

# MALAWI OFDA Project Protection Training – Facilitation Notes for Aforementioned Powerpoint

## *Workshop Introduction*

Powerpoint Slide No. 1-2: Welcome, Introduction to Workshop

## *Module 1: Introduction*

**Learning Outcomes:** At the end of this session, the participant will be able to -

- Demonstrate an understanding of the concept of protection in a humanitarian context
- Demonstrate an understanding of the basic International Laws governing protection
- Cite and explain the four aspects of protection

**Discussion:** This module introduces the conceptual framework for understanding protection as a cross-cutting project activity. The group will work to develop a working definition of protection and a conceptual framework for thinking about protection in relief situations. The facilitator will expose the group to a) the four aspects of protection (Safety, Dignity, Integrity and Empowerment); b) the key International Laws governing the application of these concepts in relief situations, and c) How these elements fit together into a framework for understanding protection.

Timing	Activities	Notes	Materials/Personnel
	Defining Protection	<ol style="list-style-type: none"> <li>1. Introduce Module Activities and Learning Objectives</li> <li>2. Brainstorming: the facilitator elicits free association on what the group's understanding of Protection is; this is captured on a flipchart</li> <li>3. Consolidation: the facilitator works the group through the products of</li> </ol>	<p>Powerpoint Slides 3-4</p> <p>Flipchart</p>

		the brainstorming to group the definitions in major categories. The facilitator's assistant captures the categories on a summary chart.	
	The Aspects of Protection	<ol style="list-style-type: none"> <li>1. Presentation: the facilitator gives an expository talk on the four aspects of Protection (Powerpoint Slides)</li> <li>2. Discussion: facilitator elicits questions and clarifies meanings of aspects</li> <li>3. Linkage: Facilitator goes back to brainstorm summary and connects concepts to what the group came up with.</li> </ol>	Powerpoint Slides 5-8
	International Humanitarian Law	<ol style="list-style-type: none"> <li>1. Presentation: facilitator gives expository talk on International Humanitarian Law (Powerpoint Slides)</li> <li>2. Discussion: facilitator elicits questions and clarifies meanings of aspects</li> </ol>	Powerpoint Slides 9-10
	The Protection Framework	<ol style="list-style-type: none"> <li>1. Presentation: facilitator gives expository talk on Protection Framework (Powerpoint Slides)</li> <li>2. Discussion: facilitator elicits questions and clarifies meanings of aspects</li> </ol>	Powerpoint Slide 11
	Summary	<ol style="list-style-type: none"> <li>1. Facilitator asks group: after what you've heard, what is your definition of Protection?</li> <li>2. Facilitator asks group to summarize</li> </ol>	Powerpoint Slide 12

		main points and asks for any further clarification	
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***Module 2: Situation Analysis and Protection Assessment***

**Learning Outcomes:** At the end of this session, the participant will be able to -

- Identify specific threats to basic rights in the project operating environment
- Understand the questions to consider when carrying out a protection assessment

**Discussion:** this session is meant to be very practical, looking at the project operating environment, and identifying possible threats to basic rights as a results of the planned activities.

Timing	Activities	Notes	Materials/Personnel
	IntroductionL: What is a threat?	Introduction to Module The facilitator leads a discussion that identifies what a threat to basic rights might be.	Powerpoint Slide 13-14, 15
	Introduction to Exercise: Distribute Checklist B	The facilitator makes sure that the group understands the elements of Checklist B	Powerpoint Slide 16-17 Handout: Checklist B (Photocopy Page 61 of ALNAP Guide)
	Group Exercise: Protection Assessment	The facilitator breaks the group into smaller groups giving them the instructions: Answer checklist questions for project area Come up with process for information gathering to answer questions in the field	Handout: Checklist B  Flipchart, markers
	Group Report-Out		

	Summary		
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### ***Module 3: Protection Planning***

**Learning Outcomes:** At the end of this session, the participant will be able to –

- Understand the nature of building protection into activities and outcomes
- Review and revise project activities with protection elements

**Discussion:** This session will give the participants a chance to choose what types of protection outcomes are appropriate for the project area and population. These should respond to real needs of the population for protection, and should be within the project’s control to bring about.

Timing	Activities	Notes	Materials/Personnel
	Introduction: Outcomes, Objectives and Activities	Introduce Module Facilitator leads a discussion about what outcomes, objectives and activities are in the context of the project; ask what project activities that are already planned have protection outcomes; how can we ensure that current project activities create protection outcomes	Powerpoint Slides 18-19 Powerpoint Slides 20-24
	Group exercise: Introduction	Divide the group into small groups; distribute project workplan; work through Powerpoint Example	Powerpoint Slide 25
	Group Exercise	Review Project Workplan and come up with five protection enhancing elements that can be built into existing activities	Flipchart, Markers
	Group Exercise: Report-Out		
	Summary	Facilitator summarizes main points of Protection Activity Planning	Powerpoint Slide 26

## ***Module 4: Responding to Protection Issues and Incidents***

**Learning Outcomes:** At the end of this session, the participant will be able to –

- Understand the different modes of action when faced with rights violations
- Understand when to use different response styles when faced with rights violations

**Discussion:** While protection planning can prevent rights violations from occurring, sometimes it is necessary to deal with rights violations when they do occur. This session will allow the participants to understand the menu of options they have in humanitarian situations for influencing those who violate the rights of vulnerable populations.

Timing	Activities	Notes	Materials/Personnel
	Introduction: Modes of Action	Introduce the Module Facilitator walks the group through the different modes of action, and elicits questions on when they might be appropriate in the project context.	Powerpoint Slides 27-28 Powerpoint Slide 29
	Group work: Case Studies	Facilitator explains the group assignment, and the questions to answer.	Powerpoint Slide 30
	Report Out		
	Summary		Powerpoint Slide 31

## ***Conclusion***

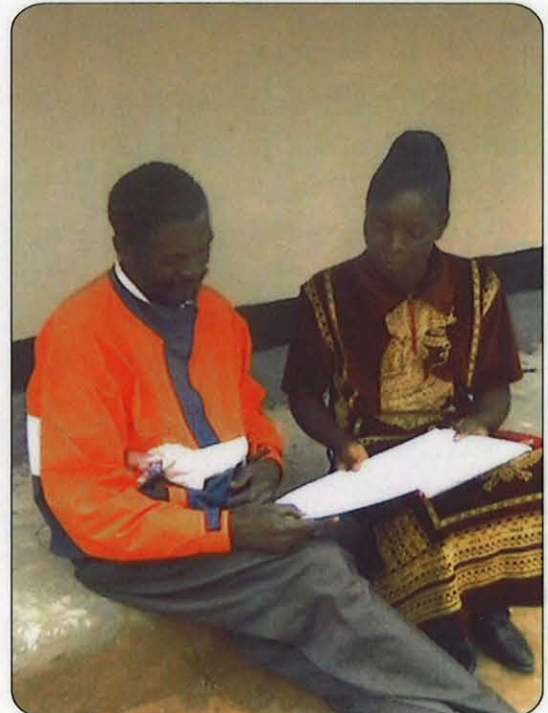
Powerpoint Slide 32 - 33

# Supervising Community Volunteers In a Community Therapeutic Care Programme

Periodic monitoring and supervision is a key element in implementation of a community therapeutic care programme. The HSA is the frontline supervisor of community volunteers. The HSA prepares a programme for supervising CTC implementers in the community. This is done alongside other supervisory duties that need to be undertaken in the same community. This is necessary because:

- ❖ Joint supervision allows for proper and stronger linkages of interventions targeting the child.
- ❖ Joint supervision increases efficiency in time management of the supervisor as one visit covers more than one supervisory areas.

The HSA increases quality of supervision and obtains good results when a check list is used at each visit to the volunteer. The checklist below is suggested and it can be adjusted according to area needs and outcomes of previous supervisory results.



*A lady HSA Learns from a Volunteer's  
CTC Register*

		Y	N
1	Does the volunteer know the number of <5 children in the area?		
2	Does the volunteer know the number of children on OTP in the area?		
3	Is the volunteer's register available and correctly used?		
4	Does the volunteer have adequate supplies of case finding forms		
5	Does the volunteer have adequate supplies of follow up forms		
6	Does the volunteer have adequate supplies of referral forms		
7	Is the volunteer able to translate information in the register and forms?		
8	Does the volunteer get feedback on the referrals they make?		
9	Does volunteer take action on defaulters and non-respondents?		
10	Does the volunteer assist caretakers in keeping OTP appointments?		
11	Is the volunteer able to counsel caretakers well?		
12	Does the volunteer send reports to HSAs on time?		

# How to manage Chiponde at Home: A Message to the Care-giver

- ❖ In the house, keep chiponde on a cool dry place away from insects.
- ❖ Before touching the feed, wash your hands with clean water and with soap. also wash hands and face of an older child who self-Feeds.
- ❖ Sick children do not like to eat; give small feeds frequently through out the day and at night.
- ❖ Ensure child finishes the day's ration as instructed at the hospital.
- ❖ Continue to breast feed young child.
- ❖ While eating chiponde, child must also drink safe water that has been boiled and cooled or that has been protected with water guard (Chlorinated).
- ❖ If diarrhoea develops, continue to feed child with chiponde and give extra water. Take child to hospital immediately if diarrhoea continues.
- ❖ Sick children get cold quickly. At all times, ensure child has warm clothing on.
- ❖ Carry chiponde with you if you are taking the child away from home for a long period e.g. to prayers, hospital, funeral, weddings.
- ❖ Keep chiponde out of reach of older siblings.
- ❖ Do not give other foods until instructed by your health worker. Report back to the health worker immediately if child is not eating chiponde well.



*District Officers also take the lead in giving messages on managing chiponde at home like Balaka District DPD, Mr. Thyangathyanga and DHO Mr. Moses Mhango*

**Remember: Chiponde is a medicine to  
be eaten by the sick child only.  
Chiponde must not be shared**





# Table 1- Children

Boys and Girls ( 49.0 cm -130.0cm). Weight for Height Look up Tables

Weight-for-Height, in % of the media, for children measuring less than 85 cm (measured in a reclined position) according to NCHS/ CDC/WHO (1982) values

WEIGHT-FOR-LENGTH							WEIGHT-FOR-LENGTH						
Malnutrition							Malnutrition						
Height	100%	85%	80%	75%	70%	60%	Height	100%	85%	80%	75%	70%	60%
(cm)	In kg	in kg	in kg	in kg	in kg	in kg	(cm)	In kg	in kg	in kg	in kg	in kg	in kg
49.0	3.2	2.7	2.6	2.4	2.3	1.9	67.0	7.6	6.5	6.1	5.7	5.3	4.6
49.5	3.3	2.8	2.6	2.5	2.3		67.5	7.8	6.6	6.2	5.8	5.4	
50.0	3.4	2.9	2.7	2.5	2.4	2.0	68.0	7.9	6.7	6.3	5.9	5.5	4.7
50.5	3.4	2.9	2.7	2.6	2.4		68.5	8.0	6.8	6.4	6.0	5.6	
51.0	3.5	3.0	2.8	2.6	2.5	2.1	69.0	8.2	7.0	6.6	6.1	5.7	4.9
51.5	3.6	3.1	2.9	2.7	2.5		69.5	8.3	7.1	6.7	6.2	5.8	
52.0	3.7	3.1	3.0	2.8	2.6	2.2	70.0	8.5	7.2	6.8	6.3	5.9	5.1
52.5	3.8	3.2	3.0	2.8	2.6		70.5	8.6	7.3	6.9	6.4	6.0	
53.0	3.9	3.3	3.1	2.9	2.7	2.3	71.0	8.7	7.4	7.0	6.5	6.1	5.2
53.5	4.0	3.4	3.2	3.0	2.8		71.5	8.9	7.5	7.1	6.6	6.2	
54.0	4.1	3.5	3.3	3.1	2.9	2.5	72.0	9.0	7.6	7.2	6.7	6.3	5.4
54.5	4.2	3.6	3.4	3.2	2.9		72.5	9.1	7.7	7.3	6.8	6.4	
55.0	4.3	3.7	3.5	3.2	3.0	2.6	73.0	9.2	7.9	7.4	6.9	6.5	5.5
55.5	4.4	3.8	3.5	3.3	3.1		73.5	9.4	8.0	7.5	7.0	6.5	
56.0	4.6	3.9	3.6	3.4	3.2	2.8	74.0	9.5	8.1	7.6	7.1	6.6	5.7
56.5	4.7	4.0	3.7	3.5	3.3		74.5	9.6	8.2	7.7	7.2	6.7	
57.0	4.8	4.1	3.8	3.6	3.4	2.9	75.0	9.7	8.2	7.8	7.3	6.8	5.8
57.5	4.9	4.2	3.9	3.7	3.4		75.5	9.8	8.3	7.9	7.4	6.9	
58.0	5.1	4.3	4.0	3.8	3.5	3.1	76.0	9.9	8.4	7.9	7.4	6.9	5.9
58.5	5.2	4.4	4.2	3.9	3.6		76.5	10.0	8.5	8.0	7.5	7.0	
59.0	5.3	4.5	4.3	4.0	3.7	3.2	77.0	10.1	8.6	8.1	7.6	7.1	6.1
59.5	5.5	4.6	4.4	4.1	3.8		77.5	10.2	8.7	8.2	7.7	7.2	
60.0	5.6	4.8	4.5	4.2	3.9	3.4	78.0	10.4	8.8	8.3	7.8	7.2	6.2
60.5	5.7	4.9	4.6	4.3	4.0		78.5	10.5	8.9	8.4	7.8	7.3	
61.0	5.9	5.0	4.7	4.4	4.1	3.5	79.0	10.6	9.0	8.4	7.9	7.4	6.4
61.0	6.0	5.1	4.8	4.5	4.2		79.5	10.7	9.1	8.5	8.0	7.5	
62.0	6.2	5.2	4.9	4.6	4.3	3.7	80.0	10.8	9.1	8.6	8.1	7.5	6.5
62.5	6.3	5.4	5.0	4.7	4.4		80.5	10.9	9.2	8.7	8.1	7.6	
63.0	6.5	5.5	5.2	4.8	4.5	3.9	81.0	11.0	9.3	8.8	8.2	7.7	6.6
63.5	6.6	5.6	5.3	5.0	4.6		81.5	11.1	9.4	8.8	8.3	7.8	
64.0	6.7	5.7	5.4	5.1	4.7	4.0	82.0	11.2	9.5	8.9	8.4	7.8	6.7
64.5	6.9	5.9	5.5	5.2	4.8		82.5	11.3	9.6	9.0	8.4	7.9	
65.0	7.0	6.0	5.6	5.3	4.9	4.2	83.0	11.4	9.6	9.1	8.5	7.9	6.8
65.5	7.2	6.1	5.7	5.4	5.0		83.5	11.5	9.7	9.2	8.6	8.0	
66.0	7.3	6.2	5.9	5.5	5.1	4.4	84.0	11.5	9.8	9.2	8.7	8.1	6.9
66.5	7.5	6.4	6.0	5.6	5.2		84.5	11.6	9.9	9.3	8.7	8.2	

### Table 1- Children

Boys and Girls ( 49.0cm -130.0cm). Weight for Height Look up Tables

Weight-for-Height, in % of the media, for children measuring less than 85 cm and above (measured in a standing position) according to NCHS/CDC/WHO (1982)

WEIGHT-FOR-LENGTH							WEIGHT-FOR-LENGTH						
Malnutrition							Malnutrition						
Height (cm)	100%		Moderate Wasting 70% to 79%		Severe Wasting, 70%		Height (cm)	100%		Moderate Wasting 70% to 79%		Severe Wasting, 70%	
	in kg	in kg	80%	75%	70%	60%		in kg	in kg	80%	75%	70%	60%
85.0	12.0	10.2	9.6	9.0	8.4	7.2	107.5	17.7	15.0	14.1	13.3	12.4	
85.5	12.1	10.3	9.7	9.1	8.5		108.0	17.8	15.2	14.3	13.4	12.5	10.7
86.0	12.2	10.4	9.8	9.1	8.5	7.3	108.5	18.0	15.3	14.4	13.6	12.7	
86.5	12.3	10.5	9.8	9.2	8.6		109.0	18.1	15.4	14.5	13.6	12.7	10.9
87.0	12.4	10.6	9.9	9.3	8.7	7.4	109.5	18.3	15.6	14.6	13.7	12.8	
87.5	12.5	10.6	10.0	9.4	8.8		110.0	18.4	15.7	14.8	13.8	12.9	11.0
88.0	12.6	10.7	10.1	9.5	8.8	7.6	110.5	18.6	15.8	14.9	14.0	13.0	
88.5	12.8	10.8	10.2	9.6	8.9		111.0	18.8	16.0	15.0	14.1	13.1	11.3
89.0	12.9	10.9	10.3	9.7	9.0	7.7	111.5	18.9	16.1	15.1	14.2	13.3	
89.5	13.0	11.1	10.4	9.7	9.1		112.0	19.1	16.2	15.3	14.3	13.4	11.5
90.0	13.1	11.1	10.5	9.8	9.2	7.9	112.5	19.3	16.4	15.4	14.4	13.5	
90.5	13.2	11.2	10.6	9.9	9.2		113.0	19.4	16.5	15.5	14.6	13.6	11.6
91.0	13.3	11.3	10.7	10.0	9.3	8.0	113.5	19.6	16.7	15.7	14.7	13.7	
91.5	13.4	11.4	10.8	10.1	9.4		114.0	19.8	16.8	15.8	14.8	13.8	11.9
92.0	13.6	11.6	10.8	10.2	9.5	8.2	114.5	19.9	16.9	16.0	15.0	14.0	
92.5	13.7	11.6	10.9	10.3	9.6		115.0	20.1	17.1	16.1	15.1	14.2	12.1
93.0	13.8	11.7	11.0	10.3	9.7	8.3	115.5	20.3	17.3	16.2	15.2	14.2	
93.5	13.9	11.8	11.1	10.4	9.7		116.0	20.5	17.4	16.4	15.4	14.3	12.3
94.0	14.0	11.9	11.2	10.5	9.8	8.4	116.5	20.7	17.6	16.5	15.5	14.5	
94.5	14.2	12.0	11.3	10.6	9.9		117.0	20.8	17.7	16.7	15.6	14.6	12.5
85.0	14.3	12.1	11.4	10.7	10.0	8.6	117.5	21.0	17.9	16.8	15.8	14.7	
95.5	14.4	12.2	11.5	10.8	10.1		118.0	21.2	18.0	17.0	15.9	14.9	12.7
96.0	14.5	12.4	11.6	10.9	10.2	8.7	118.5	21.4	18.2	17.1	16.1	15.0	
96.5	14.7	12.5	11.7	11.0	10.3		119.0	21.6	18.4	17.3	16.2	15.1	13.0
97.0	14.8	12.6	11.8	11.1	10.3	8.9	119.5	21.8	18.5	17.4	16.4	15.3	
97.5	14.9	12.7	11.9	11.2	10.4		120.0	22.0	18.7	17.6	16.5	15.4	13.2
98.0	15.0	12.8	12.0	11.3	10.5	9.0	120.5	22.2	18.9	17.8	16.7	15.5	
98.5	15.2	12.9	12.1	11.4	10.6		121.0	22.4	19.1	17.9	16.8	15.7	13.4
99.0	15.3	13.0	12.2	11.5	10.7	9.2	121.5	22.6	19.2	18.1	17.0	15.8	
99.5	15.4	13.1	12.3	11.6	10.8		122.0	22.8	19.4	18.3	17.1	16.0	13.7
100.0	15.6	13.2	12.4	11.7	10.9	9.4	122.5	23.1	19.6	18.4	17.3	16.1	
100.5	15.7	13.3	12.6	11.8	11.0		123.0	23.3	19.8	18.6	17.5	16.3	14.0
101.0	15.8	13.5	12.7	11.9	11.1	9.5	123.5	23.5	20.0	18.8	17.6	16.5	
101.5	16.0	13.6	12.8	12.0	11.2		124.0	23.7	20.2	19.0	17.8	16.6	14.2
102.0	16.1	13.7	12.9	12.1	11.3	9.7	124.5	24.0	20.4	19.2	18.0	16.8	
102.5	16.2	13.8	13.0	12.2	11.4		125.0	24.2	20.6	19.4	18.2	16.9	14.5
103.0	16.4	13.9	13.1	12.3	11.5	9.8	125.5	24.4	20.8	19.6	18.3	17.1	
103.5	16.5	14.0	13.2	12.4	11.6		126.0	24.7	21.0	19.7	18.5	17.3	14.8
104.0	16.7	14.2	13.3	12.5	11.7	10.0	126.5	24.9	21.2	19.9	18.7	17.5	
104.5	16.8	14.3	13.4	12.6	11.8		127.0	25.2	21.4	20.1	18.90	17.6	15.1
105.0	16.9	14.4	13.6	12.7	11.9	10.1	127.5	25.4	21.6	20.4	19.10	17.8	
105.5	17.1	14.5	13.7	12.8	12.0		128.0	25.7	21.8	20.6	19.30	18.0	15.4
106.0	17.2	14.6	13.8	12.9	12.1	10.3	128.5	26.0	22.1	20.8	19.50	18.2	
106.5	17.4	14.8	13.9	13.1	12.2		129.0	26.2	22.3	21.0	19.70	18.4	15.7
107.0	17.5	14.9	14	13.1	12.3	10.5	129.5	26.5	22.5	21.2	19.90	18.6	
							130.0	26.8	22.8	21.4	20.10	18.7	16.1

**COMMUNITY PLUMPYNUT RATION**

Weight of child (kg)	Plumpynut per Week		Plumpynut per Day	
	<i>Sachets</i>	<i>Pots</i>	<i>Sachets</i>	<i>Pots</i>
4.0 - 4.4	10	4	1.5	0.5
4.5 - 4.9	11	4	1.5	0.5
5.0 - 5.4	13	5	2	0.75
5.5 - 5.9	14	5	2	0.75
6.0 - 6.4	15	6	2	0.75
6.5 - 6.9	16	6	2.5	1.0
7.0 - 7.4	17	6	2.5	1.0
7.5 - 7.9	19	7	3	1.0
8.0 - 8.4	20	7	3	1.0
8.5 - 8.9	21	8	3	1.0
9.0 - 9.4	22	8	3	1.0
9.5 - 9.9	24	9	3.5	1.25
10.0 - 10.4	25	9	3.5	1.25
10.5 - 10.9	26	9	4	1.5
11.0 - 11.4	27	10	4	1.5
11.5 - 11.9	28	10	4	1.5
12.0 - 12.4	30	11	4.5	1.5
12.5 - 12.9	31	11	4.5	1.5
13.0 - 13.4	32	12	4.5	1.5
13.5 - 13.9	33	12	5	1.75
14.0 - 14.4	35	13	5	1.75
14.5 - 14.9	36	13	5	1.75

## NRU PLUMPYNUT RATION: TRANSITION

Weight of child (kg)	kcal/day (130kcal/kg)	plumpynut sachets per day	plumpynut pots per day
4.0 - 4.4	546	1 sachet	½ pot
4.5 - 4.9	611	1¼ sachets	½ pot
5.0 - 5.4	676	1½ sachets	½ pot
5.5 - 5.9	741	1½ sachets	½ pot
6.0 - 6.9	839	1¾ sachets	¾ pot
7.0 - 7.9	969	2 sachets	¾ pot
8.0 - 8.9	1099	2¼ sachets	1 pot
9.0 - 9.9	1229	2½ sachets	1 pot
10.0 - 10.9	1359	2¾ sachets	1 pot
11.0 - 11.9	1489	3 sachets	1 pot
12.0 - 12.9	1619	3¼ sachets	1¼ pots
13.0 - 13.9	1749	3½ sachets	1¼ pots
14.0 - 14.9	1879	4 sachets	1½ pots
> 15.0	2704	5½ sachets	2 pots

## CHECKLIST for SEVERE MALNUTRITION

RAPID EXAMINATION	Action	REFERRAL CRITERIA to NRU	CAUTION	OKAY: CONTINUE CTC
CRITERIA OF ADMISSION	GRADE OEDEMA	grade +++ or ++	grade +	No oedema
	WEIGHT FOR HEIGHT	< 60%	60% - 70%	> 70%
	AGE	< 6 months		

APPETITE / ANOREXIC	TRIAL DOSE PLUMPYNUIT	Refuses to eat or has difficulty taking/swallowing the RUTF	Eats with encouragement	Tries and asks for more
TEMPERATURE	AXILLARY TEMPERATURE	Fever: $\geq 39^{\circ}\text{C}$ Hypothermia: $< 35.5^{\circ}\text{C}$	Between ( $36.5^{\circ}\text{C}$ and $39^{\circ}\text{C}$ )	Normal range ( $35.5 - 36.5^{\circ}\text{C}$ )
RESPIRATION RATE (rr)	RR FOR ONE MINUTE	> 60 respirations/minute for under 2-months > 50 respirations/minute from 2 to 12 months > 40 respirations/minute from 1 to 5 years > 30 respirations/minute for over 5 year-olds		Normal range
HYDRATION STATUS	CHECK URINE OUTPUT, RECENT D&V, FONTANELLE, MOUTH DRY, RECENT EYE CHANGES	No urine output, no tears Fontanelle depressed Mouth dry, Eyes recently sunken History of acute diarrhoea & vomiting	mouth a little dry	Normal urine, mouth not dry
ANAEMIA	Hb READING CHECK NAILS, EYES	< 7 g/100ml Very pale, difficulty breathing	Between 7 and 9 g/100ml Slightly pale - prescribe ferrous-folate	> 9 g/100ml Colouration
SUPERFICIAL INFECTION	CHECK EARS, BODY FOR DISCHARGE/PUS, INFECTION, ABBCESS	Discharges from ears, extensive abscesses, extensive sores	Slight skin irritations eg scabies, small abscess easy to drain, small sores not associated with oedema	No infections
WEIGHT CHANGES	CONSIDER LAST 3 WEIGHTS	Weight loss	Static weight or weight fluctuating between small gains and loss	Weight gained
ALERTNESS	REGARD BEHAVIOUR	Very weak, apathetic, unconscious Fitting/convulsions	Drowsy, quiet	Alert, conscious

CARETAKER HISTORY				
EPISODES ILLNESS	Diarrhoea & vomiting Fever Cough	Evaluate severity considering above symptoms	1 or more	None
VISITS TO HEALTH POST	Any visits required other than weekly scheduled visit	> 1 visit	1 visit	None

## ROUTINE MEDICINES for SEVERE MALNUTRITION: NRU/OTP

NAME OF PRODUCT	ADMISSION	AGE	PRESCRIPTION	POSOLGY	LENGTH OF TREATMENT
<b>VITAMIN A</b> ( <i>curative dose</i> )		< 6 months	50 000 IU	1 drops (1/4 capsule)	One dose at admission, day 2 and day 14
		6 months to < 1 year	100 000 IU	3 drops (1/2 capsule)	
	YES	> = 1 year, adolescent (>8kg)	200 000 IU	6 drops (one capsule)	
<b>FOLIC ACID</b>	YES	All beneficiaries	5 mg	Single dose	Single dose at admission
<b>AMOXYCILLIN</b>	YES	All beneficiaries <b>EXCEPT under 2 kg</b>	60 mg/kg/day	3 times / day	7 days (or 10 days if needed)
<b>FANSIDAR</b>	YES	All beneficiaries <b>EXCEPT less than 4 kg</b>	25 mg/kg	Single dose	Single dose at admission
<b>ALBENDAZOLE*</b>		< 1 year	DO NOT USE	NOTHING	XXX
	YES	1 to < 2 years	200 mg	Single dose	Single dose at discharge from NRU or immediately on admission if OTP direct
		> = 2 years	400 mg	Single dose	

**Do not repeat the dosage of vitamin A if the child is readmitted or has already received curative dose of Vitamin A during the LAST 30 days**

**\* IF USING MEBENDAZOLE: <1 year: nothing 1 - <2 years: 250mg >=2 years: 500mg unique dose**

**IRON:** This should **NOT** be given immediately as contained in Plumdynut.

If child is diagnosed with anaemia then treat from week 3 of admission according to the MoH protocol for the treatment of anaemia.