



MODULE 6:

Implementing the

Programme:

Using the Materials

Overview of a Child Survival Outreach Team/
Community-Based Approach

Copyright 2010 MAMA Project, Inc.

Revised 2013 (slide 18, 40)

This material is intended solely for non-commercial, not-for-profit use. Any commercial or for-profit use of this material is prohibited.

Notice: MAMA Project does not warrant that any medical diagnosis procedure or medical treatment set forth in these materials is the most current or desirable course of treatment. Any user is encouraged to check the accuracy of any medical diagnosis procedure or medical treatment against currently accepted courses of treatment.

Child Survival Programs for Sahel region and Haiti are in collaboration with University of Maryland Dental School.

For questions or information, please contact: MAMA Project, Inc. 2781A Geryville Pike, Pennsburg, PA, USA 18073

Child Survival Outreach

- The children least likely to survive to their 5th Birthday need to be visited regularly in their own villages.
- The Child Survival Outreach Teams make a regular circuit of village visits.
- To take best advantage of the opportunity afforded by each visit, the Child Survival Outreach Team brings an integrated package of intervention services such as growth assessment, distribution of deworming tablets, vitamin A, essential micronutrients, bed nets and measles vaccines, as well as teach health and nutrition.

After

Child Survival Basic Training

what does a

Child Survival Outreach

Team

need in a

Child Survival Kit?

Medicines:

- Albendazole 400mg-deworming
- Vitamin A Capsules: Mega dose 200,000 International Units
- Dentifrice
- Antibiotic: Amoxicillin or Amoxicillin clavulanate and/or Metronidazole
- Essential Micronutrients
- Anti-Malarials (E.g.;Co-artemether) in most of Africa

Immunization Supplies:

- Vaccines
- Cold storage boxes
- Needles
- Alcohol
- Gloves
- Sharps containers
- Immunization cards

Forms for Record Keeping

- Daily log is your work record. Save and turn in quarterly report forms.
- Individual encounter forms for each person.
- Mother's record is given to all girls over 15.

Other materials:

- Metric tapes or infant-o-meter and stadiometer (Health Flagpole) to measure height
- Metric scale/tile
- Arm bands to measure mid upper arm circumference
- Medicine instruction sheets
- Interpretation charts

**Learn the Systems
Then Train All
Participants.**

Step 1 Becoming familiar **with the materials**

- Pause and review the materials in your packet.

Study and Practice

- It's easier to follow materials before you are caring for actual patients!
- Keep your reference materials handy to refresh your memory often, even in the field.

Record Measurements

- Record Weight to nearest 0.1 KG
- Record Height and Arm to nearest 0.1 CM

LGA:		STATE:	
NO	PLEASE RECORDING	WEIGHT in Kilograms (kg) to .1	
		HEIGHT in centimeters (cm) to .1	
		ARM MEASURE (MUAC) cm to .1	
		BMI: (kg/m ²) or Estimate from BMI table	
		BLOOD PRESSURE after age 19, and all pregnant women	
		Hg Estimate to nearest 1 g/dL (Haemoglobin Colour Scale)	
		C-Reactive Protein	
			YES

CHILD SURVIVAL EVENT: DATE: YEAR: MONTH: DAY: TIME (LEASER'S OFFICE):

Instructions: Register women and children on this form and distribute individual sheets, one per person. Assess all applicable categories, filling spaces in order. Explain results and action required. Use individual sheets for documentation of positive findings on screening exams and follow up plans. Record all pertinent findings and attach report to this log.

WEIGHT in kilograms (kg) to .1
HEIGHT in centimeters (cm) to .1
ARM MEASURE (MUAC) cm to .1
BMI: (kg/m²) or Estimate from BMI table
BLOOD PRESSURE after age 19, and all pregnant women
 Hg Estimate to nearest 1 g/dL (Haemoglobin Colour Scale)
 C-Reactive Protein

MOTOR DEVELOPMENT
 4-24 months: if walking, skip other questions. If not achieving milestones or not walking yet: 24mo: crawling only; 30mo: walking

MAINTENANCE:
SEVERE/MODERATE/NORMAL

Wasting	Stunting	Under Weight	Anaemia	Oedema
Too thin	Failure to grow	Weight ACUTE or CHRONIC	ACUTE or CHRONIC	ACUTE or CHRONIC
Weight for Age 0-5 yrs or BMI for Age 5-19 yrs	Height for Age 0-19 yrs	Weight for Age 0-10 yrs	Malnutrition, bleeding, parasites, malaria, infections Hg for Age & Sex	Are feet swollen? Indicators low protein
S M N	S M N	S M N	S M N	Yes No

For records, label and date daily, monthly, quarterly, and annual totals:
 ©2010 MAMA Project, Inc.

- Calculate BMI or Estimate from Chart.
- Record Blood Pressure
- Record Hemoglobin Estimate (See Module 4 for instructions of these measurements.)

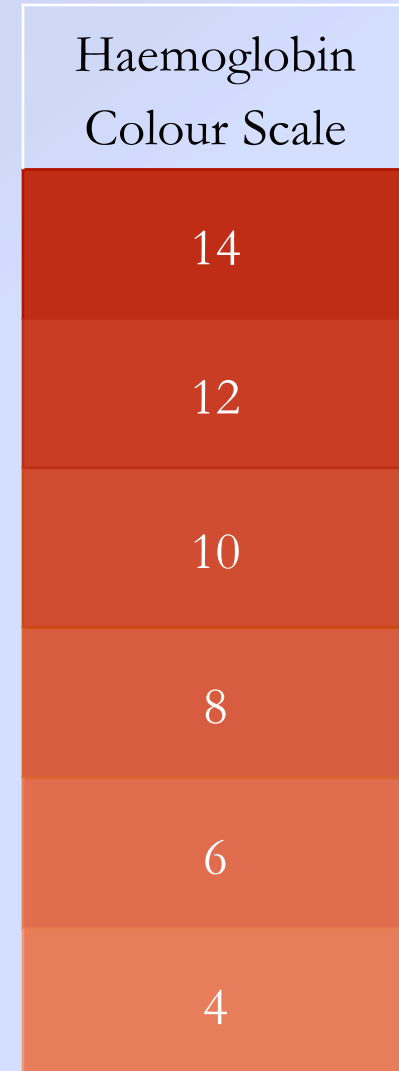
Screening for Anemia

1. Clean fingertip or heel with alcohol
2. Obtain drop of blood by skin puncture
3. Apply to absorbent paper, then blot firmly
4. Wait 30 seconds, then compare to chart
5. Read in natural light, out of direct sun
6. Results may be <, between, or > block
For example: <4, 5, 7, 9, 11, 13, or >14
7. Estimate Haemoglobin to 1 gm/dL

Normal ranges:

Newborn & Adult: > 14 male; >12 female
After 6 months: 8-10 usually indicates nutritional anaemia
with moderate risk

<8 indicates severe anaemia with high risk
Mild risk if >10, but < normal for age

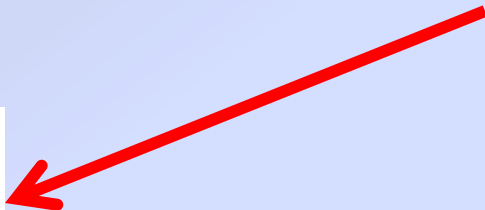


Check Child for Oedema

- The presence of Oedema in a child is evidence of severe protein deficiency.
- This is usually due to malnutrition.

Oedema ACUTE or CHRONIC	
Are feet swollen? Indicates low protein	
SEVERE malnutrition in children	
Yes	No

CHILD SURVIVAL EVENT:		DATE:	VILLAGE:	CLC:	STATE:	TEAM/CLASSIFIED OFFICER:
Instructions: Register women and children on this form and distribute individual sheets, one per person. Assess all applicable categories, filling spaces in order. Explain results and action required. Use individual sheets for documentation of positive findings on screening exams and follow up plans. Record all pertinent findings and attach report to this log.						
FIRST AND LAST NAME	SEX / M/F	DAY - Birth	MONTH - Birth	YEAR - Birth	AGE IN YEARS (completed since Birth)	AGE IN MONTHS (completed since last birthday)
		YES	YES	YES	YES - Pregnant	YES - Breast feeding
		WEIGHT in kilograms (kg) to .1		HEIGHT in centimeters (cm) to .1		ARM MEASURE (MUAC) cm to .1
		BMI: (kg/m ²) or Estimate from BMI table		BLOOD PRESSURE after age 19 and all pregnant women		kg Estimate to nearest 1 gpd. (Hemoglobin Colour Scale)
		C-Relative Protein		MOTOR DEVELOPMENT		
		YES - Eating without support 4-6 Yr		4-24 months: if walking, skip other questions. If not achieving milestones, or not walking by 24mo, consult mother, record findings, & plan close follow-up		
		YES - Standing with assistance 5-11 Yr		Wasting		
		YES - Hands and knees crawling 6-14 Yr		Too thin		
		YES - Walking with assistance 6-17 Yr		Stunting		
		YES - Walking Alone 7-17 Yr		Failure to grow		
				Under Weight		
				ACUTE or CHRONIC		
				Oedema		
				ACUTE or CHRONIC		
				Are feet swollen? indicates low protein		
				SEVERE malnutrition in children		
				Yes		
				No		
For records, label and date daily, monthly, quarterly, and annual totals:						
©2010 MAMA Project, Inc.						



- If oedema is present, mark Yes. The child is Severely Malnourished regardless of weight.

Oedema



Edema or swelling of the leg, ankle and foot

ADAM.

Normal foot



Foot with edema



© ADAM, Inc.



Edema (swelling) of the ankles and feet

Mother's Log - Outside

Review use of folder with women.

This is a depiction of a healthy village. Use pictures as teaching tools!



Record Woman's Name and Date of Birth

Mother's Log - Inside -

Name _____ Birthdate _____ day/month/year

Village _____ LGA _____ State _____

Children oldest to youngest	Birthdate		Living	Deceased at age:
	M	F		
		day/mo/year		

Number of Miscarriages: _____

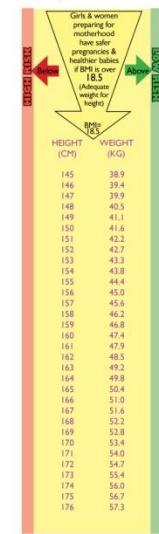
Contact Info (Closest Relative) _____

Dates of current pregnancy information (write in pencil) _____ Last Menstrual Period: _____ 1st Prenatal Visit: _____ EDC/Due Date: _____

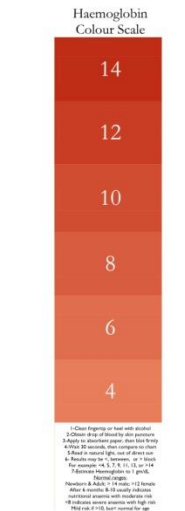
Measuring normal length for age in children: Use ruler on side of paper to mark a board. Measure child. If length is above the range for moderate danger, child is growing normally.



Measuring mother's BMI: Use chart below to see if mother has healthy weight and height.



Checking Haemoglobin Count: Low haemoglobin is associated with malnutrition and serious diseases. Keeping track of your haemoglobin level can prevent suffering and death.



Motor Development Infants from 4-21 months

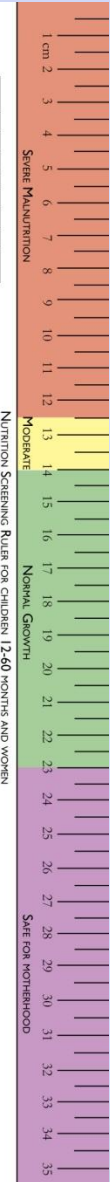
A child needs good nutrition, love and attention to develop his or her body and brain normally. Congratulations if your child is growing and achieving developmental motor milestones in the normal range. Better nutrition, toys, songs and exercises may help your child.

17 Months	19 Months	21 Months	24 Months	27 Months	30 Months
Walks Alone	4-9 Steps Alone	Stands Alone	11-15 Stands with help	5-14 Crawls	6-17 Walks with help
					7-17 Stands Alone

Recommended Immunizations Schedule Children 0-6 years old

	First Dose	Second Dose	Third Dose	Fourth Dose	Booster
BCG (Tuberculosis)	As soon as possible after birth				
Diphtheria, Tetanus, Pertussis	After 4 weeks old	at least 4 weeks after first dose	at least 4 weeks after second dose		18 years of age and pregnancy
Haemophilus Influenzae type B	at least 4 weeks after birth (24 hrs)	at least 4 weeks after first dose	at least 4 weeks after second dose	at least 4 weeks after third dose	
Hepatitis B	at least 4 weeks after birth (24 hrs)	at least 4 weeks after first dose	at least 4 weeks after second dose	at least 4 weeks after third dose	
Pneumococcal	at least 4 weeks after birth (24 hrs)	at least 4 weeks after first dose	at least 4 weeks after second dose	at least 4 weeks after third dose	
Polio (Oral polio)	at least 4 weeks after birth (24 hrs)	at least 4 weeks after first dose	at least 4 weeks after second dose	at least 4 weeks after third dose	
Meningitis	between 1 and 2 years old	at least 4 weeks after first dose			

Refer to <http://www.who.int/immunization/documents/positionpapers/> for table and updates.



Identify the Woman

Name _____ Birthdate _____
 day/month/year

Village _____ LGA _____ State _____

Children oldest to youngest	M	F	Birthdate day/mo/year	Living	Deceased at age:

Village _____ LGA _____ State _____
 day/month/year

Children oldest to youngest	M	F	Birthdate day/mo/year	Living	Deceased at age:

Number of Miscarriages: _____

Dates of current pregnancy information (write in pencil): _____ Last Menstrual Period: _____ 1st Prenatal Visit: _____ EDC/Date Due: _____

Measuring normal length for age in children: Use ruler on side of paper to mark a board. Measure child. If length is above the range for moderate danger child is growing normally.

Measuring mother's BMI: Use chart below to see if mother has healthy weight and height.

Checking Hemoglobin Count: Low hemoglobin is associated with malnutrition and serious diseases. Keeping track of your hemoglobin level can prevent suffering and death.

Nutrition Screening Scale for Children (NSC) for children 6-59 months and women

Age	Score	Category
14	14-15	Severely Malnourished
12	12-13	Malnourished
10	10-11	Mildly Malnourished
8	8-9	Mildly Malnourished
6	6-7	Mildly Malnourished
4	4-5	Mildly Malnourished

Motor Development Infants from 4-21 months

Recommended Immunizations Schedule

- Record the woman's name and date of birth.
- Record the village she lives in, LGA and State.
- Record all her living and deceased children
 - Update at each visit!

Number of Miscarriages:							
Contact Info (Closest Relative)							
Dates of current pregnancy information (write in pencil)			Last Menstrual Period:		1st Prenatal Visit:		EDC/Due Date:

- Record number of miscarriages.
- Record a Contact Person
- Record current pregnancy information in pencil

The image displays several health-related forms and charts. At the top, a form includes fields for 'Number of Miscarriages', 'Contact Info (Closest Relative)', 'Dates of current pregnancy information (write in pencil)', 'Last Menstrual Period', '1st Prenatal Visit', and 'EDC/Due Date'. A red arrow points from the 'Number of Miscarriages' field to a red box highlighting the 'Dates of current pregnancy information' field in a larger form below. This larger form also includes sections for 'Measuring normal length for age in children', 'Measuring mother's BMI', and 'Checking Hemoglobin Count'. Below these are charts for 'Hemoglobin Colour Scale', 'Recommended Immunizations Schedule' for children 0-6 years old, and 'Motor Development Infants From 4-21 months'.

Reference for Stunting

Name _____ Birthdate _____ day/month/year
 Village _____ LGA _____ State _____

Children oldest to youngest	M	F	Birthdate day/mo/year	Living	Deceased at age:

Number of Miscarriages: _____
 Contact Info (Closest Relative)
 Dates of current pregnancy information (write in pencil)
 Last Menstrual Period: _____ 1st Prenatal Visit: _____ EDC/Due Date: _____

Measuring mother's BMI: Use chart below to see if mother has healthy weight and height.
 Checking Hemoglobin: Low hemoglobin is associated with malnutrition and serious illness. Keeping track of your hemoglobin level can prevent suffering and death.

Hemoglobin Colour Scale

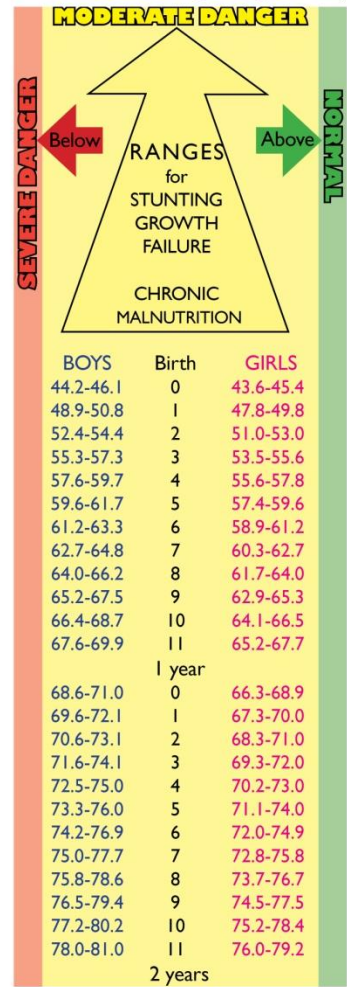
14
12
10
8
6
4

Recommended Immunizations Schedule Children 0-6 years old

Immunization	First Dose	Second Dose	Third Dose	Fourth Dose	Notes
BCG (Tuberculosis)	At birth	At 3 months	At 6 months	At 9 months	
Diphtheria, Tetanus, Pertussis (DTP)	At 6 weeks	At 10 weeks	At 14 weeks	At 18 weeks	
Hepatitis B	At birth	At 1 month	At 6 months		
Polio (Oral)	At birth	At 4 weeks	At 8 weeks	At 12 weeks	
MM2 (Measles)	At 9 months	At 15 months			
MM3 (Measles)	At 15 months	At 4 years			

Motor Development Infants From 4-21 months
 A child needs good nutrition, love and attention to develop his or her body and brain normally. Congratulations if your child is growing and achieving developmental motor milestones in the normal range. Better nutrition, toys, songs and exercises may help your child.

Measuring normal height for age in children: Use ruler on side of paper to mark a ruler on your wall or door. Measure child. If height is above the number listed, child is growing normally.



- The earliest sign of a child at risk is growth stunting in utero and early infancy.
- Teach the mother her child's growth and to understand the value of knowing where her children's growth is faltering.

BMI

Measuring mother's BMI:
Use chart below to see if
mother has healthy weight
and height.

- Women need to have a BMI over 18.5.
- Teach her how to follow her weight for height.

Name: _____ Birthdate: _____
 Village: _____ LGA: _____ State: _____ day/month/year

Children oldest to youngest	M	F	Birthdate day/mo/year	Living	Deceased at age:

Number of Miscarriages: _____
 Contact Info (Closest Relative): _____
 Dates of current pregnancy information period: _____
 1st Prenatal Visit: _____ Due Date: _____
 Last Menstrual Period: _____

Measuring normal height for age in children: Use ruler on side of paper to mark a ruler on your wall or door. Measure child. If height is above the number listed, child is growing normally.

Measuring mother's BMI: Use chart below to see if mother has healthy weight and height.

Check for Anaemia: Count the number of red dots on the chart. Anaemia is associated with poor nutrition and serious illness. Keeping track of your haemoglobin level can prevent illness and death.

Haemoglobin Colour Scale

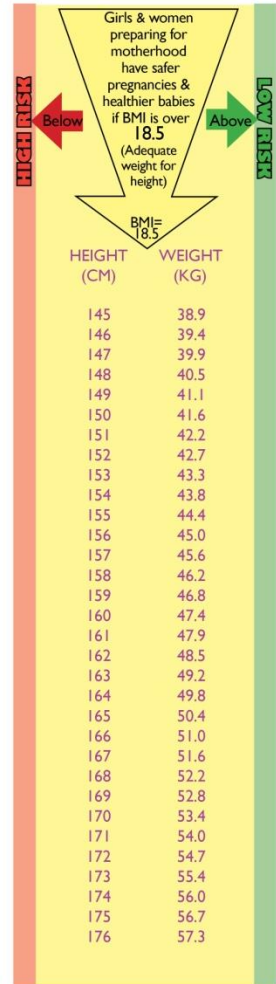
14
12
10
8
6
4

Recommended Immunizations Schedule
 Child: _____ 0-4 years old

Immunization	Brand	Age	Notes
Bacillus Calmette-Guérin (BCG)		Birth	
Diphtheria, Pertussis, Tetanus (DPT)		6 weeks, 10 weeks, 14 weeks	
Polio (Oral)		6 weeks, 10 weeks, 14 weeks, 18 weeks	
Polio (Injectable)		18 weeks	
Measles		9 months, 15 months	
Hepatitis B		Birth, 1 month, 6 months	
Yellow Fever		9 months, 15 months	
MMR		18 months, 4 years 6 months	

Motor Development Infants
 From 4-23 months
 A child needs good nutrition, love and attention to develop on the healthy side of the spectrum. Celebrations if your child is growing well and achieving developmental motor milestones in the normal range. Better nutrition, toys, songs and exercise may help your child.

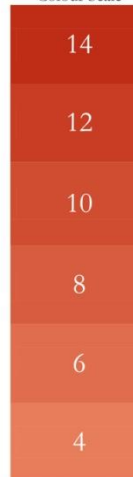
Age	Walk	Stand	Crawl	Sit	Play	Roll
12 months						
15 months						
18 months						
21 months						
24 months						



Haemoglobin Estimate

Checking Haemoglobin Count: Low haemoglobin is associated with malnutrition and serious diseases. Keeping track of your haemoglobin level can prevent suffering and death.

Haemoglobin Colour Scale



1. Clean fingertips or feet with alcohol.
 2. Open drop of blood by skin puncture.
 3. Apply to absorbent paper. Do not touch.
 4. Wait 30 seconds, then compare to chart.
 5. Read in natural light, out of direct sun.
 6. Results may be 0, 2, 4, 6, 8, 10, 12, or 14 g/dl.
 7. Estimate Haemoglobin to 1 g/dl.
 8. Normal range:
 Newborn & Adult = 14 g/dl to 12 g/dl
 After 6 months & 6-6 months includes
 nutritional status with moderate risk
 9. 8 indicates severe anemia with high risk
 10. Risk of >10, but normal for age

- Instruct mother about the importance of testing for anemia.
- She is to be informed to understand to expect anemia screenings.

Name _____ Birthdate _____ day/month/year
 Village _____ LGA _____ State _____

Children oldest to youngest		M	F	Birthdate day/mo/year	Living	Deceased at age:

Number of Miscarriages: _____
 Contact Info (Closest Relative)
 Dates of current pregnancy information (write in pencil) Last Menstrual Period: _____ 1st Prenatal Visit: _____ EDC/Due Date: _____

Measuring normal height for age in children. Use ruler on side of paper to mark a ruler on your wall or door. Measure child. If height is above the number listed, child is growing normally.

Measuring mother's BMI: Use chart below to see if mother has healthy weight and height.

Checking Haemoglobin Count: Low haemoglobin is associated with malnutrition and serious diseases. Keeping track of your haemoglobin level can prevent suffering and death.

Haemoglobin Colour Scale

Haemoglobin (g/dl)	Color
14	Dark Red
12	Medium Red
10	Light Red
8	Pale Pink
6	Very Pale Pink
4	Very Light Pink

Recommended Immunizations Schedule

Children's Age (years)	BCG (Tuberculosis)	Polio (Oral)	Polio (Injectable)	DTP (Diphtheria, Tetanus, Pertussis)	MMR (Measles, Mumps, Rubella)	MMRV (Measles, Mumps, Rubella, Varicella)	MM2 (Measles, Mumps, Rubella)	MM2V (Measles, Mumps, Rubella, Varicella)	MM3 (Measles, Mumps, Rubella)	MM3V (Measles, Mumps, Rubella, Varicella)	MM4 (Measles, Mumps, Rubella)	MM4V (Measles, Mumps, Rubella, Varicella)
0-1 year												
1-2 years												
2-3 years												
3-4 years												
4-5 years												
5-6 years												
6-7 years												
7-8 years												
8-9 years												
9-10 years												
10-11 years												
11-12 years												
12-13 years												
13-14 years												
14-15 years												
15-16 years												
16-17 years												
17-18 years												
18-19 years												
19-20 years												
20-21 years												
21-22 years												
22-23 years												
23-24 years												
24-25 years												
25-26 years												
26-27 years												
27-28 years												
28-29 years												
29-30 years												
30-31 years												
31-32 years												
32-33 years												
33-34 years												
34-35 years												

Motor Development Infants from 4-21 months
 A child needs good nutrition, love and attention to develop his or her body and brain normally. Congratulations if your child is growing and achieving developmental motor milestones in the normal range. Better nutrition, toys, songs and exercises may help your child.

Age (months)	Roll	Crawl	Sit	Stand	Walk	Run
4-5						
6-7						
8-9						
10-11						
12-13						
14-15						
16-17						
18-19						
20-21						

Motor Development

- Review Motor development of children 4-21 months of age.

Name: _____ Birthdate: _____ day/month/year
 Village: _____ LGA: _____ State: _____

Children oldest to youngest	M	F	Birthdate day/month/year	Living	Deceased at age

Number of Miscarriages: _____
 (Contact Info (Closest Relative))
 Dates of current pregnancy information (write in pencil): Last Menstrual Period: _____ 1st Prenatal Visit: _____ EDC/Due Date: _____

Measuring normal length for age in children: Use ruler on side of paper to mark a board. Measure child. If length is above the range for moderate danger child is growing normally.

Measuring mother's BMI: Use chart below to see if mother has healthy weight and height.

Checking Haemoglobin Count: Low haemoglobin is associated with malnutrition and serious diseases. Keeping track of your haemoglobin level can prevent suffering and death.

Weight (kg)	Height (cm)	BMI
145	160	5.7
140	155	5.8
135	150	5.9
130	145	6.0
125	140	6.1
120	135	6.2
115	130	6.3
110	125	6.4
105	120	6.5
100	115	6.6
95	110	6.7
90	105	6.8
85	100	6.9
80	95	7.0
75	90	7.1
70	85	7.2
65	80	7.3
60	75	7.4
55	70	7.5
50	65	7.6
45	60	7.7
40	55	7.8
35	50	7.9
30	45	8.0
25	40	8.1
20	35	8.2
15	30	8.3
10	25	8.4
5	20	8.5

Haemoglobin Colour Scale:

Haemoglobin (g/L)	Colour
14	Dark Red
12	Red
10	Light Red
8	Orange
6	Yellow
4	Light Green

Motor Development Infants from 4-21 months

A child needs good nutrition, love and attention to develop his or her body and brain normally. Congratulations if your child is growing and achieving developmental motor milestones in the normal range. Better nutrition, toys, songs and exercises may help your child.

Age	Milestone
8-17	Walk Alone
4-9 ^{1/2}	Sits Alone
5-11 ^{1/2}	Stands up with help
5-14	Crawls
6-17	Walks with help
7-17	Stands Alone

Motor Development Infants from 4-21 months

A child needs good nutrition, love and attention to develop his or her body and brain normally. Congratulations if your child is growing and achieving developmental motor milestones in the normal range. Better nutrition, toys, songs and exercises may help your child.

Age	Milestone
8-17	Walk Alone
4-9 ^{1/2}	Sits Alone
5-11 ^{1/2}	Stands up with help
5-14	Crawls
6-17	Walks with help
7-17	Stands Alone

Immunization Chart

- Use this a guide to follow what immunizations a child needs.

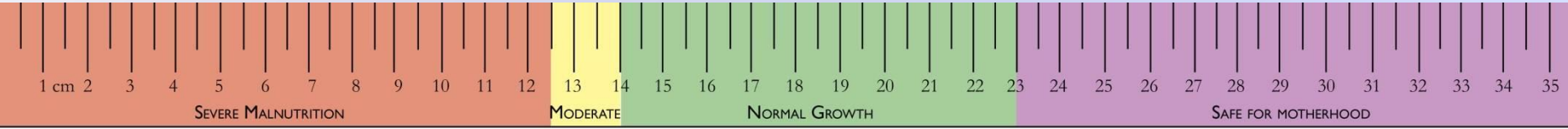
Recommended Immunizations Schedule Children 0-6 years old					
	First Dose	Second Dose	Third Dose	Fourth Dose	Booster
BCG (Tuberculosis) Exceptions HIV	As soon as possible after birth				
Diphtheria, Tetanus, Pertussis	After 6 weeks old	at least 4 weeks after first dose	at least 4 weeks after second dose		1-6 years of age and in pregnancy
Haemophilus Influenzae type B	Give with DTP1, between 6 weeks and 24 months	at least 4 weeks after first dose (with DTP2)	at least 4 weeks after second dose (with DTP3)		
Hepatitis B *If not given immediately after birth, can be given at same time as DTP)	as soon as possible after birth (<24 hrs)	at least 4 weeks after first dose (with DTP1)	at least 4 weeks after second dose (with DTP2)	at least 4 weeks after 3rd dose (with DTP3)	
Pneumococcal	at least 6 weeks old (with DTP1)	at least 4 weeks after first dose (with DTP2)	at least 4 weeks after second dose (with DTP3)		
Polio (Oral polio)	at least 6 weeks old (with DTP 1)	at least 4 weeks after first dose (with DTP2)	at least 4 weeks after second dose (with DTP3)		
Measles	between 9 and 15 months old	a least 4 weeks after first dose			

Refer to <http://www.who.int/immunization/documents/positionpapers/> for table and updates.

Recommended Immunizations Schedule
Children 0-6 years old

Vaccine	Age	Dose
BCG (Tuberculosis)	As soon as possible after birth	1
Diphtheria, Tetanus, Pertussis	After 6 weeks old	1, 2, 3
Haemophilus Influenzae type B	Give with DTP1, between 6 weeks and 24 months	1, 2, 3
Hepatitis B	as soon as possible after birth (<24 hrs)	1, 2, 3
Pneumococcal	at least 6 weeks old (with DTP1)	1, 2, 3
Polio (Oral polio)	at least 6 weeks old (with DTP 1)	1, 2, 3, 4
Measles	between 9 and 15 months old	1, 2

Nutrition Ruler



- By measuring mid-upper arm circumference, you can determine the malnutrition level of a 12-60 month old child or woman.
- Instruct mother how to use and the importance of checking children regularly.
- If child's arm circumference is in red, child is in danger. In yellow, child is moderate. If green child is normal growth. Women should have a circumference in the purple section.
- Show mother how to mark a board to measure babies' growth to age 2 and mark a doorway to follow growth of older children and to determine her own height to monitor her weight for a healthy BMI.

Health Card Information:

Name: _____ Birthdate: _____ day/year

Village: _____ LGA: _____ State: _____

Children oldest to youngest: M F Birthdate day/year Living Deceased at age

Number of Miscarriages: _____

Dates of current pregnancy information (write in pencil): Last Menstrual Period: _____ 1st Prenatal Visit: _____ Due Date: _____

Measuring normal length for age in children: Use ruler on side of paper to mark a board. Measure child. If length is above the range for moderate danger child is growing normally.

Measuring mother's BMI: Use chart below to see if mother has healthy weight and height.

Checking Hemoglobin: Low hemoglobin associated with malnutrition and serious diseases. Keeping track of your hemoglobin level prevents suffering and death.

Counting: Count associated with malnutrition and serious diseases. Keeping track of your hemoglobin level prevents suffering and death.

Weight-for-age (WAZ) Z-scores:

WAZ	Birth	Girls
48.5461	0	41.6454
48.5328	1	47.6499
48.5484	2	51.6539
51.3373	3	53.6564
57.6397	4	58.6582
59.6417	5	57.6594
61.6433	6	61.6602
63.6448	7	65.6613
65.6462	8	61.6625
65.6475	9	63.6633
65.6487	10	64.6643
67.6499	11	65.6647

Motor Development Infants from 4-21 months:

Age	Weight	Length	Head Circumference
4	6.6-7.6	66.6-68.6	46.6-48.6
5	6.6-7.6	67.6-69.6	46.6-48.6
6	6.6-7.6	68.6-70.6	46.6-48.6
7	6.6-7.6	69.6-71.6	46.6-48.6
8	6.6-7.6	70.6-72.6	46.6-48.6
9	6.6-7.6	71.6-73.6	46.6-48.6
10	6.6-7.6	72.6-74.6	46.6-48.6
11	6.6-7.6	73.6-75.6	46.6-48.6
12	6.6-7.6	74.6-76.6	46.6-48.6
13	6.6-7.6	75.6-77.6	46.6-48.6
14	6.6-7.6	76.6-78.6	46.6-48.6
15	6.6-7.6	77.6-79.6	46.6-48.6
16	6.6-7.6	78.6-80.6	46.6-48.6
17	6.6-7.6	79.6-81.6	46.6-48.6
18	6.6-7.6	80.6-82.6	46.6-48.6
19	6.6-7.6	81.6-83.6	46.6-48.6
20	6.6-7.6	82.6-84.6	46.6-48.6
21	6.6-7.6	83.6-85.6	46.6-48.6

Recommended Immunizations Schedule Children 0-6 years old:

Age	BCG	Polio	DTP	Hib	MM	MMR	MMRV	Rotavirus	Yellow Fever
0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Individual Evaluation & Treatment Record

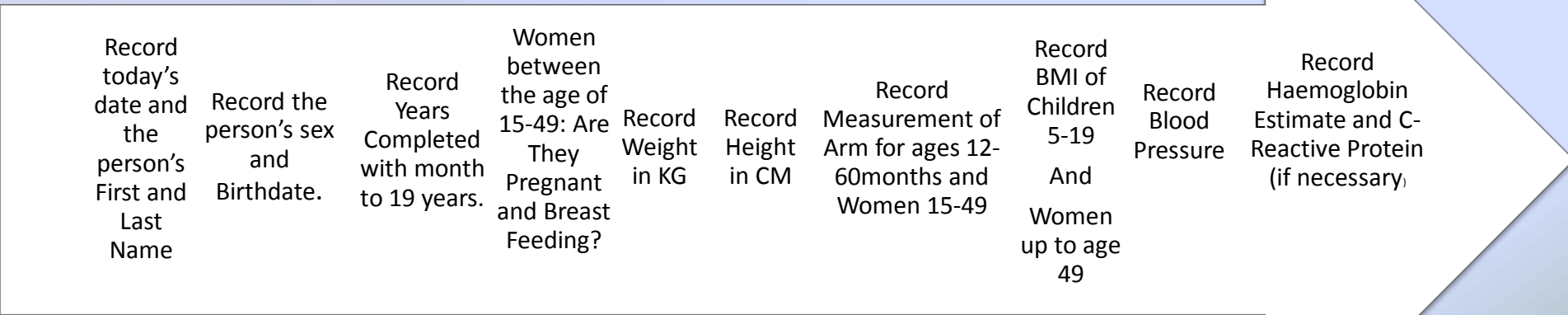
CHILD SURVIVAL INDIVIDUAL EVALUATION & TREATMENT RECORD: DATE: _____																																	
Instructions This is a record of the results from today's visit. Fill out a separate sheet for each person. Fill in first and last names in boxes below:	SEX: M/F	DAY - Birth	MONTH - Birth	YEAR - Birth	AGE in MONTHS completed since Birth	AGE in YEARS completed since Birth	AGE in MONTHS completed since Birth or last Birthday	YES Pregnant	NO Pregnant	YES Breastfeeding	NO Breastfeeding	WEIGHT in Kilograms (kg) to .1	HEIGHT in centimeters (cm) to .1	ARM MEASURE (MUAC) cm to .1	BMI: (kg/m ³) or use BMI table	BLOOD PRESSURE after age 19, and all pregnant women	Haemoglobin Colour Scale Estimate 1g/dL	C-Reactive Protein	MOTOR DEVELOPMENT 4-24 months If walking, skip other questions. If not achieving milestones, or not walking by 24mo: counsel mother, record findings & plan close followup					MALNUTRITION: SEVERE/MODERATE/NORMAL									
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	S	M	N	S	M	N	S	M	N	S	M	N	Yes
Symptoms: <input type="checkbox"/> Poor appetite: unable to drink or breastfeed <input type="checkbox"/> Can't swallow <input type="checkbox"/> Lethargy <input type="checkbox"/> Weakness <input type="checkbox"/> Vomiting everything <input type="checkbox"/> Convulsions <input type="checkbox"/> Cough/Wheeze <input type="checkbox"/> Diarrhea <input type="checkbox"/> Bloody <input type="checkbox"/> Fever <input type="checkbox"/> Days _____ <input type="checkbox"/> Recent Measles <input type="checkbox"/> Itching <input type="checkbox"/> Headache/Stiff Neck <input type="checkbox"/> Pain <input type="checkbox"/> Ear Pain/discharge <input type="checkbox"/> Weight loss <input type="checkbox"/> Vision loss <input type="checkbox"/> Pregnancy with: bleeding Discharge Convulsions Pain Impressions:	Screening Exams: X Normal/Abnormal; Circle or add findings Normal Abnormal Vital signs: T: P: R: Oxygen Sat %: <input type="checkbox"/> <input type="checkbox"/> General: Lethary Unconsciousness Oedema Kwashiorkor Marasmus Dehydration <input type="checkbox"/> <input type="checkbox"/> Skin: Pallor Hair Rash Scabies pattern Pustules Measles Red Umbilicus Jaundice <input type="checkbox"/> <input type="checkbox"/> Eyes: Evidence Vit A Def: Conjunctiva - Dry (Xerophthalmia), Bitot spots Cornea - Hazy Soft Ulcerated Bulging Scarred; Other: <input type="checkbox"/> <input type="checkbox"/> Ears: Drainage, TM Mastoid tenderness <input type="checkbox"/> <input type="checkbox"/> Mouth: Teeth Gums Mouth lesions Pain Inflammation Bad Breath Gingivitis Ulcers Placque Poor hygiene white patches <input type="checkbox"/> <input type="checkbox"/> Noma Stages: 1. Acute Necrotizing Ulcerative Gingivitis 2. Face swelling 3. Gangrenous Plaque 4. Scar <input type="checkbox"/> <input type="checkbox"/> Lungs: Wheezing Rates Distress, R:>60 Birth to 2 months; R:>50 2-11 mo;>40 12mo-4yr <input type="checkbox"/> <input type="checkbox"/> Heart: Murmur Gallop <input type="checkbox"/> <input type="checkbox"/> Abdomen: Distention Tenderness Organomegaly <input type="checkbox"/> <input type="checkbox"/> Extremities: <input type="checkbox"/> <input type="checkbox"/> Neurological: Convulsing, bluing fontanelle, Altered function, stiff neck Safe Motherhood Screen: Women 15-49: Is MUAC >23cm & BMI >18.5? Yes No Treatments: <input type="checkbox"/> Vitamin A for Sight & Life <input type="checkbox"/> Essential Micronutrients <input type="checkbox"/> Dentifrice for Oral Hygiene <input type="checkbox"/> Albendazole for Parasites <input type="checkbox"/> Metronidazole Amoxicillin for Infection <input type="checkbox"/> Malaria Rx <input type="checkbox"/> Scabies Lotion <input type="checkbox"/> Other															EMERGENCY! Severe recent food lack URGENT! Child has not had enough food recently. Normal and healthy! EMERGENCY! Severe long time food lack URGENT! Growing poorly. Give nutritious food. Normal and healthy! EMERGENCY! Severely small for age URGENT! Too small for age. Needs more food. Normal and healthy! EMERGENCY! Severe anaemia is life threatening! URGENT! Moderate anaemia needs micronutrients, especially iron. Normal and healthy! Good energy. Better able to learn. EMERGENCY! Severely malnourished protein deficient child will swell with water from not eating enough eggs, grains, or milk every day. Child is in great danger, no matter how high the weight!																	
															Nutrition Rules for Healthy Women and Children Start good nutrition for infants before birth Give ONLY breast milk from the moment of birth to 4-6 months Breast feed til 24 months; No bottles! Wean to nutritious foods Use iodized salt All boys to age 19 & all girls to age 49 need fortified food Wash hands, keep food clean and covered, purify water Best foods: grains, oils, eggs, meat, milk, fruits, vegetables, soy																		

©2010 MAMA Project, Inc.

CHILD SURVIVAL INDIVIDUAL EVALUATION & TREATMENT RECORD: DATE: _____

Instructions
 This is a record of the results from today's visit. Fill out a separate sheet for each person. Fill in first and last names in boxes below:

SEX	M/F	DAY - Birth	MONTH - Birth	YEAR - Birth	AGE in YEARS completed since Birth	AGE in MONTHS completed since Birth or last Birthday	YES Pregnant	NO Pregnant	YES Breastfeeding	NO Breastfeeding	WEIGHT in Kilograms (kg) to .1	HEIGHT in centimeters (cm) to .1	ARM MEASURE (MUAC) cm to .1	BMI: (kg/m ²) or use BMI table	BLOOD PRESSURE after age 19, and all pregnant women	Haemoglobin Colour Scale Estimate 1g/dL	C-Reactive Protein	YES
Symptoms:		Screening Exams: X Normal/Abnormal; Circle or add findings																
<input type="checkbox"/> Poor appetite: unable to																		



- Fill in the motor development and malnutrition section just like on the registration/work log.
- Show mother comments below each section of the malnutrition levels that explain what it means to be severe, moderate, or normal.
- Show mother Nutrition Rules for Healthy Women and Children

MOTOR DEVELOPMENT 4-24 months <small>If walking, skip other questions. If not achieving milestones, or not walking by 24mo: counsel mother, record findings & plan close followup</small>												MALNUTRITION: SEVERE/MODERATE/NORMAL														
C-Reactive Protein												Wasting Too thin ACUTE			Stunting Failure to grow CHRONIC			Under Weight ACUTE or CHRONIC			Anaemia: ACUTE or CHRONIC			Oedema ACUTE or CHRONIC		
												Weight for Ht 0-5 yrs or BMI for Age 5-19 yrs			Height for Age 0-19 yrs			Weight for Age 0-10 yrs			Malnutrition, bleeding, parasites, malaria, infections Hg for Age & Sex			Are feet swollen? indicates low protein SEVERE malnutrition in children		
Sits without support 4-9 1/2		Stands with help 6-11 1/2		Crawls hands & knees 5-14		Walks with help 6-17		Stands Alone 7-17		Walks Alone 8-17		S	M	N	S	M	N	S	M	N	S	M	N	Yes	No	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO															
Oxygen Sat %:												EMERGENCY! Severe recent food lack.														
Washiorkor Marasmus Dehydration												URGENT! Child has not had enough food recently. Normal and healthy!														
Measles Red Umbilicus												EMERGENCY! Severe long time food lack. Normal and healthy!														
Ophthalmia, Bitot spots Other:												URGENT! Growing poorly. Give nutritious food. Normal and healthy!														
Anemia Bad Breath Gingivitis												EMERGENCY! Severely small for age. EMERGENCY! Severely small for age. Needs more food. URGENT! Too small for age. Needs more food. Normal and healthy!														
Gingivitis 2. Face swelling 3. Gangrenous												EMERGENCY! Severe anaemia is life threatening! URGENT! Moderate anaemia needs micronutrients, especially iron. Normal and healthy! Good energy. Better able to learn. EMERGENCY! Severely malnourished protein deficient child will swell with water from not eating enough eggs, grains, or milk every day. Child is in great danger, no matter how high the weight!														
2 months; R:>50 2-11 mo;>40 12mo-																										
y																										
ered function, stiff neck																										
BMI >18.5? Yes No																										
Instructions:												<p>Nutrition Rules for Healthy Women and Children</p> <p>Start good nutrition for infants before birth</p> <p>Give ONLY breast milk from the moment of birth to 4-6months</p> <p>Breast feed til 24 months; No bottles! Wean to nutritious foods</p> <p>Use iodized salt</p> <p>All boys to age 19 & all girls to age 49 need fortified food</p> <p>Wash hands, keep food clean and covered, purify water</p> <p>Best foods: grains,oils, eggs, meat ,milk,fruits, vegetables, soy</p>														

Mark problems that the person is complaining about.

- Symptoms:
- Poor appetite: unable to drink or breastfeed
 - Can't swallow
 - Lethargy
 - Weakness
 - Vomiting everything
 - Convulsions
 - Cough/Wheeze
 - Diarrhea
 - Bloody
 - Fever
 - Days ____
 - Recent Measles
 - Itching
 - Headache/Stiff Neck
 - Pain
 - Ear Pain/discharge
 - Weight loss
 - Vision loss
 - Pregnancy with:
 - Bleeding
 - Discharge
 - Convulsions
 - Pain

CHILD SURVIVAL INDIVIDUAL EVALUATION

ATTENDY RECORD:

Instructions: This is a record of the results from today's visit. It is not a record sheet for each person. Fill in the first and last names in bold letters.

ATTENDY RECORD: (Grid for tracking visits)

MOTOR DEVELOPMENT: (Grid for tracking milestones)

MALNUTRITION: SEVERE/MODERATE/NORMAL: (Grid for tracking nutritional status)

Symptoms:

- Poor appetite: unable to drink or breastfeed
- Can't swallow
- Lethargy
- Weakness
- Vomiting everything
- Convulsions
- Cough/Wheeze
- Diarrhea
- Bloody
- Fever
- Days ____
- Recent Measles
- Itching
- Headache/Stiff Neck
- Pain
- Ear Pain/discharge
- Weight loss
- Vision loss
- Pregnancy with:
 - Bleeding
 - Discharge
 - Convulsions
 - Pain

Examination: (Grid for tracking physical exam findings)

Instructions: (Additional notes and instructions)

©2010 MAMA Project, Inc.

Examine the Child

Fill out the form.

Screening Exams: X Normal/Abnormal; Circle or add findings		
Normal	Abnormal	Vital signs: T: P: R: Oxygen Sat %:
<input type="checkbox"/>	<input type="checkbox"/>	General: Lethary Unconsciousness Oedema Kwashiorkor Marasmus Dehydration
<input type="checkbox"/>	<input type="checkbox"/>	Skin: Pallor Hair Rash Scabies pattern Pustules Measles Red Umbilicus Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	Eyes: Evidence Vit A Def: Conjunctiva - Dry (Xerophthalmia), Bitot spots Cornea - Hazy Soft Ulcerated Bulging Scarred; Other:
<input type="checkbox"/>	<input type="checkbox"/>	Ears: Drainage, TMI Mastonia tenderness
<input type="checkbox"/>	<input type="checkbox"/>	Mouth: Teeth Gums Mouth lesions Pain Inflammation Bad Breath Gingivitis Ulcers Plaque Poor hygiene white patches
<input type="checkbox"/>	<input type="checkbox"/>	Noma Stages: 1. Acute Necrotizing Ulcerative Gingivitis 2. Face swelling 3. Gangrenous Plaque 4. Scar
<input type="checkbox"/>	<input type="checkbox"/>	Lungs: Wheezing Rates Distress, R:>60 Birth to 2 months; R:>50 2-11 mo;>40 12mo-4yr
<input type="checkbox"/>	<input type="checkbox"/>	Heart: Murmur Gallop
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen: Distention Tenderness Organomegaly
<input type="checkbox"/>	<input type="checkbox"/>	Extremities:
<input type="checkbox"/>	<input type="checkbox"/>	Neurological: Convulsing, bulging fontanelle, Altered function, stiff neck

CHILD SURVIVAL INDIVIDUAL EVALUATION & TREATMENT RECORD

Instructions
This is a record of the results from the child's visit. It is not a replacement for any other form. Fill in the first and last names in boxes below:

Screening Exams: X Normal/Abnormal; Circle or add findings

Vital signs: T: P: R: Oxygen Sat %:

General: Lethary Unconsciousness Oedema Kwashiorkor Marasmus Dehydration

Skin: Pallor Hair Rash Scabies pattern Pustules Measles Red Umbilicus Jaundice

Eyes: Evidence Vit A Def: Conjunctiva - Dry (Xerophthalmia), Bitot spots Cornea - Hazy Soft Ulcerated Bulging Scarred; Other:

Ears: Drainage TMI Mastonia tenderness

Mouth: Teeth Gums Mouth lesions Pain Inflammation Bad Breath Gingivitis Ulcers Plaque Poor hygiene white patches

Noma Stages: 1. Acute Necrotizing Ulcerative Gingivitis 2. Face swelling 3. Gangrenous Plaque 4. Scar

Lungs: Wheezing Rates Distress, R:>60 Birth to 2 months; R:>50 2-11 mo;>40 12mo-4yr

Heart: Murmur Gallop

Abdomen: Distention Tenderness Organomegaly

Extremities:

Neurological: Convulsing, bulging fontanelle, Altered function, stiff neck

Safe Motherhood Screen: Women 15-49: Is MUAC >23cm & BMI >18.5? Yes No

TREATMENTS:
 Vitamin A for child & lactating woman
 Deworming
 Iron and Folate
 Malaria treatment
 Other

INSTRUCTIONS:
 Start good nutrition for infants and/or children
 Give ORZ only if child has the correct amount of ORZ
 Breast feed for 24 months, no bottles
 Women to nutritious foods
 All food to age 2-5 & all girls to age 40 need fortified food
 Wash hands, keep food clean and covered, purify water
 Avoid foods: animals, eggs, meat, milk, fruits, vegetables, soy

Document Treatments

Safe Motherhood Screen: Women 15-49: IS MUAC >23cm & BMI >1

Treatments:

- Vitamin A for Sight & Life
- Essential Micronutrients
- Dentifrice for Oral Hygiene
- Albendazole for Parasites
- Metronidazole Amoxicillin for Infection
- Malaria Rx
- Scabies Lotion
- Other

- Document treatments.
- Examiner should fill in Impressions and Instructions.
- Dispenser should mark treatments.

CHILD SURVIVAL INDIVIDUAL EVALUATION & TREATMENT RECORD

This is a record of the results from the above tests. It is not a replacement for each program. Fill in first and last names in boxes below.

INSTRUCTIONS:

Screening Exams: X Normal/Abnormal. Circle or add findings.

Symptoms:

Poor appetite: unable to drink or breastfeed

Can't swallow

Lethargy

Weakness

Vomiting everything

Cough/Wheeze

Diarrhea

Bloody

Fever

Days

Recent Measles

Itching

Headache

Pain

Discharge

Ear Pain

Weight loss

Pruritus

Swelling

Impressions

Motor Development:

4-24 months

1. Rolling, 2. Sitting unaided, 3. Not achieving milestones, 4. Not walking by 18 months, 5. Not standing without help, 6. Not holding a spoon, 7. Not holding a pencil.

Malnutrition:

Wasting (low BMI for age)

Underweight (low weight for age)

Anemia (low Hb)

Edema (swelling)

Neurological/Consciousness:

Alert, Responsive, Lethargic, Unconscious

Safe Motherhood Screen: Women 15-49: IS MUAC >23cm & BMI >1

Treatments:

Vitamin A for Sight & Life

Essential Micronutrients

Dentifrice for Oral Hygiene

Albendazole for Parasites

Metronidazole Amoxicillin

Malaria Rx

Scabies Lotion

Other

Essential Micronutrients



The image shows a yellow rectangular package for Nora Lynne Micro Nutrient Powder. The package has a red border. At the top, the brand name "Nora Lynne™" is written in a red cursive font. Below it, the words "MICRO NUTRIENT POWDER" are printed in large, bold, black capital letters. In the center is a circular logo for MAMA Project, Inc. The logo features a heart shape with the letters "MAMA" inside, and the text "MAMA PROJECT, INC." around the top edge and "A Network For Health and Well-being" around the bottom edge. Below the logo, the text "DAILY USE:" is underlined. This is followed by two numbered instructions: "1-After cooking food, divide out separate portions for everyone in your family over 6 months old" and "2-According to instructions, measure powder with 0.15cc mini-scoop, add, mix and serve home-fortified food enriched with 21 essential micronutrients". At the bottom of the package, the words "VITAMINS AND MINERALS!" are printed in large, bold, black capital letters.

Please refer to detailed instruction in Module 4.

Village-based health workers should participate fully in the event, especially in evaluation and treating sick and malnourished children.


Since the village worker is the first one to address the most common life-threatening childhood illnesses, he or she must be supported with continuing training, retraining, and resources with supplies necessary to initiate emergency regimens.





The charts and supplies to facilitate timely care are for the use of those who are closest to the children at greatest risk. They are to be in the domain of the village health worker.

Amoxicillin 250 mg - Moderate Dose


Early Intervention Regimen for Moderate Infections





Newborn
0-1 week or <2 kg
11 tablets for 14 days




			
MORNING	NOON	AFTERNOON	EVENING




Young Infant
1 week- 2 months or
2-5 kg (4.5-10lbs)
21 tablets for 14 days




			
MORNING	NOON	AFTERNOON	EVENING


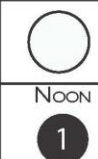


Older Infant
2-12mos or 5-9 kg (10-20lbs)
32 tablets for 14 days




			
MORNING	NOON	AFTERNOON	EVENING





Toddler/Pre-school
1-4 years or 10-19 kg (20-40lbs)
42 tablets for 14 days




			
MORNING	NOON	AFTERNOON	EVENING





School Age
5-11 yrs or 20-40 kg (40-90lbs)
63 tablets for 14 days



			
MORNING	NOON	AFTERNOON	EVENING

Pre-teen/Adult
12 yrs to adult
82 tablets for 14 days



			
MORNING	NOON	AFTERNOON	EVENING


Notes:








- Duration of therapy - 14 days for noma, 3 days for non-severe pneumonia, 5 days for acute ear infections, 10 days for tonsillitis.
- If care is delayed, and the child presents a swollen cheek use the double dose: Save patient's life and limit permanent damage to the face.
- Maintain AMOXICILLIN 250 mg Emergency Stock in Child Survival Kit in each village to avoid treatment delays.
- Treat gingiva-stomatitis following measles or malaria in a malnourished child to prevent progress to noma. Also include essential micronutrient supplements, Vitamin A triple dose, Dentifrice, and improved nutrition (ie. eggs and oil).
- Metronidazole with Amoxicillin recommended if both are available. Amoxicillin/clavulanate is another excellent option with or without metronidazole.
- Seek consultation as soon as possible. Continue treatments while traveling to the clinic or hospital. When child comes to attention, dispense full number of doses so that treatment can continue in event of further delay.
- If Amoxicillin is in capsule: Open and divide powdered contents. Tablets may be crushed and mixed with breast milk, food, liquid or sugar and fed to children with spoon.
- Taking with food is not necessary but can help if stomach is upset.
- Amoxicillin used for tonsillitis, ear infections, sinusitis, lung infections (pneumonia), eye infection after measles, soft tissue, skin, umbilical (navel) and urinary infections. Use double dose for critical illness and delayed treatment. (See page 8 in IMCI booklet.)
- Critically ill malnourished child may not express signs of infections. Therefore, it may be life-saving to begin a course of broad spectrum oral antibiotics such as cotrimoxazole and/or metronidazole and amoxicillin while referring to a higher level of care.
- Category B: Safe in Pregnancy


©2010 MAMA Project, Inc. mamaproject@enter.net MAMAProject.org Prevention and Control of Noma in Nigeria








Amoxicillin 250 mg - High Dose


Emergency Early Intervention Regimen for Noma, Severe Pneumonia, and other Serious Infections








 **Newborn**
0-1 week or <2 kg
22 tablets for 14 days


			
MORNING	NOON	AFTERNOON	EVENING
			








 **Young Infant**
1 week- 2 months or
2-5 kg (4.5-10lbs)
42 tablets for 14 days


			
MORNING	NOON	AFTERNOON	EVENING
			








 **Older Infant**
2-12mos or 5-9 kg (10-20lbs)
64 tablets for 14 days


			
MORNING	NOON	AFTERNOON	EVENING
			








 **Toddler/Pre-school**
1-4 years or 10-19 kg (20-40lbs)
84 tablets for 14 days

			
MORNING	NOON	AFTERNOON	EVENING
			

 **School Age**
5-11 yrs or 20-40 kg (40-90lbs)
126 tablets for 14 days

			
MORNING	NOON	AFTERNOON	EVENING
			

 **Pre-teen/Adult**
12 yrs to adult
164 tablets for 14 days

			
MORNING	NOON	AFTERNOON	EVENING
			

Notes:


- At first sign of early noma, begin AMOXICILLIN 250mg/tablet. Continue 14 days.
- If care is delayed, and the child presents a swollen cheek use the double dose: Save patient's life and limit permanent damage to the face.
- Maintain AMOXICILLIN 250 mg Emergency Stock in Child Survival Kit in each village to avoid treatment delays.
- Treat necrotizing gingiva-stomatitis following measles or malaria in a malnourished child to prevent progress to noma. Also include essential micronutrient supplements, Vitamin A triple dose, Dentifrice, and improved nutrition (ie. eggs and oil).
- Metronidazole with Amoxicillin recommended if both are available. Amoxicillin/clavulanate is another excellent option with or without metronidazole.
- Seek consultation as soon as possible. Continue treatments while traveling to the clinic or hospital. When child comes to attention, dispense full number of doses so that treatment can continue in event of further delay.
- If Amoxicillin is in capsule: Open and divide powdered contents. Tablets may be crushed and mixed with breast milk, food, liquid or sugar and fed to children with spoon.
- Taking with food is not necessary but can help if stomach is upset.
- Amoxicillin used for tonsillitis, ear infections, sinusitis, lung infections (pneumonia), eye infection after measles, skin, soft tissue, umbilical (navel) and urinary infections. Use double dose for critical illness and delayed treatment.
- Critically ill malnourished child may not express signs of infections. Therefore, it may be life-saving to begin a course of broad spectrum oral antibiotics such as cotrimoxazole and/or metronidazole and amoxicillin while referring to a higher level of care.
- Category B: Safe in Pregnancy





©2010 MAMA Project, Inc. mamaproject@enter.net MAMAPROJECT.org Prevention and Control of Noma in Nigeria

Metronidazole 250 mg


Emergency Early Intervention for Noma and Suspected Pre-Noma Lesions, and other Infections





Newborn
0-1 week or <2 kg
7 tablets for 14 days




			
MORNING	NOON	AFTERNOON	EVENING
15 mg/kg		15 mg/kg	





Young Infant
1 week- 2 months or
2-5 kg (4.5-10lbs)
7 tablets for 14 days




			
MORNING	NOON	AFTERNOON	EVENING
1/4		1/4	





Older Infant
2-12mos or 5-9 kg (10-20lbs)
14 tablets for 14 days




			
MORNING	NOON	AFTERNOON	EVENING
1/4	1/4	1/4	1/4





Toddler/Pre-school
1-4 years or 10-19 kg (20-40lbs)
28 tablets for 14 days




			
MORNING	NOON	AFTERNOON	EVENING
1/2	1/2	1/2	1/2





School Age
5-11 yrs or 20-40 kg (40-90lbs)
56 tablets for 14 days



			
MORNING	NOON	AFTERNOON	EVENING
1	1	1	1

Pre-teen/Adult
12 yrs to adult
112 tablets for 14 days



			
MORNING	NOON	AFTERNOON	EVENING
1 1	1 1	1 1	1 1

Notes:

- At first sign of early noma, begin METRONIDAZOLE 250mg/tablet. Continue 14 days.
- Maintain METRONIDAZOLE 250 mg Emergency Stock in Child Survival Kit in each village to avoid treatment delays.
- Treat necrotizing gingiva-stomatitis following measles or malaria in a malnourished child to prevent progress to noma. Also include essential micronutrient supplements, Vitamin A triple dose, Dentifrice, and improved nutrition (ie. eggs and oil).
- Metronidazole with Amoxicillin recommended if both are available. Amoxicillin/clavulanate is another excellent option with or without metronidazole.
- Seek consultation as soon as possible. Continue treatments while traveling to the clinic or hospital. When child comes to attention, dispense full number of doses so that treatment can continue in event of further delay.
- If METRONIDAZOLE is in capsule: Open and divide powdered contents. Tablets may be crushed and mixed with breast milk, food, liquid or sugar and fed to children with spoon.
- Taking with food is not necessary but can help if stomach is upset.
- Also use for eye infection after measles, with Amoxicillin.
- Metronidazole is also used for trichomoniasis, bacterial vaginosis, amebic liver abscess, intestinal amebiasis, pelvic and abdominal infections (with other antibiotics), giardiasis, c.difficile diarrhea.
- Critically ill malnourished child may not express signs of infections. Therefore, it may be life-saving to give a course of broad spectrum antibiotics such as cotrimoxazole and/or metronidazole and amoxicillin while referring to a higher level of care.
- Category B: Safe in Pregnancy

©2010 MAMA Project, Inc. mamaproject@enter.net MAMAProject.org Prevention and Control of Noma in Nigeria

Oral Co-artemether

6 doses for 3 days for Acute Uncomplicated Malaria

Less than 5 kg (less than 5 kg)			
Not tested			
MORNING	NOON	AFTERNOON	EVENING

Up to 5 kg (up to 11lbs)			
Not tested			
MORNING	NOON	AFTERNOON	EVENING

5 - <15 kg (11-<33lb)			
6 tablets in 3 days			
MORNING	NOON	AFTERNOON	EVENING
1			1

15 - <25 kg (33-<55lbs)			
12 tablets in 3 days			
MORNING	NOON	AFTERNOON	EVENING
1 1			1 1

25 - <35 kg (55-<77lbs)			
18 tablets in 3 days			
MORNING	NOON	AFTERNOON	EVENING
1 1 1			1 1 1

35 kg and Above (more than 77 lbs)			
24 tablets in 3 days			
MORNING	NOON	AFTERNOON	EVENING
1 1 1 1			1 1 1 1

Notes:

Day 1: Give the first dose of co-artemether and observe for one hour. If child vomits within an hour, repeat the dose. Give the 2nd dose within 8 hours.

Days 2 & 3: Twice daily for further 2 days as shown above, around 12 hours apart.


- Co-artemether should be taken with food.
- Co-artemether may be crushed and dissolved in 1-2 teaspoons (5-10mL) liquid just before the dose is taken.
- Brand names: Coartem®, Riamet®
- Active Ingredients: Artemether 20mg/Lumefantrine 120mg





Zinc-Enriched MAMA Dentifrice

Follow Chart for Good Oral Hygiene.


For Zinc Supplementation during illness - add extra dose or use tablets.





Newborn
0-1 week or <2 kg




			
MORNING	NOON	AFTERNOON	EVENING





Young Infant
1 week- 2 months or
2-5 kg (4.5-10lbs)




			
MORNING	NOON	AFTERNOON	EVENING





Older Infant
2-12mos or 5-9 kg (10-12lbs)
2-6 months= 1/2 mini-scoop
6-12 months= 1 mini-scoop




			
MORNING	NOON	AFTERNOON	EVENING





Toddler/Pre-school
1-4 years or 10-19 kg (20-40lbs)




			
MORNING	NOON	AFTERNOON	EVENING





School Age
5-11 yrs or 20-40 kg (40-90lbs)



			
MORNING	NOON	AFTERNOON	EVENING

Pre-teen/Adult
12 yrs to adult



			
MORNING	NOON	AFTERNOON	EVENING


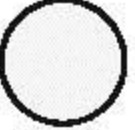





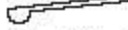




Notes:

- Dosing: For infants 2 months up to 6 months, dose is 1/2 of .15cc mini-scoop. For infants 6-12 months, dose is one .15 mini-scoop.
- Each morning & evening place dose inside lower lip.
- Spread around mouth.
- Clean teeth thoroughly & gently with fresh chewing stick or with finger covered with clean soft cloth.
- Take a drink and swallow. Do not spit out!
- Repeat 3 times daily if the child has mouth infection, measles, malaria, diarrhea, pneumonia, inflamed eyes or is not growing well.
- Prevent Noma and Blindness with good hygiene and nutrition.
- Seek medical attention immediately when children develop mouth or eye infections.
- Contains: Sodium Bicarbonate, Iodized Salt, Zinc Oxide.
- 1 scoop (.15cc each) will provide 7.5 mg Zinc, an essential micronutrient for growth and immune function.

If using Zinc 20mg tablets for children with diarrhea, pneumonia or other illness:	
2 to 6 months	1/2 tablet
6 months or more	1 tablet

Label Medications

- Record Name and Date
- Record when to take the medication and how many scoops.
- Select which medication.

NAME: DATE:				
	MORNING	NOON	AFTERNOON	EVENING
				
				
	AMOXICILIN 250MG OR _____	METRONIDAZOLE 250MG OR _____	DENTAL POWDER	© 2009 MAMA PROJECT, INC.

How to Carry out the Program

Step 1-Take the training.

Step 2-Pass along the knowledge and motivation that you have to train a team of trustworthy midwives, teachers, village health workers, and volunteers who are willing and able to participate in Child Health days and will be able to receive ongoing trainings to use the materials for early emergency management of illness.

Take the Program to the Villages

- Plan a Child Health day in each village at least twice yearly.
- Make maximum use of fuel, vehicles and time by planning well, especially when villages are remote from the health center.
- Include the maximum number of activities in the event, e.g., Immunize, deworm, weigh and measure, distribute micronutrients, Vitamin A capsules, and bed nets, and have health and hygiene educational activities.

Example event:

- What follows is a description of what an outreach event might look like.
- The resources and systems can be adapted to the circumstances, and may also be carried out by village health workers and/or Primary Care Health Workers.
- The events may be coordinated with immunization campaigns or bed net distributions, for example.

Setting up the Event

- Greet the townspeople as you arrive. Find out who is in charge from the town. Ask about volunteers who can help with registration, carrying supplies, crowd control at doorways, etc.

Setting up the Event (continued)

- Upon arrival, person in charge draws sketch of site, ask locals about the path of the sun to find the shade to work in. Decide where people will wait in the shade, set up 3 registration desks and begin registration with one staff and 2 volunteers from community, while others begin set-up.

Setting up the Event (continued)

- Introductions and explain purpose of child survival event – The focus is on malnutrition, anemia, parasites, development of children, and consults regarding illness, dental care (exam and extractions), and reading glasses for people who cannot see well to read or do their close work. Everyone will receive vitamins and medicines for body pains, fever and headache. Those people that do not have health problems should not enter the consult; they can just receive their vitamins and pain reliever directly. They should just be screened by triage for consult.

Setting up the Event (continued)

- Explain to everyone in the community: Everyone will be seen, including the adults. Register, get the sheet, and pass through the stations. Sick and elderly should go first. Only adults over 19 and all pregnant women get blood pressure checked. (Pediatric blood pressure is optional.) Only children 0-19 years get weighed and height measured. All except for pregnant people get deworming medicines. Everyone gets vitamin/mineral supplement according to gender and age and level of nutrition to help with strength and growth.

Setting up the Event (continued)

- Set up your stations and assign workers (include townspeople, staff and visiting team members were needed). Note: Some jobs can be combined. In addition to people at each station, 1-2 “floaters” are needed to organize and direct people to posts

Setting up the Event (continued)

- Stations:
 - Registration – 3 people, one will be a Staff person
 - Weighing and Measuring – 2 people
 - Vital Signs – 1 person
 - Motor Development – 1 person
 - Vitamin A – 1 person
 - Deworming – 1 person
 - Screening exams – 1 person
 - Hemoglobin/Anemia Screening – 2 people
 - Nutritional Counseling – 1 person
 - Eyeglasses – 1 person
 - 2 or more doctors
 - 1 dentist, 1 dental assistant
 - Pharmacy – 2 people
 - Triage for Consultation – 1 person
 - Toy distribution – 1 person

We will quickly review what we covered in this and previous modules, to show how it all fits together.

1: Registration

- One Encounter Form should be given for each person in the family. For example, if a mother with 4 kids has come to the clinic, 5 encounter forms should be given to her.
- Fill out name, sex, age, and birthdate portion of forms. Always use dd/mm/yy 6-digit format (day/month/year in 6 digits)
- Fill in pregnancy and lactation status.
- Fill out the same information on the registration sheet (that stays at the table and gets filled out with all community's information).



#2: Weighing and Measuring

- Confirm names and birthdates.
- One person should measure and weigh each person. That person should say the results aloud. Do not estimate. Measure exactly. Make sure that you are measuring on even ground and putting the scale on a tile or cement. Also everyone should take off their shoes and any hair ties.
- Write weight in kg to .1 (E.g.; 33.9kg)
- Write height in cm/mm (E.g.; 113.3cm)
- At the same time one person is measuring and weighing another person should be writing info on Registration Log and Encounter Form. Mark S M N where appropriate. On Registration Log fill out name, DOB, and age as well as height and weight information.



#3: Vital Signs

- Do temperatures with ear thermometer/count respirations and use pulse oximeter.
- Blood pressures for all adults over 19, and all pregnant. (Optional to check pediatric BP)
- Mark on encounter form and on registration sheet (with name, age, DOB).



#4: Motor Milestones

- Access children from 4-24 months for motor skills.
- Check appropriate boxes on encounter forms and registration sheet.
- Fill in name, age and DOB on registration sheet.



#5: Vitamin A

Distribution

- All children ages 6-60mos should receive a dose of Vitamin A.
- Puncture capsule and put drops into child's mouth.
- Mark on encounter form as well as on a registration sheet (with name, age, and DOB) and child's immunization card .
- Mark tally sheet.



DSM Photo

#6: Deworming

- Everyone over 12 months (24 months in Honduras)
 - Check **current** MOH norms. Pregnant may need to be excluded. Some MOH allow pregnant, some say not until after 1st trimester; some allow 1/2 dose for 12-24 months. Norms are becoming more lenient as safety data favors including pregnant and 12-24 month old children.
 - Mark encounter form as well as on a registration sheet (with name, age, and DOB).
 - Mark tally sheet.
- * In Honduras, as of 2010, norms have not changed, deworming begins at 24 months and pregnant women are excluded.



#7: Screening Exams

- Skin clinic and brief vision screening of all children to age 19.
- Screen: oral, eyes, stigmata of malnutrition, edema, auscultation of heart and lungs.
- Screen entire population quickly for scabies and treat family if one member has it.
- Also use triple therapy cream as needed.
- Dispense oral dentifrice and send to dentist if needed.
- Send to medical consultation if problems noted especially dehydration, diarrhea, respiratory infection, gingivitis.
- Mark chart, call attention to problems, and direct patient to care.



If you find life-threatening illnesses such as early noma, nutritional eye disease, or pneumonia, begin treatment now!

- 3 doses vitamin A - Start now! (Dose according to chart)
- 14 days Amoxicillin &/or Metronidazole according to charts
- Zinc-enriched MAMA Dentifrice 3 times daily
- Essential Micronutrients
- Begin treatment as arrangements are being made to get the child to consultation.
- Work with village volunteer to accomplish getting child to best level of care.
- Whether or not the family leaves the village to seek for medical attention, continue the treatments for the full course prescribed -14 days for the acute treatment, and follow up with nutritional rehabilitation for months, until recovery

#8: Hemoglobin/ Anemia Screening

- Prick finger and put spot of blood on testing strip. Note time and name of person and look for results 30 seconds later.
- Mark on encounter form and on registration sheet (with name, age, and DOB).



#9: Nutritional Counseling

- Teach mother the meanings of everything that was just discovered through examinations/screenings – anthropometrics, edema, physical findings, and anemia screening.
- Give essential micronutrients with instructions for each family member.
- Mark tally sheet.

10: Eyeglasses

- Have person read the MAMA examination card or a page in a book to determine strength necessary.
- Give them appropriate reading glasses.
- Mark tally sheet.



1 1 : Medical Consultations

- Those that have medical problems can be seen by a doctor.
- Each doctor should have his own exam box – include stethoscope, pen light, tongue depressors, otoscope, hand sanitizer, gloves, etc.
- Be familiar with referral forms to give to patients who need a higher level of care.



#12: Dental Consultations









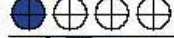
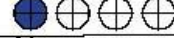


- Those that need a dental consultation or extraction can be seen by the dentist.
- The dentist should have all of his necessary equipment/tools.
- Dental assistant helps with cleaning instruments after use.



13: Pharmacy

- When person leaves medical and dental consultations, give them the medicines prescribed.
- Confirm that patient or guardian understands instructions.
- Fill out medicine label with low literacy symbols.



NAME: <i>Josephine</i>		DATE: <i>March 3, 2011</i>	
			
MORNING	NOON	AFTERNOON	EVENING
			
			
AMOXICILIN 250MG OR	METRONIDAZOLE 250MG OR	DENTAL POWDER	© 2010 MAMA Project, Inc.

14: Triage

- Decide if medical or dental consult is needed.
- Distribute simple meds (e.g., Ibuprofen for those with body pain).



1 5: Distribution of Toys & Gift Bags

- As each person exits the consultation/ screening area, distribute toys & gift bags.
- Mark hand with marker to avoid repeaters.



At the end of the day:

- Hand in registration and tally sheets to the computer data entry person, who reviews and checks that handwriting is legible while everyone is still present
- After session is over, share results with community leaders, teachers and talk about the problems that the community faces. Translate this discussion.
- Other Notes: (see Module 7 for more explanation about using the computer program)
 - Put all data into WHO Anthro
 - Go to “Nutritional Survey”
 - Click on “Export to File”
 - Save file as an .xml file.
 - Open AnthroPlus
 - Import file that you just saved.
 - Review z-scores for all children 0-19 years old.
 - Compare with written results on registration form to confirm that SEVERE, MODERATE and NORMAL on paper agree with Z-Score <-3, -3 to -2, and >-2
 - WHO Anthro Plus can only analyze children over 5 years old. WHO Anthro only analyzes up to 5 years old.

Primary Care Health Workers are the Key to Child Survival!

- Maternal and child hunger causing death and diseases like noma and nutritional blindness can be eliminated, even in poor communities.
- Primary Care Health Workers link the villages to knowledge and resources that save lives, and allow a future with hope and dignity.

Thank you!

Photo Credits for Module 6:
Kristen Love, unless otherwise noted