

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

# **INTRODUCTION**

World Health Organization and UNICEF  
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*Integrated Management of Childhood Illness* was prepared by the World Health Organization's Division for Control of Diarrhoeal and Respiratory Infections (CDR), now the Division of Child Health and Development (CHD), and UNICEF through a contract with ACT International, Atlanta, Georgia, USA.

## CONTENTS

INTRODUCTION.....	1
THE CASE MANAGEMENT PROCESS.....	2
PURPOSE OF THIS TRAINING COURSE.....	4
COURSE METHODS AND MATERIALS.....	4
HOW TO SELECT THE APPROPRIATE CASE MANAGEMENT CHARTS 5	
GLOSSARY.....	7



# INTRODUCTION

Pneumonia, diarrhoea, malaria, measles and malnutrition cause more than 70% of the deaths in children under five years of age. There are feasible and effective ways that health workers in clinics can care for children with these illnesses and prevent most of these deaths. WHO and UNICEF used updated technical findings to describe management of these illnesses in a set of integrated (combined) guidelines, instead of separate guidelines for each illness. They then developed this training package to teach the integrated case management process to health workers who see sick children.

Health workers have experience treating common childhood illnesses. They are often trained using separate, disease-specific guidelines, such as guidelines for treating malaria, or guidelines for managing diarrhoea. However, they may have difficulty combining different guidelines when caring for a sick child with several problems. They may not know which problems are most important to treat. With limited time and drugs, health workers may not be able to identify and treat all of a sick child's problems. There are important relationships between the illnesses. For example, repeated diarrhoeal episodes often lead to malnutrition; diarrhoea which often accompanies or follows measles is particularly severe. Therefore, effective case management needs to consider all of a child's symptoms.

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A health worker can follow the integrated case management process taught in this course to quickly consider all of a child's symptoms and not overlook any problems. The health worker can determine if a child is severely ill and needs urgent referral. If not, the health worker can follow the guidelines to treat the child's illnesses. The guidelines also describe counselling for mothers and other caretakers.

The case management guidelines incorporate existing WHO guidelines, such as those for managing diarrhoeal disease, acute respiratory infections, malaria, and for immunization. In this course, health workers will see how the disease-specific guidelines fit into a more comprehensive and efficient process for management of a sick child.

The case management guidelines describe how to care for a child who presents at a clinic with an illness for the first time or for a scheduled follow-up visit to check the child's improvement. They address most but not all of the major reasons a child is brought to a clinic for illness. A child returning with chronic problems or less common illnesses may require special care which is not described in this course. The course does not describe the management of trauma or other acute emergencies due to accidents or injuries.

Although AIDS is not addressed specifically, the case management guidelines address the most common reasons children with HIV seek care: diarrhoea and respiratory infections. When a child who is believed to have HIV presents with any of these common illnesses, he can be treated like any child coming in with the illness for the first time. If a child's illness does not respond to the standard treatments taught in this course, or if a child becomes severely malnourished, or returns to the clinic repeatedly, he is referred to a hospital for special care. This results in children with AIDS being referred.

Case management can be effective only to the extent that families bring their sick children to a trained health worker for care in a timely way. If a family waits to bring a child to a clinic until the child is extremely sick or takes the child to an untrained provider, the child is more likely to die from the illness. Therefore, teaching families when to seek care for a sick child is an important part of the case management process.

## **THE CASE MANAGEMENT PROCESS**

The case management process is presented on a series of charts which show the sequence of steps and provide information for performing them. The charts describe the following steps:

- Assess the child or young infant
- Classify the illness
- Identify treatment

Treat the child  
Counsel the mother  
Give follow-up care

These steps are probably similar to the way you care for sick children now, though you may have learned different words to describe them. The step called "assess the child" means taking a history and doing a physical examination. "Classify the illness" means making a decision on the severity of the illness. You will select a category, or "classification," for each of the child's major symptoms which corresponds to the severity of the disease. Classifications are not specific disease diagnoses. Instead, they are categories that are used to determine treatment.

The charts recommend appropriate treatment for each classification. When using this process, selecting a classification on the chart is sufficient to allow you to "identify treatment" for a child. For example, a child with the classification VERY SEVERE FEBRILE DISEASE could have meningitis, severe malaria or septicaemia. The treatments listed for VERY SEVERE FEBRILE DISEASE will be appropriate because they have been chosen to cover the most important diseases included in this classification.

"Treat" means giving treatment in clinic, prescribing drugs or other treatments to be given at home, and also teaching the mother how to carry out the treatments. "Counsel the mother" includes assessing how the child is fed and telling her about the foods and fluids to give the child and when to bring the child back to the clinic.

The case management process for sick children age 2 months up to 5 years is presented on three charts titled:

- \* *ASSESS AND CLASSIFY THE SICK CHILD*
- \* *TREAT THE CHILD*
- \* *COUNSEL THE MOTHER*

Management of the young infant age 1 week up to 2 months is somewhat different from older infants and children. It is described on a different chart titled *ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT*.

The charts are designed to help health workers manage children correctly and efficiently. This course trains you to use the charts and gives you clinical practice managing sick children. After the course, the charts will help you recall and apply what you have learned when you manage sick children at your clinic.

## **PURPOSE OF THIS TRAINING COURSE**

This training course is designed to teach the case management process to doctors,

nurses and other health workers who see sick children and infants. It is a case management process for a first-level facility such as a clinic, a health centre or an outpatient department of a hospital. The course uses the word "clinic" throughout to mean any such setting.

You will learn to manage sick children according to the case management charts, including:

- \* Assessing signs and symptoms of illness, and nutritional and immunization status,
- \* Classifying the illness,
- \* Identifying treatments for the child's classifications and deciding if a child needs to be referred,
- \* Giving important pre-referral treatments (such as a first dose of an antibiotic, vitamin A, quinine injection, and treatment to prevent low blood sugar) and referring the child,
- \* Providing treatments in the clinic, such as oral rehydration therapy, vitamin A, and immunization,
- \* Teaching the mother to give specific treatment at home, such as an oral antibiotic or antimalarial, and
- \* Counselling the mother about feeding and when to return.
- \* When a child comes for scheduled follow-up, reassessing the problem and providing appropriate care.

## **COURSE METHODS AND MATERIALS**

In addition to the case management charts, you will receive a series of booklets, called modules, which explain each step. They are titled:

*Assess and Classify the Sick Child Age 2 Months Up To 5 Years*  
*Identify Treatment*  
*Treat the Child*  
*Counsel the Mother*  
*Management of the Sick Young Infant Age 1 Week Up To 2 Months*  
*Follow-Up*

The modules include exercises that will help you learn the steps. Most exercises provide clinical information describing a sick child and ask questions. Some exercises use



photographs or video. You will complete a module by reading it and working through the exercises.

For approximately half of each day, you will go to nearby clinics to observe and practice managing sick children. In these clinical sessions you will assess, classify and treat sick children, including teaching their mothers how to care for them at home. The clinical sessions give you opportunities to try the skills that you learn about in the modules. You may ask questions and receive guidance if difficulties arise. By the end of the course, you will have experience managing children according to the case management process and can feel comfortable continuing at your own clinic.

A facilitator will guide you through the activities and exercises in the modules, lead group discussions and review your individual work on the modules. A facilitator will also supervise your practice during clinical sessions. You are encouraged to discuss any questions or problems with a facilitator.

## **HOW TO SELECT THE APPROPRIATE CASE MANAGEMENT CHARTS**

Most clinics have a procedure for registering children and identifying whether they have come because they are sick, or for some other reason, such as for a well-child visit or an immunization session, or for care of an injury received in an accident. When a mother brings a child because the child is sick (due to illness, not trauma) and the child is sent to you for attention, you need to know the age of the child in order to select the appropriate chart and begin the assessment process. Depending on the procedure for registering patients at your clinic, the child's name, age and other information such as address may have been recorded already. If not, you may begin by asking the child's name and age.

Decide which age group the child is in:

- Age 1 week up to 2 months
- Age 2 months up to 5 years

If the child is age 2 months up to 5 years, select the chart *ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS*. "Up to 5 years" means the child has not yet had his fifth birthday. For example, this age group includes a child who is 4 years 11 months but not a child who is 5 years old.

A child who is 2 months old would be in the group 2 months up to 5 years, not in the group 1 week up to 2 months.

If the child is not yet 2 months of age, the child is considered a young infant. Use the chart *ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT*.

In the next module, *Assess and Classify the Sick Child*, you will learn how to assess and classify a child who is age 2 months up to 5 years. How to manage a young infant is taught later in the course in the module *Management of the Sick Young Infant*.

# **GLOSSARY**

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**Abscess:** a collection of pus

**Sterile abscess:** an abscess that contains no bacteria

**Abdomen:** the area of the body containing the stomach and bowel

**Abdominal:** in the abdomen

**Active feeding:** encouraging a child to eat, for example, by sitting with him and helping to get the spoon to his mouth

**Active neurological disease of the central nervous system:** epilepsy and other current diseases of the brain or spinal cord. This does not include permanent, old neurological problems from cerebral palsy, polio, or injuries.

**AIDS:** Acquired Immune Deficiency Syndrome, caused by infection with the Human Immunodeficiency Virus (HIV). AIDS is the final and most severe phase of HIV infection. The immune system works poorly, and the patient may have various symptoms and diseases (such as diarrhoea, fever, wasting, pneumonia).

**Amoebiasis:** amoebic dysentery; dysentery caused by the amoeba *E. histolytica*

**Allergies:** problems such as sneezing, a rash, or difficult breathing that affect certain people when specific things are breathed in, eaten, injected, or touched

**Antidiarrhoeal drugs:** drugs that are claimed to stop or decrease diarrhoea, such as antimotility drugs. These drugs are not useful for children with diarrhoea. Some are dangerous.

**Antiemetics:** drugs to control vomiting

**Antifolate drugs:** drugs that act against folate. Both cotrimoxazole (trimethoprim-sulfamethoxazole) and the antimalarial sulfadoxine-pyramethamine (Fansidar) are antifolate drugs.

**Antimotility drugs:** drugs that slow the movement of contents through the bowel by reducing its muscular activity

**Appetite:** the desire to eat

**Areola:** the dark circle of skin around the nipple of the breast

**Aspiration:** inhaling (breathing in) fluids

**Assess:** to consider the relevant information and make a judgement. As used in this course, to examine the child and identify the signs of illness.

**Axillary temperature:** temperature measured in the armpit

**BCG:** an immunization to prevent tuberculosis, given at birth. The initials stand for Bacille Calmette-Guerin.

**Bowel:** intestine

**Breast cancer:** malignant tumor that starts in the breast

**Breastmilk substitute:** Formula or milk given instead of or in addition to breastmilk. An example is cow's milk made as follows: Mix ½ cup (100 ml) boiled whole cow's milk with ¼ cup (50 ml) boiled water and 2 level teaspoons (10 grams) of sugar.

**Cerebral malaria:** falciparum malaria affecting the brain

**Checking questions:** questions intended to find out what someone understands and what needs further explanation. After teaching a mother about feeding, a health worker might ask the checking question, "What foods will you feed your child?"

**Chest indrawing:** when the lower chest wall (lower ribs) goes in when a child breathes in. In a child age 2 months up to 5 years, if chest indrawing is clearly visible and present all the time during an examination, it is sign of SEVERE PNEUMONIA OR VERY SEVERE DISEASE.

**Severe chest indrawing:** chest indrawing that is very deep and easy to see. In a young infant, mild chest indrawing is normal, but severe chest indrawing is a sign of serious illness.

**Chronic:** lasting a long time or recurring frequently

**Classify:** as used in this course, to select a category of illness and severity (called a classification) based on a child's signs and symptoms.

**Clinic:** as used in this course, any first-level outpatient health facility such as dispensary, rural health post, health centre, or the outpatient department of a hospital

**Communication skills:** as used in this course, skills used in teaching and counselling with mothers, including: ASK AND LISTEN, PRAISE, ADVISE, AND CHECK UNDERSTANDING

**Complementary foods:** foods given in addition to breastmilk, starting when a child is 4-6 months of age. By age 6 months, all children should be receiving a nutritious, thick complementary food, such as cereal mixed with oil and bits of meat, vegetables, or fish. Complementary foods are sometimes called "weaning foods."

**Confidence:** a feeling of being able to succeed

**Contraindication:** a situation or condition in which a certain treatment, procedure or drug should not be used

**Corneal rupture:** bursting of the cornea, that is, the clear outer layer of the eye

**Counsel:** as used in this module, to teach or advise a mother as part of a discussion which includes: asking questions, listening to the mother's answers, praising and/or giving relevant advice, helping to solve problems, and checking understanding

**Counselling:** the process of teaching or advising as described above

**Deficiency:** a lack or shortage. Vitamin A deficiency is a shortage of vitamin A in the body.

**Dehydration:** loss of a large amount of water and salts from the body

**Diagnostic testing:** special testing, such as laboratory tests or X rays, to determine the type or cause of illness

**Digest:** to process food so it can be absorbed and used in the body

**Digital watch:** a watch that shows the time in digits (numerals) instead of with moving hands

**Disease:** as used in this course, a specific illness or group of illnesses, classified on the basis of signs and symptoms, for example, "VERY SEVERE FEBRILE DISEASE." This classification includes several illnesses such as meningitis, cerebral malaria, and septicaemia.

**DPT:** immunization to prevent diphtheria, pertussis (whooping cough), and tetanus. For full protection a child needs 3 injections: at 6 weeks, 10 weeks, and 14 weeks.

**Energy-rich:** full of ingredients that give energy (or calories), such as starches or oil

**Engorgement:** a condition in which a mother's breasts are swollen, hard and painful because they are too full of milk

**Episodes:** occurrences of a disease

**Diarrhoeal episodes:** occurrences of diarrhoea

**Essential:** necessary. Essential vitamins and minerals (such as vitamins and iron) are those necessary for good health.

**Essential fatty acids:** fats that are necessary for a baby's growing eyes and brain. These fatty acids are not present in cow's milk or most brands of formula.

**Exclusive breastfeeding:** giving a child only breastmilk and no additional food, water, or other fluids (with the exception of medicines and vitamins, if needed)

**Expertise:** a high level of skill in a particular area

**Falciparum malaria:** malaria caused by the parasite *Plasmodium falciparum*

**Family foods:** foods ordinarily eaten by the family

**Febrile:** having fever

**Feeding assessment:** the process of asking questions to find out about a child's usual feeding and feeding during illness. (Appropriate questions are listed on the *COUNSEL* chart.)

**Feeding bottle:** a bottle with a nipple or teat that a child sucks on. Feeding bottles should not be used.

**Feeding problems:** differences between a child's actual feeding and feeding recommendations listed on the *COUNSEL* chart, and other problems such as difficulty breastfeeding, use of a feeding bottle, lack of active feeding, or not feeding well during illness

**Femoral artery:** the main artery to the leg. Its pulsation can be felt in the groin (upper inner thigh).

**Femoral vein:** the main vein from the leg. It is located just medial to the femoral artery (that is, towards the middle of the body from the femoral artery).

**Fever:** as used in this course, fever includes:

- a history of fever (as reported by the mother)
- feeling hot to the touch
- an axillary temperature of 37.5°C (99.5°F) or higher, or a rectal temperature of 38°C (100.4°F) or higher.

**First-level health facility:** a facility such as a health centre, clinic, rural health post, dispensary, or outpatient department of a hospital, which is considered the first facility within the health system where people seek care. In this course, the term **clinic** is used for any first-level health facility.

**Folate:** folic acid, a vitamin used in treatment of nutritional anaemia

**Follow-up visit:** a return visit requested by the health worker to see if treatment is working or if further treatment or referral is needed

**Fontanelle:** the soft spot on top of a young infant's head, where the bones of the head have not come together

**Full-term:** word used to describe a baby born after 37 weeks of pregnancy

**Glucose:** a sugar used in oral rehydration salts and in IV fluids

**Gruel:** a food made by boiling cereal meal or legumes in milk or water. Gruel may be made thick like a porridge or thin like a drink. For complementary feeding, gruel should be made thick.

**Grunting:** soft, short sounds that a young infant makes when breathing out. Grunting occurs when a young infant is having trouble breathing.

**Guilty:** a feeling of having done wrong

**Haemoglobin:** a protein containing iron that carries oxygen and makes the blood red

**Hepatitis B virus:** one of several viruses that cause hepatitis; this virus also causes liver cancer. This virus is spread easily by blood, so needles and syringes must be sterile.

**HIV:** Human Immunodeficiency Virus. HIV is the virus that causes AIDS.

**Hookworm:** a small worm that may live as a parasite in a person's intestine and suck blood. This blood loss may lead to anaemia.



**Hospital:** as used in this course, any health facility with inpatient beds, supplies, and expertise to treat a very sick child

**Hygienically:** using clean utensils and clean hands, avoiding germs

**Hypernatraemia:** too much sodium in the blood

**Hypothermia:** low body temperature (below 35.5°C axillary or 36°C rectal temperature)

**Hypoxia:** a condition in which too little oxygen is reaching the organs of the body

**Illness:** sickness. As described in this course, the signs and symptoms of illness need to be assessed and classified in order to select treatment.

**Immune suppression:** weakening of the immune system so that the body has little resistance to disease

**Immune system:** the system that helps the body resist disease by producing antibodies or special cells to fight disease-causing agents

**Immunization status:** a comparison of a child's past immunizations with the recommended immunization schedule. Immunization status describes whether or not a child has received all of the immunizations recommended for his age, and, if not, what immunizations are needed now.

**Incompetent:** lacking the ability or skill to do something

**Infant:** as used in this course, a baby up to age 12 months

**Young infant:** as used in this course, a baby age 1 week up to 2 months

**Infant feeding formulas:** concentrated milk or soy products (to be combined with water) sold as a substitute for breastmilk.

**Initial visit:** the first visit to a health worker for an episode of an illness or problem

**Inpatient:** a patient who stays at a health facility and receives a bed and food as well as treatment

**Integrated:** combined

**Integrated case management process:** a process for treating patients that includes consideration of all of their symptoms

**Intramuscular (IM) injection:** an injection (shot) put into a muscle, usually of the thigh

**Intravenous (IV) infusion:** continuous slow introduction of a fluid into a vein

**Intravenous (IV) injection:** an injection (shot) put directly into a vein

**Jaundiced:** having a yellow color in the eyes and skin

**Koplik spots:** spots that occur in the mouth inside the cheek during the early stages of measles. They are small, irregular, bright red spots with a white spot in the center. They do not interfere with drinking or eating and do not need treatment.

**Kwashiorkor:** a type of protein-energy malnutrition due to lack of protein in the diet. A child with kwashiorkor has oedema, which may cause his limbs to appear puffy. The child may have sparse hair and dry scaly skin..

**Lactose:** a sugar present in milk

**Local:** present in the nearby geographic area. For example, local foods are those found in the area. (See "local infections" below for another meaning of "local.")

**Local infections:** infections located only in a specific place on the body, for example, in the eye or in the mouth

**Low blood sugar:** too little sugar in the blood, also called hypoglycaemia.

**Low birthweight:** low weight at birth, due either to poor growth in the womb or to prematurity (being born early). Children less than 2500 grams have low birthweight.

**Malignant:** tending to spread and result in death

**Marasmus:** a type of protein-energy malnutrition due to long-term lack of calories and protein. A child with marasmus appears to be just "skin and bones."

**Mastoid:** the skull bone behind the ear

**Measles complications:** problems or infections that occur during or after measles. Some examples of measles complications are: diarrhoea, pneumonia, stridor, mouth ulcers, ear infection, and eye infection. A less common complication is encephalitis, an inflammation of the brain.

**Meningitis:** a dangerous infection in which the spinal fluid and the membranes surrounding the brain and spinal cord become infected

**Midwife:** a health care worker who assists women in childbirth and may also provide other health care

**Nasogastric (NG) tube:** a tube inserted through a patient's nose to his stomach. An NG tube may be used to give ORS solution to severely dehydrated patients when IV therapy is not available, or to feed a severely malnourished child who cannot eat.

**Nutrient:** a substance in food that helps one grow and be healthy, such as protein, minerals, and vitamins

**Nutrient-rich:** full of the essential nutrients. These include protein as well as vitamins and minerals.

**Nutritional status:** the degree to which a child shows or does not show certain signs of malnutrition or anaemia or low weight. In this course, a child's nutritional status may be classified as: SEVERE MALNUTRITION OR SEVERE ANAEMIA, ANAEMIA OR VERY LOW WEIGHT, or NO ANAEMIA AND NOT VERY LOW WEIGHT.

**Oedema:** swelling from excess fluid under the skin. Oedema usually occurs in the lower legs and feet, sometimes elsewhere.

**Opportunistic infections:** infections caused by microorganisms which the body's immune system is normally able to fight off. When the immune system is weakened, as in AIDS, opportunistic infections can take hold. For example, in a healthy person, there are organisms in the mouth which do not normally cause infection; however, in a person with a weakened immune system, these same organisms may cause oral thrush.

**Oral Rehydration Salts (ORS):** a mixture of glucose and salts conforming to the WHO recommended formula (in grams per litre): sodium chloride 3.5; trisodium citrate, dihydrate 2.9, or sodium bicarbonate 2.5; potassium chloride 1.5; and glucose 20.0.

**OPV:** oral polio vaccine. To prevent polio, it is given in 4 doses: at birth, 6 weeks, 10 weeks, and 14 weeks.

**Outpatient:** a patient who does not stay overnight at a health facility

**Ovarian cancer:** malignant tumors starting in the ovaries (the female sex glands in which eggs are formed)

**Overwhelmed:** feeling as though there is too much to do or remember

**Parasite:** an organism living in or on another organism and causing it harm

**Pathogen:** an organism or microorganism that causes disease

**Persist:** to remain or endure

**Practical:** possible to do with the resources and time available

**Pre-referral:** before referral to a hospital

**Premature:** born early, before 37 weeks of pregnancy

**Protein:** a substance in food made up of amino acids needed for adequate growth.  
Meat, fish, eggs, milk, and beans are examples of foods containing protein.

**Protein-energy malnutrition:** a condition caused by lack of enough protein or energy in the diet, or by frequent illness.

**Pulses:** legumes, such as peas, beans, or lentils

**Pustule:** a reddish bump on the skin containing pus

**Radial pulse:** the pulse felt over the radial artery, which is the main blood vessel at the wrist on the outside of the thumb

**Reassessment:** as used in this course, to examine the child again for signs of specific illness to see if the child is improving

**Full reassessment:** to do the entire assessment process on the *ASSESS & CLASSIFY* chart again to see if there has been improvement and also to assess and classify any new problems

**Recommendations:** advice, instructions that should be followed

**Recurrent convulsions:** spasms or fits that occur repeatedly

**Reduce, reduction:** decrease

**Referral:** as used in this course, sending a patient for further assessment and care at a hospital

**Relactation:** starting breastfeeding again and producing breastmilk after stopping

**Respiratory distress:** discomfort from not getting enough air into the lungs

**Semi-solid food:** food that is part solid and part liquid. A soft, wet food such as gruel or porridge is semi-solid.

**Septicaemia:** an infection of the blood, also called "sepsis" in this course

**Severe classification:** as used in this course, a very serious illness requiring urgent attention and usually referral or admission for inpatient care. Severe classifications are listed in pink-colored rows on the *ASSESS & CLASSIFY* chart

**Shock:** a dangerous condition with severe weakness, lethargy, or unconsciousness, cold extremities, and fast, weak pulse. It is caused by diarrhoea with very severe dehydration, haemorrhage, burns, or sepsis.

**Signs:** as used in this course, physical evidence of a health problem which the health worker observes by looking, listening, or feeling. Examples of signs include: fast breathing, chest indrawing, sunken eyes, stiff neck, pus draining from the ear, etc.

**Stable:** staying the same rather than getting worse

**Symptoms:** as used in this course, health problems reported by the mother such as cough, diarrhoea, or ear pain

**Main symptoms:** as used in this course, those symptoms which the health worker should ask the mother about when assessing the child. The four main symptoms listed on the *ASSESS & CLASSIFY* chart are: cough or difficult breathing, diarrhoea, fever, and ear problem.

**Thrush:** ulcers or white patches on the inside of the mouth and tongue, caused by a yeast infection

**Trophozoites:** stage of a protozoan organism such as *Giardia lamblia* or *E. histolytica*; the stage which causes tissue damage

**Ulcer:** a painful open sore

**Mouth ulcers:** sores on the inside of the mouth and lips or on the tongue. These may occur with measles and may be red or have white coating on them. They make it difficult to eat or drink.

**Upright:** vertical (standing up)

**Semi-upright:** partly upright, leaning

**Urgent:** requiring immediate attention, important to save a child's life

**Urgent referral:** sending a patient immediately for further care at a hospital

**Uterus:** womb

**Vulnerable:** endangered, likely to become ill

**Weaning foods:** another term for complementary foods, given in addition to breastmilk starting at 4-6 months of age

**Whipworm:** a small worm that may live as a parasite in a person's intestine and suck blood. This blood loss may lead to anaemia and diarrhoea.