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INTENSIFIED DIARRHOEA CONTROL FORTNIGHT

TOOL KIT

Contains:

- TRAINING GUIDE

Child Health Division
Ministry of Health & Family Welfare

April 2019

SESSION PLAN FOR OF ONE DAY TRAINING ON IDCF

TIME	KEY ASPECTS TO BE COVERED
9.00A.M.-10.30A.M.	ROLE CLARITY OF ANM/ASHA/AWW ON IDCF
10.30 A.M.	TEA BREAK
11.00A.M.-1.00 P.M.	**TECHNICAL SESSION ON DIARRHOEA MANGEMENT.** The session must lead to: • ANM/ASHA aware and competent on detection of dehydration • ANM/ASHA are able to choose Plan A/B/C for management of dehydration in children • ANM/ASHA aware of dosage of ORS/zinc for childhood diarrhea management • ANM/ASH are aware of key information for prevention of diarrhoea • ANM/ASHA are aware of nutritional messages during diarrhoea
1.00 P.M. – 2.00 P.M.	LUNCH
2.00 P.M. – 3.00 P.M.	HOW TO CONDUCT IDCF VHNSC SESSION
3:00 P.M – 4.00 PM	FAMILIARIZATION WITH RECORDING AND REPORTING FORMATS

DIARRHOEA IS A VERY COMMON PROBLEM IN THE CHILDREN UNDER FIVE YEARS AGE.

DIARRHOEA CAN BE SERIOUS – AND EVEN LEAD TO DEATH.

TRAINING OBJECTIVES

After training, ASHA, ANM and Medical Officers will be able to:

- ✓ How diarrhea is transmitted
- ✓ Protect Prevent and Treat approaches to diarrhea control
- ✓ Define the types of diarrhoea and levels of dehydration
- ✓ Recognize clinical signs of dehydration
- ✓ Assess diarrhoea in sick children
- ✓ Assess dehydration in young infants and sick children
- ✓ Classify diarrhoea and severity of dehydration using standard charts
- ✓ Treat using Plans A, B, and C for dehydration
- ✓ Counsel the caregiver about home treatment for diarrhea
- ✓ Build skill on how to conduct VHSNC session

KNOWLEDGE TEST

Circle the best answer for each question.

How can diarrhoea kill children?	a. Children lose valuable fluids, salts, and sugars, which can cause shock to vital organs b. Children lose valuable nutrients because they cannot eat c. Diarrhoea causes liver failure
What are critical treatments for children with diarrhoea and dehydration?	a. Oral antibiotics b. Oral rehydration therapy and Zinc c. Paracetamol
What is persistent diarrhoea?	a. When a child frequently has diarrhoea over a period of 1 month, and is ill as a result b. When a child has several episodes of diarrhoea in a day c. When a child has an episode of diarrhoea lasting 14 days or more, which is particularly dangerous for dehydration and malnutrition
Critical messages for caregivers about diarrhoea and dehydration include:	a. The child must receive increased fluids, ORS, Zinc, and regular feeding b. The child requires ORS, but should receive less food in order to reduce the diarrhoea c. The child should immediately receive antibiotics to stop the diarrhoea
Rani arrives at your health facility and is very lethargic. Her eyes are very sunken. She has diarrhoea. You observe a significant loss of skin elasticity. How will you manage Rani?	a. Rani requires ORS immediately, as she is dehydrated. b. These are common signs of diarrhoea, as the child's body is exhausted. c. Rani is severely dehydrated. She requires urgent rehydration therapy by IV or nasogastric tube.
What could have been done by Rani's mother earlier to prevent diarrhoea	a. The mother and Rani should be washing hands with soap at critical times – before making/eating food and after using toilet, after cleaning feces of the baby. b. Maintain hygiene and sanitation in the village. c. Wash utensils before cooking food
What role can be played by village health and sanitation committee in diarrhoea prevention and protection?	a. Maintain hygiene and sanitation in the village. b. Organise meetings with health workers and Anganwadi worker. c. Organise special meetings to talk to people about cleanliness

CHILDHOOD DIARRHOEA AND 'PROTECT, PREVENT & TREAT' APPROACHES TOWARDS ITS CONTROL'

1. WHAT IS DIARRHOEA?

Diarrhoea is considered when stools have changed from usual pattern and are many & watery (more water than fecal matter). It is more common in settings of poor sanitation and hygiene, including a lack of safe drinking water.
Most diarrhoea that causes dehydration is **loose or watery**.

The normal frequent or loose stool of a breast fed baby are not diarrhea.

2. WHAT ARE THE TYPES OF DIARHOEA IN CHILDREN

Type of Diarrhoea	Definition
ACUTE DIARRHOEA	Is an episode of diarrhoea that lasts less than 14 days. Acute watery diarrhoea causes dehydration and contributes to malnutrition. The death of a child with acute diarrhoea is usually due to dehydration
PERSISTENT DIARRHOEA	If an episode of diarrhoea that lasts for 14 days or more. [Up to 20% of episodes of diarrhoea become persistent, and this often causes nutritional problems and contributes to death in children]
DYSENTERY	Diarrhoea with blood in the stool, with or without mucus. The most common cause of dysentery is *Shigella* bacteria. Amoebic dysentery is not common in young children. A child may have both watery diarrhoea and dysentery.

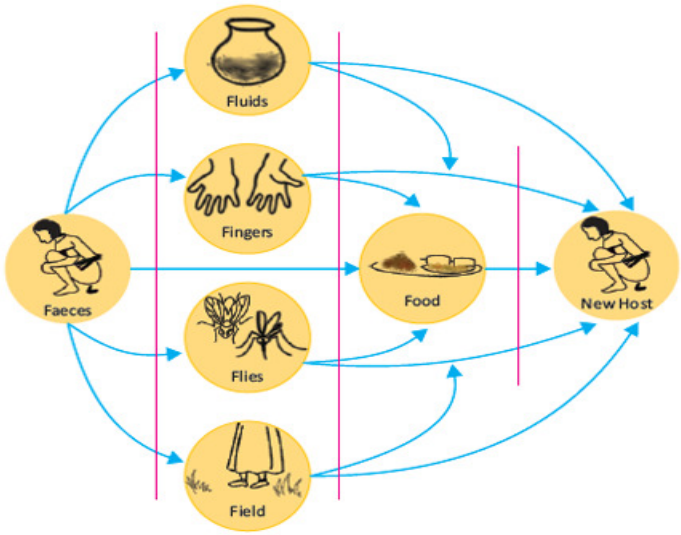
for the purpose of health workers any diarrhoea that lasts for more the 14 days should be considered severe persistent diarrhoea and referred to health facility

3. WHAT ARE THE TYPES OF DIARHOEA IN YOUNG CHILDREN INFANTS (0-2 MONTHS AGE)?

A young infant has diarrhoea if the stools have changed from the usual pattern, and are **many** and **watery**. This means more water than faecal matter. The normally frequent or semi-solid stools of a breastfed baby are not diarrhoea.

4. TRANSMISSION OF DIARRHOEA INFECTION

Diarhoeal infection is majorly transmitted through the faecal-oral route. The adjactent **'F-diagram'** illustrates the different routes that the microbes of diarrhoea take from faeces, through the environment, to a new person. For example; microbes in faeces on the ground by a well can get into the water system and be drunk by a child, hands that have not been washed after going to the toilet can carry microbes onto foods, which are then eaten, infecting another child, who gets diarrhoea and spreads more microbes.



Disuss the F diargram.

5. 'PROTECT, PREVENT AND TREAT' APPROACHES FOR CHILDHOOD DIARRHOEA CONTROL

Children can be protected against infections, prevented from getting diarrhea and treated for diarrhea. Thus the approaches for childhood diarrhea control are (i) protection, (ii) prevention and (iii) treatment. The various interventions under these approaches are as follows:

Protect approaches	Prevent approaches	Treat approaches
Exclusive breast feeding	Immunization • Measles vaccine • Rota-virus vaccine	ORS
Complementary feeding		Zinc
Vitamin A supplementation	Handwashing with soap	Continued feeding
	Using toilets for defecation	
	Prevention of HIV	

For the control of diarhoea, '*Protect, Prevent and Treat (PPT) interventions'* are very essential. You would have learnt of the protect and prevent interventions in detail in previous trainings. This training module covers the treat interventions in detail.

It is important that every childhood diarrhea case should be assessed for the classification of dehydration so that appropriate treatment is administered.

6. WHAT IS DEHYRDATION?

Diarrhoea can be a serious problem – and even lead to death – if child becomes dehydrated. Dehydration is when the child loses too much water and salt from the body. This causes a disturbance of electrolytes, which can affect vital organs.

A child who is dehydrated must be treated to help restore the balance of water and salt. Many cases of diarrhoea can be treated with Oral Rehydration Salts (ORS), a mixture of glucose and several salts. ORS and extra fluids can be used as home treatment to prevent dehydration.

HOW TO ASSESS DEHYDRATION?

There are several signs that help to decide the severity of dehydration. When a child becomes dehydrated, s/he is at first restless or irritable. As the body loses fluids, the eyes may look sunken, and skin loses elasticity. If dehydration continues, the child becomes lethargic or unconscious.

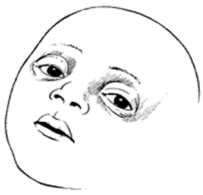
LOOK: AT THE CHILD'S GENERAL CONDITION

When you check for general danger signs, you check to see if the child was **lethargic or unconscious**. If the child is lethargic or unconscious, he has a general danger sign. *Remember to use this general danger sign when you classify the child's diarrhoea.*

A child is classified as **restless and irritable** if s/he is restless and irritable all the time or every time s/he is touched and handled. If an infant or child is calm when breastfeeding but again restless and irritable when s/he stops breastfeeding, s/he has the sign restless and irritable. Many children are upset just because they are in the health facility. Usually these children can be consoled and calmed, and do not have this sign.

FOR THE YOUNG INFANT*: watch the infant's movement. Does s/he move on his / her own? Does the infant only move when stimulated, but then stops? Is the infant restless and irritable?*

LOOK: FOR SUNKEN EYES



The eyes of a child who is dehydrated may look sunken. Decide if you think the eyes are **sunken**. Then ask the mother if she thinks her child's eyes look unusual. Her opinion can help you confirm.
NOTE: In a severely malnourished child who is wasted, the eyes may always look sunken, even if the child is not dehydrated. Still use the sign to classify dehydration.

LOOK: TO SEE HOW THE CHILD DRINKS

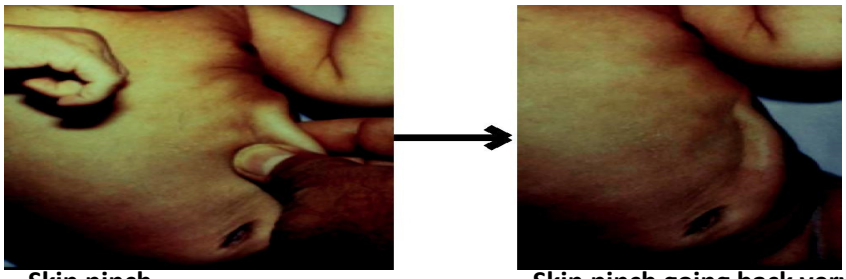
Ask the mother to offer the child some water in a cup or spoon. **Watch the child drink.**

- A child is **not able to drink** if s/he is not able to suck or swallow when offered a drink. A child may not be able to drink because he is lethargic or unconscious.
- A child is **drinking poorly** if the child is weak and cannot drink without help. S/he may be able to swallow only if fluid is put in his / her mouth.
- A child has the sign **drinking eagerly and acts thirsty** if it is clear that the child wants to drink. Look to see if the child reaches out for the cup or spoon when you offer him / her water. When the water is taken away, see if the child is unhappy because s/he wants to drink more. If the child takes a drink only with encouragement and does not want to drink more, s/he does not have the sign drinking eagerly, thirsty.

FEEL: BY PINCHING THE SKIN OF THE ABDOMEN

This skin pinch tests is an important tool for testing dehydration. When a child is dehydrated, the skin loses elasticity. To assess dehydration using the skin pinch:

1. **ASK** the mother to place the child on the examining table so that the child is flat on his / her back with his / her arms at his / her sides (not over his / her head) and his / her legs straight. Or, ask the mother to hold the child so s/he is lying flat on his/her lap.
2. **USE YOUR THUMB AND FIRST FINGER** to locate the area on the child's abdomen halfway between the umbilicus and the side of the abdomen. Do not use your fingertips because this will cause pain. The fold of the skin should be in a line up and down the child's body.
3. **PICK UP** all the layers of skin and the tissue underneath them.
4. **HOLD** the pinch for one second. Then release it.
5. **LOOK** to see if the skin pinch goes back **very slowly** (more than 2 seconds), **slowly**, (less than 2 seconds, but not immediately), or **immediately**. If the skin stays up for even a brief time after you release it, decide that the skin pinch goes back slowly. The photographs below show you how to do the skin pinch test and what the skin looks like when the pinch does not go back immediately.



Skin pinch **Skin pinch going back very slowly**

NOTE: *The skin pinch test is not always an accurate sign. In a child with severe malnutrition, the skin may go back slowly even if the child is not dehydrated. If a child is overweight or has edema, the skin may go back immediately even if the child is dehydrated. However you should still use it to classify the child's dehydration.*

7. HOW TO CLASSIFY DEHYDRATION?

There are three possible classifications for the type of dehydration. These are:

1. SEVERE DEHYRDATION (RED)

Classify as SEVERE DEHYDRATION if the child has *two or more* of the following signs: lethargic or unconscious, not able to drink or drinking poorly, sunken eyes, or very slow skin pinch.

ACTION

Any child with dehydration needs extra fluids. A child classified with SEVERE DEHYDRATION needs fluids quickly. Treat with IV (intravenous) fluids. *"Plan C: Treat Severe Dehydration Quickly" describes how to give fluids to severely dehydrated children.*

2. SOME DEHYDRATION (YELLOW)

Classify as SOME DEHYDRATION if the child has *two or more* of the following signs: restless and irritable; drinks eagerly (not in children less than two months age); sunken eyes; or skin pinch goes back slowly.

ACTION

A child who has SOME DEHYDRATION needs ORS, foods and Zinc supplements. Treat the child with ORS solution and Zinc

supplementation. In addition to fluid, the child with SOME DEHYDRATION needs food. Breastfed children should continue breastfeeding. Other children should receive their usual milk or some nutritious food after 4 hours of treatment with ORS. The treatment is described in the box **"Plan B: Treat Some Dehydration with ORS"**. One will learn more about ORS and zinc supplements in the next section.

3. NO DEHYRDATION (GREEN)

A child who does not have two or more signs in the red or yellow row is classified as having NO DEHYDRATION. This child needs extra fluid and foods to ***prevent dehydration***.

The four rules of home treatment are:

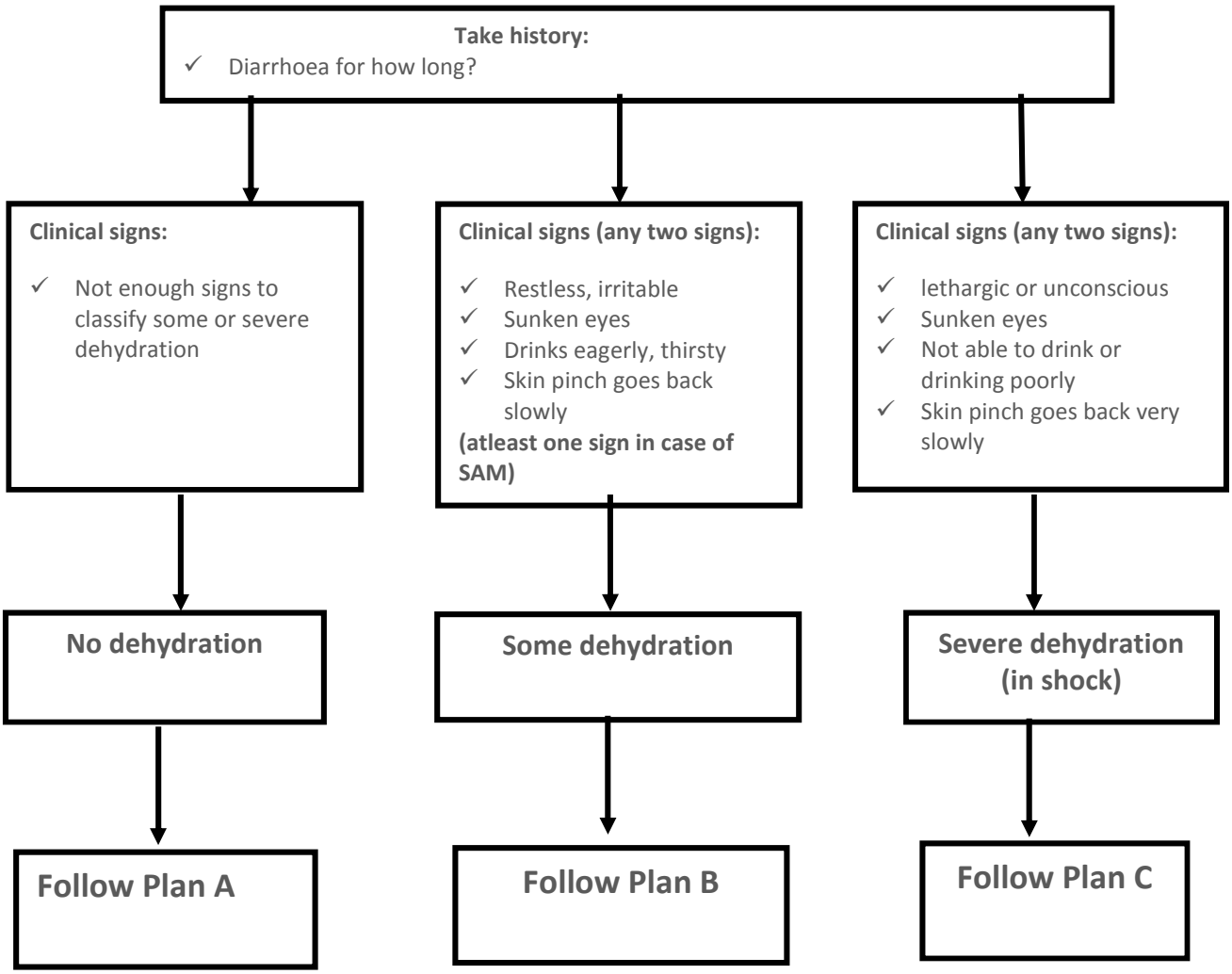
1. Give extra fluid
2. Give Zinc supplements
3. Continue feeding
4. Return immediately if the child develops danger signs, drinks poorly, or has blood in stool

ACTION

The treatment box called **"Plan A: Treat Diarrhoea At Home"** describes what fluids to teach the mother to give and how much she should give. A child with NO DEHYDRATION also needs food and zinc supplements. You will learn more about Plan A and Zinc in the next section.

After classifying dehydration, classify the child for persistent diarrhoea if the child has had diarrhoea for 14 days or more. Then classify for dysentery.

8. HOW TO CLASSIF AND MANAGE CHILDREN WITH DIARHOEA ?



Note: If the child is known to be SAM or appears to be SAM (visibly thin and / or bilateral pitting oedama, then immediate referral to be made to the nearest health facility with pediatric care or NRC (even if without dehydration) for appropriate management of diarrrhoea along with associated medical conditions, if any.

On arrival at the NRC / health facility with pediatric care, the known / probable SAM child is to be re-assessed thoroughly for confirmation of SAM status and as per status of dehydration detected, the treatment plan to be decided by the Health provider.

(For SAM children with severe dehydration - -- Plan C for SAM to be followed.)

9. HOW TO TREAT THE CHILD WITH DIARRHOEA

WHAT TREATMENTS ARE IDENTIFIED FOR DIARRHOEA AND DEHYDRATION?

The **color-coded classifications also indicate where the treatment can be delivered** – by urgent referral, at the health facility, or at home.

Identified treatments are listed below.

✓Plans A, B, and C for giving fluids and food

✓Giving ORS for dehydration

✓Zinc supplementation

What are the key steps for management of diarrhea in children?

4 KEY INTERVENTIONS FOR CHILDHOOD DIARHOEA MANAGEMENT

1. **Rehydrate the child with ORS solution**
   - in case of no-dehydration follow Plan A at home, administer ORS to prevent dehydration
   - in case of some dehydration follow Plan B at health facility level, administer ORS to rehydrate
   - In case of severe dehydration follow Plan C by use of IV fluids at health facility.

2. Administer **Zinc dispersible tablets for 14 days**, even after diarrhoea stops.
3. Continued age appropriate **feeding**.
4. **Rational use of antibiotics**

TREATMENT FOR DIARHOEA WITH NO DEHYDRATION AT HOME (PLAN A)

1 GIVE EXTRA FLUID

If patient is less than 6 months age	If patient is more than 6 months age
Breastfeeding frequently and for longer + ORS	**Give home fluids + ORS** Yoghurt drink, milk, lemon drink, rice or pulses- based drink, vegetable soup, green coconut water or plain clean water. If child is breastfeeding then continue it.

Teach care-giver how to prepare and give ORS solution. Give 2 packets of ORS to use at home.

SHOW CARE-GIVER HOW MUCH ORS TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE

Upto 2 months	2 months upto 2 years	2 to 10 years	> 10 years
 5 tea spoons after each loose stool	 1/4 glass to 1/2 glass (50 – 100 ml) after each loose stool.	 1/2 cup to 1 cup (100 – 200 ml) after each loose stool	As much as wanted upto 2 liter a day

Tell the care-giver to:

- Give frequent small sips from a cup.
- If the patient vomits, wait 10 minutes. Then continue, but more slowly.
- Continue giving extra fluid until the diarrhoea stops.

2 GIVE ZINC SUPPLEMENTS FOR 14 DAYS

Age	Dose
2 – 6 months	10 mg (half tablet) in breast milk in spoon
6 months – 5 years	20 mg (one tablet) in clean water in spoon

Teach the care-giver how to prepare Zinc supplements
Give one dose of Zinc in front of the care-giver

3 ADVICE CONTINUE FEEDING, HAND WASHING AND TOILET USE

4 INFORM WHEN TO RETURN

• Child becomes sicker • Not able to drink or breastfeed • Drinking poorly • Blood in stool • Develops a fever

5 IF A CHILD HAS SEVERE ACUTE MALNUTRITION REFER FOR APPROPRIATE CARE AS PER STATE POLICY

TREATMENT FOR DIARHOEA WITH SOME DEHYDRATION AT HEALTH FACILITY / ORS – ZINC CORNER (PLAN B)

Patient with some dehydration has at least any of the following 2 signs:

- Restless, irritable
- Sunken eyes
- Drinks eagerly, thirsty (do not assess in child less than 2 months age)
- Skin pinch goes back slowly

1 GIVE ORS FOR 4 HOURS IN ORS-ZINC CORNER

AGE*	Up to 4 months	4 months - 1 year	1 – 2 years	2 – 5 years	5 – 14 years	> 15 years
Weight	< 5 kg	5 – 8 kg	8 – 11 kg	11 – 16 kg	16 – 30 kg	> 30 kg
Quantity of ORS	200 – 400 ml (1 – 2 glass)	400 – 600 ml (2 – 3 glass)	600 – 800 ml (3 – 4 glass)	800 – 1200 ml (4 – 6 glass)	1200 – 2200 ml (6 – 11 glass)	2200 – 4000 ml (11 – 20 glass)

* Use the age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the weight (in kg) times 80.
1 glass = 200 ml

- If the patient wants more ORS give more.
- For infants under 6 months who are not breastfed, also give 100-200 ml clean water during this period.

▸ SHOW THE CARE GIVER HOW TO GIVE ORS SOLUTION.

- Give frequent small sips from a cup.
- If the patient vomits, wait for 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

2 AFTER 4 HOURS:

- Reassess the patient and classify for dehydration.

If No dehydration	Then shift the patient to Plan A, home based treatment
If Severe dehydration	Then refer the child for admission for Plan C, Intravenous based treatment
	On the way, advice the care giver to give frequent sips of ORS
	If child is less than 2 months age then give first dose of intramuscular Ampicillin / oral Amoxicillin and Injection Gentamycin before referral.

TREATMENT FOR DIARHOEA WITH SOME DEHYDRATION AT HEALTH FACILITY / ORS – ZINC CORNER (PLAN B) FOR CHILDREN WITH SEVERE ACUTE MALNUTRITION

Patient with some dehydration has at least any of the following 2 signs, which could be difficult to assess in children with severe acute malnutrition:

- Restless, irritable
- Sunken eyes
- Drinks eagerly, thirsty (do not assess in child less than 2 months age)
- Skin pinch goes back slowly

1 GIVE ORS FOR 4 HOURS IN ORS – ZINC CORNER

- 5 ml / kg / hour

▸ SHOW THE CARE GIVER HOW TO GIVE ORS SOLUTION.

- Give frequent small sips from a cup.
- If the patient vomits, wait for 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants

2 AFTER 4 HOURS:

- Reassess the patient and classify for dehydration.

If No dehydration	If no pedal oedema, then shift the patient to Plan A, home based treatment
	If pedal oedema, then shift the patient to Plan A, home based treatment with ORS dose of 30 ml after each loose stool
If Severe dehydration	Then refer the child for admission for Plan C, for Intravenous treatment
	On the way, advice the care giver to give frequent sips of ORS
	If child is less than 2 months age then give first dose of intramuscular Ampicillin / oral Amoxicillin and Injection Gentamycin before referral.

TREATMENT FOR DIARHOEA WITH SEVERE DEHYDRATION IN WARD (PLAN C)

Patient with diarrhea with severe dehydration has any of the two signs:

- Lethargic or unconscious
- Sunken eyes
- Skin pinch goes back very slowly

• START IV FLUID IMMEDIATELY.

a. If the patient can drink give ORS by mouth till the drip is being set up. **Give 100 ml / kg Ringer's Lactate Solution** (or, if not available, normal saline) by intravenous route, divided as follows:

AGE	First give 30 ml / kg in	Then give 70 ml / kg in
Less than 1 year	1 hour*	5 hours
More than 1 year	30 minutes*	2 ½ hours

b. Repeat once if radial pulse is still very weak and not detectable

c. Reassess the patient every 15-20 minutes till a strong radial pulse is detectable. Thereafter reassess the hydration status after every 1-2 hours. If hydration status is not improving, give IV drip more rapidly. Monitor number of stools, vomiting and urine output.

- **ALSO GIVE ORS (5ml/kg/hour)** as soon as the patient can drink; usually after 3-4 hours (infant) or 1-2 hours (others)
- **REASSESS** an infant after 6 hours and other patients after 3 hours. Classify dehydration. Then choose the appropriate plan (A, B or C) to continue treatment.
- **OBSERVE SIGNS OF OVER HYDRATION** (sudden increase in respiratory rate, chest retractions, heart rate appearance of crepitation in chest, increase in liver span) throughout IV rehydration.

WHEN TO SEND PATIENT HOME?

- Hydration is maintained for 6 hours on ORS after rehydration.

WHEN SENDING HOME

- Teach the care-giver how to prepare solutions of ORS and Zinc
- Provide atleast 2 packets of ORS and Zinc tablets for 14 days course
- Administer a dose of Zinc as follows:
  - 2 – 6 months : 10 mg (1/2 tablet) in breast milk in spoon
  - 6 months to 5 years : 20 mg (one tablet) in clean water in spoon
- Counsel on continued feeding, handwashing and toilet use

TREATMENT FOR DIARHOEA WITH SEVERE DEHYDRATION IN CHILDREN WITH SEVERE ACUTE MALNUTRITION IN WARD (PLAN C)

Patient with diarrhea with severe dehydration has any of the two signs:

- Lethargic or unconscious
- Sunken eyes
- Skin pinch goes back very slowly

START IV FLUID IMMEDIATELY.

- If the patient can drink give ORS by mouth till the drip is being set up.

First 2 hours	Check every 10 minutes
15 ml / kg / hour Intravenous Ringer's Lactate Solution (or, if not available, normal saline)	• Heavy or labored breathing • Check Pulse rate and respiratory rate • Check urine output • Check Jugular Venous Pressure OR engorged neck veins

If atleast one sign, then Stop the IV

SWITCH OVER TO ORS AFTER 2 HOURS

- 5 ml / kg / hour

WHEN TO SEND PATIENT HOME?

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WHEN SENDING HOME

- Teach the care-giver how to prepare solutions of ORS and Zinc
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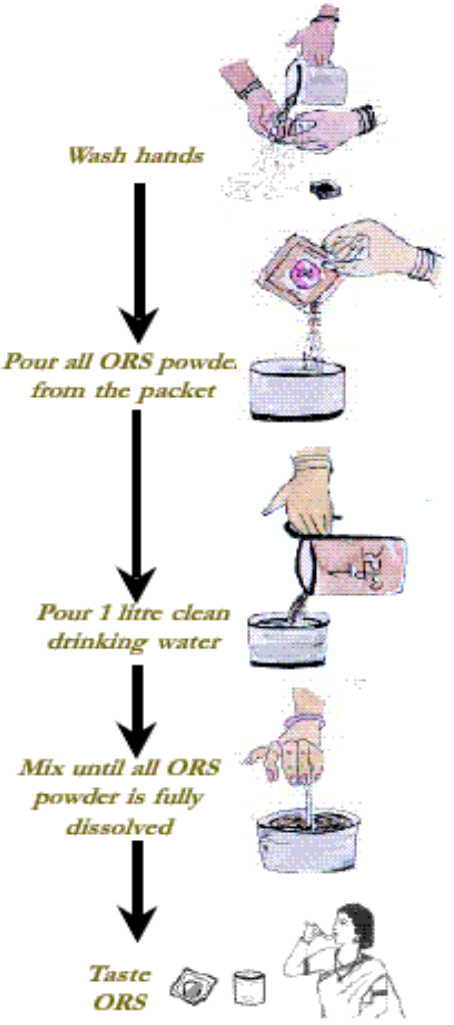
- Counsel on continued feeding, handwashing and toilet use

TEACH THE CARE GIVER TO PREPARE ORS

Teach the mother how to prepare ORS

1. Wash your hands thoroughly with soap and water.
2. Pour all the ORS powder from a packet into a clean container.
3. Measure one litre of clean drinking water and pour it in to the container in which you poured ORS. (If you have ORS packets for 1/2 litre of water then take 1/2 litre water.)
4. Stir until all the powder in the container has been mixed with water and none remain at the bottom of the container.
5. Taste ORS solution before giving it to the child. It should taste like tears - neither too sweet nor too salty. If it tastes too sweet or too salty then throw away the solution and prepare ORS solution again.



Ask the mother to give one teaspoon of the solution to the child. This should be repeated every 1-2 minutes (An older child who can drink it in sips should be given one sip every 1-2 minutes).

If the child vomits the ORS tell the mother to wait for 10 minutes and resume giving the ORS but this time more slowly than before. Breast fed babies should be continued to be given breast milk in between ORS. Any ORS which is left over after 24 hours should be thrown away.

TEACH THE CARE GIVER TO PREPARE ZINC SOLUTION

1. Remove one tablet of Zinc (20 mg) from the blister pack.

2. If Zinc is to be administered to children 2 – 6 months age
    a. then break the tablet into half (i.e 10 mg). The tablet can be broken at the division line. Discard the remaining half.
    b. Take a clean tea spoon.
    c. Request the mother to express milk from her breast into the spoon and then add ½ tablet.

3. If Zinc is to be administered to children 6 months to 5 years age,
    a. there is no need to break the tablet as dose for these children is full tablet (20 mg)
    b. Take a clean tea spoon, place one tablet in the spoon
    c. Pour potable water carefully on the tablet taking care that the water does not reach the brim of the spoon.

4. Shake the spoon slowly till the tablet dissolves completely. Do not use fingertip or any material to dissolve the tablet.

5. Tell the mother to hold the child comfortably and ask her to feed the solution to the child.

6. If there is any powder remaining in the spoon, let the child lick or add little more breast milk or water to dissolve it and then ask the mother to give it again.

7. Counsel the mother to administer Zinc for once a day for total of 14 days.

HANDWASHING WITH SOAP AT CRITICAL TIMES – STEPS IN HANDWASHING

Proper hand washing means washing your hands for at least 30 seconds with soap and water. The constant rubbing action helps soap break down the grease and dirt that carry most germs. This way, your hands don't just smell fresh, but you'll also reduce the germ count on your hands by up to 99 percent.

Follow these 8 steps to clean hands:

When to wash your hands

Make sure you wash your hands whenever you do the following:

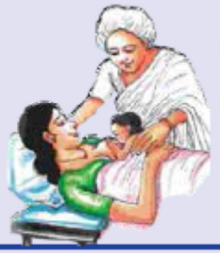
Before	After
Handling or preparing food Eating meals Attending to a child or sick person Feeding a child	Using the toilet Wiping or blowing your nose Coughing and sneezing Changing baby's diapers.

WHAT IS THE FEEDING ADVICE TO BE GIVEN DURING DIARRHOEA?

Feeding, playing and communicating with children helps them to grow and develop physically and intellectually

Birth to 6 months:
Early and exclusive breastfeeding

Your baby has a small and tender stomach that only need mother's breast milk. Sometimes, your baby cries because he/she wants to be held close. Keep your baby in close contact with your skin. While breastfeeding, smile, talk and look into your baby's eyes, but don't rock him/her while feeding.



Put your baby to your breast immediately after birth, definitely within 1 hour. This helps in establishing lactation and bonding

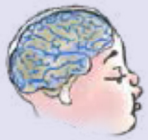
Mother's first yellow milk provides immunity and protects the baby from diseases & infections

Your baby should be breastfed on demand both during the day and night. Frequent feeding increases breast milk flow. Don't forget to feed the baby at night

Breast milk provides all nutrients and contains sufficient water. Do not give your baby anything else to eat or drink, not even honey or water in the first 6 months. Your baby needs only breastfeeding till 6 months of age.

Even if your baby is ill, continue breastfeeding till 6 months

After 6 months, your baby requires small frequent meals, along with breast milk and other liquids during illness



Breastfeeding improves intelligence

Consult the ANM, ASHA and AWW of your area in case you have any problem in breastfeeding your baby

10

Talk, smile and be patient to encourage the child to eat

6 months to 2 years:
Continue frequent on demand breastfeeding until 2 years and beyond. Also introduce soft foods

6 months

- Continue breastfeeding
- On completion of 6 months, start feeding baby with 2–3 table spoons of soft, well-mashed foods 2–3 times a day
- Introduce one food at a time, such as a small amount of vegetables, followed by fruits, dal and cereals
- Increase amount of the feed slowly
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

6–9 months

- Continue breastfeeding
- Change consistency to lumpy feeds given 3–4 times a day
- Feed 2–3 times and 1–2 snacks
- Increase quantity and diversity of the feeds
- Introduce one new food at a time such as khichri, dalia
- Include at least 4 food groups such as: 1) cereals, 2) green vegetables and fruits, 3) oil, ghee; 4) mashed dal/fish/egg (only hard-boiled)
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

9–12 months

- Continue breastfeeding
- After 9 months, feed at least half katori of food that requires chewing 3–4 times a day
- After 12 months, introduce family foods, give 3/4th–1 katori, 3–4 times each day along with 1–2 snacks
- Give finely chopped foods that baby can pick up using thumb and fingers. Allow children to eat with own hands, even if they mess up
- Give Vitamin A syrup for improving eyesight
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

General tips:

- Wash your hands with soap and water before preparing food and before feeding the baby.
- If feeding eggs, ensure they are well-cooked
- Thoroughly rinse raw fruits and vegetables under running water before cooking
- Cook thoroughly, use safe water, discard all leftovers on children's plates and do not save them for later
- Use only iodized salt for cooking; iodine improves intellect
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

11

REFER CHILDREN URGENTLY TO THE HOSPITAL IN FOLLOWING CONDITIONS

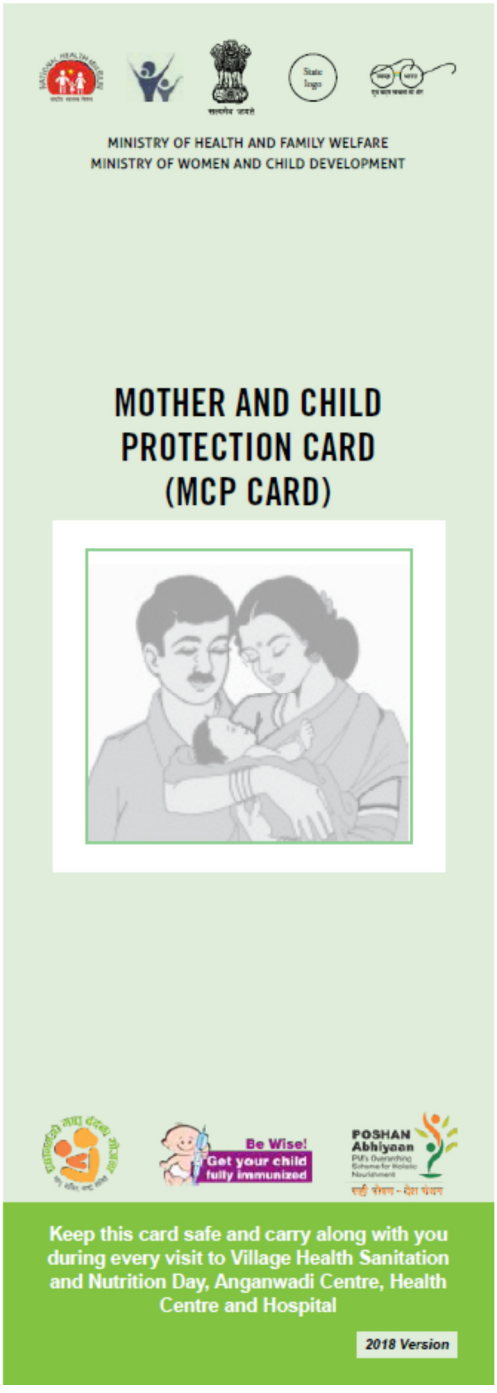
- Child passing blood in stools
- Severe dehydration
- Not able to drink or breastfeed
- Vomits everything
- Convulsions
- Lethargic or unconscious
- Cough or difficult breathing and fast breathing or ‘pneumonia’ or ‘paslichalna’
- Other associated illness
- Severe malnutrition
- If diarrhea more than 14 days

WHAT ARE THE COMMON LOCAL MISCONCEPTIONS WITH PEOPLE THAT NEEDS TO BE REJECTED BY ALL?

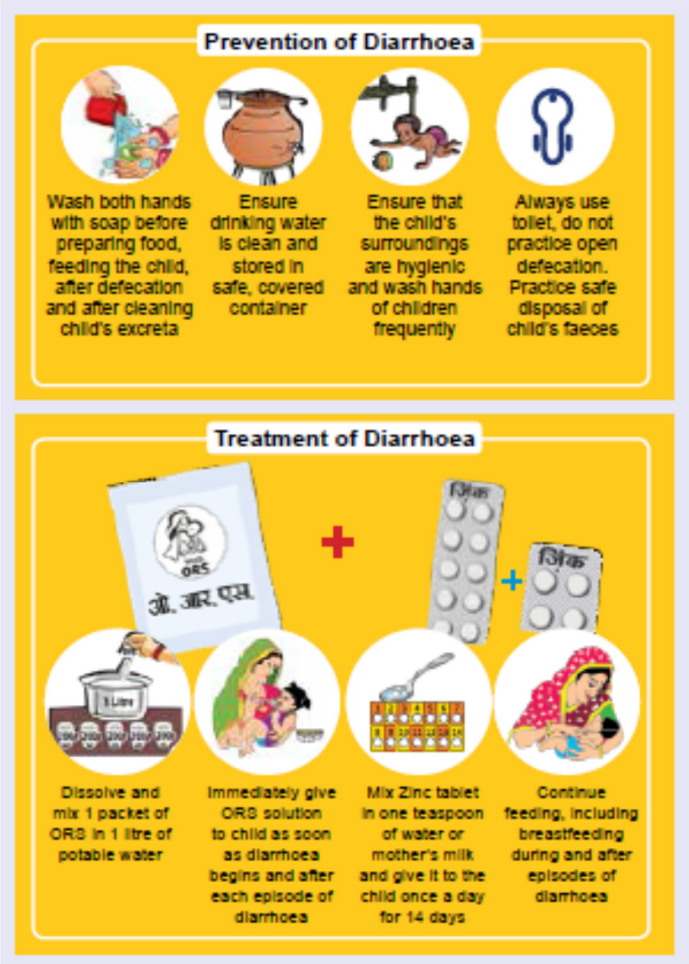
- ORS should not to be given in winter even when the child has diarrhea
- ORS should be given in summer even when the child does not have diarrhea. In such cases, if you feel that due to heat child needs extra fluid, give shikanji, lassi and other fluids at home.
- Some foods should be reduced in diarrhea
- Feeding during diarrhea will worsen the case.
- Breastfeeding should be reduced in diarrhea
- Diarrhea due to extremes of weather, evil spirits (uprihawa) or indigestion does not need any treatment

MOTHER AND CHILD PROTECTION CARD – DIARRHOEA PREVENTION AND TREATMENT SECTION OF THE CARD

Front page of MCP card



Diarrhoea – prevention and section on page number 9 of the MCP card



SET UP OF ORS – ZINC CORNER

ORS - Zinc Corners are usually meant for childhood diarrhoea with **some dehydration** to be administered ORS under supervision for **4 hours**. Also no-dehydration cases that come directly to facilities could be treated at the ORS – Zinc corners. When there are no diarrhoea cases using the ORS – Zinc corner, the area can be used for treating other problems

Location:

ORS – Zinc corners should be **permanently at health facilities** like Medical Colleges, District Hospitals, Block health facilities, primary health centres, sub-centres, private paediatrics facilities etc. Earmark a suitable area in the health facility for the corner. A small corner in the OPD or ward or any other suitable area in the health facility is generally enough for this purpose. The space required would depend on the case load. While earmarking such an area it should be ensured that:

- In case of hospital, the area is close to the workplace of the Doctor so that assessment of the child can be carried out frequently.
- The area is near a toilet or a washing facility, where mothers can clean the child and wash their hands before feeding them.
- Mothers can sit comfortably while administering ORS to their child.
- Pleasant and well-ventilated.

Timings:

The ORS – Zinc corners should be **functional during OPD timings and 24 hours in paediatrics ward**. A health worker who is trained in preparation of ORS solution and Zinc solution, should be posted to manage the corner. The corner should be prominently labeled as *"ORS – Zinc Corner for treatment of diarrhoea"*

Materials required for management of ORS – Zinc corner

- One table and two chairs / one bench with a back where the mother can sit comfortably while holding the child should constitute the corner
- Shelves to hold supplies
- Sufficient ORS packets and Zinc tablets with potable drinking water in a clean container, five glasses (200 ml), bowl / cup, soap, waste-backet, one litre vessel, clean spoons and leaflets should be on the table.

Counselling at the ORS – Zinc corners:

- Doctor / staff should counsel mother in person using MCP card & administration of Zinc for 14 days.
- ORS – Zinc corner is a good place to display informative materials. Banner and poster on ORS – Zinc, hand washing and continued feeding should be displayed at the corner.

Activities:

- At least 1 litter of ORS solution should be prepared daily after washing hands with soap & water. The solution should be kept at the ORS – Zinc corner. It should be readily available to the mother when required. Replenish solution whenever required. More than 24 hours prepared solution should be discarded and not be used. After mother has washed her hands thoroughly with soap & water, provide ORS solution in bowl / cup or glass with spoon to enable her to administer the solution.
- In case of a diarrheal episode during ORS administration, the child & mother and the area should be thoroughly cleaned. After washing hands again with soap & water the mother should administer ORS.
- If the child vomits, the child and mother and the area should be thoroughly cleaned. After washing hands again with soap and water the mother should administer ORS more slowly.
- In case of no-dehydration diarrhoea,
    - Administer ORS solution at the corner for some time till the child is comfortable.
    - Explain the mother on how to prepare the ORS solution, if possible demonstrate.
    - Demonstrate on how to prepare age appropriate Zinc tablet solution in a spoon.
    - Administer the first dose of Zinc tablet solution.
    - Explain when to administer ORS and Zinc.
    - Provide at least one ORS packet and 13 tablets of Zinc to take home.
    - Advice on age appropriate feeding during diarrhoea
    - Advice when to return
- In case of some-dehydration diarrhoea,
    - Administer ORS solution at the corner for 4 hours
    - Re-asses the child for status of dehydration.
    - In case of no dehydration, follow the above steps for no-dehydration diarrhoea.
    - In case of severe-dehydration, the child needs to be admitted for Plan C treatment.

10. VHNSC MEETING FOCUSING ON SWACCH BHARAT ABHIYAN

VHNSC meeting in the village will be on the same day of ORS distribution activity in that village, i.e. on the day of ANM visit. The VHNSC will focus on improving sanitation in and around the village. PLA (Participatory Learning Approach) techniques should be carried out such as mapping of open defecation areas in and surrounding the village and plan for stopping open defecation should be chalked out, with active participation of VHSNC members and representatives from Department of Drinking Water and Sanitation.

1. The ASHA / ANM will ask the participants to narrate the ailments caused due to water contamination. This could be Diarrhea, Typhoid, Intestinal worms, Abdominal pains, Vomiting etc.

2. The ASHA / ANM will ask participants to narrate what contaminates the water to cause these diseases. A relationship between human faeces, water and the diseases will be established. Focus on how faecal matter slowly recedes into the soil and not She will explain how contaminated human faeces get into water and food from open defecation through flies.

3. The ASHA / ANM will ask one of the participant's who had suffered from Diarrhea, about the suffering and cost involved for treatment.

4. A calculation of quantity of faeces will be done. For this The ASHA / ANM will ask the participants the average percentage of households that do not have a toilet.

    - Average percentage of households that do not have toilet X Total population of the village = No. of people defecating in the open.

    - No. of people defecating in the open. X 0.3 kg (average faeces excreted per person per day) = Daily quantity of faeces excreted in open (in kg).

    - Daily quantity of faeces excreted X 30 = Monthly quantity of faeces excreted in open (in kg).

    - Monthly quantity of faeces excreted per day X 12 = Annual quantity of faeces excreted in open (in kg).

5. The importance of use of toilet for defecation will be emphasized.

6. A rough map of the village will be drawn on the ground using a stick or stone.

7. Geographical areas within the village and it's vicinity that are used for open defecation (i.e. toilets not used for defecation) will be marked in the map. She will explain how contaminated human faeces get into water and food from open defecation through flies.

8. The ASHA / ANM will ask the participants what should be done so that there is no one who suffers from diarrhea.

9. The ASHA / ANM will ask on what can VHNSC members do so that no one suffers from diarrhea – prod on handwashing with soap, safe drinking water and use of toilets.

10. For the above exercise, ASHA may test water from it's source using the field test kit (H2S vials) that is with the gram panchayats. The result of the test is available in 24 hours. The result can be declared during the above exercise.

OVERVIEW OF IDCF - 2019

Dates of IDCF: 28 May to 8 June 2019

Goal of IDCF: Attain zero child deaths due to childhood diarrhoea.

Specific objectives of IDCF:

- To improve usage of ORS and Zinc for childhood diarrhoea.
- To complement awareness activities (including Swachh) for prevention and management of diarrhoea in under-five children.

How many children die due to childhood diarrhea in India?

Around one lakh children die due to diarrhoea annually in the country. Diarrhoeal deaths are usually clustered in summer and monsoon months and the worst affected are children from poor socio-economic situations.

Activities during IDCF

- At community / village level
  - Distribution of ORS to households (pre-positioning) and demonstration of preparation of ORS & Zinc
  - IPC activities by ANM on diarrhoea prevention and management during VHSND
  - Handwashing demonstration in schools, out-reach sessions, VHNSDs and AWCs
  - Mobile health teams for urban areas and hard to reach terrains for intensified diarrhoea control activities

- At health facility level
  - Establishment of ORS and Zinc corners for treatment of diarrhoea
  - Promote standard case management of diarrhoeal cases through capacity building and display of treatment protocols
  - Cleaning of water tanks in health facilities

The states may prioritise to conduct school level activities (handwashing demonstration) in the initial days of the campaign if IDCF campaign is clashing with school holidays.

The state and municipalities may link / merge their diarrhoea control activities with IDCF. These activities could be distribution of Chlorine tablets to households, cleaning and disinfection of wells etc

Distribution of ORS and demonstration of ORS and Zinc at the community level

- Every ASHA to distribute ORS packets to all families with under five children.
- During the household visit ASHA will deliver key messages to the mothers / families
- A group demonstration for the preparation of the ORS solution will be conducted by ASHA. It will involve gathering of members from 4-8 households and demonstrating the steps for preparation of ORS solution and Zinc solution. Understanding of the caregivers must be checked after the demonstration.
- ASHAs will also educate families on the importance of hygiene and sanitation.
- ASHA will undertake identification and referral of diarrhoeal cases to ANM/ health facilities and also educate mothers on the danger signs.
- ASHA will report all diarrhoeal deaths during the fortnight.
- At the end of Fortnight a report will be submitted by ASHA→ANM→BCM (Block DEO will compile the data)→ DCM (DM&E will compile the data)→State Health Society.
- The activity of the village to be monitored by ANMs

Activities by ANM on sanitation & hygiene along with management of diarrhoea.

- During the fortnight, ANM should conduct IDCF meeting in her Sub centre village and VHNDs (as per her existing micro-plan) to disseminate information on prevention & control of diarrhoea, especially involving care givers of under-five children.
- ANM should start the session with key message of the IDCF campaign highlighting importance of ORS and Zinc, continued feeding, hand-washing in control of childhood diarrhoea and use of toilets for defecation.
- ANM should carry out VHNSC meeting focusing on *Swacch Bharat Abhiyan*.

Hand-washing demonstration in schools

- This activity needs to be carried out in all primary and middle schools.
- Each school should have poster pasted at the hand washing area on steps for effective hand washing.

Village level plan for IDCF and implementation checklist

(For ANM)

(MOIC to ensure this format is filled for all sub-centres including vacant sub-centres)
Name of the sub-centre:_____ Block: _____ Name & Mobile no of ANM:_____
ANM visit plan during IDCF

	28 May	29 May	30 May	31 May	1 June	2 June
Village/ urban area						
VHND village (as per routine microplan) (Write Yes /No)						
No. of under 5 children in the village						
Name of ASHA and mobile no						
	3 June	4 June	5 June	6 June	7 June	8 June
Sub Centre						
VHND village (as per routine microplan) (Write Yes /No)						
No. of under 5 children in the village						
Name of ASHA and mobile nob						

	List of vulnerable area to be covered (nomadic/tribal/brick kiln, tea garden etc)
1	
2	
3	
4	

Village level plan cum monitoring format for IDCF and implementation checklist

(For ASHA)

District: _____Block:_____Village: _____Total population:_____Families with under 5 children: _____

ASHA:_____ Mob. No. :_____ Total under five children: _____

Listing of children (**to be done before the campaign i.e. 17 May)**							Home visit (28 May to 8 June) **to be filled during the campaign**				
Sr. No	Father name	Mother name	Child detail				Date of visit	Distribution of ORS with demonstration **(✓ if yes)**	Does the child suffer from diarrhoea **(✓ if yes)**	**ORS & Zinc given to the child with diarrhoea (✓ if yes)**	Whether danger sign and referred **(✓ if yes)**
			Name	Age	Gender (✓ wherever applicable)						
					M	F					
Total											

Signature of ASHA: _____ _____ SIgnature of ANM:_____

Mobile team plan and reprorting for IDCF

Name of block / municipal area : _____Name of Medical Officer I/c of IDCF:_____ Mobile No.: _____

Plan							**Actuals**			
Team No	Name of team members	Vehicle No	Mobile No.	Date of planned visit	Place of visit*	Estimated under 5 children in the place	Date of visit	No. of children distributed ORS	No of children treated with ORS	No of children treated with Zinc

*The places of visit should be urban slums, underserved and hard to reach populations (forested and tribal populations, hilly areas etc.), flood prone areas, migrant settlements (fisherman villages, riverine areas with shifting populations, refugees), nomadic sites, brick kilns, construction sites, orphanage, temporary shelters and street children

Signature of Medical Officer I/c of IDCF: _____

Sub-centre reporting format

District: _____ Block:_____ Subcenter: _____
ANM Name:_____ Mob. No. :_____

Sr. No.		Number
1	Total No. of villages	
2	No of villages where ORS was distributed	
3	No. of under five children in the villages	
4	No. of children distributed with ORS	
5	No. of children reported with Diarrhoea during IDCF	
6	No. of children with Diarrhoea provided with ORS	
7	No. of children with Diarrhoea provided Zinc for 14 days	
8	No. of children detected with Danger signs and referred by ASHA	
9	No. of villages where VHNSC session on sanitation was conducted	
10	Whether ORS – Zinc corner established at subcenter (Yes / No)	
11	No. of schools where handwashing demonstration was carried out	
12	Whether Plan A displayed in subcentre (Yes / No)	
13	Whether Plan B displayed in subcentre (Yes / No)	
14	Whether Plan B - SAM displayed in subcentre (Yes / No)	

Signature of ANM: _____

REVIEW QUESTIONS

AFTER THE TRAINING: CHECK WHAT DO THE PROVIDERS NOW KNOW ABOUT MANAGING DIARRHOEA AND DEHYDRATION?

Before you began studying this section, practice the knowledge on with several questions. Now that you have finished the training, answer the same questions. This will help demonstrate what you have learned.

Circle the best answer for each question.

1. How can diarrhoea kill children?
   a. Children lose valuable fluids, salts, and sugars, which can cause shock to vital organs
   b. Children lose valuable nutrients because they cannot eat
   c. Diarrhoea causes liver failure
2. What are critical treatments for children with diarrhoea and dehydration?
   a. Oral antibiotics
   b. Oral rehydration therapy and zinc
   c. Paracetamol for discomfort
3. What is persistent diarrhoea?
   a. When a child frequently has diarrhoea over a period of 1 month, and is ill as a result
   b. When a child has several episodes of diarrhoea a day
   c. When a child has an episode of diarrhoea lasting 14 days or more, which is particularly dangerous for dehydration and malnutrition
4. Critical messages for caregivers about diarrhoea and dehydration include:
   a. The child must receive increased fluids, ORS, zinc, and regular feeding
   b. The child requires ORS, but should receive less food in order to reduce the diarrhoea
   c. The child should immediately receive antibiotics to stop the diarrhoea
5. Rani arrives at your health facility and is very lethargic. Her eyes are very sunken. She has diarrhoea. You observe a significant loss of skin elasticity. How will you manage Rani?
   a. Rani requires ORS immediately, as she is dehydrated.
   b. These are common signs of diarrhoea, as the child's body is exhausted.
   c. Rani is severely dehydrated. She requires urgent rehydration therapy by IV or nasogastric tube.

ANSWER KEY

QUESTION	ANSWER	If one misses the question? Return to this section to read and practice:
1	**A**	INTRODUCTION
2	**B**	CLASSIFY, TREAT
3	**C**	CLASSIFY
4	**A**	TREAT, COUNSEL THE CAREGIVER
5	**C**	CLASSIFY, TREAT