Government of Malawi
Ministry of Health

Training Course on

INPATIENT MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Module 7.
Involving Mothers In Care

SEPTEMBER 2017

Contents

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Preface

The ***Malawi Inpatient Management of Severe Acute Malnutrition Training Package*** includes training modules, training guides, training aids, training planning tools, and job aids. The training package is based on the 2002 WHO Training Course on the Management of Severe Malnutrition (SAM) and has been updated to include the 2013 WHO update on management of SAM in infants and children. The training package guides participants in applying the National Guidelines for the Community-based Management of Acute Malnutrition (CMAM), 2016.

This *Module* is one of a set of training guides and modules for conducting the *Training Course on Inpatient Management of Severe Acute Malnutrition:*

Guides
Facilitator Guide
Clinical Instructor Guide
Course Director Guide

Modules
Module 1—Introduction
Module 2—Principles of Care
Module 3—Initial Management
Module 4—Feeding
Module 5—Daily Care
Module 6—Monitoring, Problem Solving and Reporting
Module 7—Involving Mothers in Care

Acronyms and Abbreviations

AWG	Average Daily Weight Gain
cm	Centimetre(s)
CMAM	Community-based Management of Acute Malnutrition
CMV	Combined Mineral and Vitamin Mix
g	Gram(s)
HSA	Health Surveillance Assistant
HFA	Height-for-Age
HIV	Human Immunodeficiency Virus
IM	Intramuscular
IMCI	Integrated Management of Childhood Illness
IV	Intravenous
IYCF	Infant and Young Child Feeding
kcal	Kilocalorie(s)
kg	Kilogram(s)
L	Litre(s)
MAM	Moderate Acute Malnutrition
mg	Milligram(s)
ml	Millilitre(s)
mm	Millimetre(s)
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
OPD	Outpatient Department
ORS	Oral Rehydration Solution
QI	Quality Improvement
RDT	Rapid Diagnostic Test
ReSoMal	Rehydration Solution for Malnutrition
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Programme
SUN	Scaling Up Nutrition
TB	Tuberculosis
WFH	Weight-for-Height
WFL	Weight-for-Length
WFP	World Food Programme
WHO	World Health Organisation

Introduction

It is essential that a mother[1] who has a child with severe acute malnutrition (SAM) be with her child in the hospital. The mother must be encouraged to feed, hold, comfort and play with her child as much as possible for the following reasons:

- Emotional and physical stimulation are crucial for the child's recovery and can reduce the risk of developmental and emotional problems.
- The child's mother can give more continuous stimulation and loving attention than busy staff can.
- When mothers are involved in care at the hospital, they learn how to continue care for their children at home.
- Mothers can make a valuable contribution and reduce the staff's workload by helping with various activities, such as bathing and feeding children.

Learning Objectives

This module describes and allows you to discuss and observe:

- Encouraging involvement of mothers
- Involving mothers in comforting, feeding and bathing children
- Teaching groups of mothers about feeding and care
- Preparing for discharge from hospital and continuing treatment at home
- Teaching mothers the importance of stimulation and how to make and use toys
- Giving advice on continued treatment in outpatient care and follow-up visits
- Making special arrangements for follow-up in case early discharge is unavoidable

[1] The term 'mother' is used throughout this module. It is understood that the person who is responsible for the care of the child might not always be that child's mother, but rather some other caregiver. For the sake of readability, however, 'mother' means 'mother/caregiver' throughout this module, 'she' means 'she or he' and 'her' means 'her or his'.

1.0 Encouraging Involvement of Mothers

There are many ways to encourage mothers to be involved in hospital care. Mothers can be taught to:

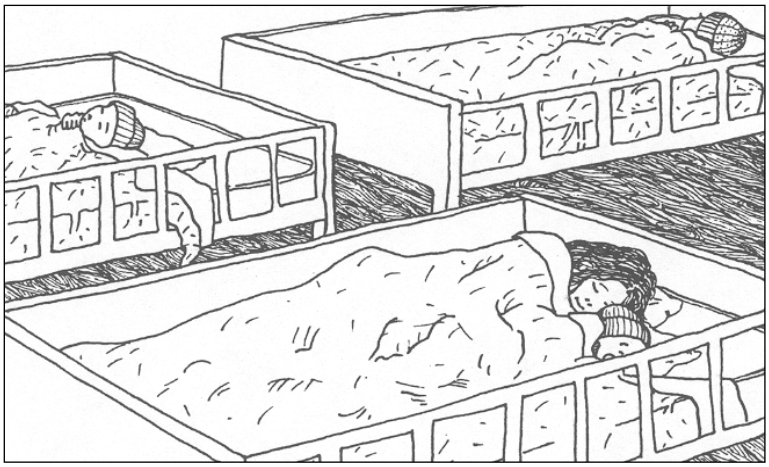
- Feed children
- Bathe and change children
- Play with children, supervise play sessions and make toys
- Clean the ward
- Organise and/or prepare food for other mothers

It is necessary to give mothers food to enable them to stay with their children. In return, mothers can help with the above tasks on the ward. It may be helpful to organise a rotation of mothers to do these tasks while being supervised. In that way, each mother can contribute to her child's care and still have some time off duty.

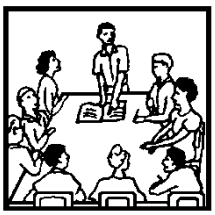
The staff must be friendly and treat mothers as partners in the children's care. A mother should never be scolded or blamed for her child's problems or made to feel unwelcome. Teaching, counselling and befriending the mothers are essential to the child's long-term treatment.

Children with SAM should be sleeping in adult beds (see figure 1 below), where they can sleep with their mother in the night. Mothers should have a place to sit for relaxation. They also need washing facilities and a toilet, and cooking facilities. Some mothers may need medical attention, psychosocial support and adapted food supplements themselves if they are wasted, unwell or anaemic.

Figure 1. Adult beds for SAM children in inpatient care



The staff should also make other family members feel welcome. All family members are important to the health and well-being of the child. When possible, fathers should be involved in discussions of the child's treatment and how it should be continued at home. Fathers must be kept informed and encouraged to support mothers' efforts in care of the children.



Exercise A

The group will discuss ways that facilities encourage mothers and other family members to be involved, as well as things that may keep them from being involved. You may discuss examples from your own facilities and from the ward that you have visited during this training course.

Prepare for the discussion by listing a few ideas below.

Ways to encourage mothers and other family members to be involved:

Things that keep mothers and other family members from being involved:

Tell a facilitator when you are ready for the group discussion.

2.0 Involving Mothers in Comforting, Feeding and Bathing Children

Staff should informally teach each mother certain skills. First, staff may need to show the mother how to hold her child gently and quietly, with loving care. Immediately after any unpleasant procedure, staff should encourage the mother to hold and comfort her child.

When teaching tasks, such as feeding or bathing, staff should:

1. First show the mother how to do the task, explaining each step.
2. Let the mother try the task, assisting and encouraging her as she tries.
3. Ask questions to make sure that the mother understands what to do. For example, if you have just explained how to feed the child, ask the mother such questions as:
    - What will you feed your child?
    - How often will you feed him?
    - How much will you give him for a serving?
4. Observe when the mother does the task independently the first time.
5. Give positive feedback, that is, tell the mother what she did well. Make suggestions for improvements without discouraging the mother. For example, say 'Let's try together to do it this way…'.

At all times, staff must communicate clearly with mothers in a way that builds their confidence in their ability to take care of their children. For example, when a clinician examines the child, he or she should explain what is happening and show the mother how to hold the child during the exam. Staff must treat the mothers as partners in helping the child regain his or her health.

Tell a facilitator when you have reached this point in the module.

Exercise B

This exercise includes two role-plays of situations in which a nurse is teaching a mother to bathe or feed a child. Your facilitator may assign you the role of a nurse or a mother. If so, you will be given some information to help you prepare for your role. If you are an observer of the role-play, you will take notes. Give specific attention to avoid forced feeding of the child.

Role-Play 1

How would you feel if you were the mother in this situation?

How did the nurse encourage or discourage the mother?

Role-Play 2

How would you feel if you were the mother in this situation?

How did the nurse encourage or discourage the mother?

3.0 Teaching Groups of Mothers about Feeding and Care

There are many topics that can be efficiently presented to groups of mothers and other interested family members. Group teaching sessions may be held on such topics as nutrition and infant and young child feeding (IYCF), hygiene, use of ready-to-use therapeutic food (RUTF) and its key messages, use of rehydration solution for malnutrition (ReSoMal) in case of diarrhoea, infection prevention, bathing, play and stimulation, family planning and so on.

Staff members with good communication skills should be assigned to teach these group sessions. There may be several staff members who can take turns presenting different topics.

The selected staff **must know the important information to cover on a topic** and be able to:

- Communicate clearly in a way that mothers understand
- Prepare and use suitable visual aids, such as posters and real foods
- Demonstrate skills when necessary (e.g., cooking procedures, hand-washing, RUTF key messages, infection prevention, play and stimulation)
- Lead a discussion in which mothers can ask questions and contribute ideas

The sessions should not be limited to lecture; they should include demonstrations and practice and group discussions whenever possible. Encourage questions from mothers so that the session is interactive.

Example Outline of a Teaching Session on Preparing Home Foods

An example of an outline of a teaching session for preparing home foods is provided in **Annex A**. The purpose of the teaching session is to teach mothers of children with SAM how to prepare nutritious food for children 6–24 months for eating at home when they have recovered from SAM. The outline contains information, examples and visual aids, and practice. It also includes opportunities for parents to ask questions and contribute ideas.

The example shows nutritious complementary food from locally available resources, outlined in the community counselling package of the Scaling Up Nutrition (SUN) 1,000 Special Days.

4.0 Preparing the Child and Mother for Discharge from Hospital

4.1 Preparing for Continuing Outpatient Treatment and Feeding at Home

Children 6–59 months and infants less than 6 months who are ready for discharge from hospital will continue treatment and/or IYCF support in the community. Advise the mother on:

- Feeding and care of the child or infant: provide specific counselling on breastfeeding, complementary feeding, use of RUTF or breast milk substitutes at home as appropriate
- Attending outpatient care sessions on a weekly basis to continue treatment and monitor the health and progress of nutritional status
- Linking with community health workers for continuous IYCF support and home visits

For those eligible, a weekly supply of RUTF is provided and the key messages below

RUTF Key Messages for use of RUTF in Outpatient Care

1. Do not share RUTF. RUTF is a food and medicine for very thin and swollen children only.
2. Give small, regular meals of RUTF and encourage the child to eat often (five to six meals per day). Thin and swollen children often do not like to eat. Your child should have ___ packets per day.
3. Continue to breastfeed regularly (if child still breastfeeding). Offer breast milk first before every RUTF feed.
4. Do not give other food. RUTF is the only food apart from breast milk that thin and swollen children need to recover during their time in outpatient care. Other foods, such as homemade foods (such as *phala*), will be introduced when the child is recovering well and has eaten the full daily RUTF ration.
5. Offer the child plenty of clean water to drink while he/she is eating RUTF. Children will need more water than normal.
6. Wash the child's hands and face with soap before feeding if possible.
7. Keep RUTF packet clean and covered between feeds.
8. Keep the child covered and warm. Thin and swollen children get cold quickly.
9. Do not stop feeding when a child has diarrhoea. Continue to feed RUTF and (if applicable) breast milk.
10. Return to the health facility whenever the child's condition deteriorates or if the child is not eating sufficiently.

4.2 Preparing for Feeding the Child at Home after Full Recovery

A very small number of children remain in hospital until full recovery on rare occasions (e.g., if they cannot tolerate RUTF during rehabilitation phase and are given F-100 instead). When the child meets the end-of-treatment criteria, the child will be discharged from hospital. Link the mother and child with community-based IYCF support and other complementary community health, nutrition and food security initiatives and services.

If a supplementary feeding programme is available, the child will be admitted and receive supplementary food rations.

Advise the mother to give the child nutritious complementary foods at home, as was taught during their hospital stay and according to national Integrated Management of Childhood Illness (IMCI) recommendations or IYCF guidelines. For a child 6–23 months, this means continuing breastfeeding and giving the child two or three meals of nutritious complementary food daily. For a child 2 years or older, this means giving the child three meals each day, plus nutritious complementary food between meals twice a day.

But before returning home, the child must become accustomed to eating nutritious complementary foods. While the child during rehabilitation is in the SAM ward, gradually introduce the mixed diet of home foods.

Appropriate mixed diets are the same as those recommended for a healthy child. They should provide enough calories, vitamins and minerals to support continued growth. Home foods should be consistent with the guidelines below:

- The mother should breastfeed as often as the child wants.
- If the child is no longer breastfeeding, animal milk (e.g., cow's milk) can serve as an important source of energy, protein, minerals and vitamins.
- Solid foods should include a well-cooked staple cereal. To enrich the energy content, add vegetable oil (5–10 ml for each 100 g serving) or margarine, avocado or groundnut paste or flour. The cereal should be soft and mashed; for infants use a thick pap.
- Give a variety of well-cooked vegetables, including orange and dark green leafy ones. If possible, include fruit in the diet as well.
- If possible, include meat, fish or eggs in the diet. Pulses, for example beans, are also good sources of protein.
- Give extra food between meals (healthy snacks).
- Give an adequate serving size (large enough that the child leaves some uneaten).

Here are examples of healthy snacks and foods that are high in energy and nutrients.

1. ***Vegetables*** include green leafy and yellow vegetables, such as *bonongwe*, *chisoso*, *khwanya*, *mnkhwani*, *kholowa*, *rape*, *mpiru*, *kamganje*, carrots, eggplant, pumpkin, tomatoes and mushrooms. Vegetables provide the body with vitamins, minerals, water and dietary fibre.

2. ***Fruits*** include citrus fruits, such as oranges, lemons, baobab, and tangerines; bananas; pineapples; pawpaws; mangoes; *masawu*; *bwemba*; *malambe*; *masuku*; peaches; apples; guavas; and watermelons. Fruits provide the body with vitamins, minerals, water, energy and dietary fibre.

3. ***Legumes and nuts*** include groundnuts, soya beans, common beans, peas, cowpeas, ground beans (*nzama*), bambara nuts and pigeon peas. Legumes and nuts provide protein, fibre, and energy, and soybeans and nuts also contain healthy fats.

4. **Animal *foods*** include all foods of animal origin, including meat, eggs, milk products, fish (e.g., *matemba*, *utaka*, *usipa*, *kapenta*, *makakana*, *chambo*), and insects (e.g., *bwanoni*, *ngumbi*, *mafulufute*, *mphalabungu*). They provide the body with important protein, vitamins and minerals.

5. ***Staples*** include cereal grains, such as sorghum, millet, maize; starchy fruits, such as green bananas and plantains; and starchy roots (cassava, sweet potato and Irish potato). Staples provide carbohydrates and, depending on the food and on how it is processed, protein, fibre, and vitamins and minerals.

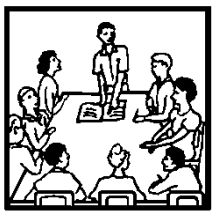
6. ***Fats*** can be both healthy and unhealthy. Healthy fats are found in vegetable oils, nuts and seeds, avocado, and fatty fish (*batala*), such as lake trout and tuna. Unhealthy fats, such as butter and fat from animal products other than fish, should be eaten sparingly.

7. ***Water*** is considered an essential nutrient because it is necessary for body functions. The water should be safe, clean and treated if necessary. Tea, *thobwa*, soup, milk, juice and fruit also contain water and can help meet the body's needs.

4.3 Preparing a Mother to Continue Appropriate Feeding at Home

- Discuss with the mother and father (and other family members, if possible) the child's previous diet and the foods that are available at home.
- Discuss practical ways to address specific problems in the child's past diet. Be sure to involve the mother as a partner in deciding what to feed the child, so that the decisions will be practical. Explain how to use or adapt available foods for a healthy diet that will meet the criteria listed above.
- Summarise what to feed the child, how much to give at each meal and how many meals and snacks to give. Write it down or give the mother a prepared card with feeding instructions. Use pictures for mothers who cannot read.
- Remind the mother to sit with the child and encourage the child to eat.
- Before discharge, when the child is adjusting to home foods under hospital supervision, have the mother practise preparing recommended foods and feeding them to her child.
- Review instructions before discharge and ask the mother questions to be sure she understands what to do, for example:
    - What will you feed your child? Where will you get the ingredients to prepare foods at home as you have done here?
    - How many meals and snacks will you feed your child each day?
    - How much will you feed your child at each meal or snack?
- Provide additional information and instruction if the mother needs it.

Tell a facilitator when you have reached this point in the module. There will be a brief video showing an educational session about preparing home food.



Exercise C

This exercise will be a group discussion of how hospitals can successfully prepare mothers to continue proper feeding at home. To prepare for the discussion, consider the questions below.

1. In your hospital, what will mothers be taught about feeding children at home?
    a. What mixtures of foods will make good meals in your area?
    b. What will be the main messages taught about feeding?
    c. Will you need more information before deciding what to teach?
    d. What information is needed and how will you get it?

2. Who will teach mothers about home foods and how to use RUTF (or breast milk substitutes if appropriate) in the home? How will they teach?
    a. Who is most suited to teaching mothers about feeding?
    b. How will demonstrations or examples be given in teaching sessions?
    c. How can mothers practise making home foods in the hospital?
    d. How can transition to home foods be supervised in the hospital?
    e. How can nurses work with mothers to ensure that advice about home feeding is practical and will be followed?

A group discussion of these questions will follow the **Video** on *Teaching Mothers about Home Feeding*.

5.0 Teaching Mothers the Importance of Stimulation and How to Make and Use Toys

As the child recovers, he or she needs increasing emotional and physical stimulation through play. Play programmes that begin during rehabilitation and continue after discharge can greatly reduce the risk of permanent mental and emotional problems.

The hospital can provide stimulation through its surroundings, by decorating in bright colours, hanging colourful mobiles over cots and having toys available.

Mothers should be taught to play with their children using simple, homemade toys. It is important to play with each child individually at least 15–30 minutes per day, in addition to informal group play.

Please read **Annex D** (on page 25) now.

Tell a facilitator when you have finished reading **Annex D**. When everyone is ready, there will be a showing of a video about how to play with children to stimulate mental development.

6.0 Giving Advice on Transfer/Referral to Outpatient Care, Continued Treatment at Home and Follow-Up Visits

- Staff in the SAM ward should not retain children who are ready for outpatient care (see discharge criteria).
- Complete the Outcome Chart of the Treatment Card and the Referral Form that should include a summary about the medical intervention and treatment given to the child while in hospital, and the nutritional status: weight and MUAC measurements, or WFH classification.
- Inform the mother where to go for outpatient care, at the health facility closest to her community. Tell the mother who is the HSA or volunteer for her community whom she can contact in case of a problem. Lists of HSAs and volunteers may have been developed at the various outpatient care sites and shared.
- Provide the mother with enough RUTF to last until the first visit to outpatient care (give a supply for 1 week).
- Give the mother key messages about the using RUTF at home and about basic hygiene. Also give the mother any remaining medications and instruct the mothers on how to use them. She should repeat these instructions to the health care provider to make sure she understood them and will follow them correctly.
- Inform the mother about what to do if the child's condition gets worse before the next visit to outpatient care. Signs to bring the child back for immediate care include:
    - Not being able to drink or breastfeed, loss of appetite, poor appetite
    - Vomits everything
    - Drowsy or sleepy, not waking up
    - Convulsions
    - Appearance of oedema: swelling in feet, legs, hands or arms
    - High fever
    - Fast or difficult breathing
    - Diarrhoea for more than a day, or blood in stool
- Inform the mother when and where to go for child health visits, immunisation and nutrition monitoring and counselling. Any currently needed immunisations should be given in the hospital and/or in outpatient care before discharge from treatment.
- Inform the mother about vitamin A supplementation and deworming once every 6 months and about participation at child health days.
- Inform the mother how to continue stimulating the child at home with play activities.

6.1 Referral Form or Discharge Summary (in the Health Passport)

The referral form is filled out when a child is ready for outpatient care and will continue treatment at home. The child will then go for weekly (or biweekly) monitoring visits in a primary health care facility for outpatient care.

The referral form includes information that is of use for the health care provider in outpatient care to take over the responsibility of the treatment. See **Annex B** for the referral form.

At the end of treatment, a discharge summary should be documented in the health passport. The health passport should be completed when a child has completed finished and recovered fully in the hospital. It includes instructions on nutrition counselling and other instructions, such as when to return for immunisations, next vitamin A supplementation, next follow-up visit and so on.

A discharge summary can be useful in several ways:

- It gives instructions for home care.
- It reminds the mother when and where to go for follow-up care.
- It can serve as a letter of introduction for health care or nutrition support and for linking with community health and nutrition initiatives close to the child's home.
- It serves as a record of the child's health and nutrition status.

Exercise D

This exercise will be role-plays about children who are leaving inpatient care and giving instructions to the mother. Your facilitator may ask you to play the role of a nurse or a mother, or you may be an observer. If you are an observer, be prepared to answer the questions below based on your observations.

Case 1

This mother and child have been in hospital for 7 days. The child, who is 15 months, has a good appetite, has medical complications that are resolving, is well and alert and ate two full meals of RUTF. The child was admitted with severe oedema (+++); it is now mild (+). The mother has already been taught carefully about the RUTF key messages. The mother has been given a 1-week ration of RUTF and given instructions on when to report to the nearest health facility in her neighbourhood that provides outpatient care for follow-up. The mother and child are ready for transfer to outpatient care. It is now time for the nurse to review instructions with the mother using a referral form. The nurse will use the referral form in **Annex B** of the module.

Case 2

This mother and child have been in hospital for 18 days. The child, who is 2 years old, has reached the end of treatment criteria. The mother has already been taught carefully how to continue feeding at home with nutritious complementary food and how to play with her child. The mother and child are ready for discharge. It is now time for the nurse to review instructions with the mother using a discharge card. The nurse will use the sample discharge card given in **Annex C** of the module.

Case 3

This mother and infant have been in hospital for 28 days. The infant, who is 4 months, is gaining weight well on exclusive breastfeeding and is ready for discharge. The mother has received good breastfeeding support but is still very insecure. It is now time for the nurse to review instructions with the mother using a discharge card. The nurse will use the sample discharge card given in **Annex C** of the module.

Observers please note:

- Did the nurse review all of the points of the transfer form or discharge card?
- Did the nurse speak clearly and simply so the mother could understand?
- Did the nurse ask appropriate questions to be sure that the mother understood the instructions?
- Did the nurse offer the mother a chance to ask questions?

7.0 Making Special Arrangements if Early Discharge from Hospital Is Unavoidable

If a child is leaving the hospital before the child meets the transfer criteria or end-of-treatment criteria, it is critical to arrange for follow-up of the child in the community.

For example, plan for a health care provider or community outreach worker to visit the child's home or send a message through other mothers of the same community of origin. Mothers will need special advice on continuing treatment and/or preparing nutritious complementary food at home, and accessing an outpatient care site for follow-up visits.

A child should NEVER be discharged from hospital or transferred to outpatient care until the following conditions are met:

- Intravenous (IV) or intramuscular (IM) antibiotic treatment is finished.
- The child is eating the RUTF well (eating two full meals).
- The child is clinically well and alert.
- The child is gaining weight.
- The mother has been thoroughly trained on how to access the outpatient care site close to her home and is instructed to continue treatment at home, or, after full recovery, to feed the child with energy- and nutrient-dense complementary food at home.
- Arrangements have been made for support and follow-up in the community (e.g., contact with community outreach worker for home visits or follow-up visits to an outpatient care site).
- The mother is instructed to return to the health facility as soon as the child's condition becomes worse.

8.0 Supporting Infant and Young Child Feeding

Health and nutrition education messages may be used for individual and group counselling for improving and supporting IYCF practices. It lists key behaviours to promote IYCF practices on breastfeeding and complementary feeding[2]. It also provides an example of a country-adapted tool for recommended nutritious complementary foods for infants and young children.

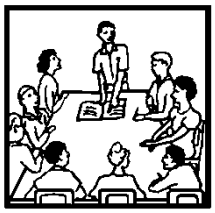
IYCF support for mothers can target topics that:

- Prevent children from relapsing after being discharged from management of SAM
- Support exclusive breastfeeding for infants less than 6 months and continued breastfeeding in addition for up to 24 months, and introduction of nutritious complementary food
- Prevent mothers defaulting from care upon transfer to the outpatient care.
- Link mothers with community-based IYCF support

[2] IFE Core Group. 2009. *Integration of IYCF Support into CMAM*, Facilitator's Guide and Handouts. Oxford, UK: ENN.

9.0 Linking with Community Initiatives for the Prevention of Undernutrition

Once children have been treated for SAM, they and their mothers and their families may be linked with community-based social and economic support programmes. These programmes help make sure that families have enough food of different kinds and have better chances to earn income, resulting in better livelihoods.



Exercise E (Optional)

Pick questions that are relevant to your context and discuss early discharge from hospital.

1. What are reasons for defaulting? Are the reasons institutional (e.g., limited space in inpatient care, no food for the mothers) or personal?

2. Is defaulting or early discharge avoidable? If so, how?

3. If defaulting or early discharge is not avoidable, what are the options for handling early discharge (e.g., home visits, follow-ups by community outreach worker)? What are the advantages and disadvantages of these?

4. How can the mother be thoroughly prepared to feed the child at home?

5. Can the home diet be adapted to meet the energy and nutritional needs of the child?

6. How can you best advise the mother to prevent undernutrition with IYCF practices?

7. How can the mother link with community initiatives to prevent undernutrition?

Note: A nutritional expert may be consulted to lead these discussions.

Annex A: Example Outline of a Teaching Session

Below is an outline of a teaching session that could be used with mothers of children with SAM. The purpose of the training session is to teach mothers how to prepare a nutritious food at home.

Phala, a porridge made at home with whole maize flour, groundnut flour and pumpkin leaves, would be appropriate for children of ages 6–24 months when they have recovered and are eating at home. The recipe given makes 589 g of cooked food (cooked soft). The recipe provides 115 kcal and 2.9 g protein per 100 g.

The outline contains information, examples, visual aids and practice. It also includes opportunities for mothers to ask questions and contribute ideas.

Although local foods in your area are likely to be different, a similar teaching outline could be used.

Teaching session: Preparing *phala* at home with whole maize flour, groundnut flour and pumpkin leaves[3]

Preparation: Before the teaching session, prepare a display tray with ingredients for whole maize flour porridge with groundnut flour and pumpkin leaves. Also, begin preparing a recipe for whole maize flour porridge with groundnut flour and pumpkin leaves (see below). Boil the vegetables and put aside as the session begins. During the teaching session, you will finish the recipe.

1. What is *Phala*?

A. Information. Phala is a porridge made from whole maize flour (*mgaiwa*), groundnut flour and chopped pumpkin leaves (*nkhwani*) is a nutritious home-based food for children. It will help children continue to recover at home. This food should be given in addition to breast milk or breast milk substitute. Though this food should be given to the child, the rest of the family may like this food too; if so, prepare enough for the whole family.

B. Example. Display the following ingredients on a tray. Call attention to the amount of each.

Mgaiwa	handful	125 g
Groundnut flour	fistful	50 g
Pumpkin leaves	fistful	75 g
Water		500ml
Sugar	2 teaspoons	10 g

(If preparing for children with SAM who are still recovering, do not add salt, since sodium should be limited.

[3] SUN 1,000 Special Days. Community counselling package. Section 2.2.2 complementary feeding from 6-9 months. pp 26-27.

C. **Discussion.** Ask the mothers why they think these ingredients are good for children and all family members. In discussion, explain that:

- Whole maize flour, rice (or other staple, such as potatoes) are needed to give energy.
- Groundnuts are needed to build and grow the body.
- Leafy green vegetables are needed to give strength and good health and to prevent blindness.

2. How to make *phala* with whole maize flour, groundnut flour and pumpkin leaves

A. **Information and example.** Describe the recipe, pointing to each ingredient on the tray as you talk. If the mothers can read, the recipe may be given to them in writing. If not, a picture recipe may be used. Tell mothers what you have already done to begin the cooking.

- Wash hands before preparing food.
- Put water in pot and let it warm up then add whole maize flour little by little and stir until a thick paste is formed.
- Keep pot covered during cooking.
- Five minutes before the porridge is cooked, add the groundnut flour and let it boil for another five minutes then add the cooked vegetables, as prepared under 'Practice' below, then serve.

B. **Practice.** When it is time to prepare the vegetables, have a mother do so. Have a mother clean and chop the leaves and boil them then add to the porridge.

3. Amount to serve

A. **Information and example.** Children should be fed five times per day. Explain that the amount in the pot is enough for two meals for a 1-year-old child. Cook it twice daily to make four meals. Increase amounts if the whole family will eat it.

Remind mothers to wash their hands before serving food and keep food covered. Do not store for too long or the food may spoil.

Focus on giving this food to the discharged child until he or she is better. Then the child can shift to other nutritious family foods.

B. **Practice.** Ask a mother to wash her hands and serve two portions of food from the pot. Show mothers that this is the correct serving size for a 1-year-old. Show and describe the portion in relation to the size of the bowl or plate. Let mothers (and children, if present) taste the porridge.

4. Discussion and review

A. Discussion. Ask mothers questions about how they can prepare *phala* with whole maize flour, groundnut flour, and pumpkin leaves at home. Encourage them to ask questions as well. Include in the discussion:

- How much do you think the porridge costs? The price for this recipe is about K 350, including firewood.
- Who goes shopping for food in your family? Will they be willing to buy ingredients for the porridge?

B. Review

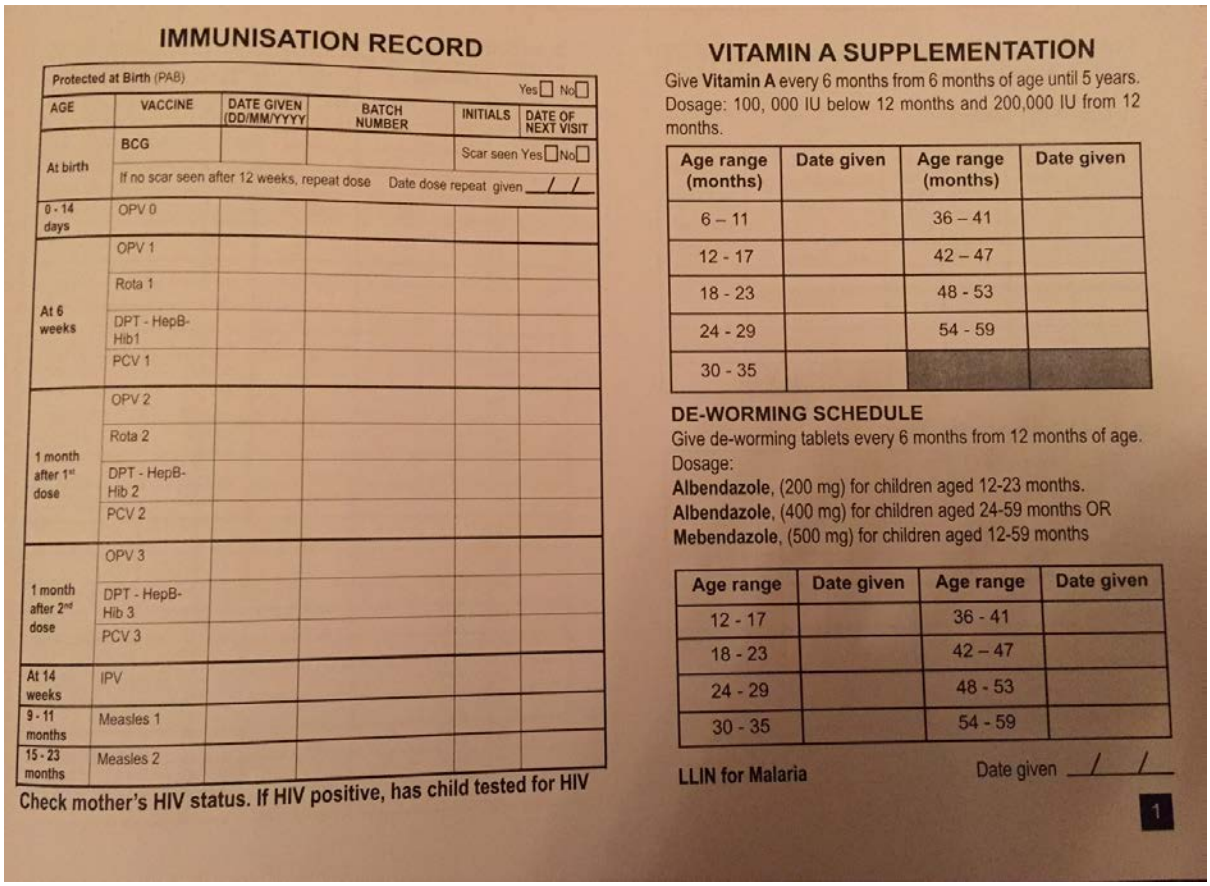
- What are the reasons to serve *phala* with whole maize flour, groundnut flour, and pumpkin leaves? To prevent and treat malnutrition, to prevent blindness, to ensure strong and good health.
- How often should you feed your child *phala* with whole maize flour, groundnut flour, and pumpkin leaves? ___ times per day.
- How much will you give at each meal? Show serving size.
- How will you prepare *phala* with whole maize flour, groundnut flour, and pumpkin leaves? Review the ingredients and recipe.

Annex B: Referral Form

Name of child					Registration #			
Date of referral					Time			
Initial treatment facility name					OTP *(tick as appropriate)*: ☐		NRU (*tick as appropriate*): ☐	
Referral treatment facility name					OTP *(tick as appropriate)*: ☐		NRU *(tick as appropriate)*: ☐	
Age		Oedema		MUAC		WFH/L		Temperature
Reason for referral								
Treatment given before referral								
Name of person referring child								
Position								
Signature								

Annex C: Information in the Child Health Passport

This sample discharge information[4] is contained in the girl/boy child health passport and used to counsel the caregiver during discharge.



IMMUNISATION RECORD

Protected at Birth (PAB) Yes☐ No☐

AGE	VACCINE	DATE GIVEN (DD/MM/YYYY)	BATCH NUMBER	INITIALS	DATE OF NEXT VISIT
At birth	BCG			Scar seen Yes☐ No☐	
	If no scar seen after 12 weeks, repeat dose		Date dose repeat given __/__/__		
0 - 14 days	OPV 0				
At 6 weeks	OPV 1				
	Rota 1				
	DPT - HepB-Hib1				
	PCV 1				
1 month after 1st dose	OPV 2				
	Rota 2				
	DPT - HepB-Hib 2				
	PCV 2				
1 month after 2nd dose	OPV 3				
	DPT - HepB-Hib 3				
	PCV 3				
At 14 weeks	IPV				
9 - 11 months	Measles 1				
15 - 23 months	Measles 2				

Check mother's HIV status. If HIV positive, has child tested for HIV

VITAMIN A SUPPLEMENTATION

Give **Vitamin A** every 6 months from 6 months of age until 5 years.
Dosage: 100, 000 IU below 12 months and 200,000 IU from 12 months.

Age range (months)	Date given	Age range (months)	Date given
6 – 11		36 – 41	
12 - 17		42 – 47	
18 - 23		48 - 53	
24 - 29		54 - 59	
30 - 35			

DE-WORMING SCHEDULE

Give de-worming tablets every 6 months from 12 months of age.
Dosage:
Albendazole, (200 mg) for children aged 12-23 months.
Albendazole, (400 mg) for children aged 24-59 months OR
Mebendazole, (500 mg) for children aged 12-59 months

Age range	Date given	Age range	Date given
12 - 17		36 - 41	
18 - 23		42 – 47	
24 - 29		48 - 53	
30 - 35		54 - 59	

LLIN for Malaria Date given __/__/__

1

[4] All pages are adapted from the Malawi Ministry of Health (MOH) Health Passport, Girl and Boy Child Health Profile –Revised December 2014

KADYETSEDWE NDI KASAMALIDWE KOYENERA KWA MWANA

Mwana ongobadwa kumene kufikira miyezi isanu ndi umodzi (6)

1. Yamwitsani mwana wanu wongobadwa kumene mkaka wa m'mawere wokha mwakathithi kwa miyezi isanu ndi umodzi ndipo musampatse madzi kapena zakumwa ndi zakudya zina zilizonse.

2. Yamwitsani mwana wanu mwakathithi kosachepera kasanu ndi katatu usana ndi usiku kuti mawere azitha kupanga ndi kutulutsa mkaka okwanira nthawi zonse kuti mwana azikhuta ndiponso akhale wa thanzi.
3. Yamwitsani mwana wanu mkaka wa bere limodzi kufikira mkaka utheretu musanampatse bere linalo kuti mwana athe kuyamwa mkaka umene umatuluka koyambirira komanso omwe umatuluka kumapeto ngati mwana wayamwa nthawi yayitali.
4. Ikani mwana wanu ku bere moyenerera kuti ayamwe bwino, komanso kuti mkaka utuluke wambiri ndi kuti mawere anu asachite zironda kapena kutupa.

5. Ngati mayi kapena mwana wadwala, mayi apitilize kuyamwitsabe mwana wake pafupipafupi chifukwa mkaka wa m'mawere umateteza mwana ku matenda.

Uthenga ofunika wa m'mene tingadyetsere mwana wa miyezi isanu ndi umodzi (6) mpaka atakula kufika chaka chimodzi (12)

1. Yambani kumudyetsa mwana wanu zakudya zina zopatsa thanzi kawiri kapena katatu kuwonjezera pa mkaka wa m'mawere.
2. Pitilizani kumuyamwitsa mwana wanu mkaka wa m'mawere kosachepera kasanu ndi katatu usiku ndi usana mpaka atakwana zaka ziwiri.
3. Ana opyola miyezi isanu ndi umodzi ayenera kudya chakudya cha kasinthasintha chochokela ku magulu asanu ndi limodzi monga phala lothiramo nsinjiro, peyala, masamba, nsomba, mafuta ophikira kapena dzira kuti akule ndi thanzi.

4. Mpatseni mwana chakudya chowonjezera chochotsa njala (snack) kawiri pa tsiku monga nthochi, chikondamoyo, mango akupsya, papaya, peyala ndi zipatso zina, komanso zakudya zina monga chitumbuwa, mandazi, masikono, mbatata ngati wafika miyezi isanu ndi umodzi (6) mpaka chaka chimodzi.

5. Khalani odekha ndipo limbikitsani mwana wanu pamene akudya chakudya. Onetsetsani kuti mwanayo mwamupatsa chakudya mu mbale ya yekha.
6. Pamene mwana wanu akudwala, mudzimuyamwitsa pafupipafupi komanso kumudyetsa zakudya zina zopatsa thanzi kuti achire msanga.

Uthenga ofunika wa m'mene tingadyetsere mwana wa chaka chimodzi (12) mpaka atakula kufika zaka ziwiri (miyezi 24) kapena kupitilira apo

1. Yambani kumudyetsa chakudya choonjezera kawiri kapena katatu pa tsiku ndipo pitirizani kuyamwitsa mwana wanu pafupipafupi usiku ndi usana ndi cholinga choti mwanayu apitilire kukula ndi mphamvu komanso thanzi
2. Mdyetseni mwana wanu zakudya zimene anthu ena onse amadya pa banjapo kosachepera katatu kapena kasanu pa tsiku monga: mazira, nsomba, nyama, mafuta, zipatso, chinangwa, mbatata, tomato, mabilinganya, kaloti, masamba wobiliwira monga chisoso, nkhwani, molinga, bonongwe ndi kholowa.
3. Mpatseninso mwanayu zakudya zina zochotsa njala kosachepera kawiri patsiku kuti mwana akule bwino komanso moyenera.
4. Pamene mwana akudwala, mudzimuyamwitsa pafupipafupi komanso kumudyetsa zakudya zina zopatsa thanzi kuti achire msanga

5. Onetsetsani kuti mwanayo mwamupatsa chakudya mu mbale ya yekha ndiponso kuti wamaliza chakudya chake.

NJIRA ZABWINO ZOSAMALIRA UMOYO WA MWANA WANU

1. Sambani m'manja ndi sopo musanayambe kudyetsa mwana. Onetsetsaninso kuti mwamusambitsa mwanayo m'manja ndi sopo asanayambe kudya.
2. Sambani m'manja mwanu ndi sopo komanso madzi aukhondo mukachoka ku chimbudzi, mukasintha thewera kapena kuchotsa chimbudzi cha mwana.
3. Mwana akakwanitsa miyezi isanu ndi umodzi alandire Vitamini A owonjezera ndipo apitirize kulandira Vitamini A ameneyu pamiyezi isanu ndi umodzi uliwonse mpaka atakwana zaka zisanu (5) zakubadwa.

4. Mwana wanu alandire mankhwala a njoka za m'mimba pamiyezi isanu ndi umodzi uliwonse ngati mwanayo wakwanitsa chaka chimodzi chakubadwa.

KUFUNIKA KOLEMBETSA MWANA MU KAUNDULA WAKUBADWA

1. Kulembetsa mwana wanu akabadwa ndikofunika chifukwa zimapereka umboni kapena chitsimikizo kuboma kuti mwanayu alipo ndipo ndi mbadwa ya dziko lino, zomwe zimathandiza boma kupereka chitetezo choyenera kwa mwanayu ku nkhaza zosiyanasiyana pamene akukula

2. Kulembetsa mwana wanu mukaundula wa ana wobadwa kumene ndikwaulere komanso mwana aliyense akuyenera kulembetsedwa. Ngati kabokosi kali pamwamba patsamba loyamba la chiphasochi yosonyeza kubadwa kwa mwana wanu (birth certificate) ndi kosalembedwa funsani azachipatala kuti akuthandizeni.

3. Onetsetsani kuti bokosi lili pamusipa mwalembamo zinthu zonse zofunikira pa kalembera wa mwana wanu ndicholinga choti azachipatala akupatseni thandizo loyenera.

Dzina la Mwana	
Dzina la mayi wa mwana	
Dzina la bambo wa mwana	
Tsiku lobadwa	/ /
Malo obadwira	
Mudzi, Mfumu yayikulu ndi Boma	

Birth Certificate Number

16

UTHENGA WOTETEZA ANA NDIKUSAMALIRA KUKULA BWINO KWAWO

1. Musamusiye mwana payekha popanda womuyang 'anira. Ana ang'ono amafunika kuyang'aniridwa nthawi zonse. Muonetsetse kuti mukumuyang'anira mwana wanu, kapena musiyire munthu wodalirika. Ngozi zoopsa zitha kuchitika ngati ana sakuyang'aniridwa bwino. Onetsetsani kuti mwana wanu asayandikire zinthu zoopsa monga mpeni, sizasi, kapena madzi owira zomwe zingamuvulaze mwana wanu.

2. Mwana wanu akhoza kukhumudwa kapena kusangalala. Nthawi zonse mulankhureni mwana wanu modekha, musamukalipire mokweza mawu ngakhale mutakwiya chotani. Kulera mwana motere kumawonetsa chikondi kwa mwana, ndipo amakula osadzikaikira.

3. Ana ang 'ono amakhala ogwira gwira komanso achidwi. Zaka ziwiri zoyambirira m'moyo wa mwana ndi zofunikira kwambiri kuti bongo ukhale wokhwima bwino. Yankhulani ndi kumuyimbira nyimbo mwana wanu kawiri kawiri ndipo muwonetsereni chikondi nthawi zonse. Izi zimathandiza kumanga maziko akukula msinkhu, nzeru ndi kukhwima m'maganizo kwa mwana wanu. Mukambireni nthano za ana ndi kumuyimbira nyimbo zachikhalidwe cha makolo.

Annex D: Emotional and Physical Stimulation

Children with severe acute malnutrition (SAM) are at risk of delayed mental and behavioural development, which, if not prevented, can become the most serious long-term results of malnutrition. Emotional and physical stimulation through play activities that start during rehabilitation and continue after discharge can greatly reduce the risk of permanent mental and emotional problems. Care must be taken to avoid sensory deprivation. The mother must be encouraged to feed, hold and play with the child as much as possible.

Stimulating Environment

Inpatient and outpatient care activities should be carried out in stimulating surroundings. For inpatient care, treatment should be carried out in brightly coloured rooms with decorations that interest children. Surroundings should be relaxed, cheerful and welcoming. Toys should always be available for the recovering child to play with. The toys should be safe, washable and suited to the child's age and level of development. Inexpensive toys made from simple materials such as cardboard boxes, plastic bottles and similar materials are best because mothers can copy them.

Play Activities

Malnourished children need to interact with other children during rehabilitation. For inpatient treatment after the initial phase, the child should spend prolonged periods playing with other children. These activities do not increase the risk of cross-infection very much and the benefit for the child is great.

Community outreach workers (e.g., community health workers, volunteers) can also develop play activities in the community that can keep children who are in the outpatient care active. Activities should be chosen to develop both motor and language skills, and new activities and materials should be introduced regularly.

Physical Activities

Physical activities promote developing essential motor skills and can also enhance growth during rehabilitation. For children who cannot move, passive limb movements and splashing in a warm bath are helpful. For other children, play should include such activities as rolling on a mattress, walking, and tossing and chasing a ball. The length of time and intensity of physical activities should increase as the child's nutritional and general health improves.