

Early childhood development and childcare workers' guide to the Road to Health book



Nutrition



Love



Protection



Healthcare



Extra Care



Sunshine ECD Centre



health

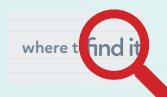
Department:
Health
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Icons used in this guide



This icon tells you where in the Road to Health book you can find the content being discussed.



Sections marked with this icon show you examples of accurately filled-in tables and charts from the Road to Health book.



Important information is marked with this icon. Make sure you have read it and understand it.

Abbreviations and acronyms

AEFI	adverse event following immunisation
AIDS	acquired immune deficiency syndrome
AFP	acute flaccid paralysis
ARV	antiretroviral
EPI	expanded programme on immunisation
ECD	early childhood development
GMP	growth monitoring and promotion
HIV	human immunodeficiency virus
IMCI	integrated management of childhood illnesses
IYCF	infant and young child feeding
L/HFA	length/height-for-age
MAM	moderate acute malnutrition
MUAC	mid-upper arm circumference
NAM	not acutely malnourished
NCDs	non-communicable diseases
PHC	primary health care
RtHB	Road to Health book
SAM	severe acute malnutrition
TB	tuberculosis
WFA	weight-for-age
WFL/H	weight-for-length/-height

This guide is aimed at early childhood development (ECD) and childcare workers. It explains how to use the revised 2018 Road to Health book (RtHB).

Background

The RtHB is a record of the child's medical history, health, growth and development. Therefore, it is an important tool for all healthcare workers who are providing care and monitoring the care given to children from birth until they turn five. The RtHB is also an important tool for caregivers because it informs them of all the care that children need in order to develop well.

The information in the RtHB can be used by other partners such as ECD and childcare workers to assist children in growing healthily and to develop their potential. It also helps prevent illnesses and detect problems so that a child can get the care they need as soon as possible.

Why was the RtHB revised?

The Revised RtHB helps to ensure that children not only survive but also thrive and transform. This can be achieved by looking at all aspects of a child's wellbeing: nutrition, early learning, caregiving and support. The themes in the revised RtHB cover all aspects of early childhood development.

The RtHB and early childhood development

The RtHB is also a tool that supports a partnership approach because there are many people who play a role in developing healthy children. Other initiatives such as the Side by Side campaign all play an important part in developing the wellbeing of children. The RtHB contains important information covering a critical time in a child's early development which can give a child a strong, healthy foundation for life.

ECD and childcare workers are crucial partners who spend valuable hours with children, shaping young minds and promoting healthy behaviours.

This guide is meant to assist ECD and childcare workers to understand and use the RtHB.

Introduction to the Road to Health book

The RtHB reaches many households every year. Therefore, it can help to improve child health, growth and development of children under-5 years of age targeted by the Side-by-Side campaign.

The RtHB is:

1. A record of the child's medical history, health, growth and development;
2. A guide for caregivers and other partners, informing them of the care that children need to be healthy, develop and grow well
3. A tool to encourage collaboration between healthcare workers and caregivers and other partners.

There are many partners in developing the health and wellbeing of our children. The RtHB can help us work together. It is important to remember that we all have different roles to play.

How to use the RtHB:

If you are an ECD or childcare worker:

- ECD and childcare workers should read the whole RtHB and use it to help them develop healthy children.
- Know the danger signs on the back cover and page 3 of the RtHB, and how to get help.
- Help to identify if a child is becoming malnourished or obese so their caregiver can get assistance at a clinic.
- Inform caregivers of any challenges or warning signs that a child has presented.
- Follow up with the caregiver to ensure that the child has received the care and support they need.
- Check the children's RtHBs to see whether they have attended all their clinic visits and received important services like their immunisations and vitamin A supplements

If you are a parent or caregiver:

- It is important for parents and caregivers to read the whole RtHB and to be aware of all the information that helps them take good care of their children.
- Know the danger signs on the back cover and page 3 of the RtHB, and how to get help.
- Be aware of the development goals on pages 23, 24 and 25 of the RtHB and inform the healthcare worker of any challenges to ensure that the child receives the necessary support.
- Ask questions.
- Keep the RtHB in a safe place, as it contains a record of your child's health and growth.
- Bring the RtHB along every time your child visits a healthcare facility (clinic, mobile or hospital) or the doctor.

If you are a healthcare worker:

- Healthcare workers are responsible for making sure every child under five years of age has a RtHB.
- Remind the caregiver to always bring the RtHB along when visiting a health facility (clinic, hospital)
- Complete all relevant sections of the RtHB during each clinic visit and discuss the five themes and available services with caregivers.
- Encourage caregivers to ask questions and share any concerns they may have.
- Ensure that all pregnant women are introduced to the RtHB during antenatal care

If you are a community health worker:

- Community health workers can improve caregivers' knowledge by discussing the five pillars in the RtHB.
- Encourage and answer any questions that caregivers may have.
- Ensure that caregivers understand the danger signs on the back cover and page 3 of the RtHB.
- Check the children's RtHBs to see whether they have attended all their clinic visits and received important services like their immunisations and vitamin A supplements.

ECD and childcare workers as partners using the RtHB

You will find the information in the RtHB very useful. It contains good advice on health and nutrition as well as important development goals for a child. Reminding caregivers of essential services like clinic visits and immunisations, that protect our children and community.

This guide will help you understand the RtHB. It will provide you with the information you need to identify and inform caregivers of any challenges.

When caregivers enrol their children at your facility or programme, tell them that you will be supporting them by providing feedback on their child's health and development. You can also remind caregivers of this at parent meetings

You can share general information at parent meetings like telling caregivers of the importance of clinic visits, good nutrition, immunisations, deworming, vitamin A, danger signs. Caregivers should be encouraged to take any questions they may have to the healthcare workers. It is important to explain to caregivers that their child's health should always be properly assessed by healthcare professionals.

You can support the healthcare workers' instructions by discussing these with the caregiver.

This would involve reading the advice written in the child's RtHB. Make sure the caregiver is comfortable with this. Explain the importance of everyone working together.

Building trust from the very beginning is helpful. All information and discussions should remain confidential. It also means being sensitive and supportive so that our children may have the benefit of everyone's assistance to ensure their health and wellbeing.






The highlighted sections in this guide contain examples of how you can support and assist both the child and their caregivers.

Let's use the RtHB to work 'Side by Side'.



How is the RtHB structured?

The revised RtHB is structured around the following five themes, or pillars, of care and services that young children need to stay healthy, grow and develop optimally.

Theme/section	Pages in the RtHB	Icons
Good nutrition	Page 4 – 21	
Love, play and talk	Page 22 – 25	
Protection from disease and injury	Page 26 – 29	
Health care when sick or injured	Page 30 – 39	
Extra care and support	Page 40 – 43	

Other important sections of the RtHB

Before the five themes are discussed in the RtHB, there are two sections that contain very important information; Clinic visits on page 2 and Danger signs on page 3 of the RtHB. These sections will be discussed in the next few pages.

Clinic visits

What do ECD and childcare workers need to know about clinic visits?

- By tracking a child’s development, healthcare workers can assist the child by providing advice to caregivers and access to other services. It also helps to identify any growth or development challenges. The child can then get the additional support that they need. This can only happen if caregivers take the child for the clinic visits.
- You should look at the clinic visits on page 2 and also check the immunisation schedule on page 27 and ensure that children in your care have had all the immunisations for their age.
- The dates given are important, and caregivers must visit the clinic with the child on the day that is recorded in the “next date” column. You can check this page and encourage parents to stick to the date provided. Dates should not be missed. If a child misses a clinic date, the parent or caregiver must get a new date from the clinic.
- Remind parents **to take the R_tHB with on every clinic, hospital or doctor’s visit.** The book must be kept in a safe place.

Clinic Visits

Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3 – 6 days												
6 weeks												
10 weeks												
14 weeks												
4 months												
5 months												
6 months												
7 months												
8 months												
9 months												
10 months												
11 months												
12 months												
14 months												
16 months												
18 months												
20 months												
22 months												
2 years												
2 and a half years												
3 years												
3 and a half years												
4 years												
4 and a half years												
5 years												
6 years												
12 years												

Date of next clinic visit

! Parents and caregivers must take the child to the clinic on the date given in the child’s R_tHB. This is very important for a child’s health. If a date is missed, caregivers need to get a new date from the clinic as soon as possible.

tick once done Not in schedule

Danger signs

 PAGES 3 AND 30 AND THE BACK COVER OF RthB


These danger signs show when a child needs urgent medical help. If a child is presenting any of these signs, take them to the nearest clinic or hospital immediately.

What do ECD and childcare workers need to know about danger signs?


- It is critical that parents, caregivers, and ECD and childcare workers are aware of these danger signs. If possible, make a chart and place it where everyone can see it.
- Babies and young children can become sick very quickly. If a child shows any of the below signs, seek help at a clinic or hospital urgently.

Danger signs!

Take your child to the nearest clinic if you see any of the following.



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding




Child is vomiting everything




Child has diarrhoea, sunken eyes, and a sunken fontanelle



Child is shaking (convulsions)



Child has signs of malnutrition (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed








THEME 1: Good NUTRITION to grow and be healthy

where to find it  pp4 to 21
of the RtHB

Why a section on nutrition?

- The nutrition section provides guidance on healthy food for children and how much they need to eat at different ages. It also promotes exclusive breastfeeding.
- Good nutrition can help children grow healthily and protect them from diseases and injury.
- The section also discusses how to prevent malnutrition and identify growth challenges so that children can get the help they need.

What does the good nutrition section contain?

- This section promotes exclusive breastfeeding for the first six months.  PAGES 4 AND 5
- Guidance is provided on the different types of food needed by children aged six months and older and how much to give them.  PAGES 6 AND 7
- Growth monitoring is explained, and how it is used by health professionals to see if a child is growing well.  PAGES 11 AND 20
- The mid-upper-arm circumference (MUAC) measurement is discussed, and how healthcare workers use this to assess a child's nutrition and growth.  PAGE 10
- The nutritional assessment table summarises the child's growth information and helps healthcare workers in making decisions to support them.  PAGE 21

What do ECD and childcare workers need to know about the good nutrition section?

Nutrition

Many ECD and childcare workers provide meals for children, and it is important that these meals should be nutritious. Strong, healthy children can focus, learn, play and grow.

Birth to six months

- For the first six months of a baby's life, the mother's breast milk is the best food to help them grow and protect them against diseases. Babies have very sensitive stomachs, so they are not ready for water or for other foods or liquids. Exclusive breastfeeding means the baby should only be fed breastmilk from the mother and not be given any other foods or liquids to drink. More information can be found on pages 4 and 5 of the RtHB.
- Mothers should eat healthily and avoid alcohol, smoking and harmful drugs.
- If the baby cannot be breastfed, it is important that the caregiver knows how to use formula safely and how often to feed the child. The caregiver should speak to the healthcare worker. It is also important



It is important to encourage mothers to breastfeed their children for at least the first six months.

Breast milk has all the vitamins and nutrients that a baby will need for their first six months and has enough water in it so that the baby will not get thirsty.

for you to know this information. Caregivers should only use formula if absolutely necessary and if exclusive breastfeeding is not possible.

- If you work with children that can still be breastfed, encourage their mothers to bring expressed breastmilk for them. You will need to have a system at your ECD centre or home to help you do this. For example; write the baby's full name and the date on a label and put this on the bottle so that you can identify the breastmilk for each child. It is important for you to know how to store breastmilk, please see below and page 4 of the RthB.

- Mothers who are HIV positive can still breastfeed their children. The mother must take her HIV or antiretroviral treatment to make her milk safe. This is IMPORTANT.
- Page 4 of the RthB has a table telling you how long expressed breastmilk can be stored. Breastmilk should not be shared among children. Breastmilk can be stored in a clean bottle or a cup with a lid. Remember to use clean containers and equipment and to label the bottle or cup with the child's name and the date.
- If breastmilk was frozen, the container with the breastmilk can be defrosted in a fridge, or left out of the fridge for 12 hours at room temperature, or placed in hot water. Never microwave breastmilk

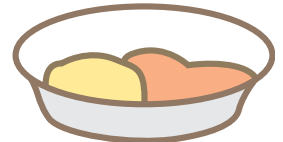
How long to store expressed breastmilk?

Temperature	Duration
Room temperature	Up to 8 hours
Fridge	Up to 6 days
Ice box freezer in fridge	3 months
Deep freezer (-18°C)	3-6 months



Six to eight months

- Mothers should continue to breastfeed their child as needed. When the baby is six to eight months old, foods containing iron are important, like beans, eggs and boneless chicken. Iron helps to build healthy muscles and develop the brain. Other foods like fortified mealie meal porridge and mashed sweet potato can also be given. **Foods must be cooked and mashed.** Also allowed are soft fruit without pips, like mashed bananas and paw paw. **Start with small amounts of food, such as one to two teaspoons twice a day. You can slowly increase the amount of food and how many times you feed the child, but do not overfeed them. Breastfeed first, then give other food.**
- Babies over six months should also regularly have safe, clean drinking water from a cup (such as boiled water that has been cooled).



Nine to 11 months

- Mothers should continue to breastfeed their child as needed. As the child grows older, more solid food can be given. From nine to 11 months, a child can be given foods that they can hold, like a piece of banana or a piece of bread. Do not give the child small, hard types of food that can make them choke. Watch children while they eat. **At this age, children can eat about a quarter cup of food at each meal. This can be increased to half a cup as the child gets closer to 12 months. The child will need to eat five small meals a day. Breastfeed first, then give other food.**

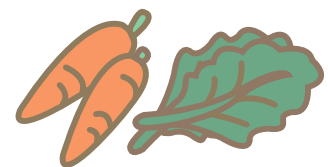
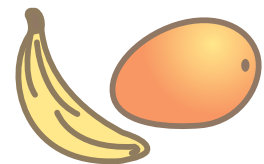
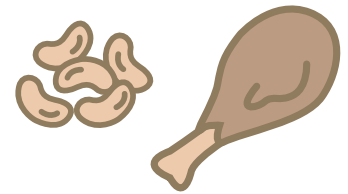




- Children at this age should also regularly have safe, clean drinking water from a cup (such as boiled water that has been cooled).

12 months to five years

- From 12 months to five years, children need to eat many different types of food. To start with, they should be given food that has been cut up. They can eat foods like cooked beans and lentils, chicken, fish, pasteurised milk, maas and plenty of fruit and vegetables. Be careful of foods with sharp bones. Children should still be watched while they eat. **The child should eat at least one full cup of food at each meal** and will need to **eat five small meals a day**. Mothers can still breastfeed until two years and beyond, but at this age they need a lot of other foods as well. **Give children food first**, then breastmilk.
- Children grow very quickly, so they need more and more nutrients. For example, vitamin A helps develop healthy bones and vision and also protects against infections. Foods with vitamin A include liver, spinach, pumpkin, yellow sweet potatoes, mango, paw-paw, full cream milk and maas. Vitamin C is important for building a strong immune system, which helps children fight diseases. Vitamin C also helps wounds to heal and supports healthy gums. Foods with vitamin C include oranges, naartjies, guavas and tomatoes.

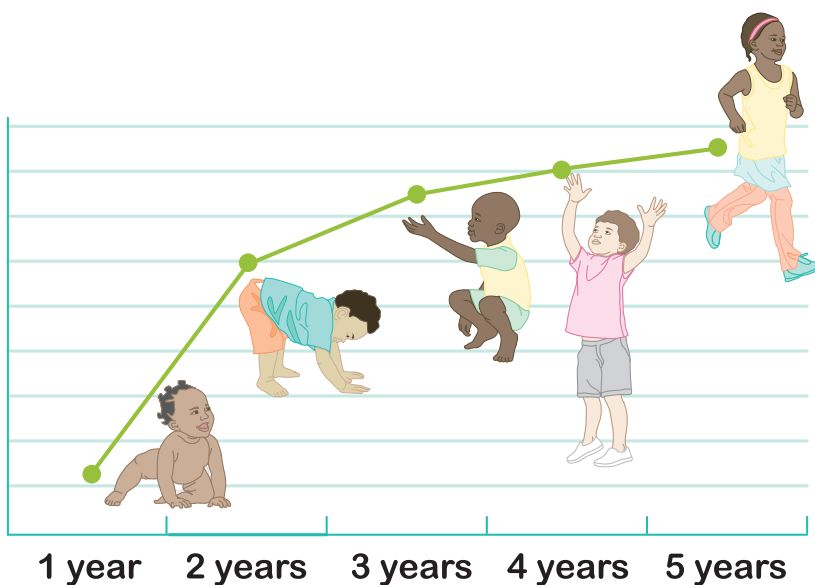


- There are valuable points that you should know on page 7 of the RtHB, such as keeping food and utensils clean to prevent germs from spreading and causing illnesses. Washing hands and work areas also helps to prevent the spread of diseases. Useful guidance is given on what foods to avoid giving children, like tea, coffee, coffee creamer, condensed milk, flour water and unhealthy foods like chips, sweets, sugar and fizzy drinks.
- You can use the information above to help children eat healthily and stay strong. If possible, also discuss this section with caregivers to help them learn more about nutrition. Adults should try to eat healthily, because children copy what adults do. We can all help our children develop strong bodies and minds through leading by example.
- Remember to give children safe, clean drinking water from a cup (such as boiled water that has been cooled).

Growth monitoring and promotion (GMP)

Why is growth monitoring done?

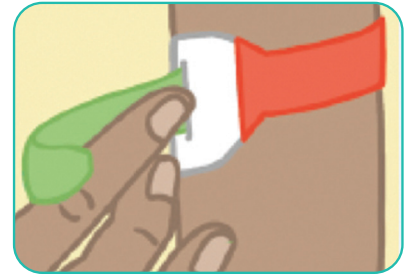
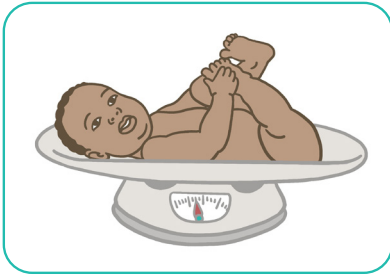
- Growth monitoring is beneficial because it tracks how a child grows so that any issues can be identified quickly and actions taken to help the child. The measurements taken also tell healthcare workers if the child is eating enough healthy food. Every time a child visits the clinic, the healthcare worker will measure and weigh the child to track their growth. These measurements are recorded on growth charts with a mark or dot.
- **Growth monitoring** helps to pick up any problems like obesity, malnutrition, wasting and stunting, and action can be taken to help the child.
- **Stunting** refers to children who are short for their age because they have not eaten enough healthy food over a long time. Stunting can have a negative impact on a child's immune system and brain development, which can have long-term effects on the child.
- **Malnutrition** refers to a child whose weight is very low for their height and age because of poor nutrition over a long time. Malnourished children can look thin and wasted, which is why it is sometimes referred to as wasting.
- **Obese** children weigh more than they should for their age and height. This is not healthy because it could lead to other health problems like diabetes.



If the child is growing well, then the height or length should be measured every six months until the age of five. If the child is not growing well, the measurement should be taken every month.

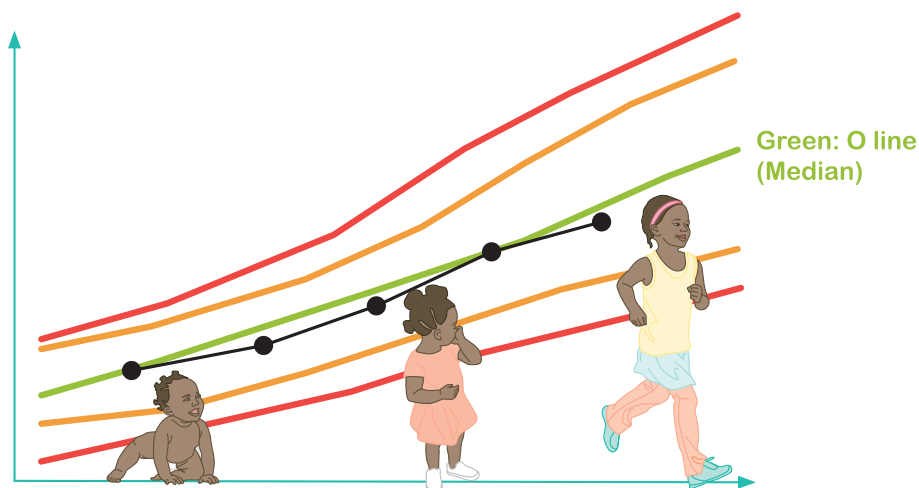
How is growth monitoring done in the RtHB?

- Growth monitoring is normally done by a healthcare worker, who measures and records the child's information on growth charts in the RtHB. These charts are found on pages 10-21.
- **Girls and boys have different charts because they grow differently.**
- Growth monitoring should be done at every clinic visit and continued until a child is five years old.
- The following growth charts are used in the RtHB:
 - The **Weight-for-age** chart measures the child's weight at different ages. This chart is printed over three pages in the RtHB.
 - The **Length/Height-for-age** chart measures height at different ages. Helps to see if a child is becoming stunted.
 - The **Weight-for-length/-height** looks at the child's body weight and height. Helps to identify wasting.
 - **Mid-upper arm circumference** (MUAC) measures the middle part of the child's upper arm. Helps to identify wasting.



Understanding the lines on the charts

- The **green line** is called the **median** and is generally speaking the **average**. It is in the middle of the chart. A child is said to be growing well if their measurements are somewhere around this **green line**.
- The **red and orange lines** tell us there **may be a growth problem**.
- There are **orange and red lines above the green line** and they show us if a child is growing too fast or is putting on too much weight too quickly.
- There are also **orange and red lines below the green line** and they tell us if a child is growing too slowly or the child is too short or underweight.
- All the **orange lines are a warning**, and **we need to act** to prevent the situation from getting worse. The **red lines** tell us that the **situation has become dangerous** and immediate medical action may be needed. This will be explained further in the next pages.
- Each time the child visits the clinic, a measurement is recorded with a **dot** or mark on the graph. **The healthcare worker will track these measurements (dots) over time to see if they move near the green line or toward the orange or red lines**. This helps to see how the child is growing.



The child's measurements (dots) are close to the green line and she is growing well.

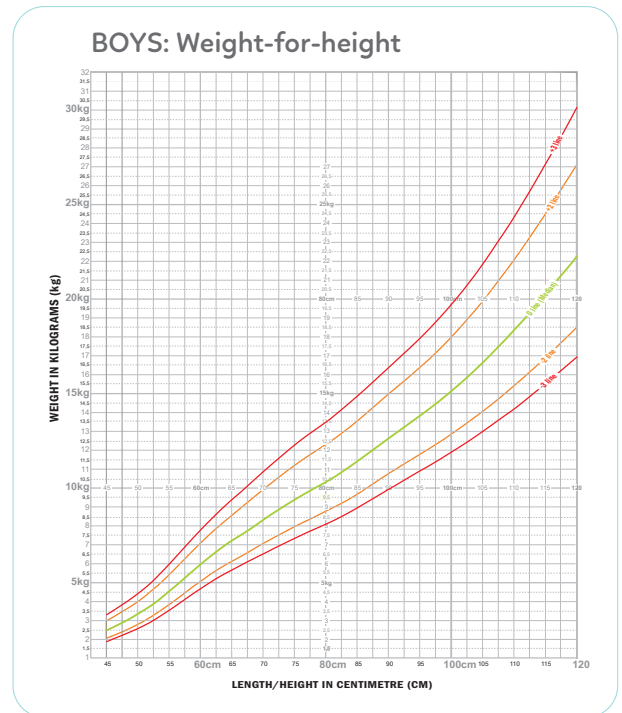
- The healthcare worker will decide what action to take to help the child if there are any growth issues. **You can support the actions recommended by the healthcare worker by asking the caregiver's permission to read the advice written in the child's RtHB and discussing these with the caregiver. Make sure the caregiver is comfortable with this.** Building trust with caregivers is very important.
- You can also play an important role by **promoting healthy behaviours like exercise, eating vegetables, drinking clean water and avoiding chips, sweets and fizzy drinks**.
- Encourage caregivers to take their child to the clinic on the dates in the RtHB and for any other follow-up visits to monitor the child's health, especially if there is a challenge.
- Only by working side by side can we help our children receive the care they need and make sure they thrive.

Weight-for-length/-height (WFL/H)

Q BOYS' CHART ON PAGE 11 OF THE R4HB AND GIRLS' CHART ON PAGE 20

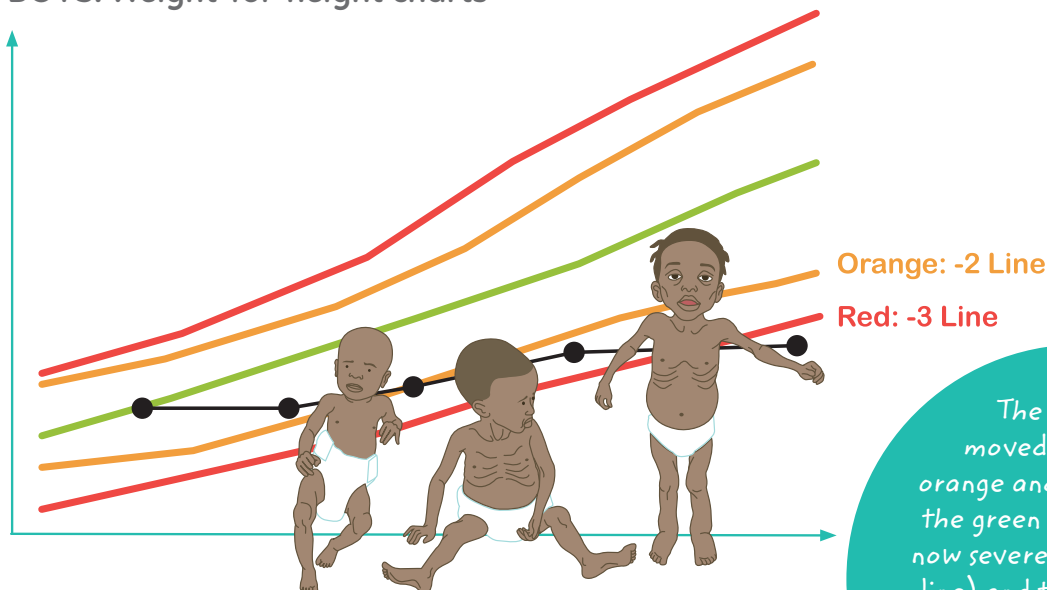
What do ECD and childcare workers need to know about the WFL/H chart?

- Healthcare workers can use the **weight-for-height** chart to see if a child is putting on too much or too little weight. It is also called the **weight-for-length** chart.
- Underweight (under-nutrition) refers to a child whose weight is very low because of poor nutrition over a long time. Underweight children can look thin and wasted. This is sometimes called **wasting**.
- When a child's **growth drops** to the **orange line below** the green line (average), this is called **wasting**, and it is a serious condition. The orange line at the bottom of the chart is also called the **-2 line**.
- When a child's weight drops further to the **red line below** the green line, the child is **severely wasted**. This is called **severe acute malnutrition (SAM)**. It means the child is in danger and needs **immediate medical help**. Look at the example below. The bottom red line is called the **-3 line**.



Practical Example

BOYS: Weight-for-height charts



When we act early and work together, we can prevent many of these situations and we can promote health.

The dots have moved down to the orange and red lines below the green line. The child is now severely wasted (red -3 line) and the situation has become dangerous. The child is admitted to an inpatient unit for Severe Acute Malnutrition (SAM).

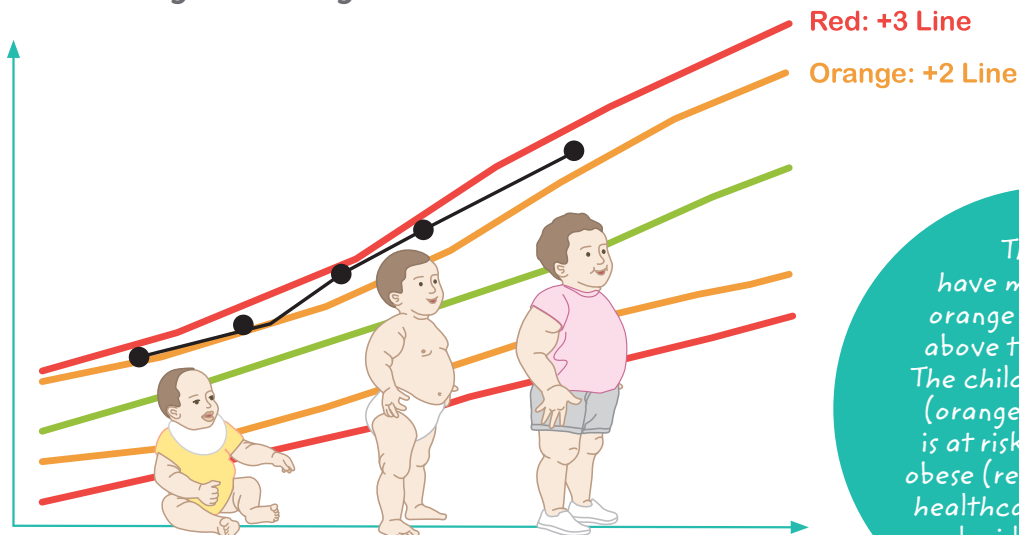


- The chart will also show if a child is becoming overweight or obese. This happens when the child's growth **moves up** to the **orange** or **red line above** the green line. The top orange line is also called the +2 line (overweight). The top red line is called the +3 line (obese). Look at the example below.
 - Obese children weigh more than they should. This can cause other health problems, like diabetes.
 - The healthcare worker will advise on what needs to be done to improve the health of the child.
- For example, the healthcare worker may advise that the caregiver feed an overweight child more healthy foods, like vegetables, and that the child should avoid sweets and fizzy drinks and be more active. You can use this guide to help remind the caregiver of the importance of healthy nutrition and exercise for growth and development as well as the health challenges of becoming obese. If you provide meals, make sure that these are healthy.



Practical Example

BOYS: Weight-for-height charts



The dots have moved to the orange and red lines above the green line. The child is overweight (orange +2 line). He is at risk of becoming obese (red +3 line). The healthcare worker will decide on urgent action.

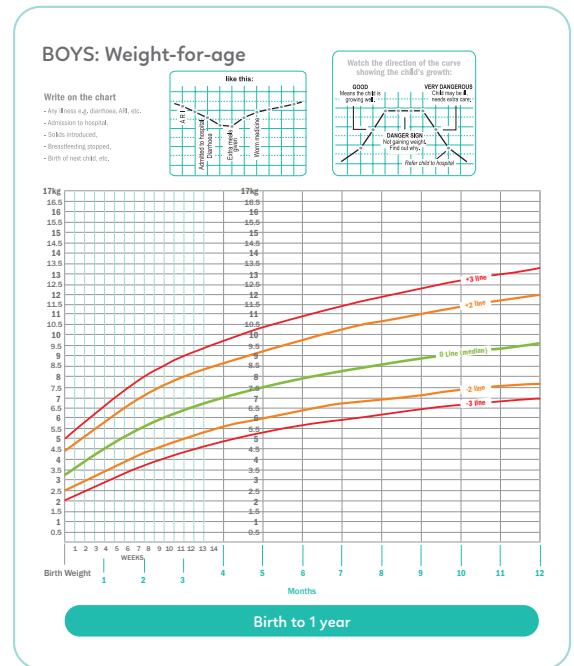
When we act early and work together, we can prevent many of these situations and we can promote health.

Weight-for-age chart (WFA)

BOYS' CHART ON PAGES 12 - 14 OF THE R4HB AND GIRLS' CHART ON PAGES 16 - 18

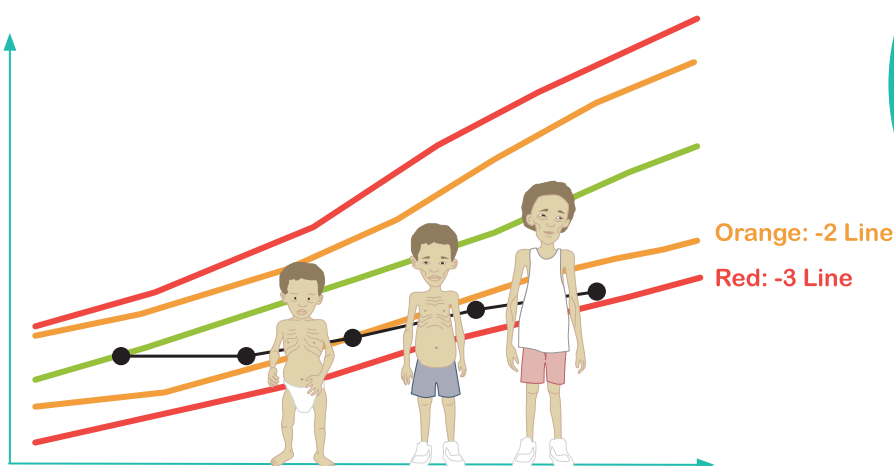
What do ECD and childcare workers need to know about the WFA chart?

- The weight-for-age chart is used to monitor a child's weight at different ages.
 - The chart **crosses over three pages** because it tracks the weight of a child for many years, from birth to the age of five years.
 - The chart is used by healthcare workers to see if a child is underweight or severely underweight. This means the child does not weigh enough for their age because they are not receiving enough nutrition, and the child is said to be undernourished. This can be very serious.
 - If the child's measurements drop to below the **orange line below** the green line, the child is **underweight**.
 - If the child's weight drops lower than the **bottom red line**, this means that the child is **severely underweight**. This is very dangerous and the child may need to be admitted to hospital.
 - The healthcare worker will write down actions to help the child.
- For example, the healthcare worker may advise that an underweight child eat often through the day and have more vegetables, fruits and increase foods like cooked beans, chicken and fish, mealie meal porridge and mashed sweet potato. Use the information in this guide to remind the caregiver of the importance of good nutrition for growth and development. If you provide meals, make sure they are healthy and that the child is eating them. Also remind the caregiver to take the child to the clinic for follow-up visits.



Practical Example

BOYS: Weight-for-age chart



The dots have moved below the green line to the orange line and red lines. This is dangerous because the child is underweight and will be severely underweight when the dots move below the red -3 line. The healthcare worker will advise on immediate action.

When we act early and work together, we can prevent many of these situations and we can promote health.

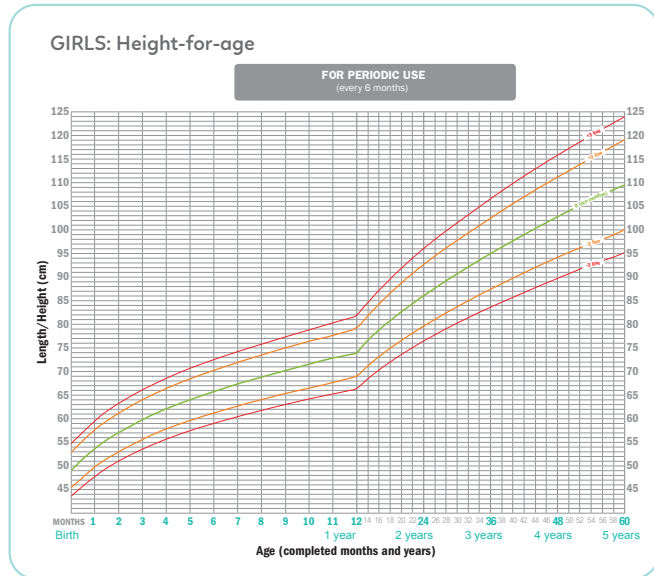


Length-/Height-for-age (L/HFA)

Q BOYS' CHART ON PAGE 15 OF THE R+HB AND GIRLS' CHART ON PAGE 19

What do ECD and childcare workers need to know about the L/HFA chart?

- The height-for-age chart shows height at different ages. It is also called a **Length**-for-age chart.
- These charts are used by healthcare workers to see if a child is experiencing stunting.
- **Stunting** refers to children who are short for their age because they have not had enough healthy food over a long period of time. Stunting can have a negative impact on a child's body and brain development, which can have long-term effects on the child. Stunted children tend to get infections and suffer from illnesses.
- When a child's measurements go **below** the green line toward the **orange** line, the child is **stunted**.
- If a child's measurements drop below the **red** line, the child is **severely stunted**. The healthcare worker will decide what the best action is to take.



- For example, the healthcare worker may advise that a stunted child eat many different types of healthy foods to get important vitamins and nutrients. They may also refer the child for other development assessments or to see a specialist. Use the information in this guide to remind the caregiver of the importance of healthy food for growth and development. This will help prevent the situation from getting worse. Check with the caregiver to see if the child has gone for the follow-up clinic visits and any other the assessments that were recommended.



Practical Example

GIRLS: Height-for-age chart



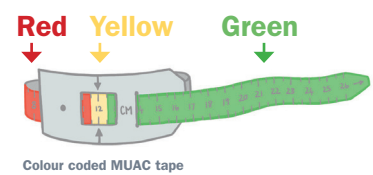
The measurements have moved below the green line to the orange and red lines. The child is now severely stunted because her measurements have moved below the red -3 line. The healthcare worker will advise on immediate action.

By working side by side, we can prevent the situation from getting worse and the child's health can be improved.

Mid-upper arm circumference (MUAC)

What is the MUAC measurement used for?

- The mid-upper arm circumference (MUAC) is a quick and easy way to find out (screen) whether children from six months to five years old have acute malnutrition.
- A MUAC tape is used to measure the middle part of the child's upper arm. When the measurement is getting smaller, it means the child is losing muscle. Children need muscle mass to fight infection and to live and grow well.
- The **green section** shows **NO acute malnutrition (NAM)**.
- The **yellow section** is a warning sign which shows **moderate acute malnutrition (MAM)**. This can be serious, and action must be taken to prevent the situation from getting worse.
- The **red section** is a danger sign and shows the child has lost a lot of muscle because they are not getting enough nutritious food or because of an illness. It is called **severe acute malnutrition (SAM)** and it is a dangerous condition.
- The healthcare worker will then decide what action must be taken. If the child is showing signs of SAM, they may need to be admitted to hospital to get specific treatment so that the child can improve



For example, the healthcare worker may recommend certain foods and supplements for a child showing signs of moderate acute malnutrition (yellow box). You can follow up with the caregiver to ensure the child is eating as advised by the healthcare worker. Use the information in this guide to remind the caregiver to help the child eat the right foods so the situation can improve urgently. Encourage the caregiver to take the child for follow-up clinic visits.



Practical Example

MUAC Chart

	Date	MUAC (cm)	Assessment (Circle one)	Action taken	Signature
Girl	3/08/2016	13.7	Red Yellow Green	Complementary feeding	M. Khoza
	7/09/2016	13.9	Red Yellow Green	Nutrition message	M. Khoza
	5/10/2016	14.0	Red Yellow Green	Encouragement	M. Khoza
	9/11/2016	13.0	Red Yellow Green	Encouragement	G. Nkosi
	7/12/2016	12.1	Red Yellow Green	Assess feeding	M. Khoza
	10/01/2017	12.0	Red Yellow Green	Counsel about feeding	G. Nkosi
	8/02/2017	12.1	Red Yellow Green	Counsel about feeding	B. Sebedi
	5/02/2017	11.2	Red Yellow Green	Refer for admission	B. Sebedi
	14/04/2017	11.3	Red Yellow Green	Inpatient treatment	S. Myeza
	15/06/2017	11.4	Red Yellow Green	Inpatient treatment	Z. Kubeka
	8/08/2017	12.6	Red Yellow Green	Continue with supplements	M. Khoza
	10/10/2017	12.7	Red Yellow Green	Continue with supplements	M. Khoza
	6/12/2017	13.5	Red Yellow Green	Encourage	G. Nkosi
	7/02/2018	13.9	Red Yellow Green	Nutrition messages	G. Nkosi
	8/08/2018	14.2	Red Yellow Green		

- Red indicates severe acute malnutrition.**
- Green indicates no acute malnutrition.**
- Yellow indicates moderate acute malnutrition.**

The healthcare worker writes down important actions to help the child.



MUAC measurements should be taken at every clinic visit for all children from six months to five years old, and by community health workers during home visits.



Nutritional assessment summary table

Q PAGE 21 OF THE RtHB

Why has a nutritional assessment table been included in the RtHB?

There are many charts in the RtHB which provide different information on the child's growth and nutrition. This nutrition assessment summary table brings the important information together so that the healthcare workers can make decisions on how to help the child. Note: This table is different to the MUAC table.

What do ECD and childcare workers need to know about the nutritional assessment summary?

- All the measurements and charts are done first. Then the nutritional assessment summary is completed by the healthcare worker, using information from the charts. The table needs to be completed every time the child's nutritional status is assessed.
 - **Red** means the child must be urgently referred to an inpatient facility at a hospital or clinic. This is serious.
 - **Yellow** means the situation can be managed at the clinic but the child will need follow-up visits to help see if the situation improves and if the child is showing good growth and health.
 - **Green** means home care will be fine for the child.
 - After the healthcare worker has looked at all the charts and the guidelines, they will record what action needs to be taken in the nutritional assessment table.
- Sometimes the healthcare worker will also write down more information and notes on pages 31-35 in the general clinical notes section of the RtHB.
 - You can use the information in this guide to encourage the caregiver to take the action the healthcare worker has decided on.



Practical Example

Nutritional Assessment

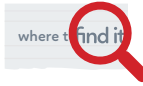
Date	Weight	Height	Interpretation (IMCI)	Action (if any)	Health worker name
16/02/17	2.9kg	48cm	Red Yellow Green	Routine GMP	M. Khoza
23/03/17	4.1kg		Red Yellow Green	Exclusive breastfeeding counselling RtHB pages 4&5	Z. Kubeka
20/04/17	5kg		Red Yellow Green	Assess breastfeeding. Discourage mixed feeding.	Z. Kubeka
22/05/17	5.8kg		Red Yellow Green	Encourage to continue exclusive breastfeeding	S. Myeza
24/06/17	6.4kg		Red Yellow Green	Praise mother (continued exclusive breastfeeding)	S. Myeza
25/07/17	6.9kg	72cm	Red Yellow Green	Breastmilk expression RtHB pg 4	G. Nkosi
26/08/17	7.3kg	75cm	Red Yellow Green	Praise mother	S. Myeza
25/09/17	6.2kg	76cm	Red Yellow Green	Growth faltering. Assess feeding practice. Complementary feeding messages on RtHB pg6	S. Myeza

This describes the action that must be taken to help the child.

"Filled in Nutritional Assessment table"



THEME 2: LOVE, play and talk for healthy development



pp22 to 25
of the RtHB

Why a section on love, play and talk?

- The first years of a child's life are critical, because this is when the brain is developing. The brain is important for learning and thinking, storing information, and it helps the body work properly.
- Children need more than healthy bodies. A child also needs relationships where they feel safe and cared for



What do ECD and childcare workers need to know about the love, play and talk section?

Learning and developing

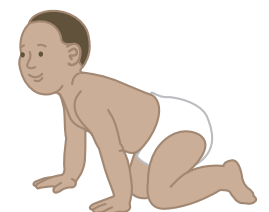
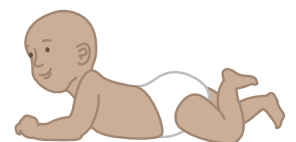
- You should encourage parents to actively engage with their children by using everyday opportunities to help their children learn, grow and feel loved. It is also important that caregivers play an active role in their child's development through good communication by using play and telling stories. [PAGE 22](#)
- Playing is a good way to stay active and learn. The person in charge should ensure children play in a safe place, with a responsible adult looking after them.
- ECDs and playgroups should create safe environments for children to socialise, learn and play. You should encourage children to play with each other in a friendly and respectful way.
- Remember, children also learn from how we speak to them, our body language and how we treat them.
- This section includes important information for caregivers and ECD and childcare workers about the stages of a child's development. The healthcare worker will use the table provided to monitor and track the child's development. [PAGE 23 AND 24](#)
- Important developmental danger signs are also found in this section. [PAGE 25](#)
- There is also a table in the RtHB to record the child's head circumference at 14 weeks and 12 months. This tells us how the child's brain is developing. [PAGE 25](#)

Developmental screening

[PAGES 23-24 OF THE RtHB](#)

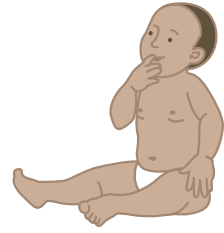
How do healthcare workers do developmental screening?

- At each clinic visit, a healthcare worker will talk to the caregiver and check all the goals that the child has reached. This will help them see if the child is growing like it should. They can also pick up any challenges that the child may have. The child can then get assistance.
- These goals are about how the child **hears, acts, moves, sees, behaves and communicates** at different ages, and they help the healthcare worker in understanding the child's development.





- Healthcare workers will use a tick (✓) to show that the child can do a specific action. Children will have a cross (X) against any of the actions where they may be experiencing developmental problems and should be referred for a developmental assessment. If the healthcare worker writes **ND** (for 'Not done') next to a task, it means they were not able to assess the child for that task or behaviour.
- The healthcare worker will make a referral to a development specialist, if needed. Such information is noted in the referral and follow-up record on page 36 of the RthB.



- By being aware of the developmental goals, you can alert caregivers if a problem is identified so that a child can get the support they need. You can use the ECD observation form to write down what you have seen. The ECD observation form is discussed on the next page. There are also important points on how to use the ECD observation form at the end of this guide, in the annexure section.
- By communicating with caregivers and checking the referral pages in the RthB, you can see if a child has been helped by a healthcare worker or specialist.
- You can also support children with developmental challenges and provide extra care to help them thrive.
- It is important to note that children develop differently. If a child does not meet a developmental milestone or goal, it does not always mean they have a developmental challenge. It is important to alert the caregiver and let the healthcare worker assess the situation.**



Practical Example

		Hearing/ communication	Vision and adaptive	Cognitive/ behaviour	Motor skills	Caregiverconcerns
6 weeks						
10 weeks						
14 weeks	<input checked="" type="checkbox"/> Startles to loud sounds Date <u>16/05/17</u> Sign <u>S. Myeza</u>	<input checked="" type="checkbox"/> Follows face or close objects with eyes	<input checked="" type="checkbox"/> Smiles at people	<input checked="" type="checkbox"/> Holds head upright when held against shoulder <input checked="" type="checkbox"/> Hands are open most of the time		
6 months	<input checked="" type="checkbox"/> Moves eyes or head in direction of sounds Date <u>03/08/17</u> Sign <u>S. Myeza</u>	<input checked="" type="checkbox"/> Eyes move well together (no squint) <input checked="" type="checkbox"/> Recognises familiar faces <input checked="" type="checkbox"/> Looks at own hands	<input checked="" type="checkbox"/> Laughs aloud <input checked="" type="checkbox"/> Uses different cries or sounds to show hunger, tiredness, discomfort	<input checked="" type="checkbox"/> Grasps toy in each hand <input checked="" type="checkbox"/> Lifts head when lying on tummy	Caregiver concerned about hearing. This was confirmed in observation as well. Referred to Doctor Kubeka.	
9 months	<input type="checkbox"/> Babbles ('ma-ma', 'da-da') <input type="checkbox"/> Turns when called Date <u> / / </u>	<input type="checkbox"/> Eyes focus on far objects	<input type="checkbox"/> Throws, bangs toys/objects <input type="checkbox"/> Reacts when caregiver leaves, calms	<input type="checkbox"/> Sits without support <input type="checkbox"/> Moves objects from hand to hand		

"Filled in Developmental Screening table"



Developmental danger signs

Q PAGE 25 OF THE RtHB

- You should be aware of these developmental danger signs because it could mean that a child might be having developmental problems and needs assistance.

- If a childcare worker is concerned about a child's development or if a child displays any of the danger signs, speak to the caregiver and encourage them to take the child to see a healthcare worker for a proper assessment.
- You can write down important points on the ECD observation form. This will help both the parent/caregiver and the healthcare worker to understand what you have seen. The ECD observation form is not part of the RtHB. It is a tool for ECD and childcare workers to help you write down information that can assist parents and healthcare workers in understanding when a child has a problem.
- The ECD observation form can be found at the end of this guide in the section called Annexures. Remember, do not write in the child's RtHB – rather use the ECD observation form.
- There are also important tips on how to use the ECD observation form at the end of this guide, in the annexure section.

Eye problems:

- A white pupil/spot on the pupil
- Eyes are not able to fix on and follow a moving object such as a finger or toy
- One or both eyes being bigger or smaller than usual
- Crossed eyes or one eye looking in another direction

Hearing problems:

- Hearing loss
- Not responding to loud noises
- Seems to hear some sounds and not others
- Your child can no longer do tasks that they could before
- Your child is not communicating through speech or gestures at 18 months
- Not walking at 18 months
- Head looks large
- Head looks small
- Does not use both sides of the body/limbs equally
- Stiff arms and legs
- Floppy arms and legs

Are there any instances where development should be monitored more closely than the schedule in the RtHB?

- Children at higher risk of developmental difficulties should have their development monitored more closely. ECD and childcare workers should keep a close watch on children who are at high risk of developmental challenges. These are children with the following descriptions:
 - born premature or low birth weight
 - birth defect
 - HIV
 - severe or moderate acute malnutrition
 - iron deficiency anaemia
 - recurrent illnesses or frequent hospitalisation



Head circumference measurement

🔍 PAGE 25 OF THE RtHB

Why is head circumference measurement included in the RtHB?

- This measurement will be done by a healthcare worker and helps in assessing the brain development of the child.
- Children grow very quickly in their first two years. This means it is critical to track their growth very carefully so that any challenges can be identified early and the child can receive the care they need. Tracking the head circumference is one way of doing this.



Head Circumference

Measure every child's head circumference at 14 weeks and at 12 months
Record the child's head circumference, and **refer if larger or smaller than the range shown below.**

14 weeks (cm)

Range 38 – 43 cm

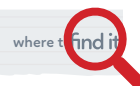
12 months (cm)

Range 43.5 – 48.5cm

The healthcare professional will record the measurement and will make a referral to a doctor if there is a concern.



THEME 3: PROTECTION from preventable childhood diseases and injuries



pp26 to 29
of the RtHB

Why a section on protection?

Children can get ill easily and need to be protected from diseases and injuries. Many diseases can be prevented. This section discusses ways in which to protect children against many common illnesses. By working together to protect children, we also protect the community and the nation as a whole.

What do ECD and childcare workers need to know about protection from preventable childhood diseases and injuries?

- There are good tips in this section on how to **prevent** injuries by creating safe environments for our children to play in. We can also **protect** children by making sure they get all their immunisations, vitamin A and deworming medication and that they go for all their clinic visits. 🔍 [PAGE 26](#)

- This section also stresses the importance of washing one's hands after using the toilet and changing nappies, and before preparing meals and feeding children. This is very important for you to remember and practise. Parents and caregivers should also be reminded of these points to keep their children healthy.



- Remember, **many diseases can be prevented by good hygiene and cleanliness routines such as handwashing and cleaning work areas.**

- Immunisations provide one of the most effective ways to protect children from many common diseases. This protects the child, other children that they come in contact with and the whole community. You should look at the immunisation schedule and ensure that children have had all the immunisations for their age. 🔍 [PAGE 27](#)

- It is critical to also remind caregivers of the importance of taking the child to the clinic for immunisations especially if any vaccinations have been missed.

- You should ask caregivers for a copy of the child's immunisation schedule on 🔍 [PAGE 27](#), if possible, or you could ask to see it on a regular basis.

- Protecting children's teeth is also important. You can use the oral health information in the RtHB to educate children and make parents aware of good oral hygiene. 🔍 [PAGE 28](#)

- Information on Vitamin A and deworming doses is also found in this section 🔍 [PAGE 28](#)



It is best to prevent illnesses. We can do this by making sure children are immunised and receive vitamin A and deworming medicine. Good oral hygiene and handwashing are also important, as is going for all clinic visits. Let's protect our children and our communities.



What is the immunisation schedule?

Q PAGE 27 THE RtHB

- **Immunisations/Vaccinations** provide a very good way to **protect** children and they are free. They prevent children from getting many common childhood illnesses.
 - The immunisation schedule on page 27 of the RtHB shows which vaccines a child should be getting at a given age. It is called the Expanded Programme of Immunisation (EPI) schedule. Caregivers should make sure their children get all their immunisations.
 - If a child misses a vaccination, the caregiver should take the child to the clinic to be vaccinated immediately. This is necessary to make sure that the child is properly protected. Children must receive all the vaccines listed in the schedule. This means you may not skip any of the immunisations.
- You can help ensure children are up to date with their immunisations by checking the schedule on page 27 of their RtHB and by motivating caregivers to take children for all their vaccinations.
 - Some children have adverse reactions after receiving an immunisation. Examples include swelling, redness or pain at the injection site that lasts longer than three days, site abscesses, and a fever of 39°C or more within 48 hours. Please tell the caregiver to take a child to the clinic as soon as possible if the child should show any such reactions.
 - Adverse reactions are not common and caregivers should not be afraid to take children to get their vaccinations. Remind caregivers that immunisations are safe, free and one of the best ways to protect the child, other children, the family and the community. We can only beat diseases when we work together.
 - Urgently notify EPI coordinators or healthcare workers of any cases of acute flaccid paralysis (AFP) or suspected cases of measles. AFP can show up as paralysis, where the person cannot move at all; falling often; and being unable to walk.



Practical Example

This shows the age at which the child should get the vaccine.

Child's Name				Child's Date of Birth 22.02.2018	
Age	Vaccine	Route & Site	Batch no.	Date given	Signature
Birth	BCG	Intradermal Right arm	2503017A 12/2019	22/2/2018	M. Diale
	OPV0	Oral	N3L881V 11/2020	22/2/2018	M. Diale
6 weeks	OPV1	Oral	N3L881V 11/2020	5/4/2018	M. Diale
	Rotavirus 1	Oral	AB0LC085AA 4/2019	5/4/2018	M. Diale
	PCV1	IM Right thigh	30B18 10/2020	5/4/2018	M. Diale
10 weeks	Hexavalent (DTaP-IPV-Hib-HBV)1	IM Left thigh	N3F522V 11/2020	3/5/2018	M. Diale
	Hexavalent (DTaP-IPV-Hib-HBV)2	IM Left thigh	N3F522V 11/2020	3/5/2018	M. Diale
14 weeks	Rotavirus 2	Oral	AB0LC085AA 4/2019	31/5/2018	M. Diale
	PCV2	IM Right thigh	30B18 10/2020	31/5/2018	M. Diale
	Hexavalent (DTaP-IPV-Hib-HBV)3	IM Left thigh	N3F522N 11/2020	31/5/2018	M. Diale
6 months	Measles 1	S/C Left thigh	250317 5/2019	16/8/2018	M. Diale
9 months	PCV 3	IM Right Thigh	N3F522V 11/2020	15/11/2018	M. Diale
12 months	Measles 2	S/C Right arm	250317 5/2019	21/2/2019	M. Diale
18 months	Hexavalent (DTaP-IPV-Hib-HBV)4	IM Left arm	N37522V 11/2020	22/8/2019	M. Diale
6 years	Td	IM Left arm			
12 years	Td	IM Left arm			
Additional Vaccinations					
Girls 9 years and older	HPV1	IM Non-dominant arm			
	HPV2	IM Non-dominant arm			

This is the date on which the child received their immunisation.

"Filled in EPI Schedule"



What are these immunisations for and why are they important?

- Vaccines help to stop the spread of diseases by preventing adults and children from getting certain diseases. Immunisations are safe and free at government clinics. Some illnesses are infectious and can pass from one person to another. When children are vaccinated against a disease, they are protected, and this prevents infectious diseases from spreading. The table below explains some of the vaccinations and what they do.
- These diseases can be very dangerous for young children, and vaccination is one of the best ways to protect them and stop the spread.
- Some vaccines like the Rotavirus vaccine, will not completely protect a child with only one dose. The child will need to go for more doses and this can be seen in the Immunisation Schedule on page 27.
- Children must complete the full schedule. If a vaccination is missed, the caregiver must take the child to visit the clinic as soon as possible to catch up on the immunisations.
- **Remember that immunisations protect the child, other children, the family and the whole community**

BCG (bacillus Calmette-Guerin)	Provides protection against tuberculosis, which is a common contagious disease in South Africa.
OPV (oral polio vaccine)	Prevents polio.
Rotavirus vaccines	Protects against rotavirus, which causes diarrhoea.
PCV (pneumococcal conjugate vaccine)	Prevents pneumonia and strep throat.
Hexavalent	Provides protection against diseases such as pertussis (whooping cough) and diphtheria. These are caused by bacteria and can be very dangerous for small children.
Measles	Prevents measles. Measles is an infection that causes breathing problems and rashes.
Td	Provides protection against tetanus and diphtheria. These are caused by bacteria and can be very dangerous for small children.
HPV	Provides protection against a virus that most commonly causes cervical cancer.

Vitamin A

 PAGE 28 THE R4HB

Why is vitamin A given to children?

- Vitamin A is important for the immune system, which fights off infections and diseases. It also helps children develop strong bones and good vision. Many children do not get enough vitamin A, causing them to develop a vitamin A deficiency. By providing vitamin A doses, children can grow healthy and strong.
- It is also used to treat illnesses like measles, severe acute malnutrition, diarrhoea and night blindness

What do ECD and childcare workers need to know about vitamin A?

- Be aware of the importance of vitamin A in developing healthy children. Young children can get illnesses very easily, and vitamin A helps their bodies to fight infections.

- All children between six months and five years old should be given vitamin A every six months. You should follow up with caregivers to ensure children are receiving their doses.



- Children should be given food rich in vitamin A, such as eggs, pumpkin, paw-paw, pasteurised cows' milk and foods like fortified bread and maize meal.
- Children need healthy bodies to learn, read and play. They must get all the medical and nutritional support that they need to achieve this.

Deworming

PAGE 28 THE RtHB

Why should children be dewormed?

- Children should receive deworming medicine because worms absorb nutrients from their guts, which can lead to malnutrition and other clinical problems if not treated.

What do ECD and childcare workers need to know about deworming?

- All children between six months and five years old should be given deworming medicine every six months.
 - The information about vitamin A supplements and deworming is found in the same table on page 28 of the RtHB. The healthcare worker will record the date on which the child receives their deworming medicine. Then the healthcare worker will write down the next date on which the child should receive their deworming medicine.
 - Roundworms are very common in South Africa. Children playing in sand can swallow their eggs.
 - These parasites 'steal' nutrients from children, which can lead to undernutrition and other problems if not treated. Deworming kills the parasites, which helps children stay healthy.
- It is important for you to check the table to ensure that caregivers are taking children to the clinic for their deworming medicine. This can prevent spread in the community.



Practical Example

Vitamin A and deworming doses						
	Vitamin A	Date	Signature	Mebendazole	Date	Signature
6 months	100 000IU	24/7/10	D. Jukwana			
12 months	200 000IU	31/1/11	P. Mazibuko	100mg bd for 3 days	31/1/11	P. Mazibuko
18 months	200 000IU	22/7/11	D. Jukwana	100mg bd for 3 days	22/7/11	D. Jukwana
Starting from 24 months, every child should receive Vitamin A and mebendazole every six months (up to 5 years of age).						
Record when these doses are given, and the return date below.						
Vitamin A (200 000IU)			Mebendazole (500 mg stat)			
Date	Signature	Return date	Date	Signature	Return date	
21/1/12	C. Ntuane	10/07/12				
29/12/12	C. Ntuane	01/07/13				

Deworming medicine

The healthcare worker will record the RETURN dates for the next doses

The healthcare worker will record the dates on which the child received each dose

"Filled Vitamin A and deworming dosage table"



Oral Health

 PAGES 28-29 OF THE R_tHB

Why is oral health important?

- Baby teeth play an important role in helping a child bite, chew and speak clearly. Baby teeth also play a role in the development of permanent teeth.
- Taking care of children's teeth can help prevent tooth decay, which can be very painful. It is possible to prevent tooth decay and gum disease by eating healthy foods and with good oral hygiene.



What do ECD and childcare workers need to know about oral health?

- A child's teeth are very important and help children eat and speak. Page 28 of the R_tHB includes tips on how to make sure children have good oral health.
 - Healthcare workers will also observe a child's teeth and general oral health up until they are five years of age. This is recorded in the table on page 29 of the R_tHB. If there are any problems, the healthcare worker will refer the child to an oral health practitioner like a dentist.
- You should make caregivers aware of any oral health problems observed in children and encourage the caregiver to seek help for the child at the clinic.
 - You can use the information in the R_tHB to teach children about good oral health. The information should also be shared with parents and caregivers. Good oral health can prevent unnecessary tooth decay and other oral health problems.

Protect your child's teeth

- Use a small, clean cloth to clean your baby's gums before the first teeth appear.
- Start to clean your baby's teeth as soon as the first tooth comes through.
- Once teeth appear, use a small, soft toothbrush with a small fingernail sized amount of child toothpaste to brush teeth.
- Brush teeth and along the gum line twice a day; in the morning and at night before bed.
- Discourage the giving of sugary snacks and drinks.
- Look in your child's mouth regularly to spot early signs of tooth decay and consult a dentist or other health worker if you notice anything abnormal.
- Never put your baby to sleep with a feeding bottle (remember that breastfeeding or cup-feeding is always better than bottle-feeding).



Practical Example

Frequency of screening	Findings <small>(report as upper or lower, front or back teeth, right or left side of mouth)</small>	Follow-up	Signature
1st visit on appearance of first tooth <small>(or at 6 months measles immunisation)</small>	First two upper and lower front teeth have erupted.		G. Myeza
At age 12 months <small>(measles immunisation)</small>	Most of the baby teeth have erupted. No sign of tooth decay.		C. Ntuane
In the 2nd year	Full set of the baby teeth have erupted. No sign of tooth decay.		C. Ntuane

The nurse checks to see if the teeth are developing and if there are any signs of decay.

"Filled in oral health table"



THEME 4: HEALTH CARE for sick children

where to find it **pp30 to 39**
of the RtHB

Why a section on health care?

There are important danger signs that help to identify when a child is ill and in need of immediate assistance. Learning about these danger signs will help a sick child get the right health care, urgently

What do ECD and childcare workers need to know about healthcare for sick children?

- Being aware of the danger signs for children's health is very important. Please read them carefully and share with other childcare workers.
🔍 PAGES 3 AND 30 AND BACK COVER OF RtHB
- Life-saving information is provided about how to make a sugar-and-salt solution to help treat children with diarrhoea. 🔍 PAGES 30
- Healthcare workers can fill in extra medical information about the child in the section containing general clinical notes in the RtHB. 🔍 PAGES 31-35
- When a child needs additional assistance, the healthcare worker will refer the child to a specialist. This is done in the referral and follow-up record. Only healthcare workers may fill in these forms in the RtHB. 🔍 PAGES 36
- If a child has to be admitted to hospital, this is recorded by the healthcare worker in the hospital admissions record. 🔍 PAGES 36
- A child may have a long-term illness such as asthma, epilepsy, heart disease or cerebral palsy, or the child may need ARVs. This information is noted in the long-term conditions table in the RtHB. You should know if a child in your care has such a condition, because the child may need help.
🔍 PAGES 37
- When a child is born, important information about the new-born baby is recorded in the RtHB. 🔍 PAGES 38
- Tests and screening can be done to check for certain illnesses such as TB or HIV. For example, children with HIV or TB will need medication and may need additional assistance and healthy food to support their immune systems. 🔍 PAGES 39

! Being aware of the danger signs when children are ill and knowing when to get urgent medical care can save a child's life.

The danger signs

🔍 PAGES 3 AND 30 AND BACK COVER OF THE RtHB

- Take a child to the hospital or clinic immediately:
 - If the child is sick and is not able to drink or breastfeed
 - If the child vomits everything up
 - If the child has convulsions (shakes)
 - If the child has diarrhoea (loose stool) or is drinking poorly and has sunken eyes or blood in their stool
 - If the child has a cough or cold and breathes fast or with difficulty
 - If the child has a fever and is not feeding properly
 - If the child shows signs of malnutrition (swollen ankles and feet)
 - If the child is not moving and does not wake up.





- Being aware of danger signs can save a child's life. If possible, make a chart of the danger signs and keep it visible. Also keep reminding childcare workers and caregivers of the danger signs.
- Young babies can become very sick, very quickly. It is important to know what danger signs to look for that require getting a child to a clinic or hospital urgently.

The sugar-salt solution

Q PAGE 30 OF THE RtHB

- The sugar-salt solution (SSS) is a good tool to be aware of when a child gets diarrhoea at home or at an ECD centre. The sugar-salt solution can save a child's life. Share the information with all childcare workers and caregivers. Make a chart and place it on a wall, if possible.
- Diarrhoea, or loose stools, is a very common health problem in children. It can become very serious in a short space of time. Diarrhoea can cause children to lose water and salts, meaning that they become dehydrated. Dehydration is very dangerous and, if not treated, can lead to death in small babies and young children. Dehydration can be prevented by giving children a sugar-salt solution.
- The diagram tells you how to make the solution and how often to give it for children **under 2 years** and children **between 2-5 years**.
- **Babies and young children will still need to be taken to the clinic even if you are giving them the solution.**



1 litre of cooled boiled water



8 level teaspoons of sugar



half a teaspoon of salt (level)

- Give a sugar-salt solution (SSS) in addition to feeds.
- Give SSS after each loose stool, using frequent small sips from a cup.
 - Half a cup for children under 2 years.
 - 1 cup for children 2–5 years.
- If your child vomits, wait 10 minutes then continue, but slower.
- If your child wants more than suggested, give more.
- Continue feeding your child.



The sugar-salt solution is a lifesaving tool in helping to prevent dehydration when children have diarrhoea. Remember, small children and babies suffering from diarrhoea will still need to be taken to the clinic.

Referral forms in the RtHB for use by healthcare workers and specialists

Q PAGE 36 OF THE RtHB

- It is important to track all the different treatments and services that a child may receive over time. This is called continuity of care. A healthcare worker who treats a child needs to have all relevant information about the child and about any medical treatments they may have received in the past.
 - The information is also useful for you, especially if you are concerned about a specific illness or condition that a child may have. This section helps to see if a child is receiving treatment and to remind caregivers to ensure that the child gets the care they need.
- If a child needs assistance from a specialist, a healthcare worker will refer the child to the correct professional. Healthcare workers will use the referral sheets on page 36. The child will receive the new treatment or service from the specialist. Then, the specialist will also record information on this page and will note down whether the child needs any follow-up visits.
- These referral sheets must be completed by healthcare workers and specialists.



Practical Example

Referrals and follow-up record

Completed by referring HCW			Completed at place of referral		
Date	Reason for referral	Referred To:	Date	Feedback to referring health worker (include follow-up that is required)	Signature and name
14/05/2019	Recurrent ear infection	Referred to doctor	20/05/2019	Child needs more assessments. Has been referred to an ear, nose and throat (ENT) specialist	Dr Khumalo

The healthcare worker has made a referral to a doctor for assistance.

"Filled in Referrals and follow-up record table"

The specialist will assess the child and write down what treatment was given and any follow-up appointments

Long-term health conditions

 PAGE 37 OF THE R_tHB

- A child may have long-term illnesses such as asthma, epilepsy, heart disease, cerebral palsy, or the child may need antiretrovirals (ARVs). This information is recorded in the long-term health conditions table.
- This is important, because you will need to know what to do if the child shows any signs of difficulty because of the illness.
- A child may receive medication from the clinic to use for their condition. It is best for caregivers and parents to give medication to their children, but childcare workers need to be aware of this and may need to assist at times. For example, a child with asthma may need help with an inhaler. A child may have diabetes or an allergy and need assistance at times. This information is important.
- Discuss this with the parent or caregiver.

Long-term health conditions

This table is for treatment facility/specialist clinic staff to record the main details of the health care for children with long-term health conditions such as asthma, epilepsy, congenital heart disease, cerebral palsy etc.

Date	Condition	Treatment	Health worker contact



It is important for ECD and childcare workers to know if a child has any long-term illnesses that they may need assistance with, such as asthma, diabetes, allergies and epilepsy.



Antenatal, birth and new-born history

Q PAGE 38 OF THE R_tHB

- This section records the baby's birth and new born history and other important information such as risk factors. Risk factors are, for example, a low birthweight, social risks and birth defects which can lead to health or developmental problems as the child grows. Children with risk factors may need extra support and care to help them grow and develop.



Practical Example

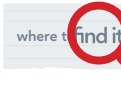
Antenatal, birth and newborn history

Place of Birth: Polokwane Hospital							
Birth Weight 3.2kg	Length at Birth 52 cm						
Head Circumference at birth 36 cm	Gestational Age (weeks) Term						
Breastfeeding Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	<table border="1"> <tr> <td>HIV exposure Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> <td>Prenatal ARVs FDC Duration 5 months</td> <td>Infant prophylaxis Neviropine Duration 6 weeks</td> </tr> <tr> <td colspan="3">If PCR test done, place sticker on pg 39 also record follow-up tests on pg 39.</td> </tr> </table>	HIV exposure Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Prenatal ARVs FDC Duration 5 months	Infant prophylaxis Neviropine Duration 6 weeks	If PCR test done, place sticker on pg 39 also record follow-up tests on pg 39.		
HIV exposure Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Prenatal ARVs FDC Duration 5 months	Infant prophylaxis Neviropine Duration 6 weeks					
If PCR test done, place sticker on pg 39 also record follow-up tests on pg 39.							
APGARS	1 min 9 5 min 10						
Antenatal History							
RPR result	Rhesus Blood Group (if available)						
Antenatal (Maternal history) GIPO Induced at 42 weeks	Intrapartum history (including mode of delivery) NVD						
Are risk factors present?							
Low birthweight (less than 2.5kg) <input type="checkbox"/>	Mother has died or is ill <input type="checkbox"/>						
Known congenital or neurological problem <input type="checkbox"/>	Infant not exclusively breastfed <input type="checkbox"/>						

"Filled in Antenatal, birth and newborn history table"



THEME 5: Special care for children who need EXTRA CARE



pp40 to 43
of the RtHB

Why a section on extra care?

- It is important to be aware of factors which may influence a child's development and wellbeing.
- It is necessary to know which children are vulnerable and need special care and support. This means knowing what to do and where to go for help.
- Knowing about birth registration and the different types of grants can be very useful. The information can be shared so that vulnerable children and families can get the help they need.

What do ECD and childcare workers need to know about the extra care section?

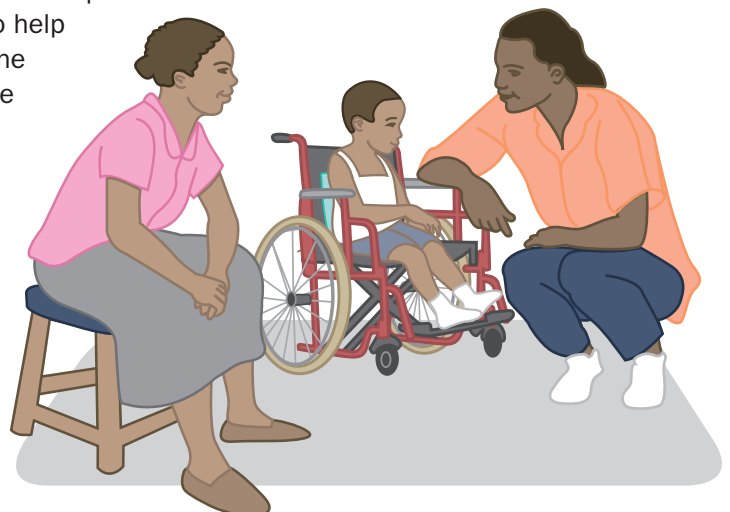
- There is valuable information on HIV, TB, supervision, disability and serious injuries. **Q PAGE 40**
- If a child has TB or HIV, they should get the treatment they need from the clinic and eat healthy foods.
- It is very important to prevent injuries. Children can get hurt easily, and this can be prevented with more supervision. Children should not be left alone.

- Make sure that there is always a responsible adult or childcare worker taking care of the child or children. Children love to play and explore. This means making sure that their environments are safe. For example, make sure sharp objects are out of reach of children. Also keep small objects away from small children because they can swallow these or the child could choke. This is very important for ECD and home-based childcare facilities.
- Children have different abilities. We need to assist children with mental and physical disabilities who need extra care. Increase your knowledge on how to provide such care by contacting organisations that support people and children with disabilities. Encourage parents to join support groups, if possible.
- No child should be neglected because they have a disability. Everyone must be treated with the same respect, love and care. You should teach children to welcome and respect all types of abilities.

- The social conditions in which a child lives will have an impact on their wellbeing. There is a table on social risk to help healthcare workers understand any challenges in the family or their living environment that may affect the child. **Q PAGE 41**

- More information describing the social risks affecting a child's development is also available. **Q PAGE 42**

- The section contains important information about birth registration and social grants. **Q PAGE 43**





Social risk table

Q PAGE 41 OF THE R_tHB

- There are many social challenges which can affect a child. The healthcare worker will use the questions in the table below to try to understand the circumstances that the child is living in. The healthcare worker can then refer the parent or caregiver to the right place to get support.



Practical Example

For health workers:

This table incorporates key social risks for children. Complete this table at the 6 or 14 week visit.

Are social risk factors present?	Notes (include details of risk, referral and/or extra care provided)
Child has a birth certificate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Mother has died or is ill <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Teenage parent or caregiver <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Unemployed teenage mother relies on family. No financial from baby's father. Referred to SASSA for Child Support Grant. Referred to counsellor for counselling.
Child receives a child support grant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Child receives a care dependency grant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Child receives a foster care grant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

The nurse identified two social risk factors and referred the mother to receive financial and psychosocial support

"Filled in extra care checklist"

Risks to a child's development

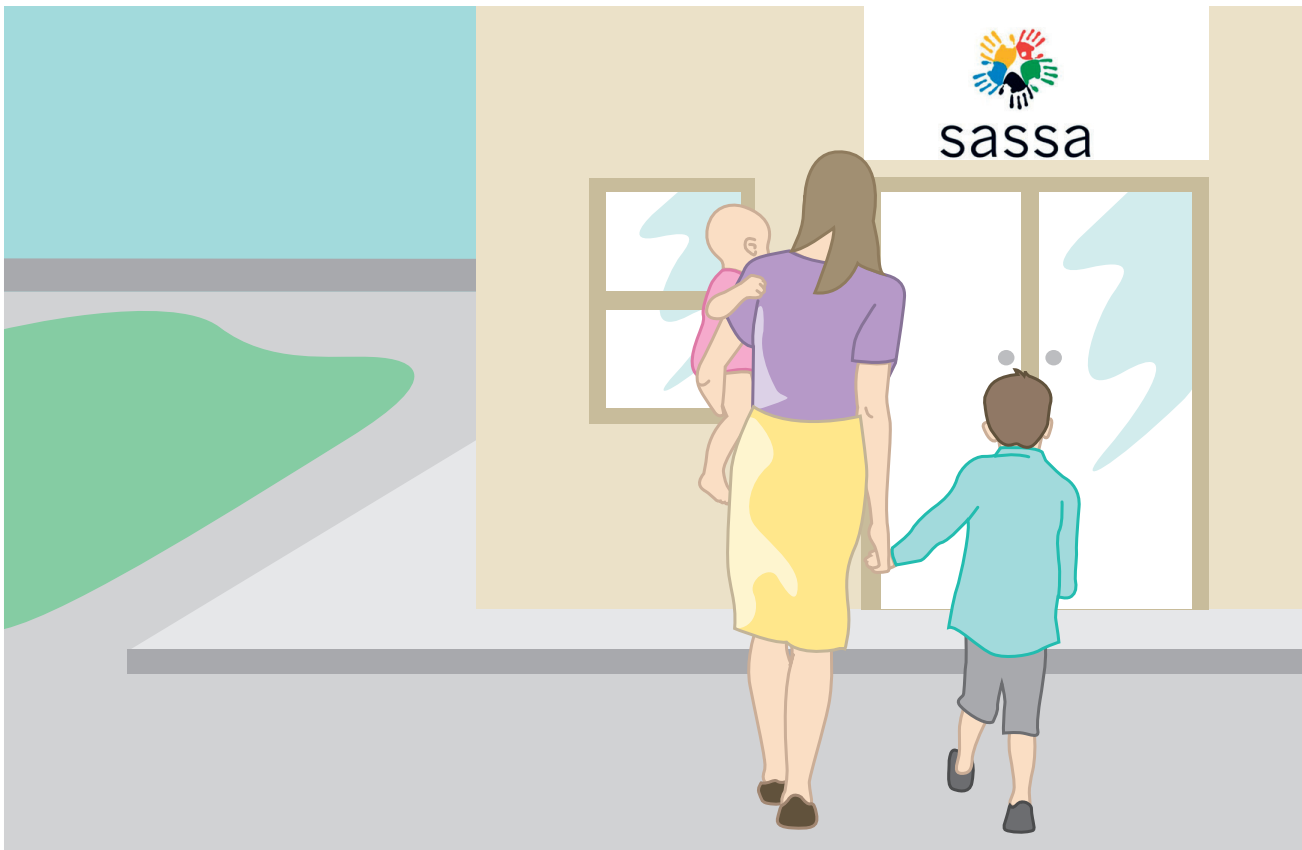
Q PAGE 42 OF THE R_tHB

- Children need to live in a safe environment and should be protected from harm. There are situations in the home that can create a risk to the health and wellbeing of a child. For example:
 - If the caregiver is a teen mother or if a grandparent is looking after a young child
 - If the caregiver is exposed to violence or abuse in the home
 - If the caregiver or people in the home are using drugs or alcohol
 - If the caregiver feels like they are not coping, or is stressed or has been sad for a long period of time (depressed).
- You can also let parents or caregivers know that there are services which can help them in providing care for their children and for themselves. By talking to the healthcare worker, caregivers can access support.

Birth registration

Q PAGE 43 OF THE R_tHB

- Registering a child's birth is essential. This will give the child a birth certificate and will help the caregiver and the child when they try to access other services and support.
- Registration can be done by bringing the mother's and father's ID books with to the hospital where the baby will be born. A child can also be registered at the Department of Home Affairs and their offices in various hospitals and health facilities.



- It is important to try to register the child in the first month after their birth.
- It is a child's legal right to have a birth certificate. Registering a baby is one more way in which parents can protect their children.

Support and care grants

 PAGE 43 OF THE RtHB

- Support and care grants are also available, but a caregiver will need to qualify for these. Caregivers can ask a healthcare or social worker about the grants:
 - If a caregiver is unemployed or does not earn enough money to buy food, clothing or transport for the child, then the caregiver may qualify for the **Child Support Grant (CSG)**.
 - A **Disability Grant** is available for a person or a child who has a disability, and the **Care Dependency Grant** can help to cover the costs of the additional care that is required.
 - A **Foster Care Grant** can be accessed to help caregivers provide for a child that they are fostering.
- You should explain to parents and caregivers how important it is to register their child. You can also assist them by informing them about the grants that are available to support caregivers in providing for children.

Useful contact details

There are useful contact details found at the end of the Road to Health book. These contacts can give you extra support when needed and can help to save a child's life in emergencies. Keep these telephone numbers where everyone can see them. You can also remind caregivers of this at parent meetings.

Health services	
Your local clinic	
Your doctor	
AIDS Helpline	0800 012 322
Depression/Mental Health helplines	0800 12 13 14/011 262 6396, sms 31393
Emergency ambulance	10177 From a mobile: 112
Poison information centre	0861 555 777
MomConnect	*134*550#
Birth registration and identity documents	
Home Affairs Toll Free helpline	0800 601 190
Child protection and safety	
Police emergency number	10111
Childline toll free	0800 055 555 0800 123 321
Grants	
SASSA Toll Free helpline	0800 601 011 0800 600 160 GrantEnquiries@sassa.gov.za
Child care and education	
Your local ECD centre, creche, preschool, child minder	
Other numbers	

Annexures

Tips on how to use the ECD observation form

- Make sure when children enrol at your facility or programme that you let caregivers know you'll be providing feedback on their child's health and development. You can also remind caregivers of this at parent meetings.
- Explain that you will complete an ECD observation form to help the caregiver, because they will need to take the child for an assessment at the clinic. This is meant to help the child, the caregiver and the healthcare worker. We need to work together to help our children survive and thrive. This builds trust from the very beginning.
- **Also, make sure the caregiver understands that it is the healthcare worker who must always do a proper assessment and make recommendations.**
- The information must be kept confidential.
- Try to make copies of the ECD observation form to keep at home or at the ECD centre. If you cannot make copies, write the information down on a piece of paper that the caregiver can show to the healthcare worker.
- When giving feedback to the caregiver, make sure you do this in private.
- When you observe a health or development challenge, use the ECD observation form to write down what you have seen. Write clearly. Also, be sensitive to the caregiver and explain what you have seen in a caring manner. Let the caregiver know that it is always best to take the child to the clinic for a proper assessment by a healthcare worker soon, and that there are services which can support them. Emphasise that it is in the best interest of the child.
- A caregiver may have many questions, but it is best for a healthcare worker to first assess the situation and provide guidance. The ECD observation form will help the caregiver explain the situation, and the healthcare worker will be able to refer to your comments.
- The healthcare worker should provide feedback on the ECD observation form so that you and the caregiver are aware of what next steps must be taken to help the child.
- Follow up with the caregiver to check if the child has been assisted.



Example of a filled-in ECD observation form

To be used by ECD and childcare workers to inform caregivers and healthcare workers of developmental or health issues that a child in their care has shown.

Completed by ECD or childcare worker	
Child's name	Thandeka Mabuyane
Parent/ Guardian's name	Peggy Mabuyane
Date	12 August 2019
Observations (Important notes)	This morning when we touched near the baby's ears and neck, she cried and pushed my hands away. She does not want to eat and her head is warm.
Referred to: e.g. clinic	Clinic
Referred by	Name and surname: Z. Afrika Signature: ECD name (optional): Sunshine ECD Centre

Completed at place of referral: e.g. by healthcare worker at clinic	
Date	13 August 2019
Feedback (include any follow-up that may be required)	The child has a throat infection. The mother has been given medication to give the child three times a day. The child must eat soft foods like meliemeal and soup. If the child does not seem to get better in three days' time, bring her back to the clinic immediately.
Signature and name	Name and surname: Z. Afrika Signature:

Any other notes:

ECD observation form

To be used by ECD and childcare workers to inform caregivers and healthcare workers of developmental or health issues that a child in their care has shown.

Completed by ECD or childcare worker	
Child's name	
Parent/ Guardian's name	
Date	
Observations (Important notes)	
Referred to: e.g. clinic	
Referred by	Name and surname: Signature: ECD name (optional):

Completed at place of referral: e.g. by healthcare worker at clinic	
Date	
Feedback (include any follow-up that may be required)	
Signature and name	Name and surname: Signature:

Any other notes:

Danger signs!

Take your child to the nearest clinic if you see any of the following.



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



Child has diarrhoea, sunken eyes, and a sunken fontanelle



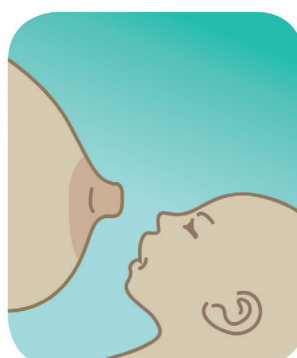
Child is shaking (convulsions)



Child has signs of malnutrition (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed