

Integrated Management of Childhood Illness

## Caring for the Sick Child in the Community

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### Photo Book: Identify Signs of Illness

Photo 1 and 2. Chest indrawing

Photo 3. Severe malnutrition (marasmus)

Photo 4, 5, and 6. Using a MUAC strap

Photo 7. Severe malnutrition (kwashiorkor)

Photo 8 and 9. Checking for swelling of both feet

With notes to the facilitator (NTF)



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*Cover photo J. Lucas*

## Photo 1. Chest indrawing (1)

### For discussion:

- **This is the same child in both pictures. WHERE do you look for chest indrawing?**

NTF: Help participants locate where they look for chest indrawing in both pictures. Emphasize the need to raise the shirt to see the child's whole chest.

- Ask participants: **WHEN do you look for chest indrawing?**

NTF: The child must be calm. The child should not be breastfeeding. Body should not be bent. And look for chest indrawing when the child is breathing IN.

- Then, ask another participant: **What is the difference between these two pictures?**

NTF: In the photo on the left, the child is breathing OUT. Chest indrawing is not visible. In the photo on the right, the child is breathing IN. Chest indrawing is clearly visible.

### Summary points:

- NTF: Ask a participant to summarize the important points about looking for chest indrawing.

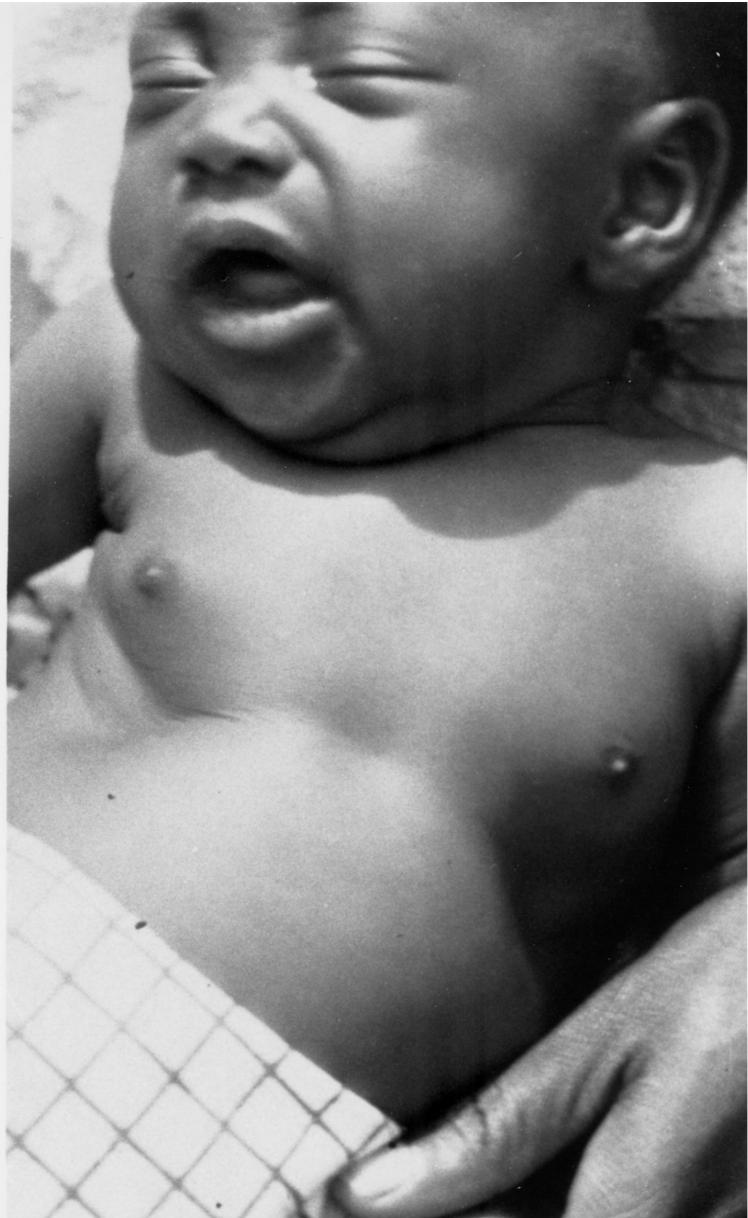
Make sure that a participant mentions WHERE to look for chest indrawing, and WHEN to look for chest indrawing: when child is calm, is not breastfeeding, body is not bent. And when child is breathing IN.

### Check for understanding:

NTF: Make sure that all participants understand breathing in and breathing out. Demonstrate first.

- Ask them first to put their hands on their chests to demonstrate when they are breathing in and breathing out.
- Then ask them to look at the person next to them and say when the person is breathing in and out.

1



2

## Photo 2. Chest indrawing (2)

### For discussion:

- **Here is another child.**
- **Ask a participant: Does this child have chest indrawing? Tell us the reason for your decision.**

NTF: This child has chest indrawing. Review **WHEN** you look for chest indrawing. *Chest is uncovered. Child appears to be calm. The body is not bent. The child is not breastfeeding.*

- **Is the child breathing IN or OUT? How do you know?**

NTF: The child is breathing **IN**. If the child was breathing out, you could not see chest indrawing.

### Summary points:

- **NTF: Ask a participant to summarize the important points about looking for chest indrawing.**

2



### Photo 3. Severe malnutrition (marasmus)

#### For discussion:

- Look closely at this child. The child is very thin. This child is poorly nourished.

NTF: If you think that using the label **marasmus** would help participants remember this condition, you may use it.

- We are not yet sure, however, whether this child is **SEVERELY malnourished—a danger sign—and needs to be referred to a health facility.**
- We have a method to identify whether this very thin child is **SEVERELY malnourished. We use this method with children who are age 6 months up to 5 years. It is not for younger children, less than 6 months old.**

NTF: Pass out the MUAC straps, if participants do not yet have them.

#### Summary points:

- NTF: Hold the summary until after the next two photos.

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## Photo 4. Using a MUAC strap (1)

### For discussion:

- In this drawing, a community health worker is using a MUAC strap. MUAC stands for [write on easel chart] MID-UPPER ARM CIRCUMFERENCE.
- NTF: Demonstrate how to use the MUAC strap on a doll, if available, or on a paper roll.

### To use the MUAC strap:

1. The child must be at least age 6 months.
2. Gently outstretch the child's arm to straighten it.
3. On the upper arm, find the mid-point between the child's shoulder and elbow.
4. Hold the large end of the strap against the upper arm at the midpoint.
5. Put the other end of the strap around the child's arm. And thread the end up through the second small slit in the strap—coming up from below the strap.
6. Pull both ends until the strap fits closely, but not so tight that it makes folds in the skin.

7. Press the window at the wide end onto the strap, and note the colour at the marks. The colour indicates the child's nutritional status.

- NTF: Using the demonstration strap, ASK: **What colour shows through the window at the marks in the strap?**

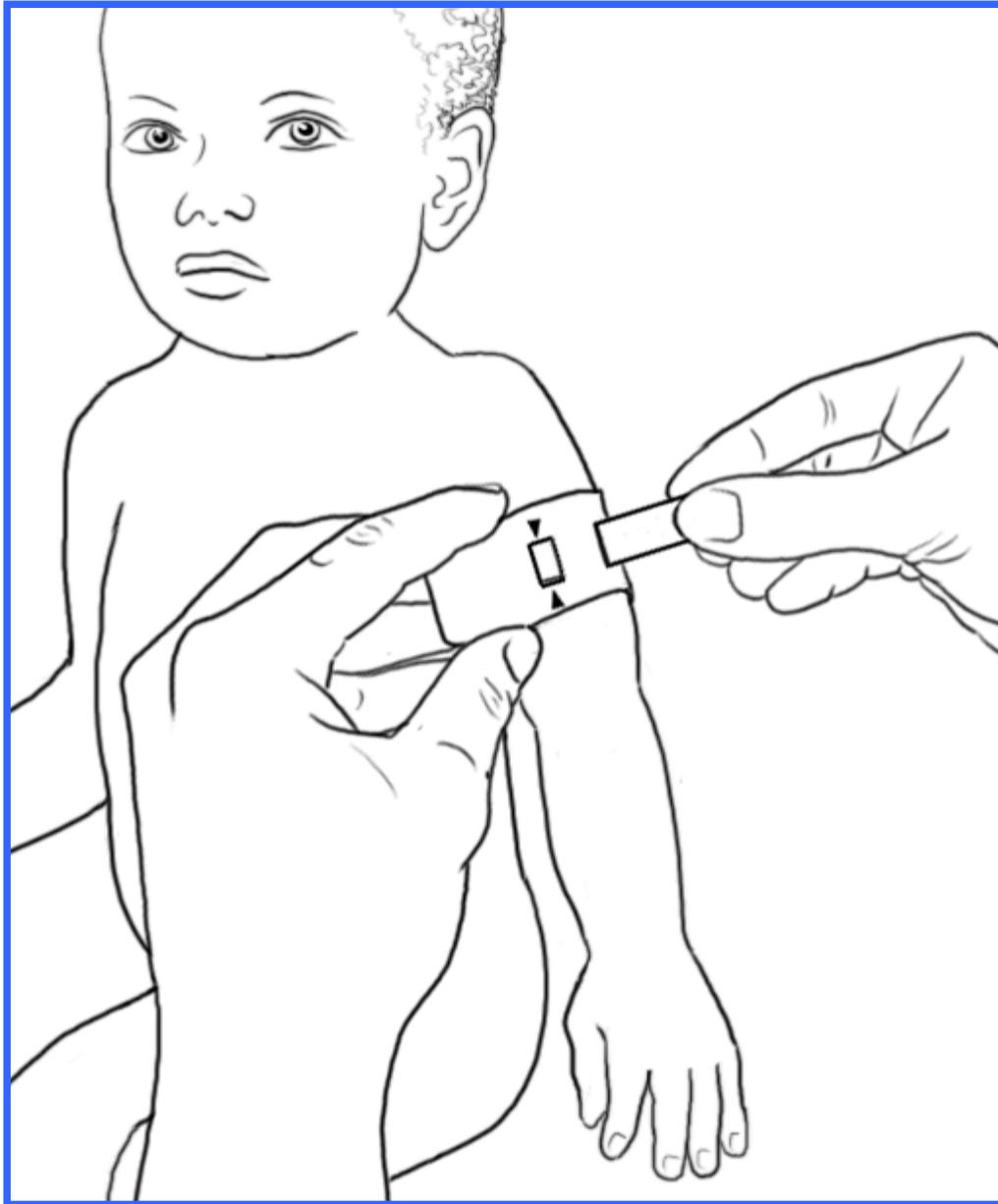
8. Red indicates **SEVERE MALNUTRITION**, a danger sign. The child needs to be referred to the health facility.

- NTF: Give participants a chance to examine a MUAC strap. Ask them to put one end through the slit at the other end. And ask for any questions.

### Summary points:

- NTF: Hold summary until later.

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## Photo 5. Using a MUAC strap (2)

### For discussion:

- In this photo, a community health worker is using a MUAC strap on a child.
- Looking at the photo, let's review how to use the MUAC strap:
  1. The child must be at least age 6 months.
  2. Gently outstretch the child's arm to straighten it.
  3. On the upper arm, find the mid-point between the child's shoulder and elbow.
  4. Hold the large end of the strap against the upper arm at the midpoint.
  5. Put the other end of the strap around the child's arm. And thread the end up through the second small slit in the strap—coming up from below the strap.
  6. Pull both ends until the strap fits closely, but not so tight that it makes folds in the skin.

6. Press the window at the wide end onto the strap, and note the colour at the marks. The colour indicates the child's nutritional status.

- **ASK: What colour shows through the window at the marks in the strap? [Red] What does the colour red mean? [Severe malnutrition. Refer the child to the health facility.]**

### Summary points:

- NTF: Ask participants to summarize the important points about how to use the MUAC strap.

Make sure participants mention that the child must be **AT LEAST 6 MONTHS OLD**, the arm should be **OUT STRETCHED**, where to put the strap (**MID-POINT OF UPPER ARM**), where to thread the strap (up through the **SECOND SLIT**, from below), and where to note the colour (through the **WINDOW AT THE MARKS**).

Photo J Lucas

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## Photo 6. Using a MUAC strap (3)

### For discussion:

- In this second photo, let's review how to use the MUAC strap again. This time, check how well the measure is being done with this child.
- NTF: List each of the steps. Ask the participant to comment on how well the MUAC measure in the photo was done.

### To use the MUAC strap:

1. Out stretch the child's arm. [Arm could be straighter.]
2. Find the mid-point between the child's shoulder and elbow—on the upper arm.
3. Hold the large end of the strap against the upper arm at the midpoint. [Strap seems to be below midpoint.]
4. Put the other end of the strap around the child's arm. And thread the end up through the second small slit in the strap. [OK.]
5. Pull both ends until the strap fits closely, but not so tight that it makes folds in the skin. [OK.]

6. Press the window with marks onto the strap, and note the colour. [OK.]

7. How old do you think this child is? [Child could be less than age 6 months. Important: check the child's age. Child must be at least 6 months old.]

- ASK: What colour shows through the slit at the marks in the strap? [Green.]
- GREEN indicates that the child is well nourished.
- NTF: Discuss the local policy on what to do if the colour is YELLOW: E.g. refer the child to the health facility for counselling of the caregiver and, where available, food supplements.

### Summary points:

- NTF: Ask another participant to summarize how to use the MUAC strap. Make sure the participant mentions that the child must be AT LEAST 6 MONTHS OLD.

Photo J Lucas

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## Photo 7. Severe malnutrition (kwashiorkor)

### For discussion:

- Here we have a little boy. He looks round and plump.
- If you measured his arm circumference with a MUAC strap what do you think you would likely find? Would the arm circumference be in the red area?
- Even though this child is round and plump, he is also malnourished.
- However, we don't know if this child has SEVERE MALNUTRITION.

### Summary points:

- Many severely malnourished children in the community do not look very thin. Yet they are at risk of dying.
- Referring these children to the health facility for treatment may save their lives.  
  
NTF: Use the label kwashiorkor—to compare these children with the very thin children with marasmus—if you think it would help participants remember the need to look for both signs of severe malnutrition.
- We need another way to identify severe malnutrition. We do not want to miss these children who have severe malnutrition—but whose bodies are round and plump.

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## Photo 8. Checking for swelling of both feet (1)

### For discussion:

- Our second way to identify severe malnutrition is demonstrated in this photo.
- Here, the community health worker presses down firmly with her thumbs for a few seconds on the top of the child's two feet.
- See how she is holding the feet.

### Summary points:

- NTF: Hold the summary until after the next photo.

8



## Photo 9. Checking for swelling of both feet (2)

### For discussion:

- **When the community health worker takes away her thumbs, she checks to see whether an indentation remains on the top of the feet. See the indentation?** NTF: Ask a participant to point to the indentation for all to see.
- **This indentation is a sign of swelling in the body, which many children with severe malnutrition have.**
- **If an indentation remains on BOTH feet, the child has SEVERE MALNUTRITION.**

### Summary points:

- **So we do two tests to identify children with severe malnutrition. What do we do first?** NTF: Ask a participant to review how to use the MUAC strap to measure the arm circumference.
- **Then, what do we do second?** NTF: Ask a participant to describe how to check for swelling. Make sure to look for indentation on both feet.
- **Children who have severe malnutrition are at great risk of dying. They die not just from malnutrition. If they get sick—have a cough or diarrhoea, for example—they are much more likely to die from even a common childhood illness.**
- **These children need to be referred to the health facility for treatment of severe malnutrition. The health worker also will look for reasons the child is so poorly nourished. Perhaps the child has tuberculosis or another illness that must be treated.**

Photo J Lucas

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