Community Health Workers Program
Job Aids
Community Health Workers
In the Millennium Villages

CODE OF CONDUCT

As a CHW, you have a panel of patients whose health you are responsible for. Your job is to keep women, children, and other members of your community healthy and to help them avoid preventable deaths.

Be Professional by embracing your responsibilities and representing the Millennium Villages Project.

A. Embrace household individual and community welfare as your primary responsibility.
B. Respond promptly without prejudice or partiality to the need for emergency healthcare.
C. Encourage professional behavior from fellow colleagues, or seek supervisory support if necessary.
D. Support community efforts to improve public health and access to health care for all.
E. Prioritize use of mobile phones for work responsibilities. Ensure that personal usage of work-issued mobile phones does not conflict with responsibilities.

Practice With Compassion and Respect for the inherent dignity, worth, and uniqueness of every individual—unrestricted by considerations of social or economic status, personal attributes, or nature of health problems.

A. Do everything within your power to protect the health, safety, and rights of community members.
B. Be respectful of community members.
C. Be courteous, calm, confident, and friendly when greeting community members and clearly explain who you are and why you are visiting.
D. Be truthful, collect accurate information, and secure informed consent treatment, unless the urgency of the patient’s condition demands an immediate response.
E. Respect patient privacy and disclose confidential information only with consent of the patient or when required by an overriding duty such as the duty to protect others.

Become a Functional Link between the community, the household, and the health system.

A. Inform patients of health activities in the communities, changes in health program structure, or other relevant events.
B. Ensure clinical staff members have all relevant information about household members to provide care.
C. Collect accurate information at the household level to support point-of-care decision-making and program strategy.

TIP: This requires taking care to speak to patients in a private area out of sight and earshot of others, and not sharing client-related information except with the clinical treatment team.
Community Health Workers
In the Millennium Villages

CHW RESPONSIBILITIES: 20 TASKS

As community health workers, your work will save lives and improve health outcomes in your community.

CONDUCT ROUTINE HOUSEHOLD VISITS

1. Conduct at least 1 visit to all households every 90 days
2. Conduct at least 1 visit to all under 5 children every 30 days
3. Conduct at least 1 visit to each newborn in days 0, 3, 7, once between days 14-21, and day 28
4. Conduct at least 1 visit to each pregnant woman every 6 weeks, and in the 8th and 9th month
5. Screen for danger signs and assist household members during referrals to facilities when necessary
6. Assess and treat symptoms of uncomplicated pneumonia, diarrhea, malaria. Refer all other danger signs as necessary
7. Provide counseling on healthy behavior for all household members including bednet usage, hygiene and sanitation, and proper nutrition
8. Provide counseling on nutrition and immunizations for children under 5
9. Provide counseling on antenatal care, newborn care, exclusive breastfeeding, and family planning for all pregnant women and mothers
10. Provide family planning counseling for all women 15-49

CONDUCT FOLLOW UP HOUSEHOLD VISITS

11. Respond to emergency health situations as necessary
12. Visit sick members previously treated or referred within 48 hours to check on condition
13. Refer sick members if condition has not improved

COLLECT AND REPORT HOUSEHOLD DATA

14. Track and register all new pregnancies, births and deaths
15. Track and monitor health outcomes (malnutrition), case management data (danger signs, referrals, treatment), and utilization of health services (immunization, ANC visit, delivery at facility, and modern contraceptive use)
16. Record and submit household visit data on a mobile phone or paper form after every visit

PROVIDE COMMUNITY-BASED HEALTH ACTIVITIES

17. Support community leaders in organizing for health
18. Function as a link between the community and the facilities
19. Support health staff in executing health days and campaigns
20. Provide health-related support as needed in the community
1. PREPARATION

- Supplies List
- Communication

2. HOUSEHOLD VISIT OVERVIEW

- Household Visit Decision Tree

3. ASSESS DANGER SIGNS

- Danger Signs: Newborn (<28 Days)
- Danger Signs: Child (28 Days to 5 Years)
- Danger Signs: Pregnant Woman

4. CASE MANAGEMENT

- Cough
- Fever
- Diarrhea

5. ROUTINE CARE

- Antenatal Care
- Newborn: Routine Care
- Under 2: Routine Care
- 2 to 5 Years: Routine Care
- Measuring Length and Height
- Measuring Weight
- Malaria Prevention with Bednets
- Household Nutrition
- Family Planning
- Hygiene and Sanitation
- Water Safety
Preparation
Good preparation will ensure a successful household visit and demonstrate professionalism. To prepare, follow these steps before each visit:

1. Ensure you have all of the items in the box on the right in your backpack. If you do not, replenish your supplies as soon as possible.

2. Review the list of households that you plan to visit today. Prioritize the URGENT visits to be made, including households with sick children or individuals requiring follow-up.

3. Review the number and needs of vulnerable members that should be addressed in this household visit. For example:
   - What issues stood out for that household the last time I visited?
   - What was the health status of household members at my last visit?
   - Is the visit for this house a routine or a follow-up visit?

TIP: If you are using smartphones for data collection, you can review the activities and health status of the individuals you plan to visit by opening up his/her form ahead of time.
Communication

**Tips for good communication.**
- Try to make the household members feel comfortable.
- Be understanding and avoid jumping to conclusions.
- Ask questions to find out what the caregiver is already doing for the child.
- Give positive feedback for what the household member is doing well.
- Refrain from using negative or accusatory language when delivering treatment advice or counseling messages.
- Avoid forcing counseling messages on a household member if he or she is not interested.
- Ask questions to elicit challenges that may prevent the caregiver from proper treatment.
- Balance use of the phone with engaging the household members in conversation.

**Listen actively and with empathy.**
- Listen non-judgmentally and empathetically.
- Be engaged in conversation.
- Solicit truthful answers using open-ended questions when possible.
- Ask important questions in different ways if you are having trouble getting the information you need.
- Summarize caregiver responses and ask them if your understanding of their answers is correct.
- Be aware of verbal and nonverbal cues, especially when discussing sensitive subjects.
- Take into account potential challenges faced by the household.
Household Visit Overview
Household Visit Overview

**DECISION TREE**

**STEP 1: GREETINGS**
Greet household in a warm, friendly way.

**STEP 2: DETERMINE TYPE OF VISIT**
- **YES** Is this visit a response to an emergency?
  - Assess the danger sign
  - Provide appropriate treatment or referral
  - Submit all data collected during the household visit
  - Follow up with status in 48 hours

- **NO** Is this visit a follow-up visit?
  - Assess if the condition improved
  - If condition has improved, provide positive reinforcement
  - If the condition has worsened, refer immediately

**STEP 3: BEGIN ROUTINE VISIT**
Ensure availability of targeted members. "Is it a good time for a household visit?"

- **NO**
  - Make an appointment to return to the household

- **YES**
  - **TIP:** Use the DANGER SIGNS job aids to assess need for referral
  - Use the CASE MANAGEMENT job aids to assess cough, diarrhea, or fever and treat or refer as necessary

- **TIP:** Check for danger signs or ill household members even if they are not identifying as sick
- Treat or refer as necessary

**TIP:** Maintaining good relationships with household members will help build trust towards improving the health of the household

**TIP:**
- Use HOME BASED CARE FOR CHILDREN IN FEEDING PROGRAMS to follow up on malnutrition
- Use DIARRHEA CARE to follow up on diarrhea

**TIP:** Use the HOME BASED CARE FOR CHILDREN IN FEEDING PROGRAMS to follow up on malnutrition
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**TIP:** Use the DANGER SIGNS job aids to assess need for referral
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**TIP:** Check for danger signs or ill household members even if they are not identifying as sick
- Treat or refer as necessary
Household Visit Overview

**DECISION TREE**

- Are there any new pregnancies, newborns, or children under 5 to be registered?
  - **YES**
    - Register the individual
  - **NO**
    - Are there pregnant women or children under 2?
      - **YES**
        - Identify their progress on the **1,000 DAYS SCHEDULE** and advise on next milestones
        - Use routine care job aids for **PREGNANT WOMEN, NEWBORNS, and CHILDREN UNDER 2** to provide counseling and referral as needed
      - **NO**
        - Are there any children between 2 and 5?
          - **YES**
            - Use routine care job aid for **UNDER 5** to provide counseling and referral as needed
          - **NO**
            - Do you observe any unhealthy behavior, health issues, or environmental concerns?
              - **YES**
                - Use the appropriate household job aid(s) to provide counseling according to your observations.
              - **NO**

Household Visit Overview

DECISION TREE

STEP 4: CLOSE THE VISIT

Were there any referrals?

- Assist the caregiver in finding transport to the facilities
- Provide any appropriate pre-referral treatments
- Make an appointment to follow-up in 2 days to check on the condition

Did you provide any treatment?

- Make an appointment to follow-up in 2 days to check on the condition
- Submit all data collected during the visit
- Make an appointment for your next visit

**TIP:**
- The CHWs are the eyes and ears of the community, ensuring that all deaths and births are counted
- Ask at every visit if there were any recent births or deaths
- Capturing births is important to ensure that each child is registered and has access to health services
- Capturing deaths is necessary to ensure awareness of disease outbreaks and common causes of death within the community
- Notify your supervisor of any deaths within a week so he or she can start an investigation on the cause of death

**TIP:** If any pre-referral treatment is provided for children, remind the caregiver that the child still needs to go to the facility to fully recover
Danger Signs

- Baby has dark red rash. Call ambulance.
- Child has oedema. Needs to go to clinic within 24 hours.
- Child unconscious. Call ambulance.
- Pregnant mother has abdominal pain. Call ambulance.
- Baby cannot breastfeed. Counsel or send mother to clinic immediately.
Danger Signs: Newborn (<28 days)

AREAS OF THE BODY TO ASSESS (Look or Ask)

- Top of Head
  - Bulging Fontanelle
- Head (face)
  - Unable to suck, sucking poorly
  - Pus Draining From Eye
  - Sleepy or Unconscious
  - Difficulty Breathing (Nasal Flaring)
  - Cough
- Forehead, Stomach, Underarm
  - Fever or Feels Cold
- Stomach
  - Pus Drains from Umbilical Cord
- Lower Body
  - Not Passing Stool
  - Blood in Stool
  - Dehydration (lack of urine)
- Mouth
  - Vomiting
  - Dehydration (dry lips or tongue)
- Body
  - Bleeding
  - Skin Infection
  - Dark Red Rashes
  - Yellowness of Skin
  - Rigidity
  - Accident or Trauma
- Hands
  - Severe Pallor
- Arms, Legs
  - Convulsions
- Feet
  - Oedema
# Danger Signs: Newborn (<28 days)

## DANGER SIGNS

### AMBULANCE (Call ambulance now)

<table>
<thead>
<tr>
<th>Danger Sign</th>
<th>Indications</th>
<th>TIPS:</th>
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<tbody>
<tr>
<td>Bulging Fontanelle</td>
<td>Look: Is the soft spot on top of the baby's head (the fontanelle) bulging?</td>
<td></td>
</tr>
<tr>
<td>Pus Draining from the Umbilical Cord</td>
<td>Look: Is there yellow fluid leaking from the umbilical cord?</td>
<td></td>
</tr>
<tr>
<td>Fever or Feels Cold</td>
<td>Look: Is the baby's forehead, stomach, or underarm abnormally hot or very cold?</td>
<td></td>
</tr>
<tr>
<td>Pus Draining From the Eye</td>
<td>Look: Is there yellow fluid leaking from the eye?</td>
<td></td>
</tr>
<tr>
<td>Unusually Sleepy or Unconscious</td>
<td>Look: Does the baby appear to be too drowsy to respond to surroundings?</td>
<td>If uncertain, gently try to wake the baby by moving his or her arms or legs. If the baby is difficult to wake, see if he or she responds when the caregiver claps.</td>
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### DANGER SIGNS

#### AMBULANCE (Call ambulance now)

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<td>Severe Pallor</td>
<td>Look: Does the baby’s palm appear very pale or white in color (when compared to the palms of other children)?</td>
<td></td>
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<tr>
<td>Dark Red Rashes</td>
<td>Look: Is there a dark red rash or a rash that does not whiten when you put pressure on it? This danger sign suggests sepsis.</td>
<td></td>
</tr>
<tr>
<td>Rigidity</td>
<td>Look: Are the baby’s muscles stiff and difficult to move?</td>
<td></td>
</tr>
<tr>
<td>Dehydration</td>
<td>Ask: &quot;Has the baby urinated in the past 24 hours? Or has the baby been experiencing dry mouth (no saliva)&quot; If the baby has NOT urinated in the past 24 hours, the baby might be dehydrated.</td>
<td></td>
</tr>
<tr>
<td>Convulsions</td>
<td>Ask: &quot;Have the baby’s arms and legs suddenly stiffened with uncontrolled shaking? Has the baby suddenly stopped breathing?&quot;</td>
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<tr>
<td>Accident or Trauma</td>
<td>Ask: &quot;Has the baby been in an accident or experienced a significant injury recently?&quot;</td>
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### DANGER SIGNS

**odzi: EMERGENCY (Newborn should go to facility immediately; help arrange transport)**

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<tr>
<td>Swelling of Both Feet (Oedema)</td>
<td>Look: After you press the top of the baby's feet using your thumbs, do dents remain when you lift your thumbs? This is a sign of severe malnutrition.</td>
<td><img src="image1" alt="Image" /> <img src="image2" alt="Image" /></td>
</tr>
<tr>
<td>Difficulty or Fast Breathing</td>
<td>Look: Is the baby breathing slower or faster than usual? Is there flaring of the nostrils?</td>
<td>To test for fast breathing: count child's breaths for one full minute. When the time reaches exactly 60 seconds, stop counting. If more than 50 breaths per minute baby has fast breathing.</td>
</tr>
<tr>
<td>Not Passing Stool</td>
<td>Ask: &quot;Has the baby passed any stool in the last 2 days?&quot;</td>
<td></td>
</tr>
<tr>
<td>Blood in Stool</td>
<td>Ask: &quot;Has there been any blood in the baby's stool?&quot;</td>
<td>Blood in the baby's stool can be red or black in color. This can suggest infection.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Ask: &quot;Has the baby been vomiting?&quot;</td>
<td>Spitting up small amounts of breast milk is not vomiting.</td>
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## DANGER SIGNS

### EMERGENCY (Newborn should go to facility immediately; help arrange transport)

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<tr>
<td>Bleeding</td>
<td>Look: Is the baby bleeding?</td>
<td>EXCEPTION: Drops of blood from a newborn girl's vagina is normal and not a danger sign.</td>
</tr>
<tr>
<td>Skin Infection</td>
<td>Look: Is the baby's skin red, or are there pimples or swellings that contain yellowish fluid?</td>
<td>A skin infection may be in an area that you cannot immediately see. Ask the caregiver if s/he has observed any skin abnormalities.</td>
</tr>
<tr>
<td>Unable to suck or is sucking poorly</td>
<td>Look: Is the baby unable to suck when breastfeeding?</td>
<td></td>
</tr>
</tbody>
</table>

### BASIC (Newborn should go to facility within 24 hours)

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<tr>
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<tr>
<td>Yellowness of Skin</td>
<td>Look: Does the baby's forehead or nose look yellow when pressed?</td>
<td>It's best to examine the baby in good lighting conditions, preferably in natural daylight.</td>
</tr>
</tbody>
</table>
DANGER SIGNS / Child (28 days – 5 years)

AREAS OF THE BODY TO ASSESS (Look or Ask)

**Face**
- Unusually sleepy or Unconscious

**Face, Chest**
- Chest Indrawing or Nasal Flaring
- Cough for 21 Days or More

**Mid-Upper Arm**
- MUAC score of under 125mm

**Forehead, Stomach, Underarm**
- Fever for 3 Days or More

**Lower Body**
- Diarrhea for 7 Days or More
- Blood in Stool
- Dehydration (decreased urine)

**Feet**
- Swelling of Both Feet (Oedema)

**Mouth**
- Vomiting
- Dehydration (dry lips or tongue)

**Body**
- Bleeding
- Skin Infection
- Dark Red Rashes
- Convulsions
- Not Responding to Treatment
- Accident or Trauma

**Hands**
- Severe Pallor
### Danger Signs: Child (28 days – 5 years)

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<tr>
<td>Chest Indrawing or Nasal Flaring</td>
<td>Look: Does the chest pull in, instead of moving out, when the child breathes in?</td>
<td>Normally when a child breathes in, the chest and stomach move out together. In a child with chest indrawing, the chest will pull in. For chest indrawing to be present, it must be clearly visible and present at every breath.</td>
</tr>
<tr>
<td>Unusually Sleepy or Unconscious</td>
<td>Look: Does the baby appear to be drowsy, not noticing its surroundings?</td>
<td>If uncertain, gently try to wake the baby by moving his or her arms or legs. If the baby is difficult to wake, see if he or she responds when the caregiver claps.</td>
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<td>Dark Red Rashes</td>
<td>Look: Is there a purple rash or a rash that does not whiten when you put pressure on it?</td>
<td>This danger sign suggests sepsis.</td>
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<td>Convulsions</td>
<td>Ask: &quot;Have the child's arms and legs suddenly stiffened with uncontrolled shaking? Has the child suddenly stopped breathing?&quot;</td>
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### Danger Signs: Child (28 days – 5 years)

#### Danger Signs

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<td>Severe Pallor</td>
<td>Look: Does the child's palm appear very pale or white in color (when compared to the palms of other children)?</td>
<td>[Image of hands]</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Look: Is the child bleeding?</td>
<td></td>
</tr>
<tr>
<td>Dehydration</td>
<td>Look: &quot;Has the child urinated in the past 24 hours? Or has the child been experiencing dry mouth (no saliva), inability to stand, or no tears when crying?&quot;</td>
<td>If the child has NOT urinated in the past 24 hours, the child might be dehydrated.</td>
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<tr>
<td>Vomiting</td>
<td>Look: &quot;Has the child been vomiting?&quot;</td>
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<tr>
<td>Blood in Stool</td>
<td>Look: &quot;Has there been any blood in the child's stool?&quot;</td>
<td>Blood in the child's stool can be red or black in color. This can suggest an infection.</td>
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<tr>
<td>Fever for 3 Days or More</td>
<td>Ask: &quot;Does the child have fever now or did the child have fever in the last 3 days?&quot; Is the baby's forehead, stomach, or underarm abnormally hot or very cold?</td>
<td>A fever may come and go, however if it appears at all for less than 3 days, use the FEVER module for assessment and treatment.</td>
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**DANGER SIGNS**

▲ ▲ EMERGENCY (Child should go to facility immediately; help arrange transport)

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<td>experiencing dry mouth (no saliva), inability to stand, or no tears when</td>
<td>be dehydrated.</td>
</tr>
<tr>
<td></td>
<td>crying?&quot;</td>
<td></td>
</tr>
<tr>
<td>Diarrhea for 7 Days or</td>
<td>Ask: &quot;Has the child had 3 or more loose or watery stools in the last</td>
<td>If diarrhea appears for less than 7 days, use the DIARRHEA module</td>
</tr>
<tr>
<td>More</td>
<td>24 hours? If so, for how many days has the baby had this?&quot;</td>
<td>for assessment and treatment</td>
</tr>
<tr>
<td>Not Responding to Treatment</td>
<td>If the child received treatment by you or by the clinic last time, ask:</td>
<td>If the child's condition has not improved, there may be other</td>
</tr>
<tr>
<td></td>
<td>&quot;Has the child’s condition improved?&quot;</td>
<td>complications that need to be addressed at the facility.</td>
</tr>
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▲ BASIC (Child should go to facility within 24 hours)

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<td>Look: Is the baby's skin red, or are there pimples or swellings that</td>
<td>A skin infection may be in an area that you may not immediately see.</td>
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<td></td>
<td>contain yellowish fluid?</td>
<td>Ask caregiver if s/he has observed any skin abnormalities.</td>
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<td>Swelling of Both Feet</td>
<td>Look: After you press the top of the baby's feet using your thumbs, do</td>
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<td>(Oedema)</td>
<td>dents remain when you lift your thumbs? This is a sign of severe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>malnutrition.</td>
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# Danger Signs: Child (28 days – 5 years)

**DANGER SIGNS**

- **AMBULANCE:** MUAC < 115mm and Danger Signs
- **EMERGENCY:** MUAC < 115mm
- **BASIC:** MUAC between 115mm – 125mm

<table>
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<tbody>
<tr>
<td>MUAC &lt; 125mm</td>
<td>Does the MUAC strip read less than 125mm in the RED or YELLOW zone of the strip?</td>
<td>To conduct a MUAC:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Gently outstretch the child’s arm to straighten it.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. On the upper arm, find the midpoint between the shoulder and the elbow.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Hold the large end of the strap against the upper arm at the midpoint.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Put the other end of the strap around the child’s arm.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Thread the green end of the strap through the small slit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Pull both ends until the strap fits closely, but not so tight that it creates folds in the skin.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Press the window at the wide end onto the strap. Note the color at the marks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. If the color is RED (&lt;115mm) the child has severe malnutrition and needs to be referred by emergency or ambulance. If the color is YELLOW provide a basic referral and counsel.</td>
</tr>
</tbody>
</table>

Note: A MUAC should be done routinely at least once per month for all children between 6 months and 5 years.

If a child has a MUAC <125mm, counsel on [UNDERSTANDING MALNUTRITION](#) and [HOME BASED CARE FOR CHILDREN IN FEEDING PROGRAMS](#)
DANGER SIGNS

AREAS OF THE BODY TO ASSESS (Ask)

Head
- Loss of Consciousness
- Night Blindness
- Severe Headaches
- Blurred Vision
- Fever

Mid-Upper Arm
- MUAC <210 mm

Body
- Convulsions
- Accident or Trauma

Stomach
- Baby Stopped Moving
- Abdominal Pain

Vagina
- Burning While Urinating
- Unusual green/brown vaginal discharge

Danger Signs: Pregnant Woman
## Danger Signs: Pregnant Woman

### Danger Signs

#### AMBULANCE (Call ambulance now)

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<tr>
<td>Convulsions</td>
<td>Ask: &quot;Have you experienced your arms and legs stiffening suddenly, or had sudden difficulty breathing?&quot;</td>
</tr>
<tr>
<td>Loss of Consciousness</td>
<td>Ask: &quot;Have you suddenly lost consciousness during your pregnancy?&quot;</td>
</tr>
<tr>
<td>Fever</td>
<td>Ask: &quot;Do you have a fever now, or have you had fever in the last 3 days?&quot; (fever may not be present now) Note: If she does not know, feel her forehead to see if it is abnormally hot.</td>
</tr>
<tr>
<td>Accident or Trauma</td>
<td>Ask: &quot;Have you been in an accident or experienced a severe injury recently?&quot;</td>
</tr>
</tbody>
</table>

#### EMERGENCY (Woman should go to facility immediately; help arrange transport)

<table>
<thead>
<tr>
<th>Danger Sign</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal Bleeding</td>
<td>Ask: &quot;Have you seen any blood from your vagina?&quot;</td>
</tr>
<tr>
<td>Baby Stopped Moving</td>
<td>Ask: &quot;Have you felt any decrease or stopping of movement (after it had already started)?&quot;</td>
</tr>
<tr>
<td>Severe Headaches and/or Blurred Vision</td>
<td>Ask: &quot;Have you experienced severe headaches or blurred vision?&quot;</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>Ask: &quot;Have you been experiencing any abdominal pain?&quot;</td>
</tr>
<tr>
<td>Swelling of the Face or Hands</td>
<td>Ask: &quot;Is there abnormal swelling?&quot;</td>
</tr>
</tbody>
</table>
## Danger Signs: Pregnant Woman

### DANGER SIGNS

⚠ **BASIC** (Woman should go to facility within 24 hours)

<table>
<thead>
<tr>
<th>Danger Sign</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night Blindness</td>
<td>Ask: &quot;Have you experienced abnormal difficulty seeing at night or in poor light?&quot;</td>
</tr>
<tr>
<td>Burning While Urinating</td>
<td>Ask: &quot;Do you feel a pain or burning sensation when you urinate?&quot;</td>
</tr>
<tr>
<td>Unusual Green/Brown Vaginal Discharge</td>
<td>Ask: &quot;Have you seen any unusual green or brown liquid from your vagina?&quot;</td>
</tr>
<tr>
<td>MUAC &lt;210 mm</td>
<td>Look: Conduct MUAC measurement for pregnant women at each visit.</td>
</tr>
</tbody>
</table>
Case Management
### Danger Signs

**IF CHILD IS COUGHING, ASK CAREGIVER:**
- Has the child had fever for more than 3 days?
- Was there blood when coughing in past few days, or in the past year?
- Has the child lost weight in the past year, or failed to gain weight?
- Has anyone in the household ever had tuberculosis?

### REFERRAL Guidelines: Cough

1. If child is being referred and is able to drink, provide pre-referral first dose of antibiotics.
2. Explain why the first dose is insufficient and that it is necessary to go to facility.
3. Assist in arranging transport.
4. While travelling, keep the child well hydrated.
5. Follow up on child’s status within 48 hours. If the condition has not improved, ensure a repeat visit to the facility.

### CASE MANAGEMENT / Cough

- **NO** to all questions.

- **Provide EMERGENCY REFERRAL** for possible severe tuberculosis

- **Assess** for severe pneumonia using **ASSESSMENT: CHEST IN-DRAWING:** Is there chest in-drawing?

- **YES**

- **Provide AMBULANCE REFERRAL** for possible severe pneumonia

- **Assess** for pneumonia using **ASSESSMENT: FAST BREATHING:** Is there fast breathing?

- **NO**

- **Counsel on PREVENTING ILLNESS BY WASHING HANDS WITH SOAP**

- **YES**

- **See TREATMENT to administer antibiotics**

### Fever and Tuberculosis

Though a fever for more than 14 days may indicate a need for TB screening, any encounter with fever for more than 3 days should be referred for other potential disease.

**Schedule a follow-up visit in 2 days to monitor the symptom and need for referral**
**Assessment: Chest In-Drawing**

1. Ask caregiver to raise child's clothing above chest
2. Look at lower chest wall (lower ribs)
3. Look for chest in-drawing when the child breathes IN
   - Normally, when child breathes IN, chest and stomach move out together
   - Child is in-drawing when chest below ribs pulls in instead of filling with air

**TIP:** Symptoms of in-drawing cannot be detected when child breathes OUT.

**Assessment: Fast Breathing**

Choose place on child’s chest or abdomen where you can easily see it rise as child breathes in.

1. Use watch that has a seconds hand to count number of breaths in 60 seconds
2. Look for breathing movement on child’s chest or stomach
3. Start counting breaths when child is calm
4. Count for **60 seconds**
5. When time reaches **60 seconds**, stop counting breaths
6. Repeat if necessary

<table>
<thead>
<tr>
<th>Child Has Pneumonia If:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months to 12 months</td>
</tr>
<tr>
<td>12 months to 5 years</td>
</tr>
</tbody>
</table>
TREATMENT OF PNEUMONIA USING ANTIBIOTICS

Treatment: Antibiotics

Antibiotics for pneumonia

1. **Ensure the antibiotic is NOT Expired**

2. 🌿 Give oral antibiotic (Amoxycillin 250 mg)
   - See chart for Age and Dose
   - Help caregiver give first dose

3. Advise caregiver on medication regimen
   - Twice daily (morning and night)
   - 5 days total
   - Complete treatment for full 5 days even if child gets better sooner

⚠️ **TIP:** These instructions are for an adult dose [250 mg] tablet of Amoxycillin. If you have a different antibiotic in your medicine kit, adapt these instructions.

4. Inform caregiver that you will be back in 2 days

### Age and Dose for Amoxycillin 250 mg

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose</th>
<th>Frequency</th>
<th>Days</th>
<th>Supply to Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months – 12 months</td>
<td>3/4 Tablet</td>
<td>Twice a day (morning and night)</td>
<td>5 days</td>
<td>10 tablets</td>
</tr>
<tr>
<td>12 months – 5 years</td>
<td>1 1/2 Tablets</td>
<td>Twice a day (morning and night)</td>
<td>5 days</td>
<td>15 tablets</td>
</tr>
</tbody>
</table>
Diarrhea

DEcision TREE

Danger Signs

IF THE CHILD HAS DIARRHEA:
- Has the child had diarrhea for more than 7 days?
- Is there blood in the stool?
- Is the child weak, unable to walk, dehydrated or unconscious?

YES to any question.

Provide EMERGENCY REFERRAL
If the child cannot walk or is unconscious, call an ambulance and provide pre-referral treatment

NO

Diarrhea for less than 7 days, no blood in stool, and child is not weak or unconscious.

1. Provide TREATMENT
   - See TREATMENT #1: ORS
   - See TREATMENT #2: Zinc

2. Instruct caregiver on correct home treatment guidelines:
   - ORS dosage for 2–3 days
   - Zinc dosage for 10 days

- Reiterate the importance of providing ORS and Zinc treatment correctly even if child gets better sooner
- Counsel on PREVENTING ILLNESS BY WASHING HANDS WITH SOAP and DIARRHEA CARE

Schedule a follow-up visit in 2 days to monitor the symptom and need for referral

REFERRAL
Guidelines: Diarrhea

1. If child is being referred and is able to drink, provide pre-referral ORS.
2. Explain why the pre-referral ORS is insufficient and that it is necessary to go to facility.
3. Assist in arranging transport.
4. While waiting for transport, counsel on:
   - PREVENTING ILLNESS BY WASHING HANDS

5. While travelling, it is important to keep the child warm and hydrated with ORS.
6. Follow up on child’s status within 48 hours. If the condition has not improved, ensure a repeat visit to the facility.
Treatment #1: ORS

The ORS prevents the child from getting sicker by replacing the water and salts lost in diarrhea.

1. Ensure ORS solution is NOT expired
2. Prepare ORS solution
   - Wash your hands with soap and water
   - Pour all the contents of 1 ORS packet into a clean container
   - Pour 1 L water into the container and mix until powder completely dissolves
   **TIP:** To ensure water for ORS is clean, boil or disinfect first.
3. Give ORS solution
   - Instruct the caregiver to give ORS to the child
   - If the child vomits, wait 10 minutes before giving more ORS in frequent small sips
4. Instruct caregiver on home-based treatment
   - The child should sip ORS frequently for 1-2 days
   - Offer as much as the child will take or at least 1/2 cup ORS after each loose stool
   **TIP:** New batch of ORS should be made every day. Do NOT use solution from previous day.
   - If the mother is breastfeeding the child, it is important to continue breastfeeding
   - Do not give sweet juices or drinks to the child while taking ORS
5. Check caregiver’s understanding:
   - “How often will you give the ORS at home? How much will you give?”

Treatment #2: Zinc

Zinc helps to make the diarrhea less severe, with shorter duration.

1. Ensure zinc pills are not expired
2. Help caregiver give first dose

**Age and Dose for Zinc**

1 Dose Daily for 10 Days:

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose</th>
<th>Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months – 6 months</td>
<td>1/2 Tablet</td>
<td>5 Tablets</td>
</tr>
<tr>
<td>6 months – 5 years</td>
<td>1 Tablet</td>
<td>10 Tablets</td>
</tr>
</tbody>
</table>

3. Check caregiver’s understanding:
   - “How many days should the child be given zinc? How much is each dose?”
   - Advise: Zinc is dispersable in any liquid
4. Inform caregiver that you will return in 2 days
Danger Signs

IF THE CHILD HAS FEVER NOW OR IN THE PAST 3 DAYS:
- Has the child had fever for more than 3 days?
- Is the child less than 6 months old?

YES

NO (Fever for less than 3 days, child over 6 months)

Perform a rapid diagnostic test for malaria. See ASSESSMENT: RDT

POSITIVE

See TREATMENT to administer anti-malarial drugs

Counsel on:
- PREVENTING MALARIA WITH BEDNETS
- HOW TO USE AND MAINTAIN A BEDNET

NEGATIVE

Provide EMERGENCY REFERRAL

Schedule a follow-up visit in 2 days to monitor the symptom and need for referral

⚠️ REFERRAL

Guidelines: Fever

1. Assist in arranging transport.

2. While waiting for transport, counsel on:
   - PREVENTING MALARIA WITH BEDNETS

3. While travelling, it is important to keep the child warm and hydrated.

4. Follow up on child’s status within 48 hours. If the condition has not improved, ensure a repeat visit to the facility.

5. During the follow-up visit, check if the bednet is being used. Reinforce bednet usage using:
   - PREVENTING MALARIA WITH BEDNETS
   - HOW TO USE AND MAINTAIN A BEDNET
**ASSESSMENT FOR MALARIA USING RDT**

**PREPARATION:**
1. Prepare materials and put on a new pair of gloves
2. Ensure test is NOT Expired
3. Open the packet and remove: TEST, LOOP, DESICCANT SACHET
4. Write the patient’s name on the test

**TEST:**
1. Clean the 4th finger on the patient's left hand with the alcohol swab and wait until dry
2. Prick finger to get a drop of blood using lancet
3. Discard the lancet in the sharps box immediately after pricking the finger
4. Squeeze the bulb of the loop, place the tip on the finger, and release to draw blood
5. Squeeze bulb to place blood in the small round hole of the RDT
6. Discard the loop in a sharps box or plastic bag
7. Put 2 drops of buffer into the large round hole
8. Wait 20 minutes after adding buffer

**READ RESULTS:**

- **Positive**
  - One line in “C” AND one red line in “T”
  - The test is positive even if the red line in “T” is faint

- **Negative**
  - One red line in “C” and no line in “T”

- **Invalid Result**
  - No line in “C” means the test is damaged
  - A line in “T” and no line in “C” also means the test is damaged

**TIP:** Each test can be used only **ONCE**

For the safety of the child, start with a new unopened test supply.

While doing the test and disposing of used items, ensure the blood does not touch you or another child.

**DO NOT** read test sooner than 20 minutes or you may get false results.

8. Discard gloves and alcohol swab in plastic bag - do not leave these materials in the household
TREATMENT OF MALARIA USING ANTIMALARIALS

Treatment: Antimalarials

1. **Ensure antimalarials are NOT Expired**
   If antimalarials are expired or unavailable, provide:
   ☢ **EMERGENCY REFERRAL** to facility for treatment

2. Determine dosage
   - Use Weight and Dosage chart
   If you cannot,
   - Use Age and Dosage chart

3. 🍓 Help caregiver give first dose

4. Advise on home-based treatment:
   - Second dose should be given after 8 hours
   - Give twice daily for 2 more days

5. Inform caregiver that you will be back in 2 days

**TIPS**

1. Take each tablet with high-fat foods or drinks (i.e. milk)
2. If child vomits within 1 hour of taking tablet, repeat dose and get additional tablets from CHW

---

**Weight and Dosage**

<table>
<thead>
<tr>
<th>Weight</th>
<th>Dose</th>
<th>Frequency, Day 1</th>
<th>Frequency, Days 2 &amp; 3</th>
<th>Total Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to less than 15 kg</td>
<td>1 Tablet</td>
<td>Two times, 8 hours apart</td>
<td>Twice a day, morning &amp; evening</td>
<td>3 days</td>
</tr>
<tr>
<td>15 to less than 25 kg</td>
<td>2 Tablets</td>
<td>Two times, 8 hours apart</td>
<td>Twice a day, morning &amp; evening</td>
<td>3 days</td>
</tr>
<tr>
<td>25 to less than 35 kg</td>
<td>3 Tablets</td>
<td>Two times, 8 hours apart</td>
<td>Twice a day, morning &amp; evening</td>
<td>3 days</td>
</tr>
<tr>
<td>Adults &amp; children 35 kg &amp; above</td>
<td>4 Tablets</td>
<td>Two times, 8 hours apart</td>
<td>Twice a day, morning &amp; evening</td>
<td>3 days</td>
</tr>
</tbody>
</table>

**Age and Dosage**

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose</th>
<th>Frequency</th>
<th>Days</th>
<th>Supply to Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months – 3 years</td>
<td>1 Tablet</td>
<td>Twice a day</td>
<td>3 days</td>
<td>6 tablets</td>
</tr>
<tr>
<td>3 to 5 years</td>
<td>2 Tablets</td>
<td>Twice a day</td>
<td>3 days</td>
<td>12 tablets</td>
</tr>
</tbody>
</table>
Routine Care
Antenatal Care for Pregnant Women

DECISION TREE

If this is your first visit to the household, then:
- Introduce yourself to the mother as the CHW assigned to ensure that her child is born healthy and continues to have good health and well-being
- Register the pregnancy
- Offer her counseling on all ANC topics using all counseling cards
  - WHAT TO EXPECT DURING PREGNANCY
  - HAVING A HEALTHY PREGNANCY
  - EATING WELL DURING PREGNANCY
  - PREVENTING MALARIA WITH BEDNETS
  - HOW TO USE AND MAINTAIN BEDNETS
  - PREPARING FOR BIRTH
  - VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY
- Give her the option to opt out of any topics if she is uncomfortable or already familiar

If this is not your first visit to the household, ASK:
- "Have you noticed anything new in your pregnancy? Have you had any problems?"
  - YES / UNSURE
  - NO
- "Do you currently take any medications or herbs? Do you smoke or drink alcohol?"
  - YES / UNSURE
  - NO
- "How many meals, including snacks, did you eat yesterday? Are you taking iron or folate supplements?"
  - NO / UNSURE
  - YES
- "Did the woman eat 5 or more meals/snacks and supplements?"
  - NO / UNSURE
  - YES
**Antenatal Care for Pregnant Women**

### DECISION TREE

1. **Do you sleep under a bednet each night? May I check to see if it is in good condition?**
   - Is the bednet clean and intact?
     - **NO / UNSURE**
     - **YES** TIP: Provide positive reinforcement

2. **What is your birth plan?**
   - Can the woman describe a detailed birth plan (including financial, transportation and communication arrangements)? Will spouse or a relative accompany her?
     - **NO / UNSURE**
     - **YES**
       - **TIP: If mother does not have a bednet, assist her in obtaining one**

3. **When was the last time you visited the facility for ANC services such as supplements, immunizations, and malaria prevention?**
   - Did the woman visit the health facility in the last 6 weeks?
     - **NO / UNSURE**
     - **YES** TIP: Confirm by checking mother’s ANC card if available

4. **When do you plan to visit the facility for an antenatal care visit?**
   - Is the woman planning to visit the health facility within the next six weeks?
     - **NO / UNSURE**
     - **YES**

### TIPS

- **TIP:** In the 8th and 9th months of pregnancy, offer counseling on healthy timing and spacing of pregnancies.
- **TIP:** Provide basic referral for ANC services

### BENEFITS OF FAMILY PLANNING
- **PREVENTING MALARIA WITH BEDNETS**
- **HOW TO USE AND MAINTAIN A BEDNET**

### VISITING THE HEALTH FACILITY FOR A HEALTHY PREGNANCY
- **PREPARING FOR BIRTH**
- **END**
If this is not your first visit to the household since the baby has been born, ask:

"Has the baby been seen at a health facility yet?"

**NO / UNSURE**

Counsel on

- **CARING FOR YOUR NEWBORN**
  - Provide **EMERGENCY REFERRAL**

**YES**

"Are you giving your baby anything other than breast milk, including water?"

**YES / UNSURE**

Counsel on

- **EXCLUSIVE BREASTFEEDING FOR FIRST 6 MONTHS**

**NO**

**TIP:** Provide positive encouragement and reinforcement to continue exclusive breastfeeding for 6 months.

"Is the baby having any trouble breastfeeding?"

**YES**

Counsel on

- **BREASTFEEDING TIPS**
- **COMMON BREASTFEEDING PROBLEMS**

**NO / UNSURE**

"Do you eat at least 3 meals a day?"

**YES**

Counsel on

- **BREASTFEEDING TIPS**

**NO / UNSURE**

"Are you giving your baby anything other than breast milk, including water?"

**NO / UNSURE**

Counsel on

- **CARING FOR YOUR NEWBORN**
  - Provide **EMERGENCY REFERRAL**

**TIP:** Some mothers may not feel comfortable talking about breastfeeding, particularly with male CHWs. In this case, suggest seeking advice and support from other reliable women in the community. This may also be useful for new and young mothers.
**Newborn: Routine Care**

**DECISION TREE**

1. **ROUTINE CARE**
   - **YES**
     - "Do you wash your hands with soap before breastfeeding your child?"
   - **NO / UNSURE**
     - **YES**
       - "Does your newborn sleep under a bednet each night? May I check to see if it is in good condition?"
       - **NO / UNSURE**
         - **YES**
           - "May I see your baby's child health card?"
           - **NO / UNSURE**
             - **YES**
               - "When will you bring your baby to the health facility next?"
               - **NO / UNSURE**
                 - **YES**
                   - "If you see danger signs, bring your child to the facility."
                   - **END**
                 - **NO / UNSURE**
                   - **END**
             - **NO / UNSURE**
               - **END**
   - **TIP:** Provide positive reinforcement

2. **Counsel on**
   - **EXCLUSIVE BREASTFEEDING FOR FIRST 6 MONTHS**
   - **PREVENTING MALARIA WITH BEDNETS**
   - **HOW TO USE AND MAINTAIN A BEDNET**

3. **TIP:** If newborn does not have a bednet, assist mother in obtaining one

---

**TIP:** Provide basic referral for vaccinations and to obtain a health card.

**TIP:** If newborn does not have a bednet, assist mother in obtaining one.
Under 2: Routine Care

**BREASTFEEDING TIPS**

*If baby is between 6 months and 2 years, ask:*

“What do you feed your child?*

*Is the child getting both breastmilk and a diverse diet (including animal-based products, staples, and vitamin-A rich foods?)*

*If baby is under 6 months, ask:*

“Do you give your baby anything other than breast milk, including water?*

---

**DECISION TREE**

**YES / UNSURE**

*If baby is under 6 months, ask:*

“Do you (the mother) eat at least 3 meals a day?*

**NO**

*TIP: Give positive reinforcement to continue breastfeeding exclusively for the first 6 months (no water)*

**NO / UNSURE**

*Counsel on***

**YES**

*FEEDING YOUR CHILD BETWEEN 6 MONTHS AND 2 YEARS*

**YES**

*Does your child sleep under a bednet each night? May I check to make sure it is in good condition?*

*Is the bednet clean and intact?*

**NO / UNSURE**

*TIP: If child does not have a bednet, assist mother in obtaining one***

**NO**

**YES**

*PREVENTING MALARIA WITH BEDNETS***

*HOW TO USE AND MAINTAIN A BEDNET***
**Under 2: Routine Care**

**DECISION TREE**

- "May I see your child's health card?"
  - Has the child received all recommended vaccinations?
    - **NO / UNSURE**
      - Counsel on **PROTECTING YOUR CHILD WITH VACCINATIONS**
        - Provide BASIC REFERRAL for vaccinations and/or to obtain a health card.
    - **YES**
      - "Has child's length and weight been measured in the last 3 months?"
        - (Verify by checking with the child health card)
        - **NO / UNSURE**
          - **YES**
            - "When will you bring your child to the health facility next?"
              - Is the next visit on schedule? 1000 DAYS SCHEDULE
            - **NO / UNSURE**
              - **YES**
                - "If you observe any danger signs, bring your child to the health facility immediately."
                - **CARING FOR YOUR NEWBORN**
                  - Provide BASIC REFERRAL to facility or outreach session for length and weight monitoring
                - **RECOGNIZING DANGER SIGNS**
2 to 5 Years: Routine Care

DECISION TREE

"What do you feed your child? How many meals does your child eat each day?"
Is the child eating at least 3 meals per day? Is the child getting a diverse diet (including animal-based products, staples, and vitamin-A rich foods?)

NO / UNSURE

Counsel on

- FEEDING YOUR CHILD BETWEEN 2 AND 5 YEARS

YES

"Does your child sleep under a bednet each night? May I check to make sure it is in good condition?"
Is the bednet clean and intact?

NO / UNSURE

Counsel on

- PREVENTING MALARIA WITH BEDNETS
- HOW TO USE AND MAINTAIN A BEDNET

YES

Tips: Provide positive reinforcement

TIP: If you observe any danger signs, bring your child to the health facility immediately.

- RECOGNIZING DANGER SIGNS

TIP: If child does not have a bednet, assist mother in obtaining one
Measuring Length and Height

Measuring Length (Children under 2)

1. Place the length mat on flat ground or a flat surface close to the ground
2. Ask mother to remove shoes, hat, and hair ornaments
3. Lay child on the length mat facing up
4. Ensure that child’s head is laying against the head stop of the mat
5. Ask the mother or assistant to hold the child in place
6. Raise and push the foot stop in the direction of the child’s feet
7. Stretch the child’s legs by gently pressing its knees toward mat
8. Rest the foot stop at right-angles to the soles of the baby’s feet
9. Read the measurement out loud, ask the assistant to confirm, and record it in the child’s health card

Measuring Height (Children over 2)

1. Place the height board on flat ground against a wall or tree that is upright
2. Ask mother or child to remove shoes, hat and hair ornaments
3. Stand child on the platform of the board. Heels, calves, thighs, torso and buttocks should touch the back of the board with feet flat on the ground
4. Lift child’s chin so eyes are looking straight ahead
5. Arms should be hanging at child’s sides and weight distributed evenly on both feet
6. Squat down to child’s eye level and gently hold head in position
7. Ask mother or assistant to gently slide the moveable headpiece until it touches the top of the child’s head
8. Read the measurement aloud, ask the assistant to confirm, and record it in the child’s health card
Measuring Weight

ASSESS

**Measuring Weight (hanging scales)**

1. Hang scales from a tree or other strong and secure location.
2. Scale should be at eye level.
3. Attach weighing basket or sling and adjust the scales to zero.
4. Ask mother to remove the child’s outer clothing (leave underpants on) and offer a light cloth if the mother would like to keep the child covered.
5. Place child securely in the basket or sling.
6. Hook the straps of the basket or sling onto the scales and allow the child to swing. Make sure the child is not touching or holding onto anything.
7. Steady the scales. Wait until the child and basket have stopped moving and the needle is steady.
8. Read the measurement aloud, ask the assistant to confirm and record in the child’s health card.

**Measuring Weight (standing scales for children under 2)**

1. Place scale on smooth, hard surface.
2. Set the scale to zero.
3. Ask mother to remove the child’s outer clothes (leave underpants on).
4. Ask mother to stand on the center of the scale while holding child. Wait for the needle or digital display to stop moving.
5. Read the measurement aloud and record.
6. Ask mother to step off scales and hand child to another person to hold.
7. Ask mother to stand back on scales. Wait for the needle or digital display to stop moving.
8. Read the measurement aloud and record.
9. Subtract the second measurement from the first to get the child’s weight.
10. Read the measurement aloud, ask the assistant to confirm and record in the child’s health card.

**Measuring Weight (standing scales for children over 2)**

1. Place scale on smooth, hard surface.
2. Set the scale to zero.
3. Ask mother to remove the child’s outer clothes (leave underpants on).
4. Place child on scale with feet in the center.
5. Kneel by the scales. Wait for the needle or digital display to stop moving.
6. Read the measurement aloud, ask the assistant to confirm and record in the child’s health card.
"How many times did you and your family eat yesterday?"
Did the family eat at least 3 meals?

**NO / UNSURE**

Counsel on

- NUTRITIOUS FOOD & DIET DIVERSITY

"How many different food items did you and your family eat yesterday?"
Did the family eat at least 5 items?

**NO / UNSURE**

Counsel on

- NUTRITIOUS FOOD & DIET DIVERSITY
TIP: Sleeping under a bednet every night is important to prevent malaria. Bednets should be replaced if torn or has holes.

"Do you and all of your family members use bednets every night?"

- **NO / UNSURE**
  - Counsel on

- **YES**
  - "Is there one bednet for every sleeping place in the household?"
    - **NO / UNSURE**
      - Counsel on
    - **YES**
      - "May I check to see if all your bednets are in good condition?"
        - Are all bednets clean and intact (no holes or tears)?
        - Does household have at least one bednet per sleeping site?*
          - **NO / UNSURE**
            - Counsel on
          - **YES**

[END]

TIP: If there are not enough bednets for each sleeping place, assist household in obtaining more.
Family Planning

DECISION TREE

"Would you like to discuss family planning methods?"

**NO / UNSURE**

Counsel on

- BENEFITS OF FAMILY PLANNING

**YES**

TIP: Assure the woman that the conversation is private and confidential

"Would you like to invite your partner or spouse to join this conversation?"

**NO**

**YES**

TIP: Invite partner to join. If partner is not present, ask the woman if she would like this to be discussed with her partner separately. If yes, then discuss with partner.

"Do you currently use any birth control?"

**NO / UNSURE**

Counsel on

- BENEFITS OF FAMILY PLANNING

**YES**

"Are you interested in learning about other methods of birth control?"

**YES / UNSURE**

Counsel on

- FAMILY PLANNING METHODS

**NO**

TIP: Discuss family planning with all women 15-49, even if she has previously declined birth control methods. Behavior change is a gradual process. If a woman is reluctant to speak with you about it, you may also refer her to the facility for advanced counseling.

"Would you like to start or change your birth control method?"

**YES**

△ Provide BASIC REFERRAL

**NO**

END
**Hygiene and Sanitation**

**DEcision Tree**

**TIP:** While hygiene, sanitation, and the cleanliness of a household may be a sensitive topic, improper food hygiene may lead to life-threatening illnesses. It is important to find a sensitive way to investigate proper habits. Be sure to ask these questions at least once every 6 months to each household.

"Can you please show me where you dispose of trash? I'd like to make sure trash does not spread sickness."

Does the household have a properly maintained refuse pit?

**NO / UNSURE**

**YES**

**Counsel on**

- DISPOSING OF WASTE SAFELY

"May I please see your kitchen? I’d like to see if I can help improve the safety of your cooking environment."

Does the household have a handwashing station in the kitchen area with soap and water available? Does the kitchen area look clean and sanitary?

**NO / UNSURE**

**YES**

**TIP:** Each household should have a handwashing station within 10 paces of the latrine and in the kitchen area.

**Counsel on**

- FOOD SAFETY
- HOW TO SET UP A HANDWASHING STATION

"Can you please show me where you wash your hands?"

Does the household have a handwashing station within 10 paces of the latrine?

**NO / UNSURE**

**YES**

**Counsel on**

- HOW TO SET UP A HANDWASHING STATION

**TIP:** If the household has a handwashing station but soap or water is NOT available, encourage them to keep handwashing station filled with clean water and to keep soap nearby at all times.
Hygiene and Sanitation

DECISION TREE

"When do you wash your hands?"
Does the household member mention both "after using the toilet" and "before handling/preparing food?"

NO / UNSURE

Counsel on

■ PREVENTING ILLNESS BY WASHING HANDS WITH SOAP

YES

"May I see your latrine? I'd like to see if there's any support I can provide to make sure it well maintained."
Does the household have an improved latrine and/or is it in good condition?

NO / UNSURE

Counsel on

■ PROPER SANITATION

YES

TIP: Remind household to clean latrine regularly to prevent flies and odor.

IMPROVED SANITATION FACILITY
- Flush or pour-flush to:
  - piped sewer system
  - septic tank
  - pit latrine
  - Ventilated improved pit (VIP)
  - Pit latrine with slab
  - Composting toilet

UNIMPROVED SANITATION FACILITY
- Flush or pour-flush to elsewhere (that is, not to piped sewer system, septic tank or pit latrine)
- Pit latrine without slab / open pit
- Bucket
- Hanging toilet or hanging latrine
- Shared facilities of any type
- No facilities, bush or field
"What is your main source of drinking water?"
Is the household's main drinking water source improved?

NO / UNSURE

Counsel on

- MAKING WATER SAFE TO DRINK
- PREVENTING WATER FROM CONTAMINATION

YES

TIP: Remind household that even water retrieved from an improved water source can become contaminated during collection, transport, handling, or storage. Disinfecting water before use is always best.

"Can you please show me where you store your drinking water?"
Does the household use a safe water storage container with a tight-fitting lid/cover and a spigot or small opening?

NO / UNSURE

YES

Counsel on

- PREVENTING WATER FROM CONTAMINATION

IMPROVED WATER SOURCE
- Piped water into dwelling, yard or plot
- Public tap or standpipe
- Tubewell or borehole
- Protected dug well
- Protected spring
- Rainwater collection

UNIMPROVED WATER SOURCE
- Unprotected dug well
- Unprotected spring
- Cart with small tank or drum
- Tanker truck
- Surface water (river, dam, lake, pond, stream, canal, irrigation channel)
- Bottled water