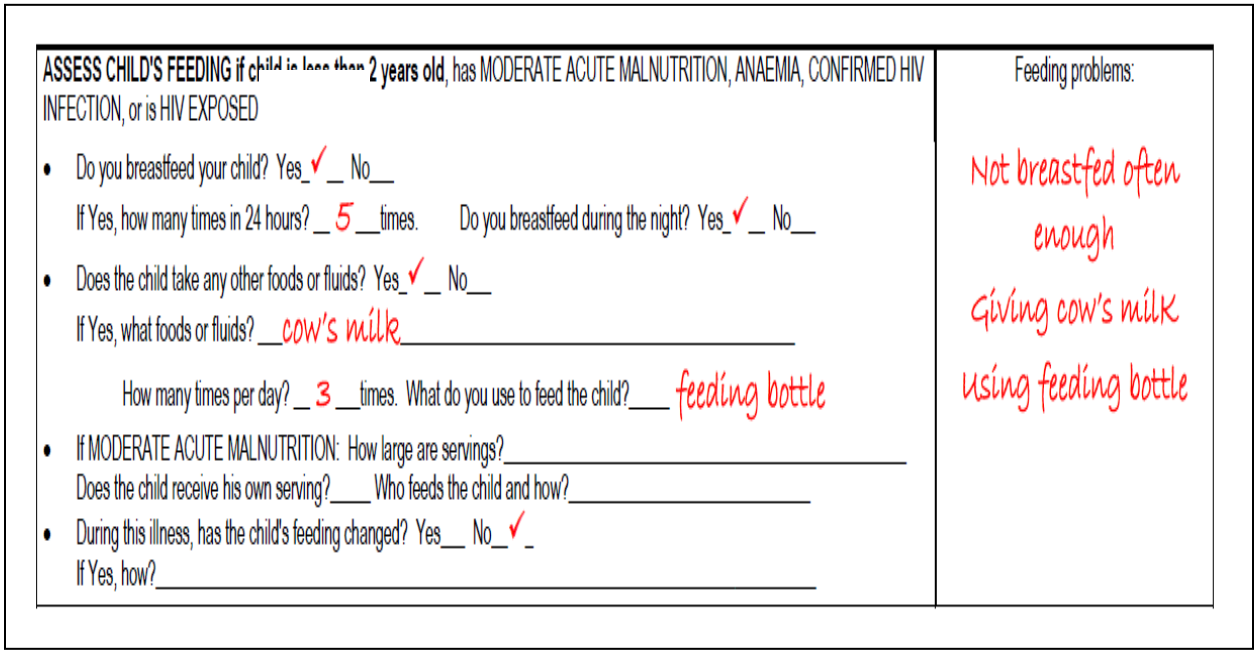
  Three foods e.g. kulfi, Ice cream, sodas/sherbats/drinks and paparrs, pakoras, samosas, nimkos etc. are usually contaminated and unhygienically prepared. Most of these food items are also non-nutritious and are prepared with harmful ingredients such as non-food colours and chemicals.

  If the child likes these food items. The mother should try to prepare these at home with more nutritious and safe ingredients

  On the Sick Child Recording Form, next to the feeding questions, there is a box labelled "Feeding Problems." Use that space to record any feeding problem found. You will counsel the mother about these feeding problems.

EXAMPLE

Here is part of the Sick Child Recording Form for a 4-month-old child with feeding problems



ASSESS CHILD'S FEEDING if child is less than 2 years old, has MODERATE ACUTE MALNUTRITION, ANAEMIA, CONFIRMED HIV INFECTION, or is HIV EXPOSED

- Do you breastfeed your child? Yes_✓_ No__
  If Yes, how many times in 24 hours?_ 5 __times. Do you breastfeed during the night? Yes_✓_ No__
- Does the child take any other foods or fluids? Yes_✓_ No__
  If Yes, what foods or fluids?__cow's milk_____
  How many times per day?_ 3 __times. What do you use to feed the child?___ feeding bottle
- If MODERATE ACUTE MALNUTRITION: How large are servings?_____
  Does the child receive his own serving?____ Who feeds the child and how?_____
- During this illness, has the child's feeding changed? Yes__ No_✓_
  If Yes, how?_____

Feeding problems:

Not breastfed often enough

Giving cow's milk

Using feeding bottle

3.0 COUNSEL THE MOTHER ABOUT FEEDING PROBLEMS

This section of the module covers the third section of the *COUNSEL* chart. Since you have identified feeding problems, you will be able to limit your advice to what is most relevant to the mother.

3.1 GIVE RELEVANT ADVICE

If the feeding recommendations are being followed and there are no problems, praise the mother for her good feeding practices. Encourage her to keep feeding the child the same way during illness and health! If the child is about to enter a new age group with different feeding recommendations, explain these new recommendations to her. For example, if the child is almost 6 months old, explain about good complementary foods and when to start them.

If the feeding recommendations for the child's age are not being followed, explain those recommendations.

In addition, if you have found any of the problems listed on the chart in the section "Counsel the Mother About Feeding Problems," give the mother the recommended advice:

If the mother reports difficulty with breastfeeding, assess breastfeeding. (See YOUNG INFANT chart page 33.)

As needed, show the mother correct positioning and attachment for breastfeeding.

You will learn to check and improve positioning and attachment in the module *Management of the Sick Young Infant.* If the mother has a breast problem, such as engorgement, sore nipples, or a breast infection, then she may need referral to a specially trained breastfeeding counsellor or health worker or to someone experienced in managing breastfeeding problems, such as a midwife.

If the child is less than 4 months old and is taking other milk or foods:

- Build mother's confidence that she can produce all the breastmilk that the child needs.
- Suggest giving more frequent, longer breastfeeds, day and night, and gradually reducing other milk or foods.

If other milk needs to be continued, counsel the mother to:

- Breastfeed as much as possible, including at night.
- Make sure that other milk is a locally appropriate breastmilk substitute.
- Make sure other milk is correctly and hygienically prepared and given in adequate amounts.
- Finish prepared milk within an hour.

If a child under 6 months old is receiving food or fluids other than breastmilk, the goal is to gradually change back to more or exclusive breastfeeding. Suggest giving more frequent, longer breastfeeds, day and night. As breastfeeding increases, the mother should gradually reduce other milk or food. Since this is an important change in the child's feeding, be sure to ask the mother to return for follow-up in 5 days.

In some cases, changing to more or exclusive breastfeeding may be impossible (for example, if the mother never breastfed, if she must be away from her child for long periods, or if she will not breastfeed for personal reasons). In such cases, the mother should be sure to correctly prepare cow's milk or other breastmilk substitutes and use them within an hour to avoid spoilage. It is important to use the correct amount of clean, boiled water for dilution.

To prepare cow's milk for infants less than 3 months of age, mix 1/2 cup boiled whole cow's milk with 1/4 cup boiled water and 2 level teaspoons of sugar.

Each level teaspoon of sugar should equal 5 grams. A cup contains 200 ml. Adjust the recipe if you have different size cups or teaspoons.

If the mother is using a bottle to fee the child:

- Recommend substituting a cup for bottle.
- Show the mother how to feed the child with a cup.

A cup is better than a bottle. A cup is easier to keep clean and does not interfere with breastfeeding.

To feed a baby by cup:

- Hold the baby sitting upright or semi-upright on your lap.
- Hold a small cup to the baby's lips. Tilt the cup so that the liquid just reaches the baby's lips.
- The baby becomes alert and opens his mouth and eyes.
- A low-birth weight baby takes the milk into his mouth with the tongue.
- A full-term or older baby sucks the milk, spilling some of it.
- Do not **pour** the milk into the baby's mouth. Just hold the cup to his lips and let him take it himself.
- When the baby has had enough, he closes his mouth and will not take more

If the child is not being fed actively, counsel the mother to:

- Sit with the child and encourage eating.
- Give the child an adequate serving in a separate plate or bowl.

This mother is actively feeding

This child is competing with siblings and her child. and may not get enough to eat

If the child is not feeding well during illness, counsel the mother to:

- Breastfeed more frequently and for longer if possible.
- Use soft, varied, appetizing, favourite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
- Clear a blocked nose if it interferes with feeding.
- Expect that appetite will improve as child gets better.

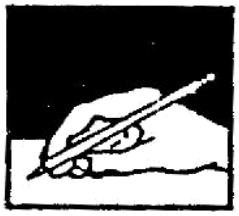
Even though children often lose their appetites during illness, they should be encouraged to eat the types of food recommended for their age, as often as recommended. Offer the child's favourite nutritious foods to encourage eating. Offer small feedings frequently. After illness, good feeding helps make up for any weight loss and prevent malnutrition.

3.2 Counsel the Mother About Feeding Problems.

If the child is not being fed as described in the recommendations, counsel the mother accordingly. In addition:

- **If the mother reports difficulty with breastfeeding:**
  - Assess breastfeeding (See the *YOUNG INFANT* chart).
  - As needed, show the mother correct positioning and attachment for breastfeeding.
- **If the child is less than 4 months old and is taking other milk or foods OR.**
- **If the mother thinks she does not have enough milk:**
  - Build the mothers confidence that she can produce all the breast milk that the child needs.
  - Suggest giving more frequent, longer breastfeeds day and night, and gradually reducing other milks or foods.
- **If other milks need to be continued, counsel the mother to:**
  - Breastfeed as much as possible, including at night.
  - Make sure that other milk is locally appropriate breast milk substitute.
  - Make sure that other milk is correctly and hygienically prepared and given in adequate amounts.
  - Prepare only an amount of milk which child can consume within one hour. If there is some left-over milk, discard.
- **If the mother is using a bottle to feed the child:**
  - Recommend substituting a cup for the bottle.
  - Show the mother how to feed the child with a cup.
- **If the child is being fed too small amounts:**
  - Recommend increasing the frequency and portion size for each meal, day by day, until recommended portion size achieved.
  - Recommend that the mother encourages the child to eat more.
- **If the child is not being actively fed, counsel the mother to:**
  - Sit with the child and encourage eating.
  - Give the child adequate servings in a separate plate or bowl.
  - Observe what the child likes and consider these for preparing the food (consider energy rich, high-density food).
- **If the child is not feeding well during illness, counsel the mother to:**
  - Breastfeed more frequently and for longer, if possible.
  - Use soft, varied, appetizing, favourite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
  - Add oil/ghee/butter to prepare foods. Also give green leafy and yellow vegetables and fruits to the child.
  - Clear a blocked nose if it interferes with feeding.
  - Expect that the appetite will improve as the child gets better.
  - Give expressed breast milk if necessary.
  - **Follow-up any feeding problem in 14 days.**

    Advise mother not to give her child, harmful, contaminated and un-hygienically prepare junk foods items from vendors e.g. kulfi, ice cream, sodas/sherbat/drinks etc. Paperrs, pakoras, samosas, nimkos etc.



EXERCISE B

In this exercise you will identify feeding problems and relevant advice for written cases.

None of these cases needs referral. The health worker has asked the questions to assess feeding. Read the information about feeding on the recording form. Then describe the correct feeding practices, feeding problem(s) and relevant feeding advice.

1. The child is 2 months old and is classified as NO ANAEMIA AND NO ACUTE MALNUTRITION. The mother has started giving cow's milk and is thinking of stopping breastfeeding soon. She thinks that her child may gain more weight on cow's milk than breastmilk.

   The box below describes the child's feeding problems.

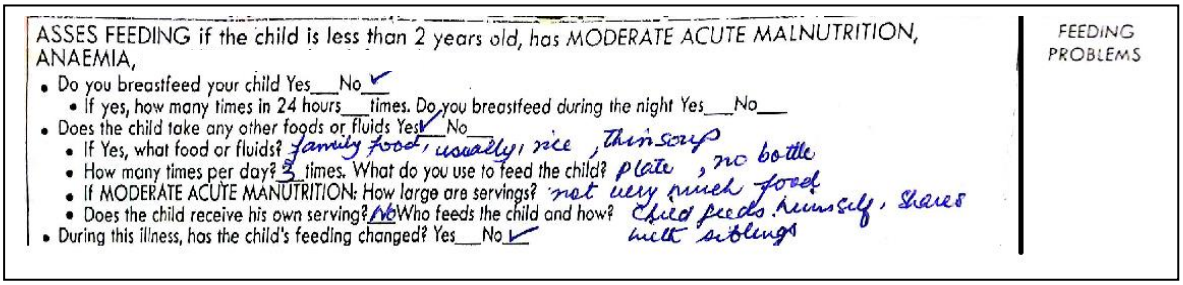
ASSESS CHILD'S FEEDING if child is less than 2 years old, has MODERATE ACUTE MALNU…, …EMIA, CONFIRMED HIV INFECTION, or is HIV EXPOSED	Feeding problems:
• Do you breastfeed your child? Yes_✓__ No___ If Yes, how many times in 24 hours? __5__times. Do you breastfeed during the night? Yes_✓__ No___ • Does the child take any other foods or fluids? Yes_✓__ No___ If Yes, what foods or fluids? 2:ow's milk How many times per day? __3__times. What do you use to feed the child?____ feeding bottle • If MODERATE ACUTE MALNUTRITION: How large are servings? Does the child receive his own serving?____ Who feeds the child and how? • During this illness, has the child's feeding changed? Yes___ No__✓_ If Yes, how?	Not breastfed of enough Giving cow's m using feeding b

   a. What is this mother doing correctly to feed her child?

   b. What feeding advice is needed?

2. The child is 15 months old and has UNCOMPLICATED SEVERE ACUTE MALNUTRTION. The child shares a plate with 3 brothers and sisters and sometimes does not get much food.

   Briefly describe the feeding problems in the box on the right of the form.



ASSES FEEDING if the child is less than 2 years old, has MODERATE ACUTE MALNUTRITION, ANAEMIA,

- Do you breastfeed your child Yes___No ✓
  - If yes, how many times in 24 hours___times. Do you breastfeed during the night Yes___No___
- Does the child take any other foods or fluids Yes ✓ No___
  - If Yes, what food or fluids? family food, usually, rice, thin soup
  - How many times per day? 3 times. What do you use to feed the child? plate, no bottle
  - If MODERATE ACUTE MANUTRITION: How large are servings? not very much food
  - Does the child receive his own serving? No Who feeds the child and how? Child feeds himself, shares with siblings
- During this illness, has the child's feeding changed? Yes___No ✓

FEEDING PROBLEMS

   a. What is this mother doing correctly to feed her child?

   b. What feeding advice is needed?

3.2 USE GOOD COMMUNICATION SKILLS

When counselling mothers, it is important to use the following skills:

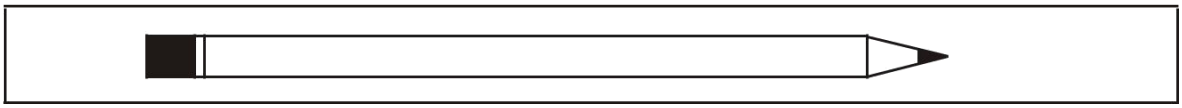
ASK and LISTEN: You have already learned the importance of asking questions to assess the child's feeding. Listen carefully to find out what the mother is already doing for her child. Then you will know what she is doing well, and what practices need to be changed.

PRAISE: It is likely that the mother is doing something helpful for the child, for example, breastfeeding. Praise the mother for something helpful she has done. Be sure that the praise is genuine, and only praise actions that are indeed helpful to the child.

ADVISE: Limit your advice to what is relevant to the mother at this time. Use language that the mother will understand. If possible, use pictures or real objects to help explain. For example, show amounts of fluid in a cup or container.
Advise against any harmful practices that the mother may have used. When correcting a harmful practice, be clear, but also be careful not to make the mother feel guilty or incompetent. Explain why the practice is harmful.

CHECK UNDERSTANDING: Ask questions to find out what the mother understands and what needs further explanation. Avoid asking leading questions (that is, questions which suggest the right answer) and questions that can be answered with a simple yes or no.

Examples of good checking questions are: "What foods will you give your child?" "How often will you give them?" If you get an unclear response, ask another checking question. Praise the mother for correct understanding or clarify your advice as necessary.



SHORT ANSWER EXERCISE

1. How could you restate the following advice in simpler words?

   Give foods that are high in energy and nutrient content in relation to volume.

2. The mother of an 8-month-old girl says that her child usually takes infant formula by cup about 5 times a day and plain cereal 3 times per day. The mother stopped breastfeeding about 1 month ago when she had to return to work, which requires that she be away from the child for 10 hours each work day. The child has taken the same amount of food during the illness. Which of the following comments are appropriate when counselling this mother? *(Tick appropriate comments.)*

   _____ a. You should still be breastfeeding this child.

   _____ b. It is good that your child is still eating as usual during the illness.

   _____ c. It is good that you are using a cup instead of a feeding bottle.

   _____ d. Your child needs food more often. Try to increase the number of times you give the cereal gruel to 5 times a day.

   _____ e. The cereal is good for your child. Add a little oil and some mashed vegetables or peas, or bits of meat to the cereal gruel. Then it will be even better for your child.

3. You are talking with the mother of a 15-month-old child who is no longer breastfed. The child has PERSISTENT DIARRHOEA. He normally takes 2 feedings of cow's milk and 1 meal of family foods each day. His diet has not changed during the diarrhoea. Which of the following are appropriate to say when counselling this mother? *(Tick appropriate comments.)*

   _____ a. You were right to keep feeding your child during the diarrhoea. He needs food to stay strong.

   _____ b. Your child needs more food each day. Try to give him 3 family meals plus 2 feedings between meals.

   _____ c. Cow's milk is very bad for your child.

   _____ d. Your child may be having trouble digesting the cow's milk, and that may be the reason that the diarrhoea has lasted so long.

   _____ e. Give your child yoghurt instead of milk (until follow-up visit in 5 days). Or give only half the usual milk and increase the amount of family foods to make up for this.

Check your own answers to this exercise
by comparing them to the answers given at the end of this module.

3.3 USE A MOTHER'S CARD

A Mother's Card can be given to each mother to help her remember appropriate food and fluids, and when to return to the health worker. The Mother's Card has words and pictures that illustrate the main points of advice.

An example of a Mother's Card was given to you with your course materials. This card is reprinted in the Annex of this module.

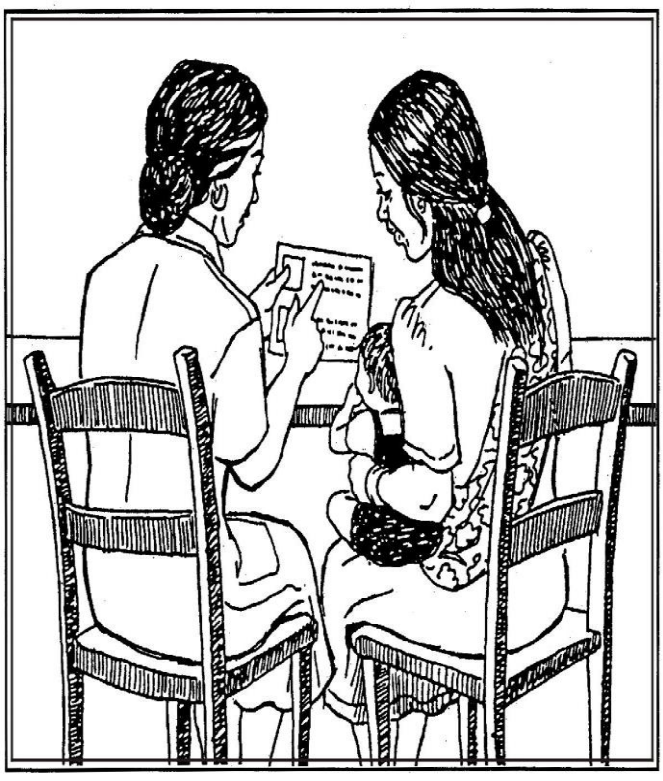
Take a moment to study the Mother's Card given in this course. The card shows advice about foods, fluid, and signs to return immediately to the health worker. There is also a place to tick appropriate fluids for diarrhoea and record when to return for the next immunization.

There are many reasons a Mother's Card can be helpful:

- It will remind you or your staff of important points to cover when counselling mothers about foods, fluid, and when to return.
- It will remind the mother what to do when she gets home.
- The mother may show the card to other family members or neighbours, so more people will learn the messages it contains.
- The mother will appreciate being given something during the visit.
- Multi visit cards can be used as a record of treatments, immunizations and vitamin A supplementation given.

When reviewing a Mother's Card with a mother:

1. Hold the card so the mother can easily see the pictures, or allow her to hold it herself.
2. Explain each picture. Point to the pictures as you talk. This will help the mother remember what the pictures represent.
3. Circle or record information that is relevant to the mother. For example, circle the feeding advice for the child's age. Circle the signs to return immediately. If the child has diarrhoea, tick the appropriate fluid(s) to give. Record the date of the next immunization needed.
4. Watch to see if the mother seems worried or puzzled. If so, encourage questions.
5. Ask the mother to tell you in her own words what she should do at home. Encourage her to use the card to help her remember.
6. Give her the card to take home. Suggest that she show it to others in her family.



If you cannot obtain a large enough supply of cards to give to every mother, keep several in the clinic to show to mothers.

EXERCISE C

In this example, your facilitator will counsel a mother about feeding. He will demonstrate communication skills and use of a Mother's Card. The child in this example is named Akbar. He is 7 months old, has no general danger signs, and has:

- COUGH OR COLD
- MALARIA
- NO ANAEMIA AND NO ACUTE MALNUTRITION

ASSESS CHILD'S FEEDING if child is less than 2 years old, has MODERATE ACUTE MALNUTRITION, ANAEMIA, CONFIRMED HIV INFECTION,

- Do you breastfeed your child? Yes_ _ No__
  If Yes, how many times in 24 hours? _ __times. Do you breastfeed during the night? Yes_ _ No__
- Does the child take any other foods or fluids? Yes_ _ No__
  If Yes, what foods or fluids? _____
  How many times per day? _____times. What do you use to feed the child?___
- If MODERATE ACUTE MALNUTRITION: How large are servings?_____
  Does the child receive his own serving?____ Who feeds the child and how?_____
- During this illness, has the child's feeding changed? Yes__ No___
  If Yes, how?_____

Feeding problems:

4.0 ADVISE THE MOTHER TO INCREASE FLUID AND FOOD DURING ILLNESS

During illness a child loses fluid due to fever, fast breathing, or diarrhoea. The child will feel better and stay stronger if he drinks extra fluid to prevent dehydration. Extra fluid is especially important for children with diarrhoea; these children should be given fluid according to Plan A or B as described on the *TREAT* chart.

Mothers of breastfeeding children should offer the breast frequently. Children 6 months and older should be give small frequent meals of energy rich foods.

Advice about fluid and food are summarized in the chart section below. Give this advice to every mother who is taking her child home UNLESS she has already received many instructions and may be overwhelmed by more advice, or has already been taught Plan A.

FLUID AND FOOD

- Advise the Mother to Increase Fluid and Continue Feeding During Illness FOR ANY SICK CHILD:

* Breastfeed more frequently and for longer at each feed.
* Increase fluid. For example, give soup, rice water, yoghurt drinks or clean water.

FOR CHILD WITH DIARRHOEA:

Giving extra fluid can be lifesaving. Give fluid according to Plan A or Plan B on *TREAT THE CHILD* chart.

5.0 ADVISE THE MOTHER WHEN TO RETURN TOA HEALTH WORKER

EVERY mother who is taking her child home needs to be advised when to return to the health worker. She may need to return:

- for a FOLLOW-UP VISIT in a specific number of days (for example, when it is necessary to check progress on an antibiotic),
- IMMEDIATELY, if signs appear that suggest the illness is worsening, or
- for the child's next immunization (the next WELL-CHILD VISIT).

It is especially important to teach the mother the signs to return immediately. You learned these signs in the second module *Identify Treatment and Treat the child,* and they are repeated in this section of this module. These signs mean that additional care is needed for serious illness.

FOLLOW-UP VISITS

In the module *Identify Treatment and Treat the child,* you learned that certain problems require follow-up in a specific number of days. For example, pneumonia, dysentery, and acute ear infection require follow-up to ensure that an antibiotic is working. Persistent diarrhoea requires follow-up to ensure that feeding changes are working. Some other problems, such as fever or COUGH OR COLD, require follow-up only if the problem persists.

At the end of the sick child visit, tell the mother when to return for follow-up. Sometimes a child may need follow-up for more than one problem. In such cases, tell the mother the earliest **definite** time to return. Also tell her about any earlier follow-up that may be needed if a problem such as fever persists.

The *COUNSEL* chart has a summary of follow-up times for different problems

FOLLOW-UP VISIT

Advise the mother to come for follow-up at the earliest time listed for the child's problems.

If the child has:	Return for follow-up in:
– PNEUMONIA – COUGH AND COLD with WHEEZE if no improvement – MALARIA, if fever persists – FEVER – NO MALARIA, if fever persists	3 days
– DYSENTERY – MEASLES WITH EYE OR MOUTH COMPLICATIONS – MEASLES (if measles now)	3 days
– PERSISTENT DIARRHOEA – ACUTE EAR INFECTION – CHRONIC EAR INFECTION – FEEDING PROBLEM – ANY OTHER ILLNESS, if not improving	5 days
– ANAEMIA	14 days
– UNCOMPLICATED SEVERE ACUTE MALNUTRITION	30 days

Notice that there are several different follow-up times related to nutrition:

- If a child has a feeding problem and you have recommended changes in feeding, follow-up in 7 days to see if the mother has made the changes. You will give more counselling if needed.
- If a child has pallor, follow-up in 14 days to give more iron.
- If the child has uncomplicated SAM, additional follow-up is needed in 30 days. This follow-up would involve weighing the child, re-assessing feeding practices, and giving any further advice needed from the *COUNSEL* chart.

WHEN TO RETURN IMMEDIATELY

Remember that this is an extremely important section of WHEN TO RETURN.

WHEN TO RETURN IMMEDIATELY

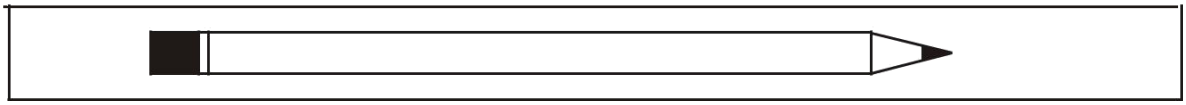
Advise mother to return immediately if the child has any of these signs	
Any sick child	Not able to drink or breastfeed Becomes sicker Develops a fever
If child has NO PNEUMONIA: COUGH OR COLD, also return if:	Chest indrawing Fast breathing Difficult breathing
If child has Diarrhoea, also return if:	Blood in stool Drinking poorly

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

Use the Mother's Card when teaching the signs to return immediately. Use local terms that the mother can understand. The Mother's Card presents the signs in both words and drawings. Circle the signs that the mother must remember. Be sure to check the mother's understanding.

NEXT WELL-CHILD VISIT

Remind the mother of the next visit her child needs for immunization **unless** the mother already has a lot to remember and will return soon anyway. For example, if a mother must remember a schedule for giving an antibiotic, home care instructions for another problem, and a follow-up visit in 3 days, do not describe a well-child visit needed one month from now. However, do record the date of the next immunization on the Mother's Card.



SHORT ANSWER EXERCISE

1. A 3-year-old child is being treated with an antibiotic for PNEUMONIA. The child has no other problems that require follow-up. She has no fever.
   a. When should you ask the mother to return for follow-up? _____
   b. What are the signs that this child should return immediately?

   _____

   _____

   _____

2. A 6-month-old child is being treated for DYSENTERY and an ACUTE EAR INFECTION. He has a fever.
   a. When should you ask the mother to return for follow-up? _____
   b. What are the signs that this child should return immediately?

   _____

   _____

   _____

   After the first follow-up visit, what additional follow-up will be needed?

3. A 3-month-old child has a feeding problem. She is taking cow's milk in addition to breastmilk. You have advised the mother to increase breastfeeding and gradually decrease the cow's milk. The child also has COUGH AND COLD . She has no fever.
   a. When should you ask the mother to return for follow-up? _____
   b. What are the signs that this child should return immediately?

   _____

   _____

   _____

   _____

   _____

4. A 5-month-old child has diarrhoea with NO DEHYDRATION and ANAEMIA OR MODERATE ACUTE MALNUTRITION. She has no fever. She has some palmar pallor as well as very low weight. You have found a feeding problem. The child's main food is a breastmilk substitute which is made with too much water and given in a feeding bottle. You have counselled the mother on how to prepare breastmilk substitute correctly and give it with a cup. You have also counselled the mother about complementary feeding.
   a. When should you ask the mother to return for follow-up? _____
   b. What are the signs that this child should return immediately?

   _____

   _____

Check your own answers to this exercise
by comparing them to the answers given at the end of this module.

6.0 COUNSEL THE MOTHER ABOUT HER OWN HEALTH

During a sick child visit, listen for any problems that the mother herself may be having. The mother may need treatment or referral for her own health problems.

Counsel the Mother About Her Own Health

- If the mother is sick, provide care for her, or refer her for help.
- If she has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer for help.
- Advise her to eat well to keep up her own strength and health.
- Check the mother's immunization status and give her tetanus toxoid if needed.
- Make sure she has access to:

- Family planning
- Counselling on STIs /HIV prevention and gender based violence

Report to your facilitator when you complete reading.

He will introduce part-ii- Follow up

FOLLOW-UP

INTRODUCTION

Some sick children need to return to the health worker for follow-up. Their mothers are told when to come for a follow-up visit (such as in 2 days, or 14 days). At a follow-up visit the health worker can see if the child is improving on the drug or other treatment that was prescribed. Some children may not respond to a particular antibiotic or antimalarial and may need to try a second drug. Children with persistent diarrhoea also need follow-up to be sure that the diarrhoea has stopped. Children with fever or eye infection need to be seen if they are not improving. Follow-up is especially important for children with a feeding problem, to be sure they are being fed adequately and are gaining weight.

Because follow-up is important, your clinic should make special arrangements so that follow- up visits are convenient for mothers. If possible, mothers should not have to wait in the queue for a follow-up visit. Not charging for follow-up visits is another way to make follow-up convenient and acceptable for mothers. Some clinics use a system that makes it easy to find the records of children scheduled for follow-up.

At a follow-up visit, you should do different steps than at a child's initial visit for a problem. Treatments given at the follow-up visit are often different than those given at an initial visit.

LEARNING OBJECTIVES

This module will describe what to do when a child returns to the clinic for a follow-up visit. This module does not address those children who have returned immediately to the clinic because they became sicker. These children should be assessed as at an initial visit. In the exercises in this module you will practice the steps for conducting a follow-up visit:

Deciding if the child's visit is for follow-up

If the child has been brought for follow-up, assessing the signs specified in the follow-up box for the child's previous classification

Selecting treatment based on the child's signs.

If the child has any new problems, assessing and classifying them as you would in an initial visit

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Where is Follow-up Discussed on the Case Management Charts?

In the "Identify Treatment" column of the *ASSESS & CLASSIFY* chart, some classifications have instructions to tell the mother to return for follow-up. The "When to Return" box on the *COUNSEL* chart summarizes the schedules for follow-up visits.

Specific instructions for conducting each follow-up visit are in the Follow-Up chart.

The boxes have headings that correspond to the classifications on the *ASSESS & CLASSIFY* chart. Each box tells how to reassess and treat the child. Instructions for giving treatments, such as drug dosages for a second-line antibiotic or antimalarial, are on the *TREAT THE CHILD* chart.

Follow-up instructions for young infants are also on the *FOLLOW-UP* chart.

How to Manage a Child Who Comes for Follow-up:

As always, ask the mother about the child's problem. You need to know if this is a follow-up or an initial visit for this illness. How you find out depends on how your clinic registers patients and how the clinic finds out why they have come.

For example, the mother may say to you or other clinic staff that she was told to return for follow-up for a specific problem. If your clinic gives mothers follow-up slips that tell them when to return, ask to see the slip. If your clinic keeps a chart on each patient, you may see that the child came only a few days ago for the same illness.

Once you know that the child has come to the clinic for follow-up of an illness, ask the mother if the child has, in addition, developed any **new** problems. For example, if the child has come for follow-up of pneumonia, but now he has developed diarrhea, he has a new problem. This child requires a full assessment. Check for general danger signs and assess all the main symptoms and the child's nutritional status. Classify and treat the child for diarrhea (the new problem) as you would at an initial visit. Reassess and treat the pneumonia according to the follow-up box.

If the child does not have a new problem, locate the follow-up box that matches the child's previous classification. Then follow the instructions in that box.

* Assess the child according to the instructions in the follow-up box. The instructions may tell you to assess a major symptom as on the *ASSESS & CLASSIFY* chart. They may also tell you to assess additional signs.

  Note: Do not use the classification table to classify a main symptom. Skip the "Classify" and "Identify Treatment" columns on the *ASSESS & CLASSIFY* chart. This will avoid giving the child repeated treatments that do not make sense. There is one exception: If the child has any kind of diarrhea, classify and treat the dehydration as you would at an initial assessment.

* Use the information about the child's signs to select the appropriate treatment.

* Give the treatment.

* If a mother returns with her child who had a cough or cold, or diarrhoea (without dysentery or persistent diarrhoea on the previous visit), because after 5 days the child is not better, do a full assessment of the child.

Some children will return repeatedly with chronic problems that do not respond to the treatment that you can give. For example, some children with AIDS may have persistent diarrhoea or repeated episodes of pneumonia. Children with AIDS may respond poorly to treatment for pneumonia and may have opportunistic infections. These children should be referred to hospital when they do not improve. Children with HIV infection who have not developed AIDS cannot be clinically distinguished from those without HIV infection. When they develop pneumonia, they respond well to standard treatment.

Important: If a child who comes for follow-up has several problems and is getting worse, REFER THE CHILD TO HOSPITAL. Also refer the child to hospital if a second-line drug is not available, or if you are worried about the child or do not know what to do for the child. If a child has not improved with treatment, the child may have a different illness than suggested by the chart. He may need other treatment.

Remember:

If a child has any new problem, you

should assess the child as at an initial visit.

7.1 FOLLOW-UP VISIT FOR PNEUMONIA

When a child receiving an antibiotic for PNEUMONIA returns to the clinic after 3 days for follow-up follow instructions as described in the chart booklet page 21.

The box first describes how to assess the child. It says to check the child for general danger signs and reassess the child for cough and difficult breathing. Next to these instructions, it says to see the *ASSESS & CLASSIFY* chart. This means that you should assess general danger signs and the main symptom cough exactly as described on the *ASSESS & CLASSIFY* chart. Then it lists some additional items to check:

Ask:

* Is the child breathing slower?
* Is there less fever?
* Is the child eating better?

When you have assessed the child, use the information about the child's signs to select the correct treatment.

If the child has **a general danger sign** (not able to drink or breastfeed, vomits everything, convulsions, lethargic or unconscious) or **stridor**, the child is **getting worse**. This child needs *urgent* referral to a hospital. Give a dose of intramuscular antibiotics. Then refer URGENTLY to hospital.

If **chest indrawing, breathing rate, fever, and eating are the same**, refer URGENTLY to hospital. The WHO does not recommend a second line antibiotic at present, so the child needs referral.

- Before you refer the child, ask the mother if the child took the antibiotic for the previous 3 days. There may have been a problem so that the child did not receive the antibiotic or received too low or too infrequent a dose. If so, this child can be treated again with the same antibiotic. Ask the mother to bring the child back again in 3 more days.
- If the child is breathing more slowly, does not have chest indrawing, has less fever (that is, the fever is lower or is completely gone) and is eating better, the child is improving. The child may cough, but most children who are improving will no longer have fast breathing. Tell the mother that the child should complete the 5 days of the antibiotic.

EXERCISE E

Read about each child who came for follow-up of pneumonia. Then answer the questions about how you would manage each child. Refer to any of the case management charts as needed.

At this clinic, amoxicillin syrup (the first-line antibiotic) is available for pneumonia.

1. Haider's mother has brought him back for follow-up. He is one year old. Three days ago, he was classified as having PNEUMONIA and you gave him amoxicillin. You ask how he is doing and if he has developed any new problems. His mother says that he is much better.

   a. How would you reassess Haider today? List all the signs you would look at and write the questions you would ask his mother.

   When you assess Haider, you find that he has no general danger signs. He is still coughing, and he has now been coughing for about 10 days. He is breathing 38 breaths per minute and has no stridor, no chest indrawing, and no wheeze. His mother said that he does not have fever. He is breastfeeding well and eating some food (he was refusing all food before). He was playing with his brother this morning.

   b. Based on Haider's signs today, how should he be treated?

2. Ahmed has been brought for a follow-up visit for pneumonia. He is three years old and weighs 12.5 kg. His axillary temperature is 37C. He has been taking amoxicillin. His mother says he is still sick and has vomited twice today.
   a. How would you reassess Ahmed today? List the signs you would look at and the questions you would ask his mother.

When you reassess Ahmed, you find that he is able to drink and does not always vomit after drinking. He has not had convulsions and is not convulsing now. He is not lethargic or unconscious. He is still coughing, so he has been coughing now for about 2 weeks. He is breathing 55 breaths per minute. He has chest indrawing. He does not have stridor or wheeze. His mother says that sometimes he feels hot. She is very worried because he is not better. He has hardly eaten for two days.

   b. Is Ahmed getting worse, the same, or better?

   c. How should you treat Ahmed? If you would give a drug, specify the dose and schedule.

When you have completed this exercise, discuss your work with a facilitator.

7.2. FOLLOW-UP VISIT FOR PERSISTENT DIARRHOEA

When a child with PERSISTENT DIARRHOEA returns for a follow-up visit after 5 days, follow these instructions described in chart booklet page 21 in follow-up column of PERSISTENT DIARRHEA.

- Ask if the diarrhoea has stopped and how many stools the child has per day.
- **If the diarrhoea has not** stopped (the child is still having 3 or more loose stools per day), assess the child completely as described in the *ASSESS & CLASSIFY* chart. Identify and manage any problems that require immediate attention such as dehydration. Then refer the child to hospital.
- **If the diarrhoea has stopped** (child having less than 3 loose stools per day), instruct the mother to follow the **feeding recommendations** for the child's age.

7.3. FOLLOW-UP VISIT FOR DYSENTERY

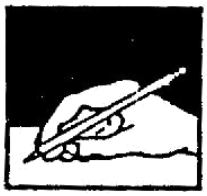
When a child classified as having DYSENTERY returns for a follow-up visit after 3 days, follow instructions as given in the chart booklet. Refer to the **"Dysentery"** box in the follow-up section page 21

When a child classified as having DYSENTERY returns for a follow-up visit after 3 days, follow these instructions:

Reassess the child for diarrhoea as described in the box, "Does the child have diarrhoea?" on the *ASSESS & CLASSIFY* chart. Ask the mother the additional questions to find out if the child is improving.

Then use the information about the child's signs to decide if the child is the same, worse, or better. Select the appropriate treatment:

- If the child is **dehydrated** at the follow-up visit, use the classification table to classify the child's dehydration. Select the appropriate fluid plan and treat the dehydration.
- If the **number of stools, amount of blood in** stools**, fever, abdominal pain, or eating is the same or worse**, stop the first antibiotic and give the second-line antibiotic recommended for *Shigella*. If the second-line antibiotic is not available, refer the child to hospital.
- If the child has **fewer stools, less blood in the stools, less fever, less abdominal pain, and is eating better**, the child is improving. These signs usually diminish if the antibiotic is working. Tell mother that the child should complete the 3 days of ciprofloxacin.



EXERCISE F

Read about each child who came for follow-up of DYSENTERY or PERSISTENT DIARRHOEA and answer the questions. Refer to any of the case management charts as needed.

This clinic refers children with severe dehydration because health workers cannot give IV or NG therapy. A hospital nearby can give IV therapy.

For dysentery, Ciprofloxacin is the first-line antibiotic. metronidazole is the drug for amoebic dysentery.

1. Zaheer was brought for follow-up of PERSISTENT DIARRHOEA after 5 days. He is 9 months old and weighs 6.5 kg. His temperature is 36.5C today. He is no longer breastfed. His mother feeds him cereal twice a day and gives him a milk formula 4 times each day. When you saw him last week, you advised his mother to give him only half his usual amount of milk. You advised the mother to replace half the milk by giving extra servings of cereal with oil and vegetables or meat or fish added to it. You also advised her to give him a multivitamin / mineral supplement.

    a. What is your first step for reassessing Zaheer?

    b. Zaheer's mother tells you that his diarrhoea has not stopped. What would you do next?

You do a complete reassessment of Zaheer, as on the *ASSESS & CLASSIFY* chart. You find that Zaheer has no general danger signs. He has no cough. When you reassess his diarrhoea, his mother says that now he has had diarrhoea for about 3 weeks. There is no blood in the stool.
Zaheer is restless and irritable. His eyes are not sunken. When you offer him some water, he takes a sip but does not seem thirsty. A skin pinch goes back immediately. He has no fever, no ear problem, and is classified as NO ANAEMIA AND NO ACUTE MALNUTRITION. Zaheer's mother tells you that he has no other problems.

    c. eIs Zaheer dehydrated?

    d. How will you treat Zaheer?

    e.

e. If your reassessment found that Zaheer had some dehydration, what would you have done before referral?

2. Mariam was brought to the clinic for a follow-up visit. She is 11 months old and weighs 9 kg. Two days ago a health worker classified Mariam as having DYSENTERY, NO DEHYDRATION, and NO ANAEMIA AND NO ACUTE MALNUTRITION. The health worker gave Mariam mother Ciprofloxacin and ORS to use at home and asked her to bring Mariam back in 3 days. The mother says that Mariam has no new problems.
   a. How will you assess Mariam?

   When you assess Mariam's diarrhoea, her mother tells you that she still has several stools each day. There is still about the same amount of blood in the stool. She has now had diarrhoea for about a week. Mariam is restless and irritable. Her eyes are not sunken. She drinks eagerly when her mother offers her a cup of ORS. A skin pinch goes back slowly. The mother says that Mariam has not had fever. She thinks Mariam is having abdominal pain because she is irritable and seems uncomfortable. Mariam is not eating better.
   b. Is Mariam dehydrated? If so, what will you do?

   c. What else will you do to treat Marium? If you will give a drug, specify the dose and schedule.

When you have completed this exercise, discuss your work with a facilitator.

7.4. FOLLOW-UP VISIT FOR MALARIA

Any child classified as having MALARIA (regardless of the risk of malaria) should return for a follow-up visit if the fever persists for 3 days. If the fever persists 3 days after the initial visit or if the fever returns within 14 days, this may mean that the child has a malaria parasite which is resistant to the first-line antimalarial, causing the child's fever to continue.

If the child also had MEASLES at the initial visit, the fever may be the result of measles. It is very common for the fever resulting from measles to continue for several days. Therefore, the persistent fever may be the result of measles rather than resistant malaria.

The instructions for conducting a follow-up visit for a child classified as having MALARIA are the same for low or high malaria risk. Refer to the **"Malaria"** box in the follow-up section of the *TREAT* chart.

Do a full reassessment of the child. Also consider whether the child has any other problem that could cause the fever. Do not use the classification table of the *ASSESS & CLASSIFY* chart to classify the child's fever. Instead, choose the appropriate treatment shown in the follow-up box. If you suspect a cause of fever other than malaria, assess the problem further if needed and refer to any guidelines on treatment of the problem.

If the child has **any general danger signs or stiff neck**, treat as described on the *ASSESS & CLASSIFY* chart for VERY SEVERE FEBRILE DISEASE.

If the child **has any cause of fever other than malaria**, provide treatment for that cause. For example, give treatment for an ear infection or refer the child to hospital for other problems such as urinary tract infection or abscess.

- **If there is no other apparent cause of fever:**
    - If fever has been present for 7 days, refer for assessment.
    - Do a microscopy to look for malaria parasites. If parasites are present and the child has finished a full course of the first line antimalarial, give the second-line antimalarial, if available, or refer the child to a hospital.
    - If there is no other apparent cause of fever and you do not have a microscopy to check for parasites, refer the child to a hospital.

DO NOT REPEAT the **Rapid Diagnostic Test** if it was positive on the initial visit.

7.5. FOLLOW-UP VISIT FOR FEVER – NO MALARIA

Open page 22 of your chart booklet

If fever persists after 3 days: Do a full reassessment of the child. > See *ASSESS & CLASSIFY* chart.

Repeat the malaria test.

Treatment:

- If the child has ***any general danger sign or stiff neck***, treat as VERY SEVERE FEBRILE DISEASE.
- If a child has a ***positive malaria test***, give first-line oral antimalarial. Advise the mother to return in 3 days if the fever persists.
- If the child has any **other *cause of fever other than malaria***, provide treatment.
- If there is ***no other apparent cause*** of fever:
- If the fever has been present for 7 days, refer for assessment.

7.6. FOLLOW-UP VISIT FOR MEASLES WITH EYE OR MOUTH COMPLICATIONS

Refer to the **"Measles with eye or mouth complications, gum or mouth ulcers"** box in the follow-up section of the *TREAT* chart page 22.

Treatment for eye infection:

- If **pus is still draining from the eye**, ask the mother to describe or show you how she has been treating the eye infection. Maybe the mother did not do the treatment correctly.
- If the mother has correctly treated the eye infection for 3 days and there is still pus draining from the eye, refer the child to hospital.
- If the mother has not correctly treated the eye, ASK the mother: "Did you have problems treating the eye infection?" Teach the mother any parts of the treatment that she does not seem to know. Discuss with her how to overcome the difficulties she is having. Explain to her the importance of treatment. Ask her to return again if the eye does not improve. If you think that the mother still will not be able to treat the eye correctly, arrange to treat the eye each day in the clinic or refer the child to hospital.
- If the **pus is gone but redness remains**, continue the treatment. Encourage the mother to continue giving treatment until the redness is gone.
- If there is **no pus or redness, stop the treatment**. Praise the mother for treating the eye well.

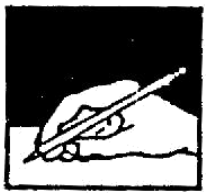
Treatment for mouth ulcers:

- If mouth **ulcers are worse, or there is a very foul smell from the mouth**, refer the child to hospital. The mouth problem may prevent the child from eating or drinking. A very foul smell may mean a serious infection.
- If **mouth ulcers are the same or better**, ask the mother to continue treating the mouth with half-strength gentian violet for a total of 5 days. Review with the mother when to seek care and how to feed her child as described on the *COUNSEL* chart. Because a child with measles continues to have an increased risk of illness for months, it is important that the mother knows the signs that mean she should bring the child back for care. Attention to feeding is especially important for children who have measles because they are risk of developing malnutrition.

Treatment for thrush:

- If **thrush is worse** check that treatment is being given correctly.
- If the child has **problems with swallowing**, refer to hospital.
- If ***thrush is the same or better***, and the child is feeding well, continue nystatin for a total of 7 days.

FOR FURTHER DETAILS SEE *TREAT* SECTION IN MEASLES OF CHART BOOKLET.



EXERCISE G

Read about each child who returns for follow-up of MALARIA and answer the questions. Refer to any of the case management charts as needed.

Mumtaz's mother has brought him back to the clinic because he still has fever. The risk of malaria is high. Two days ago he was given Artemether/Lumefantrine for MALARIA. He was also given a dose of paracetamol. His mother says that he has no new problems, just the fever. He is 3 years old and weighs 14 kg. His axillary temperature is 38.5C.

a. How would you reassess Mumtaz?

When you reassess Mumtaz, he has no general danger signs. He has no cough and no diarrhoea. He has now had fever for 4 days. He does not have stiff neck. There is no runny nose or generalized rash. He has no ear problem. He is classified as having NO ANAEMIA AND NO ACUTE MALNUTRITION. There is no other apparent cause of fever.

b. How would you treat Mumtaz? If you would give a drug, specify the dose and schedule.

When you have completed this exercise, discuss your work with a facilitator.

7.7. FOLLOW-UP VISIT FOR EAR INFECTION

When a child classified as EAR INFECTION returns for a follow-up visit after 5 days, follow the instructions as given in the chart booklet.

Refer to the **"Ear infection"** box in the follow-up section of the *TREAT* chart.

The instructions below apply to an acute or a chronic ear infection.

Reassess the child for ear problem and measure the child's temperature (or feel the child for fever). Then select treatment based on the child's signs.

- If you feel a **tender swelling behind the ear** when compared to the other side of the child's head, the child may have developed mastoiditis. If there is a high fever, the child may have a serious infection. A child with tender swelling behind the ear or high fever should be referred to hospital.
- **Acute ear infection:**
  - If **ear pain or ear discharge persists** after taking an antibiotic for 5 days, treat with 5 additional days of the same antibiotic. Ask the mother to return in 5 more days.
  - If the **ear is still draining or has begun draining** since the initial visit, show the mother how to wick the ear dry. Discuss with her the importance of keeping the ear dry so that it will heal.
- **Chronic ear infection:** Check that the mother is wicking the ear and giving the ear drops correctly. Ask her to describe or show how she does it. Ask her how frequently she wicks the ear and gives the ear drops. Ask her what problems she has in trying to wick the ear or give the ear drops and discuss with her how to overcome them. Encourage her to continue.
- If the child has **no ear pain or discharge**, praise the mother for her careful treatment. Ask her if she has given the child the 5 days of antibiotic. If not, tell her to use all of it before stopping.

7.8. FOLLOW-UP VISIT FOR FEEDING PROBLEM

Refer to the **"Feeding problem"** box in the follow-up section of the chart booklet page 22. When a child who had a feeding-problem returns for a follow-up in 7 days, follow these instructions:

- Reassess the child's feeding by asking the questions in the top box on the *COUNSEL* chart. Refer to the child's chart or follow-up note for a description of any feeding problems found at the initial visit and previous recommendations.
- Counsel the mother about any new or continuing feeding problems. If she encountered problems when trying to feed the child, discuss ways to solve them.
- If the child has MODERATE ACUTE MALNUTRITION, ask the mother to return 30 days after the initial visit. At that follow-up visit, measure the child's weight gain to determine whether the changes in feeding are helping the child.

7.9. FOLLOW-UP VISIT FOR ANAEMIA (PALLOR)

Refer to the "Anaemia" box in the follow-up section of the chart booklet page 22.

When a child who was classified as having ANAEMIA returns for a follow-up visit after 14 days, follow these instructions:

- Give the mother additional iron for the child and advise her to return in 14 days for more iron. Continue to give the mother iron when she returns every 14 days for up to 2 months.
- If after 2 months the child still has palmar pallor, refer the child to hospital.

7.10 FOLLOW-UP VISIT FOR UNCOMPLICATED SEVERE ACUTE MALNUTRITION

Refer to the **"Uncomplicated severe acute malnutrition"** box in the follow-up section of the *TREAT* chart.

When a child receiving Ready-to-Use Therapeutic Food (RUTF) for UNCOMPLICATED SEVERE ACUTE MALNUTRITION returns to the clinic after 7 days for follow-up or during next regular follow-up, follow these instructions:

- Do a full reassessment of the child. > See ASSESS & CLASSIFY chart.
- To assess nutritional status, use the same measurements (WFH/L, MUAC) based on which the child has been classified as severe acute malnutrition on the initial visit.
- Repeat checking the child's appetite by offering ready-to use therapeutic food if the child is 6 months or older.
- If the child still has **WFH/L less than -3 z-scores and/or MUAC is less than 115 mm or oedema of both feet AND has developed a medical complication or failed the appetite test**, treat as COMPLICATED SEVERE ACUTE MALNUTRITION.
- If the child still has **WFH/L less than -2 z-scores and/or MUAC is less than 125 mm or oedema of both feet**, advise the mother to continue the RUTF. After 1-2 weeks counsel her about gradual introduction of other foods according to the age appropriate feeding recommendations (see COUNSEL THE MOTHER chart). Tell her to return again in 7 days. Continue to see the child every 7 days until there is no oedema for 2 weeks and the child's WFH/L is no longer below -2 z-scores and/or MUAC less than 125 mm.
- If the child has **WFH/L -2 z-scores or more and/or MUAC 125 mm or more, and has not had oedema of both feet**, praise the mother, and counsel her about feeding according to the age appropriate feeding recommendations (see COUNSEL THE MOTHER chart).
- If the child has **WFH/L -2 z-scores or more and/or MUAC 125 mm or more, and has had oedema of both feet**, praise the mother, tell her that the child needs to continue with RUTF for at least two weeks with no oedema, and ask her to come for the next follow-up visit.

WHEN TO STOP GIVING READY-TO-USE THERAPEUTIC FOOD TREATMENT:

Base the decision to stop RUTF on the same measurements (WFH/L, MUAC) and oedema that were used to classify the child as severe acute malnutrition. Stop giving RUTF when:

- WFH/L is equal to or more than -2 z-score and the child has had no oedema for at least 2 weeks,
- MUAC is equal to or more than 125mm and the child has had no oedema for at least 2 weeks.

7.11. UNCOMPLICATED SEVERE ACUTE MALNUTRITION

After 14 days or during regular follow up:

- Do a full reassessment of the child; See *ASSESS & CLASSIFY* chart.
- Assess child with the same measurements (WFH/L, MUAC) as on the initial visit.
- Check for oedema of both feet.
- Check the child's appetite by offering ready-to use therapeutic food if the child is 6 months or older.

Treatment:

- If the child has **COMPLICATED SEVERE ACUTE MALNUTRITION** (WFH/L less than -3 z-scores or MUAC is less than 115 mm or oedema of both feet AND has developed a medical complication or oedema, or fails the appetite test), refer URGENTLY to hospital.
- If the child has **UNCOMPLICATED SEVERE ACUTE MALNUTRITION** (WFH/L less than -3 z-scores or MUAC is less than 115 mm or oedema of both feet but NO medical complication and passes appetite test), counsel the mother and encourage her to continue with appropriate RUTF feeding. Ask mother to return again in 14 days.
- If the child has **MODERATE ACUTE MALNUTRITION** (WFH/L between -3 and -2 z-scores or MUAC between 115 and 125 mm), advise the mother to continue RUTF. Counsel her to start other foods according to the age appropriate feeding recommendations (see COUNSEL THE MOTHER chart). Tell her to return again in 14 days. Continue to see the child every 14 days until the child's WFH/L is -2 z-scores or more, and/or MUAC is 125 mm or more.
- If the child has **NO ACUTE MALNUTRITION** (WFH/L is -2 z-scores or more, or MUAC is 125 mm or more), praise the mother, STOP RUTF and counsel her about the age appropriate feeding recommendations (see COUNSEL THE MOTHER chart).

7.12 FOLLOW-UP VISIT FOR MODERATE ACUTE MALNUTRITION

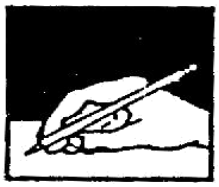
Refer to the **"Uncomplicated severe acute malnutrition"** box in the follow-up section of the *TREAT* chart.

When a child classified as having MODERATE ACUTE MALNUTRITION returns for a follow-up visit after 30 days follow the instructions below. Remember that the child would return earlier if there was a feeding problem. In that case you would **conduct a follow-up for feeding problem**.

To assess the child who comes for a follow-up visit after 30 days: weigh him or her, measure hisor her height or length and determine whether the child's WFH/L is still between -3 z-scores and -2 z-scores curve. Check the child for oedema of both feet. Also reassess feeding by asking the questions in the *COUNSEL THE MOTHER* chart.

- If the child is no longer classified as **MODERATE ACUTE MALNUTRITION**, praise the mother and encourage her to continue feeding the child according to the recommendations for his or her age.
- If the child is still classified as **MODERATE ACUTE MALNUTRITION**, counsel the mother as described in the *COUNSEL THE MOTHER* chart about any feeding problem found.
- Ask the mother to bring the child back again in one month. It is important to continue seeing the child every month to advise and encourage the mother. These visits should continue until the child is feeding well and gaining weight regularly or his or her WFH/L is no longer below -2 z-scores curve or MUAC less than 125 mm.

FOR FURTHER DETAILS OF FOLLOW UP ON MALNUTRITION SEE
THE CHART BOOKLET



EXERCISE H

Read about each child who came for follow-up and answer the questions. Refer to the case management charts as needed.

1. Jamil is an 18-month-old child. Five days ago he was in clinic. You see on his chart that he had diarrhoea. He was classified as having NO DEHYDRATION and UNCOMPLICATED SEVERE ACUTE MALNUTRITION. His weight was 6.8 kg. He was treated according to Plan A and his mother received counselling about feeding. The following notes were on his chart:

   3 meals/day -- Boiled rice/beans, bananas plus tea. Nothing between meals. No milk. Stopped breastfeeding 3 months ago.

   Advised to add 2 extra feeds per day: khichri/rice with beans/pulses/minced meat cooked with oil/ghee, eggs or milk when available Vitamin A given.

   Jamil has been brought back to clinic for follow-up of the feeding problem. He still weighs 6.8 kg and looks unhappy but not visibly wasted.

   a) Tick the items appropriate to do during this visit:

   _____Ask about any new problems. If there is a new problem, assess, classify and treat as at an initial visit.

   _____Ask the questions in the top box of the COUNSEL chart. Identify any new feeding problems.

   _____Ask the mother if she has been able to give extra meals each day. Ask what she fed Jamil and the number of meals.

   _____Since Jamil has not gained weight, immediately refer him to hospital.

   _____Advise the mother to resume breastfeeding.

   _____Give vitamin A.

   _____Since Jamil has had no weight gain, repeat the advice given to the mother before. Behaviour change takes a long time.

   ___ Ask the mother questions to identify additional feeding problems.

   ___ Make recommendations for any feeding problems that you find.

   ___ Ask if Jamil is still having diarrhoea.

You ask Jamil's mother questions to find out whether she has given the extra feeds, and what foods she has given. You also ask how large each serving is, whether Jamil has been eating each serving, and whether he has his own plate.

You find that Jamil's mother has been giving Jamil the khichri cooked with oil/ghee 2 times per day, as advised. He just eats a bite or ignores it completely. She puts it on a plate in front of him while she goes to do other work. She has not gotten any eggs or milk yet but intends to do so. She prepared halwa last week for dinner on three nights, but his siblings ate it all.

b.What advice would you give Jamil's mother now?

c.Should you ask the mother to bring Jamil back to see you? If so, when should she come back? Why?

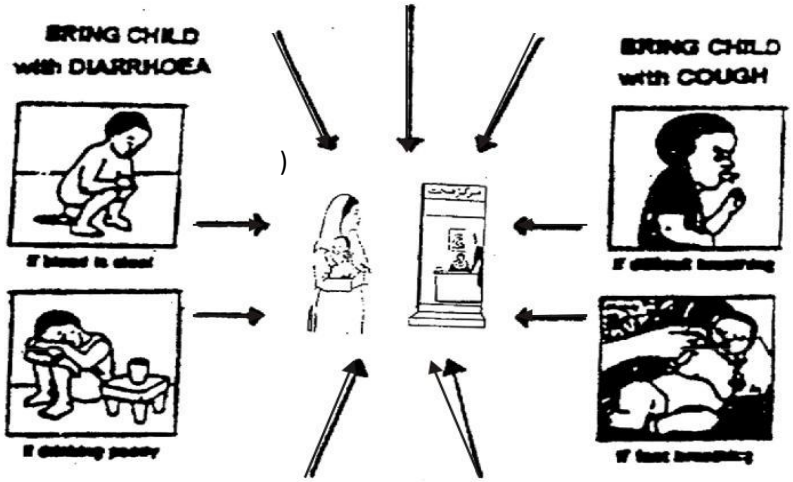
MOTHER'S CARD

WHEN TO RETURN IMMEDIATELY

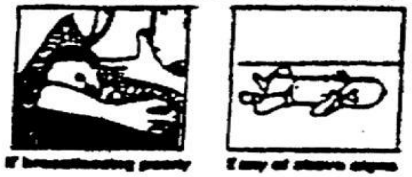
BRING ANY SICK CHILD with

BRING CHILD with DIARRHOEA

BRING CHILD with COUGH



BRING YOUNG INFANT



Name: _____ M F Date of Birth: _____

Address: _____

Always bring this card with you to the clinic

FLUIDS

FOR ANY SICK CHILD

- Breastfeed frequently.
- Increase fluid. Give soup, rice water, yoghurt drinks, or clean water.

FOR CHILD WITH DIARRHOEA

Giving more fluid can be lifesaving!

- Give these extra fluids, as much as the child will take:
  - ☐ ORS Solution
  - ☐ Food-based fluids, such as soup, rice water, yoghurt drinks
  - ☐ Clean water
- Breastfeed more frequently and longer at each feeding.
- Continue giving extra fluids until diarrhoea stops.

IMMUNIZATION (Record Date Given).

BCG	OPV 0	Hep B 0	
Pentavalent* 1	OPV 1	Pnemococcal 1	Rota 1
Pentavalent 2	OPV 2	Pnemococcal 2	Rota 2
Pentavalent 3	OPV 3	Pnemococcal 3	IPV
Measles 1	Measles 2		

VITAMIN A (Record Date Given) _____ _____ _____

PYRANTEL POMOATE (Record Date Given) _____ _____ _____

Feeding Recommendations During Sickness and Health

Up to 6 Months of Age

- Breast feed as often as the child wants, day and night, at least 8 times in 24 hours.
- Breast feed at least for 10 minutes on each breast every time
- Do not give other foods water.
- Do not use bottles or pacifiers

6 Months up to 12 Months

Breastfeed as often as the child wants.

Give adequate servings of: Khichri*, Rice (Bhatt)* with seasonal vegetables (Carrot, Spinach, Potatoes etc.), or Minced Meat. Rice Kheer, Suji ka Halwa or Kheer*, Dalia*, Vermicelli's*, Choori*, Mashed Potato or vegetables*, Egg, Banana, Seasonal Fruit and any foods listed for 4 to 6 month child.
(upto 9 months food should be mashed)

- 3 times per day if breastfed;
- 5 times per day if not breastfed.
- Each serving should be equivalent to 1/2-3/4 or a cup.

12 Months up to 2 Years

- Breastfeed as often as the child wants.
- Give adequate servings of: Roti, Parattha, Khichri or Rice, Curry, Minced Meat, Chicken, Egg, Seasonal Vegetables, Choori, Vermicelli's, and/or any foods listed for 6-12 months child
- Give food at least 3 times per day

AND

- Give also snacks 2 times per day between meals such as seasonal fruit (Banana, Apple, Mango, Orange etc.) Lassi, Yoghurt, Bread with Egg, Dalia, Halwa etc.

OR

Family foods 5 times per day.

2 Years and Older

- Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:
- Seasonal fruit (Banana, Apple, Mango, Orange etc.) Biscuit, Rusk, Chips, Pakora, Samosa, Lassi, Yoghurt, Bread with Eggs, Halwa etc.

Wash your hands before preparing the child's food and use clean cooking utensils.

** A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil / Ghee / Butter); meat, fish, eggs, or pulses; and fruits and vegetables.*

Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

If still breastfeeding, give more frequent, longer breastfeeds, day and night.
If taking other milk:

-
-
  - replace with increased breastfeeding OR
  - replace with fermented milk products, such as yoghurt OR
  - replace half the milk with nutrient-rich semisolid food.
-

For other foods, follow feeding recommendations for the child's age.

ANSWERS TO SHORT ANSWER EXERCISES:

Answers to Short Answer Exercise, Page 13

1. These children need a feeding assessment:

2. children who have ANAEMIA and MODERATE ACUTE MALNUTRITION children who are less than 2 years old

3. Does the child take any other food or fluids?

4. What do you use to feed the child?

Answers to Short Answer Exercise, Page 23

1. Possible answer: Give foods that will make your child strong and healthy, not just fill him up. Instead of giving just plain rice or gruel, mix it with some oil for energy and some foods like mashed vegetables, meat, eggs, or fish.

   (You may have included examples of good complementary foods in your local area.)

2. a. No tick. This comment would make the mother feel guilty. You might find out if she would be interested in resuming breastfeeding at night, and if so, refer her to a breastfeeding counsellor.

   b. ✓

   c. ✓

   d. No tick. The feeding recommendations say that a non-breastfed 8-month-old child should be given complementary foods 5 times per day. This child is being given 5 formula feedings plus 3 cereal feedings per day, which is a total of 8 feedings and is plenty for her age.

   e. ✓

3. a. ✓

   b. ✓

   c. No tick. This comment may make the mother feel guilty. It is better to state this as in "d" below.

   d. ✓

   e. ✓

4. 1st row: What kinds of thick, nutritious foods will you give? What are some examples of foods you will give?

   2nd row: How will you know when your baby is ready for these foods? What signs will you look for?

Answers to Short Answer Questions, Page 29

1. F/up: 3 days

   Return immediately if:

- Not able to drink (since child is 3 years old, there is no need to say "or breastfeed")
- Becomes sicker
- Develops a fever

2. F/up: 2 days for dysentery

   Return immediately if:
   -Not able to drink or breastfeed
   -Becomes sicker
   -Drinking poorly

   Since the child already has a fever and blood in the stool, these signs are not listed. You may have combined the signs, "not able to drink or breastfeed" and "drinking poorly."

   Additional follow-up: 5 days for ear infection

3. F/up: 5 days for feeding problem

   Return immediately if:
   -Not able to drink or breastfeed
   -Becomes sicker
   -Develops a fever
   -Fast breathing
   -Difficult breathing

4. F/up: 5 days for feeding problem. Return immediately if:

   - -Not able to drink or breastfeed -Becomes sicker
   - -Develops a fever -Blood in stool -Drinking poorly

You may have combined the signs, "not able to drink or breastfeed" and "drinking poorly."

Additional follow-up: 14 days for pallor, 30 days for uncomplicated severe acute malnutrition


AZAD JAMMU & KASHMIR