Caring for newborns and children in the community: a training package for community health workers

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Outline

• Current situation
• How can we contribute to increasing coverage?
• Sample content
• Characteristics of the materials
• Caring for the sick child in the community
• Caring for the newborn at home
• Caring for the healthy child at home
• Considerations for implementation
• Lessons and challenges
Current situation

- Most under-five deaths are still due to pneumonia, diarrhoea, malaria, malnutrition, and newborn conditions
- Child mortality has decreased but progress towards MDG4 is slow, particularly in Africa
- Although we have effective interventions, coverage is limited
Too many children are not reached with essential treatments

Coverage of treatment for 3 common causes of underfive mortality

- Care seeking for pneumonia: 50%
- Antibiotics for pneumonia: 30%
- Malaria treatment: 25%
- Diarrhoea treatment: 40%

Source: countdown to 2015, June 2010
How can we contribute to increasing coverage?

• Increase the availability of services
• Increase access to care for newborns and children available close to home
• Make interventions simpler to implement
• Improve the quality of services provided
• Strengthen the linkages between health facilities and community-level care providers (including promotion of care-seeking)
Extending care to the community: Joint statements UNICEF-WHO

- Diarrhoea
- Pneumonia
- Severe acute malnutrition
- Home visits for newborn care
Programmatic pathway for improving child survival and health

IMPLEMENTATION OF ACTIVITIES

- Advocacy for child health
- Human, material and financial resource mobilization
- Human resource capacity development
- Communication with families & communities
- Health system supports strengthened
- Progress tracked

IMPROVED
- Availability and access to health care
- Quality of care
- Demand for care
- Knowledge of families and communities

INCREASED POPULATION-BASED COVERAGE
- of key effective interventions

IMPROVED SURVIVAL AND HEALTH

Other determinants
To operationalize community-level care of the newborn and child:

UNICEF/WHO/Save the Children training materials

1. Caring for the sick child in the community
2. Home visits for newborn care
3. Caring for the healthy child at home (working title)
Home visits for newborns:
- Promotion of ANC skilled care at birth
- Care in first week of life
- Recognition and referral of newborns with danger signs
- Special care for low-birth-weight babies

Caring for the sick child in the community:
- Referral of children with danger signs and severe acute malnutrition
  - Treatment in the community
    - Diarrhoea
    - Fever (malaria)
    - Pneumonia

Caring for the healthy child at home:
- Care-giving skills and support for child development
- Infant and young child feeding
- Family response to child’s illness
- Prevention of illness
Characteristics of the training materials

- **Age range**: Address needs of children age 0-59 months

- **Holistic**: Care for the newborn and child, not single disease conditions

- **Modular structure**: sequential or independent use of components; basic or on the-job skills reinforcement

- **Level of literacy of community health workers**: Literate – grade 5-8 level

- **Avoid differential diagnosis**: one observation leads to one decision
OVERVIEW: Caring for the Sick Child in the Community
(child age 2 months up to 5 years)

Identify problems:
ASK and LOOK

If any DANGER SIGN

REFER CHILD WITH DANGER SIGN URGENTLY TO HEALTH FACILITY
Begin treatment and Assist referral
Follow up child on return

If SICK but NO Danger Sign

TREAT diarrhoea, fever, and fast breathing at home and ADVISE on home care

ADVISE caregiver on immunization
Follow up child in 3 days

If OTHER PROBLEMS or any condition you cannot manage
Refer child to health facility

If child becomes sicker or does not improve, REFER URGENTLY TO HEALTH FACILITY
Materials for Caring for the sick child in the community

- Sick Child Recording Form
- CHW training manual
- Facilitator guide
- Video and photo flip chart on signs of illness, and video on use of RDT
- Chart booklet
- Inpatient instructor guide
- Outpatient guide
- Job aids

Training includes 7 clinical practice sessions (5 outpatient and 2 inpatient) over 6 days
Home visits for newborn care

• Two home visits during pregnancy
• Home visit on the day of birth if home delivery; if delivery at facility then soon after returning home
• Additional visits during first week of life:
  – days 3 and 7
• For low birth weight infants: additional visits on days 2 and 10
• Optimal timing of contacts to promote key family practices after the neonatal period are being defined
Home visits for newborn care: Training Course

- Two units:-
  - Home visit before birth
  - Home visit after birth
- Targets- literate CHWs (able to write and read)
- Duration: 6 days
- Classroom, role plays, videos, clinical practice and field visit.
Home visits for newborn care: Job Aides

- Counselling cards
- Mother and Baby card
- Referral note
- CHW register
Status of implementation

• Caring for the sick child in the community
  – Introduced in numerous countries, including Malawi, Philippines, Zambia
  – Adapted versions in Afghanistan, Egypt, Sudan, Uganda, Yemen
  – Version with RDT tested in Uganda, revisions under way

• Caring for the newborn at home
  – Based on work in Ghana and south Asia; tested in Cambodia, India, Kenya, Philippines
  – Introduced in Uganda, Zambia, Zimbabwe
  – Adaptations of illustrations for South Asia and for Africa
  – Implementation to begin: DR Congo, Malawi, Nigeria
Caring for the healthy child (under development)

- **Promote growth**: Counsel on breastfeeding and complementary feeding
  - Breastfed: Counsel on breastfeeding
  - Complementary feeding: Offer solid foods, fruits, and vegetables

- **Stimulate the child’s development**: Play and communication
  - Newborn: Offer light, soft play objects
  - 2 years: Give simple puzzles and block sets

- **Prevent illness**: Immunization, ITNs, hand-washing
  - Immunization: Administer vaccines on schedule
  - ITNs: Distribute insecticide-treated nets
  - Hand-washing: Teach good hygiene practices

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**RECOMMENDATIONS FOR FEEDING YOUR CHILD**

- **Newborn, birth up to 1 week**: Breastfed
  - Feed on demand
  - Offer a finger to stimulate rooting

- **1 week up to 6 months**: Formula or breast
  - Offer solid foods at 6 months

- **6 months up to 12 months**: Solid foods
  - Offer a variety of fruits and vegetables

- **12 months and older**: Advanced solid foods
  - Offer指数 foods like yogurt and low-fat milk

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**RECOMMENDATIONS FOR CARING FOR YOUR CHILD’S DEVELOPMENT**

- **Newborn, birth up to 1 week**: Cuddle
  - Offer comfort and warmth
  - Play with gentle touches

- **1 week up to 6 months**: Engage in interactive play
  - Offer a variety of toys

- **6 months up to 12 months**: Encourage independent play
  - Offer puzzles and simple games

- **12 months and older**: Complex play
  - Engage in more challenging activities

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**World Health Organization**
Caring for the healthy child

• Individual counselling during home visits - themes
  – Infant and young child feeding
  – Early child development
  – Prevention of illness
  – Careseeking

• Group sessions - themes
  – Infant and young child feeding
  – Early child development
  – Safe and clean environment
  – Early care seeking
Caring for the healthy child

- Proposed schedule of home visits

  - Following of home visits for the newborn in the first week of life

  - 1 - 2 months (immunization at 6 weeks)
  - 3 - 4 months (immunization at 10 and 14 weeks)
  - 5 - 6 months (prior to introduction of complementary foods)
  - 8 - 9 months (around measles immunization)
  - Additional contacts (after a sick child visit)
Considerations for implementation

- Within national health system or NGO system, requires:
  - Adaptation to (or development of) national policies
  - Training
  - Regular supplies
  - Supervision
  - Link to IMCI in first- and referral care facilities
Countries need to adopt relevant policies and act

Source: countdown to 2015, June 2010
Lessons and challenges: technical

CCM

- Urgent vs non-urgent referral
- Yellow on MUAC strap
- Varying types of RDT, MUAC strap, paediatric formulations
- When in training to introduce communication skills

Healthy child

- Scheduling of visits and sessions: do ages need to follow feeding and ECD recommendations?
Lessons and challenges: implementation

- CHWs can learn correct case management with adequate training and clinical practice
- Roll-out in hard-to-reach areas will help target

Challenges:

- Use of these materials needs to be part of an overall community-based approach
- Time and capacity of CHWs may be limited
- Logistics: ensuring a regular supply of medicines/commodities
- Policy - government acceptance of CHWs
  - concerns on antibiotics and other drugs
- Use of innovative technologies e.g. mobile phones
- Supervision mechanisms weak
- Who supervises the supervisor?
Next steps

- Post materials to WHO and UNICEF websites
- Translate
- Distribute demonstration sets
- Build additional training capacity
- Ensure participation of WHO, UNICEF, bilaterals and NGOs in scheduled training courses
- Develop guidance for adaptation
- Finalize indicators and methods for measuring quality of care