























































































































































## Appendix 5: Information Sheet (Translated into Chichewa)



# UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 3563/2809, Fax: 27 21-959 2872

E-mail: [bvanwyk@uwc.ac.za](mailto:bvanwyk@uwc.ac.za) ; [lalexander@uwc.ac.za](mailto:lalexander@uwc.ac.za)



**Mutu wa Kafukufuku:** Kafukufuku wa momwe kuyezetsa kwa matenda a EDZI mwa ana onyentchera akuyendera m'Boma la Dowa

### **Kafukufukuyi akukhuza nkhani yanji?**

Kafukufukuyi akupangidwa ndi Lusungu Chitete, yemwe akupanga maphunziro ku sukulu ya ukachenjede ya Western Cape ya ku South Africa. Mwasankhidwa mosayang'ana nkhope kuti mutenge nawo mbali pa kafukufukuyi inu monga woyang'anira pologalamu yochiza ana onyentchera pa chipatalachi. Cholinga cha kafukufukuyi ndikufufuza momwe ntchito yoyeza matenda a EDZI mwa ana onyentchera ikuyendela. Zotsatira za kafukufukuyi zithandiza Unduna wa Zamoyo kuti uyendetse bwino pologalamu yochiza ana onyentchera.

### **Ndikavomera kutenga nawo mbali, ndifunsidwa mafunso anji?**

Mufunsidwa zomwe mwazona mu pologalamu yochiza ana onyentchera ndi momwe kuyeza matenda a EDZI mwa anawa kukuyendera. Makamaka, ndikufuna kudziwa kuti tingapange bwanji kuti ana onyentchera ambiri aziyzedwa matenda a EDZI.

### **Kodi dzina langa lizaululika mokhudzana ndi kafukufukuyi?**

Tiyesetsa kuti dzina lanu lisazaululike mokhudzana ndi kafukufukuyi. Mapepala onse omwe angakhale ndi dzina kapena saine yanu azasungidwa mwa chinsinsi. Polemba zotsatira za kafukufukuyi dzina lanu silizatchulidwapo.

### **Ndi choyipa chanji chingandigwere potenga nawo mbari pa kafukufukuyi?**

Momwe tikudziwira palibwe choipa chilichonse chingakugwereni chifukwa chotenga nawo mbari pa kafukufukuyi.

### **Ndipindulapo chiyani potenga mbari pa kafukufukuyi?**

Inuyo simupindurapo chili chonse potenga mbari pa kafukufukuyi. Koma tili ndi chikhulupiliro kuti zotsatira zake za kafukufukuyi zizathandiza Unduna wa Zaumoyo kuti ana ambiri onyentchera aziyzedwa matenda a EDZI komanso kulandira chithandizo choyenera.

### **Ndili wokakamizidwa kutenga mbali pa kafukufukuyi?**

Mutenga nawo mbali pakafukufukuyi mwa ufulu wanu. Mukhoza kusiya ngati mungafune kutero. Ngati mungafune kusatenga nawo mbali kapena kusiya palibe choipa chili chonse chingakuchitikireni.

### **Choipa chitandichitikira potenga mbali pa kafukufukuyi ndingakadandaule kuti?**

Momwe tikudziwira palibe choipa chilichonse chingakugwereni chifukwa chotenga nawo mbari pa kafukufukuyi.



### **Ngati ndingakhale ndi mafunso, ndifunse ndani?**

Kafukufukuyi akupangidwa ndi Lusungu Chitete, yemwe akupanga maphunziro ndi sukulu ya ukachenjede ya Western Cape ya ku South Africa. Ngati mungakhale ndi mafunso pa kafukufukuyi mukhoza kufunsa:

Lusungu Chitete

C/O World Food Programme

P.O. Box 30571, Lilongwe 3

Tel: (+265) 0774666

Cell: (+265) 888558185

Email: [lusunguchitete@gmail.com](mailto:lusunguchitete@gmail.com)

Ngati mungakhale ndi mafunso kapena madandaulo pa kafukufukuyi, mukhoza kufunsa kwa:

Head of Department: Prof Uta Lehmann, Director of the SOPH

Dean of the Faculty of Community and Health Sciences: Professor Hester Klopper

University of the Western Cape

Private Bag X17

Bellville 7535

Kafukufukuyi wavomelezedwa ndi komiti yoyang'anira za kafukufuku ya sukulu ya ukachenjede ya Western Cape ya ku South Africa.



Appendix 6: Ethical Approval from National Health Sciences Research Committee

Telephone: + 265 789 400  
Facsimile: + 265 789 431  
e-mail doccentre@malawi.net  
All Communications should be addressed to:  
The Secretary for Health and Population



In reply please quote No. MED/4/36c  
MINISTRY OF HEALTH  
P.O. BOX 30377  
LILONGWE 3  
MALAWI  
4<sup>th</sup> February 2013

Lusungu Chitete  
University of Western Cape

Dear Sir/Madam,

RE: Protocol # 1129: Uptake of HIV testing among acutely malnourished children in Dowa district of Malawi

Thank you for the above titled proposal that you submitted to the National Health Sciences Research Committee (NHSRC) for review. Please be advised that the NHSRC has reviewed and **approved** your application to conduct the above titled study.

**APPROVAL NUMBER** : NHSRC # 1129

The above details should be used on all correspondence, consent forms and documents as appropriate.

**APPROVAL DATE** : 04/02/2013

**EXPIRATION DATE** : This approval expires on 03/02/2014

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the NHSRC secretariat should be submitted one month before the expiration date for continuing review.

**SERIOUS ADVERSE EVENT REPORTING**: All serious problems having to do with subject safety must be reported to the National Health Sciences Research Committee within 10 working days using standard forms obtainable from the NHSRC secretariat.

**MODIFICATIONS**: Prior NHSRC approval using standard forms obtainable from the NHSRC secretariat is required before implementing any changes in the Protocol (including changes in the consent documents). You may not use any other consent documents besides those approved by the NHSRC.

**TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the NHSRC using standard forms obtainable from the NHSRC secretariat.

**QUESTIONS**: Please contact the NHSRC on Telephone No. (01) 724418, 0999218630 or by e-mail on moh@gmail.com

**Other:**  
Please be reminded to send in copies of your final research results for our records as well as for the Health Research Database.

Kind regards from the NHSRC Secretariat.

FOR CHAIRMAN, NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE

PROMOTING THE ETHICAL CONDUCT OF RESEARCH

Executive Committee: Dr. C. Mwanambwa (Chairman), Prof. Mfuso Bengo (Vice Chairperson)  
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB  
(IRB Number IRB00003905 FWA00005976)

Saturday

9

2013

Sunday

10

March Mrs Jacobs

C Mum focal person  
 → 2% initial visit CoE mostly those of exposed mother  
 At end = 50%

Challenges: ① not referred  
 ② not willing to CoE  
 \* Planning of the week ahead

③ Mum 3 focal person not think counsellors

Staff: enough  
 know-how: some not trained in CoE

To improve: ① more commitment

② Conf 6 mths from start - follow-up  
 focus in VET

Notes

Save the Children

Monday

11

March

Appointments

07:00

07:30

08:00

08:30

09:00

09:30

10:00

10:30

11:00

11:30

12:00

12:30

13:00

13:30

14:00

14:30

15:00

15:30

16:00

16:30

17:00

17:30

18:00

18:30

19:00

19:30

VET focal person

access - fine

→ resources - last year visit

→ shortages of test-kits  
improved this year

→ Staff: 6 - all full training (know-how)

→ Monday - Friday

→ 2 staff counsellors each day.

to improve

→ Coordination

→ follow

General: improved knowledge of counselling within CoE

to improve → referral

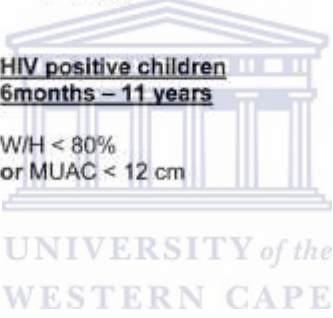
Notes

Save the Children



**Appendix 8: CMAM Admission and Discharge Criteria (Prior to being adapted to 2006 WHO child growth standards)**

**NRU, OTP and SFP Admission Criteria:**

<b>NRU</b>	<b>OTP</b>	<b>SFP*</b>
<p><b><u>Children 6 months – 11 years</u></b></p> <p>W/H &lt;60%  <b>or</b> Bilateral pitting oedema +++  <b>or</b> Marasmic Kwashiorkor            (= W/H &lt; 70% or MUAC**            &lt;11.0cm with any grade of oedema)</p> <p><b>OR</b></p> <p>W/H &lt;70%  <b>or</b> MUAC** &lt;11cm  <b>or</b> oedema + and ++  <b>with</b> any of the following complications:</p> <ul style="list-style-type: none"> <li>• Anorexia, no appetite</li> <li>• High fever</li> <li>• Hypothermia</li> <li>• Vomiting</li> <li>• Severe dehydration</li> <li>• Severe anaemia</li> <li>• Very weak, lethargic, unconscious, convulsions</li> <li>• Moderate to severe skin lesions</li> <li>• Difficult or fast breathing</li> </ul> <p><b><u>Special cases***</u></b>            Children &gt;6 months weighing &lt;3 kg            Infants &lt;6 months who meet criteria for admission to NRU</p>	<p><b><u>Children 6 months – 11 years</u></b></p> <p>W/H &lt;70%</p> <p><b>or</b> bilateral pitting oedema + and ++</p> <p><b>or</b> MUAC** &lt;11cm</p> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Appetite</li> <li>• Clinically well</li> <li>• Alert</li> </ul> <p><b><u>HIV positive children 6months – 11 years</u></b></p> <p>W/H &lt; 80%  <b>or</b> MUAC &lt; 12 cm</p> 	<p><b><u>Children 6 months – 11 years</u></b></p> <p>W/H = 70-79.9%  <b>or</b> MUAC** = 11-11.9cm  <b>and</b> no bilateral pitting oedema</p> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Appetite</li> <li>• Clinically well</li> <li>• Alert</li> </ul> <p><b><u>Pregnant &amp; lactating women</u></b></p> <p>MUAC &lt;22 cm</p>

\* Children with moderate acute malnutrition with complications should be referred for medical treatment

\*\* MUAC criteria for children apply only to those from 1 – 11 years of age

\*\*\* Special cases are treated using classic NRU protocols as described in the National Guidelines for Management of Severe Acute Malnutrition

**NRU discharge criteria:**

<b>Category</b>	<b>Definition</b>
Transfer to OTP	Appetite returned (eats at least 75% of the RUTF ration for at least 24 hrs) <b>and</b> medical condition resolved / stabilised (for chronic conditions) <b>and</b> bilateral pitting oedema subsiding
Cured	Reaches cured criteria for traditional NRU treatment , as described in the guidelines for Management of Severe Acute Malnutrition. This may include the following special cases: Infants < 6months Children > 6 months, weighing < 3kg Children who cannot tolerate RUTF Children under special medical treatment who cannot be treated as outpatients

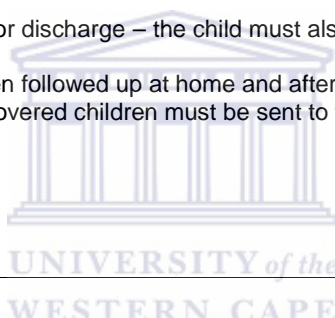
Defaulter	Absent from NRU for 2 consecutive days
Died	Died while in NRU

### OTP Discharge Criteria:

Category	Criteria
<b>Cured *</b>	W/H $\geq$ 80% (where there is SFP) or W/H $\geq$ 85% (in the absence of SFP) for two consecutive visits <b>and</b> MUAC* $\geq$ 11.0cm <b>and</b> No oedema for two consecutive visits (Minimum stay of 1 month for MUAC or W/H admissions or after NRU) (Minimum stay of 1 month for HIV-positive children admitted with a W/H 70-79% or MUAC 11-11.9cm)
<b>Defaulted</b>	Absent for 2 consecutive visits
<b>Died</b>	Died during time registered in OTP
<b>Non-response**</b>	Has not reached discharge criteria within 4 months. Link the child to other programmes e.g. IMCI, OVC, HTC, HBC, ART Clinics, targeted food distributions
<b>Transferred to NRU</b>	Condition has deteriorated and requires inpatient therapeutic care
<b>Transfer to other OTP</b>	Child has been transferred to another OTP

\* MUAC is NOT an independent criterion for discharge – the child must also satisfy weight-for-height and oedema criteria.

\*\* Before this time, children must have been followed up at home and after 3 months should have been referred for medical attention. Discharged, non-recovered children must be sent to the SFP, if available, and/or other support programmes



### SFP Discharge Criteria:

Category	Criteria
<b>Cured *</b>	Children 6 months to 11 years MUAC > 12.0 cm AND W/H > 85% for 2 consecutive visits 4 month stay if discharged from OTP/NRU Pregnant and lactating women MUAC > 22.5 cm for 2 consecutive visits
<b>Defaulted</b>	Absent for 2 consecutive visits
<b>Died</b>	Died during time registered in SFP
<b>Non-response</b>	Has not reached discharge criteria within 4 months.
<b>Transferred to OTP</b>	MUAC < 11.0 cm or W/H < 70% or bilateral pitting oedema MUAC < 12.0 cm or W/H < 80% AND HIV positive
<b>Transfer to inpatient care</b>	Child is transferred to inpatient care facilities

\* Moderately malnourished children with complications must be referred to a clinician or nurse for medical examination, and referral, if necessary, to hospital.