## Hordhac

Tan iyo markii ay burburtay dowladdii dhexe ee soomaaliya waxaa dalka kajiray Habraacyo Kaladuwan ee Daaweynta nafaqo-xumida taasoo ay isticmaali jireen hay'adaha kashaqeeya Mashruuca Nafaqada, si ay ufuliyaan mashaariicda gargaark nafaqada dalka (Nutrition Emergancies programmes in Somalia).

Waxaa xusid mudan in Sanadkii 2010 ay wasaaradda caafimaadka iyo daryeelka bulshada qaaday talaabo dii ugu horeysay tan iyo burbukii dowladdii dhexe ee soomaaliya in ay iskuhowshay sameynta Habraaca Daaweeynta Isku Dhafan Ee Nafaqo-Xumida Daran Ee Somaalia "Somali Guidelines for Integrated Management of Acute Malnutrition" ayadoo kaashaneysa ha'ada kala ah UNICEF iyo WHO.

Sidookale, sanadkii 2018 kii wasaarada caafimaadka iyo daryeelka bulshada waxay dib u eegis kusameysay soona saartay Habraaca Daaweeynta Isku Dhafan Ee Nafaqo-Xumida Daran Ee Somaalia kaaso oo lagu saleeyay habraaca WHO ee daaweynta nafaqaxumada iyo siyaasada caafimadka Somalia (Somalia Health Policy).

Si loo soosaaro Habraac dhameestiran ee daawaynta nafaqo-xumida, wasaarada caafimaadka waxy kuhowlanayd.mudadii kadanbeysay sanadkii 2018 kii sidii loogu tarjumi lahaa afSoomali si ay ugu fududaato adeegsiga habraacan muhiimada gaarka ah uleh hooyada iyo carruurta soomaaliyeed ee nafaqada daran, ayadoo lala kaashanaayo dhamaan dowladgoboleedyada ,ha'adaha Samafalka, bahda wax barashada Caafimaadka iyo kuwa kuhowlan mashaariicda laxiiriira nafaqeynta dadka nafaqo-xudmida ay hayso.

Habraacaan ayaa siinaya shaqaalaha caafimaadka iyo kuwa nafaqada ereybixino, qeexitaano waafi ah iyo tusmo fudud, si ay ugu isticmaalaan; habka baaritaanka, daaweeynta, iyo kahortaga nafaqa darada.

Waxaan sidoo kale ku boorinaynaa dhammaan bahda caafimaadka iyo ha'adaha nagalashaqeeya mashruuca nafaqada, in ay hirgeliyaan Habraaca Daaweeynta Isku Dhafan ee Nafaqo-Xumada Daran Ee Somaalia iyada oo loo marayo dhammaan heerar kakala duwan ee nidaamka daaweynta iyo la tacaalida Nafaqo-Xumida

Si wadjir ah haddii aan u hirgalino Habraaca Daaweeynta Isku Dhafan Ee Nafaqo-Xumada Daran waxaan qaadeynaa tallaabo yididiilo leh ee ku aadan la dagaallanka iyo xakameeynta nafaqo-xumida Soomaaliya.

Mahadsanid

Maxamed C/qadir Xirsi
Kusimaha Agaasimaha Guud Ee Wasaarada Caafimaad, Dowlada Federaalka Somaaliya

**MAHADNAQ**

Habraacaan ayaa waxaa laga soo dheegtey borotokoolka guud ee UNICEF-WCARO nuqulkiisa 6.6.5, iyada oo oggolaansho laga haysto Borofasoor Michael Golden & Doctor Yvonne Grellety, oo ay xuquuqdiisu u dhowrsan tahay; waxaa wax laga beddelay intii lagu guda jiray kullan loo dhan yahay oo si ballaaran la isugu raacay oo ay ka soo qaybgaleen shakhsiyaadkan iyo ururrada soo socda si loo waafajiyo xaaladda Soomaaliya:

Action Contre la Faim

African Network for the Prevention and Protection against Child Abuse and Neglect - ANPPCAN

Comitato Internazionale per lo Sviluppo dei Popoli - CISP

Food Security and Nutrition Analysis Unit - FSNAU

International Rescue Committee - IRC

International Committee of the Red Cross - ICRC

Wasaaradda Caafimaadka ee Federaalka

Wasaaradda Caafimaadka - Puntland

Wasaaradda Horumarinta Caafimaadka-Somaliland

Skills Active Forward - UK

Save the Children

Somali Red Crescent Society

Trocaire

United Nations Children's Fund

World Food Programme

World Health Organisation

World Vision International

# TUSMADA BUUGGA


7 **HORDHAC**

11 1. GUUDMARKA BARNAAMIJKA

*1.1 Qaybaha barnaamijka IMAM*

11 2. DEEGAANKA IMAM

13 3. BARNAAMIJKA IMAM EE SOOMAALIYA

*3.1 Ujeeddooyinka barnaamijka IMAM*

*3.2 Cunsurrada muhiimka u ah tayada barnaamijka*

16 **QAAB DHISMEEDKA BARNAAMIJKA IMAM**

16 1. HEER QARAN

16 2. HEER GOBOL

*Sarkaalka Nafaqada ee Gobolka (RNO)*

17 3. HEER DEGMO

*Sarkaalka Nafaqada ee Degmada/ Cidda Qaabilsan (DNO)*

18 **ARRIMAHA BULSHADA EE IMAM**

18 1. GUUDMARKA

19 2. DOORKA BULSHADA

*2.1. Heer qaran*

*2.2. Heer Degmo/Gobol*

*2.3 Heerka xarunta caafimaadka iyo heerka Bulshada*

22 3. DOORKA BULSHADA BULSHADA EE BARNAAMIJKA IMAM

22 4. FARRIIMAHA

23 5. OGAANSHAHA XAALADDA FIRFIRCOON, U GUDBINTA ADEEG DAAWEYN, LA-SOCOSHO, IYO LA-TALIN

25 **BAARISTA DADBAN EE DHAMMAAN QAAB-DHISMEYAASHA CAAFIMAADKA**

25 1. HAWLO

25 2. AGABKA

26 **KALA-SOOCA BUKAANNADA MAM & SAM**

26 1. MABAADII'DA HABKA KALA-SOOCA BUKAANNADA

28 2. HAWLAHA HABKA KALA-SOOCA BUKAANNADA

28 3. AGABKA KALA-SOOCA

29 **DAAWEYNTA MAM**

29 1. GUUDMAR

*1.1. Barnaamijka daaweynta (WAXAA KA MID AH qaybta da'ada ee BSFP (6-23 BILOOD) IYO PLW).*

*1.2. Ka hortagga*

30 2. BARNAAMIJKA QUUDINTA DHEERIGA AH EE LA BEEGSANAYO (TSFP) - DAAWEYNTA NAFAQO-XUMADA BADAN NOOCEEDA DHEXDHEXAADKA AH

*2.1. Shuruudaha qaabilaadda Barnaamijka SFP ee La Beegsanayo*

*2.2. Taageero nafaqo: Cuntada and inta jeer (soo noqnoqoshada)*

*2.3. Daawooyinka joogtada ah*

*2.4. . Il-ku-haynta / La-socoshada bukaannada*

*2.5. Baarista Ku Guuldarreysiga waafaqidda daaweynta barnaamijka TSFP*

*2.6. Shuruudaha ka bixinta bukaanka barnaamijka TSFP*

38 **KALA-SOOCA BUKAANNADA SAM EE OTP/SC**

38 1. HAWLO

*1.2. Kalkaaliyaha caafimaad*

*1.3. . Abaabulidda bulshada*

39 2. AGABKA

39 3. SHURUUDAHA QAABILAADDA (EEG LIFAAQA 1AAD)

40 4. TIJAABADA RABITAANKA CUNTADA IYO QULQULKA BUKAANNADA

*- Waa maxay sababta loo sameeyo tijaabada rabitaanka cuntada?*

*- Sida loo sameeyo tijaabada rabitaanka cuntada*

*- Goorta la sameynayo tijaabada rabitaanka cuntada*

42 5. DHIBAATOOYINKA CAAFIMAAD (IMCI)

44 **QAADISTA BUKAANNADA JIRRAN**

45 **MAAREYNTA BUKAAN-SOCODKA (OTP)**

45 1. SIDA LOO HABEEYAY

*1.1. Qaab-dhismeedka*

*1.2. Hawlo*

*1.3. . Agabka*

48 2. GELITAANKA

48 3. CUNTADA

51 4. DAAWOOYINKA CAADIGA AH

*4.1. Nafaqooyin Kale Waa In Aan La Siin*

*4.2. . Caabuq-bi'iyeyaal Nidaamsan*

*4.3. Duumada*

*4.4. Goryaan-ka-dilis*

# TUSMADA BUUGGA


4.5. *Jadeeco*
4.6. *Faytamiin A*
4.7. *Daaweynta nidaamsan oo kooban*
55 5. ILAALIN
56 6. GUULDARRADA WAAFAQIDDA DAAWEYNTA OTP
6.1. *Baarista guuldarrada-waafaqidda*
6.2. *Maareynta guuldarrada waafaqidda daaweynta*
59 7. SHURUUDAHA LOOGA WAREEGAYO OTP MARKA LOO WAREEGAYO SC: "U WAREEJINTA GUDAHA EE DARYEEL BUKAAN-JIIF"
7.1. *Shuruudaha looga wareegayo OTP marka loo wareegayo SC*
7.2. *Habraaca loogu talogalay wareejinta*
7.3. *Diidmada wareejinta SC*
61 8. HABRAACA KA BIXINTA
8.1. *Shuruudaha ka bixinta*
8.2. *Diiwaangelinta natiijada daaweynta*
62 9. LA-SOCOSHADA KA BIXINTA/KA SAARIDDA KA-DIB AH

64 **NASHAADDINTA JIRKA IYO DAREENKA**
64 1. MUHIIMADDA AY LEEDAHAY NASHAADDINTA
64 2. DARYEELKA SC IYO OTP
2.1. *Nashaaddinta dareenka iyo ciyaarta*
2.2. *Waxqabadka jireed*

67 **XARUNTA BAXNAANINTA (SC)**
67 1. MABAADII'DA MAAREYNTA BUKAAN-JIIFYADA
67 2. DHISMAHA LOO ISTICMAALO DARYEELKA BUKAAN-JIIFKA
2.1. *Dhismeyaasha*
2.2. *Sida loo habeeyay xarunta SC*
68 3. HAWLO
3.1. *Takhtarka*
3.2. *Kalkaaliyaha Caafimaad*
3.3. *Kaaliyayaasha Kalkaaliyaha Caafimaad*
3.4. *Cidda Qaabilsan Nafaqada Degmada (DNPF)/ Sarkaalka Nafaqada Degmada (DNO)*
69 4. QALABKA IYO AGABKA
4.1. *Diiwaannada*
4.2. *Cuntada*
4.3. *Daawooyinka*
4.4. *Agabka kale*
70 5. GELITAANKA XARUNTA
71 6. MARXALADDA BA'AN (MARXALADDA 1AAD)
6.1. *Cuntada (F75)*
6.2. *Daawooyinka caadiga ah*
6.3. *Daawooyinka lagu bixiyo xaaladaha gaarka ah oo kaliya*
6.4. *La-socoshada lagu qorey kaartooyinka-taxan ee SC/IPF*
6.5. *Shuruudaha Looga Gudbayo Marxaladda-Ba'an Marka Loo Gudbayo Marxaladda Kala-guurka*
78 7. DAAWEYNTA DHIBAATOOYINKA
7.1. *Fuuqbax*
7.2 *Shubanka ba'an ama joogtada ah*
7.3. *Shubanka dib-u-quudinta ka-dib marka la dhigo*
7.4. *Fuuq-baxa Hypernatraemic*
7.5. *Shoogga Caabuqa (AMA Sunta)*
7.6. *Maqnaanshaha Dhawaaqyada Caloosha, Weynaanshaha Caloosha iyo Codka Mindhiciirka wata Calool Barar/Fuur*
7.7. *Wadne Istaag*
7.8. *Heerkul-dhicidda Halista ah (Hypothermia)*
7.9. *Qandho*
7.10. *Dhiig-yaraan Ba'an*
7.11. *Yaraanshaha Guluukowsta Dhiigga*
7.12. *Dhaawacyada (boogaha) maqaarka*
7.13. *Xaaladaha kale*
7.14. *Daawooyin*
7.15. *Ifafaalooyinka dib-u-quudinta*
7.16. *Nafaqo-xumada daran iyo HIV/AIDS, Qaaxada (TB)*
7.17. *Daacuunka xaaladaha SAM*
96 8. KU GUULDAREYSIGA WAAFAQIDDA DAAWEYNTA
8.1. *Oggaanshaha iyo Baaritaanka Cudurka*
8.2. *Baaritaanka ku saabsan Sababaha keenna guuldarrada waafaqidda (Bukaan-jiifyada)*
8.3. *Ficillada loo baahan yahay*
97 9. SHURUUDAHA LOOGA GUDBAYO MARXALADDA-BA'AN MARKA LOO GUDBAYO MARXALADDA KALA-GUURKA
98 10. MARXALADDA KALA-GUURKA
10.1. *Cuntada*
10.2. *Daawada Joogtada ah*
10.3. *Ilaalinyo*
10.4. *Shuruudaha dib looga soo noqonayo marxaladda kala-guurka iyadoo laga soo noqonayo marxaladda ba'an*
10.5. *Shuruudaha looga gudbayo marxaladda kala-guurka marka loo gudbayo OTP*
100 11. HABRAACYADA KA-BIXINTA

# TUSMADA BUUGGA

101 **CARRUURTA AY DA'DOODU KA YAR TAHAY 6 BILOOD EE LEH DARYEELE DHEDDIG/HAWEEN AH (SC)**

101 1. UJEEDDOOYINKA IYO GUUDMARKA

101 2. QAAB-DHISMEEDKA iyo SIDA LOO HABEEYAY

102 3. HAWLAHA IYO QALABKA

*3.1.* Hawlo

*3.2.* Agabka

102 4. *GELITAANKA XARUNTA*

*4.1.* *Cabbiraadda jirka iyo baaritaanka xannuunka/caafimaadka*

*4.2.* Shuruudaha Gelitaanka Xarunta

4.3. Diiwaangelinta

103 5. *MAAREYNTA*

*5.1. Cuntada*

*5.2. Farsamada Caananuugidda Dheeriga ah*

*5.3. Daawada Joogtada ah*

106 6. *ILAALINTA*

*Daryeelka hooyooyinka*

107 7. *KA-BIXINTA*

108 **CARRUURTA YARYAR EE AAN WAX RAJO AH LAGA QABIN IN LA NAAS-NUUJIYO** (SC)

108 1. SHURUUDAHA LAGU DHIGAYO

108 2. MARXALADDA BA'AN

108 3. MARXALADDA KALA-GUURKA

108 4. MARXALADDA BOGSASHADA

109 5. SHURUUDAHA KA BIXINTA

110 **KORJOOGTEYNTA IYO QIIMEYNTA**

110 1. HORDHAC

110 2. QEEXIDDA

*2.1. "Lambarka-SAM ama -MAM"/"Lambarka Scope"*

*2.2. "Lambarka-Diiwaangelinta-Xarunta"*

*2.3. "Bixid"*

*2.4. "Ka bixin"*

*2.5. "Bukaannada La La'yahay"*

*2.6. "Bukaanka cusub ee xarunta la dhigay"*

*2.7. "Soo-noqosho"*

*2.8. "Dib-u-gelidda"*

*2.9. "Wareejin gudaha ah"*

*2.10." Gelitaan kale"*

*2.11. "Bogsasho"*

*2.12." "Si guul leh loo daaweeyay/dabiibay"*

*2.13." Dhintey"*

*2.14." Joojiye-La-Xaqiijiyey"*

*2.15." Joojiye-Aan-La-Xaqiijin"*

*2.16." Waafaqid-la'aanta daaweynta"*

*2.17. "Gudbin-caafimaad"*

*2.18." Diidmada wareejinta"*

112 3. *DIIWAANGELIN*

*3.1. Buugga diiwaangelinta ee SC, OTP iyo TSFP (lifaaqa 6aad)*

*3.2. Buugga diiwaangelinta ee TSFP (lifaaqa 28aad)*

113 4. KAARTOOYINKA BARNAAMIJKA OTP IYO SC

113 5 KAARARKA QOONDADA CUNTADA EE TSFP (EEG LIFAAQA 27)

114 6. LA-SOCOSHADA MACAAMIISHA SC/OTP/TSFP IYADA OO LA ADEEGSANAYO LAMBARKA SAM/SCOPE

114 7. WARBIXINNO

*7.1. Warbixinta billaha ah*

116 8. TUSIYEYAASHA WAXQABADKA MUHIIMKA

116 9. KORJOOGTEYNTA IYO KA-WARBIXINTA SAHAYDA NAFAQADA

117 10. KORJOOGTEYNTA IYO KA-WARBIXINTA BARNAAMIJYADA NAFAQADA BULSHADA

*Foomka tirinta toddobaadlaha ah ee baaritaanka nafaqda bulshada*

118 11. KORMEERKA TAAGEERRADA LEH EE BARNAAMIJYADA NAFAQADA

*Habka Jawaab-celinta*

119 12. DHEXGELINTA MADALLADA KORJOOGTEYNTA IYO KA-WARBIXINTA NAFAQADA EE HADDA NIDAAMYADA MAAREYNTA MACLUUMAADKA QARANKA (DHIS2)

# LIFAAQYADA


121 LIFAAQA 1AAD – FARSAMOOYINKA CABBIRKA JIRKA (ANTHROPOMETRIC)
129 LIFAAQA 2AAD – FOOMKA TIRINTA EE BAARISTA
130 LIFAAQA 3AAD – Shaxda labada jinsiyadood Wiilasha iyo Gabdhaha (WHO2006)
132 LIFAAQA 4AAD - MIISAANKA-IYO-JOOGGA EE QAANGAARRADA
135 LIFAAQA 5AAD – JAANTUSKA BMI EE DADKA WAAWEYN
136 LIFAAQA 6AAD - BUUGGA DIIWAANGELINTA EE SC/OTP
138 LIFAAQ 7AAD - JAANTUSKA OTP
140 LIFAAQA 8AAD - FOOMKA WAREEJINTA
141 LIFAAQA 9AAD - RUTF DOORSOOME AH EE SHAXDA OTP
142 LIFAAQA 10AAD – JAANTUSKA MIISAAN KORORKA IYO MIISAAN LUMINTA EE 5%
143 LIFAAQA 11AAD - MIISAAN KORORKA KA BADAN 14 MAALMOOD EE LAGU ISTICMAALO BARNAAMIJKA OTP
144 LIFAAQA 12AAD – DIYAARINTA CADADKA YAR EE F75 – F100 IYADA OO LA ADEEGSANAYO MALQACADO
146 LIFAAQA 13AAD: JAANTUSKA-TAXAN EE XARUNTA XASILLINTA (SC)
150 LIFAAQA 14AAD - JAANTUSKA DARYEELKA XAALADAHA HALISTA AH
151 LIFAAQA 15AAD - SIDA LOO GELIYO TUUBBADA SANKA LAGA GELIYO EE CALOOSHA TAGTA
152 LIFAAQA 16AAD – FAA'IIDOOYIN-DARRADA TUUBBOOYINKA DHUUBBAN EE XIDIDKA LAGU XIRO (CANNULA)
153 LIFAAQA 17AAD – WARQADDA BAARITAANKA IYO TAARIIKHDA
155 LIFAAQA 18AAD – MARXALADDA BOGSASHADA SIDA XARUN BUKAAN-JIIF AHAAN (SC)
157 LIFAAQA 19AAD - KAARTADA SS EE CARRUURTA YARYAR
159 LIFAAQA 20AAD – LIISTO-HUBINEEDDA KORMEERKA EE SARKAALKA NAFAQADA EE DEGMADA/CIDDA QAABILSAN
162 LIFAAQA 21AAD- FOOMKA KORMEERKA EE BARNAAMIJKA OTP
168 LIFAAQA 22AAD - FOOMKA KORMERKA XARUNTA BAXNAANINTA (SC)
175 LIFAAQA 23AAD – TUSAALOOYINKA HABABKA LOO DIYAARIYO F75, F100 IYO RESOMAL IYADA OO LA ISTICMAALO CMV
176 LIFAAQA 24AAD - TILMAANTA RUTF
179 LIFAAQA 25AAD – QIYAASAHA DAAWADA BUKAANKA SIDA DARAN AY NAFAQO-XUMADA U HAYSO
187 LIFAAQA 26AAD - BUUGGA DIIWAANGELINTA EE TSFP
189 LIFAAQA 27AAD - KAARKA QOONDADA CUNTADA/RAASHIINKA
190 LIFAAQA 28AAD - WARBIXINTA BILLAHA AH EE BARNAAMIJKA TSFP
191 LIFAAQA 29AAD – FAA'IIDOOYINKA IYO FAA'IIDO-DARROOYINKA AY LEEYIHIIN QUUDINTA QOYAN IYO MIDA QALLALAN
192 LIFAAQA 30AAD – CUFNAANTA NAFAQADA EE CUNTOOYINKA DHEERIGA AH EE LOO ADEEGSADO MAM


# SHAXDA JAANTUSYADA HOWL-RAACA


23 Jaantuska hawl-raaca 1: Istiraatiijiyadda Nafaqo ee Baarista Nafaqo-xumada Ba'an ee Bulshada Dhexdeeda ah
26 Jaantuska hawl-raaca 2: Istiraatiijiyadda nafaqada ee baarista iyo Kala-sooca Bukaannada ee Nafaqo-xumada Ba'an (sida caadiga ah heerka xarunta caafimaadka)
38 Jaantuska hawl-raaca 3aad: Go'aan-qaadashada loogu talogalay SC ama OTP
00 Jaantuska hawl-raaca 4: Istiraatiijiyadda Nafaqo ee loogu talogalay Baarista, Kala-sooca, iyo Daaweynta Nafaqo-xumada daran

# TUSMADA SHAXAHA

27 Shaxda 1aad: Kala-duwanaanshaha u dhaxeeya daaweynta SAM iyo MAM
31 Shaxda 2aad: Shuruudaha loogu talogalay SAM iyo MAM
32 Shaxda 3: Shuruudaha gelitaanka ee PLW
32 Shaxda 4aad: Badeecooyinka cuntada ah ee Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo
33 Shaxda 5aad: Sida guriga loogu diyaariyo CSB+
33 Shaxda 6aad: Daawooyinka Joogtada ah ee Carruurta MAMA ee TSFP
37 Shaxda 7aad: Nooca ka bixinta iyo shuruudaha ka bixinta
37 Shaxda 8aad: Nooca ka bixinta iyo shuruudaha ka bixinta bukaanka horey uga bogsadey SAM
39 Shaxda 9aad: Shuruudaha gelitaanka
41 Shaxda 10aad: Qaddarka RUTF si loo qiimeeyo rabitaanka cuntada ee carruurta nafaqo-xumada daran ay hayso
42 Shaxda 11aad: Soo koobidda shuruudaha kala-sooca labaad ee gelitaanka daryeelka bukaan-jiifka ama bukaan-socodka
50 Shaxda 12aad: Shaxda laga fiiriyo qaddarrada RUTF ee Bukaan-socodyada la siiyo maalintii iyo toddobaadkii
51 Shaxda 13aad: Qiyaasta Daawada Amoxicillin
52 Shaxda 14aad: Artemether - lumefantrine (©coartem)
53 Shaxda 15aad: Dihydroartemisinin (40mg) iyo piperaquine (320mg)
53 Shaxda 16aad: Daaweynta goryaan-ka-dilista
54 Shaxda 17: Daaweynta nidaamsan ee faytamiin A
54 Shaxda 18: Shaxda kooban ee daaweynta nidaamsan
55 Shaxda 19: Daawooyin dheeraad ah
55 Shaxda 20: Ilaalinta OPT oo kooban
56 Shaxda 21: Guuldarrada waafaqidda ee Bukaan-socodyada
71 Shaxda 22: Shuruudaha gelitaanka daryeelka bukaan-jiifka oo kooban
72 Shaxda 23: Caddadyada F75 ee la siiyo inta lagu guda jiro Marxaladda-ba'an (ama Marxaladda 1aad)
74 Shaxda 24: Qiyaasta Daawooyinka Gentamicin, Amoxicillin
76 Shaxda 25: Isku-darka Artemether (20mg) + Lumefantrine 120 mg
76 Shaxda 26: Isku-darka Artemether (40 mg) - Lumefantrine (240 mg)
76 Shaxda 27: Raaca 2aad: Dihydroartemesinin - Piperaquine (40 / 320)
77 Shaxda 28: Shaxda daaweynta nidaamsan ee bukaannada oo kooban
96 Shaxda 29aad: Baarista Guuldarrada-waafaqidda ee Bukaan-Jiifyada
99 Shaxda 30: Shaxda laga fiiriyo qaddarrada RUTF ee Marxaladda Kala-guur ee 24 saacadood kasta
99 Shaxda 31: Shaxda laga fiiriyo qaddarrada F100 ee lagu siiyo 6 – 5 quud maalintii
104 Shaxda 32: Shaxda laga fiiriyo Qaddarada Caanaha-SS ee loogu talogalay carruurta yaryar inta lagu guda jirro quudinta SS
105 Shaxda 33: Qaddarka quudadka loogu talogalay 8 quudad - in ka yar 50% - 75 ayaa loo baahan yahay
109 Shaxda 34aad: Shaxda laga fiiriyo qaddarrada caanaha qasaca carruurta yaryar ee Guud, F100 ee baraxan ama F75 ee la siiyo carruurta yaryar ee aan la naas-nuujin ee ku jira marxaladaha Ba'an, Kala-guurka iyo Bogsashada
116 Shaxda 35: Tusiyeyaasha waxqabadka ee barnaamijka IMAM ee Soomaaliya

# SHAXDA JAANTUSKA

66 Jaantuska 1aad: Jaantuskan waxaa soo saaray Professor S. Grantham-McGregor

# EREYO LA SOO GAABIYEY

| | |
|---|---|
| **ACT** | Daawada Iskujirka ah ee ay Salka u Tahay Artemisinin |
| **ARV** | Daawooyinka Anti-retroviral |
| **ART** | Daaweynta Anti-Retroviral |
| **BMI** | Tusiyaha Cufnaanta Jirka |
| **BMS** | Beddelka Caanaha Naaska |
| **BSFP** | Barnaamijka Quudinta Dheeriga ah ee Dhammeystiran |
| **CCM** | Maareynta Kiiska ee Bulshada |
| **CHW** | Shaqaalaha caafimaadka bulshada |
| **CLTS** | Fayadhowrka Guud ee ay Bulshadu-Hoggaamiso |
| **CMV** | Isku-jirka Murakabka Macdan iyo Faytamiino |
| **CMW** | Ummulisada Bulshada |
| **CSB** | Galley iyo Digirta Soya oo La Isku Daray |
| **DHMT** | Kooxda Maareynta Caafimaadka Degmada |
| **DNO** | Sarkaalka Nafaqada ee Degmada |
| **DMO** | Sarkaalka Caafimaadka ee Degmada |
| **ENA** | Waxqabadka Nafaqada Aasaasiga ah |
| **EPI** | Barnaamijka La Ballaariyay ee Tallaalka |
| **ER** | Qolka Xaaladaha Degdegga ah |
| **F75** | Caano daawo ah oo lagu isticmaalo Marxaladda-Ba'an ee Daaweynta Bukaan-jiifka |
| **F100** | Caano daawo ah oo lagu isticmaalo Marxaladaha Kala-Guurka/Marxaladaha Bogsashada ee Daaweynta SAM |
| **F100dil** | F100 Baraxan, loo adeegsado daaweynta carruurta yaryar ee sida daran ay nafaqo-xumada u haysa ee da'doodu ay ka yar tahay 6 bilood |
| **FBP** | Cuntada Barnaamijka uu Qoro |
| **HC** | Xarunta Caafimaad |
| **IEC** | Macluumaad, Waxbarasho, War-isgaarsiin (barnaamijyo iyo istiraatiijiyado) |
| **IFE** | Quudinta Carruurta Yaryar ee Xaaladaha Degdegga ah |
| **IMAM** | Maareynta Isku-dhafan ee Nafaqo-xumada Ba'an |
| **IMCI** | Maareynta Isku-dhafan ee Jirrooyinka Carruurnimada |
| **IPF** | Xarun Bukaan-jiif |
| **IU** | Qaybaha Caalamiga ah |
| **LoS** | Muddada Joogitaanka |
| **MUAC** | Cabbirka Wareegga Bartamaha Garabka Kore |
| **MAM** | Nafaqo-xumada Ba'an Nooceeda Dhexdhexaadka ah |
| **MCHN** | Nafaqada Caafimaadka Dhallaanka iyo Hooyada |
| **NCHS** | Xarunta Qaranka ee Istaatiistika Caafimaadka ee USA |
| **NGT** | Tuubbada Sanka La Geliyo ee Caloosha Tagta |
| **NND** | Waaxda Nafaqada Qaranka |
| **NFP** | Cidda Qaabilsan Nafaqada |
| **OPD** | Waaxda Bukaan-Socodka |
| **OTP** | Barnaamijka Daaweynta Bukaan-Socodka; |
| **PHU** | Qaybta Caafimaadka ee Aasaasiga ah |
| **RDA** | Gunnooyinka Cuntada ee Lagu Taliyay |
| **ReSoMal** | Milanka Fuuq-celinta Afka laga Qaato ee loogu talogalay Bukaannada sida daran ay nafaqo-umada u haysa |
| **RUSF** | Cuntada Dheeriga ah ee U Diyaarsan in Horey Laga Cuno |
| **RUTF** | Cuntada Daaweynta ee U Diyaarsan in Horey Laga Cuno |
| **RWG** | Heerka Miisaan Kororka |
| **SAM** | Nafaqo-xumada Aadka u Daran |
| **SC** | Xarunta Baxnaaninta |
| **SFC** | Xarunta Quudinta Dheeriga ah |
| **SFP** | Barnaamijka Quudinta Dheeriga ah |
| **TFC** | Xarunta Quud Ku Daaweynta |
| **TSFP** | Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo |
| **VCT** | La-talin iyo baaris khiyaari ah (barnaamij loogu talogalay bukaannada qaba HIV/AIDS) |
| **WHO** | Hay'adda /Ururka Caafimaadka Adduunka |
| **W/H - W/L** | Miisaanka-iyo-joogga – Miisaanka-iyo-dhererka |

# HORDHAC

Nafaqo-xumadu waa dhibaato weyn oo saameyn ku leh caafimaadka guud ee caalamka. Waxaa ay si weyn u kordhisaa halista dhimashada waqtiga hore ah, iyada oo si toos ah ama si dadbanba ay mas'uul uga tahay in ka badan saddex-meelood meel dhammaan dhimashada carruurnimada, waxaa ayna carruurta ka qaaddaa fursadda koritaanka inta karaankooda ah. Waa labadaba sabab iyo natiijo ka dhalata saboolnimo iyo horumar la'aanta.

Xaaladda nafaqo ee Soomaaliya ayaa sii xumaaneysa iyada oo heerka dhexe ee nafaqo-xumada ba'an ee qaranka uu yahay 17.4% (heerka xaaladda degdegga ahna waa 15%) iyada oo 1.2 milyan oo carruur ah oo ay da'doodu ka yar tahay shan sano jir ay hayso nafaqo-xumo ba'an, oo ay ku jiraan in ka badan 231,829 kuwaas oo qaba, ama la xannuunsan doona, nafaqo-xumo aad u ba'an oo nafta halis gelisa (SAM). Haddii aan la helin daaweyn ku habboon, nafaqo-xumada ba'an waxaa ay sababi kartaa dhimashada carruurta. Xataa carruurta ka badbaada ayaa waxaa laga yaabaa in ay u nugul yihiin dhacdooyinka kale ee nafaqo-xumada iyo cudurrada iyo in ay saameyn ku yeeshaan awoodaha maskaxeed iyo dhaqdhaqaaqyada jireed, kuwaas oo iyaguna yareyn doona fursadaha noloshooda dambe.

Tan iyo 2008, waxaa si tartiib tartiib ah loo bilaabey ka-dibna kor loo qaadey waxqabadyo lagu maareynayo nafaqo-xumada aadka u ba'an iyo midda dhexdhexaadka ah ee Soomaaliya. Barnaamijyadan ayaa waxaa soo abaabuley oo maamula dhowr fuliyayaal oo caawimo ka helaya hay'ado badan oo caalami ah iyo kuwo maxali ah iyo ururro aan dowli ahayn oo kaashanaya madaxda Wasaaradda Caafimaadka.

Xaaladda nafaqo iyo guud ahaan waaxda caafimaadka ee Soomaaliya ayaa isbedellay, sidaa daraaddeed dhabbe-tusayaashan ayaa la cusbooneysiiyey iyada oo la eegayo xaaladda nafaqo ee hadda jirta iyo xaaladda Soomaaliya, waafaqsanna talooyinkii ay soo jeedisay WHO (2013) oo dib loogu noqdey iyo siyaasadaha waaxda caafimaadka ee ku habboon iyo dhabbe-tusayaasha ka jira Soomaaliya. Sidaad darteed, UNICEF, oo la kaashaneysa kutlada Nafaqada, ayaa ka taageeraysa maamullada Wasaaradda Caafimaadka dib ugu noqoshada iyo cusbooneysiinta hagidda IMAM ee hadda jirta, xirmada tababarka, iyo agabka warbixinta ee u suurtagelinaya la-hawlgalayaasha in ay si taabogal ah oo hufan wax uga qabtaan maareynta nafaqo-xumada ba'an ee ka jirta Soomaaliya.

Barnaamijka IMAM ee Soomaaliya waxaa curyaamiyay caqabado dhowr ah oo ku saabsan kaabayaasha dhaqaalaha, kartida, iyo ka-qaybgalka bulshada. Awoodda nidaamyada caafimaadka ay kula wareegayaan mas'uuliyadda daaweynta nafaqo-xumada aadka u ba'an ee nafta halista gelisa (SAM) marka la eego shaqaalaha, saadka, korjoogteynta, iyo kormeerka waxaa ay u baahan tahay qaab nidaamyo aad iyo aad u dhammeystiran. Nusqaamaha awoodda shaqaalaha ayaa asal ahaan waxaa ay ka yimaadaan isdhexgelin la'aanta barnaamijka IMAM iyo manhajka tababarka qaranka ee shaqaalaha caafimaadka. Daciifidda awoodda shaqaalaha/tirada badan ee shaqaalaha shaqada isaga tagaya ayaa keenay in ay yaraadaan shaqaalaha tababaran ee xarumaha jooga. Intaa waxaa sii dheer, tayada hirgelinta barnaamijka IMAM ayaa weli ah mid aan gaarsiisaneyn heerkii la rabey iyadoo sabab u ah dhibaato ka taagan dhanka midaynta adeeg bixinta iyo isku-xirnaanta aan dad ku filnayn iyo xoojinta waxqabadyada ballaaran ee ka hortagga ah. Arrimaha ku saabsan baaxadda ay gaarayaan adeegyada oo ay ka mid yihiin korjoogteynta horumarka laga sameeyay gaarista carruurta qabta SAM (tirooyinka bukaannada la dhigay xarumaha caafimaadka, taabogalnimada iyo baaxadda la gaarey) ayaa sidoo kale jira. Dhibaatooyinka qiyaasidda dhacdada ayaa adkeeya qiyaasta culeyska iyo baaxadda ay gaaraan adeegyada nafaqada ee Soomaaliya. Qaybta bulshada ayaa inta badan la dayacay, waxaanna jira caddeymo ballaaran oo muujinaya in barnaamijka IMAM oo aan lahayn qayb bulsho oo xooggan ay keenayso baaxadda gaarista oo xaddidan sidaa darteedna waxaa uu yeelanayaa saameyn xaddidan. Guud ahaan, colaadda, amni-xumada, deegaanka bulsho ee adag ee la xiriira qaab-dhismeedka beelaha ee in la fahmo ay adag tahay, barokaca dadweynaha iyo awoodid la'aanta dadka gudaha ku barokacay in ay adeegyada ku helaan degaamada martigeliyay qaarkood, iyo dabciga foofka ama daaq-raadsashada dadka xoolo-dhaqatada ah ayaa sii xumeynaya jawiga bixinta adeegga nafaqada horeyba u nuglaa ee Soomaaliya. Degaamada qaarkood oo aan lahayn kaabayaasha caafimaadka ama laga joojiyo barnaamijyada, iyada oo si joogto ah loo xiro ka-dibna dib loo furo barnaamijyada ayaa inta badan keenaysa burburka waxqabadyada looga hortagayo nafaqo-xumada.

Dhabbe-tusayaashan ayaa tixgeliya caqabadahan gaarka ah ee fulinta maareynta nafaqo-xumada ba'an ee Soomaaliya iyo la-qabsashada ay barnaamijyada u sameeyaan cawaaqib ahaan. Si loo kordhiyo baaxadda ay gaarayaan, kor loogu qaado baarista iyo oggaanshaha waqtiga hore ee nafaqo-xumada oo loo yareeyo baahida loo qabo wareejinnada, dhabbe-tusayaashan ayaa kor u qaadaya adeegsiga abaabul bulsho xooggan sida mudnaanta koowaad ee barnaamijyada oo dhan ahaan. Marka ay suurtagal tahay, borotokoollada waxaa lagu saleeyaa kiisaska adag/cakiran ee dhici kara ee aan loo wareejin karin Xarun xasillin (SC).

## Qaabka Guud ee Fahamka Nafaqo-Xumada:

Nafaqo-xumada, ha noqoto mid degdeg ah ama mid raagta, waxaa ay leedahay sababo badan oo inta badan si wadajir ah u shaqeeya, midba midka kale xoojiya ilaa ay ka gaarto heer aan loogaga hortagi karin hal ficil ama waxqabad. Xaaladaha aan caadi ahayn oo kaliya, ayaa hal sabab la heli karaa. Maareynta nafaqo-xumada ba'an waxaa ay u baahan tahay fahamka sababaha keenna nafaqo-xumada iyo sida ay u tacaamulaan. Sababaha tooska ah waa kuwo inta badan fudud in la arko, balse wax lagama qaban karo ilaa laga fahmo sababaha asalka u ah ka-dibna wax laga qabto mooyee. Ciribtirka joogtada ah ee nafaqo-xumada ayaa lagu saleyn karaa oo kaliya baabi'inta sababaha asalka u ah. In sababaha keena nafaqo-xumada loo qaybiyo heerar kala duwan waxaa ay fududeynaysaa fahamka iyo lafogurista xaalad jirta waxaanna loo adeegsan karaa qorsheynta barnaamijyada.

## Sababaha Tooska ah ee Keena Nafaqo-xumada

Qaadashada cunto aan ku filnayn iyo cudur ayaa ah sababaha tooska ah ee keenna nafaqo-xumada waxaa ayna abuuraan wareegga halista ama sharta kaas oo cudurka iyo nafaqo-xumada uu midba midka kale uu sii xumeeyo. Sidaa daraaddeed, cunto qaadashada iyo cudurka waa in labadooduba wax laga qabtaa si loo taageero ka soo kabsashada nafaqo-xumada.

## Sababaha Asalka ah ee Keena Nafaqo-xumada

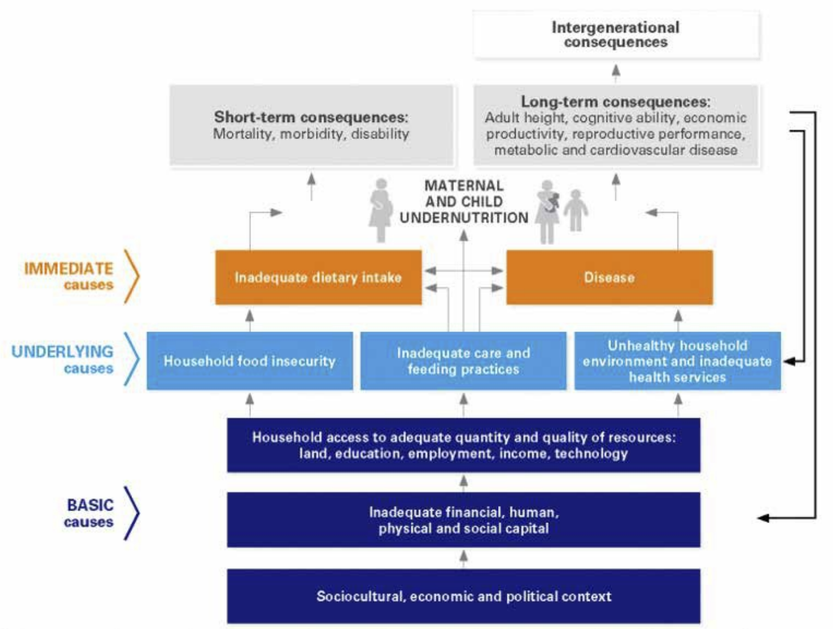
Saddexda sababood ee ugu waaweyn sababaha asalka ah ee keena nafaqo-xumada waxaa ka mid ah:

- Cunto: Sugnaanta cuntada qoyska oo aan dad ku filnayn (helitaanka cuntada oo xaddidan).
- Daryeel: Deegaanka daryeelka iyo bulshada ee guriga iyo bulshada maxalliga ah oo aan dad ku filayn, gaar ahaan marka loo eego haweenka iyo carruurta.
- Caafimaadka: Helitaanka xaddidan ee adeegyada caafimaadka iyo/ama xaaladaha caafimaadka deegaanka oo aan dad ku filnayn (oo ay ku jiraan helitaanka biyo nadiif ah iyo tas-hiilaad fayodhowr). Dhammaan sababaha asalka ah ee keena nafaqo-xumada badanaa waa cawaaqib xumada ka dhalata saboolnimada.

## Sababaha Aasaasiga ah ee Nafaqo-xumada

Sababaha aasaasiga ah ee nafaqo-xumada u keena bulshada waxaa ay asal ahaan ka soo unkumeen heer qaran ama gobol, halkaas oo istiraatiijiyadaha iyo siyaasadaha saameeya qoondeynta kheyraadka (aadanaha, dhaqaalaha, siyaasadda iyo dhaqanka) ay saameeyaan waxa ka dhaca heerka bulshada. Go'doomin juqraafi ahaaneed iyo helid la'aanta suuqyada ama adeegyada ee sababta u ah kaabayaasha dhaqaalaha oo liita, barokaca, ama colaadda ayaa saameyn xun ku yeelan kara natiijooyinka caafimaadka hooyada iyo dhallaanka iyo nafaqada.

**UNICEF CONCEPTUAL FRAMEWORK OF THE DETERMINANTS OF CHILD UNDERNUTRITION**




The black arrows show that the consequences of undernutrition can feed back to the underlying and basic causes of undernutrition, perpetuating the cycle of undernutrition, poverty and inequities.

**Source:** Adapted from UNICEF, 1990.

## Cilmiga Cudurada ee Nafaqo-xumada Aadka u Ba'an

**Nafaqo-xumada aadka u ba'an** waxaa ay sababi kartaa isbeddello qoto-dheer oo ku yimaada habka dheefshiidka, fisiyoolajiga(hawlaha caadiga ah ee jirka), iyo qaab-dhismeedka jirka. Ku dhawaad geeddi-socodyada hawlaha caadiga ah ee jirka ayaa isbeddelaya iyadoo sabab u ah nafaqo-xumada aadka u ba'an. Unug iyo nidaam kasta wuxuu ku lug yeelanayaa la qabsiga yaraanshaha.

**La qabsiga yaraanshaha** waa jawaabta fisiyoolaji (hawlaha caadiga ah) ee jirka uu ka bixiyo nafaqo-yarida, sida shaqooyinka nidaamyada oo hoos u dhac ku imaanaya si ay ugu noolaadaan qaadashada xaddidan ee nafaqooyinka yaryar iyo kuwa waaweyn. Nidaamka wuxuu yareynayaa waxqabadka, si uu ula qabsado nafaqooyin iyo tamar la'aanta. La qabsiga yaraanshaha waxaa ay keenaysaa isbeddelo qoto-dheer oo ku yimaada habka dheefshiidka iyo hawlaha caadiga ah ee jirka, kuwaas oo qaarkood uu arki karo takhtarka iyada oo qaarkoodna uusan arki karin. Yaraanshaha bilowga hore ah waxba kama beddeli doono shaqada caadiga ah ee jirka BALSE wuxuu saameyn ku yeellan doonaa awoodda uu kula qabsanayo xaalad kastoo kale ee cusub (caabuq, hargab, ama xitaa dareeraha xididka laga qaato ama dareere afka laga qaato oo xad-dhaaf ah). Tusaale ahaan hab-dhiska dhiig wareegga ayaa waxaa laga yaabaa in uu weli u shaqeynayo si sax ah oo aan lahayn calaamadaha ama astaamaha in ay dhibaato jirto, BALSE waxaa laga yaabaa in uusan la qabsan kororka kadiska ah ee mugga wareegga (tusaale ahaan ka-dib marka dhiig lagu shubo ama dareere xididka laga siiyo). Maadaama aan la hawlgalin karin hababka la qabsiga mugga kordhey, dareeraha/daawo caadi ah xididka lagu duray ayaa waxaa ay keeni kartaa culeys soo fuula wadnaha iyo laab barar halis ah. Xaalado la mid ah ayaa ku dhaca:

habdhiska dheefshiidka, iyo xaddiga borootiinnada iyo nafaqooyinka kale ee laga nuugi karo halkii raashiin; habdhiska difaaca jirka, iyo awoodda uu uga jawaabayo caabuqa; awoodda uu beerka jirka uga saarayo waxyaabaha sunta ah; iyo awoodda ay kellida jirka uga saareyso waxyaabaha aan loo baahnayn iwm.

Intaa waxaa dheer, in qaar ka mid ah isbeddellada la soo sheegay ay keenaan calaamado iyo astaamo aan caadi ahayn. Tusaale ahaan, cunug qaba nafaqo-xumo aad u ba'an ayaa laga yaabaa in uusan awoodin qandho in ay qabato/soo bandhigo marka uu caabuq soo wajaho. Xaqiiqdii, inta badan caabuqa wuxuu la imaan karaa xaalad heerkul-dhicid halis ah (*hypothermia*)! Bogga soo socda ayaad ka arki kartaa tusaalooyin kale.

Isbeddellada ku yimaada waxqabadyada dheefshiidka iyo kuwa fisiyooloji (habka hawlgalka jirka) ee carruurta nafaqo-xumada haysa waa kuwo aad iyo aad muhiim u ah sababtoo ah go'aamada daaweynta lagu badbaadinayo nolosha carruurta sida wanaagsan u nafaqeysan ayaa suurtagal ah in ay ku dhintaan carruurta nafaqo-xumada haysa. Taasi waa sababta ay muhiim u tahay in la raaco borotokoollada caadiga ah ee loogu talogalay daaweynta nafaqo-xumada aadka u ba'an iyo dhibaatooyinka ay leedahay ee lagu sheegay dhabbe-tusayaashan.

Shaxda soo socota ayaa soo bandhigaysa qaar ka mid ah isbeddellada ugu waaweyn ee ku yimaada mid kastoo ka mid ah habdhisyada jirka. Ogaanshahooda ayaa gacan ka geysan kara fahamka marxaladaha kala duwan ee ay soo marto iyo daaweynta nafaqo-xumada aadka u ba'an iyo dhibaatooyinkeeda.

| Habdhiska wadnaha iyo xididdada dhiigga | Habdhiska caloosha iyo mindhicirrada |
|---|---|
| • Waxaa yaraada waxsoosaarka wadnaha iyo mugga wadne garaaca.<br>• Biyaha cusbada ee xididka laga siiyo ayaa waxaa ay kordhin karaan cadaadiska xididdada.<br>• Koror kasta oo ku yimaada mugga dhiigga ayaa si fudud u keeni kara wadne istaag ba'an.<br>• Hoos-u-dhac kasta ayaa wuxuu sii wiiqi doonaa qulqulka dhiigga ee nudaha.<br>• Cadaadiska dhiigga ayaa hooseeya.<br>• Qulqulka dhiigga kelyaha iyo waqtiga wareegga ayaa yaraada.<br>• Mugga balaasmaha dhiigga badanaa waa caadi oo waxaa yaraada mugga unugyada cas ee dhiigga. | • Soosaarka dheecaanka ay sii daayaan qanjirada caloosha ayaa yaraada.<br>• Waxaa yaraada awoodda dhaqdhaqaaqa mindhicirrada.<br>• Ganaca ama beer-yaraha ayaa dhammaada oo waxaa yaraada soosaarka dheecaannada caawiya dheefshiidka.<br>• Xuub xabeedka mindhicir yaraha ayaa dhammaada.<br>• Siideynta dheecaannada dheefshiidka caawiya ayaa yaraada.<br>• Nuugista nafaqooyinka ayaa yaraada. |
| **Shaqada Beerka** | **Habdhiska Taranka iyo Kaadi-mareenka** |
| • Sameynta borootiinnada oo dhan ayaa yaraada.<br>• Amiino ashiidhyada ku lugta leh dheefsashada oo khayru caadi ah ayaa la soosaaraa.<br>• Awoodda uu beerku ku qaadanayo, cuntada uu tamar ugu beddelayo, ama jirka sunta uga soosaarayo ayaa hoos-u-dhac weyn ku yimaada.<br>• Waxsoosaarka tamarta ee galaktowska iyo faraktowska ayaa aad uga gaabiya sidii caadiga ah.<br>• Samaysanka galeykojiinta ayaa yaraata, iyada oo ay jirto halis sare oo ah in macdinta kaalshiyamta ay dhiigga ku yaraato xilliga caabuqa.<br>• Siideynta xammeetida ayaa yaraata. | • Habka shaandheynta shabaq kelliyoodka ayaa hoos u dhaca.<br>• Awoodda kellida ay ku soosaareyso asiidhka xad-dhaafka ah ama culayska biyaha ayaa si weyn u yaraada.<br>• Soosaarka fosforasta kaadida ayaa hooseysa.<br>• Waxaa hoos u dhaca siideynta soodhiyamta.<br>• Caabuqa ku dhaca kaadi-mareenka ayaa ku badan. |
| **Habdhiska Dhiig-wareegga** | **Habdhiska Qanjirada Marinka La'** |
| • Heerka dheefsashada aasaasiga ah ayaa yaraada ku dhowaad 30%.<br>• Isticmaalka tamarta ee sababta u ah waxqabadka ayaa aad u hooseeya.<br>• Waxaa daciifa soosaarka kuleylka iyo luminta kuleylka.<br>• Diirimaadka jirka cunuga ayaa hooseeya marka uu joogo deegaan qabow wuunna sareeyaa marka uu joogo deegaan kulul. | • Heerarka insuliinta ayaa yaraada cunugana waxaa ku dhaca u-dulqaadasho la'aanta guluukowska.<br>• Heerarka cunsurka koritaanka insuliinta 1/Insulin growth factor 1 (IGF-1) ayaa yaraada.<br>• Waxaa kordha heerarka hoormoonta koritaanka.<br>• Inta badan waxaa kordha heerarka hormoonta cortisol. |

**Habdhiska Difaaca jirka**

• Waxaa naaqusa dhammaan arrimaha difaaca jirka.

• Qanjirrada dhareerrada, qumanka iyo labxunshaha (thymus) ayaa dhammaada.

• Heerarka siideynta ee Ig-A ayaa yaraada.

• Qaybaha dheellitirka ayaa hooseeya.

• Ciijiyeyaasha (Phagocytes) si hufan uma dilaan bakteeriyada la dhunjiyey.

• Waxyeellada gaarta nudaha ma keento belbelka/xanuunka ama in unugyada cad ay u guuraan meesha ay dhibaatadu gaartey.

• Waxqabadka difaaca jirka ee marxaladda ba'an ayaa yaraada waxaanna si xun hoos ugu dhaca unugyada difaaca jirka.

• Calaamadaha caadiga ah ee caabuqa, sida kororka tirada unugyada cad iyo qandho/xumad, ayaa inta badan ka maqan.

• Yaraanta guluukowsta dhiigga ama hoos u dhaca heerkulka jirka waa astaamaha caabuqa daran oo inta badan lala xiriiriyo xaaladda hoos u dhaca dhiigga oo nafta halis gelin karta.

# 1. GUUDMARKA BARNAAMIJKA

## 1.1 Qaybaha barnaamijka IMAM

Ujeeddooyinka barnaamijka IMAM waa in:

• laga hortago nafaqo-xumada ba'an,

• laga hortago kiisaska/xaaladaha ba'an ee dhexdhexaadka ah in ay isu-beddelaan nafaqo-xumo aad u ba'an,

• la dhiso xiriirrada lala yeelanayo barnaamijyada/adeegyada kale si looga hortago dib ugu noqoshada mustaqbalka ah, iyo

• la badbaadiyo nolosha shaqsiyaadka nafaqo-xumada ba'an ay hayso.

Barnaamijyada sida wanaagsan loo maamulo ayaa si guul leh ku gaari kara ujeeddooyinka iyagoo adeegsanaya isku-jirka qaybaha kala duwan ee IMAM, gaar ahaan marka ay si wanaagsan isula shaqeeyaan, la isku dhafo, oo lagu xiro waxqabadyada iyo adeegyada kale ee ku habboon.

Barnaamijka IMAM wuxuu ku saleysan yahay afar mabaadi' oo aasaasi ah:

• Gaaridda iyo baaxadda sare ee uu gaarayo: isticmaalka xarumaha/waaxaha daadejinta adeeg-bixinta ayaa suurtagelinaya in ay fududaato gaaridda iyo sidoo kale in tiro badan oo ka mid ah shaqaalaha bulshada ay la socdaan xaaladda bukaan-socodyada iyaga oo guryahooda jooga.

• Waqtiyeynta: bixinta adeegyo isku dhaf ah iyo bilaabidda baarista iyo oggaanshaha kiiska firfircoon ka hor inta aysan sii xumaan baahsanaanta nafaqo-xumada. Barnaamijka IMAM wuxuu hiigsanayaa in uu dabiibo nafaqo-xumada ba'an ka hor inta aysan dhicin dhibaatooyin caafimaad oo dheeri ah.

• Is-dhexgalka waaxaha: Dhexgelinta barnaamijyada/adeegyada kale, oo ay ka mid yihiin waxbarashada caafimaadka iyo nafaqada, dhiirrigelinta naas-nuujinta barax-tiran iyo nadaafadda, waxqabadyada sugnaanta cuntada, ilaalinta, iwm.

• Karti-dhisid: Dhisidda qaab-dhismeedyada jira iyo daneeyayaasha iyada oo loo marayo iskaashi, tababar, iyo taageero joogto ah.

Waxyaabaha ugu muhiimsan barnaamijka IMAM waxaa ka mid ah afar qaybood/adeegyo kala duwan balse la isdhexgeliyey ama la isku dhafey:

• Wacyigelinta iyo abaabulidda bulshada

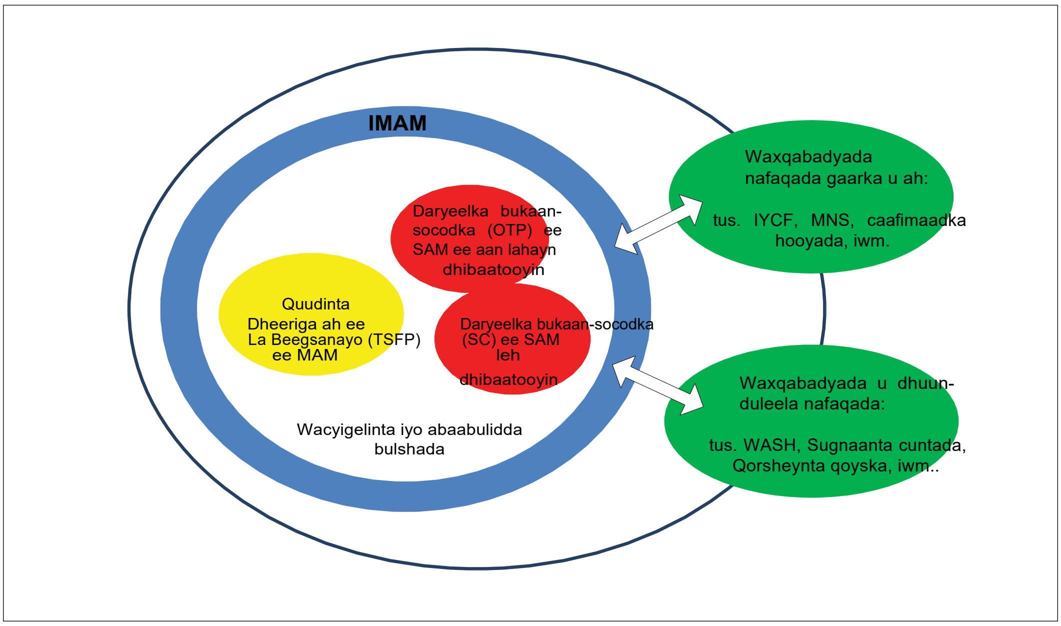
• Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo - TSFP

• Barnaamijka Quudin-ku-daaweynta Bukaan-socodka (Daryeelka Bukaan-socodka) - OTP

• Xarunta Baxnaaninta (Daryeelka bukaan-jiifka) - SC

# 2. DEEGAANKA IMAM

Sida looga hadleyba qaybta 1aad, sababaha keena nafaqo-xumada waa kuwo badan taas oo tilmaamaysa in ka hortagga iyo daaweynta nafaqa-xumadu ay u baahan tahay habka waaxaha badan iyo waaxaha gudahooda. Barnaamijka IMAM ma aha adeegyo kaligooda istaagi kara oo waxaa lagama maarmaan ah waxqabadyo kale; kuwani waxaa ay noqon karaan waxqabadyo "nafaqada gaarka u ah" ama "u dhuun-duleela nafaqada". Dhammaantooda marka la isku daro waxaa loogu yeeri karaa deegaanka IMAM, sida ku cad shaxda hoose, halkaas oo barnaamijka IMAM uu ku matelayo qaybta ugu muhiimsan ee hubisa isku-xirka waxqabadyada kala duwan ee awoodda u leh in ay gacan ka siiyaan carruurta iyo qoysaskooda ka hortagga iyo la-dagaallanka nafaqo-xumada iyo, carruurta ay nafaqo-xumada horey u haysay, dhisto isku-xirka waxqabadyada jira ee awoodda u leh in ay ka hortagaan carruurta in ay dib-ugu noqdaan nafaqo-xumada marka la baxnaaniyo




Barnaamijyada ama **waxqabadyada nafaqada gaarka ah** waxaa ay wax ka qabtaan **waxyaabaha sida tooska ah u go'aamiya** nafaqada iyo koritaanka carruurta iyo uurjiifka—qaadashada cunto iyo nafaqo ku filan;quudin;hab-dhaqannada daryeelka iyo xannaaneynta waalidnimo; iyo hoos u dhaca cudurrada faafa. Waxqabadyadan qaarkood ayaa horey loogu bixiyay gudaha adeegyada caafimaad ee jira ee heerka xarunta. Waxqabadyada quudinta carruurta yaryar iyo carruurta roon-roon (IYCF) (naas-nuujinta barax-tiran iyo quudinta dheeriga ah) iyo sidoo kale waxqabadyada caafimaadka hooyada (hawlaha lagu qabto bukaan-eegtooyinka MCHN) ayaa waxaa ay tusaalooyin wanaagsan u yihiin waxqabadyada hadda ka jira Soomaaliya.

Barnaamijyada ama **waxqabadyada u dhuun-duleela nafaqada**[1,2,3] waxaa ay wax ka qabtaan **waxyaabaha aasaasiga ah ee go'aamiya** nafaqada iyo koritaanka carruurta iyo uurjiifka— sugnaanta cuntada; kheyraad ku filan daryeelka heerarka hooyada, guriga, iyo bulshada; iyo helidda adeegyo caafimaad iyo deegaan nadaafad leh oo ammaan ah. Barnaamijyada u dhuun-duleela nafaqada ayaa waxaa ay u adeegi karaan sida madallada bixinta waxqabadyada nafaqada gaarka u ah, oo laga yaabo in ay ballaariyaan baaxadda ay gaari karaan, iyo wax-ku-oolnimadooda.

Haddii tusaale laga bixiyo waxqabadyada u dhuun-duleela nafaqada, ee barnaamijka ka jira Soomaaliya, waxaa la isla gartay in la diyaariyo waxqabadyada WASH ee hay'adeed. Sida ku cad heshiiska dhammaan barnaamijyada Quudin-ku-daaweynta Bukaan-socodka (OTPs) waxaa ay yeelan doonaan tas-hiilaad biyo iyo gacmo-dhaq waxayna u qeybin doonaan xirmooyinka nadaafadda carruurta laga saarey xarumaha barnaamijka OTP.

1 Furidda Awoodda WFP: Hagid loogu talogalay barnaamijka u-dhuun-daloola nafaqada- Maarso 2017. Nuqulka 1.0, Ku-meelgaar ah

2 Marie T. Ruel, Agnes R. Quisumbing, Mysbah Balagamwala 2017. Beeraha Nafaqada U-dhuun-daloola: Maxaan ka Baraney oo Maxaa Xigoo Aan Sameyn Karnaa? Warqadda munaaqashada ee IFPRI

3 Tixraacyo dhowr ah ayaa laga heli karaa http://www.fao.org

# 3. BARNAAMIJKA IMAM EE SOOMAALIYA

Qaybtan ayaa waxaa ay soo bandhigeysaa ujeeddooyinka laga leeyahay iyo adeegyada uu bixiyo barnaamijka IMAM ee Soomaaliya. Kor-u-qaadista istiraatiijiyadda IMAM ayaa weli socota balse cunsurrada hoose ayaa waxaa ay tilmaamayaan adeegyada lagu bixin karo qayb kasta gudaheeda. Waxqabadyada gaarka u ah nafaqada ayaa lagu qorey qayb kasta iyada oo waxqabadyada u dhuun-duleelada nafaqada ay ku kala duwanaan doonaan dalka gudahiisa iyo iyada oo la tixraacayo waxqabadyada jira iyo la-hawlgalayaasha gudaha kala hawlgala.

Dalka Soomaaliya, barnaamijka IMAM waxaa loola jeedaa adeeg isku-dhafan oo lagu dhex bixiyo xirmada waxqabadyada caadiga ah ee ay bixiyaan nidaamka caafimaadka/xarumaha caafimaadka ama la-hawlgalayaasha gudaha ee taageeraya.

## 3.1 Ujeeddooyinka barnaamijka IMAM

• Sii wanaajinta helidda loo siman yahay ee adeegyada nafaqada tayada leh ee daaweynta iyo ka hortagga nafta lagu badbaadiyo iyada oo loo marayo aqoonsi nidaamsan, u gudbin, iyo daaweynta xaaladaha nafaqo-xumada ba'an

• In la yareeyo nisbooyinka dhimashada iyo cudurrada la xiriira nafaqada oo la gaarsiiyo heerarka xaaladaha degdegga ah

• In la yareeyo kharashka oo la kordhiyo isticmaalka adeegga

• In la abuuro barnaamijyo nafaqo isku-dhafan oo u ka dhaxeeya una tallaaba dhammaan qaybaha khuseeya sida caafimaadka, Biyaha, Fayodhowrka iyo Nadaafadda (WASH), iyo waxbarashada iyada oo loo marayo isuduwid la xoojiyey iyo barnaamij wadajir ah oo ay ku jiraan tallaabooyinka u dhuun-duleela nafaqada.

### 3.1.1 Adeegyada IMAM Services

Abaabulidda bulshada

Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo (TSFP)

Barnaamijka Daaweynta Bukaan-socodka (Daryeelka Bukaan-socodka) - OTP

Xarunta Xasillinta (Daryeelka bukaan-jiifka) - SC

### 3.1.2 Abaabulidda bulshada (qaybta 4):

**Ujeeddo:**
In dadweynaha lagu wacyigeliyo dhibaatada ay leedahay nafaqo-xumada iyo sida lagu aqoonsan karo si loo gaaro haween iyo carruur badan oo ku jira marxaladda hore ee nafaqo-xumada ba'an, oo markaa kordhineysa baaxadda gaarista iyo bogsashada.

**Waxqabadyada:**
In la baaro carruurta iyada oo la adeegsanayo qiimeynta Cabbirka Wareegga Bartamaha Garabka Kore (MUAC) iyo cago-bararka nafaqada; u gudbinta xarumaha caafimaadka ee ugu dhow; abaabulidda ururrada iyo daneeyayaasha bulshada ee ugu muhiimsan; waxbarashada iyo wacyigelinta ku saabsan mowduucyada la xiriira caafimaadka nafaqada iyo sidoo kale adeegyada bulshada ee jira si loo sii wanaajiyo fahamka iyo aqbalaadda bulshada; la socoshada bukaanada bogsan waaya ama soo bandhiga dhibaatooyin bogsasho.

### 3.1.3 Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo - TSFP (qaybta 5aad):

**Ujeeddo:**
In la daaweeyo bukaanada qaba Nafaqo-xumada Ba'an ee Dhexdhexaadka ah (MAM) iyo in laga hortago qaadista nafaqo-xumada aadka u ba'an (SAM).

**Waxqabadyada:**
In loo qoro cunto qoondaysan oo labadii toddobaadba mar ay guriga u qaataan oo ah qaabka Cunto Dheeri oo cayriin ah (tus, CSB+ ama Cuntooyinka Daaweynta ah ee u Diyaarsan in Horey Laga Cuno [RUSFs]) iyo daawooyin joogto ah iyo la-socoshada nafaqada bukaanka. Dabagalka carruurta daaweystay ee laga soo saarey barnaamijka quudin-ku-daaweynta bukaan-socodka (OPT).

### 3.1.4 Barnaamijka Daaweynta Bukaan-socodka (Daryeelka bukaan-socodka) - OTP (qaybta 6aad):

**Ujeeddo:**
In la daaweeyo bukaannada qaba SAM ee cunto rabistoodu ay furan tahay ee aan laheyn dhibaatooyin caafimaad iyo in laga hortaggo sii xumaanshaha xaaladaha SAM.

**Waxqabadyada:**
In toddobaadkii mar loo qoro Daaweynta ah ee u Diyaarsan in Horey Laga Cuno (RUTFs) iyo daawooyin joogto ah iyo korjoogteynta nafaqada iyo caafimaadka bukaanka. Ka-dib bogsashada iyo ka bixinta, cunuga waxaa laba bilood loo wareejin doonaa Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo (TSFP) si loo adkeeyo xaaladda nafaqo loogana hortago dib u xanuunsashada.

### 3.1.5 Xarunta Baxnaanada (Daryeelka bukaan-jiifka) - SC (qaybta 7):

**Ujeeddo:**
In la daaweeyo bukaannada qaba SAM ee cunto rabistooda ay liidato ama qaba dhibaatooyin caafimaad.

**Waxqabadyada:**
In lagu adeegsado caano ku daaweyn iyo daaweyn caafimaad xarunta bukaan-jiifka (cusbitaalka ama xarunta kelligeeda taagan). Cunuga qaba SAM adag waxaa lagu daaweyn doonaa xarunta xasillinta (bukaan-jiifka) marka xaaladaha caafimaad la xasilliyo iyo/ama uu dib u bilaabo cunto rabista, isaga/iyada waxaa ay daaweynta ka sii wadan doonaan iyagoo bukaan-socod ah xarunta barnaamijka OPT. Ka-dib bogsashada iyo ka bixinta ayaa cunuga waxaa loo wareejin doonaa TSFP si loo adkeeyo xaaladda nafaqo loogana hortago dib u xanuunsashada.

Waa in uu jiraa nidaam gudbin oo si taabogal ah u shaqeeya si bukaannada hal qayb loogu gudbiyo qaybta xigta (marka xaaladda bukaanka ay ka sii darto), ama si loogu celiyo qaybtii hore haddii isbeddelka ay daaweyntu keentay uu yahay mid lagu qanci karo. Tani ayaa si gaar ah muhiim u tahay haddii adeegyada oo dhan aan lagu bixin isla xarunta, oo inta badana ah xaaladda adeegga bukaan-jiifka. U noqo qaybaha khuseeya si aad u hesho macluumaad badan oo ku saabsan adeegga halkan lagu soo bandhigey.

### 3.1.6 Adeegyada dheeraadka ah ee ku xiran barnaamijka IMAM

**Xirmada Adeegyada Nafaqada ee Aasaasiga ah (BNSP)**

| Maareynta nafaqo-xumada ba'an | Waxaa ay gacan ka geysataa yareynta dhimishada iyo cudurrada. |
|---|---|
| Bixinta nafaqada yaryar ee dheeriga ah | Yareysa ku filnaansho la'aanta nafaqada yaryar waxayna gacan ka geysataa yareynta cudurrada/dhimashada, gacan ka geysataa sii wanaajinta kobaca iyo horumarka, gacan ka geysata ka hortagga cilladaha maskaxda iyo laf-dhabarta ee lagu dhasho, waxaa ayna gacan ka geysataa xaqiijinta tayada caanaha naaska. |
| Tallaalada | Waxaa ay yareeyaan cudurrada iyo halista nafaqo-xumada. |
| Goryaan-ka-dilista | Waxaa ay yareysaa yaraanshaha nafaqada yaryar iyo cudurrada. |
| Dhiirrigelinta iyo taageeridda IYCF ugu fiican | Waxaa ay xaqiijisaa qaadashada nafaqada ugu fiican waxaa ayna gacan ka geysataa yareynta cudurrada/dhimashada carruurta iyo ku filnaan la'aanta nafaqada yaryar. Gacan ka geysata kobaca iyo horumarka iyo yareynta nafaqo-xumada ba'an iyo midda dabo-dheeraata. Sidoo kale gacan ka geysata caafimaadka hooyada. |
| Dhiirrigelinta iyo taageeridda daryeelka iyo nafaqada hooyada ee ugu fiican | Ka hortagta in hooyada ay nafaqo-yari ku dhacdo/ay ku filnaan waayaan nafaqada yaryar waxaa ayna yareysaa suurtagalnimada dhallaanka miisaankoodu hooseeyo. Gacan ka geysata joogteynta awoodda naas-nuujinta iyo xaqiijinta caano tayo sare leh. |
| Ka hortagga iyo maareynta jirrooyinka caamka ah (dhiigyaraanta, duumada, shuban-biyoodka, wareentada, iyo kala-azar halka ku habboon iwm.) | Waxaa ay gacan ka geystaan yareynta dhimashada iyo halista nafaqo-xumada. |
| Xoojinta/kobcinta nafaqada cuntada (Cuntada nafaqadeeda la xoojiyay iyo tan guriga lagu diyaariyo) iyo dhiirrigelinta kobcinta nafaqada cuntada ee habboon | Kordhisa tayada cuntada waxaa ayna yareysaa filnaansho la'aanta nafaqooyinka yaryar. Waxaa ay sidoo kale gacan ka geysataa beegsiga adag si loo gaaro kooxaha nugul sida haweenka gaarey da'da ilmo-dhalista ama waayeellada ah. |
| Korjoogteyn iyo ilaalo | Waxaa ay taageertaa go'aan-qaadashada barnaamijka waxayna xaqiijisaa fahamka ugu dambeeyay ee baahiyada iyo barnaamijyada lagu taageerayo qoondaynta kheyraadka. |

### 3.1.7 Goobaha hawlgallada barnaamijka IMAM

• Barnaamijka IMAM waa in uu noqdaa adeeg isku dhafan, tani ayaa waxaa loola jeedaa in la isku keenno adeegyada TSFP iyo OTP iyo in labadoodaba laga hirgaliyo xarumaha caafimaadka. Xaaladaha gaarka ah ee halka aan ka jirin xarun caafimaad, adeegyada TSFP iyo OTP waxaa laga hirgalin doonaa goobo la xushey. Dhammaan adeegyada nafaqada waa in la dhexgeliyaa xarumaha caafimaadka guud ee jira.

• Xarumaha caafimaadka waa in ay noqdaan kuwo si isku mid ah juqraafi ahaan loo baahiyay iyada oo la raacayo sida ay qabaan jaangooyooyinka hay'adda WHO, iyada oo ugu yaraan goobaha ay isku jiraan labada saacadood oo socod ah.

• Xarumaha caafimaadka waxaa lagu qeexaa in ay yihiin goobaha ay dowladda iyo bulshadu iska leeyihiin ee bixiya adeegyada lacag la'aanta ah. Xaaladaha qaarkood, u dhowaanshaha xarumaha ma-guurtada ah waxaa ay ku xirnaan doontaa cufnaanta dadka iyo kala firdhisanaanta juqraafi ee dadka la beegsanayo halka aan ku habboonayn shuruudaha masaafada socodka ee hay'adda WHO. Haddii OTP iyo TSFP aaney ku yaallin isla hal dhisme, waa in aysan ku yaallin meelo u kala dhaxeysa masaafo 3km.

• Waa in ugu yaraan degmo kasta ay leedahay hal xarun xasillin iyo ugu yaraan hal OTP/TSFP/ MCHN/BSFP isku-dhafan tuulo kasta. Waa in la ogaadaa in aan wanaagsaneyn ka-faa'ideystayaasha bukaan-socodka ah in lagu hayo xarunta xasillinta ilaa laga bixinayo.

• OTP iyo TSFP waa in laga hirgaliyaa dhammaan heerarka bixinta adeegga caafimaad ee Qaybta Caafimaadka Aasaasiga ah (PHU), Xarunta Caafimaadka (HC), Xarunta Caafimaadka ee Bukaanada loo soo gudbiyo (RHC), iyo cusbitaallada.

• Tuulo waxaa lagu qeexaa meel ay ku nool yihiin ugu yaraan (1000 qoys) oo labadii tuullana waa in ay u dhaxeyso ugu yaraan masaafo gaareysa 10km.

• Adeegyada guurguura waa in lagu bixiyaa tuullooyinka ku yaalla meel in ka badan u jirta 5km xarunta caafimaadka. Xarunta-dhexe ee kooxda guurguurta waa in ay noqotaa Xarun Xasillin ama rug caafimaad. Kooxaha guurguura waxaa ay ka qabtaan adeeg sifayn ah degaamada kooxda xarunta aysan awoodin in ay gaaraan.

• Waxqabadyada IYCF waa in had iyo jeer la dhexgeliyaa adeegyada OTP/TSFP.

• Dhammaan adeegyada OTP/TSFP waa in ay lahaadaan qaybta (CBW/CNW/CHW) adkeysiga bulshada.

• Dhammaan adeegyada nafaqada waa in la dhexgeliyaa adeegyada caafimaadka (adeegyada caafimaadka dhallaanka iyo hooyada).

### 3.1.8 Mabaadii'da hagaysa la-hawlgalayaasha fulinaya (IP):

• Awoodda isticmaalka xogta elektarooniga (geotagging) ah ee la-hawlgalayaasha fulinaya waa in la tixgeliyaa inta la sameynayo khariidadeynta xarumaha iyo la-hawlgalayaasha joogga goobaha juqraafi ee kala duwan.

• La-hawlgale fulinaya kasta ee tababarro u sameynaya shaqaalaha xarunta ku sugan ama mutadawaciinta bulshada waa in uu tababarka u qabtaa SAM iyo MAM.

• La-hawlgale kasta waa in uu ka qaybgalaa kullanada kutlada ee saddexdii-biloodba mar lagu qabto gudaha degaamadooda sida qayb ka mid ah karti-dhisidda, macluumaad wadaagidda, iyo lafogurista xaaladda ahaan.

• La-hawlgale kasta waa in uu raacaa jiheynta siyaasadda iyo mudnaanaha istiraatiijiga ah ee dalka.

• La-hawlgale kasta waa in uu heshiis iskaashi la galaa Wasaaradda Caafimaadka ka hor inta uusan barnaamijka bilaabin.

• La-hawlgale kasta waa in uu taageeraa nidaamyada dowladda ee jira, beddelkii u abuuri lahaa nidaamyo barbar socda oo dheeraad ah.

• Isticmaal qalabka jaango'an ee caadiga ah ee daaweynta iyo ka hortagga. La-hawlgalayaasha fulinaya oo dhan waa in ay adeegsadaan dhabbe-tusayaasha qaranka ee IMAM marka laga reebo xaaladaha gaarka ah ee ay tahay in lagala hadlo Wasaaradda Caafimaadka.

• Heerarka shaqaalaynta: Nidaamka shaqaaleynta ee dhammaan goobaha nafaqada waa in uu waafaqsan yahay dhabbe-tusayaasha IMAM ee qaranka.

## 3.2 Cunsurrada muhiimka u ah tayada barnaamijka

Hirgelinta barnaamijyada IMAM waxaa ay u baahan tahay cunsurro taxane ah si loo xaqiijiyo tayada iyo guusha. Cunsurradan qaarkood ayaa si gaar ah muhiim ugu ah xaaladda Soomaaliya. Mid kastoo ka mid ah waxaa loo baahan yahay in uu helo feejignaan taxaddar leh iyo u-heelnaan inta lagu guda jirro muddada barnaamijka. Cunsurrada ugu waaweyn waa:

**Is-dhexgalka** qaybaha kala duwan ee barnaamijka. Sidii horey loo sheegayba, marka laga reebo xaaladaha qaar, IMAM waa in uu noqdaa barnaamij isku-dhaf ah oo bixinaya adeegyada TSFP iyo OTP. Is-dhexgalka sidoo kale wuxuu ka kooban yahay gudbinta bukaannada laga gudbinayo hal heer daryeel iyadoo loo gudbinaya midka xiga (tus. min OTP ilaa SC), sidii loogu baahdo iyo iyada oo aan la kala goyn sii socodka daaweynta. Waxa kale oo ku jira isu-duwidda iyo isdhaafsiga macluumaadka si loola socdo oo loo sii wanaajiyo natiijooyinka barnaamijka. Barnaamijyada IMAM waa in sidoo kale intii suurtagal ah la dhexgaliyo adeegyada caafimaadka.

Abaabulidda bulshada, TSFP, OTP, iyo SC waxaa loo baahan yahay in loo fahmo sida qayabaha isla barnaamijka. Tani ayaa waxaa loo baahan yahay in si gaar ah xooga loo saaro marka xarumaha ay maareeyaan la-hawlgalayaasha fulinaya. Shirarka sida joogtada ah loo qabto iyo isdhaafsiga macluumaadka waa khasab.

**Tababarka** dhammaan shaqaalaha ku hawlan maareynta nafaqo-xumada ba'an ayaa ugu muhiimsan. Tani ayaa waxaa ka mid ah dhammaan heerarka shaqaalaha, laga bilaabo mutadawiciinta bulshada ilaa takhaatiirta cusbitaallada. Barnaamijyada IMAM ee Soomaaliya ka jira, weli lama dhexgelin manhajka tactiimeed. Sidaa daraaddeed, waa in uu tababar joogto ah jiraa si loo tababarro shaqaalaha cusub, loogu biirriyo wixii cusub, iyo si wax looga barto khibradaha.

**Kormeerka** ayaa muhiim u ah joogteynta iyo sii wanaajinta tayada barnaamijyada. Waxaa uu sidoo kale suurtagelinayaa in si degdeg ah looga falceliyo dhibaatooyinka gaar ah iyo la qabsashada xaaladaha isbeddelaya. Kormeerka waa in loo hirgeliyaa si nidaamsan oo waa in uu noqdaa fursad wax looga baranayo shaqadaada, beddelkii uu noqon lahaa baaris/kormeer lagu baarayo shaqooyinka oo kaliya.

Xaaladda Soomaaliya, tababarka iyo kormeerka badanaa waa wax adag, maadaama ay xaddidan tahay in ay tagaan shaqaalaha sare (gaar ahaan kuwa caalamiga ah) xarumaha. Siyaabo lagu tababarayo oo lagu kormeerayo oo hal-abuur leh ayaa loo baahan yahay in ujeeddadan loo sameeyo. Kuwani waxaa ay si ballaaaran ugu tiirsan yihiin tiknoolajiyadda war-isgaarsiinta – caadi ahaan looga heli karo heer degmo ama gobol qaybo badan oo ka mid ah Soomaaliya. Hababka qaarkood ee loo adeegsado Soomaaliya si loo taageero kormeerka barnaamijyada nafaqada waxaa ka mid ah:

• La-hawlgalaha oo warbixinta soo marsiinaya Nidaamka Macluumaadka Caafimaadka ee Degmada 2 (DHIS2) oo ah madal warbixin online ah, oo suurtagelinaysa in waqtiga dhabta ah ee loo baahan yahay in la helo istaatistika bilaha;

• Shaqaaleynta korjoogeyaal dhinac saddexaad ah (TPM) oo ka wakiil ah dowladda, Qaramada Midoobay, iyo hay'adaha fulinaya si ay korjoogteyn joogto ah ugu sameeyaan degaamada adag in la gaaro;

• Hawlgallo kormeer oo si wadajir ah loogu tagayo goobaha barnaamijka oo ay hoggaamineyso Wasaaradda Caafimaadka (MoH), oo lagu xaqiijinayo dadaallada wadajirka ah ee wax looga qabanayo xaalado kasta oo carqaladeyn karta adeeg-bixinta; iyo

• Diiwaangelinta sheekooyinka xiisaha leh oo ay ka mid tahay in sawirro laga qaado hawlaha barnaamijka ee muhiimka ah.

**Abaabulidda bulshada iyo baarista hore.**
Iyada oo aan la eegin sameynta barnaamijka IMAM, abaabulidda bulshada iyo baarista hore waa qaybaha ugu muhiimsan. Marka si habboon loo hirgeliyo, ayaa waxaa ay gacan ka geysan doonaan baaxadda uu gaarayo barnaamijka oo sii kordheysa waxaanna ay aqoonsan doonaan carruurta ku sugan marxaladda hore ee nafaqo-xumada ka hor inta aysan u gudbin noqoshada dhibaatooyin keeni kara dhimashada bukaanka haddii isaga/iyada aanan loo gudbin karin Xarunta Xasillinta. Abaabulidda bulshada ayaa sidoo kale gacan ka geysan doonta horumarinta xiriirrada wanaagsan iyo fahamka bulshada degaanka gudaheeda ah.

# QAAB DHISMEEDKA BARNAAMIJKA IMAM

Qaab dhismeedka barnaamijka Maareynta Isku-dhafan ee Nafaqo-xumada degdega ah (IMAM) ayaa muhiim u ah guushiisa. Hirgelinta barnaamijka IMAM ee heer kasta ayaa waxaa ay u baahan tahay maalgelin ku filan iyo hawlwadeenno u tababaran. Lama joogteyn karo barnaamijkan (sababo la xiriira nisbada shaqaalaha ee shaqada ka tagaya iyo natiijada “aqoonyahnada oo dalal kale u haajira”) ilaa iyo inta dhammaan machadyada bixiya tababarka adeegga ka hor ay uga darayaan nafaqo-xumada iyo maareynteeda manaahijtooda; ku lug lahaanshaha machadyada tacliimeed waa in ay had iyo jeer noqoto qayb istiraatiijiyadda ka mid ah.

## 1. HEER QARAN

Wasaaradda Caafimaadka/Waaxda Nafaqada ee Qaranka (NND) waa in ay:

• Dejiso istiraatiijiyadda iyo jaangooyooyinka;

• Sameyso oo ay faafiso siyaasadaha, istiraatiijiyadaha, habraacyada, qalabka iyo dhabbe-tusayaasha nafaqada ee qaranka;

• Qabanqaabiso tababarka tababarayaasha;

• Qabanqaabiso xarunta dhexe ee dalabka, kaydinta, iyo qaybinta agabka dheeriga ah iyo kuwa lagu daaweeyo;

• Sameyso habab loogu talogalay in lagu fududeeyo isuduwidda Sarkaalka Nafaqada (cidda u qaabilsan) laga soo bilaabo Qaranka, Gobolka iyo ilaa kan Degmada si loo dhexgeliyo barnaamijka IMAM waxqabadyada kale ee caafimaadka;

• Sameyso iskaashi wax-ku-ool ah oo u dhaxeeya adeegyada daaweynta iyo ka hortagga iyo adeegyada caafimaadka dadweynaha marka loo eego IMAM oo waana in ay isku daydo in ay IMAM dhexgeliso IMCI;

• Hubiso daadajinta daryeelka bukaan-jiifka (SC) intii suurtagalka ah, ma aha oo kaliya cusbitaalka gobolka;

• Siiso xeerarka lagu adeegsanayo xarumaha IMAM degmo kasta oo ah qaab jaango’an isla markaana waa in ay joogteyso diiwaanka dhammaan xarumaha bixinaya adeegyada IMAM (SAM iyo MAM);

• Isku ururiso dhammaan xogta degmooyinka, gudbiso oo ku darto heerka degmada Nidaamka Macluumaadka Caafimaadka ee Degmada / DHIS2;

• Xiriir wada-shaqayneed la yeelataa Wasaaradda Waxbrashada si loo xaqiijiyo in tababarka IMAM lagu daro manaahijta Caafimaadka, Nafaqada, iyo Iskuullada Kalkaaliyayaasha Caafimaad;

• Sameyso qorsheyaal ku-talogal ah iyo urur loogu talogaley war-isgaarsiinta, isuduwidda, korjoogteynta, iyo hirgelinta haddii qalalaaso ama xaalad nafaqo degdeg ah ay dhacaan (badanaa sida qayb ka mid ah qorshaha diyaar-garowga Musiibooyinka Qaran); iyo

• Marka xaalad degdeg ah lagu dhawaaqo ama la filayo, ama halka xaaladda nafaqada dadka la filayo in ay si degdeg ah isku beddesho, hubisaa in warbixinnada toddobaadlaha ah ee tirada bukaannada qaba Nafaqo-xumada Aadka u Ba’an (SAM) iyo Nafaqo-xumada Ba’an nooceeda Dhexdhexaadka ah (MAM) in loo gudbiyo Nidaamka Ilaalinta Xaaladaha Degdegga ah ee Qaranka (*National Emergency Surveillance System*.)

## 2. HEER GOBOL

### 2.1 Sarkaalka Nafaqada ee Gobolka (RNO)

**1. Waxqabadyada**

• Waxaa uu mas’uul ka yahay dhammaan barnaamijyada nafaqada ee gobolka isagoo hoos imaanaya Madaxa Qaybta Nafaqada ee heerka qaranl;

• sarkaalka waa in uu qorsheeyo, hirgeliyo, abaabulo, ama kantaroollo barnaamijka IMAM ee degmada gudaheeda ah. Degmo kasta waa in uu joogaa hal qof oo ka mas’uul ah nafaqada (sarkaalka nafaqada) sidaa awgeed barta laga kantaroolo ama laga abaabulo ayaa u dhowaaneysa Xarunta Xasillinta ugu weyn oo waa in ay u jirto meel gaadiidka ay u soconayaan muddo aan ka badneyn afar saacadood (ugu badnaan) marka laga soo tago goobta OTP iyo SFC ee ugu fog; iyo

• Sarkaalku waxa uu masuul ka yahay abaabulka guud ee barnaamijka degmada ka jira: tababarka shaqada gudaheeda lagu qaato, kormeerka, korjoogteynta iyo qiimeynta, maamulka agabka dheeriga ah iyo kuwa daaweynta iyo daawooyinka joogtada ah ee heerka OTP, iyo isuduwidda xarumaha bukaan-jiifka ee heerka degmo.

# 3. HEER DEGMO

## 3.1 Sarkaalka Nafaqada ee Degmada (DNO)

**1. Shuruudaha hore ee laga rabo**

Takhtar, kalkaaliye caafimaad oo sare, ama nafaqo-yaqaan sare oo u tababaran hab-dhaqanka iyo aragtida IMAM lehna xirfadaha abaabulka, war-isgaarsiinta, iyo xiriirinta dadka si ay xog u wadaagaan.

**2. Waxqabadyada**

• Waajibaadkiisa/keeda ee ugu weyn waa in uu qayb ka noqdo Kooxda Maareynta Caafimaadka ee Degmada (DHMT) iyo in uu isuduwo barnaamijka IMAM iyo kuwa ka mas'uulka ah waxqabadyada iyo barnaamijyada kale ee caafimaadka ee ka jira degmada gudaheeda: EPI, IMCI, TB, HIV, MCH, tirakoobka iyo Qiimeynta iyo Nidaamyada Macluumaadka Caafimaadka ee wasaaradda gudaheeda ah;

• In uu abaabulo shir/kullan labadii sannaba mar la qabto oo heer degmo ah oo lala yeelanayo dhammaan kuwa ku lugta leh barnaamijka IMAM ee degmada, gaar ahaan ay ka mid yihiin hoggaamiyeyaasha bulshada iyo wakiil ka socda Waaxda Nafaqada ee heer qaran;

• Kullankan waxaa lagu soo bandhigaa warbixinta labadii sannaba mar la diyaariyo (ee uu qoro Sarkaalka Nafaqada Degmada kana kooban warbixinnada billaha ee mideyssan ee leh guudmarka horumarka barnaamijka, dhibaatooyinka iyo caqabadaha la wajahay, miisaaniyadda, iyo sahanka/xog baaris, iwm.);

• In uu abaabulo shirarka/kullanada isuduwidda billaha ee heer degmo ee lala yeesho kormeerayaasha OTP, SFC iyo SC (warbixinno, saadka agabka daaweynta, daawooyin);

• In uu qiimeeyo baahiyada barnaamijka iyo in uu sameeyo qabanqaabada soo-iibsigooda;

• Hubinta helitaanka gaadiid iyo shidaal si ay u suurtagasho in ay si joogto ah u dhacaan kormeerka iyo shirarka;

• In uu hubiyo habsami u socodka agabka daaweynta iyo kuwa dheeriga ah ee ka imaanaya xarunta ee la keenayo degmada, kaydka heer degmo, ka soo qaadidda degmada iyo keenista goobaha OTP (HC) iyo SFC, iyo keenista SC;

• Marka OTP ama SFC cusub la furo, waa in uu hubiyaa in laga heli karo waxyaabaha sida (qalabka, RUTF, RUSF, daawooyin, iwm.) oo dhan;

• In uu hubiyo hababka 1) si ammaan ah looga soo wareejinayo bukaannada OTP laguna keenayo si ammaan ah SC iyo 2) in la sameeyo habab loogu talogalay macluumaadka ku saabsan shaqsiyaadka la wareejiyay in la gaarsiiyay xarunta qaabileysa ama loo wareejiyay (telefoon);

• Hubinta joogtada ah (bil kasta) ee kormeerka tayada Adeegga ay bixiyeen dhammaan xarumaha (SC iyo OTP,iyo goobaha SFP) ee degmada gudaheeda ah;

• Xaqiijinta isuduwid wanaagsan oo u dhaxeysa SC (cusbitaalka) iyo OTP iyo midda u dhaxeysa OTP iyo goobaha SFC;

• In uu baaro oo uu saxo dhibaatooyin kasta ee lagu ogaado kormeerka (iyadoo la adeegsanayo liiska hubinta) lagu sameeyo SC, OTPs, SFP, xarumaha kaydka, kaydkaRUTF RUSF iyo saadka (shaxo, diiwaanno iwm.);

• In uu ogaado gaar ahaan tuulooyinka nugul ee u baahan taageerro dheeraadka ah;

• In uu dib wax uga beddelo xarumaha OTP & SFC, in shaqaalaha shaqo kale loo magacaabo iyo in sida loogu baahdo u furo ama u xiro goobaha OTPs & SFC (Iyadoo la raacayo sida ku cad warbixinnada iyo xogta baarista);

• In sida loogu baahdo u qabto tababarka shaqada gudaheeda lagu qabto iyo in uu tababaro dhammaan shaqaalaha cusub ee la magacaabey;

• In uu dejiyo qorsheyaal ku-talogal ah oo lagu dhaqaaqayo haddii ay xaalad degdeg ah ay dhacdo;

• In uu diiwaangeliyo oo summad siiyo xarun kasta oo degmada ku taalla sida ay oggolaatey Wasaaradda Caafimaadka (Waaxda Nafaqada) oo markaa ka-dibna uu u gudbiyo diiwaangelinta heer gobol/qaran;

• In uu sameeyo liiska maalinta la-talinta ee goobaha OTP & TSFP kasta ee degmada oo leh magaca iyo lambarada telefoonnada lagala xiriiro dadka ka mas'uulka ah iyo in uu liiskan gaarsiiyo dhammaan goobaha IMAM;

• In uu xaqiijiyo xarun kasta oo IMAM ah in ay dhammeystirto warbixinteeda billaha ah;

• In uu isugeeyo warbixinnada Billaha ee OPT iyo SC (isaga oo kaashanaya Saraakiisha Macluumaadka iyo tirakoob ee Degmada) iyo in uu u gudbiyo waqtiga ku habboon DMO iyo DHMT;

• In uu isugeeyo, lafoguro, ka-dibna uu khariidadeeyo warqadaha/foomamka ay ku qoran yihiin tirooyinka baarista (isaga oo kaashanaya qofka u qaabilsan Degmada Horumarinta Reer Miyiga) si loo go'aamiyo heerka iyo isbeddelka xaaladda nafaqo ee heer tuulo iyo in isla-markaana jawaabcelin la siiyo kormeerayaasha goobaha OTP iyo SFC;

• In uu Xafiiska Waaxda ee gobolka u gudbiyo waqtigii loo baahnaa warbixinta shaqsi ee billaha ah iyo isugeynta warbixinnada;

• In uu hirgeliyo istiraatiijiyadda abaabulidda bulshada; iyo

• In uu fududeeyo waxqabadyada shaqaalaha adeeg gaarsiinta qaabilsan.

# KAALINTA BULSHADA EE IMAM

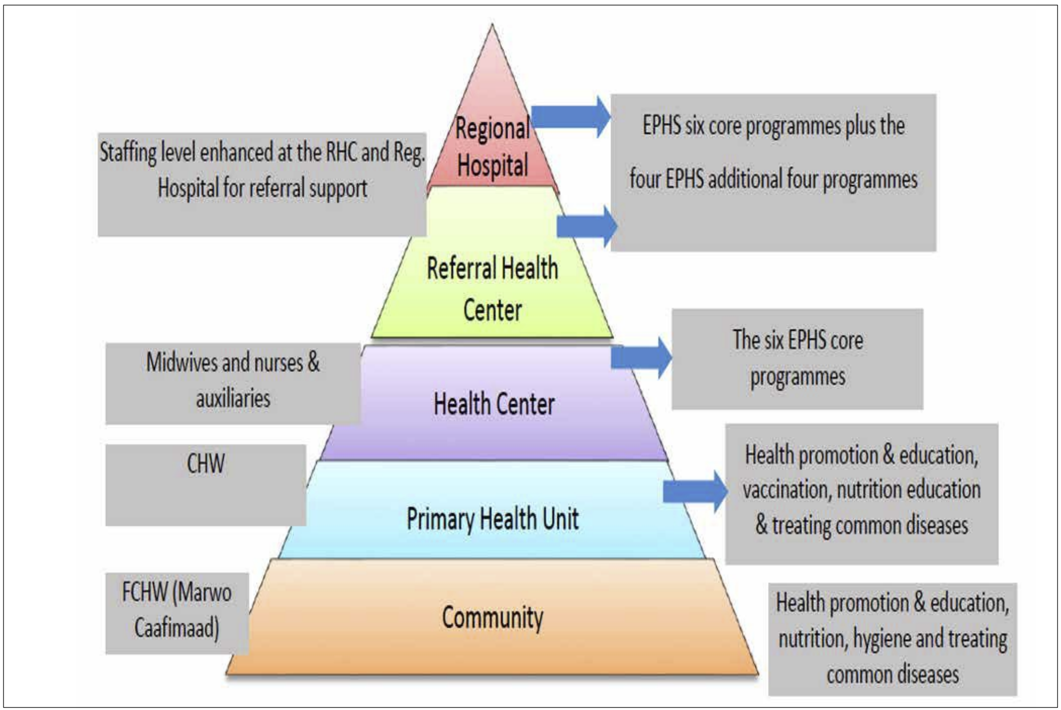
## 1. GUUDMARKA

Sannadkii 2015, Soomaaliya waxaa ay taageertay "Istiraatiijiyadda Caafimaadka Bulshada Soomaaliyeed"[4] taas oo la diyaariyey iyada oo lala tashanayo dhammaan shaqo wadaagta iyo daneeyayaaasha. Ujeeddada istiraatiijiga ah waa in la bixiyo xirmo adeegyo caafimaad, nafaqo, iyo nadaafad/fayodhawr bulshada ku dhisan, iyada oo diiradda la saarayo haweenka iyo carruurta saboolka ah.

Istiraatiijiyadda waxaa ay bixisaa aragtida iyo jihada qeexan ee loogu talogaley hirgelinta adeegyada caafimaad ee bulshada ku saleysan. Waxaa diiradda lagu saarayaa jaangoynta iyo kor-u-qaadista adeegyada caafimaad ee bulshada ku saleysan kuwaas oo ay bixiyeen kaadirro fara badan oo ka mid ah shaqaalaha caafimaadka bulshada iyo xaqiijinta tayada adeegyada lagu bixiyay afaafka hore ee albaabbada guryaha dadka Soomaaliyeed.

Istiraatiijiyadda caafimaadka bulshada ayaa qaadatey qaabka dabagalka isbarbar socda si loo xoojiyo nidaamka caafimaad iyada oo lagu saleynayo nidaamka caafimaad ee jira - gaar ahaan Xarumaha Caafimaadka iyo Qaybaha Caafimaadka ee Aasaasiga ah (PHUs) ee hirgelinaya Xirmada Aasaasiga ah ee Adeegyada Caafimaadka (EPHS) – iyo ku daridda heer dheeraad ah nidaamka caafimaad ee heer bulsho/qoys.

Marxaladda koowaad ee hirgelinta istiraatiijiyadda caafimaadka bulshada ayaa ahayd sababeynta iyo jaangoynta labada kaadirro ee caafimaadka bulshada oo ay ka mid tahay dib-u-eegis aad u yar oo lagu sameeyay doorka Shaqaalaha Caafimaadka Bulshada (CHW) ee Qaybta Caafimaadka Aasaasiga ah (PHU) iyo Shaqaalaha Caafimaadka Haweenka ah ee bulshada ku saleysan (FHW) ee bixinaya xirmada adeegyada caafimaadka (caafimaad, nafaqo, iyo fayodhawrka biyaha) ee isku dhafan. Dhabbe-tusahan waa in uu qaato hagidda istiraatiijiga ah ee istiraatiijiyadda caafimaadka bulshada iyada oo loo isticmaalayo Shaqaalaha Caafimaadka Haweenka ah waxqabadyada heer qoys iyo Shaqaalaha Caafimaadka Bulshada wacyigelinta iyo abaabulidda bulshada.



# 2. KU-LUG-LAHAANSHAHA BULSHADA

## 2.1. Heer qaran

Waaxda nafaqada waa in ay la qorsheyso waaxaha kale ee caafimaadka bulshada sida loo diyaarinayo barnaamijka bulshada ee loogu talogalay waxqabadyada SAM iyo MAM. Kuwan waa in ay ahaadaan kuwo ay iska kaashadaan adeegyada tallaalka, IMCI-bulshada, Maareynta Xaaladda ee Bulshada (CCM), adeegyada caafimaadka hooyada iyo dhallaanka, Fayadhowrka Bulshadu ay Hoggaamiso (CLTS), iyo taageerada naas-nuujinta iyo sidoo kale barnaamijyo sida barnaamijyada sugnaanta cuntada, beeraha, amaahda fudud iyo kuwa dakhli soosaarista. Qaybahan dambe ee abaabulidda bulshada ayaa ka baxsan baaxadda borotokoolkan. Wasaaradda Caafimaadka iyo Adeegyada bulshada ee Dowladda Federaalka ee Soomaaliya waxaa ay hiigsaneysaa in ay xoojiso gaar ahaan Barnaamijka Shaqaalaha Caafimaadka Haweenka iyo nidaamyada caafimaadka bulshada guud ahaan iyadoo dhiseysa shaqaalaha caafimaadka bulshada, guddiyada caafimaadka bulshada, guddiyada xarumaha caafimaadka, iyo iyada oo adeegsanaysa shabakadaha kale ee bulshada.

### 2.1.1. Waaxda Nafaqada ee Qaran (NND) waa in ay:

1. Soosaarto waxyaabo maqal iyo muuqaal ah oo kaaba fahamka iyo warqado daabacan (tijaabo ka-dib) lagu dhejin doono goobaha muhiimka ah oo waa in ay qabanqaabiso dooddo, wadatashi iyo xayaysiin laga baahinayo Warbaahinta qaranka (raadiyaha iyo telefishanka);
2. Soosaarto agab loogu talogalay shaqaalaha Caafimaadka Haweenka ah oo loogu talogalay baarista firfircoon ee bulshada gudaheeda (waraaqaha baarista, xargaha Cabbirka Wareegga Bartamaha Garabka Kore (MUAC) iwm.);
3. U isticmaasho shaqaalaha caafimaadka bulshada abaabulidda bulshada, wacyigelinta iyo doodidda heerarka bulshada iyo baarista nafaqada bulshada halkaas oo shaqaale caafimaad oo Haween ah aan joogin.
4. Maareeyaha adeegyada caafimaadka ee gobolka la qorsheyso qaabka abaabulka bulshada si loo fududeeyo isuduwidda heer degmo ee gudaha DHMT. Cidda qaabilsan horumarinta reer miyiga iyo DNO ayaa mas'uul ka noqon kara abaabulidda bulshada ee gudaha DHMT;
5. Jaangoyso qaddarka iyo hababka lagu aqoonsanayo lacagta dhiirrigelinta ah iyo mushaaraadka shaqaalaha bulshada iyo mutadawiciinta, oo waa in ay xaqiijiso in uusan jirin farqi ama "tartan" u dhaxeeya barnaamijyada ama hay'adaha kala duwan ee fulinta;
6. Jaangoyso tababarka tababarayaasha (IMAM, baarista firfircoon, Waxqabadka Nafaqada Aasaasiga ah, Dedaalka Bulshada ee Naas-nuujinta, kooxda iskuxirka hooyooyinka, iwm.); iyo
7. Ka shaqeyso isuduwidda heerarka gobolka iyo degmada ee dhexgelinta baarista firfircoon iyo dabagalka bukaannada/carruurta joojisey daaweynta loo qoray ee heerka bulshada ee gudaha cutubka tababarka tababarayaasha.

## 2.2. Maamullada Caafimaadka ee Dowlad-goboleedka:

- Waxaa ay mas'uul ka yihiin qorshe hawleedka dowlad-goboleedyadooda;
- Taageeridda maareynta hawlgallada ee xafiisyada caafimaad ee heer gobol;
- Isuduwidda qabanqaabada hirgelinta barnaamijka ee gobolladooda iyo degmooyinkooda;
- Kormeerka shaqooyinka kooxda maareynta caafimaadka gobolka ee goboladooda; iyo
- Isugeynta macluumaadka caafimaadka bulshada iyo nafaqada ee gobolladooda iyo degmooyinkooda.

## 2.3. Heer Degmo/Gobol

- Baaritaanka firfircoon waa in uu hoos imaanayo sarkaalka caafimaadka gobolka, oo uu soo abaabuley Sarkaalka Nafaqada Gobolka/ Degmada/ Cidda Qaabilsan oo waa in ay ku lug leeyihiin dhammaan waaxaha la xiriira barnaamijyada caafimaadka iyo nafaqada si loo xaqiijiyo isuduwidda si barnaamijyada gaarista kala duwan aysan u tartamin ama uga tan badan shaqaalaha tuullada. Tababarka tababareyaasha ee ku saabsan baarista firfircoon, waxbarashada nafaqada shaqaalaha gaarista iyo/ama mutadawiciinta waa in la gaarsiiyo heer degmo dhammaan kalkaaliyayaasha caafimaadka xarumaha caafimaadka ee ka mas'uulka ah abaabulka bulshada. Inta jeer ee la qabanayo baarista firfircoon waa in la isuduwo iyada oo la kaashanayo kooxda maamulka caafimaadka gobolka oo ay ku jiraan cidda qaabilsan/sarkaalka nafaqada/caafimaadka ee degmada.

Xogta baarista waa in la isugugeeyo heer degmo ahaan iyada oo la raacayo hagidda RHO si loo go'aamiyo:

- Heerka iyo isbeddelka xaaladda nafaqo ee heer tuullo iyo guud ahaan degmada; iyo
- Ku kalsoonaanta xogta la ururiyey.

Baarista firfircoon ee SAM iyo MAM waa in sidoo kale lala abaabulo tallaalka heerka bulshada, ololayaasha qeybinta fitamiin A, toddobaadyada/maalmaha caafimaadka carruurta, toddobaadyada/maalmaha caafimaadka dhallaanka iyo hooyada.

4 Laga soo qaatey: 'Istiraatiijiyadda Caafimaadka ee Bulshada Soomaaliyeed"- Adeegyaca Caafimaadka ee lagu bixiyo albaabka Bulshada Soomaaliyeed. Wasaaradda Caafimaadka, Dowladda Federaalka ee Soomaaliya, Wasaaradda Caafimaadka, Puntland, iyo Wasaaradda Caafimaadka, Somaliland. Abriil 2015

## 2.4. Heerka xarunta caafimaadka iyo heerka Bulshada

### 2.4.1. Heerka xarunta caafimaadka

Kalkaaliyaha caafimaad ee ka mas'uulka ah Xarunta Caafimaadka/OTP ayaa inta badan ka mas'uul ah:

• Xulashada shaqaalaha gaarista ee DHMT;

• Isuduwidda shaqaalaha caafimaadka bulshada iyo/ama shaqaalaha caafimaadka haweenka ah ee loogu talogalay waxqabadyada gaarista bishiiba mar;

• Tababarka shaqaalaha caafimaadka bulshada iyo/ama shaqaalaha Caafimaadka Haweenka ah ee loogu talogalay adeegyada gaarista si ay u sameeyaan baarista firfircoon iyaga oo adeegsanaya xargaha Cabbirka Wareegga Bartamaha cududa sare ee gacanta (MUAC) iyo baarista loogu talogalay bararka laba-geesoodka ah iyo la socoshada bukaannadakabaxsaday daaweynta loo qoray ee barnaamijka iyo in waxqabadyadan la dhexgeliyo waxqabadyada kale ee bulshada ku saleysan (EPI, IMCI-ga bulshada, adeegga ummuliso, CCM, CLTS, iwm.). Manhajka tababarka waa in loo diyaariyaa qaran ahaan;

• In uu bil kasta la kulmo shaqaalaha caafimaadka bulshada iyo/ama shaqaalaha Caafimaadka Haweenka ah ee ka shaqeeya gaarsiinta iyo hawlaha kale ee joogtada ah si uu u soo uruuriyo macluumaadka bulshada oo uu wax uga qabta dhibaatooyin kasta ee soo baxa.

Shuruudaha shaqaaleynta/geynta dhammaan shaqaalaha Caafimaadka Haweenka ah/kuwa bulshada ee ay taageeraan barnaamijyada kala duwan waa in ay ahaadaan kuwo isku mid ah oo heer qaran lagu go'aamiyey. Tirada tuullooyinka iyo inta goor ee booqashooyinku ay dhacaan waxaa xaddida dhaqaalaha barnaamijka. Waa in inay jiraan dhaqaale sugan ugu yaraan laba sano loogu talogalay shaqaale CHW/FHW kasta.

Faa'iidada ay leedahay in lacago lagu siiyo shaqaalaha caafimaadka bulshada iyo/ama shaqaalaha Caafimaadka Haweenka ah adeegyada gaarsiinta waa in baaristu waa inay noqotaa mid aad u abaabulan, shaqaduna ay tahay mid joogto ah, waxaa laga yaabaa in ay barnaamijka ku negaadaan oo shaqadoodu u arkaan mid mudnaan leh.

Haddii lacag-bixin kaash ah aysan macquul ahayn, ama haddii barnaamijka uu ku tiirsan yahay mutadawiciin, dhaqaalaha ayaa loogu baahan yahay tababarro joogto ah(oo leh gunnooyin socdaal iyo nolol maalmeed) iyo magdhowga waqtiga iyo shidaalka ku baxay barnaamijka si loo joogteeyo dhiirrigelinta.

### 2.4.2. Waxqabadyada gaarsiinta adeegyada

1. Tuulooyinka u jira in ka badan 5 km (ama 2 saacadood oo socod ah) goobta barnaamijka OTP, ayaa aad u yar in ay u hoggaansamaan daaweynta marka loo eego tuulooyinka u dhow goobta OTP – "Aagga adeegga uu gaaro." Tuulooyinkan aadka u fog waa in la baaro oo cidda tuulada qaabilsan (mutadawac ah) la baraa sida loo baaro carruurta. Ku tiirsan helitaanka iyo tirooyinka carruurta SAM ee ku nool tuulooyinka fog fog oo waa in ay jiraan booqashooyin jadwaleysan (toddobaadle ah) oo uu bixiyo kaaliye kalkaaliye caafimaad oo ka socda OTP (tusaale ahaan ugu tago mooto), bixinta koox guurguurta, ama furitaanka goob OTP cusub.

2. Meesha aanu lahayn xarumo caafimaad, goobaha barnaamijka waa in laga hirgeliyaa meel aad ugu dhow tuulooyinka gudahooda oo ku xiran inta badan cabaqadaha saadka.

#### 2.4.2.1. Shaqaalaha Caafimaadka Haweenka ah/Kuwa Bulshada (Waxqabadyada Gaarsiinta)

Shaqaalaha caafimaadka haweenka ah/bulshada waxaa loo shaqaaleeyaa si joogto ah si ay ugu tagaan bulshooyinka waxqabadyada gaarsiinta. Halka ay ka jiraan mutadawiciin tuulo waxaa ay xiriir wada-shaqeyn la yeelanayaan cidda qaabilsan tuulada, si ay u kormeeraan waxqabadyadooda, oo ay u taageeraan. Halka aanu lahayn mutadawiciin tuulo/cidda qaabilsan tuulada waxaa iyaga laf-ahaantooda ay qabanayaan waxqabadyada baarista, la-socoshada, iyo waxqabayda kale ee gaarsiinta.

**Shuruudaha hore ee la rabo**

1- Waa in uu noqdaa qof daacad ah oo ay aaminsan tahay bulshada;

2- Ragga iyo haweenkaba waa in la soo xulaa (iyada oo loo eexanayo haweenka);

3- Waa in uu noqdaa qof leh rabitaan dhab ah oo waxtar u leh Bulshada.

4- Awooda akhriska iyo qoraalka waa faa'iido gaar ah, balse ma aha wax gabi ahaanba lama huraan ah.

**Iyada/isaga waa in ay**

• Ku wacyigeliyaan bulshada barnaamijka ka hor iyo inta lagu guda jiro hirgelintiisa oo waa in ay oggolaansho ka haysaan bulshada;

• Muddo kadib mar ay booqdaan tuulada ama kooxda tuulooyinka ee agga uu gaaro adeegga OTP. Booqdaan tuulooyinka u muuqda in ay dhibaato ka jirta (bukaanno fara badan ay joojiyeen daaweyntii loo qorey, heerka kororka miisaanka oo hooseeya, iwm.) ama marka laga codsado inta lagu guda jiro kullanka bilaha ama marka qofka u qaabilsan tuulada uu u yimaado, kaltan ahaan, si uu u caawiyo OTP oo u qoro mutadawiciin;

• Ku wargeliyaan hoggaamiyeyaasha bulshada, xirfad-yaqaannada caafimaadka casriga ah iyo kuwa dhaqanka, xubnaha kale ee bulshada rayidka ah, iyo ururrada maxalliga ah iyo ujeeddada barnaamijka iyo ku-lug-lahaanshahooda dabiiciga ah;

• Isticmaalaan war-isgaarsiinta rasmiga ah iyo midda aan rasmiga aheyn si ay ugu wargeliyaan bulshada nafaqo-xumada iyo hab-dhaqannada wanaagsan ee nafaqada iyaga oo tixgelinaya heerarka akhris-qoraalka, cidda daryeelaysa carruurta, cidda go'aaminaysa isticmaalka kheyraadka gudaha qoyska (ninka, soddohda, iwm.), iyo aaminsanaanta gudaha bulshada ee ku saabsan nafaqo-xumada iyo sidoo kale hab-dhaqankooda caafimaad raadinta ee caadiga ah;

• Shaqaaleysiin mutadawiciin, gaar ahaan meesha shaqada ay culus tahay oo bulshaduna ay sabool tahay. Hase-yeeshee, mutadawiciin ku habboon ayaa laga yaabaa in aan la heli karin;

• La shaqeeyaan mutadawiciinta bulshada oo ay ururiyaan waraaqaha tirooyinka baarista, eegaan baaris kasta, iyo in ay sameeyaan la-socosho kasta iyo booqashooyinka guri ee loo baahan yahay;

• La hubiyaan odayaasha tuulada si ay u joogteeyaan ku-lug-lahaanshadooda barnaamijka iyo in ay bixiyaan jawaabcelin ku saabsan barnaamijk

• Booqdaan bukaanada kabaxsaday daaweyntii loo qorey si ay u helaan cabashooyin kasta ee ku saabsan barnaamijka, sababaha keenay joojinta (barnaamijka waa mid mudnaan hoose u leh qoyska, cunuga dhintey ama guurey, iwm.) iyo go'aaminta natiijada bukaannada;

• Sameeyaan booqashooyin ay guryaha ugu tagaan carruurta aysan waxba u tarin daaweynta;

• Joogteeyaan xiriirka adag ee u dhaxeeya xarunta caafimadka/OTP iyo hoggaamiyeyaasha tuulada, mutadawiciinta tuulada, iyo shaqaalaha kale ee bulshada; iyo

• Isuduwaan oo ay iskaashi la yeeshaan barnaamijyada iyo hay'adaha kala duwan, gaar ahaan, nooca iyo qiimaha dhiirigelinta la bixiyey (socdaal, gunno cunto, telefoon iyo kaar, dhar, cunto, lacag, iwm.) iyo gunnooyinka socdaalka iyo nolol maalmeed loogu talogalay ka-qaybgalka tababarka/shirarka.

### 2.4.2.2. Mutadawac

Mutadawac waa qof bulshada dhexdeeda ku dhex nool oo raba in uu waqti ku bixiyo bixinta adeegyada dariskooda isaga oo aan si rasmi ah u shaqeyn ama mushahaar ku qaadan. Magdhowga ayaa lagu siin karaa deeq ama/iyo tababar joogto ah. Dalal badan waxaa ay leeyihiin gunno yar oo la gundhigey oo loogu talogalay mutadawiciinta si ay ugu negaadaan oo isla markaana si aad ah loogala xisaabtamo natiijooyinka.

**Xulashada mutadawaca**

• Iyada/isaga waxaa soo xulan kara bulshada lafteeda, shaqaalaha gaarista, ama waxaa si toos ah u soo xuli kara kalkaaliyaha caafimaad degaanka ka mas'uulka ah.

• Dhibaatooyinka ugu waaweyn ee barnaamijka ku dhisan mutadawiciinta waa: 1) xulashada mutadawiciin ka wakiil ah bulshooyinkooda; 2) bixinta taageero dad ku filan; 3) joogteynta dhiirrigelintooda; iyo 4) in mutadawiciin laga helo bulshooyinka ugu saboolsan halkaas oo inta badan loogu baahan yahay iyo gudashada hawl qabadkooda xilliyada loogu dhib badan yahay goortaasi oo inta badan loo baahan yahay.

• Mutadawiciinta caadi ahaan waa kuwo iskooda isku soo xula. Hase-yeeshee, waa muhiim in bulshada lafteeda ay soo xulato oo ayna oggolaato mutadawiciinta. Dhibaatada ugu badan waa in bulshooyinka ay soo xushaan rag iyo dadka qaraabada la ah hoggaamiyeyaasha bulshada.

• Marka barnaamijka uu shaqeeyo, hooyooyinka ku guuleystay daaweynta carruurtooda nafaqa-xumada haysey oo sidoo kale buuxiyey shuruudaha xulashada waa in lagu casuumaa in ay mutadawacnimo ku shaqeeyaan. Hooyooyinkan soo marey barnaamijka, oo ay isku dabaqad bulsho-dhaqaale yihiin xaaladaha cusub, ayaa si gaar ah loogu kalsoonaan karaa waxaa ayna awoodaan in ay la xiriiraan oo ay hagaan daryeelayaasha cusub oo waxaa ay heli karaan macluumaadka (tusaale ahaan sababaha ay uga baxsadaandaaweynta) kuwa kale laga yaabo in aysan wayddiin. Waxaa muhiim ah in la shaqaaleeyo shaqaale caafimaadka gaarsiiya si ay booqasho joogto ah ugu tagaan oo ay u taageeraan shabakada mutadawaciinta.

• Mutadawiciintii horey u jiray ee loo tababarey arrimaha kale ee dhiirrigelinta caafimaadka badanaa waxaa ay sumcad ku dhex leeyihiin bulshada iyo dadka tuulooyinka degan waxaa caado loo leeyahay in kaalmo laga raadsado.

• Si kastaba ha noqotee, waa in aanan marnaba culeys badan la saarin. Qaddarka waqtiga ay u huri karaan mutadawacnimada wuu xaddidan yahay. Waxaa inta badan lagama maarmaan ah in la qoro mutadawiciin dheeraad ah si ay u wadaagaan culeyska shaqada waxaa ayna u wada shaqeyn karaan koox ahaan. Mutadawiciinta tuulada ee jira waxaa ay fursad wanaagsan u haystaan aqoonsashada mutadawiciinta cusub.

• Ummulisooyinka bulshada ayaa sidoo kale loo adeegsan karaa shaqaaleynta, tababarka, iyo la socoshada mutadawiciinta. Ma jiro xad u gaar ah tirooyinka mutadawiciinta tuulada joogi kara, balse waa in ay noqdaan kuwo abaabulan oo iskaashi uu ka dhaxeeyo.

**U-kuurgelidda bulshada**

U-kuurgelidda bulshada[5] waa tallaabada koowaad ee horumarinta waxqabadyada ka qaybgelidda bulshada. Waa geeddi-socod cilmi-baaris iyo barasho kaas oo horseeda fahamka dhaqdhaqaaqa bulshada, kuwaas oo saameyn kara iyo/ama raad ku yeelan kara qaadashada iyo helidda barnaamijka IMAM. U-kuurgelidda bulshada waxaa ay la halmaashaa ururinta iyo lafogurista xogta oo ay ka mid tahay, balse aan ku koobneyn, haybsashada dadka iyo dhaqan-bulsho, abaabulka bulshada iyo kanaalada war-isgaarsiinta, hawlwadeennada bulshada, fahamka degaanka ee laga haysto nafaqo-xumada, aragtida degaanka laga aaminsan yahay barnaamijyada ka hortagga iyo daaweynta nafaqada, iyo istiraatiijiyado kastoo ka-qaybgelka bulsho ee jira. Marka la dhammeeyo, u-kuurgelidda bulshada waa in ay horseedo in si xeeldheer looga baraandego hawlaha ka-qaybgelka bulshada, iyada oo si dhaqso ah loogu dabaqayo cilmi-baarista iyo barashada qorsheynta barnaamijka.

Ujeeddooyinka u-guurgelidda bulshada way badan yihiin waxaana ka mid ah:

o Sahaminta nidaamyada, qaab-dhismeedyada, iyo daneeyayaasha bulshada oo suurtagal ah in loo adeegsado ka-qaybgalka bulshada;

o Fahamidda aqoonta iyo aragtida bulshada, iyo hab-dhaqannada ku saabsan nafaqo-xumada degdega ah ee carruurnimada iyo cudurrada kale (kala-soocidda cudurrada

degaanka iyo erey-bixinta, fikirka ay ka haystaan xagga adeegyada caafimaadka rasmiga ah, iyo wadiiqooyinka kale ee daaweynta sida la-tashiga daaweeyayaasha dhaqanka iyo iskaa isku daaweynta);

o Fahamka aragtida ay bulshada ka haysato adeegyada IMAM (dadka la beegsado, shuruudaha diiwaan galinta iyo ka saaridda xarumaha daaweynta, daaweynta la siiyo, iwm.);

o U-kuurgelida isla-haanshaha/kala-duwanaanta bulshada marka laga eego luuqadda, qowmiyadda, diinta, siyaasadaha, dhisidda kartida hooyooyinka iwm. Arrimahan ayaa kala qaybin kara bulshooyinka, waxaa lagama maarmaan ah in wax laga beddelo maclumaadka iyo adeegyada si loo gaaro kooxaha la haybsooco ama la faquuqo;

o Aqoonsashada isirrada/arrimaha iyo caqabadaha saameynaya go'aamada bulshada ay ku helayso kuna isticmaaleyso adeegyada caafimaadka iyo IMAM;

o U-kuurgelidda awoodaha iyo daciifnimada istiraatiijiyadaha ka-qaybgelka bulshada ee hadda jira iyo sidoo kale fursadaha iyo halisaha mustaqbalka soo wajahi kara iskaashiga IMAM;

iyo

o Sameynta qorshe-hawleed iyo istiraatiijiyadda ka-qaybgelka bulshada oo dhammeystiran si loo sii wanaajiyo helidda iyo qaadashada adeegyada IMAM.

# 3. KU-LUG-LAHAANSHAHA BULSHADA EE BARNAAMIJKA IMAM

Ku-lug-lahaanshaha bulshada waa hab shaqooyin-badan oo si weyn gacan uga geysta hirgelinta lagu guuleysta ee barnaamijyada nafaqada ee xaaladaha horumarinta iyo kuwa degdegga ahba. Tani waxaa loola jeedaa in dadka ay aafadu taabatey ay xuddun u noqdaan go'aan qaadashada.

Soomaaliya gudaheeda, ku-lug-lahaanshaha bulshada iyo abaabulidda waxaa ay muhiim u yihiin sababahan soo socda:

• Baahida loo qabo in la bixiyo baarista hore ee lagu ogaanayo carruurta nafaqo-xumada haysa ka hor inta aysan qaadin/ku dhicin dhibaatooyin. Inkastoo ay jirto istiraatiijiyadda adeegyada caafimaadka ee la is-dhexgeliyay, bulshooyinka qaarkood waxaa ay weli ku nool yihiin degaamo ay adag tahay in la gaaro, waxaa laga yaabaa in aan had iyo jeer la heli karin adeegyada sida cusbitaallada/Xarumaha Baxnaanada (SC).

• Baahida loo qabo in la helo baaxadda gaarista ugu ballaaran ee barnaamijka iyada oo loo marayo ogaanshaha carruurta ku sugan guryahooda iyo ku-lug-lahaanshaha bulshooyin ku dhaqan meelaha aadka u durugsan ee ay hooseyso helista adeegyada nafaqada ee daaweynta iyo ka hortagga.

• Bulshooyinka waa in ay si ku filan ugu qaybgelaan si ay ula wareegaan lahaanshaha barnaamijka mar haddii la aasaaso oo la muujiyo in uu wax ku ool yahay.

• Baahida loo qabo in xiriirro wanaagsan lala yeesho odeyaasha iyo wakiillada bulshada waxaa ay xaqiijinaysaa in hadafka iyo ujeeddooyinka laga leeyahay barnaamijka IMAM si fiican loo fahmo waxayna ka hortageysaa ismaandhaafka ama dhibaatooyinkaka imaan kara

• Baahida loo qaabo in xiriirro wanaagsan lala yeesho dhammaan hwol wadaagta hirgelinaya iyo hoggaamiyeyaasha degaanka si loo xaqiijiyo amniga iyo sii socoshada barnaamijka.

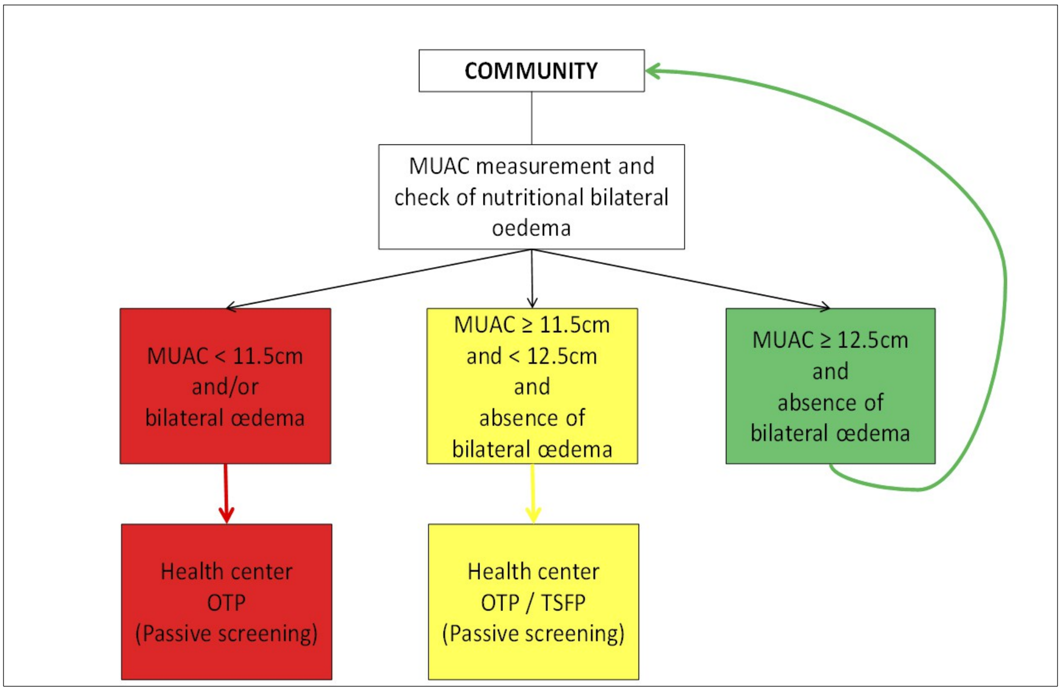
# 4. FARRIIMAHA

Farriimaha fudud iyo hal-ku-dhigyada mudan in la xasuusto waa in ay dib-u-eegto bulshada degaanka laf-ahaanteeda (hoggaamiyeyaasha diinta, odeyaasha tuulada, daaweeyayaasha dhaqanka, iyo dadka kale ee caanka ka ah sida macallimiinta, Shaqaalaha Caafimaadka Bulshada (CHWs), ummulisooyinka bulshada, ummuliso dhaqameedyada, iyo shaqaalaha xarunta caafimaadka) ee ka mas'uulka ah in ay macluumaadka ku faafiyaan bulshooyinkooda. Hase-yeeshee, inta badan waxaa wax-ku-ool ah in la isticmaalo hababka aan rasmiga aheyn ee gudbinta macluumaadka ku saabsan barnaamijka. Macluumaadka waa in ay markaa ka-dib gudbiyaan dadka bulshada caanka ku ah laf-ahaantooda ee ma ahan in ay gudbiyaan dad aan bulshada laga dhex aqoonin. Macluumaadka waxaa si taabogal ah loogu gudbiyaa meelaha inta badan ay dadka isugu yimaadaan, gaar ahaan suuqa iyo halka ay haweenku biyaha ka soo dhaansadaan ama ay dharku ku dhaqdaan iyo halka ay ragga isugu yimaadaan oo ay cabbitaannada/shaaha ku cabbaan ugana sheekaystaan arrimaha bulshada. Isticmaalka kooxaha haweenka, iskuullo, kubadda cagta iyo ciyaaraha, oo waa in la sahmiyaa shabakadaha kale. Koox si gaar ah muhiim u ah in laga qaybgeliyo waa hoggaamiyeyaasha diinta ee bulshada maadaama gudbinta macluumaadka ee goobaha cibaadada ay si gaar ah awoodi u leedahay. Kooxaha la beegsado waa in ay ka mid noqdaan kuwa ay ka soo go'aan go'aamada qoyska, gaar ahaan nimanka iyo soddohyada.

5 Laga soo qaatey: CMN. Sida loo sameeyo u-kuurgelidda bulshada

# 5. OGAANSHAHA XAALADDA FIRFIRCOON, U GUDBINTA ADEEG DAAWEYN, LA-SOCOSHO, IYO LA-TALIN

Kaartada hawl-raaca 1: Istiraatiijiyadda Nafaqo ee Baarista Nafaqo-xumada Ba'an ee Bulshada Dhexdeeda ah




Hawlaha aasaasiga ah ee ka dhex dhaca bulshada waa:

> Wacyigelinta bulshada

• Waxaa ay kor-u-qaadeysaa fahamka adeegyada kala duwan (MCHN, MNP, BSFP, TSFP, OTP iyo SC,), oo ay ka mid yihiin ujeeddooyinka iyo qeexidda (dadka la beegsado, shuruudaha oggolaanshaha iyo shuruudaha gelitaanka iyo ka bixinta, daaweynta la siiyay, iwm.)

> Ogaanshaha xaaladda firfircoon ee ka jirta bulshada

• Shaqaalaha bulshada ku saleysan ayaa waxaa ay aqoonsanayaan xaaladaha waqtigii ku habboonaa iyagoo adeegsanaya qaab wax-ku-ool ah, oo dhiirrigelinaya hab-dhaqanno caafimaad qab loo marayo war-isgaarsiinta loogu talogalay isbeddelka dhaqanka.

### 5.1.1 Hawlo

• Baar dhammaan carruurta bulshada adiga oo adeegsanaya xarigga MUAC ka-dibna ka eeg bararka laba-geesoodka ah adiga oo guryaha ugu tagaya iyo fursad kasta oo kale ee aad u hesho (gaar ahaan "Maalmaha Qaranka" marka la tallaalo, Fitamiin A, HIV, IMCI, maalmaha caafimaadka cunugga, CCM, barnaamijyada horumarinta bulshada, iwm.);

• Ka baar cunug kasta bararka laba-geesoodka ah;

• Cabbir MUAC;

• Dib-u-eeg dhammaan cabbiraadaha MUAC ee <115mm

1. U gudbi kuwa leh MUAC < 115mm xarunta OTP ee ugu dhow si loogu diiwaan galiyo barnaamijka;

2. U gudbi kuwa leh MUAC ka bilaabanaya 115mm ilaa <125mm goobaha SFC ee ugu dhow;

3. Ku diiwaangeli cunug kasta foomka tirinta ee joog-u-taxa guduudan, jaallaha ah, ama cagaarka ah (SAM, MAM, iyo caadi ah) – sida, ma ahan oo kaliya kuwa daaweynta u baahan;

4. Kormeeraha u keen (Shaqaalaha Gaarsiinta ama Kalkaaliyaha Caafimaad ee ka socda Xarunta Caafimaad) dhamaman foomamka tirinta la ururiyey mar kastoo ay kulmaan; iyo

5. Ka-qaybgal kullannada lagu wadaago waayo-aragnimada/isuduwidda ee muddo kadibba mar la qabto ee lala yeesho mutadawiciinta kale iyo kormeeraha.

Shaqaalaha gaarsiinta/kalkaaliyaha caafimaad waa in uu u socdaalaa tuulada bishiiba mar. Inta booqashada lagu guda jirro iyada/isaga waxaa ay si fool-ka-fool ah ugala hadli doonaan mutadawaca bulshada wixii dhibaatooyin ah ee jira ka-dibna waxaa ay arki doonaan odayaasha tuulada si ay uga helaan jawaab-celinta booqashooyinkooda dabagalka ah.

Mararka qaarkood ka-faa'iideystayaasha ayaa waxaa ay ka maqan yihiin ama joojiyaan barnaamijka IMAM. Xaaladahaasi, shaqaalaha bulshada waa in uu la socdaa xaaladaha gaarka ah si uu u baaro sababaha maqnaanshaha ama joojinta si loogu dhiirrigeliyo in ay ku soo noqdaan barnaamijka. Dabagalka ayaa sidoo kale loo sameyn karaa shaqsiyaadka aanan

ka jawaabin ama waafaqin daaweynta; shaqaalaha bulshada ayaa waxaa uu sahamin karaa sababaha dhaqanka iyo dabeecadda suurtagalka ah waxaa uuna macluumaad siin karaa shaqaalaha xarunta caafimaadka oo loogu talogalay daryeel iyo taageero dheeraad ah.

Sababaha maqnaanshaha waa ay badan yihiin, balse inta ugu badan waxaa ay la xiriiraan sida shaqaalaha uu ula dhaqmo daryeelaha. Haddii daryeelaha si xun loola dhaqmo, kaliya ilmaha looma diiddi doono daaweynta dhacdadan, balse haddii ilmaha uu bogsado isaga/iyada uma badna in ay daaweyn u soo doontaan jirrooyinka mustaqbalka daryeelahan waxaa ay farriin aan fiicneyn u gudbin doontaa saaxiibadeeda iyo deriskeeda. Sumcadda barnaamijka uu ku dhex leeyahay bulshada ayaa waxaa ay ku xiran tahay xadka ballaaran ee ay ku baahsan yihiin waayo-aragnimada shaqsi ee aan rasmiga ahayn. Xubin kastoo ka tirsan shaqaalaha waa in uu ula dhaqmo waalidiinta carruurta in ay yihiin kuwa ugu horreyn ka mas'uulka ah caafimaadka carruurta. Waalidiinta waxaa ay la mid yihiin xubnaha kooxda caafimaadka ilaa xadka ay khuseyso bukaanka oo waa in sidaa iyo si la mid ah loola dhaqmo.

Waxaa muhiim ah in qofka booqanayo guriga uu go'aamiyo sida RUTF loo siinayo inta lagu guda jiro booqashada guriga. Haddii la wadaagayo ama si kale loogu adeegsanayo ujeeddooyin kale isaga/iyada waa in ay sharxaan adeegsiga habboon ee RUTF, gaar ahaan haddii booqashadu ay sabab u tahay in cunuga aysan waxba u tarin daaweynta.

### 5.1.2 Mushaaraadka

Qodob muhiim ah oo ka mid ah dhabbe-tusahan waa in la dhiso nidaam shaqaale jaango'an si loo hirgeliyo adeegga nafaqada ee daaweynta iyo ka hortagga. Sidaa daraaddeed, kaadirro/xirfadle caafimaad oo tababaran oo ay bulshadu sal u tahay (shaqaalaha caafimaadka haweenka ah) waa in loo adeegsado ujeeddooyin lagu dhaqaaleynayo kharashka. Wasaaradda Caafimaadka (MOH) waxaa ay xaqiijin doontaa ilaalinta bani aadamnimada inta lagu guda jiro adeegyada isku dhafidda ee bulshada. Qayb/tuulo kasta ee ku nool ugu yaraan 200 reerood waa in ay leedahay hal qof oo taageeraya arrimaha adeegga caafimaadka iyo nafaqada ee ay bulshadu salka u tahay oo ay ku jiraan waxqabadyada dhiirrigelinta. Si ay u sii wadaan soosaarista natiijooyin macquul ah iyo si loo sii wanaajiyo adeegsiga adeegga ee bulshada iyo miradhalka kale muhiimka ah ee la xiriira waxqabadyada barnaamijka IMAM, oo ay ka mid tahay in bukaannada joojiya lagu yareeyo la socoshada bukaannada, dadka ku lugta leh waxqabadyada nafaqada ee ay bulshadu salka u tahay waa in la siiyo lacago dhiirrigelin ah jaano'an CHWs/FHWs - ugu yaraan $200 (laba boqol oo doolarka mareykanka ah). La-hawlgalayaasha taageeraya adeegyada nafaqada iyo caafimaad ee la isdhexgaliyey waxaa ay tageereen mushaaraadkan jaango'an oo hadda la joogana waxaa ay u hirgelinayaan sidii loogu talogalay. Dhabbe-tusahan waxaa uu qaadanayaan jaangooyooyinkaas (Lacagaha dhiirrigelinta jaango'an ee Istiraatiijiyadda caafimaadka bulshada Soomaaliyeed iyo Xirmada Aasaasiga ah ee Caafimaadka (EPH).

### 5.1.3 Agabka

Qofka tuulada qaabilsan/mutadawaca/shaqaalaha gaarsiinta waxaa loo baahan yahay in uu xirmo haysto.

Xirmadan waxaa ay ka kooban tahay:

1. Xargaha MUAC (oo ay ka mid yihiin xargo dheeri ah)
2. Foomamka tirinta ee baarista
3. Warqadaha gudbinta
4. Qalin rasaas/qori, warqad, qalin-qore, iyo tirtire
5. Boorso
6. Telefoonka gacanta oo ay ku jiraan liiska lambarada telefoon ee muhiimka ah iyo kaar
7. Dhabbe-tusayaasha fudud oo ku qoran (luuqadda degaanka) la waafajiyey heerka waxbarashada cidda qaabilsan tuulada. Waa in la siiyo xataa haddii cidda qaabilsan/mutadawaca uusan wax akhrin karin – tani ayaa waxaa looga fogaan doonaa sharaf-dhac isaga/iyada waxaa ay marwalba heli karaan qof tuulada jooga oo u akhrin kara haddii aysan wax akhrin waxna qorin
8. Kaarar la-talin

### 5.1.4 Xog ururin

Laga soo bilaabo foomamka tirinta iyo xilliga booqashada tuulada ee shaqaalaha gaarsiinta/CHW, macluumaadkan soo socda waa in la ururiyo:

- Magaca tuulada (isuduwidyada GPS waa in horey loo go'aamiyay oo la geliyay kaydka xogta)
- Magacyada dadka baarista sameynaya
- Taariikhda baarista
- Guud ahaan tirada carruurta la baarey
- Tirada carruurta qabta cago-barar
- Lambarka ku qoran xarigga cas/guduudan: <115mm = SAM
- Lambarka ku qoran xariga jaallaha ah: inta u dhaxeysa 115 ilaa 125mm = MAM
- Lambarka ku qoran xariga cagaarka ah: ka sarreeya ama le'eg/ku siman 125mm = caadi ah
- Tirada inta jeer ee la gudbiyey iyo goobta loo gudbiyay
- Tirada inta diidday in ay barnaamijka aadaan

Foomka tirinta tuulada waxaa ka dib la siin karaa kalkaaliyaha caafimaad ee xarunta caafimaadka oo waxaa loo diri karaa ama la siin karaa bishiiba mar cidda qaabilsan nafaqada si loo lafoguro oo loo geliyo kaydka xogta. Macluumaadkan waxaa uu sheegayaa baahsanaanta SAM iyo MAM ee bulshada la baarey waqtiga baarista. Natiijooyinkan waa in la khariidadeeyo si loo aqoonsado goobaha ay ka jirto nafaqo-xumada. Baaritaanka joogtada ah kaliya laguma aqoonsado carruurta nafaqo-xumada haysa, balse sidoo kale baaritaanka wuxuu noqdaa aasaaska nidaamka ilaalinta nafaqada si loo qeexo xilliyada loona go'aamiyo haddii xaaladda ka jirta degmada ay ka sii xumaanayso ama ay sii hagaageyso.

# BAARISTA DADBAN EE DHAMMAAN QAAB-DHISMEYAASHA CAAFIMAADKA

Baarista dadban waa in ay sameeyaan takhaatiirta, kalkaaliyeyaasha caafimaad, iyo kaaliyeyaasha kalkaaliyeyaasha caafimaad ee dhammaan qaab-dhismeedyada caafimaad iyo waaxaha bukaan-socodka iyo qaybaha caafimaadka carruurta[6]. Cunug kasta oo (6 ilaa 59 bil jir ah) oo leh MUAC ka yar 125mm, balse ka badan ama la mid ah 115mm waa in loo gudbiyo xarunta daaweynta nafaqo-xumada nooceeda dhexdhexaadka ah.

## 1. HAWLO

• Qiimee carruurta oo dhan adiga oo adeegsanaya hababka qiimeynta ee MUAC iyo cago-bararka. Inkastoo aysan munaasib ahayn in si joogto ah loogu cabbiro joogga iyo miisaanka waaxaha xaaladaha degdegga ee cusbitaallada mashquulka ah waa in dhammaan laga baaro calaamadaha caafimaad ee nafaqo-xumada, cago-bararka, oo waa in la qaado Cabbirkooda Wareegga Bartamaha cududda sare ee gacanta (MUAC);

• Marka laga soo tago iskudarka cabbiraadda MUAC iyo qiimeynta bararka la-talinta IMCI ee (cusbitaalka, xarunta caafimaadka, iyo kuwan ku saleysan bulshada), baarista waa in mar walba lala sameeyo barnaamijyada kale.

• Bukaanada ka qaybgelaya barnaamijyada TB iyo ART waa in si nidaamsan looga baaro nafaqo-xumada ba’an oo waa in loo gudbiyo OTP haddii ay buuxiyaan shuruudaha gelitaanka. Haddii ay jiraan bukaanno badan oo noocaas ah waa in OTP la furo iyada oo la kaashanayo barnaamijyada TB ama ART.

• U gudbi qof si gaar ah loogu tababarey daaweynta nafaqo-xumada ba’an. Waa muhiim in daaweynta la siiyo carruurta sida caadiga ah u nafaqeysan in aan si toos ah loogu dalbin kuwa nafaqo-xumada ba’an ay hayso, tani ayaa ah sababta loo sameynayo qiimeynta nafaqada ka hor inta aan laga baarin xaalad kastoo kale ee aan loo dalbin daaweynta.

• Xarumaha caafimaadka, waxaa ay qaadaan cabbirka miisaanka iyo joogga/dhererka dhammaan kuwa cabbirkooda MUAC uu ka hooseeya 125mm. Carruurta waaweyn (ka weyn da’da 5 sano jir) iyo kuwa hadda qaangaaraya waxaa ay noqon karaan kuwo nafaqo-xumo ba’an ay hayso iyaga oo aan buuxin shuruudaha MUAC ee SAM; waa in la qaado cabbirka miisaanka iyo dhererka haddii laga shakiyo in ay nafaqo-xumo hayso oo waa in loo daaweeyo si waafaqsan borotokoolkan. Tababarka, qalabka, iyo miisaska lagu qaadayo miisaanka-iyo-joogga waa in la dhigo dhammaan dhismayaasha joogyada ah ee caafimaadka iyo adeegyada.

• Ku diiwaangeli dhammaan carruurta la qiimeeyay foomka tirinta (kan caadiga ah iyo kan nafaqo-xumada ay hayso) ama buugga diiwaangelinta IMCI.

## 2. AGABKA

1. Xargaha MUAC (oo ay ka mid yihiin xargo dheeri ah)
2. Looxa/Alwaaxa dhererka
3. Miisaan/iskeel leh ugu yaraan 100g dhag ah/jaan-go’an
4. Foomamka tirinta baarista ama diiwaanka IMCI
5. Warqadaha gudbinta
6. Qalin rasaas, warqad, qalin-qore, iyo tirtire
7. Shaxaha miisaanka / joogga ee loogu talogalay carruurta[7] iyo qaangaarka iyo shaxda BMI ee loogu talogalay dadka waaweyn

6 Eeg lifaaqa 1aad

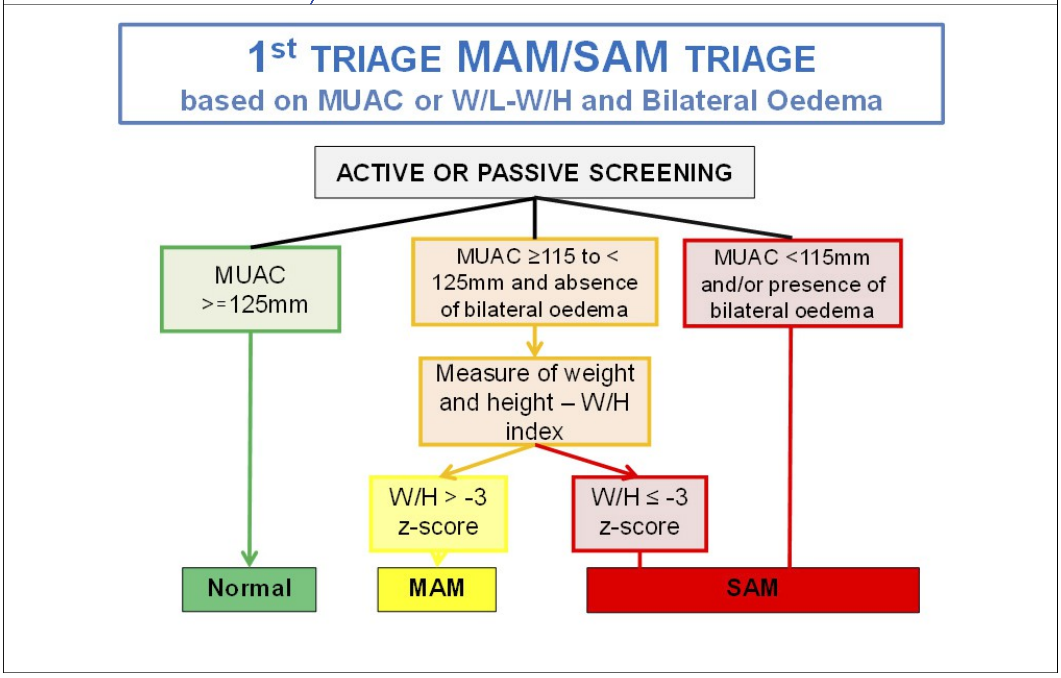
7 Eeg lifaaqyada 3aad, 4aad, 5aad

# KALA-SOOCA BUKAANNADA MAM & SAM

Qaybtan ayaa waxaa ay ka hadlaysaa mabaadii'da, cunsurrada nakhshadda, iyo istiraatiijiyadaha hirgelinta ee lagu maareynayo nafaqo-xumada ba'an ee xarunta caafimaadka. Soomaaliya, istiraatiijiyadaha maareynta nafaqo-xumada ba'an waxaa ay la xiriiraan barnaamijyada caafimaadka qaran waxaanna lagu daraa barnaamijyada Caafimaadka Hooyada iyo Dhallaanka (MCH) ee qaybta ka ah kaabayaasha daryeelka caafimaad ee aasaasiga ah.

Carruurta lagu baarey xarumaha caafimaadka waxaa loo gudbin doonaa barnaamijyada OTP ama TSFP halkaasi oo lagu sameeyo marxaladda koowaad ee kala-sooca bukaannada, laguna go'aaminayo haddii bukaanka uu qabo SAM, MAM, ama uusan nafaqo-xumo ba'an qabin.

Kaartada hawl-raaca 2: Istiraatiijiyadda nafaqada ee baarista iyo Kala-sooca Bukaannada ee Nafaqo-xumada Ba'an (sida caadiga ah heerka xarunta caafimaadka).




## 1. MABAADII'DA HABKA KALA-SOOCA BUKAANNADA (*TRIAGE*)

Carruurta qabta nafaqo-xumada aadka u ba'an caadi ahaan waxaa ay leeyihiin isbeddelo qoto-dheer oo ku yimaada dheefsashada, fisiyooloji, iyo xaalka awoodda jirka ee u adkeysiga cudurrada oo aysan qabin carruurta nafaqo-xumada nooceeda dhexdhexaadka ah qaba. Carruurta qabta SAM waxaa ay halis badan ugu jiraan dhimasho marka loo eego carruurta qabta MAM iyo kuwa caadiga ah. Labadan sabab awgood ayay aad ugu kala duwan yihiin borotokoollada daaweynta (MAM) ee dhexdhexaadka ah iyo nafaqo-xumada aadka u ba'an (SAM).

Dadka caafimaadka qaba, waxaa jira 10-laab carruurta qabta MAM marka loo eego kuwa qaba SAM. Tani ayaa waxaa ay saameyn baaxad leh ku yeelatey barnaamijyada oo sidaa darteedna waxaa ay saameyn ku yeelaneysaa abaabulka, shaqaalaha, loojistikada, kaydka badeecooyinka/tacabka, iyo kharashaadka barnaamijka. Carruurta qabta MAM ma laha heerka isbeddelada shaqada jrka ee cunuga qaba SAM, baarista cudurrada waa mid fudud oo la fahmi karo, oo uma baahna borotokoollo gaar ah oo loogu talogaley maareynta "dhibaatooyinka."[8] Carruurta qabta MAM, borotokoollada iyo shuruudaha IMCI waa in la adeegsado - marka la dhigo cusbitaalka, looma baahna in lagu daro carruurta qabta SAM, balse waa in lala daaweeyo carruurta aan nafaqo-xumada qabin.

Shaxdan soo socota waxaa ku xusan isu ekaanshaha iyo kala duwanaanshaha oo kooban.

8 Tusaale ahaan, xaaladda MAM tijaabooyinka qanjuruufada maqaarka iyo indhaha godka galaya ee loogu talogalay fuuqbaxa waa kuwo ilaa xad la isku-halleyn karo oo shaqada kelliyahooda ayaa si ku filan loo ilaaliyay si loogu dabiibo dhabbe-tusayaasha WHO ee caadiga ah ee shubanka iyo fuuq-baxa; jawaab-celintooda bararka ka dhasha waa mid ilaa xad kaamil ah, sidaa darteed qandhada ayaa caadi ahaan sabab u ah caabuq iyo marka ay qabaan oof-wareen waxaa ay yeehaan heer neefsasho degdeg ah; waxaa ay si ammaan ah u dheefshiidi karaan qiyaasaha caadiga ah ee daawooyinka intooda badan. Tani waa ay ka duwan tahay cunugga SAM halkaas oo ay tahay in lagu adeegsado shuruudo baaris iyo daaweyn kala duwan.

Shaxda 1aad: Kala-duwanaanshaha u dhaxeeya daaweynta SAM iyo MAM

| Habraacyada | Daaweynta MAM | Daaweynta SAM |
|---|---|---|
| *Baarista* | Waa isku mid | |
| *Tirada dadka* | Ku dhowaad 10 jeer tirada SAM | Ku dhowaad toban meelood meel tirada MAM |
| *Sida loo habeeyay* | U baahan meel dheeri ah oo loogu talogaley sugitaanka, cabbirka - qaybinta - kayd iyo waqti | U baahan meel yar oo loogu talogalay barnaamijka OTP, waxay u baahan kartaa maareynta bukaannada |
| *Goobta* | TSFP - Waxaa lagu sameyn karaa bulshooyinka dhexdooda iyo sidoo kale xarumaha caafimaadka, | OTP - Caadi ahaan waa in ay noqoto xarunta caafimaad gudaheeda iyo qayb ka mid ah adeegyada caafimaadka caadiga ah. |
| *Shaqaalaha* | U baahan Shaqaale Caafimaad, ummuliso, shaqaalaha kale ee caafimaadka bulshada ee tababaran, TSFP sida ugu wanaagsan waa in uu u dhow yahay xarun caaafimaad. | U baahan kalkaaliye caafimaad ama kaaliye kalkaaliye caafimaad tababaran oo loogu talogalay barnaamijka OTP |
| *Booqasho* | Laba-toddobaadle (14 maalmood kasta) | Toddobaad kasta ee OTP - 24h ee Xarunta Xasilllinta |
| *Shuruudaha gelitaanka* | MUAC >= 115mm ilaa ka yar 125mm ama WH ≥ -3 ilaa ka yar -2Z iyo la-socoshada OTP.<br><br>Haweenka uurka leh iyo kuwa nuujinaya ee leh MUAC <210mm ee ugu baxaya iyaga hoos imaanaya Farsamada Nuujin Dheeri ah (dib-u-nuujin) Ka eeg borotokoolka MCHN qaybaha kale ee la socodka PLW loogu talogalay PLW laga daaweeyey SAM | MUAC < 115mm or WH<-3Z ama cago-bararka laba-geesoodka ah<br><br>PLW ka yar 180mm MUAC waa in lagu daro maareynta OTP/SC |
| *Diiwaangelin* | Waxaad siisaa lambar diiwaangelin | Lambarka SAM iyo lambar diiwaangelin |
| *Agabka loo baahan yahay* | La mid ah Shaxda WH - miisaanka - boodhka dhererka | |
| *Tijaabinta cunto-rabista* | Aan loo baahnayn | Haa, waa loo baahan yahay. |
| *Daaweynta dhibaatooyinka* | U gudbi borotokoolka daaweynta IMCI ee heerka xarunta caafimaadka | U gudbi Borotokoolka SAM, Qaybta Dhibaatada ee heerka SC – **ha u** daaweyn si waafaqsan borotokoollada IMCI |
| *Badeecooyinka* | Badeecooyin kala duwan: Cuntooyin Isku-dar ah oo Nafaqo Lagu Xoojiyey, Cuntada Dheeriga ah ee U Diyaarsan in Horey Laga Cuno, iwm. | Badeecooyin kala duwan: F75 - F100 - RUTF |
| *Shuruudaha ka bixinta* | Dhibcaha Z ≥ -1.5 laba booqasho oo isku xiga MUAC la mid ah ama ka badan 125mm laba booqasho oo isku xiga la-socoshada OTP ee 2 bilood | MUAC la mid ah ama ka badan 125mm laba booqasho ama WH dhibcaha Z ≥ -1.5 laba booqasho oo isku xiga<br><br>Barar ma laha laba booqasho |

# 2. HAWLAHA HABKA KALA-SOOCA BUKAANNADA

1. Marka ay yimaadaan, si degdeg ah u sii biyo-sonkor leh carruurta u muuqata in ay xanuunsan yihiin iyo kuwa sida cad ugu baahanaya daaweyn bukaan-jiif ama daaweyn caafimaad kale: qiyaastii 10% qoosh/milan sonkor (10g oo sonkor ah 100ml oo biyo ahba).

2. Qaad cabbiraadaha jirka (MUAC, W/H waxaadna cago-barar ka eegtaa bukaannada oo dhan, oo ay ku jiraan kuwa ay soo gudbisay bulshada [eeg lifaaqa 1aad).

3. Xarumaha Caafimaadka, ka eeg shaxda Miisaanka-iyo-Joogga.

4. Ka baar cago-barar iyo heerka darnaantiisa waxaadna ka qaadaa cabbirka heer-kulka jirkiisa.

5. Si waafaqsan shuruudaha gelitaanka (eeg bogga 41aad) oo go'aami haddii cunuga la dhigayo iyo haddii kale. Haddii bukaanka laga soo gudbiyay bulshada laga helay SAM balse aan buuxin shuruudaha gelitaanka OTP, ha diiddin balse:

   o Ku qor/geli isaga/iyada Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo (haddii uu shaqeeyo)

   o Haddii uusan jirin barnaamijka TSFP, waxaad siisaa "cunto/raashiin difaac ah" ama dheef kale[9]

Waa muhiim in ay ka helaan dheef la taaban karo goobta kala-sooca/TSFP/OTP ee ay joogaan iyo in aan guriga wax la'aan loo dirin.

Diidmada noocaas ahi waxaa ay wax u dhimi doontaa awoodda iyo mooraalka kuwa wax baaraya ee bulshada dhexjooga waxaa ayna barnaamijka u keeni doontaa hoos u dhac ku yimaada sumacadda uu bulshada dhexdeeda ku leeyahay.

6. Haddii bukaanka laga soo diray bulshada loona soo diray barnaamijka TSFP iyada oo bukaanka laga soo helay MAM, balse aan buuxin shuruudaha gelitaanka TSFP:

o Haddii bukaanka dhab ahaantii uu yahay cunug SAM qaba ku qor barnaamijka/u gudbi bukaanka OTP/SC ugu dhow si loo qiimeeyo oo loogu qoro.

o Haddii bukaanka uusan qabin nafaqo-xumo ba'an, ha diidin. Hooyada/bukaanka waa in loo gudbiyo MCHN ama BSFP. Halka aannu ka jirin MCHN ama BSFP, waxaad siisaa qoondooyinka laba toddobaad oo ah cunto nafaqo lagu xoojiyay.

Haddii ay imaadaan tiro badan oo si aan habbooneyn loo soo gudbiyey, markaasi kooxaha baarista waa in dib loo tababaro oo la eego awoodda shaqaalaha Kala-sooca OTP/TSFP. Arrintan waa in laga wada hadlo inta lagu guda jiro kulamada isuduwidda sida joogtada ah loo qabto ee u dhaxeeya shaqaalaha OTP iyo kooxaha baarista.[10]

# 3. AGABKA KALA-SOOCA

Agabka:

1. Xargaha MUAC;
2. Miisaan/iskeel;
3. Boodhka dhererka/joogga;
4. Shaxda miisaanka-iyo-joogga;
5. Buugga diiwaangelinta;
6. Kaartooyinka/kaararka bukaanka;
7. Qalimaan iyo qalin-rasaas/qori
8. Heer-kul-beeg; iyo

9. Kaabayaal shaqo (shuruudaha gelitaanka, shuruudaha IMCI, iyo farqiga u dhaxeeya shaxda MAM iyo SAM)

9 Haddii cunuga loogu aqoonsadey bulshada dhexdeeda in uu si daran ay nafaqo-xumo u hayso iyada oo la adeegsanayo MUAC, balse aan lagu aqoonsan barnaamijka OTP, waa macquul in laga soo qaato in cunugga uu yahay mid ku jira "xariiqa-xudduuda" SAM. Si waafaqsan xaaladahan, waa macquul in la siiyo sahayda RUTF ooh al toddobaad ah bukaanka sida "faa'iido" ahaan - tani wxaa ay siinaysaa taageerrada ugu wanaagsan shaqaalaha bulshada iyada oo daryeelaha uusan oggaan in daaweyntu ay si xoog leh uga duwan tahay midda la siiyay carruurta ku jirta barnaamijka. Waa in la sharxo in xaaladdu ay tahay "xariiqa-xudduuda" iyo in ay sida tahay sababta aan daaweyn dheer loogu baahnayn. Faa'iidooyinka kale waxaa ka mid ah budooyinka nafaqooyinka yaryar, iwm.

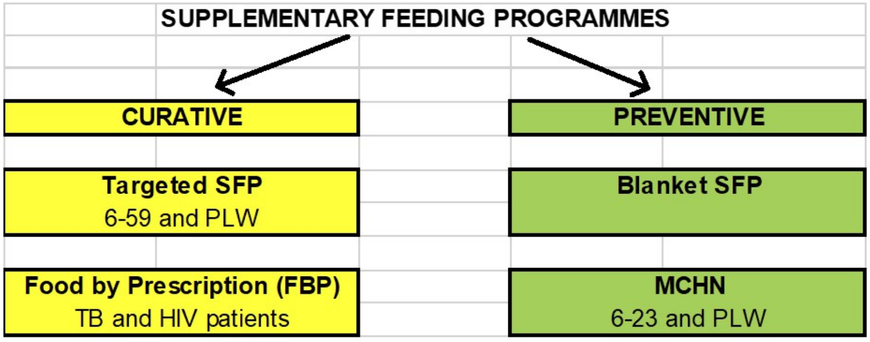
10 Waxaa jirra oo kaliya farqi 10mm oo u dhaxeeya ogaanshaha SAM (<115mm) iyo xaaladda caadiga ah (>125mm). Baaritaannada xilliga tababarka waxaa ay muujiyaan in ku dhowaad 1/3 ee cabbirayaasha in ay leeyihiin farqi 10mm ama in ka badan, marka isla 10 carruur laba jeer la cabbirro. MUAC ma aha cabbir fudud in si sax ah loo qaado oo waa in tababarka la xoojiyaa; ogow in khaladka uu ka imaan karo shaqaalaha barnaamijka OTP iyo sidoo kale kooxda baaritaanka. Haddii uu soo noqnoqdo khaladka noocaan oo kale ah, arrintan waa in la baaro oo dib-u-tababaridda waa in loo qorsheeyo kooxda bulshada iyo sidoo kale kooxda barnaamijka OTP.

# DAAWEYNTA NAFAQO XUMADA DHEXDHEXAADKA AH (MAM)

## 1. GUUDMAR

Qaybtan waxaa ay bixinaysaa dhabbe-tusayaasha waaqiciga ah ee loogu talogalay aqoonsiga iyo maareynta bukaannada la ildaran Nafaqo-xumada Ba'an Nooceeda Dhexdhexaadka ah. Dadka sida dhexdhexaadka ah nafaqo-xumada u haysa waxaa bukaan-socod ahaan loogu daaweyn karaa TSFP (Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo). Carruurta waxaa ay halis ugu jiraan dhimasho muddada dhexe iyo muddada dheerba, balse, si ka duwan kuwa nafaqo-xumada daran ay hayso, uma baahna daaweyn degdeg ah.

Sameynta barnaamijyo nafaqo muddo fog iyo kuwa muddo gaaban sida BSFP, MCHN oo la socota taageero dakhli abuuris, amaahda fudud ee qoyska, xawilaadda lacago kaash ah, taageero guri beerasho, iyo barnaamij Caafimaad (leexsanaan togan) waa kuwo dhammeystira daaweynta MAM. Waxqabadkan wuxuu kordhin doonaa natiijada TSFP. Waxaa jira laba nooc oo ah Barnaamijyada Quudinta Dheeriga ah oo laga hirgeliyay Soomaaliya: daaweyn iyo ka hortag.




### 1.1. Barnaamijka daaweynta (WAXAA KA MID AH qaybta da'ada ee BSFP (6-23 BILOOD) IYO Hooyooyinka uurka leh iyo kuwa nuujinaya (PLW).

#### 1.1.2. Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo (TSFP)

Ujeeddooyinka barnaamijka TSFP waa in la daaweeyo carruurta ay hayso nafaqo-xumada ba'an nooceed dhexdexaadka ah iyo haweenka uurka leh iyo kuwa naas-nuujinaya si looga hortago in ay ku dhacdo SAM iyo in la yareeyo cudurrada iyo dhimashada.

#### 1.1.3. Barnaamijyada Nidaamka Cuntada ee La Raaco (FBP):

Waa qayb aasaasi ah oo ka mid ah xirmada dhammeystiran ee daryeelka iyo daaweynta loogu talogalay bukaannada qaba cudurka qaaxada (TB) iyo fayruska HIV. Kani waa waxqabad muddo-gaaban soconaya oo loogu qoraya shaqsiga nafaqo dheeri ah oo ah qaab badeecooyin gaar ah oo loogu talogalay bogsashada macaamiisha ART (Daawada HIV) ee nafaqo-xumada haysa iyo dadka nafaqo-xumada haysa ee ku saabsan daaweynta la-socodka / u-fiirsashad (DOTS). Waxaa lagu dhameystirayaa u-kuurgelidda nafaqada, waxbarashada, iyo la-talinta. Wuxuu hiigsanayaa xaqiijinta bogsashada nafaqo ee bukaannada qaba cudurka qaaxada ee nafaqo-xumada ay haysa iyo/ama macaamiisha qaba fayruska HIV iyo in uu sii khafiifiyo saameynta cudurka AIDS.  Ka-faa'iideysta kasta ee qaba TB/HIV oo ay nafaqo-xumo hayso wuxuu helayaa 250g oo Galley iyo Digirta Soya oo La Isku Daray (CSB+) iyo 25 gm oo saliid caddey ah maalin kasta 30 maalmood bishii (7.5 kg oo ah CSB+ iyo 0.75 kg oo saliid ah bishii qof kasta). Wadarta guud/Dhererka ugu badan ee joogista bukaannada qaba qaaxada (TB) waa sagaal bilood iyada oo macaamiisha qaba fayruskuna uu yahay lix bilood.[11]

### 1.2. Ka hortagga

• Barnaamijka Quudinta Dheeriga ah ee Dhammeystiran (BSFP): Waa waxqabadka jaango'an oo looga hortagayo nafaqo-xumada ba'an marka ay jirto xaalad degdeg ah, gaar ahaan midda ka jirta meesha Nafaqo-xumada Ba'an ee Nooceeda Dhexdhexaadka ah (MAM) ay dadka ku badan tahay, ay ka jirto sugnaan la'aanta cunto (helitaanka iyo/ama gaaridda) ama ay aad ugu baahsanaayeen nafaqo-xumada ba'an iyo yaraanshaha nafaqooyinka yaryar (MNDs) ka hor xaaladda degdegga ah. Barnaamijka BSFP wuxuu beegsanayaa dhammaan xubnaha koox gaar ah, sida carruurta ay da'doodu ka yar tahay laba sano iyo haweenka uurka leh iyo kuwa naas-nuujinaya, wuxuunna ka madax-bannaan yahay xaaladooda nafaqo. Cunto qaybinta barnaamijka BSFP ayaa caadi ahaan la sameeyaa bishiiba mar, balse marar kaloo dheeri ah in la bixiyo ayaa suurtagal ah. Barnaamijka BSFP inta badan waa mid xilliyeed, inta lagu guda jiro xilli abaareedka sannadka ama ku soo beegma xilli la filayo nafaqo-xumada in ay gaarto heerka ugu

11 Si aad u hesho aareynta quudinta dheeriga ah oo faahfaahsan, u noqo borotokoolka Soomaaliya ee HIV/TB.

ugu sarreeya oo waxaa la hirgeliyaa ugu badanaan lix bilood (hal ama laba wareeg oo hadba sida loogu baahdo). Cunug kasta wuxuu helayaa 50 gm oo ah RUSF maalin kasta 30 maalmood bishii (1.5 kg oo ah RUSF bil kasta). PLW kasta ee hoos imaanaysa barnaamijka BSFP waxaa ay helaysaa 250 gm oo Galley iyo Digirta Soya oo La Isku Daray (CSB+) iyo 25 gm saliid cadey ah maalintii 30 maalmood bishii (gm oo saliid caddey ah maalin kasta 30 maalmood bishii (7.5 kg oo ah CSB+ iyo 0.75 kg oo saliid ah bishii qof kasta).

• Taageerada Nafaqo ee Bukaan-eegtooyinka Caafimaadka Dhallaanka iyo Hooyada (MCHN): Kani wuxuu hiigsanayaa in uu kor-u-qaado kobaca inta lagu guda jiro carruurnimada hore iyo ilmannimada si looga hortago nafaqo-xumada ba'an iyo midda qoto-dheer iyo in la jebiyo wareegga jiilalka nafaqo-xumada. Barnaamijka wuxuu beegsanayaa 1,000 maalmood (PLW-yada iyo carruurta da'dooda u dhaxeysa 6-23 bilood) si kor loogu qaado kobaca/koritaanka ilmaha iyo carruurta yaryar, si looga hortago nafaqo-xumada ba'an iyo midda qoto-dheer, iyo si loo dhiirrigeliyo uurka caafimaadqabka leh iyo dhalmada bedqabka ah iyada oo loo marayo bixinta adeegyada caafimaadka aasaasiga ah iyo cuntada dheeriga ah. Cunug kasta wuxuu helayaa 50 gm oo RUSF ah maalin kasta 30 maalmood bishii (1.5 kg oo ah RUSF bil kasta). PLW kasta ee hoos imaanaysa barnaamijka BSFP waxaa ay helaysaa 250 gm oo Galley iyo Digirta Soya oo La Isku Daray (CSB+) iyo 25 gm saliid cadey ah maalintii 30 maalmood bishii (gm oo saliid caddey ah maalin kasta 3o maalmood bishii (7.5 kg oo ah CSB+ iyo 0.75 kg oo saliid ah bishii qof kasta).
Xaaladaha qoto-dheer qaarkood iyo xaaladaha xasillan ee xaaladda horumarinta ama marka laga soo tagayo xaaladda degdegga ah ee loo gudbiyo horumarinta, barnaamijyo kale ayaa jira si wax looga qabto baahiyada nafaqo ee kuwa ugu nugul bulshada. Kuwan waxaa ka mid ah kaalmooyin dhaqaale kaash ah, fawjarro, iyo hababka kale ee taageero ee dakhli soo saarista, iyo barnaamijyada kale ee badbaadada. Barnaamijyadan ma ahan kuwo kala duwan. Haddii barnaamijyadaas la sameeyo oo ay weli jirto MAM ka fara badan adeegyada bulshada iyo caafimaadka barnaamijka TSFP waa in laga hirgeliyaa gudaha xaaladda horumarinta.Barnaamijka TSFP waa in kaliya la xiro marka tirooyinka carruurta MAM ay ka hoos maraan heerarka lagu maareyn karo barnaamijyada kale iyo adeegyada bulshada iyo caafimaadka caadiga ah.

# 2. BARNAAMIJKA QUUDINTA DHEERIGA AH EE LA BEEGSANAYO (TSFP) - DAAWEYNTA NAFAQO-XUMADA BADAN NOOCEEDA DHEXDHEXAADKA AH

Qaybtan waxaa ay ka hadlaysaa barnaamijka TSFP sida qayb ka mid ah IMAM ahaan. Ujeeddada ugu weyn ee barnaamijka waa in la baxnaaniyo carruurta iyo haweenka nafaqo-xumada dhexdhexaadka ah ay hayso iyo ka hortagga xaaladooda in ay sii xumaato oo ay noqoto nafaqo-xumo daran.

Barnaamijka TSFP wuxuu beegsanayaa:

• Carruurta qabta Nafaqo-xumada Ba'an Nooceeda Dhexdexaadka ah ee da'doodu u dhaxeyso 6 - 59 bilood

• Haweenka uurka leh ee qaba Nafaqo-xumada Ba'an Nooceeda Dhexdexaadka ah (laga bilaabo saddexda bilood ee labaad ilaa ay ka dhalayaan)

• Haweenka naas-nuujinaya ee qaba Nafaqo-xumada Ba'an Nooceeda Dhexdexaadka ah (laga bilaabo dhalmada ilaa cunuga uu ka gaaro <6 bilood)

• Carruurta laga soo saarey OTP (gudbinnada OTP) (SAM hore ee la daaweeyay)

• SAM hore PLW la daaweeyay

Ujeeddooyinka dadban ama labaad waxaa ka mid ah:

• In la baaro, la aqoonsado iyo in loo gudbiyo carruurta 6-59 bilood jirka iyo haweenka uurka leh/naas-nuujinaya ee u baahan in laga daaweeyo nafaqo-xumada ba'an nooceeda dhexdhexaadka ah iyo midda aadka ah iyo/ama dhibaatooyinka naas-nuujinta.

• In la kordhiyo aqoonta iyo xirfadaha bulshooyinka ee ku saabsan hab-dhaqannada nafaqada, gaar ahaan ku saabsan hab-dhaqannada quudinta carruurta yaryar iyo kuwa dhowaan dhashey.

Barnaamijka TSFP waa qayb ka mid ah barnaamijka IMAM ee isku-dhafan waxaa uuna si dhow ula xiriiraa:

• Abaabulidda bulshada: Bukaannada qaba MAM waxaa lagu aqoonsadaa heer bulshada waxaanna loo gudbiyaa xarunta caafimaadka. Bukaannada horey u sii raacey daaweynta barnaamijka TSFP ee ka maqan hal ama laba toddobaad waxaa guryahooda kula socon karaa shaqaalaha bulshada si loo xaqiijiyo in ay barnaamijka ku noqdaan ka hor inta aysan kuwa kabaxsan daaweynta.

• OTP/SC: Bukaannadda aan bogsan ama xaaladooda aysan ka sii darin inta ay qaadanayaan daaweynta barnaamijka TSFP waxaa loo gudbiyaa OTP si loo qiimeeyo oo loo daaweeyo. Bukaannada la cabbirey inta lagu guda jirey booqashada TSFP ee soo bandhiga shuruudaha SAM waxaa si toos ah loogu diraa OTP. Marka cunuga ku bogsado OTP/SC isaga/iyada waxaa loo diraa barnaamijka TSFP si loo xoojiyo xaalkiisa/xaalkeeda nafaqo oo looga hortago in uu dib u xanuunsado.

## 2.1. Shuruudaha gelitaanka Barnaamijka SFP ee La Beegsanayo

### 2.1.1. Shuruudaha gelitaanka – Carruurta jirta 6 ilaa 59 bilood

U noqo Lifaaqa 1aad "Sida loo Baaro Nafaqo-xumada Aadka u Ba'an" Shaxda hoose waxaa ay muujineysaa shuruudaha gelitaanka barnaamijka TSFP (jaallaha joog-u-taxa midig). Shuruudaha OTP/SC ayaa sidoo kale loo soo bandhigey si si habboon loogu gudbiyo carruurta soo bandhigaya SAM (eeg cutubka kala-sooca bukaannada SAM/MAM).

Shaxda 2aad: Shuruudaha loogu talogalay SAM iyo MAM

| | Admission criteria - Children 6 to 59 months | | |
|---|---|---|---|
| | SC | OTP | TSFP |
| | SAM with complications | SAM without complications | MAM |
| Oedema | Bilateral oedema +++ **OR** Wasted with any oedema | Bilateral oedema + OR ++ | No bilateral oedema |
| MUAC (mm) | < 115 | < 115 | ≥ 115 - <125 |
| W/H (z-score) | < -3 | < -3 | ≥ -3 - < -2 |
| Appetite | No appetite | Pass appetite test | |
| Medical complications | Intractable vomiting | No medical complications | For medical complications - Refer to IMCI |
| | Fever > 39℃ (axillary) | | |
| | Hypothermia <35℃ (axillary) | | |
| | Lower respiratory tract infections | | |
| | Severe anaemia | | I |
| | Severe dehydration | | |
| | Extensive skin infection | | |
| | Very weak, apathetic | | |
| | Unconscious, convulsions | | |
| | | **Other admissions** | |
| | | 2nd Twin | 2nd Twin |
| | | | Ex-cured SAM |

### 2.1.2. Shuruudaha gelitaanka – Haweenka Uurka leh iyo Kuwa Naas-nuujinaya (PLW)

Haweenka uurka leh iyo kuwa naas-nuujinaya (PLW) ayaa loo dhigi karaa xarunta barnaamijka si ku saleysan cabbirka MUAC. Bartamaha gacanta sare waa la qiyaasi karaa, balse cabbirka waxaa laga qaadaa gacanta BIDIX.

Shaxda 3: Shuruudaha gelitaanka ee PLW

| Shuruudaha gelitaanka : Haweenka Uurka leh iyo Kuwa Naas-nuujinaya | |
|---|---|
| Haweenka uurka leh (laga bilaabo saddexda bilood ee labaad) | MUAC < 210mm |
| Haweenayda nuujinaysa ee cunugeeda jiro <6 bilood | |

## 2.2. Taageero nafaqo: Cuntada iyo inta jeer (soo noqnoqoshada)

Badeecooyinkan soo socda ayaa lagu adeegsadaa barnaamijka TSFP waxaana loo qaybiyaa sida cunto qalalan oo guriga loo qaato ahaan. Qaddarka cuntada dheeriga ah ee la siiyo ka-faa'iideyste kasta waa ISKU MID. Miisaanka bukaanka looma tixgeliyo qaybinta barnaamijka TSFP.

Carruurta barnaamijka TSFP, iyada oo aan la tixgelin badeecada la siiyo, MARWALBA waxaa lagu taliyay in cunuga uu naaska-nuugo ka hor inta uusan qaadin, haddii cunuga wali la naas-nuujinayo.

Shaxda 4aad: Badeecooyinka cuntada ah ee Barnaamijka Quudinta Dheeriga ah ee La Beegsanayo

| Beneficiary | Food Commodity | Quantity/person/day | Comments |
|---|---|---|---|
| **Recommended food commodities for TSFP:** | | | |
| **Children 6-59 months** | **RUSF** | 100 g (1 sachet) | **Key ingredients:** Peanuts, sugar, whey, vegetable oil, milk, soy protein, cocoa, Vitamins & Minerals<br>**Nutrient profile**: 540 kcal, 13g protein (10.5%), 31g fat (55%) Contains EFA<br>Meets RNI and PDCAAS |
| **Pregnant and Lactating Women** | **Super Cereal (CSB+)** | 250 g | **Key ingredients:** Corn/wheat/rice, soya, Vitamins and Minerals<br>**Nutrient profile**: 939 kcal, 31-38g protein (16%), 16-20g fat (19%)<br>Meets RNI and PDCAAS |
| | **Oil** | 25 g | 222 kcal<br>**Total: CSB+ and Oil = 1,161kcal** |

Ogow: Marka ay ka baxayaan, 7 xirmo oo RUSF ayaa la siiyaa si loo fududeeyo habsami u socodka ku laabashada cuntada qoyska.

### 2.2.1. Kaydinta iyo maareynta agabka cuntada ah

Agabka cuntada ah waa in la kaydiyo oo la maareeyo iyada oo la raacayo dhabbe-tusayaal adag.

- Ku diiwaangeli shey kastoo cunto ah ee galaya ama ka baxaya bakhaarka kaararka lagu kantaroolo alaabta si bille ahna uga soo warbixi
- Ilaali amniga bakhaarka (quful, waardiyeyaal)
- Raac nidaamka in wixii ugu soo horgalla ay uga hor baxaan
- Eeg agabka cuntada ah ee waxyeellada gaartey ama dhacey ka-dibna kala-saar
- Isticmaal looxa afar-geesoodka ah ee rarka la dulsaaro
- Hawo ku habboon sii
- Xaqiiji nadaafadda habboon xilliga kaydinta iyo qaybinta

Shaxda 5aad: Sida guriga loogu diyaariyo CSB+

## Diyaarinta Galley iyo Digirta Soya La Isku Daray oo Wax Kale Ku Darsan (CSB+)

1. Galley iyo Digirta Soya La Isku Daray oo Wax Kale Ku Darsan (CSB+) waa cunto la isku daray oo nafaqo lagu xoojiyey oo laga sameeyay galley iyo burka digirta soya, faytamiinno, iyo macdan oo la siiyo haweenka uurka leh iyo kuwa naas-nuujiya. Horey ayaa loo kariyey laakin ma aha badeeco markaasba diyaar ah. Waa in la kariyaa ugu badnaan 10 daqiiqo la kariyo.

2. Ka hor inta aan la bilaabin karinta CSB+, si fiican u dhaq gacamahaaga oo xaqiiji biyaha loo adeegsado in lagu diyaariyo/kariyo mishaarida/boorashta in ay yihiin kuwo ammaan ah.

3. **Saamiga biyaha marka loo eego CSB+ waa 4:1.** Tusaale ahaan 4 koob oo biyo ah waa in lagu daro 1 koob oo burka CSB+ ah. Marka xoogaa biyo qabow ah ku qas qaddar yar oo burka CSB+ ah si aad ugu sameyso cajiin, ka-dib ku dar biyaha intooda kale si ay u sii karaan 10 daqiiqo.

4. Si loo kordhiyo cufnaanta tamarta iyo dhadhanka mishaarida/boorashta CSB+, khudaar iyo miro xilliyeed, caano booro, sonkor, saliid, iyo/ama laws ayaa lagu dari karaa.

Kaydinta CSB ee guriga

- Dabool weelka ay CSB+ ku jirto si looga hortaggo duqsiyada iyo wasakhda kale in ay galaan
- Waxaad dhigtaa CSB+ qaybta ama halka ugu qabow ee guriga
- Marka bacda ay ku jirto la furo waa in lagu shubaa oo lagu kaydiyaa weel af xiran oo aan hawo dayn ama galin haddii la heli karo. Haddii kale, bacda waa in si habboon loo xiro ka-dib isticmaal kasta.

## 2.3. Daawooyinka joogtada ah

Barnaamijka TSFP, kalkaaliye caafimaad waa in uu eegaa xaaladaha caafimaad, xaaladda tallaalka, dhiigyaraanta, iyo caabuqyada caamka ah ka-dibna waa in uu ku diiwaangeliyo macluumaadka kaarka ka-faa'iideystaha iyo diiwaanka. Haddii ay lagama maarmaan tahay, waa in cunuga loo gudbiyaa adeegga ku habboon.

Shaxda 6aad: Daawooyinka Joogtada ah ee Carruurta MAMA ee TSFP

| Name of Product | When | Age/ Weight | Prescription | Dose |
|---|---|---|---|---|
| VITAMIN A* | **AT ADMISSION** **if NOT using RUSF and if NOT taken in the last 3 months** | 6 months to < 1 year | 100 000 IU | Single dose on admission |
| | | ≥ 1 year | 200 000 IU | |
| MEASLES VACCINATION | AT ADMISSION | From 9 months | (standard) | Single dose on admission |
| ALBENDAZOLE | AT ADMISSION | < 1 year | **DO NOT GIVE** | **NONE** |
| | | 12 - 23 months | **200 mg (1/2 tablet)** | **Single** dose on **Second** visit |
| | | ≥ 2 years | **400 mg (1 tablet)** | |

***FAYTAMIIN A: Carruurta muujinaya astaamaha caafimaad ee yaraanshaha Faytamiin A (astaamaha isha) ama jadeeco firfircoon waa in la siiyo oo ay bilaabaan dib u dhac la'aan. Iyada oo ku saleysan darnaanta xaaladda, kalkaaliyaha caafimaad ayaa go'aamin doona haddii cunuga uu sidoo kale u baahan yahay in loo gudbiyo xarunta caafimaad ee ugu dhow si loogu soo daaweeyo iyada oo la raacayo dhabbe-tusayaasha Hay'adda Caafimaadka Adduunka (WHO).**

**Ogow: XADIIDDA (IRON) FOLATE: Ha siinin haddii uu qabo astaamaha ama laga helay dhiigyaraan mooyee. Ma jiraan daawooyin joogto ah oo loogu talogalay la-socoshada CARRUURTII HORE EE SAM.**

### 2.3.1. Daawooyin gaar ah:

Daaweynta bukaannada xanuunsan, ee nafaqo-xumada nooceeda dhexdhexaadka ah hayso waa in ay waafaqsanaataa habraacyada WHO/IMCI. Waxaa jira jirrooyin guud ama caam ah oo lagu daaweyn karo goobta quudinta dheeriga ah. Kuwan waxaa ka mid ah shuban, matag, duumo, iyo caabuqyada kale ee caamka ah sida caabuqyada dhegta, indhaha, iyo maqaarka.

Haddii uusan joogin kalkaaliye caafimaad/takhtar, dhammaan ka-faa'iideystayaasha qaba jirrooyinka caamka ah waa in loo gudbiyo xarunta caafimaadka ee ugu dhow.

### 2.3.2. Daawooyinka joogtada ah ee loogu talogalay Haweenka Uurka leh iyo Kuwa Naas-nuujinayo

Haweenka Uurka leh iyo Kuwa Naas-nuujinaya guud ahaan waxaa ay ka helaan daawooyin ka hortag ah bukaan-eegtada MCH; ma jiraan wax dheeri ah oo la qaybiyo inta lagu guda jiro daaweynta barnaamijka TSFP.

## 2.4. Il-ku-haynta / La-socoshada bukaannada

Goobta barnaamijka IMAM ee isku-dhafka ah, wareegga caadiga ah ee TSFP waa laba toddobaadle ama bille. Degaamada magaalooyinka ah,

### 2.4.1. Booqasho kasta:

1. Cabbiraadda cago-bararka
2. Cabbiraadda MUAC
3. Cabbiraadda miisaanka
4. Cabbir dhererka ka-dibna xisaabi WHZ
5. Xisaabi miisaanka la beegsanayo ee WHZ > ama = -1.5Z
6. Baaritaanno caafimaad iyo daaweyn haddii loo baahdo
7. Sii daawooyinka joogtada ah haddii loo baahdo
8. Qiimee isbeddelka bukaanka: abaabul booqasho guri ama gudbi haddii aysan jirin wax isbeddel ah
9. Qaybi agabka cuntada ah
10. Cusbooneysii kaarka qoondada cuntada ee TSFP iyo diiwaanka
11. Waxaad siisaa wacyigalin caafimaad

### 2.4.2. Afar bilood kasta

1. Cabbir joogga/dhererka
2. Dib-u-xisaabi W/H z-dhibcaha
3. Dib-u-xisaabi miisaanka la beegsanayo WHZ> ama = -1.5Z

### 2.4.3. Marka loo baahdo

1. U gudbi xarun caafimaad dhibaatooyinka caafimaad ee aan lagu daaweyn karin goobta barnaamijka TSFP.

## 2.5. Baarista Ku Guuldarreysiga waafaqidda daaweynta barnaamijka TSFP

Waa aasaasi in si adag loo adeegsado shuruudaha guuldarrada-waafaqidda: Carruurta waa in aysan ku dayacnaanin TSFP toddobaadyo ama bilo iyaga oo aan la aqoonsan oo aan la baarin oo aan la maareyn waxa sababey guuldarada. Waa sababtan awgeed sababta xilliga gelitaanka, aan kaliya la xisaabin miisaanka ka bixidda balse sidoo kale loo xisaabo miisaanka shuruudda SAM lagu gaaro iyo tallaabada loo baahan yahay in si degdeg ah loo qaado.

### 2.5.1. Shuruudaha ku guuldarreysiga waafaqidda daaweynta

Kuwan waa xadadka waqtiga ugu badan ee lagu magacaabi karo bukaannada in ay ku guuldareysteen waafaqidda daaweynta – xaaladaha badankooda waa in tallaabo la qaado ka hor inta xadadkan la gaarin.

1. Miisaan aan ku kordhin, wax yar ku kodhay, booqashada 3aad
2. Miisaan lumin (caatoobid) kasta ee xilliga booqada 2aad
3. Luminta miisaan ka badan 5% ee miisaanka jirka ee waqti kasta (miisaan/iskeel la mid ah waa in la adeegsado)
4. Ku guuldareysiga in la gaaro shuruudaha ka bixidda ka-dib afar bilood marka lagu jiro barnaamijka
5. Ka tagidda barnaamijka (joojinta)
6. Ka sii-daraya SAM

### 2.5.2. Sababaha ku guuldarreysiga waafaqidda

1. Dhibaatooyinka adeegsiga habraaca: kuwani waa in marka hore wax laga qabtaa
2. Yaraanshaha nafaqada ee aan lagu sixin cuntada lagu bixiyo TSFP
3. Duruufaha bulsho/guri ee bukaanka
4. Jirrada/xaaladda jireed ee aasaaska u ah
5. Sababo kale

### 2.5.3. Habraac tallaabooyin is xigxiga oowax looga qabanayo ku guuldarreysiga waafaqidda

#### *Dhibaatooyin habraaca*

Halka qayb mug leh oo carruurta ah ay ku guuldarreystaan in ay waafaqaan daaweynta (ama ay isaga tagaan barnaamijka) adeegsiga habboon ee habraaca iyo tababarka shaqaalaha ee heerka gudaha waa in si nidaamsan dib-u-eegis loogu sameeyo, haddii ay suurtagal tahayna qiimeyn dibadda ah. Yaraansho kasta waa in la saxaa. Ka gaabinta in si ixtiraam leh loola dhaqmo daryeelayaasha (af-lagaaddeyn iwm.), xaaladaha intooda badan, waa sababta ugu badan ee keenta joojinta. Haddii la tuhunsan yahay in "raashiin yar" la bixiyay ama cuntada meel kale loo weecinayo, korjoogteyn qaybinta ka-dib ah oo aan la shaacin waa in la sameeyo iyada oo dib loo miisaamayo cuntada dadka la soo siiyay ay kala baxayaan goobta barnamijka TSFP ama booqashooyin si ku-nasiibso ah loogu tago guryahooda ka-faa'iideystaasha ka-dibna la baaro/miisaamo cuntada ay dhowaan heleen.

#### *Yaraanshaha nafaqada ee aan la saxin*

Cuntooyinkii hore ee loo isticmaali jiray quudinta dheeriga ah ee carruurta nafaqo-xumada nooceed dhexdhexaadka ah hayso (CSB, UNIMIX,) looma nakhshadeyn in kor loogu qaado miisaan koror degdeg ah ama in xaaladda fisiyoolooji ee carruurta dib loogu soo celiyo mid caadi ah xaaladooda fisiyoolooji/jir ahaaneed. Xitaa haddii loo qaato si barax-tiran, cufnaanta nafaqada ma gudi karto heerarka hoose ee nafaqooyinka aasaasiga ah qaarkood ee cuntada inteeda kale. Inta badan waxaa ku yar dhowr nafqooyin oo aasaasi ah

(tus, botaashiyam/kaaliyam, magniisiyam.. fosforasta la heli karo ama sinki, iwm.), helitaanka nafaqooyinkan aad iyo aad ayay ugu yar yihiin cuntooyinka qaar, waxaanna aad ugu badan waxyaabo lid ku ah nafaqooyinka. Sida lagu sharxay xisaabta ku xusan salka bogga 36aad isku dheelitirnaan la'aanta nafciga dheeriga ah ayaa xitaa sii xumayn kara nafaqo-xumada. Waxaa intaa dheer, in qaarkood ay ku badan tahay xadiidka/birta, oo baabi'isa nafaqooyinka kale ee aasaasiga ah, sida faytamiin C, inta lagu guda jiro cunto diyaarinta.

Gaar ahaan, marka cuntooyinka la isku shiidey ee nafaqada lagu xoojiyay ee ku saleysan badarka la adeegsado (istiraatiijiyadda koowaad, tallaabada xigta waa in la tijaabiyo haddii carruurta ay leeyihiin yaraansho nafaqo oo aan la saxin. Tani waxaa lagu gaaraa iyada oo la beddelayo raashiinka lagu bixiyo cuntada nafaqada ku badan oo ay ku yar tahay waxyaabaha lidka ku ah nafaqooyinka yaryar caadi ahaan iyada oo la siinayo RUSF ama, duruufaha aadka u daranna, RUTF loogu talogalay kuwa nafaqo-xumada aadka ah ay hayso si kor loogu qaado kororka miisaanka degdegga ah. Waxaa muhiim ah in xoogga la saaro in bogsashada cunuga ay ka hooseyso sidii la filayay, in cuntada si barax-tiran loo siiyo cunuga iyo in aan la wadaagin, iyo in la qaato ugu yaraan hal saac ka hor, ama laba saacadood ka-dib, cuntooyinka qoyska iyo in aan lagu qasin cuntada qoyska ee uu qaato cunuga.

### *Dhibaatooyin bulsho*

Halka RUSF lagu isticmaalo ee tilmaamaha saxda ah ee isticmaalkeeda lagu bixiyay (oo daryeelahana uu xaqiijiyo in la raacay), sababta ugu badan ee keenta ku guuldareysiga waa dhibaatooyinka bulshada ee ka dhex jira qoyska. Kuwan waxaa ka mid ah:

• Aabbaha ama soddohda, oo marar dhif ah cunuga la taga TSFP, diidda dalabka hooyada ama ku adkeysta in cunuga uu qaato "cuntooyin dhaqameedka abaabinta"

• Wadaagista xad-dhaafka ah ee cuntada lala wadaago walaalahiisa kale, xubnaha qoyska, deriska, ama cuntada oo la iibiya.

• Loollanka ka dhaxeeya walaalaha, gaar ahaan dhaqammada xubnaha qoyska ay saxanka wadaagaan – cunuga MAM caadi ahaan si tartiib ah ayuu wax u cunaa, waxaa yar ama uusan awoodin in uu helo qaybtiisa cuntada, walaalahana waxaa ay RUSF ka "ka xadaan" cunuga MAM iyada oo hooyadu aysan ogeyn.

• Isku-dhexyaaca maanka ee waalidka, gaar ahaan haddii qoyska ay dhaawac maskaxeed u geysteen dagaallada ama casbiga dagaalada iyo barokaca. Sidoo kale qaybtan waxaa kujira xannuun maskaxda ee waalidka (waalida schizophrenia, cudurka dhimirka ee loo yaqaanno Munchhausen syndrome by proxy, cudurka maskax yaraanta, iwm.).

• Xadgudubka carruurta lagula kaco.

• Xubin qoyska ka tirsan (caadi ahaan qof weyn ah) ayaa u isticmaalaya kheyraadka/dhaqaalaha qoyska in uu ku iibsado khamri, jaad ama daroogo kale, khamaar, ama sigaar cabid. Halka xubinka qoyska ka tirsan uu hayso xanuun daran (tusaale, uu qabo fayruska HIV) oo dhaqaale ahaanna uusan firfircooneen iyada oo ay sabab u tahay saboolnimo, kheyraadka qoyska waxaa laga yaabaa in lagu bixiyo kharashaadka caafimaad ee qofkaasi.

• Diidmada mararka qaarkood la diido ilmaha, inta badan sabab u ah muranka qoyska ama shaki ku saabsan waalidnimada.

• Saboolnimo xad-dhaaf ah oo keentay qoyska oo dhan in uu noqdo mid nafaqo-xumo haysa oo aan heli karin cunto iyada oo "barnaamijka" kaliya uu "beegsado" carruurta yaryar (tani gaar ahaan waxaa ay ku badan tahay halka MUAC la hubo ay tahay shuruudda kaliya loo adeegsado shuruudda gelitaanka iyada oo carruurta nafaqo-xumada haysa iyo dadka waaweyn ee baahan aysan xaq u laheyn in la aqbalo ka mid noqoshadooda barnaamijka TSFP).

• In xaaladda cunuga loo adeegsado sidii cunto iyo adeegyo loogu heli lahaa qoyska oo dhan. Waa wax aan la aqbali karin in qoys ay doortaan cunug ay u huri doonaan si qoyska uu u sii noolaado. Ha u ciqaabin qoyska in ay qaateen go'aankan xun – qoondo cunto dhammeystiran WAA IN la siiyaa qoyska oo dhan.

• Takoorka ay bulshadu kula kacdo qoyska (qowmiyad ahaan laga tiro badan yahay) ama luminta shabakada bulshada ee oggolaanaysa amaah qaadashada iyo bixinta u dhaxeysa deriska.

• Kuwan waa sababaha ugu badan ee keena, balse waxaa jira sababo kale oo badan oo keena carqaladaynta bulshada oo horseeda nafaqo-xumada carruurta yaryar iyo ku guuldareysiga waafaqidda daaweynta.

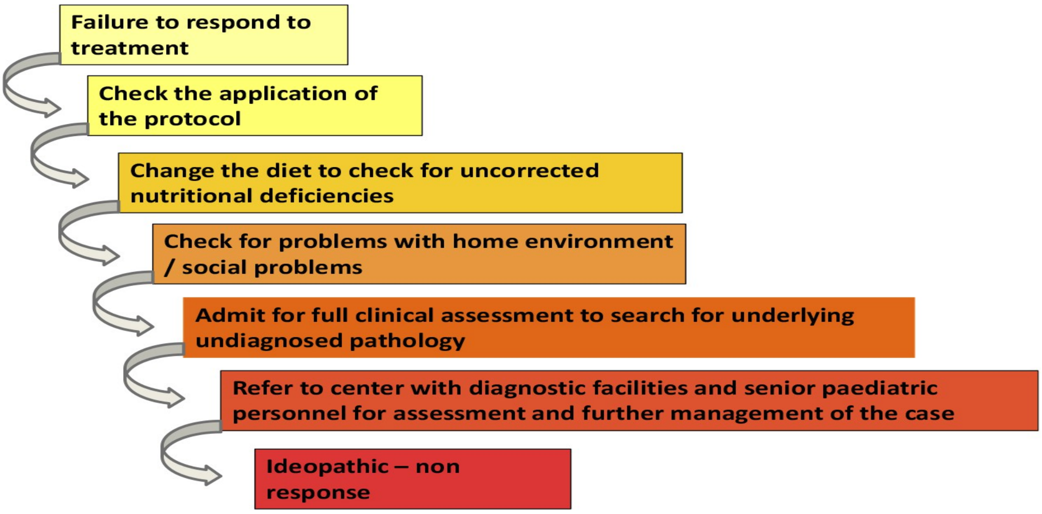
Si loo tijaabiyo haddii mid ka mid ah kuwan ay tahay sababta, marka hore tijaabada rabitaanka cuntada ayaa la sameyn karaa. Haddii cunuga uu si fiican wax u cunayo ama uu gaajeysan yahay oo welina wax miisaan ah ku soo kordhin inta uu joogo guriga markaasi waxaa la xaqiijiyay dhibaato bulsho oo mug leh. Tani waxaa markaa lagu baaraa wareysi qoto-dheer oo lala yeesho maxada/gofka ugu muhiimsan ee gooya go'aamada qoyska (aabbaha, soddohda) waxaana la sameeyaa booqasho guri. Haddii ilmaha uusan qaadan raashiinka tijaabada ah ama u muuqdo in uusan rabin cuntada, tani ayaa sabab u noqon karta xishood, in uusan aqoon u laheyn ama in uusan jeclayn RUSF/RUTF, markaasi hal istiraatiijiyad waa in lagu qoro ilmaha xarun bixisa daryeelka maalintii ama in ilmaha la quudiyo isaga oo si toos ah u hoostagaya kormeerka maalin ama wax la mid ah.

### *Xaaladaha caafimaad ee sababaya*

Haddii cunuga uusan lahayn rabitaan cunto markaasi waxaa jirta dhibaato caafimaad oo sababaysa. Waa in baaritaan caafimaad iyo mid taariikheed oo taxaddar leh lagu sameeyaa oo laga baaraa xaaladaha caamka ah ee ay salka ku hayso, gaar ahaan: Cudurka qaaxada, shalalka maskaxda, fayruska HIV, schistosomiasis oo ah xanuun ka dhasha goryaanka weyn, caabuqyo kale, cudurka beer-bararka (cirrhosis), khaladaadka dheef-shiidka ee lagu dhasho, xanuun la xiriira hiddesidaha oo afka qalaad lagu yirahdo *Down syndrome*, xanuunka dhaawaca neerfaha "*post-meningitis neurological damage,"* iwm.

### *Xaaladaha kale*

Haddii aysan jirin xaalad sababaysa markaasi cunuga waa in loo gudbiyo xarun lagu daaweeyo carruurta oo leh khibrad gaar ah iyo tas-hiilaad baaritaan.




### 2.5.4. Daaweynta ku guuldareysiga waafaqidda daaweynta

Midba mar oo qaabka isku xigxiga la muujiyey ah – oo aan si kale isugu xigxigin ama aan laga tagin tallaabo kasta – ka-dib marka baaritaan lagu sameeyo bukaankan ku guuldareystay waafaqidda daaweynta, tallaabada xigta waa in la daaweeyo bukaanka.

Sababtan daraaddeed, ka sokow cuntadaada dheeriga ah ee ugu badan sida CSB++ ama cuntada kale ee la isku daray ee nafaqada lagu xoojiyey, waxaad u baahan tahay cunto dheeri ah kale.

Tusaale ahaan:

1. CSB++/cuntada kale ee la isku darey ee nafqada lagu xoojiyey

2. RUSF, oo ah cunto dheeri ah oo tayo sare leh u diyaarsan in la cuno oo lagu xoojiyey nafaqooyinka oo dhan.

*Tallaabada 1aad: Waxaad siisaa "RUSF" ay dux sal u tahay, 1000kcal maalintii muddo 15 maalmood (2 bac maalintii)*

Cuntadani waxaa ay saxi doontaa nafaqooyinka ku yar oo dhan ee la yaqaan oo, intaa waxaa dheer, in ay siin doonto nafaqooyinka dheeriga ah ee ka maqan. Su'aal kama taagna in cuntada loo beddelo CSB loona beddelo cunno kale oo aan ku filnayn (sida BP5) sababtoo ah haddii cunuga uusan weli waafaqin, wax-ku-ool ma aha in aan lagu soo darin nafaqo yaraanta aan laga baarin/laga daaweyn in ay tahay sababta guuldarrada. Waa IN ay noqoto cuntada ugu wanaagsan ee la heli karo ee ku habboon bogsashada cunuga nafaqo-xumada haysa.

Tani kama reebayso sabab bulsho maadaama RUSF loo baahnayn in la diyaariyo – haddii hooyada aysan sabab bulsho awgeed u diyaarin karin cuntada la isku darey waxaa laga yaabaa in ay awooddo in ay siiso RUSF iyada oo sabab u ah in ay diyaarsan tahay in horey lagu cuno.

*Tallaabada 2aad: 15 maalmood ka-dib, booqashada xigta,*

**1. Haddii isaga/iyada ay hadda waafaqaan daaweynta, tani macnaheeda waa in ay ahayd dhibaato nafaqo (ama bulsho)**

=> Sii wad daaweynta adiga oo siinaya 2 xirmo oo RUSF ah oo lagu daray cunto SFC ah bil dheeraad ah.

**2. Haddi isaga/iyada aysan waafaqin daaweynta, tani macnaheeda waa in dhibaatada ugu weyn aysan ahayn dhibaato NAFAQO oo ay tahay in aan hadda baarno haddii ay tahay dhibaato bulsho.**

*Tallaabada 3aad: Baar xaaladaha bulsho ee guriga; booqashada guriga waxaa lagu oggaan doonaa dhibaatooyinka bulshada qaarkood*

Aad iyo aad ayay muhiim u tahay in la garto in dhibaatooyinka bulshada badankooda in AAN la ogaan doonin inta lagu guda jiro booqashada guriga (sida takoorka ka dhanka ah cunuga, dayacaad, maamulidda waalidka, jirro shaqo, xafiiltanka walaalaha, iwm.). Arrintan ayaa sabab u ah in hab-dhaqanka carruurta waalidiinta ay isbeddelan marka uu soo booqdo qof kale oo dibadda ka ah.

**1. Inta lagu guda jiro booqashada guriga, haddii la aqoonsado dhibaato la yareyn karo ama la xallin karo,**

=> Markaasi la tacaamul dhibaatada oo uga guriga ugu tag cunuga, si aad ula socoto booqashooyin dheeraad ah ayaa la sameyn karaa toddobaadyada soo socda.

**2. Inta lagu guda jirro booqashada guriga, haddii aad aqoonsato dhibaato guriga aan lagu yareyn karin ama aan lagu xallin karin,**

=> Waxaad qaadaa tallaabooyin kasta ee lagu yareyn karo dhibaatada - sida 1) in cunuga la geeyo xarun, 2) in kheyraad badan la geliyo guriga, 3) in loo diyaariyo daryeele kale (qaraabo ah), 4) in daaweyn loo helo daryeelaha (tus, cudurka maskaxda, fayruska HIV.).

**3. Inta lagu guda jiro booqashada guriga, haddii aan la aqoonsan wax dhibaato ah oo lagu oggaanayo guuldarrada waafaqidda daaweynta, markaa waxaa weli suurtagal ah in ay jirto dhibaato bulsho oo aan la aqoonsan inta lagu guda jirro booqashada guriga.**

=> Ka-dib waxaad dhigtaa cunugga xarun iyada oo la siinayo tijaabo quudin oo soconaysa 3 maalmood oo la kormeerayo[12]. Xaruntani ayaa waxaa ay noqon kartaa Xarun Xasillin, xarun daryeelka maalintii ah, ama "quudinta qoyan" halkaas oo cunuga maalin kasta la geeyo xarun caafimaad si uu u helo cunto lagu kormeero.

Xarumahan intooda badan awood buuxda uma laha baaris caafimaad – balse waxaa hubaal ah in ay la socon karaan quudinta iyo daryeelka si loo xaqiijiyo in cunuga uu helo cuntada loo qoray.

*Tallaabada 4aad: Haddii cunuga uusan waafaqin daaweynta, markaasi wuxuu u baahan yahay in loo diro xarun (cusbitaal) halkaas oo ay joogaan takhaatiir toos ula xiriira bukaanka/kuwa carruurta oo xirfad durugsan u leh*

12 Kani waa hab-dhaqanka caafimaadka carruurta caadiga ah ee ka jirra Yurub ee loogu talogalay carruurta "ku guul darreysata in ay si caadi ah ugu koraan" guriga – waxaa marka hore loo dhigaa tijaabinta daryeelka/quudinta caadiga ah ee deegaanka la kormeero.

*baarista haystana tas-hiilaadka lagu baarayo cunuga.*

Haddii xaruntan aysan oggaan sababta, markaasi cunuga waa in loo gudbiyaa xarun qaran/Jaamacad si baaritaan buuxa loogu soo sameeyo sababaha aan caadiga ahayn.

Haddii aan la oggaan sababta keentay nafaqo-xumada, carruurtaas waa in la diiwaangeliyo, naamuunadaha la kaydiyo, si uu u arko takhtar carruureed sare marka la helo oo aqoon iyo xirfad u leh nafaqo-xumada daran iyo cudurrada kale.

## 2.6. Shuruudaha ka bixinta bukaanka barnaamijka TSFP

### 2.6.1. Loogu talogalay carruurta MAM

Shaxda 7aad: Nooca ka bixinta iyo shuruudaha ka bixinta

| | |
|---|---|
| **Cured** | MUAC ≥ 12.5 cm for 2 consecutive visits |
| (discharge according to the same criteria used for admission) | **W/H** ≥ -1.5 Z-score for 2 consecutive visits |
| **Defaulter** | Absent for 2 consecutive visits |
| **Dead** | Died during time registered in TSFP |
| **Non-cured/refused to be referred to hospital or OTP** | Has not reached the discharge criteria within 4 months |
| **Referral to OTP** | Has reached the SAM criteria |
| **Transfer to another TSFP** | Move to another TSFP near his/her home |

Ogow: Cunuga loo diray barnaamij TSFP kale si uu u sii wato daaweynta lagama bixin barnaamijka. Warqad wareejin waa in la siiyaa hooyada isla-markaanna waxaa la adeegsan doonaa isla kaarka qoondada cuntada

Shaxda 8aad: Nooca ka bixinta iyo shuruudaha ka bixinta bukaanka horey uga bogsadey SAM

| | |
|---|---|
| **End of follow up** (discharge according to the same criteria used for admission) | MUAC ≥ 12.5 cm for 2 consecutive visits |
| | **W/H** ≥ -1.5 Z-score for 2 consecutive visits |
| **Default** | Absent for 2 consecutive visits |
| **Dead** | Died during time registered in TSFP |
| **Non-cured/refused to be referred to hospital or MAM TSFP** | Has not reached the discharge criteria within 4 months |
| **Referral to TSFP as MAM** | Has reached the SAM criteria |
| **Transfer to another TSFP for follow up** | Move to another TSFP near his/her home |

### 2.6.2. Loogu talogalay PLW

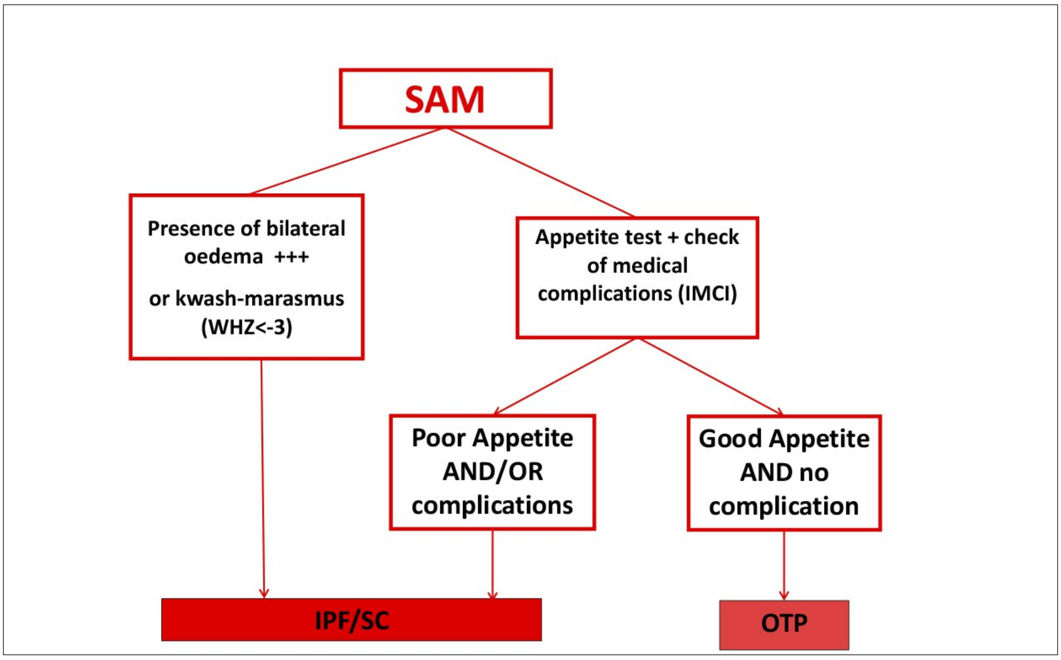
Haweenka uurka leh iyo kuwa naas-nuujinaya (PLW) waxaa xarunta lagu dhigaa si ku saleysan cabbirka MUAC. Bartamaha garabka kore waa la qiyaasi karaa, balse cabbirka ayaa waxaa laga qaadaa gacanta BIDIX.

| **Discharge criteria : Pregnant and Lactating Women** | |
|---|---|
| Pregnant women (from the second trimester) | MUAC > 210mm |
| Lactating women whose child is <6 months | For 2 consecutive visits |

# KALA-SOOCA BUKAANNADA SAM EE OTP/SC

Kala-sooca waa in lagu sameeyo OPD ee xarunta xasillinta (SC) iyo OTP. Bandhig-qorsheedka 1aad wuxuu muujinayaa qulqulka bukaannada ee go’aan-qaadashada.

Kaartada hawl-raaca 3aad: Go’aan-qaadashada loogu talogalay SC ama OTP




# 1. HAWLO

## 1. Kalkaaliye caafimaad, kaaliyaha kalkaaliyaha caafimaad, ama nafaqo-yaqaanka

Kalkaaliyaha caafimaadka, kaaliyaha kalkaaliyaha caafimaadka, ama nafaqo-yaqaanka:

1. Wuxuu gelinayaa dhammaan carruurta xaqa u leh in lagu qoro barnaamijka buugga diiwaangelinta, wuxuu ku buuxinayaa kaartada bukaanka, wuxuunna siinayaa lambarka SAM;

2. Wuxuu “si degdeg ugu fududeynayaa” kuwa sida muuqata aadka u xanuunsan in ay helaan daaweyn bukaan-jiif oo ma sugayaan. Qofka dardargeliya kala-sooca bukaannada waa in uu si joogto ah u eego goobta sugitaanka oo waa in ay si toos ah ugu gudbiyaan bukaanka noocaas ah kalkaaliyaha caafimaad ee ka mas’uulka ah si si toos ah loogu diro Xarunta Xasillinta ama si ay u bilowdo daaweyn haddii masaafadu ay aad u fog tahay iyo/ama gaadiid habboon aan la heli karin.

3. Waa in uu bukaannada ku sameeyo tijaabada cunto rabista inta ay sugayaan la kullanka/aragga kalkaaliyaha caafimaad (eeg baragaraafka 4, bogga 27aad);

### 1.2. Kalkaaliyaha caafimaad

Kalkaaliyaha caafimaad ayaa markaa ka-dib arkaya bukaanka isaga oo haysta cabbiraadaha jirka iyo natiijada tijaabada rabitaanka cuntada. Kalkaaliyaha caafimaad ayaa:

1. Baaraya bukaanka si uu u go’aamiyo haddii isaga/iyada ay qabaan dhibaatooyin isaga oo adeegsanaya shuruudaha IMCI (eeg baragaraafka 5aad: dhibaatooyinka);

2. U sharxaya daryeelaha ikhtiyaarada daaweynta wuxuunna la go’aaminayaa daryeelaha haddii cunuga loo daaweynayo bukaan-socod ama bukaan-jiif ahaan;

3. U gudbinaya kuwa u baahan daaweyn bukaan-jiif in la dhigo Xarunta Xasillinta kuwa bukaan-socod ahaantana loo daaweyn karana wuxuu u dirayaa goobta OTP u dhow gurigooda;

• Haddii kala-sooca xaaladda bukaanka lagu sameeyay gudaha OTP oo bukaankana u baahan yahay daaweynta Xarunta Xasillinta, kalkaaliyaha caafimaad wuxuu siinayaa Lambar-SAM, diiwaangelinayaa bukaanka, buuxinayaa foomka wareejinta, oo wuxuu u qabanqaabinayaa wareejinta.

4. Carruurta xanuunsan ee hooyadooda horey u diidday daryeelka bukaan-jiifka, ugu celi tijaabada rabitaanka cuntada:

• Haddii tijaabada rabitaanka cuntada hadda laga gudbo, u sharrax daryeelka guriga hooyada oo sii daaweynta IMCI ee loogu talogalay jirrada wehelisa. Ka gudbidda tijaabada rabitaanka cuntada waa shuruudda ugu weyn ee maareynta bukaan-socodka.

• Haddii mar kale laga gudbi waayo tijaabada rabitaanka cuntada, u sharax hooyada khatarta ay leedahay in cunuga guriga la geeyo oo isku day in aad ka dhaadhiciso in ay oggolaato daryeelka bukaan-jiifka ugu yaraan dhowr maalmood. Hase-yeeshee, go’aanka hooyada waa in la ixtiraamo oo waa in aan la khasbin.

• Haddii cunuga uu guuldarreysto iyada oo sabab u ah in iyada/isaga ay u muuqdaan in ay baqayaan balse sida kale feejigan oo aan dhibaatooyin qabin,

o Weli u gudbi cunuga Xarunta Xasillinta ugu yaraan muddo gaaban (haddii gaadiidka uu ku habboon yahay);

o Si taxaddar leh ugu sharrax faa’iidooyinka ay leedahay Xarunta Xasillinta, halisaha OTP iyo in daryeelaha ay fikirkeeda beddeli karto  waqti kasta ka-dib dhigitaanka ama gelintaanka marka ay ku heshiiyaan shaqaalaha; iyo

o Oggolow go'aanka kama dambeysta ah ee daryeelaha oo qabanqaabi daryeelka habboon ee guriga.

5. Bilow daaweynta habboon ee bukaan-socodyada, oo ah: dhammaan carruurta ka soo baxda shuruudaha (eeg hoose).

### 1.3. Abaabulidda bulshada:

• Sida barnaamijyada oo dhan, furaha guusha ayaa wuxuu ku jiraa qaybta abaabulidda bulshada ee wanaagsan ee xaqiijin doona ogaanshaha hore ee xaaladaha ka hor inta carruurta aysan qaadin xaalado kale oo sii xumeynaya oo u baahan daaweyn lagu qaato xarun xasillin iyo kordhinta baaxadda gaarista.

• Hawlaha abaabulidda bulshada ayaa gacan ka geysta in la aqoonsado oo loo gudbiyo bukaannada OTP si loogu kuurgalo xaaladooda iyo baahida loo qabo daaweynta (ogaanshaha hore ee xaaladda/kiiska).

• Bukaannada sida saxda ah horumarka uga sameyn OTP, ama joojiya daaweynta waxaa guryahooda ku booqda shaqaalaha bulshada, Shaqaalaha Caafimadka Bulshada (CHW), ama Shaqaalaha Caafimaadka ee Haweenka ah (FHW) (eeg qaybta 4aad). Booqashada koowaad waa in sida ugu dhaqsiyaha badan loo sameeyaa marka cunuga uu maqnaado balse kama dambeys laba maqnaansho oo isku xigxiga, si looga fogaado in lagu dhawaaqo cunuga in uu yahay joojiye (taas oo la sameeyo 3 maqnaansho ka-dib).

# 2. AGABKA

Loogu talogalay kaaliyaha kalkaaliyaha caafimaad:

• Xargaha MUAC

• Miisaan, boodhka dhererka, shaxda miisaanka-iyo-joogga

• Buugga diiwaangelinta, kaartooyinka bukaanka

• RUTF, sonkor, biyo nadiif ah oo la cabbo, miisaanka ama koobka cabbirka caafimaad, (5g dhag ah)

• Biyaha iyo saabuunta lagu dhaqdo gacamaha

• Heer-kul-beeg

Loogu talogalay kaaliyaha caafimaadka:

• Qalab baaritaan (qalabka uu dhaqtarku dadka ku wiisiteeyo ee uu dhegaha surto "*stethoscope*", qalabka lagu eego gudaha dhegta "*otoscope*", ...)

• Foomamka wareejinta/beddelaadda

• Daawooyin

Faahfaahinnada waxaa lagu sharxay qaybta xigta.

# 3. SHURUUDAHA GELITAANKA (EEG LIFAAQA 1AAD)

Kaartada hawl-raaca 3aad: Go'aan-qaadashada loogu talogalay SC ama OTP

| | **Admission criteria – Children 6 to 59 months** | |
|---|---|---|
| | SC | OTP |
| | SAM with complications | SAM without complications |
| Oedema | Bilateral oedema +++ **OR**<br>Wasted with any oedema | Bilateral oedema + OR ++ |
| MUAC (mm) | < 115 | < 115 |
| W/H (z-score) | < -3 | < -3 |
| Appetite | No appetite | Pass appetite test |
| Medical complications | Intractable vomiting<br>Fever > 39C (axillary)<br>Hypothermia <35C (axillary)<br>Lower respiratory tract infections<br>Severe anaemia<br>Severe dehydration<br>Extensive skin infection<br>Very weak, apathetic<br>Unconscious, convulsions | No medical complications |
| | | **Other admissions** |
| | | 2nd Twin |

# 4. TIJAABADA RABITAANKA CUNTADA IYO LA SOCOSHADA BUKAANNADA

## Waa maxay sababta loo sameeyo tijaabada rabitaanka cuntada?

• U-kuurgelidda saxda ah ee macquulkana ah ee lagu sameeyo rabitaanka cuntada ayaa inta badan ah habka kaliya ee lagu kala saaro xaaladda adag ee SAM iyo midda aan adkayn. Calaamadaha kale (IMCI) ee jirrada daran waa kuwo aan lagu kalsoonaan karin xaaladda cunuga nafaqo-xumada ba'an ay hayso.

• Yaraanshaha rabitaanka cuntada waa calaamadda ugu wanaagsan ee nafaqo-xumada-dheefshiidka daran oo tijaabada rabitaanka cuntadana waa shuruudda ugu muhiimsan ee lagu go'aaminayo haddii bukaanka loo dirayo maareynta bukaan-socodka ama bukaan-jiifka.

• Rabitaanka cuntada ee liita waxaa ay ka dhigan tahay in cunuga uu qabo caabuq mug leh ama xaalad dheefshiid aan caadi ahayn sida beerka oo aan shaqeyn, isku dheelitirnaan la'aanta curiyeyaasha jirka, waxyeellada gaarta xuubka unugga, ama burburka falgalka kiimikada. Kuwani waa bukaannada halista ugu jiro dhimasho degdeg ah. Intaa waxaa dheer, cunuga rabitaankiisa cuntada ay liidato in uusan guriga ku qaadan doonin xaddi ku filan oo cuntada daawada ah si looga hortago in ay xaaladiisa ka sii darto.

## Sida loo sameeyo tijaabada rabitaanka cuntada:

### Kaaliyaha

• Dhammaan carruurta lagu sameyn doono tijaabada rabitaanka cuntada waxaa caadi ahaan lagu baaraa hal meel (isla hal waqti). Meeshan waa in ay noqotaa meel gooni ah, oo xasilloon. Carruurta masaafada dheer soo socday waa in marka hore loo oggolaadaa in ay nastaan oo la siiyaa biyo ay cabbaan.

• Mararka qaarkood cunuga ma cuni doono RUTF iyada oo sabab u ah in uu baqayo, murugaysan yahay, ama uu deegaanka ama shaqaalaha uu ka cabsanayo. Tani waxaa ay si gaar ah u badan tahay haddii ay dad badan meesha joogaan, buuq badan uu ka jiro, ay joogaan carruur kale oo murugaysan ama xirfadlayaal caafimaad oo cabsi-gelin leh (jaakado cad, cod cabsi-gelin leh). Haddii aan la heli karin meel deggan, markaasi rabitaanka cuntada waxaa lagu tijaabin karaa bannaanka meel hoos leh. Daawashada carruurta kale oo qaadanayo RUTF ayay waxaa ay ka helayaan kalsooni.

• U sharax daryeelayaasha ujeeddada laga leeyahay tijaabada rabitaanka cuntada iyo sida loo sameyn doono waxaadna dhaqdaa gacamaha daryeelaha iyo cunuga. U oggolow daryeelaha in ay si nafis ama raaxo u dareemayso ay u fariisado ka-dibna ay cunuga laabteeda saarato waxaadna RUTF siisaa cunuga.

• Waxaad RUTF ku siisaa koobabka daawada ama baakadka laftiisa iyo biyo la cabbo oo koob ku jira.

Horey u diyaari koobabka daawada oo ku calaamadeysan 20 ilaa 25 ml ka hor inta aan la bilaabin tijaabada rabitaanka cuntada. Baakadka RUTF caadi ahaan wuxuu qaadaa ku dhowaad 100g oo buskudka cajiman. Hal xirmo oo RUTF waxaa loo adeegsan karaa ku dhowaad 4 tijaabo aad ayayna u fududahay in la garto xaddiga laga soo qaatey koobka daawada ee calaamadeysan marka loo eego baakadka laftiisa.

### Hooyada

• Marka hore waa in ay u oggolaato cunugeeda in uu ku ciyaaro baakadka RUTF ama xeerada iyo in uu aqoon u yeesho deegaanka. Tani waxaa ay mararka qaar cunugga ka caawinaysaa in uu isku kalsoonaado.

• Waxaa ay midkood si toos ah u siinaysaa RUTF ama xaddi yar u saareysaa farteeda ka-dibna waxaa ay siinaysaa cunugga. Hooyada/carruurta kale/waalalaha waa in aysan wax ka cunin RUTF. Waxaa inta badan caawimo leh haddii ay iska dhigto in ay xoogaa cuntey oo ay jeclaatey – cunuga in uu arko hooyada oo cuneysa RUTF waa habka ugu wanaagsan ee lagu dhiirrigeliyo cunuga.

• Haddii cunuga uu diido, ka-dib sii wad in aad si deggan ugu dhiirrigeliso cunugga oo waqti ku qaado tijaabada. Haku khasbin cunuga in uu qaato RUTF.

• Tijaabada caadi ahaan waqti gaaban ayay qaadataa, ku dhowaad shan iyo toban daqiiqo, balse waxaa ay ku qaadan kartaa ilaa hal saac cunuga xishoonaya ama xanaaqsan, ama midka leh rabitaanka cuntada yar.

• Cunuga WAA IN uu biyo uu cabbo lagu siiyo koobta inta lagu guda jirro tijaabada.

Kaaliyaha kalkaaliyaha caafimaad waa in uu qiimeeyaa natiijada tijaabada rabitaanka cuntada:

### Gudbid/Baas

Cunugga qaadanaya ugu yaraan qaddarka lagu muujiyay joog-u-taxa dhexdhexaadka ah ee shaxda hoos wuxuu ka gudbayaa tijaabada.

### Ku dhicid

Cunugga aan qaadan ugu yaraan qaddarka "dhexdhexaadka ah" ee RUTF wuxuu ku dhacayaa tijaabada – kalkaaliyaha caafimaad wuxuu baari doonaa cunugga waxaanna suurtagal ah in uu u diro isaga/iyada xarunta xasillinta.

Xitaa haddii cunuga uusan qaadaneyn RUTF iyada oo sabab u ah in isaga/iyada aysan jeclaan dhadhanka ama ay cabsanayaan, cunugga kama gudbin tijaabada rabitaanka cuntada.

Shaxda soo socota ayaa waxaa ay bixinaysaa qaddarka UGU YAR ee ay tahay in la qaato.

Shaxda 10aad: Qaddarka RUTF si loo qiimeeyo rabitaanka cuntada ee carruurta nafaqo-xumada daran ay hayso

**APPETITE TEST**

**"Moderate" is the minimum amount that malnourished patients should take to pass the appetite test**

| BODY WEIGHT | PASTE IN SACHETS (PROPORTION OF WHOLE SACHET 92G) | | | PASTE IN CONTAINERS (ML or GRAMS ) | | |
|---|---|---|---|---|---|---|
| | poor | Moderate | Good | poor | moderate | good |
| Less than 4 kg | <1/8 | 1/8 –1/4 | >1/4 | <15 | 15 – 25 | >25 |
| **4 – 6.9** | **<1/4** | **1/4 – 1/3** | **>1/3** | **<25** | **25 – 30** | **>35** |
| **7 – 9.9** | **<1/3** | **1/3 – ½** | **>1/2** | **<35** | **35 – 50** | **>50** |
| 10 – 14.9 | <1/2 | 1/2 –3/4 | >3/4 | <50 | 50 – 75 | >75 |
| 15 – 29 | <3/4 | 3/4 – 1 | >1 | <100 | 100 – 150 | >150 |
| Over 30 kg | <1 | >1 | | <150 | >150 | |

Ogow: haddii koobabka yaryar ee daawada oo cabbir kala duwan leh la isticmaalo markaasi shax cusub waa in la dhisaa, oo ku xuran inta uu le'eg yahay koobka. Shaxda waa in ay noqotaa tirada koobabka daawada ee cunugga ay tahay in uu u qaato qaybtiisa/qaybteeda culeyska. Carruurta intooda badan waxaa ay noqon doonaan min 4 ilaa 6.9kg sidaa daraaddeed tijaabada ugu yar ee lagu kala saarayo rabitaanka cuntada ee liita wuxuu noqon doonaa koobka-daawada 25ml ee halka cabbir leh.

## Goorta la sameynayo tijaabada rabitaanka cuntada

• Inta lagu jiro kala-sooca bilowga ah

• Marka uu jiro kororka miisaanka oo liita booqasho kasta oo lagu tago OTP. Tijaabada rabitaanka cuntada waa in la sameeyaa marka uusan si joogto ah ugu kordheyn miisaan bukaan-socodka. Tijaabada ayaa sidoo kale si joogto ah loogu sameyn karaa carruurta oo dhan booqasho kasta haddii kormeeraha u maleeyo in ay tahay wax habboon.

Ku dhicidda tijaabada rabitaanka cuntada ee waqti kasta waxaa ay tilmaamaysaa baahida loo qabo qiimeyn buuxda iyo wareejinta macquulka ah ee daaweynta iyo u-kuurgelidda bukaan-jiifka.

Inta lagu guda jiro booqashada labaad iyo kuwa xigaba cunto qaadashada waa in ay noqotaa inta u dhaxeysa labada heer ee shaxda "wanaagsan" haddii bukaanka ay tahay in uu si macquul ah oo dhaqso ah u bogsado.

Haddii rabitaanka cuntada ay "wanaagsan" tahay inta lagu guda jiro tijaabada rabitaanka cuntada oo nisbada kororka miisaanka ee guriga uu liito markaa booqasho guri waa in la qabanqaabiyaa sababtoo ah tani waxaa ay tilmaamaysaa dhibaato bulsho oo heer qoys ah ama in si xad-dhaaf ah loo wadaago RUTF. Haddii booqasho guri aysan suurtagal ahayn, waxaa lagama maarmaan noqon karta in cunugga la keeno daryeel degaan/guri si loo sameeyo "tijaabo quudin" fudud, halkaas oo cunto qaadashada cunugga uu si toos ah ula socon doona shaqaale si loo kala saaro:

a. in ay dhibaato ka haysata jawiga/deegaanka guriga

b. in bukaanka uu qabo dhibaato dheefshiid.

Tijaabada-quudinta noocaas ah ee deegaanka qaabaysan (tusaale, xarunta daryeelka maalintii, Xarunta Xasillinta) waxaa loo isticmaalaa in lagu baaro ku guuldarreysiga waafaqidda daaweynta balse sidoo kale waxaa la sameyn karaa haddii shaqaaluhu ay ka shakiyaan in ay dhibaato ka jirto guriga.

# 4. DHIBAATOOYINKA CAAFIMAAD (IMCI)

Ka-dib marka la sameeyo cabbiraadda jirka iyo tijaabada rabitaanka cuntada, kalkaaliyaha caafimaad waa in uu baaro bukaanka si uu u raadiyo dhibaatooyinka u baahan in daaweyntooda la bilaabo ka hor inta aan loo wareejin xarunta bukaan-jiifka.

Haddii ay jirto dhibaato caafimaad oo halis ah, markaa u wareeji bukaanka daaweyn bukaan-jiif. Wareeji haddii bukaanku uu leeyahay mid ka mid ah xaaladahan soo socda:

• Shubankan iyo fuuqbax ku saleysan taariikhda iyo isbeddelka muuqaalka (calaamadaha cudurrada ee kuwa ay nafaqo-xumada haysa waa kuwo aan lagu kalsoonaan karin oo waa in AAN loo adeegsan oggaanshaha fuuqbaxa)

• Matag daran

• Wareento ama Oof-wareen:

>60 neefsasho/daqiiqadii ka yar 2 bilood

>50 neefsasho/daqiiqadii min 2 ilaa 12 bilood

>40 neefsasho/daqiiqadii min 1 ilaa 5 sano

>30 neefsasho/daqiiqadii ka weyn 5 sano-jir ama qaybta hoose ee feeraha oo gudaha ku noqnoqonaysa

Heerka neefsashada waxaa lagu ogaan karaa walhade/lalmade yar oo guri-ku-sameys ah oo laga sameeyo xarig iyo culeys/miisaaan yar. Waa in gunud/siriq lagu gunto 43 iyo 66 sentimitir; wiifowga ayaa sida ay u kala horreeyaan u lulmaya 50 iyo 40 jeer daqiiqadii.Gunudka ku habboon ayaa la qabtaa waxaanna walhadaha lagu lulaa cunuga hortiisa – haddii cunugga uu si dhaqso leh u neefsanayo marka loo eego walhadaha markaasi waa in lagu sameeyaa baarista xanuun neefsasho.

• Nabarro ku yaalla maqaarka oo furan

• Heer-kul-dhicid/ barafow < 35.5°C (dabada) ama <35° C (kilkisha)

• Qandho > 39.5°C (dabada) ama >39° C (kilkisha)

• Midab beddelmid aad ah (dhiigyari daran)

• Daciifnimo, aan xiiso lahayn, ama suuxsan/miyir beelay

• Qallal

• Yaraanshaha faytamiin A oo caafimaad darro ah

• Xaalad kasta ee u baahan in faleebo lagu xiro ama sanka laga quudiyo

• Astaamo ama calaamado kastoo guud ee kalkaaliya caafimaad/takhtarka toos ah ee bukaanka u maleeyo in ay u baahan yihiin baaritaanka ama daaweynta xarun bukaan-jiif.

### Shaxda 11aad: Soo koobidda shuruudaha kala-sooca labaad ee gelitaanka daryeelka bukaan-jiifka ama bukaan-socodka

Haddii mid ka mid ah kuwan uu tilmaamo in bukaanka uu u baahan yahay daaweyn bukaan-jiif, cunuga waa in loo gudbiyo Xarun Xasillin (SC) iyada oo uu oggol yahay daryeelaha.[13]

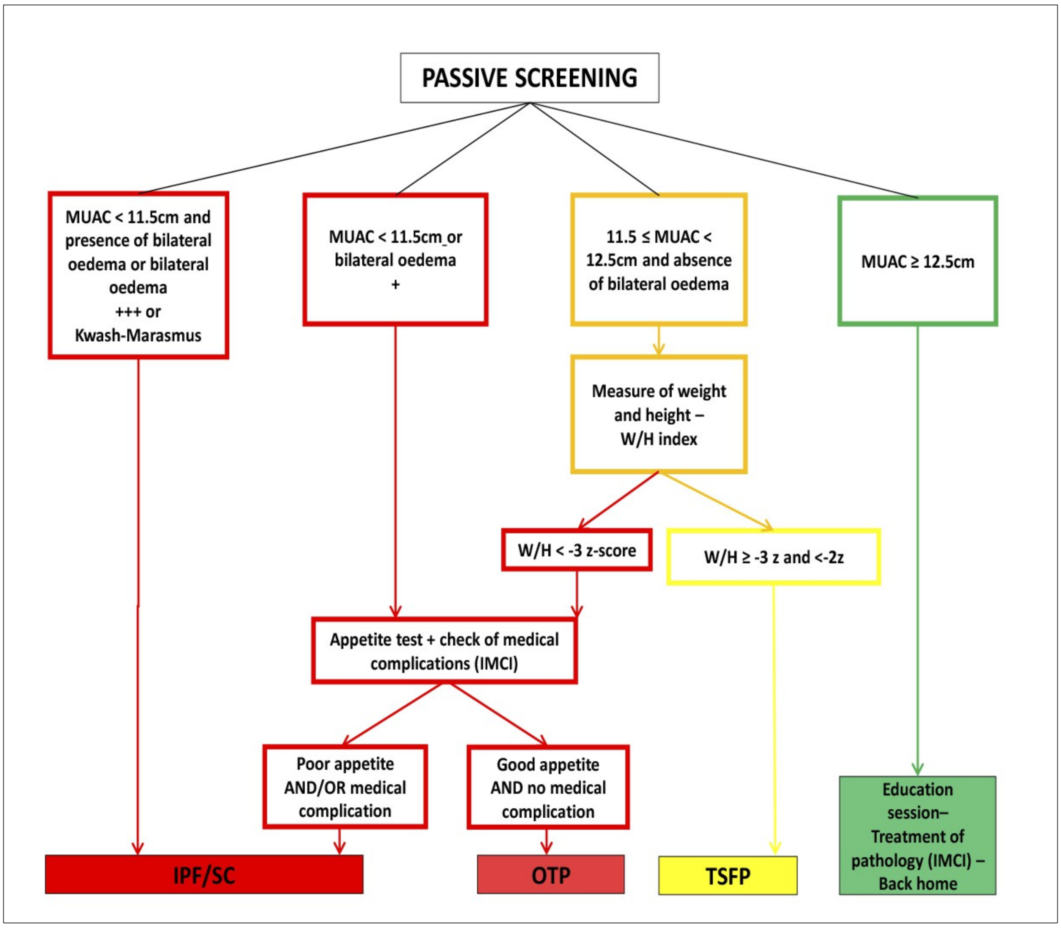
| Factor | In-patient care | Out-patient care |
|---|---|---|
| **Choice of caretaker** (at any stage of management) | Caretaker chooses to start, continue, or transfer to SC<br>The caretaker's wishes **must** be respected | Caretaker chooses to start, continue, or transfer to OTP<br>The caretaker's wishes **must** be respected |
| **Appetite** | Failed or equivocal Appetite Test | Passes Appetite Test |
| **Bilateral oedema** | Bilateral pitting oedema Grade 3 (+++)<br>Both Marasmus and Kwashiorkor (W/H < -3Z score and bilateral oedema) | In most countries: Kwashiorkor with bilateral pitting oedema Grade 1 to 2 (+ and ++)[14] |
| **Skin** | Open skin lesions | No open skin lesions |
| **Medical complications** | Any severe illness, using the IMCI criteria – respiratory tract infection, severe anaemia, clinical vitamin-A deficiency, dehydration, fever, lethargy, measles rash, etc. | Alert with no medical complications |
| **Candidiasis** | Presence of severe candidiasis or other signs of severe immune-incompetence | Absence of candidiasis |
| **Caretaker** | No suitable or willing caretaker | Reasonable home circumstances and a willing caretaker |

*Faallooyin: Haddii tijaabada rabitaanka cuntada loo sameeyay si habboon oo sax ah, waa in ay kala saarto carruurta bararka leh ee ay tahay in loo daaweeyo ama loo daaweyn bukaan-socod ama bukaan-jiif ahaan.*

13 Hooyadu waa daryeelaha aasaasiga ah. Haddii lagu khasbo ama laga dhaadhiciyo iyada oo aan raali ka ahayn in la dhigo IPF, markaa waxaa ay u badan tahay in ay joojiso oo cunugeeda waxaa loo diidayaa daaweynta, carruurteeda kale lama dhigi doono haddii ay nafaqo-xumo ku dhacdo waxaa ayna kaga caban doontaa barnaamijka bulshada gudaheeda. Haddii shaqaalaha uu u qaato rabitaanka hooyada in ay muhiim yihiin (ka-dib marka uu sharxo sababaha iyo saadaal ka bixinta ), markaa cunugga waxaa laga yaabaa in uu si sax ah u helin daaweynta ugu fiican balse waxaa laga dabiibi doonaa jirradiisa/jirradeeda oo dhan, waxaa yar in uu joojiyo, hooyadu waxaa ay ku go'aansan kartaa in la wareejiyo booqashada xigta, waxaa ayna bulshada dhexdeeda ku ammaani doontaa adeegga in uu yahay « mid hooyada ku habboon » oo muujiya daryeel iyo daneyn.

14 Dalalka qaarkood, cago-bararka wuxuu u muuqdaa in uu leeyahay halis dhimasho badan marka loo eego dalalka kale. Bixintan waa in ay ku kala duwanaadaan khibradaha maxalliga ah. Guud ahaan, waxaa jirta halis yar oo ka imaanaysa cago-bararka yar halka uu cago-bararka uu ku badan yahay waxaanna sarreysa halista halka ka jira cago-barar dhif ah.

Shaxda 11aad: Soo koobidda shuruudaha kala-sooca labaad ee gelitaanka daryeelka bukaan-jiifka ama bukaan-socodka



# QAADISTA BUKAANNADA JIRRAN

Carruurta ay nafaqo-xumada hayso ee aadka u jirran waxaa la keeni karaa goobta qaybinta ee barnaamijka OTP ama xarunta xaafimaadka borotokoolkana wuxuu u baahan yahay in loo "wareejiyo" Xarun Baxnaaninta (SC).

Si kastaba ha noqotee, waxaa caadi ahaan la ogaadey in carruurta xoogaa fiicnaa ka hor inta aan la qaadin, in ay xaaladooda ka sii darto oo ay dhintaan marka ay imaadaan safar dheer ama adag ka-dib. Tani ayaa waxaa sabab u ah "dhaawac/jug uu gaadiidka ku reebo".

Gaadiidka dadweynaha laguma talinayo.

Waxaa lagu talinayaa in bukaannada xanuunsan, halka ay suurtagal tahay, in lagu xasilliyo goobta barnaamika OTP ama xarunta caafimaad ee ugu dhow ka hor inta aan la soo qaadin. Qodobbada borotokoolkan ee maareynta nafaqo-xumada aadka udaran ee loogu talogalay Bukaan-jiifka iyo dhibaatooyinka ka dhalan kara waa in lagula socdo xarunta caafimaadka ilaa iyo inta suurtagalka ah[15].

## Xarunta Baxnaaninta (SC)

Xarunta Baxnaaninta waa in telefoon lagula xiriiraa oo ay qaadaa mas'uuliyadda oo ay " kalkaaliyaha caafimaad ee Xarunta jooga, waa in ay u xaqiijisaa kalkaaliyaha caafimaad in tallaabada saxda ah ay tahay in aan la qaadin cunugga, oo waa in ay siisaa talo iyo taageero loogu talogalay maareynta bukaanka. Wacitaanka telefoonka, talada la siiyay, iyo magaca takhtarka iyo xarunta xasillinta ee lala xiriiray waa in lagu diiwaangeliyaa kaartada/shaxda bukaanka.

## Barnaamijka Daaweynta Bukaan-socodka (OTP)

Kalkaaliyaha caafimaad waa in uu daryeelaha u sharxaa in bukaanka uu si xun u jirran yahay oo laga yaabo in uu dhinto, balse khatarta in bukaanka loo qaado cusbitaalka ay ka sii daran tahay isku-dayga loogu xasillinayo isaga/iyada xarunta caafimaadka. Mar kale, hooyada waxa ay doorato waa in la raacaa.

## Sarkaalka Nafaqada ee Degmada (cidda qaabilsan)

•waxa uu Ku wacyigeliyaa bulshada dhibaatada ay leedahay in bukaannada jirran laga qaado xarun lana geeyo xarun kale;

• Raadiyaa xalalka: 1) isticmaalka Hay'adaha caalami ah ama mid Maxali, 2) sameeyaa sanduuq ay bulshadu leedahay, 3) haystaagaadiidka gurmadka degdegga ah/ambalaas, 4) sameeyaa la-talin Khadka telefoonka ah si loo daaweeyo bukaannada iyaga oo aan meelna loo qaadin, 5) sameeyaa xarun xasillin degaanka ah oo lagu maareeyo/xasilliyo xaaladda nafaqo-xumada adag oo u dhow bartamaha degaanka ay nafaqo-xumada ka jirto;

• Abaabulaa qaadista bukaannada aadka u anuunsan ee meel kale loo wareejiyay:

o Lacag-bixinta gaadiidka (lacag deymi, kaalmo dhaqaale sii, ama ka bixi lacagta gaadiidka),

o Gaadiidka caafimaadka aasaasiga ah (la xaqiijiyay) tuullada looga qaadayo laguna geynayo xarunta Baxnaaninta (SC),

o U tababar shaqaalaha daryeelka la bixiyo inta lagu guda jiro qaadista:

- gaariga waa in si tartiib ah loo wado
- gaariga waa in aan dad laga buuxin
- gaariga waa in uu istaagaa 5 daqiiqo 20-30 daqiiqo kasta inta uu socdo si loo yareeyo saameynta ay xanuunada safarka ku yeelanayso bukaanka xanuunsan
- biyo waa in la heli karaa
- hooyooyinka waa in ay carruurta nuujiyaan
- Ha siinin daawooyin lagu suuxinayo ama loogga hortagayo xanuunada safarka (matag) bukaannada nafaqo-xumada haysa (tani si gaar ah ayay muhiim u tahay).

• Waxaad ka sii fakartaa in gaariga uu waddada ku xumaan karo iyo xilliyo aan wadooyin la mari karin (daad, iwm. inta lagu guda jiro xilli roobeed);

• Horay u ukaydso alaabooyin haddii la filayo xilli aan waddooyinka la mari karin ama ay xirmayaan (kaydka RUTF, tababarka mutadawaciinta heer tuulohaddii kooxda aysan socdaali karin);

• Hubi in aad haysato "xirmada xaaladaha degdegga ah" ee loogu talogalay Baxnaaninta habka-SC oo lagu xasillinayo carruurta ka hor inta aan la qaadin haddii qaadistu ay adag tahay ama aysan suurtagal ahayn ama haddii hooyadu ay diiddo in ay safarto;

• Si joogto ah u qiimee natiijada bukaannada lagu qaaday duruufaha adag. Falanqeynta faahfaahsan ee dhimashada inta lagu guda jiray iyo 48 saacadood ka-dib qaadista waa in uu sameeyaa Sarkaalka Nafaqada ee Degmada (sida furidda Xarun Baxnaaninta (SC) yar). Waqtiga ka tagidda iyo waqtiga imaanshaha ee xarunta loo wado waa in lagu qoro foomka wareejinta oo muddo ka-dibba mar la falanqeeyaa si loo go'aamiyo haddii tani ay tahay dhibaato weyn oo degmada gudaheeda ka jirta; iyo

• Qabo kulamo joogto ah oo u dhaxeeya takhaatiirta Xarunta Baxnaaninta iyo shaqaalaha OTP si loo fududeeyo war-isgaarsiinta u dhaxeysa kooxaha kala duwan iyo si kalsooni loo siiyo Xarunta Xasillinta oo ku saabsan go'aanka shaqaalaha bulshada/OTP. Warbixinnada billaha ah waa in la eego oo la joogteeyaa ee dhimashooyinka dhacaya inta lagu guda jiro qaadista. Waqtiyada wareejinta ee lagu sheegay foomka wareejinta waa in la baaraa oo haddii ay xad-dhaaf yihiin, siyaabo lagu xallinayo dhibaatada waa in ka-dib la sahmiyaa. .

15 Dhaawac/jug uu gaadiidka ku reebo waa mid ka mid ah sababaha ugu waaweyn ee IPF-yada looga sameynayo meel u dhow tuullada bukaanka. Waxaa intee dheer, in faa'iidooyinka badan ee ay leeyihiin barnaamijyada OPT looga sameeyo meel u dhow guriga bukaanka ayaa si la mid ah loogu dabaqi karaa IPF-yada.

# MAAREYNTA BUKAAN-SOCODKA (OTP)

Bukaannada qaba nafaqo-xumada aadka u daran (SAM) ee muujiya in ay leeyihiin rabitaan cunto oo aan dhibaatooyin caafimaad lahayn waxaa loo dawaynkaraa si bukaan-socod eegto ah bulshada dhexdeeda, iyada oo loo marayo adeegga barnaamijka OTP ee heerka xarunta caafimaadka, iyo bukaan-eegtooyin guurguura. Bukaanka wuxuu toddobaadkiiba mar imaanayaa OTP si loo qiimeeyo isbeddelka daaweynta oo uu u qaato cuntooyinka lagu daaweynayo iyo daawooyinkiisa ilaa booqashada xigta. Daryeelaha ayaa cunugga ku siinaya daawooyinka guriga maalin walba, isaga oo raacaya tilmaamaha uu soo siiyay shaqaalaha OTP-ga.

Ujeeddada laga leeyahay maareynta bukaan-socodka ee nafaqo-xumada aadka u daran waa in la kordhiyo daaweyn helidda, oo xarumo munaasib ah laga sameeyo gudaha ama meel aad ugu dhow bulshooyinka. Qaybta bulshada ayaa waxaa loo abaabulaa si loo aqoonsado, gudbiyo, oo loola socdo carruurta nafaqo-xumada haysa ee bulshada. Abaabulidda bulshada ee wanaagsan ayaa waxaa ay gacan ka geysan doontaa garashada carruurta inta ay ku jiraan marxaladda hore marka ay u gudbayaan nafaqo-xumada waxaanna ay yareyn doontaa tirada loo baahanayo in loo wareejiyo Xarun Xasillin (SC).

OTP waa adeeg daaweyn loogu talogalay in lagu daaweeyo carruurta qabta SAM.in looqoro RUTF waxaa ay ku xiran tahay miisaanka cunugga, daaweyn joogto ah ayaa cunugga la siiyaa oo daawooyin dheeri ah ayaa loo qoraa iyada oo la raacayo baahiyada la aqoonsaday inta lagu guda jiray daaweynta. Hase-yeeshee, adeegga OTP kuma koobna daaweynta carruurta, waxaa sidoo kale la qabtaa waxqabadyo ka hortag oo ay ka mid tahay in daryeelaha la baro sida loo raaco daaweynta guriga. Inta lagu guda jiro booqashooyinka OTP, hooyooyinka waxaa ay heli doonaan waxbarasho nafaqo, gaar ahaan ku saabsan IYCF, waxaanna la heli karaa la-taliye si shakhsi ahaan ah ula kulmaya hooyooyinka sida gaarka ah dhibaatooyinka ugu qaba naas-nuujinta/quudinta. La-talinta waa muhiim si loo hubiyo in cunugga uu ugu helo quudinta dheeriga ah ee ku habboon guriga marka isaga/iyada laga bixiyo OTP. Iyada oo la raacayo baahiyada gaarka ah ee hooyo iyo qoys kasta, shaqaalaha OTP waxaa ay ku xiriirin doonaan hooyada/qoyska waxqabadyada kala duwan ee degaanka ka jira ( Fayadhowrka biyaha (WASH), sugnaanta cuntada, caafimaadka hooyada, qorsheynta qoyska iwm.)

Ka sokow daaweynta carruurta SAM iyo hubinta la-socoshada habboon, waajibaadyada shaqaalaha OTP waxaa ka mid ah korjoogteynta tirada carruurta la dhigay iyo isbeddelkooda, haynta iyo diridda Tirakoobka , haynta bakhaarada raashinka iyo daawooyinka, iyo diyaarinta codsiyada raashiinka iyo daawooyinka, iwm.

Istiraatiijiyadda isdhexgalinta waxaa ay u doodaysaa in dhammaan qaybaha IMAM laga fuliyo iyaga oo hoostagaya hal dalad. Tani macnaheedu waa in adeegyada TSFP iyo OTP lagu bixin doono xarunta caafimaadka. Hase-yeeshee, adeegyada guurguura waa in lagu bixiyo tuullooyinka ku yaalla meel u jirta in ka badan 5 km xarunta caafimaadka. Waxaa intaa dheer, in ay khasab tahay in dhammaan adeegyada ay la xiriiraan qaybaha bulshada.

# 1. SIDA LOO HABEEYAY

## 1.1. Qaab-dhismeedka

### 1.1.1. Xarunta Caafimaadka iyo sida loo habeeyay

Goobta

• Daryeelka bukaan-socodka, ee bulshada, waa in laga soo abaabulo xarumaha caafimaadka, rugaha caafimaadka ama xitaa xarumaha aan aheyn bar caafimaad kuwaas oo si macquul ah ugu dhow guryaha bukaannada.

• Xarunta Xasillinta (SC) caadi ahaan waxaa ay ku maamushaa OTP xarumaheeda. Bukaannada la dhigey SC waa in aan loo wareejin OTP la xiriirta haddii ay jirto OTP kale oo u dhow guriga bukaanka.

• Masaafada iyo waqtiga bukaannada ay safraan waa wax weyn oo go'aamiya baaxadda gaarista, nisbada baxsadkadaaweynta iyo sumcadda barnaamijka oo dhan.

• Waa in ay jiraan goobo OTP yaryar oo meelo kale ku xiran oo badan oo u dhow ama ku dhex yaalla bulshada – waa in ay ku yaallaan masaafo loo socon karo (5km waa goobta lagu qoro bukaanka ee caadiga ah – ugu badnaan 10 km) meelaha ay ku badan tahay nafaqo-xumada (laga helo natiijooyinka baaritaanka).

#### Qaab-dhismeedka

• Goobta OTP waxaa ay u baahan tahay dhisme (xarun caafimaad) leh 1) goob sugitaan la laharsado, 2) meel lagu qaabillo bukaannada oo lagu sameeyo cabbiraadaha jirka iyo tijaabada rabitaanka cuntada, 3) meel loogu talogalay kalkaaliyaha caafimaad in uu ku arko oo uu ku baaro bukaannada, iyo 4) bakhaar ammaan ah oo loogu talogalay Cunooyinka daaweynta iyo farmashiye;

• Waa in biyo laga heli karaa. Barnaamijka OTP inta badan waxaa uu ku dhex yaallaa dhisme caafimaad waxaanna / uu shaqeeyaa hal ama laba maalmood toddobaadkii. Hase-yeeshee, waxaa sidoo kale laga hirgelin karaa iskuul, xarun bulsho ama guri gaar loo leeyahay. Meesha ama goobta aan lahayn dhisme ku habboon, OTP waxaa u ku shaqayn karaa miisas lagu diyaariyay meel bannaan ah oo hoos leh, balse shaqo kasto waa in ay leedahay meel iyada u gaar ah.

• Tas-hiilaadka war-isgaarsiinta. Waa muhiim in dhisme kasta uu awoodo in uu la xiriiro xarunta xasillinta, kooxaha kale ee OTPda degmada, dadka qaabilsan heerka tuulada, iyo Sarkaalka Nafaqada Degmada/Cidda Qaabilsan (liisaska ugu dambeeyay ee magacyada. Cinwaannada, iyo lambarrada telefoonka ee heer degmo ayaa loo baahan yahay in la joogteeyo oo loo qaybiyo kormeer aha OTP kasta

iyo Shaqaalaha adeeg gaarsiinta iyo cidda qaabilsan tuulada).

### Nidaamka la-talinta

Inta lagu guda jiro maalmaha barnaamijka OTP, Shaqaalaha adeeg Gaarsiinta ama mutadawiciinta/cidda qaabilsan tuulada (ugu yaraan laba) ayaa ka yimaada bulshooyinkooda, si kaltan ah, si ay uga caawiyaan Kormeeraha Nafaqada ee xarunta in uu cabbirro bukaannada, sameeyo tijaabada rabitaanka cuntada, diiwaangeliyo bukaannada, iyo in uu cusboonaysiiyo tababarkooda.

Bukaannada cusub (eeg habraaca kala-sooca bukaannada): ka-dib cabbiraadaha jirka iyo tijaabada rabitaanka cuntada ee bukaanka, kalkaaliyaha caafimaad wuxuu sameeyaa baaritaanka caafimaad, wuxuu daryeelaha kala hadlayaa habka daaweynta, u sharxayaa habraacyada, wuxuunna u qorayaa RUTF iyo daawooyinka joogtada ah.

### Inta jeer ee la sameeyo la-talinta

Waa in uu jiro liis la cusboonaysiiyay oo loogu talogalay goob OTP kasta oo bixinaysa maalinta (maalmaha) toddobaadka, saacadaha ay furan tahay oo ayna shaqeyso goobta OTP, iyo magaca iyo lambarka telefoonka ee qofka ka mas'uulka ah goobtaas OTP.

1) Haddii ay jiraan xubno badan oo shaqaale ah, markaasi OTP waxaa ay shaqeyn kartaa maalin kasta. Hase-yeeshee, waa muhiim in kormeeraha OTP uu waqti u helo muddo kadibba mar in uu booqdo tuulo kasta, xiriir wada-shaqeyn in uu la yeesho Shaqaalaha adeeg gaarsiinta iyo mutadawiciinta, iyo in uu qabto kullamo ay ka soo qaybgalaan dhammaan hawlwadeennada qaabilsan tuulada.

2) Caadi ahaan OTP waxaa uu shaqeeyaa hal ama laba maalmood toddobaadkii marka carruurta lagu baarey bulshada lagu arko goobta OTP, oo la eego MUAC iyo cago-bararkooda, oo la sameeyo tijaabadooda rabitaanka cuntada, markaas ka-dib la diiwaangeliyo oo midkood loo bilaabo daaweyn bukaan-socod ama loo wareejiyo daaweyn bukaan-jiif (xasillinta ka-dib haddii ay jirto halista dhaawac/jug in uu gaadiidka ku reebo).

3) Tuulooyinka ku yaalla meelaha fogfog, hawlo gaarsiin labadii toddobaadba mar la qabto ayaa loo qabanqaabin karaa. Tani ayaa waxaa ay joogteynaysaa xiriirka u dhaxeeya bulshada iyo kooxda caafimaadka waxaa ayna si aad ah u kordhinaysaa u hoggaansamidda daaweynta. Adeeggan waxaa xaddida caqabado gaadiid iyo loojistik ee u baahan in lagu xalliyo heerarka qaranka iyo degmada. Waxaa inta badan ay kaliya suurtagal u tahay hay'adaha aan dowliga ahayn (NGO-yada).

Xaaladaha ugu xun ee nafaqo-xumada waxaa inta badan laga helaa tuulooyinka ugu fogfog, iyada oo inta badan ay sabab u tahay in bulshadu ay ku adag tahay helidda adeegyo caafimaad taas oo keenta in uu daaho baaritaanka. Tuulooyinka waa in la siiyaa mudnaanta koowaad ee khariidadeynta iyo baaritaanka oo waa in uu jiraa xiriir joogto ah oo lala yeesho mutadawiciinta bulshada. Bixinta  Shidaalka (iyo caawimaad lagu helayo mootooyin) si loo xaqiijiyo xiriir joogto ah waa muhiim.

### 1.1.2. Kooxaha guurguura

Goobta iyo Goorta

• Meesha ay ka hawlgalaan bukaan-eegtooyin caafimaad ee guurguura, gaar ahaan xaaladaha degdegga ah iyo halka ay dadka kala Firirsan yihiin oo aan dadka badan degganayn ama dadku ay reerguuraa yihiin, maareynta nafaqo-xumada aadka u daran waa in ay sameeyso koox guurguurta. Gaari ayaa loo qalabeeyaa in uu noqdo goobta OTP iyo sidoo kale tallaalada iyo daawooyinka IMCI iyo adeegyada kale ee aasaasiga ah.

• Kooxaha guurguura waxaa ay caadi ahaan ka kooban yihiin shaqaale loo tababarey Maareynta Isku-dhafan ee Jirrooyinka Carruurnimada (IMCI)/Caafimaadka Hooyada iyo Dhallaanka (MCH) iyo tallaalka. (EPI) iyo sameynta hawlahan iyo sidoo kale maareynta IMAM iyo la-socoshada barnaamijyada Qaaxada (TB) iyo Fayruska HIV.

### Inta jeer ee la sameeyo la-talinta

• Kooxda waxaa ay si toddobaadle ah u booqanaysaa goobo horey loo diyaariyay (maalinta iyo waqtiga waa in si ballaaran loogu ogyahay bulshada dhexdeeda oo waa in aysan isbeddelin). Haddii sabab kasta booqashadu aysan suurtagal u ahayn, cidda qaabilsan tuulada waa in la waco oo telefoon loo diro.

• Baaritaanka waxaa la sameeyaa iyada oo la adeegsanayo xarigga MUAC oo laga eegayo barar kaliya (joogga lama cabbirro). Bukaannada buuxinaya shuruudaha jiifinta  waa la qiimeeyaa ka-dibna waxaa la siiyaa qoondada raashiinka ee RUTF (haddii ay ka gudbaan tijaabada rabitaanka cuntada iyo baaritaanka caafimaadka). Maadaama cabbirka joogga aan laga qaadin, miisaankooda ayaa la cabbiraa ilaa ay ka gaaraan bartilmaameedkooda MUAC. Nidaam gudbin munaasib ah iyo gaadiid ayaa muhiim ah oo loogu talogalay bukaannada u baahan daryeelka bukaan-jiifka (eeg qaybta ku saabsan qaadista bukaanka).

## 1.2. Hawlo

Kalkaaliye caafimaad ama kaaliyaha kalkaaliye caafimaad ayaa ka mas'uul ah kormeerka barnaamijka ee goobta OTP iyo bulshooyinka goobta lagu qoro bukaanka.

### Shuruudaha hore ee laga rabo

• Kalkaaliye caafimaad ama kaaliye kalkaaliye caafimaad

• Haddii aysan suurtagal ahayn, kaaliye kalkaaliye caafimaad ama nafaqo-yaqaan (haddii qofka uu si habboon ugu tababaran yahay arrimaha caafimaad ee nafaqo-xumada, karti u leeyahay in uu baaro dhibaatooyinka caafimaad oo si habboonna u gudbin karo bukaannada oo sharciga qarankanna u oggol yahay in ay bixiyaan daawooyinka caadiga ah).

Kaaliyayaasha kaalkaaliyaha caafimaad ama nafaqo-yaqaannada waa in ay kaliya mas'uul ka noqdaan OPT-yada halka laga heli karo khubarro caafimaad (tusaale, magaalooyinka). OTP-yada ku yaalla meelaha aadka u fogfog waa in uu maamulo kalkaaliye caafimaad tababaran oo awood u leh in uu qaato go'aamo caafimaad (bukaannadan qaarkood waxaa ay u baahan karaan xasillin ka hor inta aan gaadiid lagu qaadin).

### Kalkaaliyaha caafimaad ama kaaliyaha kalkaaliyaha caafimaad waa in uu

• Bukaanka xarunta u  Jiifiyaa si waafaqsan shuruudaha jiifinta bukaanka aan lahayn dhibaatooyin caafimaad ee ka gudbay tijaabada rabitaanka cuntada, buuxiyo shaxaha/kaartooyinka ka-dibna la diiwaangeliyo (eeg qaybta hoose iyo kala-sooca bukaanka). Ka-dibna waa in uu siiyaa lambarka SAM;

• Siiyaa daawooyinka joogtada ah/caadiga ah;

• Siiyaa RUTF ka-dibna ku wargeliyaa daryeelaha isticmaalkeeda habboon;

• La socdaa bukaannada toddobaad kasta:

o baaraa isbeddellada miisaanka/culeyska,

o buuxiyaa qaybaha la-socoshada joogtada ah ee kaartada OTP,

o go'aamiyaa haddii tallaabo dheeri ah loo baahan yahay;

• Baaraa bukaannada  aan dawoobin oo qaataa go'aamada ku habboon: booqasho guri, ku celinta tijaabada rabitaanka cuntada, tijaabada quudinta la kormeero, iyo u wareejinta daaweynta bukaan-jiifka;

• Hoos yimaado kormeerka Sarkaalka Nafaqada ee Degmada oo uu gacan ka geysto kullanka isuduwidda billaha ee heer degmo. Waqtigan, warbixinta billaha ah ee OTP ayaa la siiyaa Degmada, cuntooyinka daaweynta ee loo baahan yahay bisha xigta ayaa la qaataa haddii loo baahan yahay, oo waa in laga wada hadlo dhibaatooyinka kale si loo hubiyo in la joogteeyo tayada daryeelka iyo in la qabto tababarka adeegga gudahiisa ah iyo kormeerka;

• Abaabulo kullan lala yeelanayo dhammaan shaqaalahiisa/shaqaalaheeda gaarsiinta bil kasta si uu u oggaado oo uu wax uga qabto dhibaatooyin kasta, ururiyo xogta baaritaanka oo u siiyo tababar gaaban; iyo,

• in uu kashaqeeyaa soo- iibinta, kaydinta iyo qaybinta cuntooyinka.

## 1.3. Agabka[16]

### Loogu talogalay Caawiyaha kalkaaliyaha caafimaad

• Xargaha MUAC

• Miisaan, boodhka dhererka, shaxda Miisaanka-iyo-Joogga, shaxda luminta miisaan (caatoobidda) 5%, shaxda kororka miisaanka lagu gaarayo shuruudaha  bixinta, shaxda kororka miisaanka ee 14 maalmood ka badan

• Buugga diiwaangelinta, kaartooyinka OTP, sanduuq loogu talogalay kaartooyinka OTP iyo kaararka kaydka

• Shaxda laga fiiriyo qaddarka RUTF iyo farriimaha muhiimka ah

• RUTF, sonkor, biyo nadiif ah oo la cabbo, miisaan ama koobabka lagu cabbiro daawooyinka (5g  sugan) loogu talogalay tijaabada rabitaanka cuntada

• Biyo iyo saabuun gacamaha lagu dhaqdo

• Heer-kul-beeg, /kalkuleetar, qalimaan, tirtire, iwm.

### Loogu talogalay kalkaaliyaha caafimaad

• Qalab baaritaan (qalabka uu dhaqtarku dadka ku wiisiteeyo ee uu dhegaha surto "*stethoscope*", qalabka lagu eego gudaha dhegta "*otoscope*", iwm.)

• Daawooyinka: Amoxicillin; Lidka-duumada "Anti-malarial"; Faytamiin A; Lidka-gooryaanka helminths; Tallaalka jadeecada.

• Foomamka wareejinta, kaararka kaydka alaabooyinka, warbixinnada billaha

• Agab war-isgaarsiinta (telefoon, iwm.) Warqad weyn oo ku qoran talooyinka gaadiid ku qaadista bukaanka, liiska OTP-yada iyo Xarunta Xasillinta (SC)

16 U noqo buugga UNICEF si aad u xisaabiso gashiga marka la eego badeecooyinka daawada ah; sidoo kale u noqo qalabka qiimeynta USAID CMAM si aad u xisaabiso gashiyada iyo kheyraadka maaliyadeed ee loo baahan yahay si loo sameeyo, joogteeyo, ama loo ballaariyo adeegyada CMAM. <http://www.fantaproject.org/publications/CMAM_costing_tool.shtml>

# 2. GELITAANKA

Habraacyada gelitaanka waxaa lagu sharxay qaybta kala-sooca bukaanka.

Waxaa jira laba nooc oo gelitaanka barnaamijka OTP-ga ah:

### Bukaannada cusub ee xarunta la dhigay

• Bukaanka cusub ee xarunta la dhigay ee lagu helay baaritaanka firfircoon iyo midka aan firfircooneyn ama isa-soo-gudbin. Inta badan gelitaanka barnaamijka OTP waxaa ay noqon doonaan noocan (cusub).

• Dibusooridasho (ka-dib marka laga maqnaado in ka badan 2 bilood ama ka-dib marka horay bogsasho ahaan looga bixiyay). Tani ayaa waxaa loo tixgeliyaa in ay tahay dhacdo cusub oo nafaqo-xumo ah

.

### Gelitaanka bukaannada horeyba ugu socotay daaweynta SAM

• Gudbinta Gudaha ah ee laga soo gudbianyo OTP kale (daaweynta ayaa horey uga bilaabatay SAM N°)

• Gudbinta Gudaha ah ee laga soo gudbianyo SC (foom gudbin leh SAM N° iyo daaweynta la siiyay)

• Ka soo noqoshada xarunta xasillinta (SC) iyada oo dib loogu noqonayo OTP (foom gudibin leh SAM N°, kaarto oo horay loo diiwaangeliyay)

• Dib u gelidda ka-dib marka uu horay u joojiyay lehna maqnaansho ka yar 2 bilood

Waxaa loo baahan yahay nidaam war-isgaarsiin iyo gudbin shaqeynaya oo u dhaxeeya goobaha OTP iyo SC sidaa daraaddeed bukaannada waxaa si fudud oo dhaqso ah looga soo wareejin karaa SC iyaga oo la geynayo OTP inta ay galayaan marxaladda bogsashada (marxaladda 2aad), bukaannada OTP ee ku fashilma in ay si habboon u waafaqaan ama qaada xaalad kale oo sii adkeynaysa dhibaatada waxaa loo wareejin karaa (si aan joogto ahayn) xarunta xasillinta. *Wareejinta noocaas ah ma ahan "ka bixinta" barnaamijka.*

Bukaanka waa in marwalba lagu daaweeyo guriga halka:

1. uu joogo daryeele karti leh;
2. daryeelaha uu oggolaado daaweynta bukaan-socodka;
3. ay ka jiraan guriga duruufo macquul ah;
4. laga heli karo sahayda RUTF;
5. uu ka jiro barnaamij OTP ka hawlgalla meel u dhow guriga bukaanka; iyo
6. laga soo baxo shuruudaha kala-sooca ee daaweynta guriga.

Bukaanka loo daaweynayo bukaan-socod ahaanta ee xaaladiisu ka sii darto ama qaada xaalad kale oo ka sii xumaynaysa dhibaatada waa in loo wareejiyaa Xarun Xasillin dhowr maalmood ka hor inta uusan daaweyntiisu ka sii wadan OTP (eeg qaybta ku saabsan qaadista bukaanka).

Labada gacmood (Bukaan-jiifka iyo Bukaan-socodka) ee barnaamijka waa in marwalbo la isdhexgaliyaa, kullamo joogto ah, sidaa daraaddeed waxaa si habsami la'aan ah looga wareejinayaa bukaannada hal hab daaweyn iyada oo loo wareejinayo mid kale.

Isla marka diiwaangelinta ayaa lagu haysanayaa dhaqdhaqaaqa oo dhan (LAMBARKA-SAM). Bukaanka ka wareegaya hal hab daaweyn una wareegaya mid kale wuxuu weli hoos tagaa daryeelka barnaamijka dhacdadan nafaq-xumada daran. Tusaale ahaan, tani ma aha "ka bixinta" xarunta bukaan-jiifka balse waa wareejin "gudaha ah" oo loo wareegayo qayb kale oo isla barnaamijka.

# 3. CUNTADA

• Ku wacyigeli hooyada muhiimadda ay leedahay naas-nuujinta iyo in cunugga had iyo jeer la siiyo caanaha-naaska ka hor inta aan la siin RUTF iyo in la naas-nuujiyo markasta ee uu doono.

• U sharrax daryeelaha sida RUTF guriga loogu siiyo

• Carruurta la naas-nuujiyo, had iyo jeer waxaad caanaha-naaska siisaa RUTF ka hor.

• RUTF waa cunto iyo daawo loogu talogalay bukaannada nafaqo-xumada haysa oo kaliya. Waa in aan lala wadaagin xubnaha kale ee qoyska xitaa haddii bukaanka uusan cunin/qaadan dhammaan inta la siiyay. Baakadaha la furay ee RUTF waxaa meel loo dhigi karaa si ammaan ah si goor dambe loo isticmaalo – xubnaha kale ee qoyska waa in aysan cunin haraagacuntada gaarka ah.

• Waxaad saabuun ku dhaqdaa gacamaha iyo wejiga bukaanka ka hor inta aadan quudin.

• Bukaannadan inta badan waxaa ay kaliya qabaan rabitaan cunto dhexdhexaad ah inta lagu guda jiro dhowrka toddobaad ee ugu horreeya si tartiib ahna waxbay u cunaan. Waa in loo quudiyaa si ka gaar ah carruurta kale ee qoyska. Bukaanka waxaa uu haysan karaa RUTF si ay u cunaan maalinta oo dhan – muhiim ma aha in waqtiyo cuntada la cuno loo qabto haddiiba cuntadu ay la jirto bukaanka marwalba.

Hase-yeeshee, iyada oo ay carruurtu la jiraan, daryeelaha waa in ay u tagtaa cunugga 3-4 saacadood kasta ugu yaraan mar oo waa in ay ku dhiirrigelisaa cunugga, ama waa in ay si joogto ah u siisaa in yar oo RUTF waqtiyadan. U sheeg hooyada inta la doonayo cunugeeda in uu cuno maalin kasta (qoondadan waxaa lagu bixiyay shaxda laga fiiriyo qaddarka).

• U sharax in toddobaadka ugu horreeyo ama kan labaad in bukaanka ay u badan tahay in uusan dhammeysan dhammaan RUTF la siiyay. Hooyada waa in aysan ka murugin arrintan maadaama in xad-dhaaf ah la siiyay, balse inta ilmaha uu sii bogsanayo rabitaankiisa/rabitaankeeda cuntada ayaa sii hagaagaya sidaa awgeed cuntada oo dhan waxaa uu qaadan doonaa goor dambe marka uu bogsado. RUTF aan la cunin waa in aysan qaadan xubnaha kale ee qoyska balse waa in lagu celiyo barnaamijka OTP – inta ilmaha ay xaaladiisu sii hagaagayso isaga/iyada waxaa ay bilaabi doonaan in ay cunaan ku dhowaad cuntada oo dhan.

• U sharrax in RUTF ay tahay cuntada kaliya ee uu bukaanka u baahan yahay si uu u bogsado inta lagu guda jiro waqtigiisa/waqtigeeda barnaamijka. Waxaa ku jira dhammaan waxyaabaha uu bukaanka u baahan yahay si uu u bogsado dhab ahaantiina waa sida daawo gaar ah. Muhiim ma aha in la siiyo cuntooyin kale.

• U sheeg daryeelaha in ay ku jiraan nafaqooyin daawo gaar ah iyo caano booro gudaha RUTF, iyo in aysan ahayn oo kaliya subag laws. U sheeg in nafaqooyinka oo dhan u baahan yahay cunugga si uu u bogsado iyo in haddii cunuga uusan qaadan RUTF ku fillan in uusan markaasi heli doonin in ku filan oo ah nafaqooyinkan caafimaad. Cuntada caadiga ah kuma jirto qaddarka nafaqooyinka saxda ah oo isku dheellitiran.

• U sharax in jirradu ay dhaawac u geysatay mindhiciirka cunugga sidaa awgeed cuntada qoyska caadiga ah kuma filna cunugga oo xitaa waxaa laga yaabaa in ay u keento shuban. Hooyada u sheeg in cuntooyinka caadiga ah qaarkood ay dib-u-dhigaan bogsashada cunugga. Haddii cunugga uu weydiisto cuntooyin kale waxaa la siin karaa qaddar yar balse waa in ay had iyo jeer siisaa RUTF cuntooyinka kale ka hor iyo waqti ka duwan waqtiga cuntada qoyska ee joogtada ah.

• Marnaba RUTF ha ugu darin cuntooyinka kale. Badarka iyo digirta intooda badan waxaa ku jira waxyaabo lid ku ah nafaqooyinka iyo kuwo xanniba qaadashadooda oo ka dhiga nafaqooyinka gaarka ah ee ku jira RUTF ee uu cunugga u baahan yahay in cunugga uusan helin. Haddii cuntooyin kale la siiyo waa in la siiyo waqti ka duwan waqtiga la siiyo RUTF.

• U sharax in cunuga MARNABA khasab lagu quudin iyo in had iyo jeer la siiyo biyo badan oo nadiif ah si uu u cabbo inta uu cunayo RUTF.

• U sharax in daryeelaha loo baahan yahay in ay leedahay dabeecad daryeel iyo feejignaan inta ay quudinayso cunugga – la hadal, u hees, oo la ciyaar cunugga si aad u kicisid rabitaankiisa cuntada iyo horumarka.

Ogow: Barnaamijyada OTP, haddii ay dhibaato ka jirto sugnaanta cuntada ama ay jirto xaalad degdeg ah, qoondo raashiin “ilaalin” ah (inta badan cuntooyin isku-jir ah oo nafaqooyin lagu xoojiyay sida CSB ama UNIMAX ama raashiin qoys oo ku jirra badar, digir, iyo saliid) waa in qoyska la siiyo si loo caawiyo qoyska cunugga nafaqo-xumada haysa oo looga hortago in lala wadaago RUTF xubnaha kale ee qoyska. Daryeelaha waa in loo sheego in raashiinkan aan loogu talogalin bukaanka balse loogu talogalay qoyska intiisa kale oo kaliya.

Shaxda 12aad: Shaxda laga fiiriyo qaddarrada RUTF ee Bukaan-socodyada la siiyo maalintii iyo toddobaadkii

| CLASS OF WEIGHT (KG) | RUTF PASTE | | RUTF SACHETS (92G) | | BP100® | |
|---|---|---|---|---|---|---|
| | GRAMS PER DAY | GRAMS PER WEEK | SACHET PER DAY | SACHET PER WEEK | BARS PER DAY | BARS PER WEEK |
| **3.0 – 3.4** | 105 | 750 | 1 ¼ | 8 | 2 | 14 |
| **3.5 – 4.9** | 130 | 900 | 1 ½ | 10 | 2 ½ | 17 ½ |
| **5.0 – 6.9** | **200** | **1400** | **2** | **15** | **4** | **28** |
| **7.0 – 9.9** | **260** | **1800** | **3** | **20** | **5** | **35** |
| **10.0 – 14.9** | 400 | 2800 | 4 | 30 | 7 | 49 |
| **15.0 – 19.9** | 450 | 3200 | 5 | 35 | 9 | 63 |
| **20.0 – 29.9** | 500 | 3500 | 6 | 40 | 10 | 70 |
| **≥ 30.0** | 650 | 4500 | 7 | 50 | 12 | 84 |

Ogow 1: Qaddarka la siiyo labada toddobaad ee ugu horreeya waxaa la dhimi karaa ku dhowaad 15%-20%. Inkastoo tani ay adkeyn karto habraaca barnaamijka OTP waxaa ay yareynaysaa suurtagalnimada in ay carruur yar ku dhacaan dhibaatooyin kale oo xaaladda sii xumaynaya inta lagu guda jirro marxaladda hore ee daaweynta (eeg qaybaha ku saabsan shubanka dib-u-quudinta iyo "ifafaalooyinka dib-u-quudinta" sida khatar ka imaan karta ahaan haddii uu bukaan ahaan uu qaadan jiray in aad ugu yar intii loo baahannaa si kedis ah u qaato qaddaro aad u badan oo cunto, ama hooyada ay ku khasabto RUTF la soo siiyay bilowgii daaweynta. Kororka badan ee degdegga ah ee qaadashada bilowga daaweynta waa khatar waxaanna lagu tirayaa sababaha dhimashooyinka qaar ee barnaamijka OTP).

Ogow 2: Tani waxaa ay u dhigantaa ku dhowaad 170kcal/kg/d. Qaddarkan cunugga waxaa uu ku haystaa RUTF ku filan in uu ku gaaro miisaan/culeys ilaa 14 g/kg/d. Kani marnaba laguma gaarin barnaamijyada bukaan-socodka halkaas oo heerka kororka miisaanka uu u dhaxeeyo 2 ilaa 10g/kg/d, oo tilmaamaya isugeynta qaadashada tamarka cunugga oo u dhaxeysa 110 iyo 150kcal/kg/d iyo wadaagidda ballaaran ee qoyska gudahiisa ah. Siinka RUTF dheeraad ah waxaa ay dhiirrigelinaysaa wadaagidda qoyska gudahiisa ah maadaama xubnaha kale ay dhaqan ka dhiganayaan cunidda "ree-reebka", waxaa ay sidoo kale si weyn u kordhineysaa kharashka barnaamijka. Haddii kaydka RUTF ay yar yihiin markaa qaddarka la siiyo waxaa si ammaan ah looga dhimi karaa ku dhowaad 15%-20%. Waxaa wanaagsan in carruurta oo dhan la siiyo qaddar RUTF oo ku filan, marka loo eego in qaarna in badan la siiyo qaarka kalena aan waxba la siin. Qaddarka la bixiyo waa in aan marnaba ka hoos marin inta loo baahan yahay si loo joogteeyo qaddarada miisaanka ee dhexdhexaadka ah – shax ayaa lagu bixiyay lifaaqa 9aad.

# 4. DAAWOOYINKA CAADIGA AH

## 4.1. Nafaqooyin Kale Waa In Aan La Siin

RUTF waxaa horeyba ugu jiray dhammaan nafaqooyinka loo baahan yahay si loo daaweeyo cunugga nafaqa-xumada haysa (haddiiba daryeelaha ay siiso RUTF ku filan – baahida loo qabo in la siiyo in ku filan cunugga iyo in aan lala wadaagin RUTF waxaa loo baahan yahay in carabka loogu adkeeyo daryeelaha xilliga gelitaanka barnaamijka).

• Kaaliyam(Botashiyam), magniisiyam, ama sinki dheeraad ah waa in aan la siin bukaannada. “Laba jeer qaadashada” noocaas ah mid ka imaanaysa cuntada iyo midda kale ee loo qoray, waxaa ay noqon kartaa sun. Gaar ahaan, kaaliyam(botashiyam) dheeraad ah waa in aan marnaba lala siin cuntooyinkan.

• Carruurta shubmeysa ee qaadanaysa RUTF ama cuntada kale ee lagu daaweeyo ee ku jirta sinkiga laguma talinayo in la siiyo sinki dheeraad ah maadaama ay tani kordhin karto heerka dhimashada[20].

## 4.2. Caabuq-bi’iyeyaal Nidaamsan

• Waxaad siisaa caabuq-bi’iyeyaasha nidaamsan bukaannada nafaqo-xumada daran ay hayso, xataa haddii aysan qabin astaamaha caafimaad ee caabuqa saameeya habdhisyada jirka. Si kasta oo ay u qabin astaamaha caafimaad, ku dhowaad waxaa ay dhammaantooda ay qabaan bakteeriyada yaryar ee caloosha oo aad u faafta oo waxaa ay leeyihiin ugu yaraan caabuqyo yaryar

Ogow 1: Qaddarka la siiyo labada toddobaad ee ugu horreeya waxaa la dhimi karaa ku dhowaad 15%-20%. Inkastoo tani ay adkeyn karto habraaca barnaamijka OTP waxaa ay yareynaysaa suurtagalnimada in ay carruur yar ku dhacaan dhibaatooyin kale oo xaaladda sii xumaynaya inta lagu guda jirro marxaladda hore ee daaweynta (eeg qaybaha ku saabsan shubanka dib-u-quudinta iyo “ifafaalooyinka dib-u-quudinta” sida khatar ka imaan karta haddii uu bukaan ahaan uu qaadan jiray in aad uga yar intii loo baahannaa si kedis ah u qaato qaddaro aad u badan oo cunto, ama hooyada ay ku khasabto RUTF la soo siiyay bilowgii daaweynta. Kororka badan ee degdegga ah ee qaadashada bilowga daaweynta waa khatar waxaanna lagu tirayaa sababaha dhimashooyinka qaar ee barnaamijka OTP).

Daaweynta OTP waa in ay la socoto Amoxicillin afka laga qaato meelaha aysan si baahsan uga jirin la qabsiga jirka ee amoxicillin.[21] Halka la qabsiga jirka ee amoxillin ku badan tahay, Muddo kooban oo metronidazole ah waa in la siiyo oo qiyaas yar ah marka loo eego tan caadi ahaan loo qoro (eeg lifaaqa 28aad). Haddii kale, isku-darka Amoxicillin/asiidhta Clavulanic ayaa la adeegsan karaa (heerka iska caabbinta wuxuu hadda ka hooseeyaa amoxicillin oo kaliya) – talo-soojeedintan waa in dib loo eego muddo kadibba mar iyada oo la tixgelinayo qaababka iska caabbinta ku baahsan dadka la daaweynayo.

Shaxda 13aad: Qiyaasta Daawada Amoxicillin

| WEIGHT RANGE KG | AMOXICILLIN (50 – 100 MG/KG/D) DOSAGE – TWICE PER DAY | |
|---|---|---|
| | IN MG | CAP/TAB (250MG) |
| <5kg | 125 mg * 2 | ½ cap*2 |
| 5 – 10 | 250 mg * 2 | 1 cap * 2 |
| 10 – 20 | 500 mg * 2 | 2 caps * 2 |
| 20 - 35 | 750 mg * 2 | 3 caps * 2 |
| > 35 | 1000 mg * 2 | 4 caps * 2 |

Ogow: Sharoobbo waa la siin karaa balse MARKA HORE iska hubi xoogga 5ml kasta: waxaa jira shuroobbooyin xooggooda uu yahay 125mg AMA 250mg 5ml kasta. Ampicillin waxaa laga siiyaa isla qiyaasta amoxicillin.

19 Qiyaasaha badan ee faytamiin A iyo asiidhka foolik ee dheeriga ah waxaa laga reebaa xilliga gelitaanka xarunta oo lama siiyo sinki dheeri ah sababtoo ah RUTF waxaa ku jira qaddaro nafooyinkan ah oo ku filan. Tani waxaa ay fududeynaysaa habraaca goobta barnaamijka OTP. Sidaa daraaddeed aad iyo aad ayay muhiim u tahay in bukaanka dhab ahaan gudiga lagu siiyo qaddarro ku filan oo RUTF oo tilmaamaha isticmaalka in si taxaddar leh loogu sharxo daryeelaha oo waa in sidoo kale la fahamsiiyo shaqaalaha gaarsiinta iyo mutadawiciinta bulshada.

20 Kororka dhimashada malaha waxaa sabab u ah yaraanshaha kubram (copper) iyo qiyaasaha badan ee sinkiga. Tani halis ma aha marka ay jirto RUTF maadaama RUTF ay ku jirto kubram (coppe. Kiniiniyada sinkiga ee shubanka loo siiyo, si kastaba, kuma jirto kubram(copper) dheeri ah.

21 Co-trimoxazole ma ahan mid firfircoon oo ka dhan ah koritaanka bakteeriyada caloosha ee yaryar oo heerarka iska-caabbinta laga soo sheegay inta badan dalalka waa kuwo aad u sarreeya. Kuma filna cunugga sida daran ay nafaqo-xumada u hayso. Haddii loo siiyo tallaabo looga hortago oof-wareenka pneumocystis ahaan bukaannada qaba caabuqada HIV, caabuq-bi’iyeyaal kale waa in la siiyaa oo dheeri ku ah qiyaasaha co-trimoxazole ee ka hortagga ah.

• Hasiinin chloramphenicol dhallaanka ka yar da’da 2 bilood oo waa in si taxaddar leh loo siiyaa carruurta ka yar 4kg ama da’da 6 bilood[22]. Sababta khatarta ay leedahay in shaqaalaha barnaamijka OTP ay siiyaan chloramphenicol qaybaha bukaannada awgeed, waa in aan loogu adeegsan daaweynta caadiga ah ahaan barnaamijyada OTP.

• Hasiinin caabuq-bi’iyeyaasha nidaamsan carruurta loo soo wareejiyay OTP ee laga soo wareejiyay SC ama laga soo wareejiyay OTP kale ka-dib marka ay horay u qaateen koorso j caabuq-bi’iyeyaal ah.

• Hasiinin caabuq-bi’iyeyaasha raaca labaad. Carruurta u baahan daaweynta caabuq-bi’iyaha raaca labaad ama qaba caabuqyo mug leh waa in lagu daaweeyaa xarunta xasillinta (SC). Sidaa daraaddeed, ma jiraan talo-soojeedimo loogu talogaley caabuq-bi’iyeyaasha “raaca labaad” ee loogu talogalay in lagu adeegsado barnaamijyada daaweynta bukaan-socodka.

• Waxaad qiyaasta ugu horreeysa siisaa iyada oo la kormeerayo oo hooyada u sheeg in daaweynta ay sii socoto guud ahaan 7 maalmood. OTP, sharoobbo caabuq-bi’iye ah ayaa la doorbidaa. Haddii aan la heli karin, kiniiniyada waa in la adeegsadaa oo shaqaalaha ay dhexda ka kala jebiyaan ka hor inta aan la siin daryeelayaasha (loogu talogalay carruurta <5kg).

## 4.3. Duumada[23]

### Xaaladaha duumada fudud ee lagu daaweeyay OTP:

• Daaweynta koowaad ee la door-bido: artemether+lumefantrine (eeg qiyaasta daawada). Nuugista iyo nisbada inta daawo ka hortagga duumada ka gaarta qulqulka dhiigga ayaa si mug leh ugadaciifa bukaannada qaba nafaqo-xumada daran. Kordhinta boqolkiiba inta daawada ka hortagta duumada ka gaarta qulqulka dhiigga ayaa waxaa ay yareyn kartaa halista guuldarrada sababta u ah nuugista daawada ee liidata. Dhammaan daawooyinka ka hortagga duumada waa in lala isticmaalo cunto, maadaama ay tani gacan ka geysato kordhinta nuugista.

• Daaweynta labaad ee la door-bido: dihydroartemisinin+piperaquine. Tani waa in la siiyaa oo kaliya ka-dib marka la xaqiijiyo kudulnoolaha (Parasite) guuldarrada daaweynta duumada. Haddii xaruntu aysan laheyn awoodda lagu xaqiijinayo duumada, bukaannada qaba guuldarrada daaweynta ee laga shakiyay waa in loo gudbiyaa xarumo awood u leh xaqiijinta la xiriirta Kudulnoolaha(Parasite).

• U noqo/Tixraac dhabbetusayaasha qaran ee loogu talogalay cudurka duumada ee astaamaha wata ama tallaabooyinka looga hortaggo cudurka duumada (marka laga reebo kiniiniyada quinine waa in aan lagu adeegsan bukaannada nafaqo-xumada daran ay hayso).

• Waxaad siisaa maro-keneecooyin daaweysan gobollada uu ku badan yahay cudurka duumada.

Habka daawada la raaco ee qiyaasta-lixda ah ee artemether+lumefantrine ayaa waxaa maalintii la isticmaalaa laba jeer muddo 3 maalmood ah.

Shaxda 14: Artemether+lumefantrine (©coartem)

Kiniini kasta waxaa ku jira isku-jirka 20mg artemether/120mg lumefantrine

| Body weight (kg) | Number of tablets of artemether+lumefantrine | | | | | |
|---|---|---|---|---|---|---|
| | Day 0 | | Day 1 | | Day 2 | |
| | 1st dose | 2nd dose | 3rd dose | 4th dose | 5th dose | 6th dose |
| 5 - <15 | 1 | 1 | 1 | 1 | 1 | 1 |
| 15 - <25 | 2 | 2 | 2 | 2 | 2 | 2 |
| 25 - <35 | 3 | 3 | 3 | 3 | 3 | 3 |
| ≥ 35 | 4 | 4 | 4 | 4 | 4 | 4 |

22 Carruurtan, chloramphenicol waxaa ay u keentaa xannuunka “cunuga cawlan/grey-baby” oo ah sun qiyaas-ku-xiran. Waxaa loo maleeyaa in ay ku dhacdo kooxdan da’da iyada oo sabab u ah nidaamyada insaymta aysan si fiican u bislaanin. Waxaa jira xog aan dad ku filnayn oo ku saabsan cunugga yare e nafaqo-xumada haysa si loo go’aamiyo haddii beerkooda aan caadiga ahayn uu sidoo kale khatar ka dhigo sunta chloramphenicol ee qiyaasta ku xiran.

23 UNICEF, WHO (Xafiiska Soomaaliya, Barnaamijka Cudurka Duumada Caalamiga ah ee WHO, Xafiis Goboleedka WHO ee Bariga Mediterranean). Dhabbe-tusayaasha loogu talogalay ogaanshaha iyo daaweynta cudurka duumada ee xaaladda Soomaaliya. 2016

Kiniini kasta waxaa ku jira isku-jirka 20mg artemether/120mg lumefantrine

| Body weight (kg) | Number of tablets of artemether+lumefantrine | | | | | |
|---|---|---|---|---|---|---|
| | Day 0 | | Day 1 | | Day 2 | |
| | 1st dose | 2nd dose | 3rd dose | 4th dose | 5th dose | 6th dose |
| 5 - <15 | ½ | ½ | ½ | ½ | ½ | ½ |
| 15 - <25 | 1 | 1 | 1 | 1 | 1 | 1 |
| 25 - <35 | 1½ | 1½ | 1½ | 1½ | 1½ | 1½ |
| ≥ 35 | 2 | 2 | 2 | 2 | 2 | 2 |

Shaxda 15: Dihydroartemisinin (40mg) iyo piperaquine (320mg)

| Body weight (kg) | Dihydroartemisinin+ Piperaquine dose (mg) | Day 0 Tablets | Day 1 Tablets | Day 2 Tablets |
|---|---|---|---|---|
| 5 to < 8 | 20 + 160 | ½ | ½ | ½ |
| 8 to < 11 | 30 + 240 | ¾ | ¾ | ¾ |
| 11 to < 17 | 40 + 320 | 1 | 1 | 1 |
| 17 to < 25 | 60 + 480 | 1½ | 1½ | 1½ |
| 25 to < 36 | 80 + 640 | 2 | 2 | 2 |
| 36 to < 60 | 120 + 960 | 3 | 3 | 3 |
| 60 to < 80 | 160 + 1280 | 4 | 4 | 4 |

## 4.4. Goryaan-ka-dilis

• Waxaad siisaa daawooyinka goryaan ka-dilista kuwa laga soo wareejiyay Xarunta Xasillinta ee loo wareejiyay OTP iyo kuwa sida tooska ah lajiifiyay OTP-ga booqashada 4aad ee bukaan-socodka isla waqtiga la siiyo tallaalka jadeecada. Daawada goryaanka waxaa kaliya la siiyaa carruurta socon karta.

Shaxda 16aad: Daaweynta goryaan-ka-dilista

| AGE | <1 YEAR | 1 TO 2 YEARS | >= 2YEARS |
|---|---|---|---|
| Albendazole 400mg | Not given | ½ tablet | 1 tablet |
| Mebendazole 500mg | Not given | ½ tablet | 1 tablet |

## 4.5. Jadeeco

• Sii tallaalka jadeecada carruurta ka weyn da'da 4,5[24] bilood haddii uu oggol yahay Habraac qaran, ama laga bilaabo 9 bilood haddii ay tani tahay Istiraatiijiyadda qaran ee hadda, kuwaas oo aan haysan kaarka tallaalka inta lagu guda jiro booqashadooda 4aad. Waxaad siisaa qiyaas labaad kuwa loo siiyay tallaalka jadeecada bukaan-jiif ahaan marka ay nafaqo-xumo daran hayso.

• Ha siinin tallaalka jadeecada isla-marka xarunta la jiifiyo bukaannada sida tooska ah loo jiifiyay OTP, uma badna in ay sidaan/qarsadaa jadeeco[25] oo ma qaadi doonaan caabuq ka soo unkumaya goobta caafimaadka.

Ogow: Tallaalka jadeecada xilliga gelintaanka xarunta barnaamija OTP waa la iska daayaa marka laga reebo xilliga ay jadeecadu si dhaqso ah u fidayso, sababtoo ah jawaabta lidka-jir galaha ayaa yaraata ama ka maqan bukaanka nafaqo-xumada daran ay hayso. Tallaalka jadeecada ayaa waxaa la siiyaa waqtiga ay jirto bogsasho ku filan in tallaalka uu ku soo saaro lid-jir galayaal difaac ah.

## 4.6. Faytamiin A

• Sii faytamiin A hal mar booqashada 4aad carruurta oo dhan. Waqtigan waa in ay jirtaa bogsasho ku filan oo loogu kaydinayo qiyaasta badan ee faytamiin A beerka. Waxaa ku jirta faytamiin ku filan RUTF oo lagu daaweynayo yaraanshaha faytamiin A aan muuqan[26]. Si joogto ah ha u siinin qiyaasaha sare ee faytamiin A marka loo oggolaado OTP.

• Ha u haynin cunug kasta ee qaba astaamaha cudur ee yaraanshaha faytamiin A bukaan-socod ahaan; xaaladda indhahooda si degdeg ah ayay uga sii dari kartaa oo waa in had iyo jeer loo wareejiyo maareyn bukaan-jiif.

• Haddii faafitaanka cudurka jadeecadu uu sii socdo, waxaad faytamiin A siisaa carruurta oo dhan.

Shaxda 17: Daaweynta nidaamsan ee faytamiin A

| Age | Vitamin A IU orally |
|---|---|
| 6 to 11 months | One blue capsule (100,000IU = 30,000µg) |
| 12 months and more | Two blue capsules or 1 red capsule (200,000IU = 60,000µg) |

## 4.7. Daaweynta nidaamsan oo kooban

Shaxda 18: Shaxda kooban ee daaweynta nidaamsan

| Drugs | Routine medicines |
|---|---|
| Amoxicillin | 1 dose at admission + treatment for 7 days at home for **new admissions only** |
| Albendazole/Mebendazole | 1 dose on the 4th week (4th visit) – all patients |
| Measles vaccine (from 9 months old) | 1 vaccine on the 4th week (4th visit) – all patients |
| Vitamin A | 1 dose on the 4th week (4th visit) – all patients |

### Daawooyinka loogu talogalay kooxaha gaarka ah ee carruurta SAM ee ku jira OTP

Hal qiyaas oo asiidhka foolik ah (5gm) ayaa la siin karaa carruurta qabta dhiigyaraanta caafimaad. Waxaa RUTF ku jira asiidhta foolik oo ku filan in lagu daaweeyo yaraanshaha folate ee khafiifka ah[27]. Qiyaasta sare ee asiidhka foolik waa in aan la siin haddii sulfadoxine (©Fansidar (SP)) loo adeegsadey daaweynta cudurka duumada.

24 Tani weli ma aysan qaadan WHO oo looguma talin Dowladaha Qaranka. Si kastaba, waxaa jirra caddeymo soo jiidasho leh (eeg warqadaha P Aaby et al.) oo ah in tallaalka jadeecada laga bilaabo 4.5 bilood uu yareeyo halista dhimashada ee laga qaado dhammaan cudurrada faafa oo ay ku jiraan caabuqyada ku dhaca neef mareenka, dhiig-sumowga, iyo shubanka iyo sidoo kale jadeecada. Ilaalinta ayaa la sii wanaajiyaa haddii ay weli jiraan caabuq-bi'iyeyaasha hooyada oo weli wareegaya, waxaa ay si gaar ah muhiim ugu tahay gabdhaha.
25 Haddii ay tahay jadeeco kobcaysa, waxaa ay u badan tahay in ay ku dhacaan tijaabada rabitaanka cuntada.
26 Si joogto ah ha u siinin faytamiin A bukaannada sida daran ay nafaqo-xumada u haysa marka lagu diiwaangelinayo barnaamijka. Daraasado lagu sameeyay dalalka Senegal iyo Jamhuuriyadda Dimuqraadiga ah ee Kongo ayaa muujiya in ay jirto dhimashada sii kordheysa ee kuwa qaba cago-bararka iyo caabuqyada neef-mareenka oo sii kordheya ee carruurta cago-bararka qabta iyo kuwa caatoobay [kumaa qaadanaya faytamiin A? fikirkan ma dhammeystirna].
27 Tani waxaa ay u qaadaneysaa in bukaannada ay guriga ku qaadanayaan RUTF iyo in uu aad iyo aad u yar yahay xadka wadaagidda qoyska dhexdiisa ah. Haddii uu jiro shaki ah in cunugga uu heli doono RUTF ku filan markaa qiyaasta asiidh foolik ah ayaa la siin karaa.

Shaxda 19: Daawooyin dheeraad ah

| Name of Product | When to Give | Prescription | Special Instructions |
|---|---|---|---|
| **Second line antibiotic** | DO NOT USE & TRANSFER TO INPATIIENT. | | |
| **Tetracycline eye ointment** | For treatment of eye infection. Systematic treatment for malnourished children with measles | Apply 3 times a day: morning, afternoon, and at night before sleep | Wash hands before and after use. Wash eyes before application. Continue for 2 days after infection has gone |
| **Nystatin Drop** | For treatment of candida | 100,000 units (1 ml) 4 times a day after food (use dropper and show the carer how to use it) | Continue for 7 days |

Marwalba ku dar hababka dabiiciga ah ee lagu yareeyo qandhada/xumadda (dhar qoyaan yar leh, isbuunyo diirran/qandac ah) oo waxaad sida ugu dhaqsiyaha badan ee suurtagalka ah u bilowdaa caabuq-bi'iyeyaasha ama daawooyinka cudurka duumada. U gudbi cunuga Xarun Xasillin haddii loo baahdo. Si taxaddar leh ula-soco cunugga.

# 5. ILAALIN

Booqasho kasta oo toddobaadle ah,

• Cabbir MUAC, miisaan oo ka eeg cago-barar;

• Hubi haddii bukaanka uu ka soo baxo shuruudaha guuldarada-waafaqidda daaweynta;

• Ka qaad cabbirka heer-kulka jirka;

• U samee tijaabada rabitaanka cuntada midkood si joogto ah oo loogu talogalay carruurta oo dhan ama mar kasta oo uu jiro miisaan koror liita;

• Weyddii astaamaha IMCI oo baar cunugga: oo

• Ku sii daaweynta nidaamsan booqashooyinka habboon (haddii booqasho la seego waxaad siisaa booqashada xigta).

• HA SIININ daawooyin xad-dhaaf ah bukaannada SAM, gaar ahaan daawooyinka yareyn kara rabitaanka cuntada:

o Curiyaha birta ee sinkiga waa in aan la siin bukaannada qaadanaya RUTF

o Daawooyinka hunqaaca waa in aan lagu adeegsan OTP (waxaa ay dhammaan Caddaadiyaan hab-dhiska dareen-wadaha)

o Ha siinin daawooyinka cabburiya qufaca

o Barasitimool "Paracetamol" waa in kaliya loo siiyaa qandhada la caddeeyay oo waa in kaliya loo siin taariikh qandho (qandhada >39°C)

o Aminophylline waa in aan lagu adeegsan OTP. Cunugga nafaqo-xumada daran ay hayso cudurka neefta kuma dhacdo iyada oo ay sabab u tahay xannibaadda hab-dhiska difaaca jirka.

o Metronidazole qiyaasta sare/caadiga ah waa in aan la siin oo ivermectin waa in laga fogeeyo cunug kasta ee cago-barar qaba.

• Buuxi qaybta ilaalinta ee kaarka OTP.

Shaxda 20: Ilaalinta OPT oo kooban

| OUT-PATIENT | FREQUENCY |
|---|---|
| MUAC is taken | Every week |
| Weight and oedema | Every week |
| Appetite test is done | Routinely or whenever there is poor weight gain |
| Body temperature is measured | Every week |
| The IMCI clinical signs (stool, vomiting, etc.) | Every week |
| Height/Length is measured | At admission and if child substitution is suspected |
| W/H z score can be calculated | As required -Day of admission and discharge |

Mararka qaarkood waxaa jira "cunug gala beddelka mid kale" si qoysku uu si uu wato helidda adeegyada marka cunugga liiska ku jira uu bogsado, meesha ka tago, ama uu dhinto. Dhererka waa in la cabbiraa haddii isbeddel aan la filayn uu ku yimaado miisaanka (koror ama hoos-u-dhac badan) si loo eego haddii isla cunugga uu yimid goobta OTP. Haddii uu jiro cunug gala beddelka mid kale markaasi shaqsiga "cusub" waa in si buuxda loo lafoguraa.

# 6. BOGSASHO LA'AANTA DAAWEYNTA OTP

Inta badan kaliya marka ay carruurta fuliyaan shuruudaha loogu talogalay "guuldarrada waafaqidda" ayay u baahan yihiin in la sameeyo baaritaan sheybaar ama baaritaan caafimaad iyo taariikhda oo dhammeystiran. Bukaannada intooda badan ayaa waxaa si joogto ah gebi ahaan u maareeya shaqaale aan aad u tababarnayn (si dad ku filan loo kormeero). Waqtiga iyo kheyraadka shaqaalaha xirfadda leh (kalkaaliyeyaasha caafimaad ee sarsare iyo takhaatiirta) waa in inta ugu badan lagu hagaajiyaa 1) carruurtaasi yar ee midkood ku guuldareysta waafaqidda daaweynta caadiga ah ama sida daran u xanuunsan oo xanuunka adag haya iyo 2) tababar, qiimeyn iyo kormeer.

## 6.1. Baarista bogsasho la'aanta

ka falcelin la'aanta jirka ee daaweynta caadiga ah ayaa waxaa sabab u noqon kara dhibaatooyin caafimaad, xanuunka dhimirka, nafaqo, ama kuwo bulsho. Isku-day lagu baarayo dhibaatada waa in uu marka hore uu sameeyo shaqaalaha OTP. Gaar ahaan, xarunta baxnaaninta waxaa ay leedahay karti yar oo lagu baarayo dhibaatooyinka bulshada marka loo eego shaqaalaha OTP. U wareejinta xarun baxnaano waa in aysan noqon jawaabta koowaad marka bukaanka uu ku guuldareyso in uu waafaqo. Haddii duruufo bulsho aan dad ku filneyn la tuhmo in ay yihiin sababaha ugu weyn ee keenay guuldarrada OTP, same tijaabada rabitaanka cuntada ka-dibna booqasho guri ama qorshe quudin la raaco oo lagu kormeero xarunta caafimaadka (imaanaya maalin kasta muddo 3 maalmood ah) ka hor inta aan loo wareejin xarunta xasillinta.

Shaxda 21: Guuldarrada waafaqidda ee Bukaan-socodyada

| CRITERIA FOR FAILURE TO RESPOND | TIME AFTER ADMISSION |
|---|---|
| Failure to gain any weight (non-oedematous children) | 21 days |
| Weight loss since admission to program (non-oedematous children) | 14 days |
| Failure to start to lose oedema | 14 days |
| Oedema still present | 21 days |
| Failure of Appetite test | At any visit |
| Weight loss of 5% of body weight (non-oedematous children)[28] | At any visit |
| Weight loss for two successive visits | At any visit |
| Failure to start to gain weight satisfactorily after loss of oedema (kwashiorkor) or from day 14 (marasmus) onwards. | At any visit |

Sababaha inta badan keena bogsasho la'aanta waa:

DHIBAATOOYINKA BARNAAMIJKA OTP:

- Xulashada aan habbooneyn ee bukaannada sida tooska ah u aada OTP
- Tijaabada rabitaanka cuntada oo si xun loo sameeyay ama rabitaanka cuntada oo "go'aankeeda ay gaaraan" hawlwadeenno aan khibrad laheyn iyo in aan la cabbirin
- Tilmaamo aan dad ku filnayn oo la siiyo daryeelayaasha (gaar ahaan marka la eego wadaagga qoyska dhexdiisa ah)
- Xaddi khaldan oo RUTF ah oo la siiyo carruurta
- Waqti xad-dhaaf ah oo u dhaxeeya qaybinta OTP (tusaale ahaan booqashooyinka laba toddobaadlaha ah ayaa waxaa ay bixiyaan natiijooyin aad u xun marka loo eego toddobaadlaha)

DHIBAATOOYINKA CARRUURTA EE GAARKA AH - BULSHO:

- Hooyada oo diidda in ay tagto xarunta baxnaaninta marka cunugga uu u baahan yahay baaritaanka xarunta xasillinta iyo daaweynta
- RUTF aan ku filneyn oo daryeelaha la siiyo
- RUTF oo ay ka qaataan walaalaha ama daryeelaha
- Loollanka walaalaha (cuntada iyo sidoo kale RUTF oo ay ka qaataan carruurta waaweyn)
- Carruurta oo dhan oo hal saxan wax ku wada cunaya (cunugga ay nafaqo-xumada hayso waa in uu helo qoondo cunto isaga/iyada u gaar ah)
- Qaadashada xad-dhaafka ah ee cuntooyinka kale ee tayada liita ee dheriga qoyska ama cunto dhaqameedka/cuntada jilicsan ee abaabinta

28 Eeg lifaaqa 10aad: Shaxda miisaan luminta (caatoobidda) ee 5%

• Daryeele aan rabin

• Daryeelaha ama madaxa qoyska oo niyad-jabsan, xaalad kale oo dhimirka ah qaba ama xanuunsan (tusaale, HIV)

• Daryeelaha oo ay ka tiro bateen shaqo iyo mas'uuliyado kale ama waxyaabaha mudnaanta u leh in uu dejiyo madaxa qoyska oo ah qof cadaadis badan (ninka, soddohda, iwm.)

• Dhimashada daryeelaha ama isbeddel weyn oo ku yimaada duruufaha qoyska

• Takoor ujeeddo cad laga leeyahay oo ka dhan ah bukaanka

• In jirrada cunugga loo adeegsado in lagu helo gargaar ama adeegyo kale oo loogu talogalay qoyska oo dhan iyada oo ay jiraan isku-dayo lagu xaqiijinayo cunugga in uu ku sii jiro barnaamijka

DHIBAATOOYINKA CARRUURTA EE GAARKA AH - NAFSAANI:

• dhaawac maskaxeed (goobjoog ka noqoshada rabsho/tacadiyad ama dhimasho, gar ahaan xaaladaha qaxootiga iyo qoysaska la nool HIV/AIDS)

• U diididda nafsaani-bulsho, dayac

• Ka-fakarid

DHIBAATOOYINKA CARRUURTA EE GAARKA AH - CAAFIMAAD:

• Diidmada hore ee in uu tago xarun baxnaano inkasta oo uu qabo dhibaato caafimaad ama rabitaan cunto oo aan ku filnayn

• Yaraansho macdan ama faytamiin oo aan laga baarin (gaar ahaan haddii RUTF si xad-dhaaf ah loo wadaago)

• Nuugis la'aanta nafaqada jirka, koridda bakteeriyada yaryar ee caloosha

• Daawooyin dhaqameedka/daawo dhireed oo la siiyo kuwaas oo sun ah ama saameeya rabitaanka cuntada

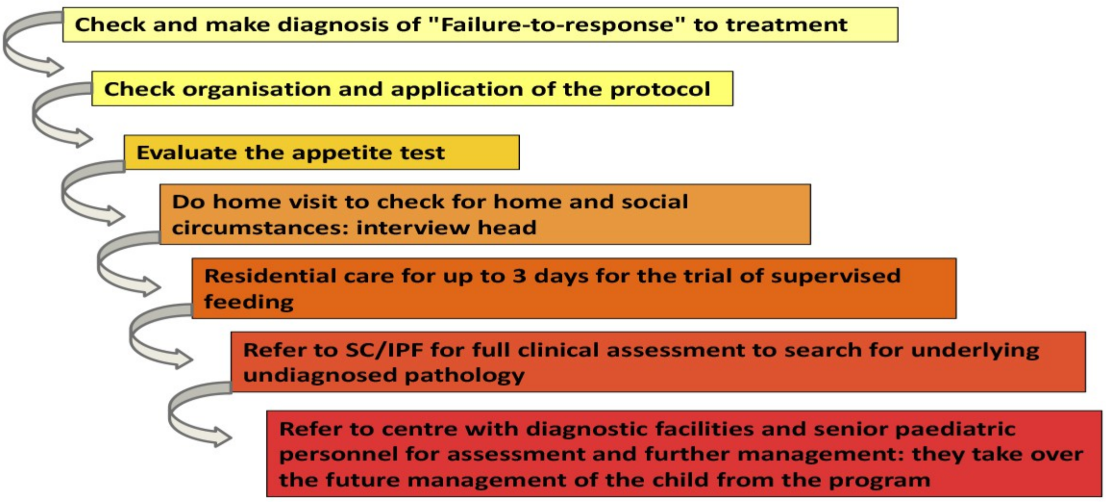
• Daawooyin aan si habbooneyn loogu qorey

• Bakteeriyada oo iska caabbisa caabuq-bi'iyeyaasha caadiga ah

• Caabuq, gaar ahaan: shuban; axal dhiig; oof-wareen; qaaxo; caabuqa ku dhaca kaadi-mareenka; infekshanka gudaha dhegta; duumada; HIV/AIDS;kaadi-dhiigga "schistosomiasis"; Cudurka leishmaniosis ee maqaarka ku dhaca; ama cagaarshowga/ beer waynaad

• Cudurka kale ee halista ah ee aasaaska u ah, tusaale ahaan: cilladaha lagu dhasho ee aan caadiga ahayn (tusaale, xanuunka loo yaqaano *Down's syndrome*, cudurka wadnaha ee lagu dhasho); dhaawaca gaara neerfaha (tusaale, shalalka maskaxda); cilladaha dheefsashada ee lagu dhashey; dhibaatooyin qaliin (xiidan/mindhicir dhuuqsan/xiran "*pyloric stenosis*", cudurka Hirshprung iwm.)

## 6.2 Maareynta bogsasho la'aanta




### Haddii aysan jirin carruur la soo sheegay in ay bogsan waayeen

Waxaa had iyo jeer jirra carruur bogsan waayey iyadoo sabab u ah mid ka mid ah ama in badan oo ka mid ah sababaha kor ku xusan. Haddii xaruntu ay soo sheegto in aysan jirin bogsasho la'aan waa in booqasho qiimeyn ah loogu tago OTP oo waa in kaartooyinka uu hal hal dib-u-eego Sarkaalka Nafaqada Degmada oo wehliya kormeeraha si loo xaqiijiyo in xaaladaha noocaas ahi si habboon loo garto. Xaaladahan waxaa ay u badan yihiin in ay joojiyaan ama dhintaan. Waa in aan lagu heyn muddooyin dhaadheer OTP (ilaa iyo inta ay ka joojiyaan, ka dhintaan, ama shaqaaluhu ay "ka quustaan") iyada oo aan la aqoonsan ama si habboon loo maareyn.

### Haddii ay jiraan carruur fara badan oo bogsan waayay

Sarkaalka Nafaqada ee Degmada wuxuu OTP dib-ula-eegayaa shaqaalaha si loo xaqiijiyo habeynta habboon ee OTP, dabeecadaha shaqaalaha, daaweynta la siiyay, iyo in borotokoolka si sax ah loo raacay.

## Haddii ay jiraan carruurta qaar oo bogsan waayay

Qiimee tijaabada rabitaanka cuntada oo si taxaddar leh mar kale u baar cunugga.

Haddii cunugga uu leeyahay rabitaan cunto wanaagsan marka la baaro, balse uu ku guuldareyso in miisaankiisa uu ku kordho guriga markaasi waxaa suurtagal ah in ay tahay arrintan dhibaato bulsho. Cunugga gaajaysan ayaan ku helin RUTF guriga oo ku cuni lahaa isaga oo raba goobta OTP. Hooyadu inta badan waxaa ay aragtaa tani marka loo muujiya oo waxaa ay markii ugu horreysay oggataa in ay dhibaato jirto.

• Weyddii shaqaalaha gaarsiinta iyo/ama mutadawaca in ay sameyso booqasho guri oo ay aragto haddii ay aqoonsan karto in ay guriga ka jirto dhibaato ah. Aad ayey muhiim u tahay in tani loo sameeyo si khaas ah, oo ka baxsan dhagmaqalka qoysaska kale, iyo in hooyada laga dhigin in ay dembi dareento – inta badan ma oga in ay qoysku dhibaato ka jirto iyada oo sabab u ah culeyska shaqadeeda ama carruurta kale oo qaadanaya RUTF. Tilmaamaha waxaa loo baahan yahay in si taxaddar leh oo tartiib tartiib ah loogu celiyo.

• Wareyso madaxa qoyska (oo caadi ahaan ah ninka, awoowe ama ayeeyo, soddoh iwm. – qofkan caadi ahaan ma imaado OTP) kaas oo aan si toos ah u helin talada iyo tilmaamaha uu siiyay daryeelaha tooska ah ee yimaada OTP.

• Baar haddii ay jiraan dhibaatooyin qaybinta qoyska gudahiisa ah, saxan wadaagid, iyo loollanka walaalaha oo laga yaabo hooyadu in aysan aad uga warqabin, ama diidmada cunugga, isku-dhexyaaca maanka waalidka, ama in loo isticmaalo xaaladda cunugga si loogu helo cunto iyo adeegyo qoyska oo dhan. Dhibaatooyinkan caadi ahaan laguma go'aamiyo midkood wareysiga lala yeesho hooyada barta qaybinta ama xataa inta lagu guda jirro booqashada.

Dhibaatooyinka bulshada, maareynta waxaa ay noqon kartaa qaab la-talin, taageero qoys, ama taageero laga helay xaafadda, odayaasha tuulada, ama mutadawiciinta ama NGO maxali ah. Hooyadu in lagu lammaaneeyo "hooyo kale oo guulaysatey" (barnaamijka weecashada wanaagsan) ayaa sidoo kale aad loogu guuleysan karaa. Sida xalka ugu dambeeya ahaan, in loo helo daryeele kale cunugga haddii ay jiraan dhibaatooyin bulsho oo aan wax laga qaban karin.

## Haddii dhibaatadu aan weli la go'aamin:

• U gudbi cunugga xarunta baxnaaninta ama degaan/daryeel maalintii ah oo ku taalla xarunta caafimaadka ilaa 3 maalmood oo quudi isaga oo hoos imaanaya kormeer taxaddar leh[29].

<u>**Haddii cunugga miisaankiisa uu si fiican ugu kobco quudinta la kormeero oo weli ku guuldareysto in miisaankiisa uu ku kordho guriga,**</u> markaasi waxaa jira dhibaato bulsho oo aad u weyn oo aan la oggaan karin inta lagu guda jirro booqashada guriga.

Wareysi dheeraad ah oo lala yeelanayo qoyska oo dhan oo uu ku jiro madaxa qoyska waa in la sameeyaa oo waa in natiijooyinka "quudinta tijaabada ah" lagala wada hadlo madaxa qoyska iyo sidoo kale daryeelaha aasaasiga ah.

dhaawac maskaxeed (ee daryeelaha iyo sidoo kale bukaanka) gaar ahaan way adag tahay in wax laga qabto oo caadi ahaanna waxaa ay u baahan tahay in loo beddelo deegaan ammaan ah oo taageero buuxda leh, badanaa laga helo kuwo soo marey waayo-aragnimo la mid ah. Daaweynta joogtada ah ee hooyada waxaa ay muhiim u tahay ladnaanta cunugga si la mid ah sida ay muhiim ugu tahay daaweynta cunugga laf-ahaantiisa, gaar ahaan xaaladaha colaadda. Horumar isdaba-joog ah ayaa mararka qaarkood la arkaa marka hooyooyinka la siiyey daaweyn sida kuwa lagu daaweeyo niyad-jabka. Hawl-wadeennada dhaqanka ayaa caadi ahaan xirfad u leh wax-ka-qabashada dhibaatooyinka nafsaani oo shaqaalaha waa in aysan ka fogaan u gudbinta hawl-wadeenno dhaqameedka marka ay jiraan duruufahaasi oo kale.

## Haddii cunugga uu weli ku guuldarreysto in uu waafaqo tijaabada quudinta ee la kormeero

• Ugu dir xarun baxnaanin qiimeyn maskaxeed iyo mid caafimaad oo dhammeystiran iyo in laga baaro cudurrada aasaasiga ah. Haddii aan waxba laga helin bukaanka waa in loo sii diraa xarun saddexaad halkaas oo laga heli karo tas-hiilaad ama qalab baaris oo aad u horumarsan iyo shaqaale caafimaad/takhtar sare oo caafimaadka carruurta qaabilsan. Haddii la oggaado dhibaatada caafimaad ee aasaaska u ah bogsasho la'aanta maareynta dheeraadka ah ee cunugga waa in ay ku jirto gacamaha adeegga/xarunta baaritaanka sameynaysa. Maareynta dheeraadka ah ee waalidka caadi ahaan waxaa uu hoostagaa maamulka takhasusle waxaanna loogu diiwaangeliyaa warbixinta sida "gudbin caafimaad".

Waa muhiim in carruurta aan lagu dayicin OTP dhowr bilood, iyaga oo aan waafaqin, ka-dib kaliya laga bixiyo iyaga oo la leeyahay "waa kuwo aan waafaqin". Natiijada noocaas ahi waa in aysan ka jirin barnaamijka OTP.

> Ogow: Tallaabo kasta oo ka mid ah baaritaanka bogsasho la;aanta ee yar maadaama dhibaatooyinka la aqoonsado ka-dibna wax laga qabto. Waa in ay jiraan kuwo aad u yar oo u baahan in loo gudbiyo takhaatiirta sarsare ee caafimaadka carruurta qaabilsan. Caafimaad ahaan, takhaatiirta sarsare waa in ay xoogga saaraan carruurtan aan bogsan halkaas oo tababarkooda iyo xirfadahooda sida ugu wanaagsan loogu adeegsado, beddelkii ay xoogga saari lahaayeen maareynta joogtada ah ee kuwa ay nafaqo-xumada haysa kuwaas oo si fiican u waafaqa borotokoollada caadiga ah oo ayna maareyn karaan kalkaaliyayaasha caafimaad iyo kaaliyayaashooda. Ardayda caafimaadka waa in aan si xad-dhaaf ah loogu soo bandhigin xaaladahaas "aan caadiga ahayn" inta lagu guda jiro tababarkooda.

29 Marka lagu baarayo tijaabada rabitaanka cuntada ee goobta OTP cunugga waxaa laga yaabaa in uusan cuntada si xamaasad leh u qaadan sababo dhowr ah awgood (inta badan carruurtaas waa kuwo yaaban, cabsanaya, ama argagaxan). Cunugga dhowr maalmood ayay ku qaadan kartaa in uu dego oo si fiican u barto shaqaalaha si uu cuntada u qaato isaga oo diyaar u ah.

# 7. SHURUUDAHA LOOGA WAREEGAYO OTP MARKA LOO WAREEGAYO SC: "U WAREEJINTA GUDAHA EE DARYEEL BUKAAN-JIIF"

## 7.1. Shuruudaha looga wareegayo OTP marka loo wareegayo SC

Bukaan-socodyada qaada astaamaha dhibaato caafimaad oo daran (oof-wareen, fuuq-bax, iwm. - eeg shaxda 2aad ee qaybta ku saabsan kala-sooca bukaanka) waxaa loo wareejiyaa xarunta baxnaaninta si loo maareeyo xaaladooda ilaa ay ka noqdaan kuwo ku habboon in ay ku noqdaan OTP.

U wareeji bukaan kasta ee lagu daaweeyo OTP xarunta SC haddii ay qaadaan wax ka mid ah kuwan soo socda:

o Ku guuldareysiga tijaabada rabitaanka cuntada (eeg habraaca bogsasho la'aanta)

o Kororka/kobaca cago-bararka

o Qaadista shubanka laga qaado dib-u-quudinta oo u horseedi kara miisaan lumin

o Fulinta wax ka mid ah shuruudaha "guuldarrada waafaqidda daaweynta"

- Miisaan luminta 2 miisaamid oo isku xiga
- Miisaan lumin ka badan 5% miisaanka jirka booqasho kasta (eeg lifaaqa 10aad)
- Miisaanka aan isbeddelin ee 3 miisaamid oo isku xiga

o Daryeelaha ugu muhiimsan oo qaado jirro weyn ama uu dhinto sidaa daraadeed daryeelaha beddelka ah ayaa waxaa laga yaabaa in uusan awoodin ama uusan rabin in uu daryeelo bukaanka nafaqo-xumada ay hayso ama wuxuu codsanayaa in loo wareejiyo daryeel bukaan-jiif.

**Faallooyin:**
Xilliga gelitaanka ama inta lagu guda jiro daaweynta, ayaa cunugga SAM waxaa uu soo bandhigi karaa xaalado caafimaad u baahan in loo wareejiyo SC; xaaladahaas oo kale, kalkaaliyaha caafimaad waa in uu horey u bilaabaa daaweynta inta qaadistiisa la abaabulayo. Sidaa iyo si la mid ah ayaa la sameeyaa marka wareejinta dib-u-dhac uu ku yimaado ama waalidiinta ay diidaan u wareejinta SC – xaaladaas oo kale kalkaaliyaha caafimaad waa in uu isku dayo xasillinta xaaladaha caafimaad inta la sugayo wareejita ama looga dhaadhicinayo waalidiinta in ay tagaan cusbitaalka. Daaweynta bilowga hore ee "yaraanta guluukowsta dhiigga", "hoos u dhaca heerkulka jirka", iyo "fuuq-baxa" ayaa hoos lagu sharxay.

### Yaraanshaha guluukowsta dhiigga ee OTP

Haddii cunugga uu soo bandhigo astaamaha yaraanta guluukowsta dhiigga ee OTP, waxaad u fulin kartaa borotakoolka daaweynta sida halkan lagu tilmaamey:

Had iyo jeer isku-day in aad u wareejiso cunugga SC - KA-DIB marka la bilaabo ku daaweynta biyaha sonkorta leh iyo caabuq-bi'iyeyaasha.

Haddii wareejintu ay suurtagal tahay, sii biyo sonkor leh daryeelaha si uu u siiyo inta lagu guda jiro wareejinta.

Haddii wareejintu aysan suurtagal ahayn, waxaad biyo sonkor leh ku siisaa xarunta oo sii qaddar yar oo RUTF ah isla-marka uu bukaanka awoodo in uu wax cuno. Waxaad fartaa hooyada/daryeelaha in ay sidaa iyo si la mid ah ay sameeyaan marka ay ku noqdaan guriga, iyo in ay sii wadaan siinta raashiin yar inta lagu guda jiro habeenkii saddexda habeen ee ugu horreeyo si ay uga fogaadaan dib-u-xanuunsasho. Si degdeg ah ugu soo noqo bukaan-eegtada haddii cunugga uu miyir-beelo ama uusan awoodin in uu wax cuno ama cabbo.

### Hoos-u-dhaca heerkulka jirka ee OTP

Haddii cunugga uu soo bandhigo astaamaha hoos-u-dhaca heerkulka jirka ee OTP waxaad daaweynta u raacdaa sida halkan lagu tilmaamey. Ka ilaali cunugga mowjadaha dabeesha oo dabool madaxiisa iyo jirkiisa. Haddii aysan jirin dabeyl badan, ku dhiirrigeli daryeelaha iyo cunuggaba in ay dibadda fariistaan - balse waa in aysan fariisan qoraxda tooskeeda. Soo bandhig tijaabada iyo tusaalaha farsamada daryeelka Kangaroo (eeg qaybta 9aad) waxaadna u sharaxdaa hooyada/daryeelaha in iyada/isaga ay u baahan yihiin in ay sidaa iyo si la mid ah ay sameeyaan marka guriga joogaan, gaar ahaan habeenkii.

Marwalba tixgeli in aad cunugga u wareejiso daryeel bukaan-jiif waxaadna xaqiijisaa in cunuggu uu wax cuno – xitaa haddii ay yihiin qaddaro yaryar bilowgii, maadaama ay tani noqonayso isha ugu muhiimsan ee laga helo tamar kuleyl.

Hubso in daaweynta caabuq-bi'iyaha la bilaabey iyo in si sax ah loo raacey.

### Yaraanshaha guluukowsta dhiigga ee OTP

Haddii cunugga uu soo bandhigo astaamaha yaraanta guluukowsta dhiigga ee OTP, waxaad u fulin kartaa borotakoolka daaweynta sida halkan lagu tilmaamey:

Had iyo jeer isku-day in aad u wareejiso cunugga SC - KA-DIB marka la bilaabo ku daaweynta biyaha sonkorta leh iyo caabuq-bi'iyeyaasha.

Haddii wareejintu ay suurtagal tahay, sii biyo sonkor leh daryeelaha si uu u siiyo inta lagu guda jiro wareejinta.

Haddii wareejintu aysan suurtagal ahayn, waxaad biyo sonkor leh ku siisaa xarunta oo sii qaddar yar oo RUTF ah isla-marka uu bukaanka awoodo in uu wax cuno. Waxaad fartaa hooyada/daryeelaha in ay sidaa iyo si la mid ah ay sameeyaan marka ay ku noqdaan guriga, iyo in ay sii wadaan siinta raashiin yar inta lagu guda jiro habeenkii saddexda habeen ee ugu horreeyo si ay uga fogaadaan dib-u-xanuunsasho. Si degdeg ah ugu soo noqo bukaan-eegtada haddii cunugga uu miyir-beelo ama uusan awoodin in uu wax cuno ama cabbo.

### Hoos-u-dhaca heerkulka jirka ee OTP

Haddii cunugga uu soo bandhigo astaamaha hoos-u-dhaca heerkulka jirka ee OTP waxaad daaweynta u raacdaa sida halkan lagu tilmaamey. Ka ilaali cunugga mowjadaha dabeesha oo dabool madaxiisa iyo jirkiisa. Haddii aysan jirin dabeyl badan, ku dhiirrigeli daryeelaha iyo cunuggaba

in ay dibadda fariistaan - balse waa in aysan fariisan qoraxda tooskeeda. Soo bandhig tijaabada iyo tusaalaha farsamada daryeelka Kangaroo (eeg qaybta 9aad) waxaadna u sharaxdaa hooyada/daryeelaha in iyada/isaga ay u baahan yihiin in ay sidaa iyo si la mid ah ay sameeyaan marka guriga joogaan, gaar ahaan habeenkii.

Marwalba tixgeli in aad cunugga u wareejiso daryeel bukaan-jiif waxaadna xaqiijisaa in cunuggu uu wax cuno – xitaa haddii ay yihiin qaddaro yaryar bilowgii, maadaama ay tani noqonayso isha ugu muhiimsan ee laga helo tamar kuleyl. Hubso in daaweynta caabuq-bi'iyaha la bilaabey iyo in si sax ah loo raacey.

### Fuuq-baxa OTP

Marka la joogo xarumaha OTP, siinta RUTF iyo biyo nadiif ah oo la cabbo oo badan waxaa lagu daaweyn karaa fuuq-baxa khafiifka ah iyo midka dhexdhexaadka ah. RUTF waxaa ku jirta birta sinki oo marka lala siiyo daaweynta caabuq-bi'iyaha waa in ay ku filnaadaan xaaladaha intooda badan in lagu daaweeyo shuban kasta ama jirrooyinka keenaya shubanka. Muhiim ma ahan cunugga in la siiyo ReSoMal dheeraad ah.

Haddii fuuq-baxa uu yahay mid aad u daran ama cunugga uu miyir-beelay, markaasi u wareeji bukaanka sida mid ku sugan xaalad degdeg ah ahaan. Abaabul kheyraadka maxaliga ah (gaadiid iwm.) si aad u gaarto SC sida ugu dhaqsiyaha badan ee suurtagalka ah. Xarumaha OTP laguma qalabeyn karo agabka loogu talogalay daaweynta fuuq-celinta ah - iyada oo ay sabab u tahay adkaanshaha daaweynteeda iyo halisaha dhibaatooyinka ka dhalan kara daaweynta oo kaliya lagu maareyn karo cusbitaalka.

## 7.2. Habraaca loogu talogalay wareejinta

Marka loo wareejiyo SC, daaweynta bukaan-jiifka caadiga ah waa in lagu dabaqaa; hase-yeeshee, daawooyinka caadiga ah waxaa loo qoraa si gaar ah oo ku xiran haddii cunugga si toos ah loo soo wareejiyay ama horey loo siiyay daaweyn, sababta keentay wareejinta iyo nooca dhibaatada.

• Ku qor kaartada bukaanka sababta loo soo wareejiyay

• Buuxi foomka wareejinta oo ay tahay in ay ku qoran yihiin daaweynta la siiyay oo kooban iyo Lambarka-SAM (eeg qaybta ku saabsan Korjoogteynta iyo qiimeynta)

• Buuxi foomka wareejinta oo wata nuqul warqadda madow ee qoraalka lagu guuriyo. Waxaad nuqulka sare siisaa bukaanka si uu ugu qaato SC oo nuqulka kale dhig xarunta OTP isaga oo la socda kaartada

• Telefoonka ka wac kormeeraha nafaqada, haddii ay suurtagal tahay, si aad ugu wargeliso SC soo wareejinta oo aadna ugu diiwaangeliso kaartada bukaanka: Koreeraha xarunta SC waa in uu qabanqaabiyaa in bukaanka si toos ah loo dhigo qaybta/waadhka oo aan la soo marsiin waaxda xaaladaha degdegga ah. Aqbalaadda tooska ah ee noocaas ah ee qaybta/waadhka waa in ay fahamsan tahay waaxda xaaladaha degdegga ah ee SC mar kasta oo uu yimaado bukaan sita foomka wareejinta oo ka socda xarun OTP.

Ogow: Marka bukaanka uu ku soo noqdo OTP xiriir la mid ah waa in la sameeyo si looga fogaado luminta bukaanka inta lagu guda jirro wareejinta.

## 7.3. Diidmada wareejinta SC

Dhammaan xaaladaha nafaqo-xumada aadka u daran ee adag waa in bukaan-jiif ahaan loogu daaweeyaa Xarumaha baxnaanada (SC).
Hase-yeeshee, xaaladaha qaar, waalidiinta waxaa ay diidi karaan in ay cunugga geeyaan cusbitaalka/SC; dhowr sababood ayaa loo yeeli karaa: masaafada fog oo ay u jiraan SC, hooyadu oo haysata carruur kale iyada oo aan jirin cid kale oo daryeelaysa, ninka oo maqan darteed ayaa laga yaabaa in aysan go'aan qaadan, aabbaha/qoyska ayaa diidda, qiimaha fursadda, aaminsanaanta dhaqanka, iwm.

Maxaa la sameeyaa?

• Isku-dayga in cunugga aad ku daaweyso xarunta OTP ikhtiyaar habboon ma ahan oo waxaa ay halis gelin kartaa nolosha cunugga. Dhab ahaantii, waxaa jira wax yar oo la sameyn karo si loo waafaqjiyo borotokoollada bukaannadan: noocyada daawooyinka lagu isticmaalo gudaha lama waafajin karo duruufahan, maadaama ay tani keeni karto dhibaatooyin. Gaar ahaan, inta badan xarumaha laga hirgeliyay OTP ma isticmaali karaan daawooyinka xididka laga siiyo.

• Waa muhiim in la fahmo sababta hooyadu ay u diidayso in ay u wareejiso xarunta SC iyo in sida ku habboon loo waafajiyo munaaqashada/xalka. U sharrax hooyada in cunugeeda uu qabo dhibaatooyin caafimaad oo uu u baahan yahay daryeel horumarsan. Kala hadal suurtagalnimada in la wareejiyo. Haddii hooyadu ay weli diiddan tahay, waxaad la kulantaa aabbaha ama qaraabo sokeeye ah; waxaa sidoo kale waxtar leh in laga qaybgeliyo dadka muhiimka ah ee tuulada sida madaxa tuulada, imaamka tuulada, iwm.

• Haddii munaaqashooyinka oo dhan ay guuldareystaan, u sharrax hooyada in aad bilaabi doontid daaweynta bukaan-socodka, haddii cunugga uu leeyahay rabitaan cunto, balse u sharrax halisaha ay ku lug leedahay. Diidmada in la wareejiyo waa in lagu xusaa kaarka OTP. Waqti dheeri ah la qaado si aad ugu sharaxdo dhammaan faahfaahinnada daaweynta ee guriga oo hubso in ay fahamto daaweynta.

• Weyddii shaqaalaha bulshada (CHW iyo FHW) in ay mudnaanta koowaad siiyaan booqashooyinka guriga ee qoyskan, oo booqo dhowr jeer inta lagu guda jiro toddobaadka haddii ay suurtagal tahay. Weyddii in ay u sheegaan horumarka cunugga kalkaaliyaha caafimaad ee OTP waxaadna dib-u-tixgelisaa in loo wareejiyo SC haddii taasi ay tahay ikhtiyaar. Hubi in daaweynta caabuq-bi'iyeyaasha loo qaatey si sax ah. Haddii ay lagama maarmaan tahay oo ayna suurtagal tahay, hooyada weyddii in ay maalin kasta ay timaado (kaliya loogu talogalay kuwa aan ku noolaanayn meel ka fog xarunta), si loo indha-indheeyo quudinta oo loo qaato caabuq-bi'iyeyaasha.

• Fuuq-celinta waa in marwalba lagu sameeyo biyo nadiif ah. Haku isticmaalin ReSoMal ama ORS OTP-ga, maadaama baarista fuuq-baxu ay tahay in uu sameeyo qof khabiir ah waxaanna jira dhibaatooyin halista oo muhiim ah. Carruurtan caadi ahaan jirkooda waxaa ku jirta naatariyam (soodhiyam) xad-dhaaf ah, taas oo ka dhigaysa caafimaad ahaan in lagu taliyo in la siiyo biyo cad, gaar ahaan haddii aysan jirin siyaabo lagu kormeerayo qaadashada ama astaamaha dareere aad u badan oo suurtagal ah.

• Qabanqaabi xarun daryeel maalintii ah. Sanduuqa xaaladaha degdegga ah waa in la heli karo.

• War-isgaarsiin joogto ah la yeelo kaalkaaliyaha caafimaad/takhtarka ka mas'uulka ah xarunta SC oo haku siiyaan talo iyo kormeer iyaga oo meel fog jooga

• La xiriir DNO

# 8. HABRAACA KA BIXINTA

## 8.1. Shuruudaha ka bixinta

Ka bixi bukaannada marka ay ka soo baxaan shuruudaha ka bixinta lagu muujiyey shaxda soo socota.

| AGE | DISCHARGE CRITERIA |
|---|---|
| **6 MONTHS TO 12 YEARS**<br>***Standard OTP*** | ➢ **W/H or W/L** >=-1.5z score on more than one occasion if adequate arrangements for follow up have been made[30] (Two days for inpatients, two weeks for outpatients).<br>**Or**<br>➢ MUAC>125mm for children[31]<br>**And**<br>➢ No oedema for 14 days |
| ***Mobile team: this criterion is NOT used in health centres or other fixed OTP sites.*** | ➢ Target weight gain reached [32]<br>**And**<br>➢ No oedema for 14 days |
| **12 to 18 years** | ➢ W/H>=85% NCHS<br>**And**<br>➢ No oedema for 14 days |

30 Waa la aqbali karaa in la bixiyo bukaanka haddii isaga/iyada uu gaaro shuruuddan hal xaalad haddii miisaan kororka uu ahaa mid joogto ah oo miisaankana dib loo eego ka hor

31 Waa ay adag tahay haddii carruurtu ay noqoto in ay gaaraan shuruudo cabbiraadda jirka ah oo badan ka hor inta aan la bixin (X "iyo" Y, beddelka X "ama" Y). Doorashada >125 mm MUAC waxaa ay ku saleysan tahay shuruudda "caadi ahaanta" – carruurta waa in lagu celiyo fogaantan inta lagu guda jirro daaweynta oo waa in aan la bixin marka ay gaareen fogaanta MAM ee ugu daran. Tani waxaa ay dhaafeysaa dhibaatada carruurta (<67sm) gaaban ee aan sida fudud u gaarin shuruuddan ka bixinta – carruurtan falanqeynta MUAC-iyo-da'ada (jaangooyooyinka WHO) waxaa ay tilmaamayaan in MUAC >115 mm uu ka sarreeya shuruudaha MAM.

32 Eeg lifaaqa 12: Miisaan koror lagu gaarayo shuruudaha daaweystay. LIFAAQA 12AAD WAA SIDA LOO DIYAARIYO F75 & F100, FADLAN HAGAAJI. LIFAAQAN KUMA JIRO DOKUMENTIGA (MIISAAN KORORKA BOGSASHADA)

• Miisaanka “bartilmaameedka” ah waa in la xisaabiyo xilliga aqbaladda oo waa in miisaankan loo adeegsado shuruudda ka bixinta ee miisaanka-iyo-dhererka. Marka si soo noqnoqota loo cabbiro joogga oo miisaan “bartilmaameed” ah oo cusub la xisaabiyo, cunugga waxaa laga yaabaa in uusan gaarin shuruudaha ka bixinta sababtoo ah waxaa si dhaqso ah u kordhaya joogiisa/joogeeda. Kororka joogga dhaqsaha ah waa astaanta ladnaan nafaqo oo looma baahna in carruurta noocaas ahi lagu hayo barnaamijka waxaanna culeys badan ay saari karaan shaqaalaha isla-markaana waxaa ay isticmaalaan kheyraad si wanaagsan loogu bixin lahaa meel kale.

• Hooyada ha u sheegin in cunugeeda uu gaarey miisaanka ka bixinta waxaanna laga bixinayaa booqashada xigta ka-dib. Carruurta qaarkood ayaa miisaan lumiya ka hor ka bixinta marka qoyska uu doonayo cunugga in uu ku sii jiro barnaamijka si uu u helo RUTF ama dheefo kale oo loogu talogalay qoyska. Bukaannada oo dhan waa in loo wareejiyaa barnaamijka quudinta dheeriga ah (SFP) si loola socdo halka kani laga heli karo. Halka aan laga heli karin shuruudaha ka bixiinta waa in la dhowraa[33].

## 8.2. Diiwaangelinta natiijada daaweynta

Ku diiwaangeli bukaannada laga saarey buugga diiwaangelinta iyo kaartada iyada oo la raacayo waxyaabahan suurtagalka ah ee soo socda:

o **Bogsadey:** bukaanka waxaa uu gaarey shuruuddaha looga saarayo.

o **Dhintey:** haddii bukaanka uu dhintey intii lagu guda jirey daaweynta OTP ama isaga oo loo sii wado xarunta SC.

o **Baxsade La Xaqiijiyey:** haddii bukaanka uusan soo noqon 2 booqasho oo isku xiga oo booqasho guri, deriska, mutadawac tuullo, ama il kale oo la isku halleyn karo ay xaqiijiyaan in bukaanka uusan dhimman.

o **Baxsade Aan La Xaqiijin:** haddii bukaanka uusan soo noqon 2 booqasho oo isku xiga oo aan weli la helin macluumaad ku saabsan natiijada bukaannada.

o **Wareejin-DIBADDA AH:** Loo wareejiyay xarun SC (waxaa la filayaa in ay soo noqdaan).

o **Wareejin-DIBADDA AH:** Loo wareejiyay goobta qaybinta OTP kale (ma soo noqon doono balse waxaa uu weli ku jiraa barnaamijka).

Marka goob qaybin OTP cusub laga furo meel u dhow guriga bukaanka, u wareeji bukaannada OTP-gaasi (wareejin gudaha ah) balse bukaanka ayaa wuxuu sii haysan doona LAMBARKIISA-SAM waxaanna loogu diiwaangeliyaa OTP cusub wareejin gudaha ahaan oo ma aha sida bukaanka cusub ee xarunta la dhigay.

o **Kuwa aan dawoobin.** bogsasho la’aanta marka laga baxayo waa in ay si aad dhif u ah uga dhacdo xarunta OTP, inkasta oo ay tani dhici karto marka qoyska/daryeelaha uu diiddo in aado IPF si loo soo baaro oo loo daaweeyo, halka ay ka jiraan dhibaatooyin bulsho oo aan la xukumi karin, ama halka ay ka jirto xaalad sababeysa oo aan lahayn daaweyn laga heli karo xarunta SC (tusaale, xaalado badan oo ah shalalka maskaxda). Halka laga heli karo, maareynta dheeraadka ah ee bukaannadan waa in loo gudbiyo hay’ado kale oo khibrad u leh daryeelka xaaladahan (gudbin caafimaad).

o **Gelitaanka khaldan:** qabashada laguma xisaabiyo warbixinnada tirakoobka.

# 9. LA-SOCOSHADA KA BIXINTA KA-DIB AH

• Hubi la-socoshada bukaannada laga bixiyey barnaamijka ee ay sameeyaan shaqaalaha adeeg gaarsiinta iyo cidda qaabilsan tuulada/mutadawiciinta.

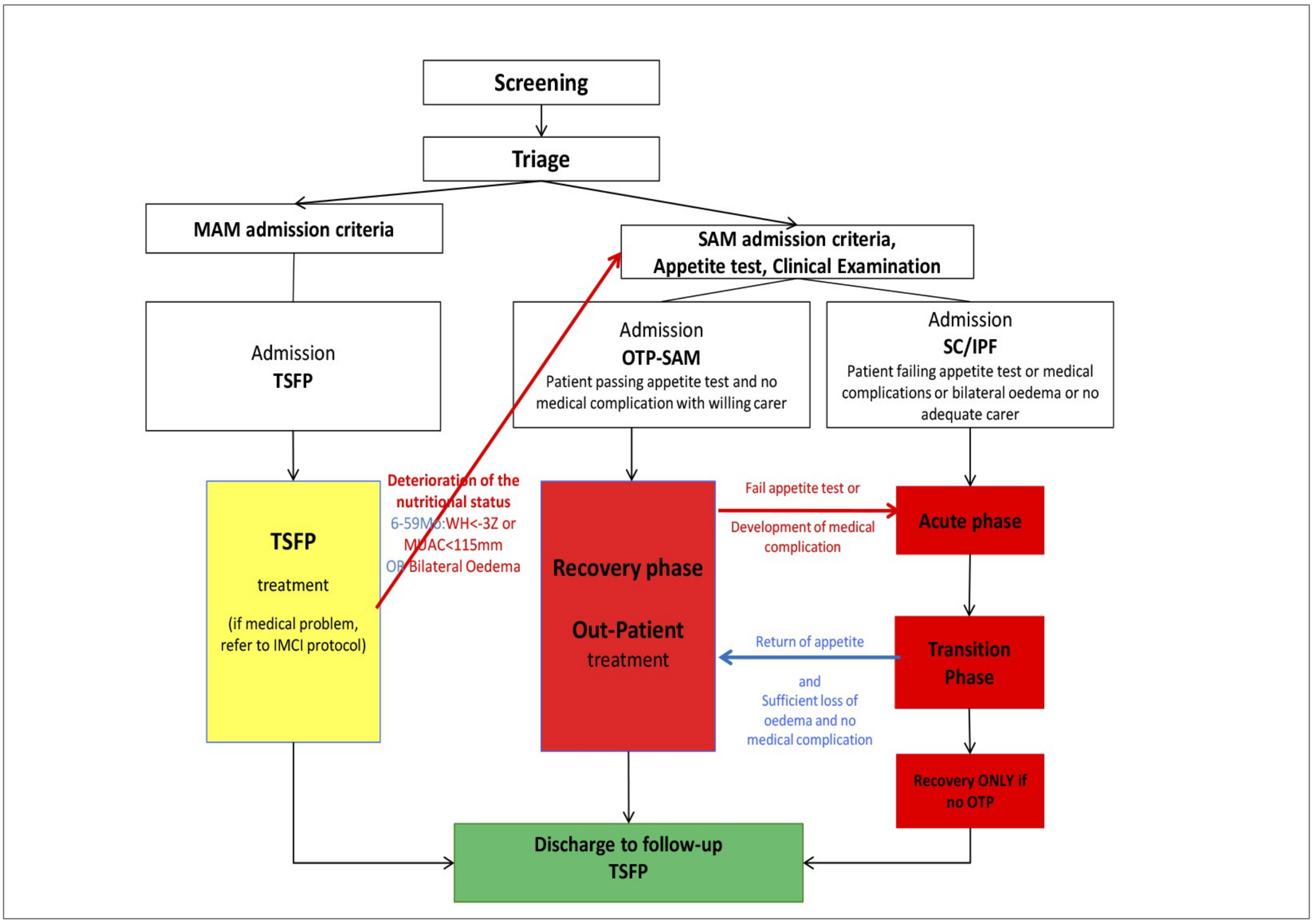
• Haddii uu jiro barnaamijka TSFP, u gudbi bukaannada TSFP halkaas oo taageero nafaqo lagu siin doono 2 bilood kale.

Raashiinka waa in uu la mid noqdaa raashiinka barnaamijka TSFP ee caadiga ah. Waa in uu leeyahay buugga diiwaangelinta TSFP qayb gaar u ah in lagu diiwaangeliyo bukaannadan si loola socdo. Buugga diiwaangelinta waa in uu had iyo jeer diiwaangeliyaa lambarka SAM ee bukaannada nafaqo-xumada daran ay hayso.

• Haddii aysan jirin shaqaale adeeg gaarsiin ama mutadawiciin tuullo, oo uusan jirin barnaamij TSFP u dhow guriga ka-faa’iideystayaasha, waxaad la socoshada ka abaabushaa MCH-ka ugu dhow ama xarun caafimaad.

33 OTP-yada ayaa waxaa ay ku bixiyaan miisaanka-iyo-joogga -2Z marka uu ka jiro SFP wax-ku-ool ah oo si fiican u shaqeynaya isla goobta u ka jiro barnaamijka OTP (hooyooyinka ma aha in ay meel fog u safraan). Haddii xarumo sidaa u wanaagsan aysan jirin, markaa miisaska lagu bixiyay borotokoolkan waa in had iyo jeer la adeegsado.

## Kaartada hawl-raaca 4: Istiraatiijiyadda Nafaqo ee loogu talogalay Baarista, Kala-sooca, iyo Daaweynta Nafaqo-xumada Ba'an



# NASHAADDINTA JIRKA IYO DAREENKA

## 1. MUHIIMADDA AY LEEDAHAY NASHAADDINTA

Marka ay carruurtu ku dhacdo nafaqo-xumada waxaa ay si tartiib tartiib ah u yareeyaan waxqabadkooda. Marka ay si buuxda ugu dhacdo nafaqo-xumada ma ciyaaraan, ma qoslaan, ma dhoola-cadeeyaan, ma cawdaan, ama ma muujiyaan dareennada caadiga ah – waxaa ay noqdaan kuwo daalan oo tabar daran. Sababtoo ah ma ooyaan marka ay gaajoonayaan, ay ooman yihiin, ama ay la damqanayaan xanuun, hooyada mashquulsan ayaa waxaa ay u haysataa in cunugeeda uusan u baahnayn dareen badan marka loo eego inta ay siiso cunugga oo cunugga waxaa loo dayacay si aan ula-kac ahayn. Kalkaaliyayaasha caafimaad ayaa sidoo kale carruurta ugu dayaca cusbitaal sabab la mid ah. Dadka waaweyn waxaa ay ka jawaabaan baahiyada carruurta – haddii cunugga uusan wax dalban markaa waa la iska indhatirayaa. Tani waa mid ka mid ah sababahan ugu weyn ee ay tahay in carruurtan si wadajir loo wada daaweeyo oo gooni looga sooco carruurta qaba xaaladaha kale.

Sababtoo ah iyagu ma ciyaaraan, waxna ma bartaan. Muddo ka-dib tani waxaa ay u keenaysaa dib-u-dhac ku yimaada kobaca maskaxda iyo dabeecadda. Haddii tani aan la daaweyn, waa waxa ugu daran ee keena nafaqo-xumada muddada dheer. Nashaaddinta jirka iyo dareenka ee loo marayo barnaamijyada ciyaarta ee bilowda xilliga baxnaaninta ee sii socda ka-dib marka laga saaro ayaa waxaa ay si xoog leh u yareyn karaan halista waxyeellada dhimirka iyo dareenka ee joogtada ah.

Carruur badan ayaa goobjoog u ahaa dhacdooyin dareen ahaan aad naxdin u leh. Carruurta ay waalidiintoodu qabaan HIV/AIDS tusaale ahaan waxaa laga yaabaa in ay arkeen waalidintooda oo xanuunsan oo u dhimanaya siyaabo murugo leh. Agoonta gaar ahaan waa kuwo nugul. Iyada oo ay macluul daran ay jirto ayaa laga yaabaa in ay qoyska gudahiisa ku takooreen walaalahiisa ama qaraabada. Mararka qaarkood madaxa-qoyska ayaa laga yaabaa in uu si ula-kac ah u takooro “xaaska yar/bahyarada” iyo carruurteeda ama “aan hubin” daacad-nimadeed. Xaaladaha degdegga ah marka ay jiraan waxaa laga yaabaa in ay goobjoog u ahaayeen tacaddi xad-dhaaf ah oo loo geysanyo qoyskooda ama kuwo ay jecel yihiin. Naxdinta nafsaani ee noocaan oo kale ah ayaa si joogto ah ugu horseedda xanuunka isku-buuqa/dhibaatada ba'an ee walbahaarka iyo, gaar ahaan carruurta waaweyn, waxaa ayna aad u xannibi kartaa bogsashada. Dhibaatooyin la mid ah ayaa ku dhaca daryeelayaasha – xaaladahan waxaa ay si joogto ah ugu baahan yihiin daawo ama taageero nafsaani iyo mid maskaxeed.

## 2. DARYEELKA SC IYO OTP

• Abuur jawi taageero oo saaxiibtanimo leh. Xasuusnow in daryeelaha ay tahay bixiyaha caafimaadka aasaasiga ah ee cunugga waxaadna halkaa u joogtaa kaliya in aad adeegyo siiso iyada iyo cunugeeda - si aad uga caawiso oo aad ugu hagto siinta daryeelka ugu fiican ee la heli karo.

• Haku qaylinin daryeelayaasha, ha amrin, sharafta haka qaadin, ama haku dhaqmin dabeecadda bixinta waano iyo talo aan loo baahyan. Marnaba ha qaylin ama ha xanaaqin. Ha xiran lebis isku mid ah oo muuqaal weyn leh (jaakado cad).

• Kor u qaad carruurta aan dhoola cadeynayn, la hadal ama u hees, oo habsii. Waa cunugga aan isku-dhaca indhaha aan sameyn ama dareenka raadin kan ugu baahi badan.

• Xarunta OTP iyo tan SC marka la joogo, abaabul kullan waxbarasho oo hooyooyinka lagu barayo muhiimadda ay leeyihiin ciyaarta iyo sahaminta sida qayb ka mid ah nashaaddinta maskaxeed, jireed iyo mid dareen ee ay carruurta u baahan yihiin. Tani waa qayb aan ka go’in daaweynta.

• Abaabul kullamo ay hooyooyinku ku bartaan sida loo sameeyo alaabeyda ku habboon carruurtooda oo laga sameeyo agab raqiis ah ama la tuuray.

• Xarunta SC marka la joogo, hooyada hala joogto cunugga oo ku dhiirrigeli intii suurtogal ah in ay quudiso, qabato, dejiso, iyo in ay la ciyaarto iyada/isaga.

Alaabeyda waa in laga heli karo qolka iyo sariirta cunugga, iyo sidoo kale goobta ay carruurtu ku ciyaaraan. Alaabey qiimo jaban oo ammaan ah ayaa waxaa laga sameyn karaa kartoonada, dhalooyinka caaga ah, gasacadaha, dharka dhammaadey, alwaaxyada, iyo agabka la midka ah. Waxaa ay aad uga wanaagsan yihiin alaabeyda la soo iibiyay sababtoo ah hooyooyinka ayaa bartey sida loo sameeyo waxaa ayna sii wadi karaan in ay alaabey u sii sameeyaan carruurtooda marka xarunta laga saaro.

### 2.1. Nashaaddinta dareenka iyo ciyaarta

Si looga fogaado dareen ka qaadista

• Ha daboolin wejiga cunugga. Cunugga waa in uu awoodo in uu arko oo maqlo waxa agtiisa ama akteeda ka dhacaya.

• Ha duuduubin ama xirxirin cunugga. Cunugga nafaqo-xumada ay hayso waxaa loo baahan yahay in uu dhexgalo caruurta kale inta lagu guda jiro baxnaanista.

• Dhowrka maalmood ee ugu horreeya ee daaweynta ka-dib marka ay carruurta soo bogsanayaan, waxaad dhammaan isugu geysaa derimo waaweyn oo lagu ciyaaro hal ama laba saacadood maalintii iyada oo ay la joogaan hooyooyinka ama hage ku haga ciyaarta. Ma jiraan wax caddeyn ah oo sheegaya in ay tani kordhineyso caabuqa *nosocomial* ee asal ahaan laga qaado rugaha caafimaadka. Hooyooyinka ha u sheekeeyaan, heesaan, oo ay hala ciyaaraan carruurtooda.

• Waxaad hooyooyinka bartaa sida loo sameeyo alaabey fudud waxaadna diiradda saartaa muhiimadda ay leeyihiin kullamada ciyaarta joogtada ah ee guriga.

Ogow: Caabuqa *nosocomial* ee laga qaado rugaha caafimaadka in uu ka yimaado shaqaalaha oo bukaannada u tagaya iyaga oo aan gacamahooda iska dhaqin, daryeelayaasha, faddareynta raashiinka iyo kaydinta quudka ka hor inta aan cunugga la siin, iyo tas-hiilaadyo aan dad ku filneyn ee loogu talogalay dhaqidda iyo tuurista waxyaabaha uu jirka soosaaro sida kaadida. In carruurta meel la isugu wada keeno si ay u ciyaaraan kama dhigna khatar dheeraad ah oo muhiim ah waxaa ayna muhiim u tahay bogsashadooda.

Ogow: Inta badan faddaraynta saxarrada ka dhalata ee xarunta ayaa waxaa ay ka imaataa carruurta yaryar ee nafaqo-xumada haysa laf-ahaantooda. Taasi oo ah, gacan ku qabashada saxarada ee hooyooyinka iyo daryeelayaasha. Waxaa jira fal faarujiya caloosha ku dhowaad 20 daqiiqo ka-dib wax cunidda. Waqtigan carruurta waa in si toos ah loo saaro tuunjiyada. Tani ayaa sidoo kale noqon karta hawl bulshada ka dhaxeysa.

## 2.2. Waxqabadka jireed

Waxqabadka jireed wuxuu kor-u-qaadaa kobcinta xirfadaha dhaqdhaqaaqa aasaasiga ah wuxuuna sidoo kale sii wanaajin karaa koritaanka inta lagu guda jiro baxnaaninta.

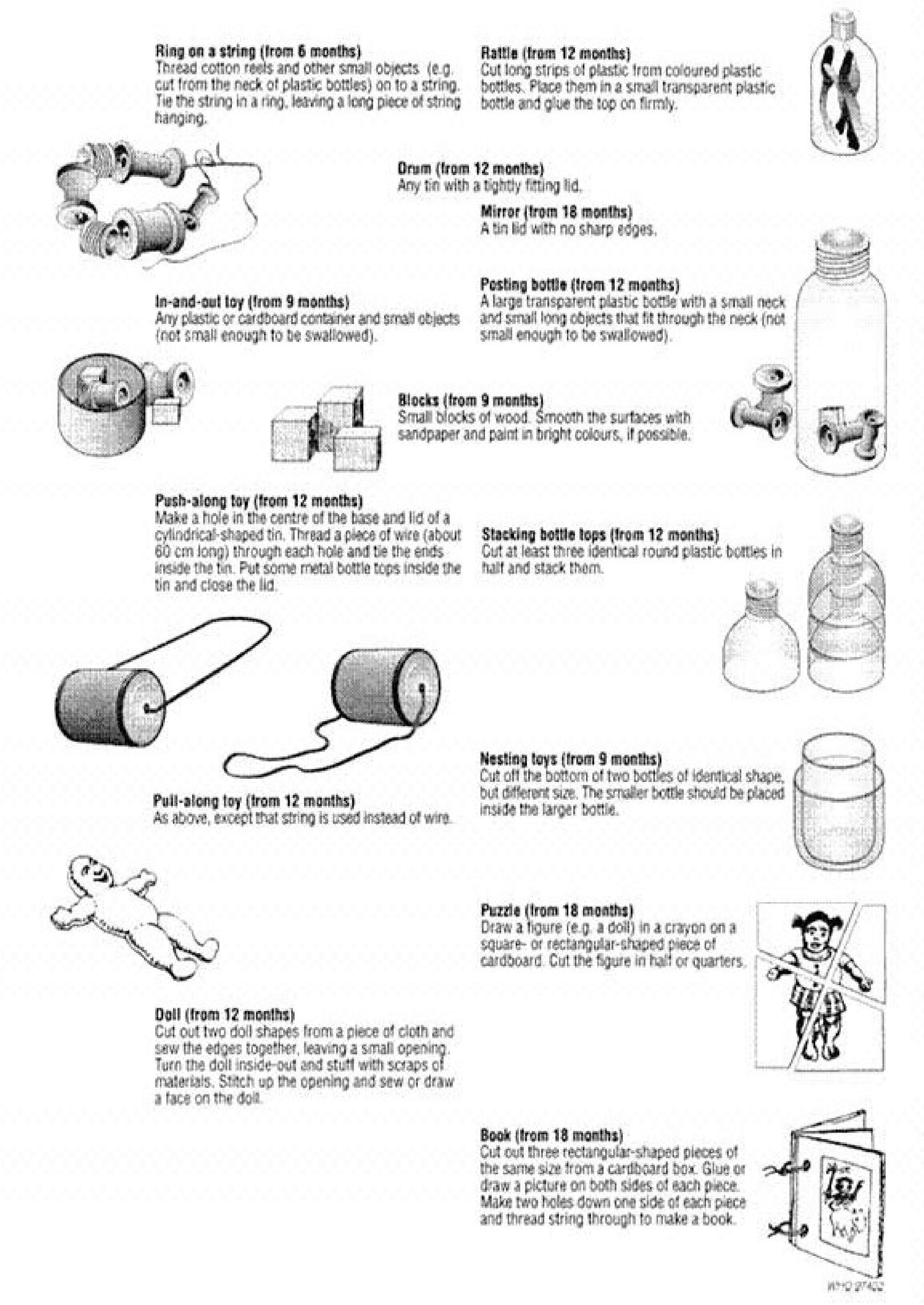
• Carruurta aan dhaqdhaqaaqin, ku dhiirrigeli hooyada in ay sameyso dhaqdhaqaaqyo addinka ah oo aan firfircooneyn iyo ku firdhinta biyo diirran.

• Carruurta dhaqdhaqaaqda, ku dhiirrigeli hooyada in ay sameyso waxqabadyada qaarkood oo ay ka mid yihiin ku garangarinta ama ku qaalmarrogashada joodariga, Laadidda iyo tuuridda kubbad, fuulidda jaranjarro, iyo socod ku fuulidda ama kaga soo dejidda buur.

Muddada iyo itaalka waxqabadyada jireed waa in ay sii kordhaan marka xaaladda cunugga ay sii hagaagto. Waa in uu jiraa xubin ka tirsan shaqaalaha la macagaabey ee mas’uulka ka ah guud ahaan dhammaan arrimahan daryeelka cunugga nafaqo-xumada haysa.

Alaabeyda lagu ciyaaro ee lagu muujiyey jaantuska hoose waa in lagu sameeyaa oo lagu isticmaalaa qaybaha bukaan-jiifka iyo guryaha carruurta ay nafaqo-xumadu hayso.

Jaantuska 1aad: Jaantuskan waxaa soo saaray Professor S. Grantham-McGregor



# XARUNTA XASILLINTA (SC)

## 1.MABAADII'DA MAAREYNTA BUKAAN-JIIFYADA

- **Marxaladda-daran ama Marxaladda 1aad**. Bukaannada leh rabitaanka cuntada ee aan ku filneyn iyo/ama dhibaato caafimaad weyn oo ba'an waxaa marka hore loo dhigaa xarunta SC daaweynta marxaladda-ba'an. Caanaha daawada ah ee la adeegsado inta lagu guda jiro marxaladdan (F75) waxaa ay kor-u-qaadeysaa hagaajinta shaqooyinka fisiyooloji iyo kuwa dheefshiidka iyo isku dheelitirnaan la'aanta curiyeyaasha jirka. Miisaan kororka degdegga ah ee marxaladdan ayaa waxaa ay noqon kartaa mid khatar ah, waanna sababta caanaha daawada ah ee F75 loo sameeyay si miisaanka bukaannada uusan u kordhin.
- **Marxaladda Kala-guurka ah.** Marxaladda kala-guurka ah ayaa ka-dib markaa la soo bandhigayaa sababtoo ah isbeddelka degdegga ah ee ku yimaada qaddarada badan ee raashiinka ka hor inta shaqooyinka fisiyoolaji aan si buuxda loo soo celin waxaa uu noqon karaa halis wuxuunna horseedayaa isku dheelitirnaan la'aanta curiyeyaasha jirka iyo "ifafaalooyinka dib-u-quudinta". Inta marxaladdan lagu guda jiro bukaannada waxaa ay bilaabayaan miisaan koror. Raashiinka waxaa loo beddelaa RUTF ama F100 oo qaddarka la siiyo wuxuu ku kordhinayaa tamar qaadashada ku dhowaad 30%. Kororka tamar qaadashada waa in uu bixiyaa miisaan koror ku dhowaad gaaraya 6g/kg/d; kani waxaa uu ka yar yahay qaddarka la siiyay iyo nisbadda miisaan kororka la filayo marxaladda bogsashada.
- **U wareeji/dib ugu celi xarunta OTP marxaladda bogsashada ama marxaladda 2aad.** Mar kasta oo ay bukaannadu leeyihiin rabitaan cunto wanaagsan oo aan laheyn dhibaato caafimaad weyn oo ba'an, waxaa la siiyaa RUTF ka-dibna waxaa loo wareejiyaa OTP. Caanaha waxaa loo nakhshadeeyay bukaannada si uu ugu kororo miisaan degdeg ah (in ka badan 8 g/ kg/ maalintii). Shaxaha laga fiiriyo qaddarka ayaa kor loo qaadaa sidaa awgeed isla shaxaha ayaa loo adeegsan karaa in lagu daaweeyo bukaannada miisaannada iyo da'yada kala duwan.

## 2. DHISMAHA LOO ISTICMAALO DARYEELKA BUKAAN-JIIFKA

### 2.1. Dhismeyaasha

Bukaan-jiifyada waa kuwo leh rabitaan cunto aan ku filnayn, taas oo muujineysa nafaqo-xumo daran ama dhibaato caafimaad iska cad. Waxaa ay u baahan yihiin daryeel lagu bixiyo degaan. Kani caadi ahaan waa Cusbitaalka degmada. Daryeelka bukaan-jiifka loogu talogalay bukaannada SAM ee dhibaatooyinka qaba caadi ahaan u baahan ku dhowaad 5% ilaa 20% ee bukaannada SAM ee lagu aqoonsadey baaritaanka bulshada – balse qayb badan oo ka mid ah kuwa ugu horreyn cusbitaalka u imaanaya jirrooyin kale.

Xaaladaha degdegga ah, marka ay jiraan bukaanno fara badan oo u baahan daryeel bukaan-jiif, dhisme gaar ah ayaa la dhisi karaa (oo la mid ah habka loo dhiso guryaha degaanka, teendho, fasalka iskuulka, iwm.) si loo qaado culeyska xaaladaha dheeraadka ah. Kani waa in uu ku yaallaa meel u dhow ama gudaha dhulka cusbitaalka mar kasta oo ay suurtagal tahay.

Waxaa aad iyo aad u fiican in la daadejiyo maareynta marxaladda-daran (SC) oo loo dhoweeyo guriga bukaanka. Tani ayaa yareyn doonta dhibaatooyinka dhaawaca/jugta gaadiidka ku reebo, booqashada, joojinta, iyo in loo wareejiyo OTP. Hase-yeeshee, xarumaha SC yaryar ee noocaas ah waa in la hirgeliyaa oo kaliya marka ay jirto kormeer dhow oo laga helayo Sarkaalka Nafaqada Degmada/Sarkaalka Caafimaadka Degmada, tababar buuxa oo shaqada gudaheeda lagu qaato laguna qanci karo oo lagu qabto SC kale oo shaqeynaysa, aan jirin dhibaato ah in shaqaalaha isaga tagaan shaqada taas oo keenaysa shaqaale aan tababarneyn in ay shaqada la wareegaan, iyo la-socosho dhow.

Waxaa jira qaabab kala duwan oo suurtagal ah:

- Xarunta xasillinta (SC) shaqeysa **24/24 saac**.

Dhaaweynta dhabta ah ee habeenkii ayaa kaliya loogu baahan yahay 1) carruurta aadka u xanuunsan; 2) kuwa qaada "shubanka dib-u-quudinta;" iyo 3) kuwan aan cuntada qaadan maalintii. Waxaa ka-dib jirra oo dhaqangal ah saddex doorasho: 1) bukaannada waxaa ay helayaan daryeel saacad walba ah; 2) bukaannada waxaa la daaweeyaa maalintii oo keliya balse waxaa lagu daaweeyaa xarun leh awoodo 24-saac ah; 3) bukaannada waxaa la daaweeyaa oo keliya maalintii iyada oo aan jirin awood daryeel 24-saac ah.

SC ku taalla xarun **24/24 saac** shaqeysa, balse bukaannada waxaa keliya si firfircoon loo daaweeyaa maalintii iyada oo aan wax daaweyn ah la bixin habeenkii marka ay yaryihiin shaqaalaha tababaran, waxaa la siiyaa 5 ama 6 quud/raashiin maalintii.

- SC ku saleysan nidaamka **Daryeel Maalintii ah** (Qaadashada 5 ama 6 cunto maalintii).

Kuwo ka yimaada meelaha fog fog waxaa ay seexdaan qol gaar ah oo ka mid ah xarunta ama dhisme degaanka ah oo gaar ah, waxaa ayna ku seexdaan sariiro ama (waxaa la doorbidayaa) joodariyo dhulka la dhigay.

Daaweynta noocaas ahi waxaa loo yaqaanaa "daryeelka maalintii ee degaanka ah". Habeenkii ma jiraan wax shaqaale ah oo jooga, ilaalin ama daaweyn. Iyada oo sabab u ah maqnaashaha shaqaalaha habeenkii ayaa daryeelka-maalintii-ee-degaanka noocaas ah ayaa lagu adeegsan karaa ah xarumaha caafimaadka (iyo

cusbitaallada). Bukaanno badan uma baahna daryeelka 24 saac ah. Kani waxaa laga hirgelin karaa xarumaha caafimaadka (gaar ahaan kuwa sidoo kale bixiya adeegyada dhalashada carruurta iyo xanaaneynta ummusha) haddii shaqaaluhu ay si habboon u tababaran yihiin.

Bukaannada la nool ama ay martigeliyaan qoys ama saaxiibo deggan xaafad u dhow xarunta waxaa ay imaan karaan subax kasta oo ay joogi karaan xarunta maalintii ka-dibna waxaa ay habeenkii ku noqon karaan guriga (daryeelka-maalintii ee aan degaanka ahayn).

Bukaan-jiifyada oo dhan, isla-marka ay dib u helaan rabitaankooda cunto waa in ay daaweynta u sii wataan bukaan-socod ahaan mar kasta ee uu daryeelaha oggolaado oo uuna jiro barnaamij bukaan-socod. Xaaladaha aan caadiga ahayn, bukaannada waxaa ay u joogi karaan xarunta SC marxaladda bogsashada. Tani waxaa ay khuseysaa carruurta ay dayriyeen ama isaga tageen qoysaskooda, halka xaaladaha guriga aysan suurtagal ahayn, halka aannu jirin daryeele ama daryeelaha uusan awoodin maareynta bukaanka, oo aannu jirin daryeele beddeli kara. Bukaannadan uma baahna in la seexiyo sariiraha cusbitaalka ee loogu talogalay bukaannada xaaladda ba'an, waxaa la dejin karaa dhisme degaanka ah oo ku dheggan xarunta SC. Waxaa ay ku negaanayaan ilaa iyo inta "meel ammaan ah" (qaraabo kale laga helayo, daryeel korsasho, meel lagu xannaaneeyo agoonta iwm.) laga diyaarinayo. Isla-marka la diyaariyo meelaynta, qoyska korsashada ama xarunta xanaaneynta agoonta waxaa ay adeegsanayaan daaweynta OTP. Carruurta ka yar 6 bilood waxaa ay leeyihiin habraac gaar ah.

## 2.2. Sida loo habeeyay xarunta SC

Qaybta nafaqada ee xarunta SC waxaa ay keliya u baahan tahay:

• Meel bannaan oo lagu qaado cabbiraadaha jirka, lagu baaro bukaannada, lagu diyaariyo caanaha daawada ah (F75), daawooyinka la siinayo bukaannada, musqul iyo tas-hiilaad lagu dhaqdo, agab ay daryeelayaasha wax ku karsadaan (halka ay suurtagal tahayna cuntada la siiyo daryeelayaasha), iyo tas-hiilaad kayd oo loogu talogalay daawooyinka iyo F75/F100/RUTF.

• Bukaannada waa in marwalba si wadajir ah loogu daaweeyaa qol gaar ah ama qayb ka tirsan bukaan jiifka oo u go'an oo waa in AAN lagu darin bukaannada kale.

• Sariir kasta waxaa ay yeelan doontaa maro-kaneeco daaweysan. Sariiraha dadka waaweyn ama xitaa joodariyada dhulka la dhigo ayaa la doorbidaa marka loo eego sariiraha yaryar ee isku laabma. Hooyooyinka waa in ay la seexdaan carruurtooda si looga fogaado hoos-u-dhac heerkulka jirka, culeys dareen, iyo kala go'a naas-nuujinta, oo sidaa daraaddeed hooyooyinka laf-ahaantooda ayaan daallin, waxaa ay awoodayaan qaadashada go'aamo macquul ah, oo waxaa yar suurtagalnimada in ay joojiyaan.

# 3. HAWLO

## Shuruudaha hore ee laga rabo

Shaqaalaha oo dhan waa in la tababaraa ka hor inta aysan maareyn bukaannada SAM: takhaatiirta, kalkaaliyayaasha caafimaad, kaaliyaha kalkaaliyayaasha caafimaad, iwm. Hawlwadeennada xarunta SC, OPD, iyo waadhka/qaybta xaaladaha degdegga ah waa in si joogto ah dib loo tababaraa oo la kormeeraa.

Nisbada shaqaalaha ka tagaya shaqada waa in la yareeyaa oo hal xubin oo shaqaalaha ka tirsan waa in la wareejiyaa waqtigiiba. Kaaliyayaasha waa in aan loo magacaabin shaqo cusub.

Waqti xaadirkan, maareynta bukaannada SAM laguma barto dugsiyada caafimaadka ama kalkaalinta. Baarista iyo daaweynta dhibaatooyinka iyo maareynta bukaannada waxaa ay gebi ahaanba ka duwan yihiin kuwa bukaannada kale. Sidaa daraadeed, shaqaale kastoo cusub waa in si gaar ah loogu tababarro maareynta SAM oo muddo kormeer ku hoos shaqeeyaan ka hor inta aan loo oggolaan in ay mas'uuliyad qaadaan, kaligooda shaqeeyaan, ama in ay habeenkii la joogaan bukaannadan. Kala beddelka badan ee shaqaalaha waxaa ay keentaa dhimasho badan, iyada oo sabab u ah isfaham la'aan.

## 3.1. Takhtarka

Waajibaadka ugu muhiimsan ee takhtarka waa in uu taageero kalkaaliyaha caafimaad iyo in uu xoogga saaro bukaaano kasta ee ku guuldareystay-waafaqidda daaweynta ama soo bandhiga dhibaato baaritaan iyo maareynta dhibaatooyinka. qodobka xaddidaya ku dhowaad SC-yada oo dhan waa waqtiga shaqaalaha, gaar ahaan habeenkii. Fududeyn kasta ee lagu sameeyo habraaca ee dhaqaaleysa waqtiga shaqaalaha ayaa waxaa ay sii wanaajin doontaa tayada daryeelka. Takhaatiirta waa in ay ogaadaan in amar kasta oo ay ku bixiyaan daaweynta gaarka ah ee loo fidiyo bukaannada (tusaale, quudinta joogtada ah, quudinta habeenkii, korjoogteynta joogtada ah, diiwaan-haynta xad-dhaafka ah, faleebo ku mudidda, daawooyinka xiddidka laga siiyo, iwm.) in ay waqti ka qaadaneyso shaqaalaha oo waxaa suurtagal ah in uu sii xumaado tayada guud ee daryeelka lagu bixiyo adeegga.

Takhtarka/kalkaaliyaha caafimaad ee ka mas'uulka ah bukaan-jiifyada SAM waa in uu ka qaybgalo kullamada isu-duwidda billaha ah ee uu qabto Sarkaalka Nafaqada Degmada/Cidda Qaabilsan Kooxda Caafimaadka Degmada. Waa in ay jirtaa is-aaminaad iyo war-isgaarsiin fudud oo u dhaxeeya kuwa maamulaya xarunta SC iyo OTP-yada.

## 3.2. Kalkaaliyaha Caafimaad

### Loogu talogalay bukaanka cusub ee xarunta la dhigay

• Wuxuu adeegsanayaa habraaca kala-sooca waxaa uuna xarunta xasillinta (SC) dhigayaa bukaannada SAM ee dhibaatooyinka qaba wuxuunna si toos ah ugu wareejinayaa kuwa leh rabitaanka cunto ee wanaagsan ee aan qabin dhibaatooyin caafimaad xarunta OTP.

### Loogu talogalay wareejinta gudaha ah

**OTP-ga laga soo wareejinayo**

• Diiwaangeli bukaanka adiga oo adeegsanaya Lambarkiisa "N°" SAM ee uu siiyay OTP (haddii bukaanka SAM ay soo gudbiyeen xarumo caafimaad kale ama Qolka Xaaladaha Degdegga ah, Lambarka-SAM waxaa siiyay rugta caafimaadka). Faahfaahinnada waxaa la geliyay buugga diiwaangelinta iyo jaantuska-taxan (eeg lifaaqa 7aad) foomka wareejintana waa in uu ku lifaaqnaadaa jaantusyada-taxan (eeg qaybta gelitaanka, qiimeynta iyo korjoogteynta).

• Weyddii takhtarka ka mas'uulka ah in uu baaro bukaanka marka la heli karo isaga/iyada balse ha sugin ka hor bilaabidda daaweynta iyada oo la raacayo habraaca.

• Telefoon u dir xarunta OTP ee wareejinaysa bukaanka si aad ugu wargeliso imaanshaha oo aadna ugala hadasho faahfaahinnada aan ku qorneyn foomka wareejinta

.

• Bilow daaweynta marxaladda-degdeg ah waxaadna dhibaatooyinka u daaweysaa si waafaqsan habraaca.

**OTP-ga loo wareejinayo**

• Sida ugu dhakhsiyaha badan ee suurtogalka ah, ugu gudub Marxaladda kala-guurka oo isku diyaari u wareejinta OTP.

Guud ahaan,

• Baar oo kormeer kaaliyayaasha si aad u hubiso in ay shaqooyinkooda u qabsanayaan si sax ah oo habboon.

• Kalkaaliyaha caafimaad waxaa loo baahan yahay in uu bixiyo ama kormeero daaweyn kasta oo xididka laga siiyo ama aan caadi ahayn iyo in uu la socdo dhammaan daryeelka gaarka ah ee bukaannada ku sugan xaaladaha halista ah.

### 3.3. Kaaliyayaasha Kalkaaliyaha Caafimaad

Kaaliyayaasha waxaa ay sameeyaan inta badan "kalkaalinta" dhabta ah. Waa in ay:

• Miisaamaan oo ay cabbiraan bukaannada iyaga oo raacaya habraaca;

• Isku-qasaan oo ay bixiyaan quudka, waa in ay sidoo kale bixiyaan daawooyinka afka laga qaato; iyo

• Qiimeeyaan astaamaha caafimaad ka-dibna waa in ay ku diiwaangeliyaan natiijooyinka dhammaan macluumaadka joogtada ah jaantusyada-taxan (daryeelayaasha waa in aan marnaba la siinin hawsha dib-u-soocelinta/qasidda caanaha F75).

### 3.4. Cidda Qaabilsan Nafaqada Degmada (DNPF)/ Sarkaalka Nafaqada Degmada (DNO)

• Kormeerka SC/IPF waa in ay ka mid noqoto booqasho lagu tago waaxda xaaladaha degdegga ah iyo u-kuurgelidda habraacyada lagu adeegsadey waaxda xaaladaha degdegga ah si loo aqoonsado, daaweeyo, oo loogu wareejiyo bukaannada SAM shaqaalaha goobta IPF ee gaar ahaan loogu talogalay daaweynta bukaannada SAM.

• Isaga oo la socda takhtarka ka mas'uulka ah waadhka/qaybta nafaqada ee xarunta SC/IPF, DNO waa in uu si joogto ah u qiimeeyaa maareynta bukaannada SAM ee qaba dhibaatooyinka.

# 4. QALABKA IYO AGABKA

### 4.1. Diiwaannada

• **Buugga diiwaangelinta** (lifaaqa 6aad). Diiwaan gaar ah ayaa loo sameeyaa bukaannada nafaqo-xumada ay hayso. Waxaa ku qoran dhammaan macluumaadka loo baahan yahay si loo buuxiyo warbixinnada bilaha ah iyo kuwa kale.

• **Jaantusyada-taxan** (lifaaqa 13) waa qalabka aasaasiga ah ee loo isticmaalo daaweynta bukaan-jiifka ee bukaannada nafaqo-xumada ay hayso. jaantusyada kale waa in aan la isticmaalin. Shaqaalaha oo dhan waxaa ay isticmaalaan Kaartooyinka-taxan oo isku mid ah si aad ugu diiwaangeliso dhammaan macluumaadka loo baahan yahay si loo maareeyo bukaannada nafaqo-xumada ay hayso – jaantusyo kala duwan ma adeegsadaan qaybaha kala duwan ee shaqaalaha. Diiwaannada oo dhan waa in lagu qoraa luuqadda kaaliyaha oo laguma qoro luuqadda shaqaalaha sarsare ama luuqad caalami ah si looga fogaado in si khalad ah loo fahmo tilmaamaha.

• **Jaantuska Daryeelka-Gaarka ah** (lifaaqa 14), waxaa loo isticmaalaa bukaannada qaba dhibaatooyinka u baahan korjoogteynta aadka ah inta lagu guda jiro daaweynta degdeg ah ee dhibaatada (argagax, fuuqbaxa, hoos-u-dhaca heerkulka jirka, iwm.)

### 4.2. Cuntada

Caanaha budada ah ee F75, F100 iyo RUTF, koobab, isku-qase, biyo la cabbo, sonkor, ReSoMal, weelal cabbir leh

Caanaha budada ah ee F75 iyo F100 ayaa hadda ku jira qasac 400g qaad ah: F75 waxaa ay ku jirtaa iyada oo F100 ay ku jirto qasac buluug ah. Haddii aan la heli karin hab kale oo loo diyaariyo cuntadan ayaa lagu bixiyay lifaaqa 26. Caanaha qanacsi ahaanta ee horey loo soo diyaariyay ee F75 ayaa la door-bidaa sababtoo ah waxaa ay leedahay ribnaanta siimowga oo hooseeya waxaa ayna ka gudubtaa tuubada NG[34]. Mar haddii qasacyada la furo waxaa la adeegsan karaa oo kaliya muddo 4 toddobaad ah.

Qasac kasta waxaa uu wataa qaado isaga si gaar ah loogu sameeyay: F-75 waxaa la socda qaado cad oo calaamadeysan.

### 4.3. Daawooyinka

Daawooyinka joogtada ah (amoxicillin, gentamicin, anti-helminthic, daawada duumada "anti-malarial", tallaalka jadeecada) iyo daawooyin gaarka ah ee loogu talogalay dhibaatooyinka (faytamiin A, asiidhka foolik, lidka fangiga, caabuq-bi'iyeyaasha raaca saddexaad, frusemide, guluukows, irbadda magniisiyam salfeyt, iwm. – eeg qaybta ku saabsan dhibaatooyinka).

34 F75 "guri ku sameyska ah" waxaa ku jira budo badar oo caanaha ka dhigeysa mid adag in cunugga lagu siiyo tuubbada sanka, haddii badarka lagu beddello sonkor markaa caannaha waxaa ay noqonaysaa mid siimowgeeda uu badan yahay waxaa ayna keenaysaa shuban. F75 ganacsi ahaanta waxaa ay leedahay dextrin-maltose beddelka sonkor, waxaa ay leedahay siimow hooseeya waxaana aad u yar suurtagalnimada in ay keento shubanka dib-u-quudinta.

## 4.4. Agabka kale

• Xargaha MUAC, Looxa/Alwaaxa dhererka lagu cabbiro, miisaan leh 100g go'an, miisaan leh 10g-20g go'an oo loogu talogalay carruurta iyo dhallaanka miisaankoodu ka hooseeyo 8kg

• Xirmo labaad oo ah xargaha MUAC, Looxa/Alwaaxa dhererka lagu cabbiro iyo kaartooyinka laga fiiriyo qaddarka ee loogu talogalay waadhka/qaybta xaaladaha degdegga ah/OPD

• Tuubada sanka laga geliyo ee caloosha tagta ee loogu talogalay carruurta "Naso-gastric tube'" (carruurta 5-8)

• jaantusyada dahaarka bacda ah ku malaasan ee laga fiiriyo qaddarada ee loogu talogalay miisaanka-iyo-joogga, BMI, mugga quudka ee la bixinayo

• jaantusyada derbiga lagu dhejiyo ee loogu talaogalay kala-sooca, daaweynta caadiga ah ee jaango'an, iyo maareynta dhibaatooyinka caamka ah ee la dhigo Waadhadka/Qaybaha IPF iyo Kuwa Xaaladaha Degdegga ah[35]

# 5. GELITAANKA XARUNTA

Kalkaalisada caafimaadka ama kaaliyaha kalkaalisada ayaa waxaa ay si **toos ah** ugu **diiwaangelinaysaa** bukaannada waadhka/Qaybta Nafaqada ee SC. Bukaannada waa in aan lagu daaweyn waadhka/qaybta xaaladaha degdegga ah 24-48 saacadood ee ugu horreeya. Tani waa in **KALIYA la oggolaado**, haddii shaqaalaha waadhka/qaybta xaaladaha degdegga ah ay qaateen tababar gaar ah oo ku saabsan maareynta dhibaatooyin lagu arkey bukaannada SAM oo ayna garanayaan in astaamaha caafimaad iyo daaweyntaba ay ka duwan yihiin kuwa loo adeegsado carruurta sida caadiga ah loo quudiyo.

Nisbada shaqaalaha isaga taga shaqada ee lagu beddelayo kuwo cusub ee dhaqsiyaha leh, culeyska shaqada oo sarreeya, iyo shaqaalaha ilaa xad hooseeya ee jooga waadhyada/qaybaha ayaa ka dhigaysa meesha ugu weyn ee ay ka dhacaan baaritaanka khaladka ah, si xun u daaweyn, iyo dhimashada ay keento jirrada ka dhalata daaweynta iyo baaritaanka caafimaad. Caadi ahaan waa in aan wax daaweyn ah lagu siin waaxda xaaladaha degdegga ah.

Waxaa jira dhowr siyaabood, oo bukaannada qaba SAM ay u soo bandhigi karaan daryeelka bukaanka:

### Bukaannada cusub ee xarunta la dhigay

Bukaannada iskooda isaga yimaada cusbitaalka/SC iyada oo ay sabab u tahay jirro kale (sida shuban, oof-wareen, duumo, iwm.) oo la ogaado in ay nafaqo-xumo aad u daran hayso marka la baaro (eeg habraaca kala-sooca).

### Gudbin

• Bukaannada ay soo gudbisay xarunta caafimaadka aan OTP-ahayn ama taakhaatiirta gaarka ah iyada oo sabab u ah in ay fuliyeen shuruudaha SAM.

• Carruurta da'doodu ay ka yar tahay 6 bilood ee nafaqo-xumada ay hayso (eeg qaybta carruurta ay da'doodu ka yar tahay 6 bilood ee daryeelaha la jooga).• Qalabka baaritaanka (qalabka uu dhaqtarku dadka ku wiisiteeyo ee uu dhegaha surto "*stethoscope*", qalabka lagu eego gudaha dhegta "*otoscope*", iwm.), heerkulbeegyo, kalkuleetar/xisaabiye

• jaantusyada-taxan, jaantusyada daryeelka gaarka ah, foomamka wareejinta, buugga diiwaangelinta. Warbixinnada billaha ah

• Biyo nadiif ah iyo saabuun

• Alaabey loogu talogalay carruurta

• Liis ay ku qoran yihiin goobaha OTP iyo magaca iyo telefoon lambarrada shakhsiyaadka ka mas'uulka ah iyo maalmaha iyo saacadaha ay OTP-yadu shaqeeyaan waa in ay yaalaan SC. Liiska waa in ay sidoo kale ay ku qoran yihiin waqtiyada loo socdo iyo masaafada (iyo kharashka) gaadiidka

• Nuqullada habraacaan

• Waraaqaha balballaaran ee la rogrogo iyo qorsheyaasha casharka ee loogu talogalay xiisadaha waxbarashada

• Sariiraha dadka waaweyn, bustooyin, maro-kaneecooyin, heerkulbeegta derbiga ee heerkulka ugu badan-ugu yar (si loo go'aamiyo heerkulka deegaanka maalintii iyo habeenkii), agabka dhaqdhaqashada, qubeys, musqullo, agabka nadaafadda, iyo meel ay hooyooyinka wax ku karsadaan kuna cunaan

• Carruurtan waa kuwo cusub ee dhowaan la dhigey xarunta waa la diiwaangelin doonaa oo waxaa la siin doonaa lambarka-SAM (waxaa ay yeelan doonaan inta lagu guda jiro daaweynta SAM oo dhan).

### Wareejin-GUDAHA ah oo laga soo wareejiyay OTP

• Bukaannadan horey ayaa loo baarey ama waxaa ugu socda daaweyn, gudaha OTP, balse waxaa ay ka dhaceen tijaabadooda rabitaanka cuntada, leeyihiin dhibaato, ama ku guuldareysteen-waafaqidda daaweynta waxaa ay fuliyeen shuruudaha in loo wareejiyo xarun xasillin. Waxaa ay horey u haysteen lambar-SAM iyo foom wareejin bixinaya dhammaan macluumaadka ku saabsan daaweynta horey loogu siiyay xarunta OTP.

• Kuwan MA AHA kuwo cusub oo hadda la aqbaley in ay ku soo biirraan barnaamijka balse waa "Wareejin Gudaha ah" ee gudaha barnaamijka IMAM.

• Nuqulka foomka wareejinta (iyo lambarka telefoonka ee xarunta soo gudbisay) waa in lala soo diray bukaanka - foomka wareejinta waxaa lagu lifaaqaa jaantusyada-taxan ka-dibna waxaa la diiwaangeliyaa bukaanka.

• Dib-u-cabbir miisaanka, joogga, MUAC waxaadna ka eegtaa barar. Ka qaad taariikh gaaban oo ku saabsan cabbashooyinka, calaamadaha, iyo astaamaha. Caafimaad ahaan baar cunugga waxaadna qiimeysaa dhibaatooyin kasta.

• Bukaannada oo dhan waa in ay haystaan wax ay cabbaan (F75, biyo, ama biyo-sonkor) iyo/ama cunaan (RUTF loogu talogalay tijaabada rabitaanka cuntada) waxyar ka-dib marka ay imaadaan xarunta SC.

• HA dhaqin ama ha u qubeyn bukaannada nafaqo-xumada haysa marka xarunta la dhigo.

• U gudbi kalkaaliyaha caafimaad ama takhtarka ka mas'uulka ah xarunta SC.

35 F75 "guri ku sameyska ah" waxaa ku jira budo badar oo caanaha ka dhigeysa mid adag in cunugga lagu siiyo tuubbada sanka, haddii badarka lagu beddello sonkor markaa caannaha waxaa ay noqonaysaa mid siimowgeeda uu badan yahay waxaa ayna keenaysaa shuban. F75 ganacsi ahaanta waxaa ay leedahay dextrin-maltose beddelka sonkor, waxaa ay leedahay siimow hooseeya waxaana aad u yar suurtagalnimada in ay keento shubanka dib-u-quudinta. Dad kuma filna in kaliya nuqul borotokoolka ah lagu haysto IPF. Marka ay shaqaalaha isaga tagaan shaqada, dokumentiyadaas waa "la waayaa", si dhif ah ayaa loo wada akhriyaa, balse waa sida dokumenti "tixraac" – kaartooyinka derbiga waxaa ay si degdeg ah u kabaan xasuusta.

Shaxda 22: Shuruudaha gelitaanka daryeelka bukaan-jiifka oo kooban

| FACTOR | IN-PATIENT CARE |
|---|---|
| **CHOICE OF CARETAKER (AT ANY STAGE OF MANAGEMENT – THE CARETAKER IS OFTEN THE BEST JUDGE OF SEVERITY)** | Caretaker chooses to start, continue, or transfer to in-patient treatment. The caretaker's wishes must be respected |
| **APPETITE** | Failed or equivocal Appetite test |
| **OEDEMA** | Bilateral pitting oedema (Grade 3 +++ – see triage section) |
| | Both Marasmus and kwashiorkor (W/H<-3z score and oedema) |
| **MUAC** | MUAC < 11.5 cm AND no appetite or WHZ < -3 AND no appetite for RUTF<br>**OR**<br>MUAC < 11.5 cm and WHZ < -3 and no appetite for RUTF |
| **SKIN** | Open skin lesions |
| **MEDICAL COMPLICATIONS (SEE SECTION ON TRIAGE)** | Any severe illness, using the IMCI criteria – respiratory tract infection, severe anaemia, dehydration, fever, lethargy,<br>• intractable vomiting<br>• Fever > 39 C<br>• Severe respiratory tract infection<br>• Severe anaemia<br>• Very weak, apathetic<br>• Unconscious<br>• Convulsions<br>• Extensive skin infection requiring IV antibiotics<br>• Severe dehydration |
| **CANDIDIASIS** | Presence of candidiasis or other signs of severe immune-incompetence |
| **CARETAKER** | No suitable or willing caretaker |
| **TRANSFER-IN** | Any child referred from OTP due to:<br>• Increasing oedema<br>• Lack of weight gain or weight loss<br>• Anorexia<br>• Development of any medical complication<br>Social Reasons determined on case by case basis |

Dalalka qaarkood heerka + iyo ++ waa in sidoo kale la dhigaa xarun bukaan-jiif. Halista dhimashada iyo darnaanta nafaqo-xumada ayaa si weyn ugu kala duwan gobol ilaa gobol heerka cago-bararka.

# 6. MARXALADDA DARAN (MARXALADDA 1AAD)

Bukaannada u baahan daryeelka bukaan-jiifka guud ahaan waxaa ay leeyihiin rabitaan cunto oo liita waxaa ayna badanaa leeyihiin dhibaato sida shuban, fuuqbax, infekshanka dhiigga, oof-wareen, dhiigyari daran, iwm. Sidaa darteed, bukaannada waxaa ay inta badan u baahanayaan daaweynta dhibaatada iyo nafaqo-xumada.

Maareynta dhibaatooyinka nolosha halista gelinaya ama ba'an ayaa muhiimadda hore la siinayaa marka loo eego daryeelka caadiga ah waxaanna laga yaabaa in ay beddesho habka daryeelka caadiga ah loo siiyo.

Qaybaha daryeelka caadiga ah oo dhibaatooyinka waa in si wadajir ah loola akhriyaa midba midka kale.

## 6.1. Cuntada (F75)

Cuntada lagu isticmaalo daaweynta marxaladda-ba'an waa caanaha F75. Caanaha F75 ma ahan nooca F100 oo la barxey; waxaa ku jira nafaqo isku dheelitiran oo gebi ahaan ka duwan. Waxaa loogu talogalay bukaannada qaba nafaqo-xumo aad u daran kuwaas oo

shaqada beerkooda iyo keliyahooda uu caabuq daciifiyay. Bakuunnada waa in aysan miisaan ku kordhin inta ay qaadanayaan F75. Cuntada waxaa ay oggolaanaysaa in ay bilowdaan shaqooyinkooda falgalka kiimikada noloha, fisiyoolaji, iyo difaaca jirka si ay u bogsadaan ka hor inta aysan qaadin culeys dheeraad ah oo ay ku sameynayaan nudayaal cusub.

### 6.1.1. Hawlo

• Nus saac ka hor waqtiga loo jadwaleeyay in la siiyo quudka, weyddii hooyooyinka in ay naas-nuujiyaan carruurtooda;

• Xisaabi qaddarka guud ee F75 la diyaarinayo iyada oo la raacayo tirada bukaannada, miisaankooda, iyo inta jeer ee la quudinayo (u noqo shaxda 11);

• Diyaari qaddarka biyaha iyo F75 loogu talogalay quudinta (eeg baragaraafka "diyaarinta");

• Weyddii hooyada in ay dhaqdo gacamaheeda iyo gacamaha carruurteeda; oo

• Sii shan ama lix quud maalintii carruurta intooda badan (samee jadwalka waqtiga ka-dibna ku dheji derbiga).

Ogow: Waayo-aragnimada laga helo xarunta ayaa muujin doonta haddii carruurta ay u dulqaataan mugga waxyar badan marka 5 quudin oo maalinle ah la siiyo. Haddii shubanka dib-u-quudinta aan badneyn markaasi 5 quudin oo maalinle ah waa in la adeegsado; haddii shubanka dib-u-quudinta uu dhibaato ku hayo markaas SC waa in ay adeegsato 6 quudin maalintii. Keliya HAL jadwal oo joogto ah waa in lagu isticmaalo xarunta bukaan-jiifka.

• Sii siddeed quudin (ama in ka badan) maalintii muddo 24 saacadood ah (habeenkii iyo sidoo kale maalintii) carruurta yar ee aan u dulqaadan karin mugga la kordhiyey marka 5 ama 6 quudin la siiyay, oo ilaa xad la isku dhoweeyay inta lagu guda jirro maalintii. Kuwan waxaa ka mid ah kuwa:

o kuwa aadka u xanuunsan,

o ka qaada shubanka dib-u-quudinta jadwalka joogtada ah,

o qaatey waxyar intii lagu guda jirey maalintii (tusaale, kuwa cusub ee dhowaan yimid),

o matagey qaar ka mid ah ama dhammaan quudkooda inta lagu jiro maalintii,

o lahaa dhacdo Yaraanta guluukowsta dhiigga,

o lahaa hoos-u-dhaca heerkulka jirka, iyo

o jooga meelaha ay ku sugan yihiin shaqaale ku filan in ay diyaariyaan oo ay qaybiyaan quudka habeenkii (aan caadi ahayn).

### 6.1.2. Diyaarinta

Midkood hal qaaddo cad oo la simay oo F75 ah ku dar 25ml oo biyo ah ama hal qasac oo 400g F75 ah ku dar 2200ml biyo ah si aad u sameyso 2480ml oo F75 ah. Haddii F75 aan la heli karin isticmaal mid ka mid ah habka loo diyaariyo ee lagu bixiyay lifaaqa 26aad iyo fiidiyowyada la socda.

### 6.1.3. Xaddiga la siiyo

Sii xaddiyada ku xusan shaxda hoose bukaan kasta

Shaxda 23: Caddadyada F75 ee la siiyo inta lagu guda jiro Marxaladda-ba'an (ama Marxaladda 1aad)

| CLASS OF WEIGHT (KG) | 8 FEEDS PER DAY<br>ML FOR EACH FEED | 6 FEEDS PER DAY<br>ML FOR EACH FEED | 5 FEEDS PER DAY<br>ML FOR EACH FEED<br>(FOR DAY CARE) |
|---|---|---|---|
| **2.0 to 2.1 kg** | 40 ml per feed | **50 ml per feed** | 65 ml per feed |
| **2.2 –2.4** | 45 | **60** | 70 |
| **2.5 –2.7** | 50 | **65** | 75 |
| **2.8 – 2.9** | 55 | **70** | 80 |
| **3.0 – 3.4** | 60 | **75** | 85 |
| **3.5 – 3.9** | 65 | **80** | 95 |
| **4.0 – 4.4** | 70 | **85** | 110 |
| **4.5 – 4.9** | 80 | **95** | 120 |
| **5.0 – 5.4** | 90 | **110** | 130 |
| **5.5 – 5.9** | 100 | **120** | 150 |
| **6.0 – 6.9** | 110 | **140** | 175 |
| **7.0 – 7.9** | 125 | **160** | 200 |
| **8.0 – 8.9** | 140 | **180** | 225 |
| **9.0 – 9.9** | 155 | **190** | 250 |
| **10 – 10.9** | 170 | **200** | 275 |
| **11 – 11.9** | 190 | **230** | 275 |
| **12 – 12.9** | 205 | **250** | 300 |
| **13 – 13.9** | 230 | **275** | 350 |
| **14 – 14.9** | 250 | **290** | 375 |
| **15 – 19.9** | 260 | **300** | 400 |
| **20 – 24.9** | 290 | **320** | 450 |
| **25 – 29.9** | 300 | **350** | 450 |
| **≥30** | 320 | **370** | 500 |

OGOW: Bukaannada qaata F75 LAMA filayo in uu miisaan ku soo kordho/yeesho.

### 6.1.4. Quudinta sanka laga geliyo ee caloosha tagta [36]

Quudinta loo isticmaalo tuubbada sanka laga geliyo ee caloosha tagta ee loo yaqaanno “N*aso-gastric tube (NGT*)” ayaa la adeegsadaa marka bukaanka uusan afka cunto ka qaadan karin. Tani ayaa waxaa loo qeexaa sida qaadashada in ka yar 75% ee cuntada loo qorey (loogu talogalay carruurta ku dhowaad 75 Kcal/ kg/ maalintii).

Sababaha loo isticmaalo tuubbada sanka laga geliyo ee caloosha tagta (NG) waa:

o Qaadashada in ka yar 75% oo ah cuntada loo qorey 24 saacadood kasta

o Oof-wareen leh heer neef-tuur degdeg ah

o Nabarro xanuun badan leh oo afka ka soo baxa

o Faruur-jeexan ama naafo jireed kale

o Isku-dhexyaaca miyirka

Maalin kasta, isku-day in aad si samir leh afka aad uga siiso F75 ka hor inta aadan isticmaalin tuubbada NGT. Isticmaalka tuubbada NGT waa in aysan caadi ahaan ka badan 3 maalmood oo waa in kaliya lagu isticmaalaa Marxaladda-ba’an.

### 6.1.5. Farsamada quudinta

- Daciifnimada murqaha, liqitaanka tartiibka ah, iyo hab-dhaca murqaha dheefshiidka liita ee carruurtan ayaa ka dhiga oof-wareenka ka dhasha cuntada ee sambabada u dhaadhaca mid aad u badan/caam ah.
- U sheeg hooyada in ay cunugga saarto laabteeda iyada oo ku tiirinaysa xabadkeeda, iyada oo hal gacanna gadaal ka soo marsiinaysa.

Gacanta hooyada ayaa ku wareegta cunugga waxaa ayna ku haysaa saxan yar garka cunugga hoostiisa.
Cunugga waa in uu u fadhiyaa si toosan (taagan).

• Ku sii F75 koob, dhibco kasta ee ku dhaca saxan waxaa lagu celiyaa koobka.

• U sheeg hooyada in aysan khasab ku quudin cunugga iyo aysan marnaba sanka qaban isaga/iyada, ama aysan tuujin dhabanadiisa si ay ugu khasabto in uu afka furo, ama in uu dhabar-dhabar u jiifsado oo caanaha afka loogu shubo.

• Haddii cunugga uu “soo tufo” ama uu qufaco xilliga quudinta, hooyada u sheeg in ay sabab u tahay farsamada quudinta oo khalad ah.

Dib-u-tababar hooyada. Waxaa wanaagsan cunugga in uusan dhammeysan quudka oo tuubbada NGT la geliyo intii uu qaadi lahaa oof-wareenka laga qaado cunugga u dhaadhacda sambabada.

• Waqtiyada cuntada waa in ay noqdaan kuwo bulshaawi ah.

• Hooyooyinka waa in ay si wadajir ah u fariistaan qaab nus-goobo ah oo ku wareegsan kaaliyaha.

• Dhiirrigeli hooyooyinka, la hadal, u sax farsamo quudin kastoo khaldan, oo u fiirso sida cunugga uu u qaato caanaha.

Faallo: Qaybo badan oo cusbitaalka ah hooyooyinka waxaa ay carruurtooda ku quudiyaan sariirahooda gaara ah. Inta badan F75-ta waxaa lagu “qariyaa” sariirta hoosteeda waxaanna “haya” hooyada si goor dambe loogu quudiyo haddii cunugga uusan dhammeysan. Tani ayaa waxaa ay keeni kartaa in bakteeriya “jeermis” ay ku dhalato caanaha F75 iyo yaraanshaha caddadka uu qaatey cunugga. Waxaa wanaagsan in la helo goob “quudin” halkaas oo carruurta oo dhan iyo hooyooyinkooda la isugu wada keeni karo. Carruurta way is dhiirrigelin karaan.

Cuntooyinka daryeelayaasha waa in aan marnaba lagu cunin bukaannada agtooda. Badanaa suurtagal ma ahan in laga joojiyo cunugga in uu dalbado qaar ka mid ah cuntada hooyada. La wadaagidda cuntada hooyada ee cunugga waxaa ay noqon kartaa khatar maadaama cuntada hooyada ay ku jirto cusbo ama waxyaabo kale oo cuntada dhadhan u yeella oo lagu darey oo ah qaddarro ku filan in ay u keenaan cunugga nafaqo-xumada qaba haynta ama celinta dareeraraha iyo wadne joogsi. Intaa waxaa sii dheer, cuntada hooyada in aysan ku jirin nafaqo si sax ah isugu dheellitiran oo lagu daaweeyo nafaqo-xumada dheefsiga iyo in ay khalkhal gelin doonto F75. Cuntada kaliya marka laga reebo F75 ee cunugga la siin karo waa caanaha naaska.

## 6.2. Daawooyinka caadiga ah

### 6.2.1. Caabuq-bi’iyeyaal Nidaamsan

Caabuq-bi’iyeyaal waa in la siiyaa bukaan-jiif kasta ee qaba nafaqo-xumo aad ah, xataa haddii aysan qabin astaamaha caafimaadka ee caabuqa nidaamsan. In kasta oo ay ka maqan yihiin astaamaha caafimaad, haddana dhammaantooda waa kuwo buko. Caabuqyadan waxaa loo daaweeyaa si indho la’aan ah. Tani MA AHAN tallaabo cudur looga hortaggo.[37]

Habka loo maamulo daawada caabuq-bi’iyaha (ka eeg lifaaqa 28aad macluumaadka qiyaasta daawada)

• Daawada raaca koowaad ee bukaannada aan lahayn astaamo muuqda ee caabuqa:

o sii Amoxicillin/ampicillin afka laga qaato[38], haddii la ogyahay in aysan gobolka ka jirrin iska caabbin amoxicillin heer sare ah AMA ay ka jirto iska caabbin amoxicillin

o sii irbadda IM ee maalinlaha ah ee cefotaxime[39,40] ee loogu talogalay laba maalmood (50mg/kg)

o ama sii isku-jirka asiidhka amoxicillin-clavulanic

o iyo/ama ku xakamee bakteeriyada yaryar ee caloosha ku faafta smetronidazole (10mg/kg/d)

36 Eeg lifaaqa 15aad: Sida loo geliyo tuubbada sanka laga geliyo ee caloosha tagta (NGT)

37 Eeg qoraalka caabuq-bi’iyeyaasha iyo koritaanka bakteeriyada yaryar ee caloosha ee qaybta bukaan-socodka

38 Amoxicillin waxaa ay ka hortagtaa koritaanka bakteeriyada yaryar ee caloosha ee bukaannada bankooda. Halka kani loo adeegsado sida caabuq-bi’iyaha raaca koowaad, metronidazole ayaa loo baahan yahay in aan la siin – haddii metronidazole la isticmaalo waa muhiim in la siiyo qiyaas 10mg/kg/maalintii ee ma aha qiyaasta caadiga ah ee la siiyo carruurta nafaqqeysan (taas oo 3 jeer ka badan).

39 Ceftriaxone waa beddel la aqbali karo. Hase-yeeshee, ceftriaxone waa in aan lagu siin isla xirmada tuubada xididka ee daawada sida Ringer-lactate ama isku-darka kalshiyamta ku jirta. Biyaha lagu barxo Ceftriaxone loogu talogalay irbadda murqaha lagu mudo waxaa ku jirta lidocaine. Marka lagu qaso barax-tire, milanka waxaa kaliya lagu adeegsan karaa murqaha << TANI LAMA QEEXIN, marnaba haku adeegsan xididka iyada oo sabab u ah halista falcelinta lidocaine. Haddii biyo loogu talogalay irbadda barax-tire ahaan loo isticmaalo, ceftriaxone waa in si tartiib ah xididka looga siiyo. Lidocaine la’aan irbadda murqaha aad iyo aad ayay u xannuun badan tahay.

40 Waxaa isticmaar dhaqso ah ka jira mindhiciirka oo lagala kulmo noolayaasha iska caabbiya cefotaxime/ceftriaxone. Si loo yareeyo faafidda noolayaasha iska caabbinta ee xarumaha caafimaadka laga qaado waxaa inta badan lagu taliyay ciprofloxacin afka laga qaato in lala siiyo cefotaxime.

• Daawada raaca labaad[41 42] ee loogu talogalay bukaannada qaba astaamaha caabuqa nidaamsan:

o ku dar gentamicin murqaha (IM) (ha joojinin caabuq-bi'iyeyaasha raaca koowaad) inta lagu guda jirro marxaladda ba'an

AMA

o u beddel cefotaxime (50mg/kg) irbadda murqaha (IM) oo lagu darey ciprofloxacin afka laga qaato (30 mg/kg/d oo saddex qiyaasood ah maalintii) – sii wad ilaa iyo inta bukaanka uu leeyahay astaamaha caabuqa.

o Haddii shaki laga qabo caabuqa Staphylococcus **ku dar** cloxacillin[43] (100 - 200mg/kg/d Qiyaasta 3 jeer maalintii)

• Raaca saddexaad: Go'aan caafimaad oo shaqsi ah

• Daawada fangiga

o Nystatin 100,000 UI afka laga qaato 4 jeer maalintii ayaa lagu daraa

oo loogu talogalay bukaannada qaba cabeebka "*candidiasis*" iyo sida caadiga ah dhammaan bukaannada ku sugan meelaha uu ku badan yahay cabeebka (>20%) ama HIV.

o Bukaannada qaba astaamaha caabuqa dhiiga ee daran ama cabeebka nidaamsan waa in lagu dabiibo fluconazole (3mg/kg hal mar maalintii) inkastoo lala xiriiriyo dhaawac aan darneyn oo gaara beerka.

Ogow: Co-trimoxazole ma aha mid wax ka tareysa bakteeriyada yaryar ee caloosha ku faafta. Kuma filna bukaanka nafaqo-xumada daran ay hayso. Haddii loo siiyo si looga hortaggo oof-wareenka ka dhasha dulinka ee bukaannada qaba HIV, caabuq-bi'iyeyaasha kale waa in la siiyaa oo lagu daro qiyaasaha daawada ka hortagga (aan daaweynta ahayn) ee co-trimoxazole.

Shaxda 24: Qiyaasta Daawooyinka Gentamicin, Amoxicillin

| Weight range | Gentamicin[44] Dosage **once** per day | Amoxicillin (50 – 100 mg/kg/d) Dosage – **twice** per day | |
|---|---|---|---|
| Kg | mg | 125mg/5ml syrup | 250mg/tab/cap |
| <5kg | 5 mg/kg give once daily IM | 5ml * 2 | ½ cap.*2 |
| 5 – 10 | | 10ml * 2 | 1 cap * 2 |
| 10 – 20 | | 20ml * 2 | 2 caps * 2 |
| 20 - 35 | | 30ml * 2 | 3 caps * 2 |
| > 35 | | 40ml * 2 | 4 caps * 2 |

Quraarad 20mg (10mg/ml) qaad ah daawada gentamicin waa in la isticmaalo. Aad iyo aad ayay u adag tahay in mug yar laga cabbiro xalka gentamicin dadka waaweyn (xoog leh) – waa in aad isticmaasho siriingida 1ml.

Marka metronidazole loo isticmaalo cabburinta bakteeriyada yaryar ee caloosha ku faafta ee bukaanka xaaladiisu adag tahay ee nafaqo-xumada daran ay hayso iyo dhammaan bukaannada la ildran cago-barar (kwashiorkor), qiyaasta daawada waa in aysan dhaafsiisneyn 10mg/kg/d.

## Muddada daaweynta jeermisdilaha

Bukaan-jiifyada, midkood si joogto ah u sii caabuq-bi'iyeyaasha ilaa iyo inta loogu wareejinayo OTP ama maalin kasta inta lagu guda jirro Marxaladda-ba'an + muddo afar maalmood ah.

## Maamulidda caabuq-bi'iye

• Mar kasta oo ay suurtagal tahay caabuq-bi'iyeyaal waa in afka laga siiyo ama lagu siiyo tuubbada NG (eeg lifaaqa 16aad).

• Xaaladaha ay jiraan dhibaatooyin sabab u ah caabuqa

41 Waxaa jirra iska-caabbinta sii kordheysa ee amoxicillin ee carruurta jirran ee looga shakiyay septicaemia garaamka-taban, sidaa darteed cunugga qaba cefotaxime dhiigga iyo ciprofloxacin waa kuwo aad la isugu halleyn karo (tusaale ahaan, xasaasiyadda Kenya waa: Amoxicillin 28%, cefotaxime 95% iyo ciprofloxacin 99%) Hase-yeeshee, daawooyinkan dambe waa kuwo aad ugu qaalisan oo waa in loo kaydiyaa carruurta qabta caabuqa dhiigga ee iska cad.

42 Chloramphenicol ayaa marmar la adeegsadaa halka aannu ka jirrin beddel ku habboon. Qiyaasta Chloramphenicol waa in kala-bar la dhimaa ee loo isticmaalo carruurta sida caadiga ah u nafaqeysan 25mg/kg/d (laba jeer maalintii) TANI MA QIYAASTA CAADIGA AHBAA AMA QIYAASTA LA YAREEYAY? – eeg lifaaqa 28 ee loogu talogalay qiyaasaha. Chloramphenicol waa in aan marnaba lagu adeegsan carruurta da'da 3 bilood ka yar iyada oo aad looga taxadirayo carruurta yaryar ee ay da'doodu ka yar tahay 6 bilood ama 4 kg ka yar.

43 Cloxacillin waxaa lagu beddeli karaa caabuq-bi'iye kale oo lid ku ah staphylococcal sida oxacillin, flucloxacillin, ama dicloxacillin.

44 Ciribtirka Gentamicin waa nafaqo-xumada dheertaada sidaa darteed marka maalin kasta la siiyo 5mg/kg waxaa ay siinaysaa heerar dhiig ku filan. Aragtida sunta kelyaha ee gentamicin waxaa la soo jeediyay in qiyaastan aan la dhaafsiin.

aadka u daran sida shoog dhiig-sumow ah, caabuq-bi'iyeyaasha laga qaato jirka intiisa kale ee aan ka ahayn afka waa in la isticmaalaa.

• Daawooyinka lagu duro xididka ee ku jira caabuq-baabi'iyeyaasha waa in aan la adeegsan iyada oo sabab u ah khatar ah in ay u horseedo wadne joogsi. Tuubbooyinka dhuubban ee jirka lagu rakibo waa in si dhif ah loo isticmaalaa - oo kaliya loo adeegsadaa carruurta aadka u xannuunsan, ee ma aha in loo adeegsado si caadi ah. Waa in dedaal kasta la sameeyaa si jeermiska looga dilo tuubbada dhuuban ee xididka la geliyo.

1. 6.2.2. Cudurka duumada/malaariyada

Inkasta oo ay tahay in Borotokoolka qaranka loo raaco duumada aysan astaanteedu muuqan ee lagu ogaado OTP, xaaladaha duumada aysan astaanteedu muuqan waxaa la dhigaa xarunta SC.

• Duumada aan dhibaatooyin kale la socon, u sii artemether+lumefantrine (AL) sida daawada raaca koowaad adiga oo adeegsanaya habka daawada loo raaco ee 6-qiyaas (xilliga 0 iyo 8 saacadood ka-dibna laba jeer maalin kasta ee mid kastoo 2 maalmood ee soo socda ka mid ah).

• Loogu talogalay duumada dhibaatooyinka kale la socda (tusaale duumada saameysa maskaxda)

- Carruurta aan shubanka lahayn, sii saboostooyinka artemether ama artesunate ee qiyaasta sare; haddii saboostada ay dibadda u soo baxdo laba saacadood gudahooda, ku celi qiyaasta daawada.
- Kuwa qaba shubanka, isku-dhexyaaca miyirka, ama halka saboostooyinka aan laga heli karin, sii artesunate toos muqraha looga qaato ama artemether xididdada laga qaato.
- Marka uu waafaqo, u beddel mid afka laga qaato si uu u dhammeysto koorsada daawad oo dhan[45]

OGOW: Daawooyinka qaarkood ee loo isticmaali in lagu dabiibo cudurka duumada ayaa suurtagal ah in ay sun badan u keenaan bukaannada nafaqo-xumada haysa marka loo eego kuwa nafaqada wanaagsan haysta oo waa in laga fogaadaa haddii ay suurtagal tahay. Isku-darka ay ku jirto amodiaquine waa in laga ilaaliyaa carruurta SAM ilaa laga xaqiijiyo bedqabka kooxda carruurtan.

• Ha siinin quinine lagu duro xididdada ama tan afka laga qaato bukaannada SAM ugu yaraan labada toddobaad ee ugu horreeya ee daaweynta. Bukaannada nafaqo-xumada ba'an ay hayso, quinine inta badan waxaa ay u horseedaa karka dhiigga oo aad u hooseeya oo halis ah ama dheeraada, yaraanshaha guluukowsta dhiigga, wadne giriir, iyo wadne istaag. Waxaa jira farqi yar oo u dhexeeya qiyaasta daawada ah iyo qiyaasta sunta ah.

Raaca 1aad: Sii Artemether+Lumefantrine (PO) laba mar maalintii ilaa 3 maalmood

45 Artemether ama artesunate monotherapy waa in keliya loo adeegsado in lagu bilaabo daaweynta - waa muhiim in loo wado koorso dhammeystiran oo ah isku-jirka daaweynta si loo dhammeystiro daaweynta oo looga hortaggo iska-caabbinta sida ugu dhaqsiyaha badan ee bukaanku afka ugu qaadan karo daawooyinka.

### Shaxda 25: Isku-darka Artemether (20mg) + Lumefantrine 120 mg

| Body weight (kg) | Number of tablets of artemether–lumefantrine | | | | | |
|---|---|---|---|---|---|---|
| | Day 0 | | Day 1 | | Day 2 | |
| | 1st dose | 2nd dose | 3rd dose | 4th dose | 5th dose | 6th dose |
| 5–<15 | 1 | 1 | 1 | 1 | 1 | 1 |
| 15–<25 | 2 | 2 | 2 | 2 | 2 | 2 |
| 25–<35 | 3 | 3 | 3 | 3 | 3 | 3 |
| ≥35 | 4 | 4 | 4 | 4 | 4 | 4 |

### Shaxda 26: Isku-darka Artemether (40 mg) - Lumefantrine (240 mg)

| Body weight (kg) | Number of tablets of artemether–lumefantrine | | | | | |
|---|---|---|---|---|---|---|
| | Day 0 | | Day 1 | | Day 2 | |
| | 1st dose | 2nd dose | 3rd dose | 4th dose | 5th dose | 6th dose |
| 5–<15 | ½ | ½ | ½ | ½ | ½ | ½ |
| 15–<25 | 1 | 1 | 1 | 1 | 1 | 1 |
| 25–<35 | 1 ½ | 1 ½ | 1 ½ | 1 ½ | 1 ½ | 1 ½ |
| ≥35 | 2 | 2 | 2 | 2 | 2 | 2 |

### Shaxda 27: Raaca 2aad: Dihydroartemesinin - Piperaquine (40 / 320)

| Body weight (kg) | Dihydroartemisinin+ Piperaquine dose (mg) | Day 0 Tablets | Day 1 Tablets | Day 2 Tablets |
|---|---|---|---|---|
| 5 to <8 | 20+160 | ½ | ½ | ½ |
| 8 to < 11 | 30+240 | ¾ | ¾ | ¾ |
| 11 to <17 | 40+320 | 1 | 1 | 1 |
| 17 to <25 | 60+480 | 1 ½ | 1 ½ | 1 ½ |
| 25 to <36 | 80+640 | 2 | 2 | 2 |
| 36 - <60 | 120+960 | 3 | 3 | 3 |
| 60 to <80 | 160+1280 | 4 | 4 | 4 |

Maro-kaneecooyin waa in ay ku xirnaadaan dhammaan sariiraha xarunta xasillinta “SC”.

### 6.2.3. Jadeecada

Sii dhammaan carruurta da’doodu ay ka bilaabaneyso 6[46] bilood, ee aan kaarka tallaalka haysan, tallaalka jadeecada marka la aqbalo (iyo qiyaas labaad toddobaadka 4aad sida bukaan-socod ku jira OTP ahaan. Carruurta yaryar waa in ay sidoo kale ku qaataan qiyaas dheeraad ah marka ay gaaraan 9 bilood iyada oo la raacayo sida uu qabo habraaca qaranka). Ha siinin tallaalka DPT carruurtan, xitaa haddii aanan horey loogu tallaalin DPT.

46 Waxaa jirra caddeymo soo jiidasho leh (eeg warqadaha P Aaby et al.) oo ah in tallaalka jadeecada laga bilaabo 4.5 bilood uu yareeyo halista dhimashada ee laga qaado dhammaan cudurrada faafa oo ay ku jiraan caabuqyada ku dhaca neef mareenka, dhiig-sumowga, iyo shubanka iyo sidoo kale jadeecada. Ilaalinta ayaa la sii wanaajiyaa haddii ay weli jiraan caabuq-bi’iyeyaasha hooyada oo weli wareegaya, waxaa ay si gaar ah muhiim ugu tahay gabdhaha. DPT <<TANI LAGUMA QEEXIN xaaladdan waxaa ay u muuqataa in ay kordhiso dhammaan waxyaabaha keenna dhimashada oo waa in mar kasta oo ay suurtagal tahay ku xiga tallaal toos ah (jadeeco, BCG iwm.) sida nashaadiyaha aan gaarka ahayn ee habdhiska difaaca.

## 6.3. Daawooyinka lagu bixiyo xaaladaha gaarka ah oo kaliya

### • Faytamiin A

Waxaa ku jirta faytamiin A ku filan F75, F100, iyo RUTF oo loogu talogalay in lagu saxo ama kabo yaraanta faytamiin A ee aan darnayn. Qiyaaso faytamiin A badan looguma baahna cunugga aan lahayn astaamaha caafimaadka ee yaraanta oo laga yaabo in ay khatar tahay.

Sii qiyaaso faytamiin A badan kaliya marka ay jiraan xaaladahan soo socda:

o Halka cunugga uu qabo wax astaamo caafimaad ee ah yaraanshaha faytamiin A (oo uu ka mid yahay caabuqa indhaha).

o Carruurta ka weyn 9 bilood, halka ay ka jirto jadeeco firfircoon oo saf-mar ah oo cunuggana aan laga tallaalin cudurka jadeecada.

### Qiyaasaha faymatiin A ee loogu talogalay carruurta qabta xannuunka yaraanta faytamiin A ama jadeeco

| Da'da | Qiyaasta |
|---|---|
| Carruurta da'doodu u dhaxeyso 6-12 bilood | 100, 000 IU |
| Carruurta da'doodu ka weyn 12 bilood | 200, 000 IU |

### • Asiidhka foolik

Waxaa ku jirta asiidhka foolik ku filan F75, F100, iyo RUTF in lagu dabiibo yaraanta firta ee aan badnayn.

Haddii uu jiro xannuunka dhiig-yaraanta, sii hal qiyaas oo ah asiidhka foolik (5mg) maalinta gelitaanka.

### • Nafaqooyinka kale

F75 (iyo F100, F100 la barxay, iyo RUTF) ayaa horeyba uga koobnaa dhammaan nafaqooyinka loo baahan yahay si loo dabiibo bukaanka

### Shaxda 28: Shaxda daaweynta nidaamsan ee bukaannada oo kooban

| SYSTEMATIC TREATMENT | DIRECT ADMISSION ONLY TO IN-PATIENT (ACUTE-PHASE- SC) |
|---|---|
| Antibiotics | Every day in Acute-phase + 4 more days in Transition or until transfer to OTP |
| Malaria | AL (artemether+lumefantrine) |
| Measles vaccine (from 9 months) | 1 vaccine at admission if no card (second will be given in OTP) |

## 6.4. La-socoshada lagu qorey jaantusyada-taxan ee SC/IPF

• Miisaanka (lifaaqa 1aad) ayaa la cabbiraa, la geliyaa ka-dibna waxaa la isku-xiraa baraha ku yaalla kaartooyinka-taxan maalin kasta;

• Heerka bararka (0 to +++) ayaa maalin walba la qiimeeyaa;

• Heerkulka jirka ayaa laba mar la cabbiraa maalintii;

• Calaamadaha xannuunada caadiga ah (saxaro, matag, fuuqbax, qufac, neefsasho, iyo inta uu le'eg yahay beerka) ayaa la qiimeeyaa waxaanna lagu qoraa kaartooyinka-taxan maalin walba;

• Cabbirka MUAC ayaa la qaadaa toddobaad kasta;

• Diiwaan ayaa la qaadaa (lagu dul qoraa qaybta qaadashada kaartooyinka-taxan) haddii bukaanka uu maqan yahay, matago, ama uu diiddo quudka, iyo haddii bukaanka lagu quudiyo tuubbada sanka laga geliyo ee caloosha tagta ee quudka "*Naso-Gastric Tube (NGT)*" ama laga siiyo xididka. Waxaa jira meelo ku habboon in kuwan lagu diiwaangeliyo maalin walba.

• 21 maalmood kasta ka-dib marka la dhigo iyo marka laga bixinayo cabbir dhererka/joogga.

DHAMMAAN waxyaabahan la arkey waxaa inta badan qora kaaliye tababaran ee ma qorto kalkaalisada caafimaad laf-ahaanteeda. Shaqada kalkaalisada caafimaad waa in ay barto oo ay kormeerto kalkaaliyeyaasha iyo in ay eegto kaartooyinka-taxan si loo xaqiijiyo in xogta xannuunka ay sax tahay. Haddii ay ku aragto waxyaabo aan sax ahayn waa in ay si samir leh mar kale tababar ugu fidiso kaaliyeyaasha si ay u noqdaan "indhaheeda iyo dhegaheeda" ee xarunta gudaheeda. Kaaliyeyaasha waa in aan lagu qaylin ama la ceebayn iyadoo sabab u ah gafafka hore ee tababar ama kormeer ay iyadu laf-ahaantiida bixisay ama qofkii iyada ka horreeyay. Ka gaabinta diiwaangelinta waxaa badanaa sabab u ah waqtiga shaqaalaha oo yar. Waxaa ka wanaagsan in gebi ahaan aan waxba la diiwaangelin intii shaqaalaha darajada hoose ay gelin lahaayeen xog dhab ahaantii la qaadin iyada oo sabab u ah baqdin ay ka qabaan dhalleecayn. Kaaliyayaasha waa in loo caddeeyo in aan la dhalleecayn doonin haddii ay ku guuldareystaan in ay cabbirka waqtigiisa ay qaadaan marka ay jirto shaqaale yari.

## 6.5. Shuruudaha Looga Gudbayo Marxaladda-Ba'an Marka Loo Gudbayo Marxaladda Kala-guurka

Ma jiro waqti "go'an" oo uu cunuggu ay tahay in uu ku sii jirro marxaladda ba'an – carruurta shakhsi ahaan waa ay ku kala duwan yihiin. Waxaa la filayaa in carruurta sida daran u xannuunsan ay ku sii jirraan marxaladda ba'an mudda ka dheer inta dhexdhexaadka xaaladaha aan lahayn dhibaatooyinka daran iyo kuwa sida dhakhsiyaha leh u waafaqa daaweynta waxaa ay ku sii jirayaan muddo gaaban.

Waxaad bukaanka ka soo wareejisaa Marxaladda-ba'an una wareeji Marxaladda Kala-guurka marka waxyaabahan soo socda oo dhan ay jiraan:

o Soo-noqoshada rabitaanka cuntada

**iyo**

o Bilaabashada luminta bararka (Caadi ahaan la go'aamiyo miisaan luminta habboon ee dheellitirka ka dhaxeeya marka cago-bararka uu bilaabo in uu yaraado)

**iyo**

o Bukaanka wuxuu u muuqdaa in uu caafimaad ahaan bogsanayo. Bukaannada qaba cago-babarka guud (+++) waa in ay ku sugaan Marxaladda-ba'an ilaa babarkooda uu ka yaraado kana gaaro heerka bararka dhexdhexaadka ah (++). Bukaannadan waa kuwo gaar ahaan nugul.

# 7.DAAWEYNTA DHIBAATOOYINKA

Marka bukaannada ay qaadaan dhibaato, mar walba u wareeji isaga/iyada Marxaladda-ba'an si loogu soo daaweeyo (bukaan-jiifyada waxaa dib loogu soo celiyaa marxaladda-ba'an haddii ay ku jiraan marxaladda kala-guurka, bukaan-socodyada waxaa loo gudbiyaa IPF haddii gaadiid ku habboon la heli karo oo xarunta bukaan-jiifka ay ku taallo gudaha meel u jirta masaafo macquul ah goobta OTP. Haddii kale, halka ay macuul tahay, isku-dayo mar kale dib loogu bilaabayo marxaladda 1aad oo lagu daaweynayo dhibaatooyinka waa in la bilaabo ka hor inta aan la qaadin iyada oo wada-tashi lagu sameeyo telefoonka lala yeelanayo xarunta xasillinta "SC").

## 7.1. Fuuqbax

### 7.1.1. Bukaanka Lafo-lafaha ah (Marasmic)

Si xun u aqoonsashada iyo daaweynta aan habbooneyn ee fuuqbaxa waa waxyaabaha ugu badan ee keenna dhimashada bukaanka nafaqo-xumada ay hayso. Dareerayaasha fuuq-celinta marnaba "si joogto ah" looma siiyo bukaannada nafaqo-xumada ay hayso.

Nafaqo-xumada daran "daaqadda daaweyntu" waa mid dhuuban/xaddidan, sidaa awgeed xitaa carruurta fuuq-baxdey waxaa ay si dhaqso ah uga gudbi karaan wareeg maran iyaga oo u gudbaya fuuq-bax xad-dhaaf ah oo leh dareere culus iyo wadne istaag. Faleebo ayaa si dhif ah loo adeegsadaa. Nafaqo-xumada marka ay jirto (labadaba marasmus/lafo-lafaha iyo, sida aadka u ballaaran, kwashiorkor/caga-bararka) waxaa jira dhibaato la xiriirta kelliyaha oo gaar ah oo ka dhigaysa carruurta kuwo dareema culeyska cusbada (sodhiyamta).

• HA u isticmaalin borotakoolka caadiga ah cunugga nafaqada wanaagsan, fuuq-baxey

• HA samaynin baaldi ORS ama ReSoMal ah oo si xor ah ay u heli karaan daryeelayaasha si ay u siiyaan carruurtooda SAM mar kasta oo ay leeyihiin saxaro jilicsan. Tani ayaa waxaa ay si toos ah ugu horseedaysaa wadne istaag, iyo sidoo kale in la lulmin waayo cago-bararka, ilaa cago-bararka dib-u-quudinta, iyo ka gaabinta in laga warbixiyo oo la diiwaangeliyo dhibaatooyinka mugga leh.

• HA dabiibin haddii uusan jirrin fuuqbax. Shubanka laguma dabiibo dareerayaasha fuuq-celinta si "looga hortago" bilaabashada fuuqbaxa carruurta SAM[47]. Tani mar kale waxaa ay keenaysaa fuuq-celin xad-dhaaf ah iyo wadne joogsi.

Marka soodhiyam xad-dhaaf ah la siiyo, aad iyo aad ayay u adag tahay in soodhiyamta dib looga soosaaro cunugga.

#### Ogaanshaha Cudurka

• In la ogaado fuuq-baxa qofka qaba cudurka lafo-lafaha wax fudud ma ahan. Xitaa si kastoo ay waayo-arag u yihiin takhaatiirta carruurta qaabilsan waxaa ay si joogto ah mar kasta u sameeyaan khaladaad. Sababtan awgeed, qofka waa in uu had iyo jeer diyaar u ahaadaa in uu wax ka beddelo baaritaanka lagu aqoonsanayo cudurka.

o HA isticmaalin calaamadaha caadiga ah ee fuuqbaxa, waa kuwo aan lagu kalsoonaan karin..

• Sidaa darteed, maqaarka bukaanka qaba cudurka lafo-lafaha caadi ahaan waa mid laalaaban oo aan halkiisii dhakhso ugu soo noqon marka la jiido sidaa darteed tijaabada "qanjaruufada maqaarka" caadi ahaan waa mid togan haddii cunuga uu fuuq-baxay iyo haddii kaleba.
o HA u isticmaalin tijaabada qanjaruufada maqaarka in aad ku baarto fuuqbaxa carruurta nafaqo-xumada daran ay hayso.

o Haka baarin fuuq-bax bukaannada nafaqo-xumada haysa iyada oo sabab u ah in indhahooda ay god galeen.

• Baaritaan lagu ogaanayo fuuq-baxa oo xad-dhaaf ah ama khaldan iyo daaweynta oo loo siiyo si aan habboonayn ayaa aad u badan. Cawaaqib xumada ka dhalata fuuq-celinta xad-dhaafka ah ayaa aad u daran marka loo eego fuuq-baxa aadka u yar. Dhanka kale carruurta sida dhabta ah u fuuq-baxday waa in si habboon loogu fuuq-celiyaa haddii la rabo in ay noolaadaan.

o Ha sameynin baaritaanka kama dambeysta ah ee lagu ogaanayo fuuq-baxa

• Haddii aad u maleyso in cunugga uu fuuq-baxay, markaa samee baaritaan lagu aqoonsanayo oo ku-meelgaar ah oo u fiirso waafaqidda daaweynta ka hor inta aadan xaqiijin ogaanshaha.

Ogaanshaha ugu weyn wuxuu ka yimaadaa TAARIIKHDA beddelkii uu ka imaan lahaa baaritaanka.

Waxaa loo baahan yahay in ay jiraan:

• Taariikh qeexan oo ah dareere lumin mug leh oo dhowaan ah - caadi ahaan shuban kaas oo sida muuqata biyo u eg (oo aan kaliya ahayn mid jilicsan ama xab ah) iyo soo noqnoqoshada leh bilow lama filaanka ah ee dhowrkii saacadood ama maalmood ee la soo dhaafey gudahooda.

• Waa in ay sidoo kale jirtaa TAARIIKHDA ISBEDDEL dhowaan ku yimid muuqaalka cunugga.

• Haddii indhuhu ay god galaan markaasi hooyada waa in ay sheegto

47 Haddii uu shuban jirro 30ml (aan ka badneyn) oo ReSoMal ayaa loo siin karaa saxaro biyo biyo ah kasta.

in indhuhu ay isbeddeleen oo ay god galeen tan iyo markii uu bilowday shubanka.

• Maqnaanshaha "buuxa" ee muuqaalka xididdada oogada kore (eeg madaxa, qoorta, iyo addimada).

• Cunugga waa in uusan lahayn wax cago-barar ah.

### 7.1.2. Ogaanshaha naxdinta/shoogga laga qaado fuuq-baxa

Bukaanka wuu naxsan yahay haddii:

• uu jiro fuuq-bax qeexan oo laga dheehan karo taariikhda iyo baaritaanka; iyo

• garaaca halbowlaha curcurka ama gudaha bowdada oo aan jirin ama daciif ah; iyo

• gacamo iyo cago qabow; iyo

• dib-u-buuxinta xididdada yaryar ee ku yaalla cidiyaha hoostooda oo liita (in ka badan 3 ilbiriqdsi).

Marka lagu daro calaamadaha kor ku xusan waxaa sidoo kale jira:

• hoos-u-dhaca heerka miyirka sidaa darteed bukaanka waa mid waxyar miyir ah qaba ama lama toosin karo

Markaasi kani waa naxdin/shoog daran.

Waxaa jirڨa waxyaabo kale oo keenna calaamadaha shoogga ee cunugga nafaqo-xumada daran ay hayso.

Gaar ahaan, 1) shoogga sunta, 2) shoogga caabuqa, 3) beerka oo hawlgaba iyo 4) shoogga wadnaha.

In loo dabiibo shoogga wadnaha ama beerka oo hawlgaba sida in bukaanka uu qabo shoog sabab u ah fuuq-baxa aad iyo aad ayay halis u tahay oo daaweynta laf ahaanteeda ayaa u horseedi karta dhimasho. Dhanka kale, ka gaabinta in la dabiibo fuuq-baxa iyada oo sabab u ah in takhtarta uu u maleeyo in shoogga uu sabab kale ka dhashey ayaa sidoo kale u horseedi karta dhimasho.

### 7.1.3. Daaweynta

Mar kasta oo ay suurtagal tahay, bukaanka fuuq-baxay ee nafaqo-xumada ba'an ay hayso waa in afka fuuq-celin loogu sameeyo. Dareeraha xididdada laga qaato waa kuwo halis ah oo laguma taliyo haddii uu jiro a) shoog daran iyo b) naaqusidda miyirka oo laga qaado c) fuuq-bax la xaqiijiyay mooyee.

Maareynta waxaa lagu saleeyaa cabbiraadaha miisaanka saxda ah – kani waa cabbirka ugu wanaagsan ee isu-dheellitirnaanta dareeraha. Miisaanka waa in cabbirkiisa lagu qaado miisaanka carruurta yaryar ama, carruurta roon-roon (ka badan 8 kg) waa in lagu cabbiraa miisaanka meel la suro ka-dibna in baaf xargo lagu xiro laga soo laalaadiyo. Baafka wuxuu ka soo laalaadaa meel u dhow dhulka waxaanna fudud in la nadiifiyo (eeg sawirka lifaaqa 1aad). Bukaannada waa in la miisaamo iyaga oo qaawan. Surwaalka meel la suro ee loo isticmaallo sahannada waa in aan loo adeegsan in lagu miisaamo carruurta xannuunsan ama kuwa suurtagalka ah in ay wasakheeyaan ka-dibna caabuqa u gudbiyaan cunugga xigga.

KA HOR inta aan la bilaabin daaweynta fuuq-celin kasta:

• CABBIR MIISAANKA cunugga;

• KU CALAAMADEE maqaarka geeska beerka iyo darafka saableyda feeraha qallin fartiisu waaweyn oo khaddiisu aannu tirmin;

• DIIWAANGELI heerka neefsashada;

• DIIWAANGELI heerka garaaca wadnaha; iyo

• DIIWAANGELI waqtiga dib-u-buuxsamidda xididdada yaryar (ee gunta hoose ee ciddiyaha) oo ilbiriqsiyo.

Waxaa intaa dheer, in kuwan soo socda la diiwaangelin karo haddii shaqaaluhu ay leeyihiin xirfadda loo baahan yahay

• DIIWAANGELI codadka wadnaha (jiritaanka ama maqnaanshaha hooriska garaaca wadnaha ee aan caadiga ahayn).

Cunugga nafaqo-xumada qaba waxaa gebi ahaan maareeya

• Isbeddellada miisaanka; iyo

• Sii wanaagsanaanta calaamadaha xannuunka sida feejignaanta; iyo

• Calaamadaha xannuunka ee fuuqa xad-dhaafka ah ee jirka (xididdo bararsan, wadne garaac degdeg ah, iyo xaaladda neefsasho xun).

ISU-DHEELLITIRNAANTA DAREERAHA waxaa la cabbiraa iyada oo waqti loo dhaxeysiinayo MIISAAMIDDA bukaanka.

• Sii dareeraha fuuq-celinta "ReSoMal" ilaa miisaanka yaraadey (la cabbirey ama la qiyaasey) laga saxo.

• Jooji isla-marka cunugga uu "fuuqsado" oo uu gaaro miisaanka-fuuqsashada ama fuuq-celinta la beegsanayo.

• Dareere dheeri ah lama siiyo cunugga nafaqo-xumada haysa ee leh mugga wareegga caadiga ah si "looga hortago" soo rogaal celinta fuuq-baxa.

• Caadi ahaan ReSoMal aad u yar ayaa ku filan dib u soo celinta fuuqa bukaanka nafaqo-xumada haysa marka loo eego carruurta caadi ahaan nafaqeysan (tusaale, wadar ahaan 50ml halkii kiilo oo culeys jirka ah = 5% culeyska jirka). Sidaa daraadeed, 5% ee culeyska jirka cunugga 4kg ah waxaa uu la mid yahay: 4000g/100 x 5 = 200g taas oo ka dib la mid noqonaysa 200ml oo dareeraha fuuq-celinta ah.

• Ku bilow 10ml/kg/saacadii labada saacadood ee ugu horreeya oo afka laga qaadanayo ama tuubbada sanka laga geliyo ee caloosha tagta (2% culeyska jirka) ka-dibna isugu hagaaji si waafaqsan isbeddellada culeyska/miisaanka ee la arkey. Cabbir miisaanka cunugga saacad kasta oo qiimee inta uu le'eg yahay beerkiisa/beerkeeda, heerka neefsashada, waqtiga dib-u-buuxsamidda xididdada yaryar, iyo garaaca wadnaha

Fuuq-celinta ka-dib, inta badan wax daawo dheeraad ah lama siiyo. Tilmaamaha caadiga ah ee siinta 50-100ml ee saxarro kasta waa in aan la adeegsan – waa khatar. Ujeeddada waa in keliya la beddelo waxa lumey ee ma ahan in la beddelo isu-dheellirka dareeraha guud ee bukaanka.

Xaalad kastoo ay jirto waa in aan la siin dareeraha fuuq-celinta dheeriga ah iyada oo ujeeddadu ay tahay "ka hortagga" fuuq-bax dheeraad ah ama "hubinta" in wax ku filan la siiyay.

• Dib-u-qiimeyn weyn ku samee laba saacadood

**Haddii uu jiro miisaan lumin sii socda** markaa:

• Kordhi heerka ReSoMal oo ka dhig 10ml/kg/saacadii (ilaa 20ml/kg/saacadii) iyo

• Si rasmi ah mar kale u qiimee saacad gudaheeda.

**Mar kale, haddii uusan jirin miisaan koror** markaa:

• Kordhi heerka siinta ReSoMal oo ka dhig 5ml/kg/saacadii (ilaa 15ml/kg/saacadii) iyo

• Si rasmi ah mar kale u qiimee saacad gudaheeda.

**Haddii uu jiro miisaan koror** oo:

• Xaaladda cunugga ay sii xumaaneyso marka la siiyo daawada fuuq-celinta.

o Oggaanshaha fuuq-baxa ayaa waxay ahayd mid xaqiiqdii **khalad** ah.

o Jooji daawada baxnaaninta oo u bilow cunugga cuntada F75.

• Ma jirraan wax sii wanaagsanaan ah oo ku soo kordhay niyadda iyo muuqaalka cunugga ama soo noqoshada calaamadaha xannuunka,

o markaasi aqoonsashada fuuqbaxa waxaa ay u badan tahay in ay khaldaneyd, sidaa daraaddeed

o midkood u beddel F75 ama si talantaalli ah u sii F75 iyo ReSoMal.

• Sii wanaagsanaan caafimaad, balse weli waxaa jira caalamado fuuqbax,

o si taxaddar leh u sii wad daaweynta ilaa miisaan kororka habboon laga gaarayo oo

o Midkood si talantaalli ah u sii F75 iyo ReSoMal ama u sii wad ReSoMal kaligeeda.

• Bogsashada calaamadaha fuuq-baxa,

o jooji dhammaan daaweynta fuuq-celinta ee cunugga u bilow cuntada F75.

Ogow: Ha siinin ReSoMal 10ml/kg/saacadii oo lagu darey dareere si toos ah looga qaato xididka 15ml/kg/saac.

Biyo haku darin ReSoMal beddelkaasi isticmaal ORS ribnaanta siimowgeeda hooseeya

**Miisaanka la beegsado ee fuuq-baxa wata shuban biyoodka**

1. Haddii cunugga ay u socotay daaweynta SAM oo uu jiro miisaan shubanka ka hor ahaa oo la qoray inta shubanka uusan bilaaban iyo:

• Haddii cunugga uusan ka dhicin wax miisaan ah intii uu shubmayay, markaasi cunugga MA fuuq-baxin oo waa in aan la siin wax daawo fuuq-celin ah.

• Haddii uu jiray miisaan ka lumay, dareere luminta dhabta ahi waxaa ay le'eg tahay miisaan lumidda iyo miisaanka fuuq-celinta la beegsanayo waa miisaanka shubanka ka hor. Daaweynta waa in aan loo siin in miisaanka la dhaafsiiyo miisaanka shubanka ka hor kordhiyo miisaanka.

• Ka-dib marka la dhigo shubanka inta badan waa "shuban ka dhasha dib-u-quudinta" (eeg qaybta 7.15).

2. Haddii bukaanka dhowaan la dhigay, aad iyo aad ayay u adag tahay in la go'aamiyo qaddarka dareeraha ee uu lumiyay cunugga qaba cudurka lafo-lafaha/marasmus maadaama dhammaan calaamadaha xannuunka aan lagu kalsoonaan karin. Iyada oo sabab u ah daaqadda daaweynta xaddidan iyo khatarta ay leedahay in laga tago fuuq yari oo loo gudbo fuuq badan/in uu dareeraha ku bato jirka, is-dhinka miisaanka ee la qiyaasey waa in uu noqdaa mid laga taxaddarey. Waxaa wanaagsan oo halisteeda yar in waxyar la yareysto qiyaasta qaddarka is-dhimidda miisaanka intii la badsan lahaa qiyaasta is-dhinka miisaanka ee carruurta nafaqo-xumada haysa.

• Dhab ahaan, miisaan lumidda guud ahaan waa 1% ilaa 3% ee miisaanka jirta ee carruurta intooda badan in yar ilaa 5%.

• Ha isku dayin in aad ku kordhiso miisaanka jirka in ka badan 5% cunugga miyar-qaba.

• Haddii uu jiro miisaan koror gaaraya ilaa 5% oo ku kordhey miisaanka jirka xilliga fuuq-celinta, cunugga sida dhabta ah u fuuq-baxay wuxuu muujin doonaa horumar caafimaad si lama filaan ah ku yimaada oo waa in uu ka baxaa khatarta degdegga ah ee dhimashada sababta u ah fuuq-baxa. Daaweynta ayaa ka-dib la sii wadi karaa iyada oo la siinayo F75 (eeg lifaaqa 10aad: shaxda miisaan kororka 5%/Miisaan luminta 5%).

**Inta lagu guda jiro fuuq-celinta naas-nuujinta waa in aan laga goyn**. Sida ugu dhaqsiyaha badan u bilow in aad siiso F75, adiga oo afka ka siinaya ama u marsiinaya tuubbada sanka laga geliyo. ReSoMal iyo F75 waxaa la siin karaa saacado talantaalli ah haddii uu weli jiro xoogaa fuuq-bax ah iyo shuban sii socda. Isticmaalka F75 waxaa badanaa la gaaraa 2-3 saacadood gudahooda marka la bilaabo fuuq-celinta.

### 7.1.4. Daaweynta shoogga laga qaado fuuq-baxa ee bukaanka lafo-lafaha ah

Kaliya HADDII uu jiro fuuq-bax la hubo (taariikhda dareere lumin, isbeddel ku yimaada muuqaalka indhaha) oo bukaankuna uu leeyahay dhowr ka mid ah kuwan soo socda:

o Xoogaa miyir-qab ama miyir-beel iyo

o Wadne garaac dhaqso leh oo daciif ah iyo

o Gacamo iyo cago qabow iyo

o Dib-u-buuxsamidda xididdada yaryar ee gunta cidiyaha oo liita ka-dibna ku dabiib bukaanka dareereyaal xididka laga siiyo.

Qaddarada la siiyo waa in ay noqdaan kala-bar inta lagu adeegsado carruurta sida caadiga ah u nafaqeysan. Isticmaal mid ka mid ah milannadan soo socda ee lagu isticmaalo carruurta sida caadiga ah u nafaqeysan:

o Kala-bar xoogga Ringer-Lactate oo leh 5% dextrose o Kala-bar xoogga Cusbo/Saline oo leh 5% dextrose

• Sii 15 ml/kg oo dareeraha xididka laga siiyo ah saacadda koowaad ka-dibna dib-u-qiimee cunugga

• Haddii ay jirto caatoobid joogto ah ama miisaanka uu xasillan yahay, ugu celi 15 ml/kg oo dareeraha xididka laga siiyo saacadda xigta. Sii wad ilaa uu miisaanka ku kordho dareeraha xididka laga siiyo. (15mg/kg waa 1.5% ee miisaanka jirka, sidaa awgeed miisaan kororka la filayo 2 saacadood ka-dib waa min 0% ilaa 3% ee miisaanka jirka.)

• Haddii uusan jirin wax sii wanaagsanaan ah oo cunuggana miisaan ku kordhay, markaa u qaado cunugga in uu qabo sun, caabuq, ama shoogga wadnaha, ama beer hawlgab ah. Jooji daaweynta fuuq-celinta. Raadi waxyaabaha kale ee keenna miyir beelka.

• Isla-marka uu miyirka dib ugu soo laabto cunugga oo

heerka wadne garaaca uu u dhaadhaco dhanka heerka caadiga ah, markaasi ka jooji dareeraha xididka laga siiyo ka-dibna ku dabiib cunugga 10ml/ kg/saacadii oo ah ReSoMal afka laga qaato ama lagu siiyo tuubbada sanka la geliyo.

• Sii wad habraaca (kor ku xusan) ee fuuq-celinta cunugga afka laga siiyo. Sii wad in aad u isticmaasho isbeddelka miisaanka in uu noqdo tusaha ugu weyn ee lagu garto horumarka.

OGOW: Marnaba waa in aan faleebo la siin cunugga nafaqo-xumada haysa ee awoodda in uu wax cabbo ama uu ka nuugayo dareere ku filan tuubbada sanka laga geliyo.

### 7.1.5. Korjoogteynta fuuq-celinta

JOOJI dhammaan daawada (afka laga qaato ama xididka laga siiyo) ee fuuq-celinta isla-markiiba haddii mid ka mid ah kuwan soo socda la arko:

• La gaarey miisaanka la beegsanayo ee fuuq-celinta (aad F75)

• Xididdada muuqda oo buuxsamey (aad F75)

• Imaanshaha cago-barar (jirka oo dareeraha ku bata/fuuq-badan – aad F75)

• Imaanshaha xididdada qoorta ee muuqda*

• Xididdada qoorta ayaa barara marka caloosha (beerka) la riixo*.

• Kororka ku yimaada inta uu le'eg yahay beerka oo ka badan hal sintimitir*

• Damqashada beerka*

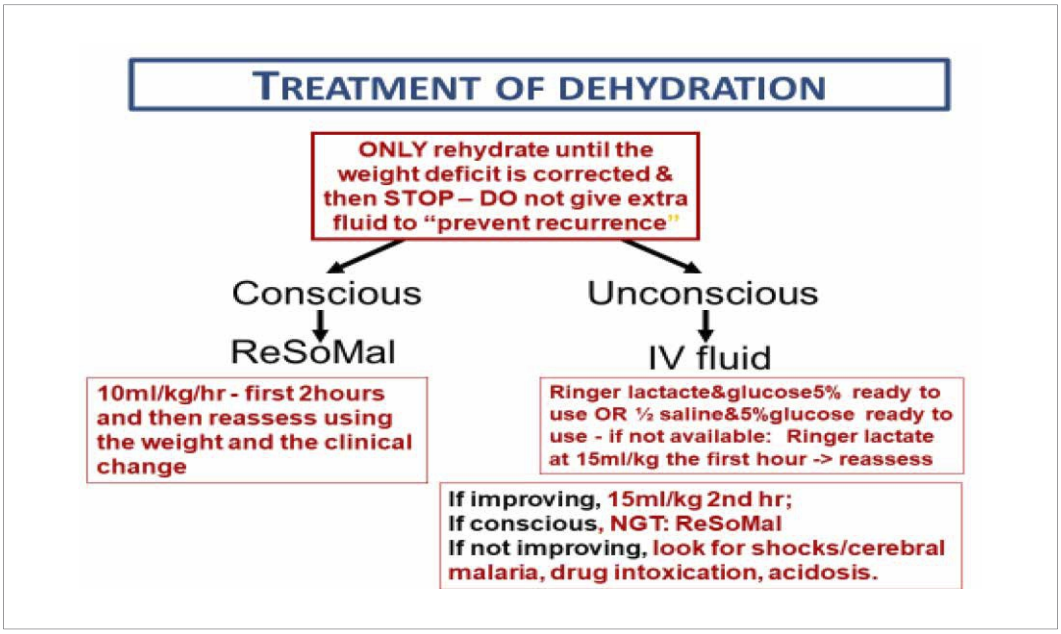
• Heerka neefsashada oo ku kororta 5 neefsasho halkii daqiiqaba ama in ka badan*

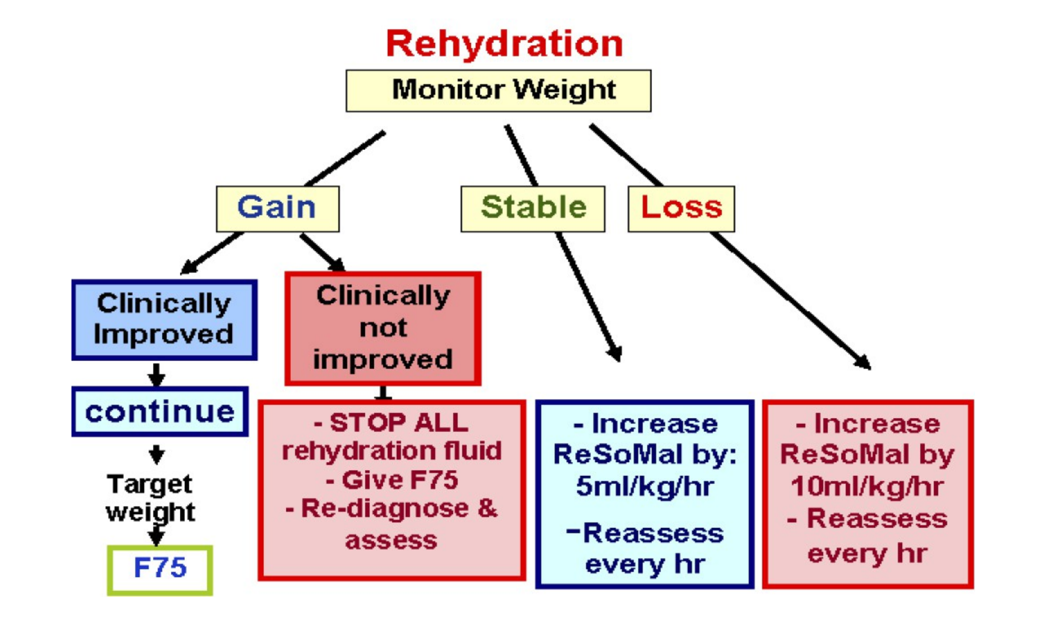
• Imaanshaha neefsasho leh "xiiqleyn/qux" (kani waa qaylada la socota soo neefsashada ee MA AHAN hawo-qaadashada)*

• Imaanshaha shanqar (*râles ama crepitations*) ka yeerta sambabada*

• Imaanshaha hooris saddex laab ah*

*Haddii calaamadahan ay imaadaan, markaasi cunugga waxaa ku badan dareeraha, oo wareeg baahay, wuxuunna ku sii socdaa in ay wadnaha istaagaan.






Bukaanka cago-bararka (kwashiorkor) qaba:

DHAMMAAN carruurta cago-bararka qabta ayaa waxaa ay leeyihiin wadarta guud ee biyaha iyo cusbada jirka oo kordhey – waxaa ku badan dareeraha jirka. Bukaannada cago-bararka qaba MA noqon karaan kuwo "fuuq-baxey" inkastoo si joogto ah u qabaan shoogga HYPOVOLÆMIC iyadoo dareeraha uu galo "meel khalad ah". Hypovolemia (mugga dhiigga wareegga oo ilaa xad hooseeya) waxaa sabab u ah furmashada dhuumaha dhiigga qaada iyo wax-soosaarka oo hooseeya.

Haddii cunugga qaba cago-bararka/kwashiorkor uu leeyahay shuban biyood cad oo cunugga xaaladiisa caafimaadka ay ka sii dareyso, markaasi dareeraha lumay waxaa la beddeli karaa iyada oo 30 ml oo ReSoMal ah lagu saleynayo halkii saxaro biyo ah. Tani khasab ma ahan oo xaaladda caafimaad ee cunugga ka-dib ReSoMal-ka afka laga qaato waa in si taxaddar leh loo qiimeeyaa.

**Daaweynta hypovolemia (mugga dhiigga wareegga oo ilaa xad hooseeya) ee cago-bararka/kwashiorkor waxaa ay la mid tahay daaweynta shoogga caabuqa**

## 7.2. Shubanka daran ama joogtada ah

Carruurta qabta shubanka joogtada ah ama raagay (ee aan laheyn shuban biyood ba'aan oo sii xumaanaya) uma baahna daawada fuuq-celinta ba'an. Waxaa ay la qabsadeen toddobaadyo ah xaalkooda fuuqa oo isbeddelay oo waa in aan fuuq-celin loogu sameyn dhowr saacadood. Daaweynta ku habboon shubanka joogtada ah waa mid nafaqo;[48] waxaa inta badan sabab u ah nafaqo yaraansho waxaanna lagu dabiibaa F75 iyo cabburinta bakteeriyada yaryar ee caloosha ku faafta. Bakteeriyada yaryar ee caloosha ku faafta waxaa lagu cabburiyaa caabuq-bi'iyeyaasha badanaa caadiga ah ee loo isticmaalo carruurta nafaqo-xumada daran ay hayso. Haddii shubanka uu joogto noqdo, koorso metronidazole (10mg/kg/maalintaa) ayaa la siin karaa (eeg lifaaqa 28).

## 7.3. Shubanka dib-u-quudinta ka-dib marka la dhigo

Mindhiciirka cunugga nafaqo-xumada haysa waa mid dhammaadey oo awoodda uu ku nuugayo qaddarada badan ee kaarbohaydarayt waa mid xaddidan. Waxaa sidoo kale jira dhammaanshaha soo noqnoqda ee ganaca sidaa darteed dheefshiidka kaarbohaydarayt, dufanka, iyo borootinta ayaa joogsanaya.

### Oggaanshaha cudurka

- Kororka saxarada iyo saxarro jilicsan marka cuntada la beddelo/kordhiyo
- Caatoobid la'aan: cunugga ma fuuq-bixin

### Daaweynta

<u>Marka cunugga uu bilaabo F75 inta badan waxaa jira koror ku yimaada wax-soosaarka saxarada</u> waxaa ayna noqonaysaa mid yara qaabeysan. Caadi ahaan ma jirto caatoobid oo cunugga ma fuuq-baxin oo daaweynta waa in ay sii socoto.

- Ha u siinin ReSoMal "shubanka dib-u-quudinta" fudud iyada oo aan jirin caatoobid.

Sida caadiga ah, shubanka waa la iska indho tiri karaa, maadaama Amoxicillin ay cabburin karto bakteeriyada yaryar ee caloosha ku faafta oo mindhicirkana wuxuu la bogsanayaa nafaqada wanaagsan ee ku jirta F75 sidaa darteed shubanka siimowga aan darnayn ayaa yaraanaya dhowr maalmood ka-dib.

<u>Shubanka dib-u-quudinta wuxuu u muuqdaa in uu aad ugu badan yahay carruurta qabta nafaqo-xumada leh cago-bararka.</u> Waxaa jira hab (aan habbooneyn) oo loo diyaariyo F75 oo ku jirta kaliya caano aan labeen laheyn, saliid, Isku-jirka Murakabka Macdan iyo Faytamiino (CMV), iyo sonkor. Sonkorta badan ee ku jirta waxaa ay ka dhigaysaa cuntada habkan loo diyaariyey mid ribnaanteeda siimowga si aan caadi ahayn u sarreeya (*hyperosmolar*) sonkorta xad-dhaafka

48 Ka eeg dhiig iyo xad saxarada, disantariyo amiibaha iyo shigella.

ahna waxaa ay keeni kartaa shubanka siimowga. Inta badan, shaqaalaha waxaa ay si khalad ah ugu daaweeyaan shubankan siimowga ReSoMal, halka daaweynta saxa ah ay tahay in loo beddelo cuntada.

F75 ganacsiga ayaa leh sonkor badan oo lagu beddelay dextrin-maltose sidaa darteed waxaa aad u yar in ay keento shubanka siimowga.

Haddii F75 ay noqoto in lagu diyaariyo xarunta,

• markaasi isticmaal habka diyaarinta ku jirta istaarj (gaar ahaan istaarj-ta bariiska) iyo, haddii ay suurtagal tahay, ku dar xoogaa daqiiq badar ka sameysan si aad ugu darto amilays oo yareysa dhafaagga/is-haysashada. Haddii tani aysan ku filnayn ama uu jiro caatoobid,

• markaasi u qaybi cuntada quudyo badan (sida: u qaybinta cuntada dhowr cuto oo ku habboon rabitaanka cuntada ee bukaanka), mid kasta oo yar si aysan uga xoog badan awoodda xaddidan ee dheefshiidka iyo nuugista.

Carruur yar ayaan tani ku filnayn maadaama mindhiciirka ama ganaca/xameetida uu gaarey dhaawac ku filan oo xitaa caddadyada yar ee F75 ay marka hore ku kicin karaan shubanka siimowga.

• U beddel cuntada mid F75-ta ay ku saleysan tahay caano-fadhi(garoor) intii ay noqon lahayd caano dhay ah.[49]

## 7.4. Fuuq-baxa Hypernatraemic

Fuuq-baxa hypernatraemic (ribnaanta soodhiyamta dhiigga oo aad u sarreysa) waxaa uu ku badan yahay meelaha leh jawiga aad u qalalan (saxaraha ah) gaar ahaan haddii uu sidoo kale jiro heerkul aad u sarreeya.

Waxaa uu u badan yahay in uu ku dhaco carruurta iyada oo qorrax ay jirto hooyooyinkooda ka soo qaadey masaafo dheer si ay u keenaan xarunta SC/OTP, iyaga oo aan u istaagin nasasho ama aan cunugga siinin wax uu cabbo. Waa muhiim kuwa imaanaya bukaan-eegtooyinka, OTP iwm. in la siiyo biyo/biyo-sonkoreysan oo ay cabbaan marka ay imaadaan iyo in meel hoos leh la fariisiyo inta ay sugayaan in la arko. Waxaa uu sidoo kale dhacaa marka quudka ribnaantiisu ay badan tahay.

Inkastoo ay adag tahay fuuq-baxa hypernatraemia in si ammaan ah loo dabiibo, waxaa fudud in laga hortago. Carruurta ay nafaqo-xumada hayso, gaar ahaan kuwa ku nool deegaannada qalalan ee kulul, waa in ay si joogto ah u helaan biyo cad oo ku filan.

OGOW: meelaha saxaraha ah oo huurkooda uu hooseeya oo heerkulka maalintiinna uu aad u sarreeyo *DHAMMAAN carruurta waa in la siiyaa biyo la cabbo uu u kala dhaxeeya waqtiyo joogto ah. Haddii F100 lagu adeegsado marxaladda kala-guurka iyo marxaladda bogsashada, markaasi waa in la sii baraxo oo shaxda qaadashada loo hagaajiyo mugga dheeriga ah ee loo baahan yahay in lagu siiyo quud kasta.*

### 7.4.1. Oggaanshaha

• Calaamadda koowaad ee soo muuqata waa isbeddel ku yimaada dareenka taabashada ee maqaarka.

o Maqaarka wuxuu yeelanayaa jilicsanaan la mid ah dareenka cajiinka (bur iyo biyo la isku qasey oo loogu talogalay in laga sameeyo rooti).

• Indhaha xoogaa ayay god gali karaan.

• Caloosha waxaa ay si joogto ah u noqotaa mid siman oo waxaa ay u gudbi kartaa in ay noqoto mid si sii kordheysa god u gasha oo laalaabanta (ee loogu yeero "calool god ah" ama "calool jaran").

• Cunugga waxaa uu yeelan karaa qandho.

• Cunugga wuxuu noqdaa qof qaab sii kordhaya u hurdaysan ka-dibna miyir beela.

• Suuxdimo ayaa ku xiga haddii daaweynta fuuq-baxa aan loo bilaabin tani ayaa waxaa ay keeni kartaa dhimasho. Suuxdimada waa mid aan waxba u tareyn daawada suuxdinta ee caadiga ah (phenobarbitone, diazepam iwm.).

o Guuldarrada in lagu xakameeyo suuxdimada daawooyinka suuxdinta ayaa waxaa ay noqon kartaa tilmaanta ugu horreysa ee aasaaska u ah ogaanshaha fuuq-baxa hypernatremia.

Ogaanshaha waxaa lagu xaqiijin karaa iyada oo la helayo serum (muud) soodhiyamta sare. Caadi ahaan fuuq-baxa hypernatremia waxaa la oggaadaa marka serum (muud) soodhiyamta ay ka badan tahay 150mmol/l.

### 7.4.2. Daaweynta

Loogu talogalay fuuq-baxa hypernatraemic ee curanaya/bilowga ah – waxaa loola jeedaa cunugga feejigan, miyir qaba oo kaliya muujinaya isbeddelada dareenta taabashada ee maqaarka:

• Naaska-nuuji cunugga ama sii caanaha naaska. Tani waxaa lagu dhammeystiri karaa ilaa ku dhowaad 10ml/kg/saacadii oo ah 10% biyo sonkoraysan oo kabashooyin ah (inyar inyar) dhowr saacadood ah ilaa uu ka dhammaado haraadka cunugga. Daaweyntan marxaladda hore ah waa mid ilaa xoogaa ammaan ah.

• Sii biyo - balse cunugga waa in uusan si dhaqso leh u cabin qaddaro badan. Waxaa ay qaadanaysaa dhowr saacadood in la saxo fuuq-baxa hypernatraemic ee aan darnayn.

Loogu talogalay fuuq-baxa hypernatraemic ee xoogaystay, daaweyntu waa in ay noqotaa mid tartiib ah.

Haddii ay suurtagal tahay, cabbir serum (muud) soodhiyam.

• markaa waxaa la hiigsanayaa in la yareeyo ribnaanta serum (muud) soodhiyam ku dhowaad 12mmol/24 saac. **In loo saxo fuuq-baxa hypernatraemia si ka dhaqso badan sidan waxaa ay leedahay halis dhimasho ka dhalata bararka maskaxda (dareeraha maskaxda oo kordha).**

Haddii aysan suurtagal ahayn in la cabbiro serum (muud) soodhiyam

• markaa waxaa la hiigsanayaa in ay qaadato ugu yaraan 48 saacadood in lagu saxo fuuq-baxa hypernatraemic. Daaweynta waa in ay si tartiib tartiib ah u bilaabato oo marka serum (muud) soodhiyamta u soo dhowaato xaaladda caadiga ah, heerka haqab-tirka ayaa la kordhin karaa.

Tusaalaha daaweynta fuuq-baxa hypernatraemia waa in la siiyo milan cusbo ah – si tartiib ah, afka ama xididka looga siiyo.
Qaadashada soodhiyamta ee cunugga nafaqo-xumada haysa

49 Si toos ah ugu dar insaymta ganaca quudka waxyar ka hor inta aan la siin. Kuwan waxaa laga heli karaa suuqa waxaanna caadi ahaan loo isticmaalaa in lagu maareeyo xanuunka saameeyo qanjirrada dhig (cystic fibrosis) ee ganaca (mucovisidosis) khamiirinta F75.

waa in la xaddidaa sidaa darteed daaweynta LAGUMA isticmaalo SAM. Horumarka waxaa lagu qiimeeyaa in si xiriir/taxane ah loo miisaamo cunugga.

• **Marka koowaad,** cunugga dhig ama ku meelee jawi ama deegaan hawo qooyan leh, heerkulkiisu dhexdhexaad yahay (28˚ ilaa 32˚ C) (ceeryaamo u yeel ama biyo ku firdhi/bilbil hawada deegaamada saxaraha ah) – tani waa tallaabada ugu muhiimsan oo waa in aan laga tagin.

• Ku miisaan cunugga miisaan sax ah oo diiwaangeli miisaanka.

Ujeeddada laga leeyahay daaweynta waa in la geliyo cunugga isu-dheellitirnaan biyo togan oo ku dhowaad ah 60ml/kg/maalintii ee inta lagu guda jirro muddada koorsada daaweynta (lagu qiimeeyo miisaan koror) taas oo u dhiganto 2.5ml/kg/saac biyo cad ah. Qaddarkan waa in aan la dhaafsiin ilaa cunugga uu ka noqdo qof feejigan oo soo jeeda.

<u>Haddii cunugga uu miyir qabo ama xoogaa miyir qabo oo aan shubanna jirin,</u>

• Markaa, waxaad tixgelisaa tuubbada sanka laga geliyo oo u bilow 2.5ml/kg/saac oo ah 10% biyo-sonkor ama caanaha naaska. Ha siinin F75 marxaladdan marka la joogo. Marnaba ha siinin caanaha F100 ama caanaha carruurta yaryar. Caanaha naaska ee la soo lisay waa dareeraha "fuuq-celinta" ugu wanaagsan ee la heli karo.

• Dib mar kale u miisaan cunugga 2 saacadood kasta.

o Haddii miisaanka uusan isbeddelin ama uu jiro miisaan lumin/caatoobid joogto ah, dib-u-eeg deegaanka ku hareersan si aad isugu daydo in aad ka hortagto biyo luminta sii socota. Markaa, kordhi qaddarka qaadashada biyo-sonkorta si loogu gudo miisaan luminta sii socota (loo xisaabiyo sida g/h oo kordhi qaadashada qaddarkan).

o Haddii miisaanka uu sii kordhaya sii wad daaweynta ilaa cunugga uu ka noqda mid soo jeeda oo feejigan.

<u>Haddii uu jiro shuban la socda,</u>

• markaa afka ama tuubbada sanka la geliyo ka sii shan meelood meel milan cusbo caadi ah oo u jirta 5% dextrose.

<u>Haddii cunugga uu miyir beelo,</u>

• markaa mug dareere la mid ah (%5 dextrose haddii uusan shuban jirin iyo shan meelood meel milan cusbo caadi ah oo ku jirta 5% dextrose haddii uu shuban jiro) ayaa waxaa loo siin karaa dareere xididka laga siiyo ahaan. Waa in ay jirtaa bambada dareeraha lagu bamb-gareeyo (*peristaltic pump*) ama mitimiyaha (dhuun quraarad ah oo leh heerar cabbir) carruurta oo sax ah si loo hubiyo in heerka siinta dareeraha aan la dhaafsiin heerkii loogu talogalay inta daaweynta lagu guda jiro.

<u>Marka cunugga uu soo jeedo oo uu feejigan yahay oo tayada maqaarkana ay sida caadiga ah ku soo noqoto (ama serum (muud) soodhiyam ay tahay caadi haddii ay jiraan tas-hiilaadyo/qalab lagu cabbiro soodhiyamta),</u>

• markaa dib u bilow in aad ku quudiso caanaha F75.

## 7.5. Shoogga Caabuqa (AMA Sunta)

Shoogga caabuqa wuxuu soo bandhigaa qaar ka mid ah calaamadaha fuuq-baxa dhabta ah balse sidoo kale shoogga maskaxda iyo inta jeer aan beerku shaqeyn. Ogaanshaha kala-duwanaanta badanaa waa mid aad u adag.

Carruurta u muuqata in ay "aadka u xannuunsan yihiin" waxaa laga yaabaa in ay qabaan shoogga caabuqa, fuuq-bax caadi ah, fuuq-baxa hypernatraemic, shoogga wadnaha, beerka oo hawlgaba, ama shoogga sunta oo ka dhashey ku sumoobidda daawooyin dhaqameedka ama qaadashada daawo xad-dhaaf ah, ku sumoobidda aasbiriin (aspirin), duumo, caabuq ba'an oo fayrus laga qaadey ama xaalado kale oo daran. Dhammaan carruurta "aadka u xannuunsan" waa in aan si toos loogu aqoonsan in ay qabaan shoogga caabuqa. Sababta dhabta ah ee xaaladda waa in la raadiyaa.

### 7.5.1. Shoogga imaanaya ka-dib gelitaanka/marka la dhigo

Carruurta qabta shoogga caabuqa caadi ahaan waxaa ay soo bandhigaan jirro aad u daran. Haddii xaaladda ay ku soo kororto **ka-dib** marka la dhigo rugta caafimaadka markaa waxaa ay u badan tahay in uu yahay shoogga wadnaha ama falcelinta lidka ah ee uu ka bixiyay daaweynta la siiyay.

Haddii cunugga uu ka sii daro **ka-dib** marka la dhigo xarunta bukaan-jiifka, markaa:

• Dib-u-eeg daaweynta la siiyay cunugga si aad u go'aamiso haddii daaweynta ay sabab u tahay ka sii daridda xannuunka.

• Dib-u-eeg qaadashada dareeraha (soodhiyamta), gaar ahaan daaweyn kasta ee lagu siiyay waaxda xaaladaha degdegga ah inta lagu guda jiray dhigidda (haddii ay tahay xad-dhaaf ka dabiib shoogga wadnaha/wadne istaag).

• Baar isbeddellada miisaanka maalinlaha ah maadaama tani ay timaami karto shoogga wadnaha. Haka baarin shoogga caabuqa cunugga aadka u xannuunsan haddii uu jiro miisaan ku kordhay intii lagu guda jiray 24saac ee la soo dhaafey. Ka dabiib wadne istaag.

• Jooji daawooyin kasta ee la siiyo ee aan ku jirin borotokoolka.

• Eeg qiyaasta daawooyinka la siiyo si aad u xaqiijiso in la waafajiyey xaaladda nafaqo-xumada.

### 7.5.2. Oggaanshaha shoogga caabuqa

Si loo ogaado shoogga caabuqa ee la qaadey waxaa ay u baahan tahay in ay jiraan calaamadaha shoogga hypovolemic (lumista daran ee mugga dhiigga):

• Wadne garaac dhaqso leh, oo daciif ah

• Gacmo qabow

• Dib-u-buuxsamidda xididdada yaryar ee gunta cidiyaha oo tartiib ah (in ka badan 3 ilbiriqsi)

• Miyir isku-dhexyaacey

• **Maqnaanshaha calaamadaha wadne istaaga**

### 7.5.3. Daaweynta shoogga caabuqa

Dhammaan bukaannada qaba shoogga caabuqa,

1. Sii caabuq-bi'iyeyaal bi'iya bakteeriyada intooda badan (qiyaasaha ka eeg lifaaqa 28aad)

Cefotaxime oo irbad si TARTIIB ah loogu siiyo xididka hal mar maalintii (100mg/ kg/maalintii maalinta koowaad, waxaa ku xiga 50mg/kg/maalintii oo maalmo isku xigxiga la siinayo)

**OO KU DAR**

Ciprofloxacin afka laga qaato 30mg/kg/maalintii oo 3 qiyaasood ah (ama Gentamicin 5 mg/kg/maaalintii hal mar maalintii irbad muraqa laga siiyo

**IYO**

Metronidazole 10 mg/kg/maalintii afka ama dabada laga qaato

Ha u bilaabin metronidazole bilowga daaweynta shoogga caabuqa; haddii bukaanka ay xaaladiisa ka sii darto, markaa waxaad ku dari kartaa metronidazole.

Haddii ay jiraan nabarro af furan leh oo ballaaran oo ku yaalla maqaarka ama calaamado soojeedinaya in ay malax sambabada ku jirta, ku dar Cloxacillin xididka laga siiyo: carruurta: 100-200 mg/kg/maalintii oo loo qaybshey 3 irbadood, 8 saacadood kasta hal irbad ayaa lagu mudaa

Haddii aannu jirin sii wanaagsanaan 24 saacadood gudahooda ah, markaa

• Ku dar Fluconazole: 3mg/kg/d afka laga qaato maalintii mar

Meelaha ay HIV aad ugu baahsan yahay, halka uu ka jiro cabeeb afka ah ama halka baahsanaanta cabeebka uu gaarsiisan yahay >20%, ku dar fluconazole bilowga daaweynta oo loogu talogalay dhammaan carruurta aadka u xanuunsan.

• Diirrimaad sii si aad uga hortagto ama u dabiibto hoos u dhaca heerkulka jirka.

• Biyo-sonkor ah afka ama tuubbada sanka la geliyo ka sii isla-marka cudurka la ogaado si aad uga hortagto yaraanshaha guluukowsta dhiigga.

• Jir ahaan sida ugu yar ee suurtagalka ah haloo carqaladeeyo ama toosiyo bukaanka (waa in aan jirin dhaqitaan, baaritaan xad-dhaaf ah, baaritaannada waaxaha kale, iwm.).

• Ha u qaadin xarun kale haddii ay jiraan tas-hiilaad habboon oo si ammaan ah loogu qaadi karo bukaanka mooyee.

Loogu talogalay shoogga caabuqa curanaya/bilowga ah:

Tuubada sanka laga geliyo ku sii cuntada F75 ee caadiga ah, haddii haraagga caloosha lagu soo nuugo tuubbada sanka laga geliyo, ku bilow kala-barka qaddarka lagu taliyay ee F75 ilaa ay ka joogsadaan dheecaanka soo raaco tuubbada.

Loogu talogalay shoogga caabuqa ee xoogaystay: Haddii bukaanka uu xoogaa miyir qabo ama miyir beelay iyada oo ay sabab u tahay socodka dhiigga maskaxda oo liita,

• markaa dareere jirka laga siiyo oo **tartiib tartiib** ah oo mid ka mid ah kuwan soo socda ayaa la siin karaa (ha siinin haddii uu jiro shoog wadnaha ah oo suurtagal ah):

o Dhiigga oo dhan oo 10ml/kg in ka badan ugu yaraan 3 saacadood - waa in aan waxba afka laga siin inta lagu guda jirro dhiig ku shubidda ama 3 saacadood ka-dib dhiig ku shubidda.

o Ama 10ml/kg/saacadii 2 saacadood mid ka mid ah kuwan soo socda:

• Milanka lakteet ee Ringer oo lagu darey 5% guluukows ah ama Kala-barka milan cusbo (0.45%) caadi ah oo la socota 5% guluukows ah

• La-soco 10-kii daqiiqaba mar calaamadaha sii xumaanshaha, gaar ahaan fuuqa badan iyo wadne istaag.

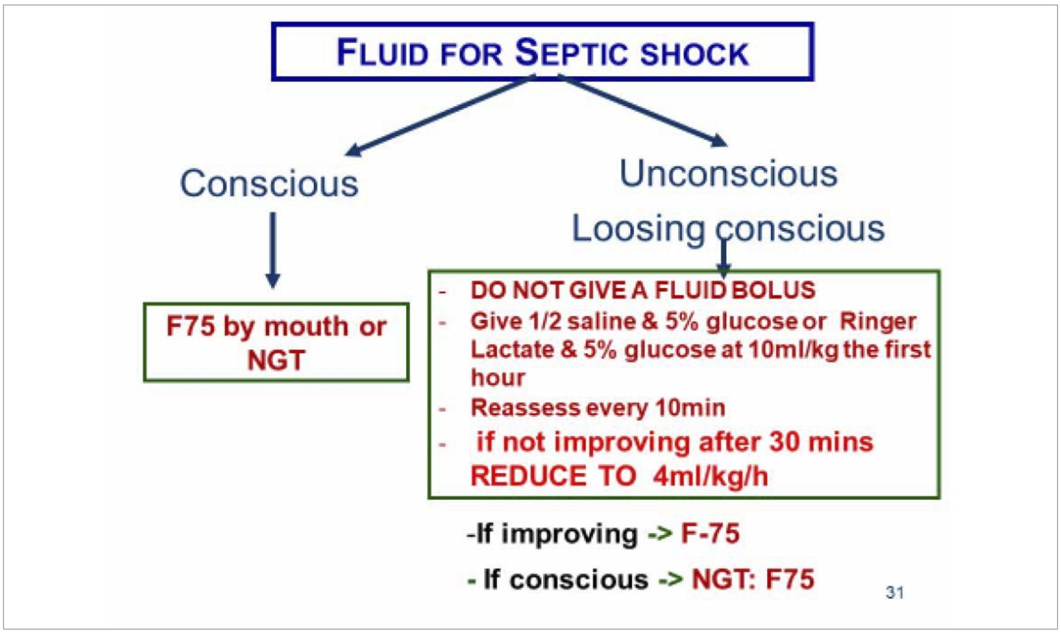
o Heerka neefsashada oo sii kordhaya,

o Imaanshaha neefsasho xiiqleyn, o Kororka inta uu le'eg yahay beerka,

o Bararidda xididka.

Isla-**marka** bukaanka ay xaaladiisu sii hagaagto (wadne garaac xooggan, dib u soo noqoshada miyirka)

• **Jooji** dhammaan qaadashada dareeraha xididka laga siiyo – sii wad cuntada F75 ee tuubbada sanka laga geliyo lagu siiyo.



## 7.6. Maqnaanshaha Dhawaaqyada Caloosha, Weynaanshaha Caloosha iyo Codka Mindhiciirka wata Calool Barar/Fuur

Waxaa jira calool xiran shaqeyneysa oo leh koriinka xad-dhaafka ah ee bakteeriyada oo la mid ah midda mindhicirrada oo xirma. Xaaladdan ayaa waxaa caadi ahaan jira guuridda bakteeriyada aan qabsanin renjiga ee loo yaqaanno "*gram-negative bacterial*" ee guud ahaan mindhicirrada oo leh dhiig sumow. Caloosha ma faaruqyso, ma jiro hab-dhaca murqaha dheefshiidka, dareerahanna waxaa ay isugu soo ururmayaan moqorka mindhicirrada. Kuwan waa calaamado aad u xun. Waxaa inta badan la socda shaqeyn la'aanta beerka oo aad u daran waxaa uuna u egyahay "xannuunka cunugga cawlan ee loo yaqaanno *grey baby syndrome*" ee lala xiriiriyo maan-doorinta Chloramphenicol. Marka xaaladda ay ka sii darto ka-dib marka la dhigo, dhammaan daawooyinka horay loo siiyay intii lagu guda jiray imaanshaha xaaladdan oo ayna suurtagal tahay in ay waxyeello u geystaan unugyada beerka waa in la joojiyaa. Marka laga soo tago sun ahaanshaha daawada, waxaa suurtagal ah in bukaannada qaarkood ay xannuunkan ka qaadaan "caabuq-sare" iyada oo ay soo baxayaan noolayaal u adkeysanaya habka daawada ee caabuq-bi'iyaha la adeegsado ama "daawooyinka geedaha laga sameeyo" ee ay siiyaan takhaatiir dhaqameedka. Waxba lagama qaadan doono afka maadaama calooshu aysan faaruqin.

- Uga dig hooyada in aysan saadaashu fiicneyn.

Tallaabooyinkan soo socda waa in la qaadaa:

- Sii caabuq-bi'iyeyaasha iyada oo xididka looga siinayo sida lagu qeexay loogu talogalay shoogga caabuqa ee xoogaystay.
- JOOJI dhammaan daawooyinka kale ee laga yaabo in ay keenayaan sunta (oo ay ku jirto *anti-retroviral*).
- Sii irbadda *magnesium sulphate* ee murqaha laga qaato (2ml oo ah milan 50%) oo laba mar ku celi maalintii ilaa ay saxaradu ka gudubto oo uuna ka yaraado dheecaanka caloosha.
- Geli tuubbada sanka laga geliyo ee caloosha la gaarsiiyo oo soo nuug waxa ku jira caloosha, ka-dibna "ku dhaq" caloosha dareere cad oo isotonic (cadaadis isku mid ah leh) ah (5% dextrose ama 10% sukrows – milanka looma baahna in uu noqdo mid aan jeermis lahayn). Samee tani adiga oo caloosha ku shubaya milan 50% ka-dibna si tartiib ah uga soo nuugaya dareeraha oo dhan mar kale. Tani waa in lagu celiyaa ilaa dareeraha caloosha ka soo noqonaya uu ka noqdo mid cad.
- Geli 5 ml/kg oo ah biyo-sonkor (10% milan sukrows ah) caloosha oo ku dhaaf ilaa hal saac. Ka-dibna soo nuug caloosha oo cabbir mugga dib loo helay. Haddii mugga uu ka yar yahay qaddarka lagu shubay markaa ku celi waxa la soo nuugey caloosha[51] oo ku dar mugga 5ml/kg oo biyo-sonkor dheeri ah.
- Waxaa jira cabeebka caloosha iyo hunguriga ka soo baxa oo joogto ah, ku shub mirifka daawada caabuq-bi'iyaha *nystatin* ee afka laga qaato, ama fluconazole tuubbada sanka la geliyo "NGT".
- Ka dhig cunugga mid diirran.
- Sii guluukowsta xididka laga siiyo. Carruurtan inta badan waa kuwo miyir beelay, xoogaa miyar qaba, ama tarsaasma "leh qaylo iy qarow xummad" (eeg qaybta ku saabsan yaraanshaha guluukowsta dhiigga).
- Haku xirin faleebo marka la joogo marxaladdan balse si taxaddar leh ula-soco cunugga 6 saacadood, adiga oo aan siin wax daaweyn kale ah.
- Isticmaal foomka daryeelka xaaladaha halista ah.
- Si joogto ah ula soco si loo arko haddii uu jiro wax sii wanaagsanaan ah:
  - o Marka koowaad, isbeddelka shaqada mindhicirrada – yaraanshaha calool bararka/fuurka, hab-dhaca murqaha dheefshiidka muuqda oo laga dhex arkayo derbiga caloosha, soo noqoshada codadka caloosha, yaraanshaha inta ay le'eg yihiin waxyaabaha caloosha ka soo baxay sida dareeraha, dheecaanka
  - o Marka labaad, sii wanaagsanaanta xaaladda guud ee cunugga

<u>Haddii uu jiro sii wanaagsanaanta mindhicirrada</u>,

- ka-dib bilow in aan siiso qaddaro yaryar oo ah F75 oo aad ku siinayso tuubbada sanka la geliyo (kala-bar caddadka la bixiyo ee F75 – shaxda). Soo nuug caloosha ka hor quudin kasta.
  - o Haddii mugga quudka haraagga ah ee hara uu badan yahay, markaa yaree qaddarka F75.
  - o Haddii qaddarka waxyaabaha la soo nuugo uu yar yahay markaa qaddarka si tartiib ah ayaa loo kordhin karaa.

<u>Haddii uusan jirrin sii wanaagsanaan 6 saacadood ka-dib markaa:</u>

- Tixgeli in uu rakibto faleebo xididka laga siiyo. Waxaa aad iyo aad muhiim u ah in dareeraha la siiyo ay ku jiraan qaddaro botaashiyam ah oo ku filan. Botaashiyam koloraydh Nadiif ah (20mmol/l) waa in lagu daro dhammaan milannada aan ku jirin botaashiyam. Haddii la heli karo isticmaal shan meelood meel milanka cusbada caadiga ah oo ku jirta 5% dextrose, haddii kale isticmaal Ringer-Lactate ku jirta 5% dextrose ama milan cusbo xoogeedu uu kala bar yahay oo ku jirta 5% dextrose ah. **Faleebada waa in SI AAD IYO AAD TARTIIB U AH loo socodsiiyaa – qaddarka dareeraha ee la siiyo waa in UUSAN KA BADAN 2 ilaa 4 ml/kg/saacadii** (bambada dareeraha lagu bamb-gareeyo (*peristaltic pump*) ama mitimiyaha (dhuun quraarad ah oo leh heerar cabbir) carruurta waa in la isticmaalo).
- Marka waxyaabaha sida dareeraha oo kale ee ay caloosha soosaarto ay yaraadaan si kala-bar dareeraha caloosha laga siiyay la nuugo, jooji daaweynta xididka laga siiyo oo sii wad daaweynta afka laga siiyo oo kaliya.

## 7.7. Wadne Istaag

### 7.7.1. Calaamadaha iyo astaamaha lagu garto

Wadne istaag waa in la aqoonsadaa marka uu jirro:

- Iyada oo xaaladda jir ahaaneed ee bukaanka ay ka sii dareyso ayaa haddana waxaa jira miisaan koror
  - o Habkan waa habka ugu badan ee lagu oggaado oo uma baahna wax qalab ah ama xirfado caafimaad gaar ah.
- Kororka heerka neefsashada iyada oo uu jirro miisaan koror
  - o si ba'an in uu u kordho heerka neefsashada oo ka badan 5 neefsasho halkii daqiiqo (gaar ahaan inta lagu guda jiro daaweynta fuuq-baxa).

51 Xooridda waxyaabaha caloosha laga soosaarey waxaa ay keeni karaan dheelitimaan la'aanta dareeraha danab gudbinta iyo alkalista. Hase-yeeshee, haddii uu jiro wax dhiig-bax caloosha ah (bun shiidan) waxa caloosha ku jira waa in had iyo jeer la xoolo/tuuro.

o > 50 neefsasho/daqiiqadii carruurta yaryar iyo o

> 40 carruurta da'doodu u dhaxeyso 1-5 sano,

• Beerka oo si lama filaan ah u ballaarta (tani waa sababta beerka loo calaamadeeyo ka hor inta aan loo bilaabin wax dareere siin ah).

• Beerka oo damqada marka la riixo.

• Neefsasho leh ama yeelanayso cod "xiiqleyn" marka uu qofku neefsanayo

• Shanqar ka yeerta (*crepitations*) sambabada.

• Xididdada maqaarka iyo kuwa qoorta oo soo baxa.

• Xididdada qoorta oo soo baxa marka la riixo ama la tuujiyo bogga (goobta beerka ku aadan).

• wadnaha oo weynaada (aad iyo aad u adag in dhab ahaan loo qiimeeyo).

• Soo muuqashada hooris saddex-laab ah (adag in dhab ahaan loo qiimeeyo).

• Dhiigga hiimoglobiinta ama hiimatokriit oo si lama filaan ah hoos u dhaca (u baahan sheybaar, balse si sax ah u cabbira heerka fidsanka ee mugga dhuun-yaraha).

Inta uu sii socdo wadne istaaga waxaa jira midkood 1) xannuunka neefsashada sida cad loo akri karo oo u sii gudbaya wadne garaac degdeg ah, gacamo iyo cago qabow, cago-barar, iyo midabka maqaarka oo isbadala ama 2) geeri kedis ah, oo lama filaan ah. Kani waa shoogga wadnaha ee loo yaqaanno "*cardiogenic shock*", caadi ahaan wuxuu ku dhacaa bukaanka nafaqo-xumada daran ay hayso ka-dib marka ay daaweyntu bilaabato.

Waxaa sabab u ah qaadashada xad-dhaafka ah ee cusbada laga helo midkood cuntada, dareerayaasha fuuq-celinta, ama daawooyinka. Xitaa haddii la xaddido soodiyamta waxaa weli jiri kara wadne istaag sabab u ah soodiyamta haraaga ah ee ku jirta cuntada iyo qaddarka soodhiyamta ka soo baxda unugyada inta unugyada ay ka bogsanayaan. Soodiyamta xad-dhaafka ah ee lagu siiyo waaxda xaaladaha degdegga ah ama daawada hore ee fuuq-baxa la siiyo marka la dhigo xarunta quudintaayaa kor u qaadi kara wadne istaaga dhowr maalmood ka-dib iyada oo soohiyamta ku jirta unugyada gudahooda ay galeyso xididdada xambaara dhiigga.

Badanaa waxaa jira miisaan koror. Maadaama wadne istaaga caadi ahaan uu bilowdo ka-dib (ay keento) daaweynta, ku dhowaad had iyo jeer waxaa jira diiwaanka miisaanka bukaanka oo la qaadey ka hor inta uusan bilaaban wadne istaaga.

### 7.7.2. Habka kala-sooca xaaladaha isku eg

Wadne istaaga iyo oof-wareenka calaamado ahaan waa isku mid oo aad ayey u adag tahay in la kala saaro.

o Haddii uu jirro kor u kaca heerka neefsashada degdega ah iyo wax miisaan koror ah, markaa wadne istaaga waa in marka koowaad laga baaraa.

o Haddii uu jirro kor u kaca heerka neefsashada oo leh miisaanka oo hoos u dhaca, markaa oof-wareen ayaa laga baari karaa.

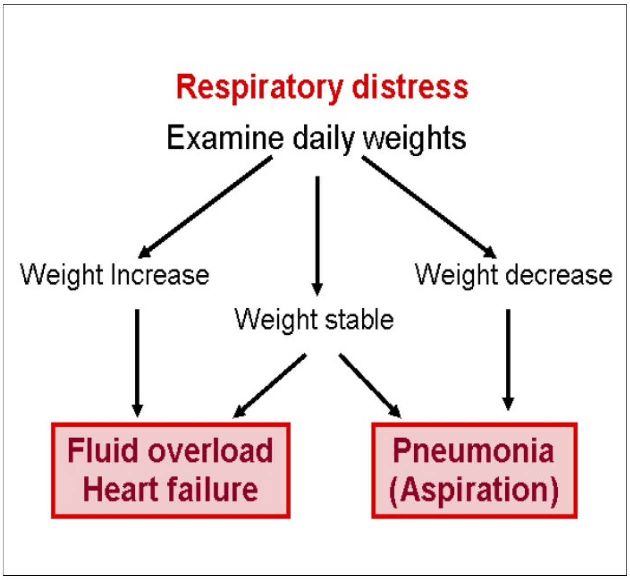
o Haddii uusan jirrin wax isbeddel ah oo ku yimid miisaanka (isu-dheellitirka dareeraha), markaa waa in lagu kala soocaa hab kale iyada oo la adeegsanayo astaamaha kale ee wadne istaaga lagu garto.

o Oof-wareen waa in AAN laga baarin haddii uu jirray miisaan koror ka hor inta aysan bilaabanin dhibaatada neefsashada.

Carruurta qabta cago-bararka ayaa waxaa ku dhici kara wadne istaag iyada oo aysan jirrin miisaan koror haddii wareegga dhiigga siyaaday uu sabab u yahay cago-bararka ee ka soo baxay nudayaasha ka-dibna ku faafey xididdada.

### 7.7.3. Daaweynta

Marka dareeraha cago-bararka uu fido (*kwashiorkor*) oo soodhiyamtana ay ka soo baxayso unugyada (labadaba nooc ee Nafaqo darada halista ah cago-bararka (*kwashiorkor*) iyo macluusha (*marasmus*), mugga balaasmaha ayaa fida balse mugga unugyada casaanka ah ayaa sidiisa ahaannaya sidaa darteed waxaa HOOS U DHACAYA heerka HIIMOGLOBIINTA. Dhiigyaraanta BARXAN waxaa ay ku dhacdaa ilaa xad dhammaan caruurta inta ay bogsanayaan. Hoos u dhaca weyn ee ku yimaada hiimoglobiinta, waa astaanta wareegga dhiigga ee ballaaranaya, sidoo kale waxaa ay astaan u tahay mugga wareegga dhiigga oo siyaada taasoo ay sii cusleysay wadne istaaga. Carruurtan waa in aan marnaba dhiig lagu shubin. Wadne istaaga **sabab uma ahan dhiigyaro** – dhiigyarada sii kordheysa waxaa ay calaamad u tahay mugga dhiigga fidaya ee wadne istaaga keenaya. Kani waa khalad caam ah. Carruurta qabta dhibaatada neefsashada iyo dhiigyarada waa in aan dhiig lagu shubin.



Marka wadne istaaga la aqoonsado,

• Jooji dhammaan qaadashada dareerayaasha afka laga siiyo ama xididka. **Wax dareere ama cunto ah** waa in aan la siinin ilaa wadne istaaga uu ka wanaagsanaado xattaa haddii tani ay qaadanayso 24-48 saacadood. Qaddaro yar oo biyo-sonkor ah ayaa afka laga siin karaa si looga hortaggo yaraanshaha guluukowsta (Sokorta) dhiigga.

• Dib-u-eeg habka daawaynta ee la raaco oo yaree qiyaasta ama jooji kuwa loo siiyo cusbada soodhiyamta ahaan (ka eeg lifaaqa 28aad faahfaahinnada daawooyinka ay ku jirto soodhiyamta).

• Sii daawada frusemide (1mg/kg) (guud ahaan waxtar wayn ma laha oo daawada kaadida kordhisa waa in uusan ku tiirsaneyn bukaanka nafaqo-xumada haysa si loo maareeyo wadne istaaga).

## 7.8. Heerkul-dhicidda Halista ah (Hypothermia)

Bukaannada sida daran ay nafaqo-xumada u hayso waxaa ay aad ugu nugul yihiin heerkul-dhicidda halista ah (heerkulka dabada oo ka hooseeya 35.5oC ama heerkulka kilkilaha oo ka hooseeya 35oC).

### 7.8.1. Ka hortagga

• Qolka ka dhig mid diirran, gaar ahaan habeenkii (heerkulka kuleylka-dhexdhexaadka ah ee cunugga nafaqo-xumada ay hayso waxaa uu ka bilowdaa 28oC iyo 32oC).

• Waxaad habeenkii xirtaa albaabada iyo daaqadaha.

• Kala-soco heerkulka heerkulbeegga leh heerkulka ugu badan-ugu hooseeya ee derbiga la suro.

• Isticmaal sariiraha dadka waaweyn si carruurta ay ula seexdaan hooyooyinkooda. Waa in la helaa bustayaal dad ku filan.

### 7.8.2. Daaweyn

• Ha u qubeynin carruurta aadka u xannuunsan!

• Isticmaal "farsamada kangaroo". Cunugga waxaa la saaraa xabad hooyada iyada oo labadooda maqaar ay istaabanayaan oo hooyada dharkeeduna uu ku duuban yahay cunugga.

• Cunugga koofiyad u geli.

**Daryeelka Kangaroo**

Daryeelka Kangaroo waxaa loola jeedaa in si joogto ah ay isu taabtaan maqaarka cunugga iyo kan hooyada ama daryeelaha qofka weyn ah. Cunugga yar waxaa lagu qabtaa meel u dhow naaska hooyada.

1. Hooyadu dharka gudaha ah ayay iska bixisaa

2. Cunugga yar waxaa kaliya loo xiraa xafaayad iyo wax madaxiisa lagu daboollo

3. Cunugga yar waxaa si dhow loogu qabtaa xabbadka qaawan ee hooyada iyada oo kor loogu duubbayo maro ku wareegsan

4. Hooyadu waxaa ay xiranaysaa dharka dibadda ah oo ku filan in uu diirramaad ama kuleyl siiyo, iyada oo la isku hagaajinayo si wejiga cunugga uu bannaanka u yaallo oo uu hawo u helo oo hooyadunna ay u aragto cunugga.

• Sii cabbitaano kulul hooyada si maqaarkeeda uu u kululaado (biyo cad, shaah, ama cabbitaan kastoo kale oo kulul).

• La-soco heerkulka jirka inta lagu guda jiro dib u kululeynta (30 daqiiqo kasta).

• Ka daawee yaraanta guluukowsta dhiigga oo sii daaweynta caabuq-bi'iyaha ee heerka labaad.

## 7.9. Qandho

Carruurta nafaqo-xumada daran ay hayso kuma raystaan daawada qandhada (*anti-pyretics*). Iyada oo sabab u ah in ay shaqeyn kari waayaan, ayaa daryeelayaasha iyo shaqaalaha inta badan waxaa ay si aan munaasib ahayn ugu celceliyaan qiyaasta, taas oo badanaa horseedda sumoow. Daawada qandhada "*antipyretics*" ayaa waxaa aad u badan in ay sun u noqoto cunugga ay nafaqo-xumada hayso marka loo eego cunugga caadiga ah.

• Ha siinin asbiriin ama barasatimool carruurta SAM ee ku jirta XaruntaBaxnaaninta "SC".

Qandhada dhexdhexaadka ah, ilaa 38.5°C dabada ah,

• Haka dabiibin qandhada dhexdhexaadka ah (ilaa 38.5°C dabada ah ama 38.0°C kilkisha).

• Joogtee daaweynta caadiga ah.

• Ka qaad bustaha, koofiyadda, iyo dharka intiisa badan oo ku hay hooska meel hawo wanaagsan leh.

• Sii biyo uu cabbo.

• Ka eeg dulinka duummada oo ka baar caabuq. Qandhooyinka heerkulkooda ka badan 39°C dabada ama 38.5°C kilkisha, halka ay suurtagal tahay in qandho aad u sarreysa ay timaado,

Ka sokow waxa kor ku xusan, sidoo kale:

• Waxaad saartaa maro qoyan oo heerkulkeedu caadi yahay madaxa cunugga oo dib u qoy marada markasta oo ay qallasho.

• La-soco heerka hoos-u-dhaca heerkulka jirka.

• Cunugga sii biyo badan oo uu cabbo.

• Haddii heerkulka uusan hoos u dhicin, marada qoyan waa la fidin karaa si loo dabool meelo badan oo jirka ah.

• Mar kasta oo heerkulka ka hoos maro 38°C dabada ah, jooji qaboojinta badan. waxaa imaan karta khatar ah in heerkulku hoos udhaco haddii aad loo qaboojiyo.

## 7.10. Dhiig-yaraan Ba'an

### 7.10.1. Baaritaanka lagu oggaanayo

Cabbir hiimoglobiinta marka la dhigoxarunta caafimaadka bukaan kasta oo ay ka muuqdaan calaamadaha dhiigyarida.

### 7.10.2. Daaweynta

Haddii hiimoglobiinta ay ka badan tahay 4g/100ml ama mugga unugga ee buuxa uu ka sarreeyo 12% AMA haddii bukaanka uu bilaabey F75 ku daaweynta in ka badan 48 saacadood (la doorbido 24 saacadood) iyo in ka yar 14 maalmood,

52 Xooridda waxyaabaha caloosha laga soosaarey waxaa ay keeni karaan dheelitirnaan la'aanta dareeraha danab gudbinta iyo alkalista. Hase-yeeshee, haddii uu jiro wax dhiig-bax caloosha ah (bun shiidan) waxa caloosha ku jira waa in had iyo jeer la xoolo/tuurro Muddadao "khatarta" ee dheellitirnaan la'aanta dareeraha dabanka gudbiya (maalinta 2 ilaa 14).<< JUMLO AAN DHAMMEYSTIRNAYN

• Markaa HA siinin wax daawo ah, marka laga reebo qiyaasta asiidhka foolik ee la siiyo xilliga gelitaanka.

Haddii ribnaanta hiimoglobiinta ay ka yar tahay 4g/100ml ama mugga unugga buuxa uu ka yar yahay 12% 24 saacadood ee ugu horreeya ka-dib qaabilaadda, bukaanka wuxuu qabaa dhiig-yaraan aad u daran oo ay tahay in laga daweeyo.

• Sii 10ml halkii kg ee miisaanka jirka ah ee unugyada cascas ee buuxa ama dhiigga oo dhan si tartiib ah muddo 3 saacadood.

• cunno ha siinin bukaanka inta lagu guda jirro, iyo ugu yaraan 3 saacadood ka-dib, marka dhiig lagu shubo.

• Dhiig ha ku shubin bukaanka inta u dhaxeysa 48saac ka-dib marka la bilaabo F75 ku daaweynta illaa 14 maalmood ka-dib.

• Ha siinin xadiid (*iron*) inta lagu guda jirro marxaladda-cusub ee daaweynta.

• Haddii la heli karo tas-hiilaadyada iyo xirfadda (qaybaha carruurta dhowaan dhalatey), waxaa la doorbidayaa in dhiig beddel ah lagu shubo bukaanka qaba nafaqo-xumada daran ee ay hayso dhiig-yaraanta ba'an (u noqo borotokoollada carruurta dhowaan dhalatey).

Haddii ay lagama maarmaan noqoto in dhiig lagu shubo xilliga "khatarta" 48 saacadood ilaa 14 maalmood ka-dib marka la bilaabo cunto ku daaweynta ama haddii uu jiro wadne istaag leh dhiig-yaraan ba'an, markaa bukaanka si toos ah dhiig looguma shubi karo ee wuxuu u baahan yahay in dhiig beddel ah lagu shubo. Haddii xirfadda aan laga heli karin degaanka, markaa u wareeji bukaanka xarun leh tas-hiilaadyada iyo xirfadda lagu sameeyo dhiig ku shubidda beddelka ah (qaybta carruurta dhowaan dhalatey).

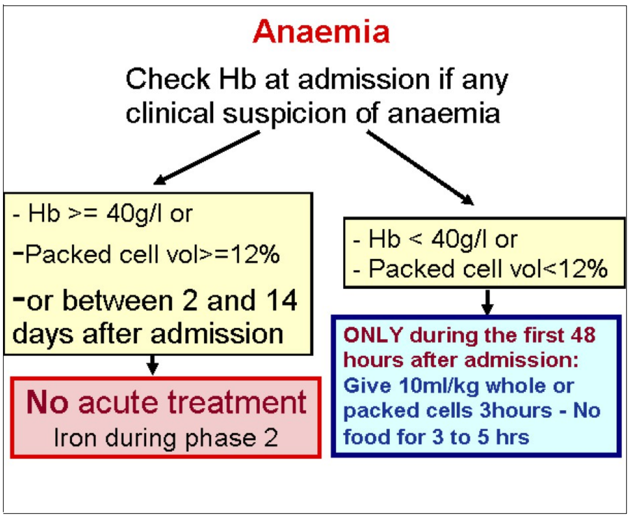
Wadne istaaga aysababtodhiig-yaraanta wuxuu caafimaad ahaan ka duwan yahay wadne istaaga "caadiga ah". Marka wadne istaaga ay sabab u tahay dhiig-yaraan oo kaliya, waxaa jiri kara guuldarro saameyn xun ku yeelanaysa xawaaraha sare ee socodka dhiigga wadne garaac si fudud loo dareemo, iyo diirimaad laga dareemayo gacmaha iyo lugaha.

Dhiig-yaraanta, ama hoos u dhaca hiimoglobiinta, iyo dhibaatada neefsashada waa astaanta dareere badan iyo mugga balaasma oo sii badanaya. Wadne istaaga ma "sababin" dhiig-yaraanta, balse waxaa ay u dhowdahay dhiig-yaraanta la arki karo in ay tahay "barxanaan" waxaanna keenna dareeraha badan. Bukaannadan si toos ah dhiig ha ugu shubin ama xitaa unugyo buuxa.

Haddii ay lagama maarmaan noqoto in dhiig lagu shubo xilliga "khatarta" 48 saacadood ilaa 14 maalmood ka-dib marka la bilaabo cunto ku daaweynta ama haddii uu jiro wadne istaag leh dhiig-yaraan ba'an, markaa bukaanka si toos ah dhiig looguma shubi karo ee wuxuu u baahan yahay in dhiig beddel ah lagu shubo. Haddii xirfadda aan laga heli karin degaanka, markaa u wareeji bukaanka xarun leh tas-hiilaadyada iyo xirfadda lagu sameeyo dhiig ku shubidda beddelka ah (qaybta carruurta dhowaan dhalatey).

Wadne istaaga sababta u ah dhiig-yaraanta wuxuu calaamado ahaan ka duwan yahay wadne istaaga "caadiga ah". Marka wadne istaaga ay sabab u tahay dhiig-yaraan oo kaliya, waxaa jira saameyn xun ku yeelanaysa xawaaraha sare ee socodka dhiigga, wadne garaac si fudud loo dareemo, iyo diirimaad laga daremayogacmaha iyo lugaha.

Dhiig-yaraanta, ama hoos u dhaca hiimoglobiinta, iyo dhibaatada neefsashada waa astaanta dareere badan iyo mugga balaasma oo sii badanaya. Wadne istaaga ma "sababin" dhiig-yaraanta, balse waxaa ay u dhowdahay dhiig-yaraanta la arki karo in ay tahay "barxanaan" waxaanna keenna dareeraha badan. Bukaannadan si toos ah dhiig ha ugu shubin ama xitaa unugyo buuxa[53]




53 Dhabbe-tusayaasha qaarkood ayaa ku doodaya in dhiig lagu shubo carruurta leh hiimoglobiinta ka badan 4 haddii uu jirto dhibaato neefsasho. Taladan waa in aan la raacin: aad iyo aad ayay halis ugu tahay bukaanka sida daran ay nafaqo-xumada u haysa maadaama dhibaatada neefsashada ay caadi ahaan sabab u tahay wadne istaaga xaaladdan.

## 7.11. Yaraanshaha Guluukowsta (Sokorka)Dhiigga

### 7.11.1. Ka hortagga yaraanshaha guluukowsta(sokorta) dhiigga

Bukaannada qaba nafaqo-xumada daran waxaa ay qaadi karaan yaraanshaha guluukowsta dhiigga balse tani waa wax dhif ah.

• Sii biyo-sonkor leh dhammaan carruurta ka soo safartey masaafada dheer isla-marka ay imaadaan xarunta. Maadaama aan la garaneyn marka bukaanka cusub uu markii ugu dambeysay cunto cunay dhammaan kuwa dhowaan yimid waa in caadi ahaan la siiyaa biyo-sonkor leh inta ay sugayaan in la cabbiro oo la qiimeeyo.

• Sii sonkor dheeri ah dhammaan carruurta ay ku yartahay guluukowsta (sokorta) dhiigga ama qabta shoogga caabuqa "*septic shock*", haddii ay qabaan guluukows yaraan iyo haddii kaleba.

• Carruurta qaada xaaladda yaraanshaha guluukowsta dhiigga waa kuwo aanan cunto (kaarbohaydarayt) cunin ama qaadan ugu yaraan 12 saacadood. Cunug kasta ee aanan cunto cunin maalintii wuxuu ugu yaraan u baahan yahay hal quud habeenkii. Cunugga qaatey dhammaan cuntada maalintii kuma qaadi doona yaraanshaha guluukowsta dhiigga habaynimada ee looma baahna in waqti-habeenkii ah loo soo kiciyo quudin iyada oo laga baqayo khatart hoos u dhaca guluukowsta dhiigga "*hypoglycaemia*".

### 7.11.2. Calaamadaha xannuunka

Inta badan ma jiraan wax calaamado ah oo lagu garto yaraanshaha guluukowsta dhiigga. Badanaa carruurta nafaqa-xumada haysa ee ku yartahay guluukowsta dhiigga ma dhididaan, waxaa kor u kaca timaha ay ku leeyihiin gacamaha, ama waxaa isbeddelaya midabkiisa. Waxaa ay si fudud u noqdaan kuwo jawaab-celin yar leh oo kooma gala waxaa ay inta badan lagu arkaa heerkul dhicid halis ah. Sonkorta dhiigooda < 54mg/dl (<3mmol/l).

Hal calaamad ee qaybta hab-dhiska dareen-wadaha ee dardargelisa wadne garaaca oo kor u qaadda cadaadiska dhiigga ee leh firfircoonida xad-dhaafka ah taas oo bilaabata ka hor inta uusan imaan yaraanshaha guluukowsta dhiigga ee dhabta ah oo lagu arko cunugga nafaqo-xumada haysa, waa laabista ama dib-u-celinta daboolka isha. Haddii bukaanka uu seexdo iyada oo indhahiisu/indhaheedu waxyar ay furan yihiin, markaa isaga/iyada waa in la soo toosiyo/kiciyo oo la siiyo biyo-sonkor ama F75 oo uu cabbo. Hooyooyinka iyo shaqaalaha waa in la baraa in ay calaamaddan raadiyaan habeenkii.

### 7.11.3. Daaweynta

• Bukaannada miyir qaba ee awoodda in ay wax cabbaan, afka ka sii ku dhowaad 50 ml (qiyaastii 5 ilaa 10ml/kg) oo ah biyo sokor (ku dhowaad 10% sonkorta caadiga ah oo lagu qasay biyo), ama F75. Qaddarka dhabta ah ee la siiyo ma aha mid muhiim ah.

• Bukaannada miyir beela, si degdeg ah u sii 50 ml biyo-sonkor ah oo loo marsiinayo tuubbada sanka la geliyo. Marka miyirka uu dib ugu soo noqdo, si joogto ah u sii quudka F75.

• Bukaannada xoogaa miyirka qaba ama kuwa miyir beelay, si degdeg ah u sii 50 ml biyo-sonkor ah oo loo marsiinayo tuubbada sanka la geliyo. Waa in ka-dib guluukowsta loo siiyo sida hal irbad oo xididka laga siiyo (qiyaastii 5ml/kg oo ah milan guluukows 10% oo nadiif ah).

• Ku daawee dhammaan bukaannada nafaqo-xumada haysa ee qaba yaraanshaha guluukowsta sonkorta caabuq-bi'iyeyaasha wajiga-labaad.

Saameynta daaweynta waa mid dhaqso ah oo kedis ah. Haddii bukaanka miyir beelay ama aadka u tabar beelay uusan habkan u waafaqin,

• markaa waxaa si degdeg ah loogu baahan yahay in la tixgeliyo sababta kale ee xaaladda caafimaad, in la helo, oo la daaweeyo(tusaale, duumada maskaxda, qoor-gooyaha, yaraanta ogsijiinta gaarta nudayaasha (*hypoxia*), ribnaanta sare ee soodiyamta dhiigga (*hypernatraemia*), shoog, iwm.)

*Diyaarinta biyaha sonkorta (baraxsanaan 10%):

| Quantity of Water | Quantity of Sugar | |
|---|---|---|
| 100 ml | 10g | 2 heaped teaspoons |
| 200 ml (average cup) | 20g | 4 heaped teaspoons |
| 500 ml (small bottle) | 50g | 10 heaped teaspoons |
| 1 litre | 100 g | 20 heaped teaspoons |

**Qoraal**:

• Isticmaal biyo nadiif ah oo la cabbi karo (xoogaa diirran haddii ay suurtagal tahay si ay gacan uga geysato baraxsanaanta). Ku dar qaddarka sonkorta ee loo baahan yahay ka-dibna rux ama so xoog ah u walaaq.

• Si degdeg ah u sii dhammaan bukaannada la soo dhigay haddii F75 aan si degdeg ah loo siin karin

## 7.12. Dhaawacyada (boogaha) maqaarka

### 7.12.1. Cago barar leh dhibaato maqaarka ah ( Kwashiorkor))

Cudurka (kwashiorkor) inta badan waxaa uu leeyahay dhaawacyo (boogo) maqaarka ku dhaca oo furan kuwaas oo dubka sare ka xayuubma ka-saameeya dhaawacyo diiran oo dheecaan siideynaya oo u eg gubasho. Dhaawacyada waxaa loo daaweyn karaa si la mid ah sida loo daaweeyo gubashada. dheecaanada (serum) ayaa laga yaabaa in ay ku lumaan dhaawacyada. Waxaa sidoo kale jira koror ku yimaada kuleylka ku luma uumibixin waxaanna inta badan dhaca hoos-u-dhaca heerkulka jirka oo waa in laga hortagaa. Dhaawacyada ayaa inta badan waxaa daboola oo ku kora bakteeriya iyo jeermiska khamiiriyaha *Candida* marka ay ku jiraan xaaladaha caadiga ah ee xarunta baxnaanada (SC). Caadi ahaan bukaannadan ma lahan falcelinta gubashada, sameysmiga malax, ama qandho sabab u ah daciifnimada meel bugta iyo shaqada difaaca jirka. Falcelinta meesha bugta waxaa ay dhici kartaa inta lagu guda jirro daaweynta iyada oo xaalladda nafaqo ee bukaanka ay sii hagaagayso.

#### Daaweynta

• U bilaaw bukaanka caabuq-bi'iyeyaasha nidaamsan ee heerka labaad ama saddexaad, oo uu ku jirro fluconazole.

• La-soco heerkulka jirka; ha u qubeynin cunugga haddii heerkulka deegaanka uusan ahayn mid sare.

• Haddii ay suurtagal tahay, si toos ah hawada ugu fur dhaawacyada inta lagu guda jirro kulleylka maalintii si ay u qalallaan (qolfoof u sameystaan). Haku daboolin faashadaha aan biyaha iyo dabeesha toonna gelin.

• Haddii la heli karo ku xir nayloon jilicsan oo ay ka buuxaan Silver Sulfadiazine ama ku dhay kareem (1%) hal mar maalintii. Haddii aan la heli karin, ku dhay boomaatada Zinc Oxide (10%).

• Habeenkii iyo xaaladaha qabow, ku xir faashadda paraffin gauze oo nadiif ah (la doorbidayo).

• Si tartiib ah ugu duug saliidda (tusaale, saliidda soya ama mustard) meelaha maqaarka ee aan saameyn cudurka si looga hortaggo in uu maqaarka sii burburo.

• Haddii bukaanka uu qabo cabeeb, mari kareemka miconazole dhaawacyada maqaarka ilaa ay ka qalalaan.

### 7.12.2. Diir-murxidda Saxaaxa Carruurta (Perineal excoriation)

Tani caadi ahaan waa xajiinyo kiimikaad oo sabab u ah bakteeriyada oo kala-saarta ammooniyada kaadida. Waxaa ay aad ugu badan tahay marka surwaalka balaastiig ah ama bacda ah ay u adeegsato hooyada in ay ku daboosho saxaaxa cunugga si ay uga hortagto in ay wasakh ka gaaraan dharkeeda, go'ayaasheeda, iwm. Marka hawada loo furo qaybta hoose ee cunugga way qalali doontaa oo bakteeriyada iyo kicisada (*yeast*) ma kobcayaan - waxaa ay ku koraan xaaladaha qoyan ee diiran sida balaastiiga/caagga hoostiisa oo kale ama faashadaha aan biyaha iyo dabeesha toonna gelin. Ammooniya kasta ee ka dhalatanna waxaa ay u baxeysaa hawada oo hooyada waxaa ay arki kartaa marka cunugga uu wasakheysan yahay oo uu u baahan yahay in la nadiifiyo.

#### Ka Hortagga

• Mamnuuc isticmaalka suwaalka balaastiiga / bacda ah iwm. ee lagu daboolo dabada cunugga.

• Hooyooyinka ha soo sameystaan ama sii dufan-dhowr biyaha celiya oo ay dharkooda ku ilaashadaan marka ay quudinayaan/ kalkaalinayaan/ dharka ka beddelayaan/ la ciyaarayaan cunugga.

• Carruurta yaryar qaawanaan ku daa intii suurtagal ah maalintii.

• Si joogto ah saliid ugu duug maqaarka carruurta oo dhan (isticmaal wax kasta oo caadada degaanka ay kuu sheegayso – saliidda mustard ayaa gaar ahaan u muuqata in ay tahay mid wax-ku-ool ah).

• Ku dhowaad 20 daqiiqo ka-dib marka ay dhammeystaan cuntada, carruurta oo dhan ku fadhiisi tuunjiga; hooyada ayaa waxaa ay cunugga ku tiirin kartaa cagaheeda, isaga oo ku sii jeeda ama ku wajahan lugaheeda[55].

#### Daaweynta

• Tallaabada ugu muhiimsan waa in la dhaqo oo la faydo saxaaxa ama dabada cunugga si ay hawo u hesho.

• Haddii ay tahay mid daran, waxaa loo daaweyn karaa si la mid ah cudurka maqaarka ku dhaca ee kwashiorkor.

• Haddii kale, u sii wad caabuq-bi'iyeyaasha heerka-labaad, afka ka sii nystatin.

• Ku dhay ama mari boomaatada/kareemka miconazole[56] nitrate ilaa dhaawacyada (boogaha) ay ka qalalaan/engegaan.

### 7.12.3. Cadho/injir

Cadhadu ayaa si gaar ah ugu badan meel qoyan ee diirran halkaas oo dadka ay isla seexdaan. Xasharaadka ayaa inta badan laga helaa inta u dhaxeysa faraha iyo suulasha, curcurka, kilkisha, iyo meesha ay ku yaallaan xubnaha taranka. Bukaannada SAM iyo kuwa leh habdhiska difaaca jirka oo daciif ah, waxaa ay ku fidi karaan inta badan oogada jirka wayna ku xarkagi karaan (sidoo kale loo yaqaanno "cadhada Noorwiij").

#### Daaweynta

• Ku dhay ama mari permethrin[57] kareem ah (5%) ama looshan ah (1%) jirka oo dhan oo ku dhaq saabuun ugu yaraan 12 saacadood ka-dib. Hubso in la mariyo meelaha bannaan ee xuubka faraha iyo suulasha, curcurka, kilkilooyinka, meesha ay ku yaallaan xubnaha taranka, saxaaxa, iyo bariyaha.

• Ha ku dhaqan/marinin xuub axaleedka ama maqaarka nabarka diirran leh

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54 Borotokoollada qaar waxaa ay ku taliyaan ku qubeysashada/qoynta milan botaashiyam/potassium permanganate ah. Botaashitam/Potassium permanganate waa ogsidheeye u dhaqanta in ay keenayso isku imaanshaha nudayaasha jirka (maado xinjir ka dhigta borotiinnada dhiigga/nudaha/serum(muud) oo joojisa dhiig-baxa oo jeermis-dile khafiif ah sababtoo a waxaa ay sidoo kale baabi'saa borotiinnada bakteeriyada iyo fayruska ah si khafiif ah u ah) iyo ka-dib marka la mariyo maqaarka dareyga ah si dhaqso ah ayuu u qalallayaa oo milanta basaliga ah waxaa ay isku beddelaysaa bunni oo waxaa ayna middabeynaysaa maqaarka. Waa sun haddii la laqo oo waa mid aashito oo kale ah haddi si aan ku filnayn loo barxo. Laguma talinin iyada oo sabab u ah a) khatarta barxidda aan dad ku filnayn iyo b) carruurtan waxaa ku jira difaacyada lid ogsidhaynta. Haddii la isticmaalo milanka waa in uu noqdaa basali khafiif ah oo waa in uusan noqon mid xooggan. Waxyaabaha kale ee isku keenna nudayaasha jirka waxaa ka mid ah cusbada alluminiyamta iyo arjantam/silver nitrate. Milanka Burrow (aluminium acetate) waa waxyaabaha isku keenna nudayaasha jirka oo aan sun ahayn oo loo adeegsado in lagu dabiibo otitis externa (dhegaha dheecaanka ka socda). Laguma tijaabinin cudurka maqaarka ee d kwashiorkor dermatosis, balse waxaa aad ammaan u ah waxyaabo kale oo isku keena nudayaasha jirka potassium permanganate." << tani ma xigashaa? Haddii ay haa tahay, halkee laga soo xigtay?

57 Tani waa isla badeecada lagu daaweeyo maro kaneecooyinka waxaa ayna leedahay sun yar marka loo eego badeecooyinka kale. Inkastoo Benzyl benzoate ay ka raqiisan tahay, waa ay ka waxtar yar tahay waxaa ayna keenaysaa diir-murxin oo waa in laga fogaadaa haddii uusan beddel kale jirrin mooyee

• Haddii bukaanka uu qubeysto 8 saacadood gudahooda, markaa ku celi isticmaalka oo ku daa 12 saacadood.

• Dabiib qof kasta ee la seexda ama "xiriir dhidid wadaag ah" la leh bukaanka isla waqtigaasi.

• Injirta madaxa iyo tan jirka mari looshanka *permethrin* timaha ay ku jirto - carruurta badanaa waxaa ay ku egtahay madaxa, dadka waaweyn shuunka iyo kilkisha ayay sidoo kale ka geli kartaa.

• Beddel oo kudhaq biyo kulul dhammaan dharka iyo dharka sariirta lagu golgolo.

### 7.12.4. Caabuqyda fangiga ama maqaarka

Cambaarta (*ringworm*), isgoynta jirka ee loo yaqaanno *intertrigo* (caabuqyada fangiga ee ku dhaca inta u dhaxeysa bawdyaha iyo caloosha, kilkisha, iyo "meelaha kale ee laga dhidido"), cagta orodyahanka, iyo caabuqyada kale ee ku dhaca maqaarka ee degaanka ka jira ayaa ku badan meelo badan.

• Caabuqyada fangiga ku dhaca maqaarka ama cidiyaha waxaa dhammaan lagu dabiibaa kareemka/boomaatada *miconazole nitrate* (2%).

• Si toos ah kareemka u mari dhaawacyada laba mar maalintii.

• Sii-wad ugu yaraan 10 maalmood marka dhaawaca uu bogsado.

### 7.12.5. Bus-bus "Impetigo" (Caabuqyada maqaarka ee bakteeriyada ah)

Bus-buska "*Impetigo*" wuxuu ku bilowdaa finan yaryar ahaan oo si dhaqso ah u dillaaca oo u muuqda sida qolfoof adag oo midabka jaallaha/malabka leh oo ka sameysan serum qallalan. Wuxuu ku badan yahay wejiga afka hareerahiisa, sanka, dhabannada, gacamaha, iyo lugaha. Nooca labaad wuxuu u soo bandhigmayaa sida hambalaaluq weyn dareere ka buuxa oo xannuun la'aan ah (bus-buska nabar biyo galeen ah) caadi ahaan ka soo baxa caloosha ama addimaha. Waxaa keenna bakteeriyada *Staphylococcus aureus* (mararka qaarkoodka *Streptococcus pyogenes*, kooxda A). Meelaha maqaarka ee ay dhaawaca u geysteen qaniinyada cayayaanka iyo xoqidda ama halka ay horey u laheyd dhaawac maqaar (tusaale, xaaladda finanka ka soo baxa geesaha afka ee loo yaqaanno *angular stomatitis*, cadho) waa kuwo gaar ahaan nugul. Xoqidda qaniinyada kaneecada waa illinka gelidda ee caamka ah. Bilowga hore, dhaawacyada waa kuwo dusha kore ah. Dhaawacyada waa kuwo aad iyo aad u faafa ku dhowaad 48 saacadood ka-dib marka la bilaabo daaweynta caabuq-bi'iyaha wax-ku-oolka ah. Bukaannada sida wanaagsan u nafaqeysan waxaa lagu dabiibi karaa iyada oo la marinnayo boomaatooyinka caabuq-bi'iyaha (asiidhka *fusidic* ama boomaatada *mupirocin* ayaa si isku mid ah waxtar u leh). Tani kuma filna kuwa ay hayso nafaqo-xumada daran (iyo waxyaabaha kale ee keenna karti la'aanta difaaca jirka) oo daaweyntu waxaa ay u baahan tahay caabuq-bi'iyeyaal nidaamsan.

#### Ka Hortag

Ka hortagga waxaa uu la xiriiraa nadaafadda. Si joogto ah ugu dhaqo ama qubeyso saabuun iyo biyo diirran oo si taxaddar leh isu qalaji. Ha wadaagin dharka lagu dhaqdhaqdo, shukumaannada, iwm. Ku jarro ama gaagaabi cidiyaha faraha manqas ama ciddi-jare tayo wanaagsan leh (qoysaska badankooda ma haystaan ciddi-jare/maqas oo ciddiyaha carruurtooda waa kuwo dhaadheer oo haddana wasakheysan ama, carruurta roon-roon, ciddiyahooda way qaniinaan oo af ayay leeyihiin oo marka ay xoqaan qaniinyada kaneecada waxaa ay ku duraan wasakhda/noolayaasha maqaarkooda).

#### Daaweynta

• Goobta ku dhaq biyo saabuun qandac ah ama isku-jirka qal iyo biyo qandac ah. Si taxaddar leh u qalaji oo u dabool dhaawacyada, haddii tani ay suurtagal tahay, si looga hortago faafidda caabuqa.

• Haddii ay jiraan wax tas-hiilaadyo ah oo lagu eego noloyaasha il-ma-qabatada ah, suuf ku qaad si loo beero oo loo dareemo haddii kale si degdeg ah bukaanka ugu bilow *Cloxacillin* afka laga qaato (eeg lifaaqa 28aad).

• Haddii dhaawacyada aanan laga dareemin wax isbeddel ah 48 saacadood gudahooda ama ay sii faafaan, daawada u beddel daaweynta *erythromycin*, *clindamycin*, ama *cefotaxime*.

### 7.12.6. Cancrum oris (Noma, gangrenous stomatitis)

Xaaladani ma aha mid caadi ah waxayna inta badan saamaysaa carruurta aadka u liita. Bilowga hore waxaa si fudud loogu qaldaa bus-bus (*impetigo*) maadaama ay caadi ahaan ku bilaabato nabarro yaryar oo ka soo baxa maqaarka wejiga (ama dhabanka xaggiisa hoose ee afka gudahiisa ah "*buccal mucosa*"). Balse si dhaqso leh ayuu u weynaadaa, u sii xulnaadaa, oo wuxuu ku faafaa faruuraha iyo dhabannada waxaa ayna isu-beddeshaa boog gunta u sii xulan, unugyadeeda dhintay oo ur xun leh. Waxaa laga yaabaa in ay dhexgasho daloolka afka oo ayna bannaanka soo dhigto ilkaha iyo lafta daanka. Waxaa ku xigi kara jadeeco ama caabuqa *herpes*. Waxa aasaasiga ah ee keena malaha waa caabuq ku dhasha iskaashiga bakteeriyada/noolayaasha ogsijiin la'aanta noolaada iyo kuwa ogsijiinta ku noolaada (tusaale, *haemolytic streptococcus, enterobacter, klebsiella, staphylococcus, candida,* iwm.).

#### Daaweynta

• Nadiifi dhaawacyada oo wax-ka-qabo nadaafadda afka.

• Sii koorsada dhammeystiran ee caabuq-bi'iyeyaasha raaca labaad. Haddii la heli karo sii *clindamycin* (3-10 mg/kg afar mar maalintii. Haddii miisaanka jirka uu ka yar yahay 10 kg, qiyaasta ugu yar 37.5 mg x 3 maalintii, qiyaasta ugu badan 450 mg x 4 maalintii).

• Ku dar *metronidazole* 10mg/kg/maalintii.

• Qalliin waa in aan la isku dayin ilaa laga helo kabsasho buuxda oo xagga nafaqada ah.

## 7.13. Xaaladaha kale

Carruurta cudurro badan oo kale qabta waxaa ay marka hore soo bandhigi karaan nafaqo-xumo ba'an. Bilowga hore, waa in dhammaan loo daaweeyo si waafaqsan borotokoolka caadiga ah ee loogu talogalay nafaqo-xumada ba'an.

Kuwo ku guuldareysta in ay waafaqaan daaweyntan waxaa ay u baahan yihiin in laga sii baaro xaalad kale oo salka ku haysa (eeg guuldarrada waafaqidda daaweynta). Haddaad rabto wax ku saabsan HIV/AIDS, eeg qaybta gaarka u ah.

## 7.14. Daawooyin

Waa in taxaddar weyn la muujiyaa marka daawooyinka oo dhan loo qorayo dhammaan bukaannada nafaqo-xumada daran ay hayso. Daawooyinka badankooda,

qiyaasaha lagu taliyay ee loogu talogalay carruurta caadiga ah waa midkood mid sun ah ama aan waxba u tarin carruurta nafaqo-xumada ay hayso. Daawooyinka saameeya hab-dhiska dhexe ee dareen wadanaha sida daawooyinka mataga iyo lallabada iyo kuwa saameynta ay leeyihiin ka midka tahay in ay saameyn xun ay u geystaan beerka, ganaca/xameetida, kelyaha, wadnaha, wareegga dhiigga, ama mindhicirrada iyo kuwa keena rabitaan la'aanta cuntada waa in aan la adeegsan, ama waa in kaliya lagu adeegsadaa duruufo aad gaar u ah.

Waxaa lagu taliyay in:

o Xaaladaha kale ee ahayn kuwo si dhaqso ah dad u dila (tusaale, HIV), nafaqo-xumada waxaa la daaweeyaa ugu yaraan hal toddobaad (iyada oo daaweynta nafaqada ay sida caadiga ah ku soo celinayso dheefshiidka bukaanka) ka hor inta aan la siin qiyaasaha caadiga ah ee daawooyinka.

o Daawooyin badan waa in gebi ahaanba laga wada fogaadaa ilaa laga sameeyo cilmi-baaris muujineysa in ay ammaan yihiin iyo sida qiyaasta ay tahay in loo waafajiyo xaaladda bukaanka nafaqo-xumada haysa. Daawooyinka caadiga ah sida barastimoolka waxba uma taraan inta badan carruurta nafaqo-xumada haysa inta lagu guda jirro marxaladda ba'an waxaa ayna dhaawac culus u keeni karaan beerka.

o Marka ay lagama maarmaan noqoto in la siiyo daawooyin si ku filan loogu tijaabin bukaannada SAM, qiyaasta waa in marka hore la yareeyaa.

o Daawooyinka caadi ahaan waxaa qiyaasaha caadiga ah la siin karaa bukaannada ku jira marxaladaha dambe ee daaweynta ee OTP ama kuwa leh heerarka nafaqo-xumada hoose.

## 7.15. Ifafaalooyinka dib-u-quudinta

"Ifafaalooyinka dib-u-quudinta" waxaa loola jeedaa bukaannada nafaqo-xumada haysa (iyo kuwa soomnaa in ka badan hal toddobaad[58]) ee qaada mid ka mid ah kuwan waxyar ka-dib marka ay si dhaqso, u kordhiyaan cunto qaadashadooda: daciifnimo ba'an, "bajaqsanaan", tabar-darro, tarsaas/qaraw, calaamado neerfaha, asiidh xad-dhaaf ah, dhimashada murqaha, beerka iyo ganaca oo hawlgab noqda, wadme istaag, ama dhimasho kedis ah oo lama filaan ah. Ifafaalada ama xannuunka waa sabab u ah isticmaalka dhaqsaha ah ee nafaqooyinka muhiimka u ah dheefshiidka gaar ahaan haddii cuntadu ay tahay mid aan isu-dheellitirnayn. Badanaa waxaa jira hoos u dhac weyn oo ku yimaada foosforaasta ku jirta balaasma, botaashiyamta, iyo magniisiyamta.

Dhibaatooyinka kale ee gaarka ah inta lagu guda jiro dib-u-quudinta hore waxaa ka mid ah cago-bararka dib-u-quudinta iyo shubanka-dib-u-quudinta (eeg qaybta gaarka u ah).

### Ka hortagga

Waxaa lagama maarmaan ah bilowga daaweynta in si lama filaan ah aan looga boodin xaaladda nafaqo-xumada lala qabsadey iyada oo loo boodayo qaadasho aad u sarreysa. Marka rugta caafimaadka la dhigo, bukaannada nafaqo-xumada haysta waa in aan si khasab ah lagu siinin qaddaro cunto ah oo ka badan kuwa lagu qoray borotakoolka oo waxaa loo baahan yahay in daryeel gaar ah loo fidiyo kuwa lagu quudiyo tuubbada sanka laga geliyo.

Ka hortagga ifafaalooyinka dib-u-quudinta ayaa ah hadafka laga leeyahay marxaladda kala-guurka ee daaweynta. Borotokoolka OTP, qaddaro aad u badan oo RUTF ayaa mararka qaarkood la siiyaa bilowga daaweynta. Haddii hooyo ay ku khasabto cunugeeda in uu qaato cuntada oo dhan markaa ifafaalooyinka dib-u-quudinta waa mid si dhab suurtagol u ah.

### Daaweynta

Bukaannada ku jira marxaladda bogsashada

Haddii ay xaaladdu ka sii dareyso inta lagu guda jirro marxaladda kala-guurka ee daaweynta ama bogsashada,

• Markaa cunugga waa in lagu celiyaa marxaladda ba'an.

Bukaannada ku jira marxaladda ba'an,

• Yaree cuntada oo ka dhig 50% ee qaadashada lagu taliyay ilaa ay ka baaba'aan dhammaan astaamaha iyo calaamadaha ka-dib si tartiib tartiib ah u kordhi qaddarka la siiyo.

• Eeg si aad u hubiso in ay cuntada ku jiraan botaashiyam iyo magniisiyam ku filan. Haddii cuntadu aysan ku saleysnayn caanaha lo'da (ama hooyada ay sidoo kale siinayso badar/digir iwm.) fosforas dheeraad ah waa in la siiyaa si looga hortaggo ifafaalooyinka dib-u-quudinta.

## 7.16. Nafaqo-xumada daran iyo HIV/AIDS, Qaaxada (TB)

### 7.16.1. Baaritaanka caabuqa HIV

Halka uu ka jiro barnaamijka La-talinta iyo Baarista Khiyaariga ah (VCT) oo taabogal ah, ugu yaraan, waxaa laga heli karaa waxyaabo looga hortaggo iyo daaweynta caabuqyada fursad gaadka ah, VCT waa in la siiyaa dhammaan bukaannada nafaqo-xumada daran ay hayso iyo daryeelayaashooda.

Halka daawada HIV laga heli karo, waa in ay had iyo jeer leedahay VCT la xiriirta aqoonsashada iyo maareynta SAM.

Waxaa jirta baahi loo qabo in uu jiro daryeele doonaya oo karti u leh in uu daryeello bukaanka SAM.

Halka waalidka uu qabo cudurka HIV/AIDS, taageero dheeri ah ayaa loo baahan yahay in la helo maadaama waalidka ay ku dhici doonaan jirrooyin soo noqnoqda. Inta lagu guda jirro jirrooyinkan, waxaa laga yaabaa in aysan awoodin in ay daryeesho carruurteeda. Dhab ahaantii, OTP ma noqon karto suurtagal.

Halka hal ayeeyo ay noqoto in ay daryeesho carruur badan oo ay ayeeyo u tahay iyada oo aan jirrin habab cad oo taageero, Waxaa laga yaabaa in aysan suurtagal ahayn in ayeeyada ay siiso daryeel gaar ah cunugga nafaqo-xumada haysa. Xaaladaha kale reerka waxaa madax u ah cunug, sida caadiga ah walaalka weyn.

Abaabulidda bulshada iyo taageerda iyo sidoo kale ururrada aan dowliga ahayn, ayaa qiimo badan u leh xaaladahan. Carruurtan intooda badan waa in marka hore lagu daaweeya xarunta (daruuri ma ahan in ay cusbitaal noqoto) iyada oo qaarkood ay u baahan yihiin in lagu daryeelo barnaamijyo ama xarumo gaar ah iyada oo la adeegsanayo borotokoolka OTP.

58 Xanuunka sidoo kale wuxuuu ku dhacaa bukaannada cayilka ee qayb ka mid ah daaweyntooda ahaan u sooma, ma caatoobaan balse, sida bukaanka nafaqa-xumada haysa ahaan, waxaa ay dheefshiid ahaan la qabsadeen qaadashada cuntada yar.

Xarumaha xannaanada iyo waxbarashada ee agoonta. Shaqaalaha xarumaha xannaanada iyo waxbarashada agoonta waxaa loo baahan yahay in loo tababarro in ay baaraan oo ay siiyaan daryeelka aasaasiga ah kuwa sida daran ay nafaqo-xumada u haysa; waxaa ay u shaqeyn karaan OTP ahaan.

Carruurta waa in sidoo kale si gaar ah looga baaraa cudurka qaaxada (iyo SAM) waqtiga laga baarayo HIV, maadaama ay si gaar ah u badan tahay in ay sidaan caabuq kale. Qaaxada, HIV iyo SAM waa kuwo isku-xiran oo si joogta ah looga helo isla bukaannada.

Meelaha uu aadka ugu baahsan yahay HIV waxaa jirta khatar ah in bukaannada lagu qoro labada barnaamij halkaas oo midkood kooxda nafaqada ama shaqaalaha barnaamijka kale aysan ka warqabin suurtagalnimada isdhexgalka daawada ee bukaanka nafaqo-xumada ay hayso. Tusaale ahaan, bukaannada qaadanaya ARVs, daawada duumada beddelka ah iyo daawooyinka cudurka qaaxada ayaa la tilmaami karaa.

### 7.16.2. Daaweynta

Xarumaha daaweynta iyo daryeelka ee loogu talogalay HIV waa in ay sidoo kale awoodaan bixinta daaweynta loogu talogalay nafaqo-xumada daran iyo qaaxada (TB) oo loo bixiyo si bukaan-socod ahaan iyada oo la raacayo borotokoolkan.

Haddii daawada cudurka qaaxada ama ARVs loo bilaabo **bukaanka sida daran ay nafaqo-xumada u hayso** iyaga oo qaba nafaqo-xumo fisiyooloji, waxaa ay u badan tahay in ay daawooyinka ka qaadaan saameyn aad iyo aad u daran. Saameyntaas waxaa ay horseedi kartaa dhimasho ama ka bixidda ay bukaanno badan ka baxaan barnaamijyada daaweynta ARV. Dhammaan daawooyinka ARV waxaa ay leeyihiin saameyn mug leh, oo sunta ay leeyihiin iyo dhaqdhaqaaqa daawada ee jirka si ku filan looguma qiimeyn cunugga sida daran ay nafaqo-xumada u hayso.

Inta badan carruurta qabta caabuqa HIV waxaa ay u waafaqaan daaweynta nafaqo-xumada daran si la mid ah kuwa aan qabin caabuqa HIV. Kuwa leh tirinta CD4 ee aad u hooseysa waxaa ay leeyihiin dhimasho sarreysa (balse aan aad iyo aad u sarreyn). Kuwa leh tirada CD4 sare oo macquul ah waxaa ay u muuqdaan in ay leeyihiin halis dhimasho la mid ah sida carruurta aan caabuqa qabin. Daaweynta nafaqo-xumada waa isku mid haddii bukaanka uu qabo HIV ama haddii uusan qabin (labadaba bukaan-jiif iyo bukaan-socod).

• Bilow daaweynta SAM, ugu yaraan laba toddobaad, ka hor inta aan loo bilaabin daawooyinka ARV si loo dhimo halista saameynta xun ee laga qaado daawooyinka ARV. Carruurta waafaqeysa, dib ugu dhig daaweynta ARV ilaa marxaladda bogsashada si fiican loogu aasaaso OTP. Carruurta ku guuldareysatey waafaqidda, u bilow ARV ka-dib laba toddobaad ee daaweynta SAM ee leh F75.

• Sii *co-trimoxazole* si looga hortaggo oof-wareenta *pneumocystis* carruurta qabta caabuqa HIV. Kani waa caabuq-bi'iye aan ku filnayn bukaanka sida daran ay nafaqo-xumada u hayso

• Sii caabuq-bi'iyeyaasha caadiga ah iyo sidoo kale qiyaasaha *co-trimoxazole* ee **ka hortagga ah**.

• Ka fogaaw *amphotericin* B ee bukaannada SAM ee qaba caabuqa HIV.

Marka bukaanka SAM loo dabiibo si lagu qanci karo oo isaga/iyada ay haystaan qaddarro ku filan oo ah nafaqooyinka aasaasiga ah ee la isaga caabbinayo saameynta sunta leh ee daaweynta daawada caabuqa HIV iyo qaaxada,

• Markaa bilow daaweynta caabuqa HIV oo raac dhabbe-tusayaasha qaranka.

Carruurta qabta SAM iyo qaaxada

• Isla-markiiba ha u wareejinin xarunta qaaxada haddii ay leeyihiin waayo-aragnimo yar/ aan u tababarneyn daaweynta SAM. Daaweynta SAM ayaa muhiimadda hore la siiyaa marka la eego heerarka dhimashada. Daaweynta qaaxada sidoo kale dib ayaa loo dhigi karaa ugu yaraan laba toddobaad, marka laga reebo xaaladaha qaaxada militariga, qaaxada qoor-gooyaha, iyo cudurka qaaxadda ku dhacda meel aan sambabada ahayn "*Pott's disease*" marka daaweyntu ay tahay in ay isla-markiiba ay bilaabato inkastoo ay jirto khatarta sunnimada daawada.

• Ka fogay AL iyo *rifampicin* haddii bukaannada ay qabaan SAM oo ayna qaadanayaan ARVs.

## 7.17. Daacuunka xaaladaha SAM

Daacuunka xaaladaha SAM ay adkaan kara in la oggaado/ qiimee heerka fuuq-baxa. Calaamadaha caadiga ah ee fuuq-baxa waa kuwo dhammaan aan la isku-halleyn karin. Si kastaba, siinta fuuq-celin ku habboon ayaa muhiim ah oo nafta lagu badbaadiyaa. Waa in aad u fiirsataa saxarrada si aad u aqoonsato cudurka iyo sidoo kale qaadista taariikhda isbeddelka muuqaalka iyo saxarada biyo-biyaha ah ee faro badan. Saxarada waa dareere cad oo ku dhowaad aan lahayn wax midab ah- sida biyaha bariiska lagu kariyay. Saxarrada ma laha urka caadiga ah ee xaarka. Indhaha cunugga caadi ahaan waxaa ay u muuqdaan kuwo dad soo eegaya.

• Xirfadlayaasha caafimaadka iyo dadka ka shaqeeya maareynta nafaqa-xumada ba'an waa in ay sameeyaan dadaal dheeraad ah oo lagu xaqiijinayo in ay jiraan shaqaale u tababaran aqoonsashada iyo maareynta daacuunka ku dhaca carruurta ay nafaqo-xumada hayso. Si la mid ah, waa muhiim in shaqaalaha xarunta daaweynta daacuunka (CTC) ay garanayaan sida loo maareeyo cunugga sida daran ay nafaqo-xumada u hayso iyo sida ay tani uga duwan tahay maareynta cudurka daacuunka cunugga caadiga ah ee nafaqada fiican haysta oo beerkiisa sida caadiga ah u shaqeeya.

• Carruurta qabta nafaqo-xumada cago-bararka daacuun kuma dhaco haddii ay daaweyn u socoto mooyee.

• Daacuunku waa cudur faafa oo waa in tallaabooyin go'doomin adag/ kuwo nadaafadeed lagu soo rogo si carruurta aan daacuunka qabin aysan u qaadin cudurka.

o **Wareejinta/gudbinnada** carruurta SAM ee laga helay cudurka daacuunka waa in si degdeg ah loogu gudbiyo midkood xarunta xasillinta? IPF ee ugu dhow ee loogu talogalay SAM kuwaas oo leh qol go'doomin oo nadaafad fiican leh iyo shaqaalaha u tababaran maareynta SAM iyo daacuunka,

o ama CTC ugu dhow taas oo leh shaqaale u tababaran maareynta daacuunka iyo SAM.

Xulashadu waxaa ay ilaa xad ku xiran tahay masaafada loo jiro SC/IPF ama CTC. Shaqaalaha hal qayb inta badan si ku filan uguma tababarna maareynta xaalad kale. Sidaa darteed, haddii SC/IPF u dhow aysan ka soo bixin dhammaan shuruudaha kor ku xusan (shaqaalaha, go'doominta iwm), waxaa la doorbidayaa cunugga in si degdeg ah loogu wareejiyo CTC ugu dhow.

o Waxaa muhiim ah in u gudbinta CTC ay la socoto **qoraal hagid daabacan** oo si cad u sheegaya maareynta cunugga SAM ee qaba cudurka daacuunka oo ay weheliyaan sahayda daaweynta nafaqda ee laba toddobaad.

Ogow: xarumaha OTP ee meelaha fogfog ku yaalla ee qabta cunugga SAM ee qaba daacuunka, shaqaalaha OTP waa in ay meesha ka sameeyaan degaan go'doomin ku-meelgaar ah oo waa in ay sameeyaan daaweyn leh la-talin fog oo uu bixiyo takhtar ama kalkaaliye caafimaad aqoon u leh oo ku sugan degmada.

**Xaaladda halka cunugga uu horey ugu jiray xaruntan SC/IPF,** cunugga waa in lagu go'doomiyo qol gaar ah si looga fogaado in uu u gudbo cudurka carruurta SAM ee kale kaas oo u horseedi kara dhimasho. Waa in uu jiraa nidaam gaar ah oo lagula tacaali karo waxyaabaha uu soosaaro (saxarada iyo kaadida) bukaanka daacuunka qaba - baaldiyo milan koloriin xooggan lagu qoynayo dharka wasakheysan ka hor inta aan la tuurin.

o **Gaadiid:** haddii xarunta soo gudbinaysa ay ka fog tahay xarunta qaabileysa, waxaa la doorbidayaa in kalkaaliye caafimaad aqoon u leh in uu cunugga raaco oo wata sahay fuuq-celin lagu sii siinaya jidka.

o **Daaweyn:** Cunugga SAM ee laga helay daacuunka, u noqo hagidda iyo jaangooyooyinka caalamiga ah ee loogu talogalay daaweynta daacuunka ee leh tixgelinnadan soo socda:

• ORS waa in la adeegsado ee waa in aan la isticmaalin ReSoMal.

• Maadaama carruurtan aysan laheyn shaqada beerka ee caadiga ah, fuuq-celintooda waa in la maareeyo iyada oo la korjoogteynayo isbeddellada ku yimaada miisaanka jirka.

• U-qaado cunugga in uu leeyahay inta u dhaxeysa yaraanshaha miisaanka jira ee 5 iyo 10% ah, xisaabi miisaanka fuuq-celinta la beegsanayo waxaadna siisaa 15ml/kg/saac, oo ula-soco miisaanka sida daaweynta fuuq-celinta.

• Calaamadee geeska beerka oo qaad heerka neefsashada daaweynta ka hor. Cunugga wuxuu noqonayaa qof fuuq xad-dhaaf ah qaatey haddii beerka uu ka weynaado in ka badan hal sintimitir ama heerka neefashadu ay ku kordhaan in ka badan 5 neefsasho daqiiqadii. Haddii xididdada muuqda ay buuxsamaan, cunugga si buuxda ayuu u fuuq-ceshay.

• Waxaa intaa dheer, in daaweynta nafaqada ee loo baahan yahay in la sii wado ilaa cunugga uu ka bogsado.

# 8. KU GUULDAREYSIGA WAAFAQIDDA DAAWEYNTA

## 8.1. Oggaanshaha iyo Baaritaanka Cudurka

Caadi ahaan kaliya waa marka ay carruurtu fuliyaan shuruudaha “ku guuldareysiga-waafaqidda” marka ay u baahan yihiin in lagu sameeyo baaritaanno sheybaar ama wiisiteyn iyo kuwa taariikheed oo ballaaran. Waqtiga iyo kheyraadka shaqaalaha xirfadda leh waa in inta ugu badan lagu hagaajiyaa tababarka, kormeerka, baaritaanka, iyo maareynta tirada yar ee ku guuldareystay in ay waafaqi waayaan daaweynta caadiga ah.

Guuldarrada-waafaqidda daaweynta caadiga ah waa **“baaris oggaansho”** laf ahaanteeda.

Loogu talogalay OTP, sababta ugu badan ee keenta guuldarrada waa sabab bulsho; sababaha bulshada iyo kuwa nafsaaniga ayaa sidoo kale keeni kara guuldarrada waafaqidda ee bukaan-jiifyada inkasta oo ay taasi in ay dhacdo yar tahay.

Shaxda 29aad: Baarista Guuldarrada-waafaqidda ee Bukaan-Jiifyada

| CRITERIA FOR FAILURE TO RESPOND | TIME AFTER ADMISSION |
|---|---|
| Failure to improve/regain appetite | Day 4 |
| Failure to start to lose oedema | Day 4 |
| Oedema still present | Day 10 |
| Failure to fulfil the criteria for recovery-phase (OTP) | Day 10 |
| Clinical Deterioration AFTER admission | At any time |

Ogow in maalinta xarunta la dhigayo in loo tiriyo/xisaabiyo maalin 0, sidaa darteed maalinta 1aad waa waalinta ku xigta maalinta la dhigay.

### 8.2. Baaritaanka ku saabsan Sababaha keenna guuldarrada waafaqidda (Bukaan-jiifyada)

DHIBAATOOYINKA XARUNTA DAAWEYNTA:

- Ka gaabinta in si habboon loo adeegsado borotokoolka
- Deegaanka carruurta nafaqo-xumada hayso oo liita
- Shaqaale cabsigelin xad-dhaaf ah leh, adag, ama la iskhilaafo
- Ka gaabinta in carruurta lagu dabiibo meel u go’an oo gaar ah
- Ka gaabinta in si sax ah loo buuxiyo kaartooyinka-taxan (ama isticmaalka diiwaannada cusbitaal ee dhaqameedka oo kaliya)
- Shaqaale aan ku filnayn (gaar ahaan habeenkii)
- Shaqaale tababarkooda liita - shaqaalaha shaqada isaga taga oo xad-dhaaf ah ama shaqaalaha caafimaad sare oo aan tababarneyn
- Makiinnada miisaamid aan sax ahayn (ama ka gaabinta in la qaado oo si caadi ah loo shaxeeyo isbeddelka miisaanka)
- F75 oo aan si sax ah loo diyaarin ama loo siin

DHIBAATOOYINKA CARRUURTA GAARKA AH:

- Dhibaato caafimaad oo aad u daran (eeg qaybta ku saabsan dhibaatooyinka)
- Sumoobidda daawada (eeg qaybta ku saabsan daawooyinka)
- Cunto aan ku filnayn oo la siiyo (shuruudaha NGT oo aan la adeegsan)
- Cuntada oo ay ka cunaan walaalaha ama daryeelaha
- Wadaagidda cuntada daryeelaha
- Nuugidda nafaqada oo xumaata
- Naxdinta/dhaawaca nafsaani
- Ka-baraandagid/talo-ruugid (iyo noocyada kale ee u-diidda nafsaani ee daran)
- Caabuq, gaar ahaan: fayruska, bakteeriyada oo iska caabbiya caabuq-bi’iyeyasha la adeegsanayo, fangi, shuban, disantariyo, oof-wareenka, qaaxo, caabuqa kaadi-mareenka/ Caabuq dhegeed, duumo, HIV/AIDs, kaadi-dhiigga “*Schistosomiasis*” / cudurka *Leishmaniosis* ee maqaarka ku dhaca, Cagaarshow/ beer mariil
- Cudurka kale ee halista ah ee aasaaska u ah: cilladaha lagu dhasho ee aan caadiga ahayn (tusaale, xanuunka loo yaqaano *Down’s syndrome*), dhaawaca gaara neerfaha (tusaale, shalalka maskaxda); cilladaha dheefsashada ee lagu dhasho

Marka xaaladda cunugga ay sii xumaato ka-dib markii uu sameeyay horumar lagu qanco, waxaa badanaa sabab u ah:

• Isku dheelitirnaan la'aanta curiyeyaasha jirka oo la socda dhaqdhaqaaqa soodhiyamta unugyada iyo ballaarashada wareegga ayaa waxaa ay keenaan dareere xad-dhaaf ah ama ifafaallooyinka dib-u-quudinta.

• Qiyaasta daawooyinka ee aan habboonayn, ama isticmaalka daawooyinka aan loogu talin cunugga nafaqo-xumada ba'an ay hayso.

• Cuntada in la neefsado oo ay sambabada ay gasho.

• Caabuqa ba'an ee laga qaadey bukaannada kale ee ku sugan xarunta (ee loo yaqaanno caabuqa "ka soo unkumaya goobta caafimaadka") ama laga qaado qofka soo booqda/ walaalka/ xubin ka tirsan reerka.

• Mararka qaarkood inta uu soo kabsanayo habdhiska difaaca jirka waxaa jira "dib-u-nashaadinta" caabuq jiray.

• Xadidnaanta nafaqada jirka ee loo "isticmaalay" koritaanka degdegga ah iyada oo uu jirkana uusan qaddar ku filan ka helin raashiinka, tani waa wax aan badneyn iyada oo ay jiraan cuntooyin ganacsi ahaan loo soosaarey (F100 iyo RUTF) balse waxaa ay sidoo kale dhici kartaa marka lagu sameeyo xarunta ama halka lagu soo bandhigo hab cuntada loo diyaariyo oo aan horey loo tijaabin ama cunugga uu hooyada cuntada la wadaagayo (eeg ifafaallooyinka dib-u-quudinta).

## 8.3. Ficillada loo baahan yahay

• Ku diiwaangeli/qor kaartada baaritaanka oggaanshaha cudurka ka-dibna cunugga u gudbi shaqaale sare oo waayo-aragnimo badan leh.

• Qaad taariikh faahfaahsan oo buuxi taariikhda xannuunka iyo foomka baaritaanka.

• Si taxaddar leh u baar cunugga. Si sax ah u cabbir heerkulka, wadne garaaca iyo heerka neefsashada.

• Haddii ay habboon tahay, ka baar kaadida unugyada malax, beer dhiigga si aad wax uga oggaato, beer candhuufta si aad wax uga oggaato, ama dheecaanka hunguri cadka ka baar qaaxo. Ku baar ratiinada iftiin hoose si aad uga eegto qaaxada ratiinada.

• Samee raajitada xabadka.

• Ka baar saxarada dhiig, ka raadi *trophozoïtes* ama boogo ama *giardia*. Beer saxarrada si aad uga baarto bakteeriya. Ka baar caabuqa HIV, cagaarashow iy duumo.

• Baar oo beer Dareeraha Laf-dhabarta (CSF).

• Mararka qaar waalidiinta waxaa ay la imaadaan daawooyin dhaqameed iyo daawooyin kale xarunta oo waxaa ay siiyaan cunugga (qaab "caymis" ahaan iyaga oo maskaxda ku haya in ay helaan daaweyn casri ah iyo mid dhaqameed)

• Si nidaamsan u tixgeli waxyaabaha ugu badan ee sababa waxa ku taxan sanduuqa.

• Haddii tani aanan isla-markiiba lagu guulaysan markaa qiimeyn dibadda ah ee uu sameeyo qof waayo-aragnimo u leh maamulidda barnaamij loogu talogalay daaweynta nafaqo-xumada daran waa in la codsadaa.

• Dib-u-eegista kormeerka shaqaalaha oo leh tababar naqtiimin ah haddii loo baahdo.

• Dib-u-sixidda miisaanka (iyo Looxa dhererka).

• U gudbi carruurta qabta cudurrada ba'an (cudurka wadnaha ee lagu dhashey, cillidaha tuubbada *neural*, shalalka maskaxda, cudurka loo yaqaanno *broncho-pulmonary dysplasi*a, hawlgabka beerka ee ba'an, iwm.) waadhka/qaybta carruurta ee ku habboon iyada oo hoos tagaya daryeelka takhtarka carruurta. Bukaannadan waxaa loo gudbiyaa meel dibadda ka ah barnaamijka dhammaan go'aamada maamulka dheeraadka ah iyo daaweynta waxaa ay hoos imaan doontaa maamulka adeeg kale.

# 9. SHURUUDAHA LOOGA GUDBAYO MARXALADDA-DEGDEGA AH MARKA LOO GUDBAYO MARXALADDA KALA-GUURKA

Ma jiro waqti "u go'an" oo uu cunuggu ay tahay in uu ku sii jirro marxaladda ba'an – carruurta shakhsi ahaan waa ay ku kala duwan yihiin. Waxaa la filayaa in carruurta sida daran u xannuunsan ay ku sii jirraan marxaladda ba'an mudda ka dheer inta dhexdhexaadka xaaladaha aan lahayn dhibaatooyinka daran iyo kuwa sida dhakhsiyaha leh u waafaqa daaweynta.

Waxaad bukaanka ka soo wareejisaa Marxaladda-degdega ah una wareeji Marxaladda Kala-guurka marka waxyaabahan soo socda oo dhan ay jiraan:

o Soo noqoshada rabitaanka cuntada

**iyo**

o Bilaabashada luminta cago-bararka (Caadi ahaan lagu go'aamiyo miisaan luminta habboon ee dheellitirka ka dhaxeeya marka cago-babarka uu bilaabo in uu yaraado)

**iyo**

o Bukaanka wuxuu u muuqdaa in uu caafimaad ahaan bogsanayo. Bukaannada qaba cago-babarka guud (+++) waa in ku sugnaadaan Marxaladda-ba'an ilaa cago-bararkooda uu ka yaraado kana gaaro heerka bararka dhexdhexaadka ah (++). Bukaannadan waa kuwo gaar ahaan nugul.

# 10. MARXALADDA KALA-GUURKA

Marxaladda Kala-guurka waxaa ay u diyaarinaysaa bukaanka Marxaladda-bogsashada bukaan-socod ahaan. Marmar marxaladda-bogsashada waa sida bukaan-jiif ahaan halka aannu jirin guri habboon oo uu cunugga aado, daryeelaha wuxuu dooranayaa in uu ku jirro daryeelka bukaan-jiifka (sidoo kale eeg daryeelka carruurta ay da'doodu ka yar tahay 6 bilood), ama ma jirto shaqeynta OTP.

Marxaladda kala-guurka sida caadiga ah waxaa ay socotaa 1 ilaa 5 maalmood - balse waxaa laga yaabaa in ay ka dheeraato, gaar ahaan marka uu jiro cudur kale (tusaale, cudurka qaaxada ama caabuqa HIV). Marxaladda kala-guurka ee dheeraata waa shuruudda guuldarrada-waafaqidda.

## 10.1. Cuntada

Isbeddelka KALIYA ee lagu sameeyo daaweynta marka laga guurayo Marxaladda-ba'an oo loo guurayo Marxaladda-Kala-guurka waa isbeddel lagu sameeyo cuntada oo laga beddelayo F75 loonna beddelayo RUTF, ama, haddii RUTF aan la aqbalin, F100.

Waxaa la doorbidayaa in lagu isticmaalo RUTF Marxaladda Kala-guurka. Carruurta sida aadka ah u xannuunsanaa oo daaweynta u sii wadan doona bukaan-socod ahaan leh daaweyn guriga loo qaato waa in ay la qabsadaan RUTF ka hor inta aysan guriga aaddin.

• U sii caddadka guud ee RUTF ee ay tahay in la qaato maalintii sida ku cad shaxda.

• Kula tali hooyada in ay naas-nuujiso cunugga 30 daqiiqo ka hor inta aan la siin RUTF.

• U sheeg hooyada in ay gacamaheeda dhaqato ka hor inta aysan xirmada RUTF siin cunugga.

• U sheeg hooyada in ay biyo badan siiso cunugga.

• Kula tali hooyada in ay ku rido xirmada sanduuq (u adkaysta cayayaanka iyo jiirka) marka cunugga uu dhammeeyo kullan kasta oo wax cunis ah.

• HUBI shan jeer maalintii qaddarka ay hooyadu siisay. Waxaa muhiim ah in kaaliyaha uu si joogto ah u hubiyo oo uu la taliyo hooyada iyo in aan loo qaadan in hooyada ay siin doonto RUTF oo dhan cunugga. Waxaa waxtar leh in la helo "waqtiyo cunto" joogto ah oo loogu talogalay carruurta halka ay hooyooyinka oo dhan ay hal meel isugu imaadaan si ay u quudiyaan carruurtooda.

Loogu talogalay carruurta aan qaadaneyn RUTF ku filan (aan ku soo kordhin wax miisaan ah),

• Midkood sii F100 dhowr maalmood ka-dibna mar kale u bilow RUTF;

• Ama ku soo celi cunugga marxaladda-ba'an maalin ama wax la mid ah ka-dibna sii F75.

• Ha siinin wax cunto kale ah bukaanka inta muddadan lagu guda jirro.

• Ha u oggolaan daryeelaha in ay wax ku cunto isla qolka carruurta nafaqo-xumada haysa.

• Hubi in daryeelaha ama carruurta kale aysan cunin RUTF bukaannada.

• Ka dhig biyaha la cabbo kuwa laga heli karo waadhka oo sidoo kale ay heli karaan carruurta gaarka ah. Hooyadu waa in ay siiso biyaha ugu badan ee ay cabbi karaan inta lagu guda jirro iyo ka-dib marka ay qaataan qaar ka mid RUTF.

• Ku qor qaddarka la siiyay oo uu qaatay cunugga kaartooyinka-taxan. Hal faa'iido oo ay RUTF leedahay waa in aan loo baahnayn ilaalinyo habbeenkii sidaa darteed waxaa loo baahan yahay shaqaale yar ama loomaba baahna shaqaale habeenkii.

Bukaannada qaarkood waxaa ay marka hore gebi ahaanba diidaan RUTF. Haddii ay sidan xaaladdu noqoto waa in la siiyaa cuntada F100 maalin ama laba maalmood ka-dibna mar kale u bilow RUTF. Carruurta kale waxaa ay doorbidaan RUTF. Waa hab-dhaqan wanaagsan in la siiyo cuntada ay carruurtu doorbidaan – labada cunto nafaqo ahaan way isu-dhigmaan.

Haddii RUTF aan la heli karin, ama cunugga uusanba qaadan RUTF (carruurta yaryar iyo ku dhowaad 10% carruurta roon-roon waxaa ay doorbidaan cunto dareere ah) markaa isticmaal F100 (130ml = 130kcal).

**Marka F100 la isticmaalo inta jeer ee quudadka la siiyo, waqtiyada la siiyo, iyo mugga cuntada la siiyo Marxaladda Kala-guurka ayaa weli la mid ah sidii ay ahaayeen Marxaladda-ba'an.**

• Wayddii hooyada in ay naas-nuujiso carruurteeda, nus saac ka hor inta aysan siin quudka;

• Diyaari cuntada: Waxaa ay ka kooban tahay qasac F100 (400g) horey loo diyaariyay oo lagu baraxey 1,850ml biyo ah si looga sameeyo 2,158ml oo ah F100 dib loo habeeyay ama loogu talogalay caddad yar: 1 malqacad buluug ah oo simman

• 1 malqacad loogu talogalay 25ml oo biyo ah si looga sameeyo 29ml oo F100; marka qasaca la furo, waa in uusan yaallin in ka badan 4 toddobaad.

• Sii shan ama lix quudan maalintii.

• Ku qor kaartooyinka-taxan qaddarka la siiyay ee la qaatey. Xitaa haddii cunugga uu ugu sii negaan doono xarunta marxaladda-bogsashada, RUTF waxaa loo siin karaa marxaladda kala-guurka iyo marxaladda ku sii xigta. Tani waxaa ay culayska quud diyaarinta joogtada ah ka qaadaysaa shaqaalaha.

**Digniin:** F100 waa in aan **marnaba** loo siin in guriga lagu isticmaalo. F100 waxaa had iyo jeer ku diyaariya oo ku qaybiya qaybta bukaan-jiifka shaqaale u tababaran isticmaalkeeda. F100 waa in iyada oo qaab dareere ah lagu hayn heerkulka caadiga ah ee qolka in ka badan 2 saacadood ka hor inta aan la cabbin. Haddii la heli karo qaboojiye shaqeynaya, koronto joogto ah, iyo maacuun/jiko aad iyo aad nadiif u ah, markaa waxaa lagu hayn karaa (qabowga) ilaa 6 saacadood (oo ah, habeen gudahiisa).

### Qaddarrada RUTF ee lagu siiyo 24 saacood kasta Marxaladda kala-guurka

Qaddarada lagu bixiyay shaxda waxaa loogu talogalay muddo buuxda oo 24 saac ah.

Shaxda 30: Shaxda laga fiiriyo qaddarrada RUTF ee Marxaladda Kala-guur ee 24 saacadood kasta

| Class of Weight (kg) | Paste | Paste | Bars | Total |
|---|---|---|---|---|
| | In grams | Sachets | Bars | Kcal |
| 3.0 – 3.4 | 90 | 1.00 | 1.5 | 500 |
| 3.5 – 3.9 | 100 | 1.00 | 1.5 | 550 |
| 4.0 – 4.9 | 110 | 1.25 | 2.0 | 600 |
| 5.0 – 5.9 | 130 | 1.50 | 2.5 | 700 |
| 6.0 – 6.9 | 150 | 1.75 | 3.0 | 800 |
| 7.0 – 7.9 | 180 | 2.00 | 3.5 | 1000 |
| 8.0 – 8.9 | 200 | 2.00 | 3.5 | 1100 |
| 9.0 – 9.9 | 220 | 2.50 | 4.0 | 1200 |
| 10 – 11.9 | 250 | 3.00 | 4.5 | 1350 |
| 12 – 14.9 | 300 | 3.50 | 6.0 | 1600 |
| 15 – 19.9 | 370 | 4.00 | 7.0 | 2000 |
| ≥20 | 450 | 5.00 | 8.0 | 2500 |

OGOW: Haddii la siiyo labadaba F100 iyo RUTF, waxaa la isugu beddeli karaa si ku saleysan 100ml ee ah F100 = 20g oo RUTF[59].

Shaxda 31: Shaxda laga fiiriyo qaddarrada F100 ee lagu siiyo 6 – 5 quud maalintii

| Class of Weight (kg) | 6 feeds per day | 5 feeds per day |
|---|---|---|
| Less than 3.0 | F100 full strength should not be used | |
| 3.0 – 3.4 | 75 ml per feed | 85 ml per feed |
| 3.5 – 3.9 | 80 | 95 |
| 4.0 – 4.4 | 85 | 110 |
| 4.5 – 4.9 | 95 | 120 |
| 5.0 – 5.4 | 110 | 130 |
| 5.5 – 5.9 | 120 | 150 |
| 6.0 – 6.9 | 140 | 175 |
| 7.0 – 7.9 | 160 | 200 |
| 8.0 – 8.9 | 180 | 225 |
| 9.0 – 9.9 | 190 | 250 |
| 10.0 – 10.9 | 200 | 275 |
| 11.0 – 11.9 | 230 | 275 |
| 12.0 – 12.9 | 250 | 300 |
| 13.0 – 13.9 | 275 | 350 |
| 14.0 – 14.9 | 290 | 375 |
| 15.0 – 19.9 | 300 | 400 |
| ≥20.0 | 320 | 450 |

OGOW: haddii qaddarro yar oo F100 laga sameeyo budada ganacsiga, malqacada buluugga ah waa in la isticmaalo oo 25ml biyo ah waa in lagu daro malqacad kasta oo F100 si looga sameeyo 29ml oo F100 dib loo habeeyay ah.

Shaxda waxaa ay bixisaa qaddarka F100 (awood buuxda leh) ee ay tahay in la siiyo bukaananda marxaladda kala-guurka ee aan qaadan RUTF. Waa in sida caadiga ah ay qaadanayaan 5 quudin maalintii oo waa in aysan waxba qaadan habeenkii.

59 Haddii shaxo ay noqoto in la dhiso markaa 100 ml ee F100 = 18.5g ee ah RUTF: 10g ee RUTF = 54ml ee F100 waa in la isticmaalo oo qiimayaasha ka dhalanaya waa in loo rogo 5 ama 10ml ee ugu dhow

## 10.2. Daawada Joogtada ah

Caabuq-bi'iyeyaasha joogtada ah waa in la sii wado 4 maalmood oo dheeraad ah ka-dib marxaladda kala-guurka ama ilaa loogu wareejiyo marxaladda bogsashada sida bukaan-socod ahaan (bukaannada galaya OTP ka-dib markay ku jireen xarunta uma baahna in la siiyo caabuq-bi'iyeyaal).

## 10.3. Ilaalinyo

Ilaalinta Marxaladda-ba'an ayaa lagu joogteeya Marxaladda Kala-guurka.

## 10.4. Shuruudaha dib looga soo noqonayo marxaladda kala-guurka iyadoo laga soo noqonayo marxaladda ba'an

Cunuga dib ugu celi marxaladda-ba'an:

• Haddii uu si dhaqso ah u kordho xajmiga beerka;

• Haddii ay jiraan calaamado kale oo muujinaya dareeraha in uu jirkiisa ku badan yahay (heerka neefsashada oo kordhey);

• Haddii bukaanka miisaankiisa uu u kordho si ka degdeg badan 10g/kg/d (tani waxaa ay muujinaysaa haynta dareere xad-dhaaf ah);

• Haddii uu jirro calool barar/fuur tiigsan (waxaa ay tilmaamaysaa hab-dhaca murqaha dheefshiidka oo aan caadi ahayn, koritaanka xad-dhaafka ah ee bakteeriyada mindhicirrada yaryar iyo qaadashada kaarbohaydarayt xad-dhaaf ah oo laga yaabo);

• Haddii bukaanka uu ku dhaco shuban dib-u-quudin mug leh oo sidaa awgeedna uu caatoobo (eeg qaybta gaarka u ah);

• Haddii ay dhibaato timaado oo lagama maarmaan ka dhigaysa in dareere xididka laga siiyo (tusaale, cudurka duumada, fuuq-bax, iwm.);

• Haddii ay xaaladda cunugga sii xumaanayso (eeg qaybta ku saabsan ifaafaallooyinka dib-u-quudinta);

• Haddii uu jiro cago-barar sii kordhaya (ka baar qaadashada soodhiyamta ee aan la filayn, gaar ahaan cuntada hooyada ama daawooyinka. Haddii il dheeraad ah oo soodhiyamta laga helo la ogaado markaa waa in la joojiyaa, carruurta rabitaanka cuntada ee wanaagsan lehna waxaa ay ku jiri karaan marxaladda kala-guurka) ama

• Haddii cunug aan cago-barar qabin uu yeesho cago-barar (baar/raadi isha dheeraadka ah ee soodhiyamta laga helo)

Waa wax caadi ah in carruurta uu ku dhaco isbeddel ku yimaada inta jeer ee ay saxaroodaan marka cuntada laga beddelo. Tani looma baahna in laga dabiibo haddii ay carruurto caatoobaan mooyee. Dhowr saxaro jilicsan oo aan la socon caatoobin ma aha shuruud dib loogu celiyo marxaladda kala guurka.

## 10.5. Shuruudaha looga gudbayo marxaladda kala-guurka marka loo gudbayo OTP

U wareeji bukaanka OTP:

• Haddii isaga/iyada ay leeyihiin rabitaan cunto wanaagsan - tani waxaa ay ka dhigan tahay qaadashada ugu yaraan 90% RUTF (ama F100) ee loogu qorey/qoondeeyay marxaladda kala-guurka;

• Bukaannada cago-bararka qaba (*kwashiorkor*), haddii uu jiro yaraansho qeexan oo joogto ah oo ku yimaada bararka;

• Haddii uu jiro daryeele karti leh;

• Haddii daryeelaha uu oggolaado daaweyn bukaan-socod;

• Haddii ay jiraan duruufo guri oo macquul ah;

• Haddii ay jirto sahayda RUTF oo joogto ah; iyo

• Haddii barnaamijka OTP uu ka hawlgallayo meel u dhow guriga bukaanka

Bukaanka laga wareejinayo hal marxalad daaweyn ee loo wareejinayo mid kale, mid bukaan-jiif ahaan iyo mid kale oo bukaan-socod ahaan ah, wuxuu weli u hoos imaanayaa daryeelka barnaamijka IMAM dhacdadan nafaqo-xumada daran. Tani ma ahan "ka siideynta/ka bixin" xarunta bukaan-jiifka balse waa wareejin gudaha ah oo loo wareejinayo qayb kale oo isla barnaamijka ah. Si kastaba IPF waxaa ay tani u diiwaangelinaysaa sida "daaweyn lagu guuleystay ahaan".

# 11. HABRAACYADA KA-BIXINTA

• Ugu diiwaangeli bukaanka buugga diiwaangelinta in si lagu guuleystay loo daaweeyay/dabiibay, dhintey, isaga tagey ama joojiyey daaweynta ama gudbin caafimaad.

• Buuxi kaartooyinka-taxan oo ku buuxi foomka wareejinta lambkarka (N°) SAM oo sii dhammaan macluumaadka loo baahan yahay ee ku saabsan daaweynta.

• Wac OTP si aad u siiso ogeysiis ku saabsan bukaanka guriga ku noqonaya.

• Sii hooyada nuqulka foomka wareejinta, magaca iyo cinwaanka OTP iyo maalinta la-talinta, iyo bixinta RUTF ilaa ballanta xigta ee OTP.

• Ku qor kaarka caafimaadka cunugga daawada la siiyay iyo miisaanka.

# CARRUURTA AY DA'DOODU KA YAR TAHAY 6 BILOOD EE LEH DARYEELE DHEDDIG/HAWEEN AH[60] (SC)

## 1. UJEEDDOOYINKA IYO GUUDMARKA

Ujeeddada daaweynta bukaannadan waa in lagu celiyo naas-nuujin buuxda oo barax-tiran. Tani ayaa waxaa lagu gaaraa nashaadinta naas-nuujinta iyada oo isla-mar ahaantaanna lagu kabayo cunto dheeri ah inta lagu guda jirro naas-nuujinta ilaa cunugga yari uu ka xoogeysto oo caanaha naasku soosaarayanna ay ku filnaadaan in ay u oggolaadaan cunugga in uu si habboon u koro.

Soosaarka caanaha naaska waxaa nashaadiya farsamada Caananuugidda Dheeriga ah ee loo yaqaanno *Supplemental Suckling* (SS). Waxaa muhiim ah in cunugga naaska afka loo saaro sida ugu badan ee suuragalka ah.

Farsamada SS waa waqti lumis waxayna u baahan tahay xirfad, balse waa farsamada kaliya ee dhab ahaan u shaqeysa.

Carruurta yaryar ee nafaqo-xumada haysa waa kuwo daciif ah oo aan si xooggan naaska u nuugin oo dhalinaysa waxsoosaarka caanaha naaska oo dad ku filan.

Hooyadu inta badan waxaa ay u haysataa iyada laf ahaanteeda in ay leedahay caano aan ku filnayn oo waxaa ay ka cabsi qabtaa awoodda ay si ku filan ugu quudinayso cunugeeda. Wax-soosaarka hoose ee caanaha waxaa sabab u ah nashaadinta aan ku filnayn ee cunugga yar ee taagta daran. Isku-dayada in cunuga noocaan ahi naaska la siiyo ayaa si isdaba joog ah u guuldareysta, cunugga yar wuu sii caatoobayaa, hooyaduna waxaa ay (si sax ah) u xaqiijisaneysaa aragtideeda ah in isku-dayada naas-nuujinta barax-tiran aysan shaqeynayn ka-dib marka cunugeeda yar ay ku dhacdo nafaqo-xumo. Tani ma shaqeynayso.

Dhanka kale, in cunugga yar lagu dabiibo cuntooyin gacan ku sameys ah waxaa ay keenaysaa naas-ka-go' oo hooyaduna waxaa ay aragtaa in "caanaha qasaca" ay tahay habka kaliya ee u saamaxaysa cunugeeda in uu bogsado. In naaska laga jaro cunugga yar xaaladaha badankooda halka carruurta yaryar ee nafaqa-xumada hayso laga helo waxaa ay leedahay halis sare oo dhimasho ah. Tan laguma talinayo.

## 2. QAAB-DHISMEEDKA iyo SIDA LOO HABEEYAY

Carruurtan yaryar waa in had iyo jeer lagu dabiibaa xarunta xasillinta (SC) ee looma baahan in lagu dabiibo OTP. RUTF kuma habboonna carruurta yaryar oo waa in quudadka caanaha ku saleysan aan loo siin daaweynta guriga ahaan.

Waa in uu jiraa adeeg/barnaamij gaar ah oo loo sameeyay si loo caawiyo hooyooyinka dhibaatada ku qaba naas-nuujinta. Hiigsiga adeegga noocaas ahi wuxuu noqon doonaa in xoogga la saaro dhammaan dhibaatooyinka naas-nuujinta – ee loogu talogalay carruurta nafaqo-xumada haysa, si mar kale loo suurtageliyo naas-nuujinta barax-tiran, iyo in la helo kalsoonida ay hooyadu ku qabto awoodda ay ku soosaareyso caano ku filan in cunugeeda uu ku koro.

• Garabkeeda bukaan-socodka ayaa la-talintooda oo siin doona taageero mid-mid ah dhammaan hooyooyinka dhibaatada ku qaba naas-nuujinta.

• Garabka bukaan-jiifka waxaa loogu talogalay hooyooyinka carruurtooda aan "korin" ee nafaqo-xumada haysa.

Ma habboon in la dhigo carruurta yaryar qaybaha guud ee nafaqada ama caafimaadka carruurta. Haddii adeegga noocaas ahi uusan jirin markaa barnaamijka waa in uu qayb ka noqdaa adeegga carruurta dhowaan dhalatey; haddii kale waa in ay jirtaa qayb gaar ah oo ka mid ah xarunta xasillinta (SC) oo u go'an maareynta carruurta yaryar ee nafaqo-xumada haysa. Hase-yeeshee, maadaama aan ku bixin adeegyada carruurta dhowaan dhalatey cusbitaallada badankooda, carruurtan waxaa lagu maareyn karaa xarumaha xasillinta meel gaar ah/geeska naas-nuujinta ama qolka naas-nuujinta. Shaqaalaha haweenka ah ee tababar xirfadeedka u leh naas-nuujinta iyo la-talinta waa in la heli karo si ay u taageeraan hooyooyinka.

Waadhka: Dhaqamada badankooda, waadhka/qolka carruurtan yaryar lagu maareeyo waa in si ku filan loo qariyo/il-xir loogu sameeyo oo uu u noqdo mid gaar ah. Imaatinka ragga ee qaybta ee aan la soo sheegin waa in la mamnuucaa. Hooyooyinka waa in ay ku kalsoonaadaan in aysan dhibi doonin rag iska imaanaya waadhka/qaybta iyaga oo qaawan/xijaabnayn. Wareegyada takhaatiirta ragga ah waa in horey loo sii sheegaa. Waa in uu jiraa qol booqasho gaar ah halkaas oo hooyooyinka ay kula kulmi karaan nimankooda iyaga oo aan loo oggolaan in ay galaan adeegga.

60 Eeg lifaaqa 20 ee loogu talogalay carruurta ay da'doodu ka yar tahay 6 bilood ee aan haysan daryeele haween ah. LIFAAQA 20AAD WAA LIISKA KORMEERAHA DNO EE KORJOOGTEYNTA IYO QIIMEYNTA,. MA JIRO LIFAAQ LOOGU TALOGALAY CARRUURTA YARYAR EE <6BILOOD OO LEH DARYEELE HAWEEN AH. MACLUUMAADKAAS WUXUU KU QORAN YAHAY QORAALKA.

# 3. HAWLAHA IYO QALABKA

## 3.1. Hawlo

• Diiwaangeli cunugga: ka qaad cabbiraadaha jirka oo baar cunugga, eeg in uu ka soo baxay shuruudaha xarunta lagu dhigayo, ku diiwaangeli buugga diiwaangelinta iyo kaartada xarunta.

• U sharrax hooyada hadafka laga leeyahay maareynta.

• Maaree cunugga yar adiga oo adeegsanaya Farsamada Caananuugidda Dheeriga ah *Supplemental Suckling Technique* (SST).

• Diyaari caannaha, waxaad bartaa oo aad u soo bandhigtaa farsamooyinka, samee ilaalinta, oo la soco hooyada iyo cunugga yarba.

• Rugta ka sii daa ama ka bixi cunugga iyo hooyada.

## 3.2. Agabka

o Buugga diiwaangelinta

o Kaartada-SS ee cunugga yar (lifaaqa 19)

o Agabka loogu talogalay SST: Tuubadda sanka laga geliyo ee wax lagu siiyo oo cabbirkeeda ah 8 ama 6, koobab, agab lagu nadiifiyo tuubbada, garaafo wax lagu cabbiro (ha adeegsan masaasadda quudinta)

o Miisaanka leh 10g oo dhag ah

o Cunto: Caanaha F100 barax-tiran ama caanaha carruurta yaryar oo ee guud, cunto loogu talogalay hooyada

o Daawooyin: loogu talogalay daaweynta nidaamsan iyo cuntada/nafaqooyinka loogu talogalay hooyada

o Kuwo kale: waraaqo ballaaran macluumaad ku qoran oo lagu dhiirrigelinayo naas-nuujinta, waraaqaha ballaaran ee la rogrogo oo lagu muujinaya farsamada, shax laga fiiriyo qaddarka quudka

# 4. GELITAANKA XARUNTA

## 4.1. Cabbiraadda jirka iyo baaritaanka xannuunka/caafimaadka

• Ku qaad cabbirka miisaanka cunugga yar miisaan leh 10g dhag ah.

• Caafimaad ahaan baar cunugga (in uu qabo cago-barar laba-geesood ah, caabuq, iwm.).

• Baar naasaha hooyada.

## 4.2. Shuruudaha Gelitaanka Xarunta

| **AGE** | **ADMISSION CRITERIA** |
|---|---|
| Infant less than 6 months<br>**Or**<br>Infant < 3 kg<br><br>with a female carer capable of breast feeding | ➢ The infant is too weak or feeble to suckle effectively<br>(irrespective of his/her Weight-for-Length(WL), Weight-for-Age (WA) or other anthropometry)<br>**or**<br>➢ The infant is not gaining weight at home (by serial measurement of weight during growth monitoring, i.e. change in weight-for-age)<br>**or**<br>➢ W/L (Weight-for-Length) less than <-3 Z<br>**or**<br>➢ Presence of bilateral oedema |

Mid kasta oo shuruudahan ka mid ah waxaa ay si dhab ah u muujinaysaa guuldarrada naas-nuujin lagu qanci karo si cunugga uusan ku soo kordhin miisaan oo uuna u kobcayo sida caadiga ah.

Laga soo bilaabo dhalashada ilaa da'da 6 bilood, miisaanka-iyo-da'da waa cabbirka ugu habboon in lagu qiimeeyo xaalka nafaqo. Da'dan marka la joogo, guuldarrada kororka miisaanka waxaa loo qeexi karaa sida nafaqo-xumo **ba'an**.

Hase-yeeshee, waxaa jira carruur dhicisnimo ku dhasha ama kuwo dhasha iyaga oo shin dhammeysan kuwaas oo si barax-tiran loo naas-nuujiyay oo si lagu qanco miisaan ugu kordha. Carruurta yaryar ee noocaas ah waa kuwo koray oo aan u baahnayn in lagu qoro barnaamijka. Habka ugu wanaagsan oo looga soocayo carruurta yaryar ee koraya kuwa noqonaya kuwo ay nafaqo-xumo haysa waa in si dhereran ah loo qaado cabbiraadaha miisaanka ee soo noqnoqda; kani waa qiimaha barnaamijka lagula soconayo koritaanka.

**Halka uu ka jiro barnaamij lagula soconayo koritaanka,**

• Waxaad dhigtaa dhammaan carruurta yaryar ee aan raacin kannaalada koritaanka miisaanka-iyo-da'da (WA) oo

• Waxaad kaloo dhigtaa rugta caafimaadka carruurta yaryar mar haddii ay caatoobayaan ama ay ka gudbeen xariiqaha xoodan ee kaartooyinka koritaanka cunugga ee miisaanka iyo da'da (WA) iyada oo sabab u ah in miisaankooda uu yahay mid taagan

**Halka aannu ka jirin barnaamij lagula soconaya koritaanka** ama aannu ka jirin cabbiraadaha miisaanka "taariikhiga ah" oo hooyadunna ay sheegto in aysan lahayn caanaha naaska oo ku filan ama cunugga yar "ma jecla caanaha naaskeyga":

• Eeg miisaanka-iyo-da'da oo dhig rugta caafimaadka kuwa ka yar dhibcaha -3Z.

• Caafimaad ahaan baar cunuga yar.

• Baar naasaha hooyada.

• U fiirso waxqabadka naas-nuujinta ee hooyada.

Haddii cunugga yar uu caafimaad ahaan wanaagsan yahay oo u muuqdo in si lagu qanco uu u naas-nuujinayo, hooyada waa in lala taliyo oo loo qabto ballan ay ku soo noqoto hal ama laba toddodbaad gudahooda si loola socda isbeddelka miisaanka cunugga yar (miisaanka carruurta yaryar oo saxsanaantiisu ay tahay 10g oo dhag ah ayaa loo baahan yahay - ee looma baahna miisaanka sahanka oo leh qaybo 100g ah).

**Halka cunuga yar uu qabo jirro caafimaad, waxqabadka naas-nuujinta hooyada ma aha mid lagu qanci karo, cunugga yar wuxuu caafimaad ahaan u muuqdaa mid nafaqo-xumo ay hayso.**

• Ku diiwaangeli cunugga iyo hooyadaba barnaamijka

## 4.3. Diiwaangelinta

• Ku diiwaangeli cunugga yar buugga diiwaangelinta oo buuxi kaartada-SS ee cunugga yar.

• U sharrax hooyada hadafka laga leeyahay maareynta, oo ah in cunugga yar lagu celiyo naas-nuujinta barax-tiran.

# 5. MAAREYNTA

## 5.1. Cuntada

Caanaha-SS waxaa ay midkood noqon kartaa caanaha qasaca ee carruurta yaryar ama mid laga sameeyay F100 la barxay si loogu sameeyo F100 barax ah.

Ogow: F100 awoodda buuxda leh waa in aan MARNABA loo adeegsan carruurta yaryar ee miisaankooda ka yar 3kg. Culayska milmaha la xiriira kelyaha ayaa aad iyo aad ugu badan yahay qaybta cunugga waxaa ayna kicin kartaa fuuq-baxa hypernatraemic.

### Nooca caanaha

Carruurta yaryar ee cago-bararka leh: Sii F75.

Carruurta yaryar ee aan cago-bararka lahayn: Sii Caanaha Qasaca Carruurta ee Guud ama F100 barax ah.

Haddii ay jirto kala xulasho, isticmaal caanaha qasaca ee loogu talogalay carruurta yaryar ee dhiciska ah.

OGOW: Caanaha lo'da oo dhan ee budada ah ee aan waxba laga beddelin waa in AAN la isticmaalin (tusaale, Nido®).

### Diyaarinta

• Loogu talogalay caanaha qasaca ee carruurta yaryar:

• U barax si waafaqsan tilmaamaha shirkadda soo saartey.

• Loogu talogalay F100 barax ah:

• Ku dar 4 malqacadood buluug ah, simman oo F100 biyo 100ml ah si aad uga sameyso 116ml oo ah F100.

• Isticmaal kaliya 100ml oo ah F100 horey loo diyaariyay oo ku dar 35ml oo biyo ah, ka-dibna waxaad heli doontaa 135ml oo ah F100 la barxay.

Daadi inta dheeraadka ah ama sii hooyada nuujisa.

• Haddii aad u baahnayd in ka badan guud ahaan 135ml oo ah F100 la barxay, isticmaal 200ml oo F100 la qasay ah ka-dibna ku dar 70ml biyo ah, iwm.

• Ha sameynin qaddaro yaryar.

### Qaddarada lagu siinayo farsamadda SS

• U sii qaddarka caanaha-SS quud kasta si waafaqsan shaxda laga fiiriyo qaddarada.

• Ha kordhinin qaddarka la siiyo marka cunugga yar uu bilaabo in uu xoog dib u helo, caanaha si xoog leh u nuugo, oo miisaankiisu kordho.

• Dhiirrigeli hooyada marka cunugga yar miisaankiisa uu kordhayo una sheeg in "soo kabashadu ay sabab u tahay caanaha naaskeeda"

• Wayddii hooyada in ay naas-nuujiso 3 saacadood kasta ugu yaraan 20 daqiiqo, in ka badan waa in la nuujiyaa haddii cunugga yar uu ooyo ama u muuqdo in uu rabo in badan.

• Waxyar ka-dib (30 ilaa 60 daqiiqo) marka la siiyo naas-nuujinta caadiga ah, ku celi cunugga yar naaska oo ku caawi hooyada in ay siiso caanaha qasaca carruurta yaryar ee guud/F100 baraxan iyada oo la adeegsanayo farsamada SS.

• Macluumaadka ku qor kaartada carruurta yaryar.

Shaxda 32: Shaxda laga fiiriyo Qaddarada Caanaha-SS ee loogu talogalay carruurta yaryar inta lagu guda jirro quudinta SS

| Class of Weight (kg) | ml per feed (for 8 feeds/day) |
|---|---|
| | Infant formula or F100 dilute |
| >=1.2 kg | 25 ml per feed |
| 1.3 to 1.5 kg | 30 |
| 1.6 – 1.7 | 35 |
| 1.8 – 2.1 | 40 |
| 2.2 – 2.4 | 45 |
| 2.5 – 2.7 | 50 |
| | |
| 2.8 – 2.9 | 55 |
| 3.0 – 3.4 | 60 |
| 3.5 – 3.9 | 65 |
| 4.0 – 4.4 | 70 |

U bilow F75 illaa bilowga luminta cago-bararka

(ha sugin ilaa barbarka oo dhan uu ka dego, muddo dheer ayay qaadan kartaa waxaa ayna u baahan yihiin F100 baraxan si ay u koraan)

## 5.2. Farsamada Caananuugidda Dheeriga ah

### 5.2.1. Bilow farsamada SST

• Isticmaal tuubbo le'eg tuubbada NGT ee cabbirkeedu yahay n°8 (tuuubada cabbirkeedu yahay n°5 ayaa la adeegsan karaa waxaa ayna u wanaagsan tahay cunugga yar, balse caanaha waa in lagu miiro suuf si looga saaro qurubyada yaryar ee xira tuubbada).

• Koob ku shub qaddarka habboon ee caanaha-SS ka-dibna qabo.

• Geli dhammaadka tuubbada koobka gudahiisa.

• Saar afka tuubbada naaska ibtiisa.

• U sheeg haayadu in ay naaska u siiso sida caadiga ah sidaa darteed cunugga ayaa u qabsanaya si habboon.

Ogow: Bilowga hore hooyooyinka waxaa ay u arkaan in ay fiican tahay in tuubbada lagula dhejiyo naaska koollo, marka dambe oo ay waayo-aragnimada u yeelato caadi ahaan tani looma baahna.

• Marka cunugga yar uu nuugo naaska, iyada oo ay tuubbada afkiisa ku jirta, caanaha koobka ayuu soo nuugayaa iyada oo u soo mareysa tuubbada ka-dibna wuu qaadanayaa. Waxaa ay la mid tahay in aad dhuun yar aad wax ku cabtid.

• Caawi hooyada marka ugu horreysa adiga oo ku qabanaya koobka iyo tuubbada meesha loogu talogalay.

• Si kalsooni leh u dhiirrigeli hooyada.

• Waxaad dhigtaa ama ku qabataa koobka marka hore qiyaastii meel 5 sm ilaa 10 sm ka hooseysa heerka ibta naaska sidaa darteed cunugga tabarta daran ayaa si fudud oo dadaal yar ku qaadan kara caanaha-SS.

• MARNABA ha dhigin ama ha ku qabanin koobka heer ka sarreeya heerka ibta, waxaa ay si dhaqso ah ugu soo quluqlaysaa afka cunugga yar soo nuugid leh halis weyn oo ah in uu neef ahaan u qaato.

• U sheeg hooyada in ay is-dejiso. Tilmaamaha xad-dhaafka ah ama bixiya waannada iyo talada aan loo baahnayn ee ku saabsan booska saxda ah ama boosaska qabsashada inta badan waxaa ay xannibaa hooyooyinka oo waxaa ay ka dhigaan in ay u maleeyaan farsamada in ay aad uga adag tahay sida ay tahay. Qaab kasta oo ay hooyadu raaxo ku dareento oo ay u aragto in farsamada ay u shaqeyso waa mid lagu qanci karo.

Waxaa ay ku qaadan kartaa cunugga yar maalin ama laba maalmood in uu la qabsado tuubbada iyo dhadhanka isku-darka caanaha, balse waxaa muhiim ah in lagu adkaysto oo la sii wado.

### 5.2.2. Goor dambe, marka cunugga yar uu sii xoogaysto

• Qaab sii kordheysa ahaan koobka hoos u dhig oo gaarsii illaa qiyaastii 30sm meel naaska hoostiisa ah.

• Goor dambe marka ay hooyooyinka si aad ah isugu kalsoonaadaan, wayddii haddii ay doonayaan in ay qabtaan tuubbada iyo koobka caawimaad la'aan. Hooyada, beddelka caawimaadda, waxaaa ay tuubbada kula qaban kartaa naaska hal gacan iyada oo gacanta kalena ay ku qabanayso cunugga yar iyo koobka. Sidan ayay caawimaad la'aan ku sameyn kara quudinta-SS.

• Isticmaal hooyo kale oo ku guuleysatay farsamada si ay u caawiso.

• Isku-day in aad hooyooyinka meel isugu keento hal waqti iyaga oo adeegsanaya farsamada SS. Marka hal hooyo ay si guul leh u isticmaasho farsamada SS, hooyooyinka kale ayaa si weyn ugu dhiirrada oo waxay u arki karaan in ay fududahay in ay ku daydaan.

• Haddiii caanaha-SS ee qasaca si lama filaan ah loo beddelo markaa cunuga yar caadi ahaan waxaa ay ku qaadataa dhowr maalmood in uu la qabsado dhadhaqanka. Waxaa la doorbidayaa in loo sii wado isla cuntada dheeriga ah muddada daaweynta oo dhan.

Cunuggan wuxuu nuugayaa naaska isla-markaana wuxuu sidoo kale helayaa caanaha-SS (135ml/kg/d) iyada oo la adeegsanayo farsamada caananuugidda dheeriga ah.

Kor-u-qaadista ama hoos-u-dhista koobka ayaa go'aamiya sida ugu fudud ee ilmuhu u helo caanaha dheeriga ah: carruurta yaryar ee aadka u tabar daran ayaa waxaa uu

noqon karaa heerka afka cunugga yar. Haddii uu heerkan ka sarreeyo, quudka ayaa si toos ah u geli kara cunugga waxaanna jirta khatarta neefsasho.

### 5.2.3. Nadiifinta tuubbada

• Ka-dib marka la quudiyo, biyo nadiif ah raaci tuubbada adiga oo isticmaalaya siriingi.

• Ka-dibna si dhaqso ah u wareeji tuubbada si aad uga saarto biyaha ku jira moqorrada/daloollada yaryar ee tuubbada sida shey dhexda ku wareegaya oo quwad dibadda uga saarto (xoog ka xudun), oo baar si aad u xaqiijiso in aysan wax biyo ah ku harin tuubbada. Haddii ay munaasib tahay, tuubbada waxaaa ka-dib la dhigaa qorraxda. Fallaaraha qorraxda waxaa ay dhexgalaan balaastiiga waxaa ayna si wax-ku-ool ah u daniifiyaan ama jeermiska uga dilaan tuubbada haddii ay horey nadiif u ahaydna dhammaan waxyaabaha ay adag tahay in la arko ayaa la baabi'iyaa.

### 5.2.4. Horumarka iyo la-socoshada

Shaxda 33: Qaddarka quudadka loogu talogalay 8 quudad - in ka yar 50% - 75 ayaa loo baahan yahay

| Class of weight (kg) | ml per feed (for 8 feeds /day) (100%) | 50% of the required quantity | 75% of the required quantity |
|---|---|---|---|
| | F100-dilute | | |
| >=1,2 kg | 25 ml per feed | 12,5 | 18 ml |
| 1,3 – 1,5 | 30 | 15 | 24 ml |
| 1,6 – 1,7 | 35 | 18 | 27 ml |
| 1,8 – 2,1 | 40 | 20 | 30 |
| 2,2 – 2,4 | 45 | 23 | 35 |
| 2,5 – 2,7 | 50 | 25 | 40 |
| 2,8 – 2,9 | 55 | 28 | 45 |
| 3,0 – 3,4 | 60 | 30 | 45 |
| 3,5 – 3,9 | 65 | 33 | 50 |
| 4,0 – 4,4 | 70 | 35 | 55 |

• La-soco horumarka uu sameeyay cunugga yar adiga oo miisaanka maalinlaha ah ku cabbiraya miisaan ku calaamadeysan heerarka cabbiraadda 10g (20g) oo ku diiwaangeli macluumaadka kaartada cunugga yar. Haddii cunuga uu miisaan lumiyo in ka badan 3 maalmood oo isku-xiga/isdabajogg ah welina u muuqdo in uu gaajeysan yahay oo uunna qaadanayo dhammaan F100 baraxan/caanaha qasaca ee carruurta yaryar,

• Ku dar 5ml quud kasta.

Quudka Caananuugidda Dheeriga ah wuxuu siinayaa qaddarro taageero ah. Haddii la qaatay oo uuna jiro caatoobid, midkood baahida taageerada ayaa ka badan inta la xisaabiyay ama waxaa jira nuugid-xumo mug leh.

Haddii cunugga uu si joogto ah u koro isaga oo qaadanaya qaddar caano isku mid ah,

• U sheeg hooyada in qaddarka caanaha naaska uu sii kordhayo iyo in ay "mas'uul ka tahay" dib u soo kabsashada.

Haddii maalmo ka-dib, cunugga uusan dhammeysan dhammaan cuntada dheeriga ah, balse uu miisaankiisa sii kordho,

• U sheeg hooyada in caanaha naaska ay sii kordhayaan iyo in cunugga yar uu helayo in ku filan in uu si buuxda u soo kabsado.

• Ka yaree qaddarka caanaha-SS ee lagu siiyo quud kasta inta aan la qaadan. Tusaale ahaan, haddii cunugga ay tahay in uu qaato 10ml, balse uu kaliya awoodo in uu ku qaato 7ml quudka hadda, markaa quudka xiga waa in uu noqdaa 7ml ee ma aha 10ml. Tani waxaa loola jeedaa in daaweynta ay shaqeynayso, iyada oo fikraddu ay tahay in si tartiib tartiib ah loo yareeyo Caanaha-SS oo la kordhiyo caanaha naaska ee la qaatey.

Marka cunugga miisaankiisa uu ku kordho 20g maalintiiba 2 maalmood oo isku xiga (wax kastoo uu yahay miisaankiisa/miisaankeeda),

• Yaree ama hoos-u-dhig qaddarka caanaha-SS ee lagu siiyo quudin kasta kala-bar qaadashada taageerada.

Haddii, uu qaadanayo kala-bar qaadashada-SS, kororka miisaanka lagu joogteeyo 10g maalintii (wax kastoo uu yahay miisaankiisa/miisaankeeda),

• Markaa gebi ahaanba jooji caana-nuugidda dheeriga ah. U sheeg hooyada in waxaan oo dhan ay iyadu sameynayso.

Haddii miisaanka kororka aan la joogteyn marka qaadashada caanaha-SS kala-bar la dhimo,

• Markaa u beddel qaddarka la siiyay 75% ee qaddarka joogteynta ee 2 maalmood ka-dibna yaree markale haddii miisaan kororka la joogteeyo.

Haddii hooyadu ay jeceshahay in ay gurigeeda aado isla-marka uu cunugga si dhuuninimo ah u qaadanayo caanaha naaska oo uunna miisaankiisa kordhayo, waa in laga bixiyo ama laga siidaayo xarunta.

Haddii hooyadu ay oggolaato, xarunta ku hay 2 maalmood oo kale iyada oo cunugga la siinayo caanaha naaska oo kaliya si loo xaqiijiyo in cunugeeda uu miisaankiisa ku sii kordhayo caanaha naaska oo kaliya.

Markaa ka bixi cunugga yar, iyada oo aan la eegayn waxa uu yahay miisaankiisa marka loo eego da'diisa ama miisaankiisa marka loo eego dhererkiisa.

### 5.3. Daawada Joogtada ah

Carruurtan waa in ay aragto kalkaaliso caafimaad maalin kasta sababtoo ah waa kuwo si gaar ah u nugul.

• Sii caabuq-bi'iyeyaal: *Amoxicillin* (laga bilaabo 2kg): 30mg/kg 2 jeer maalintii (60mg/maalintii) iyada oo lala qaadanayo *Gentamicin* hal mar maalintii (3 ilaa 5mg/kg/maalintii). (Marnaba ha u isticmaalin *Chloramphenicol* carruurta yaryar) inta lagu guda jiro afar ilaa shan maalmood.

Haddii uu qabo wax ka mid ah calaamadaha xannuunka jadeecada ama indho-angaga (*xerophtalmia*), Faytamiin waa in la siiyaa.

Haddii uu qabo wax ka mid ah calaamdaha dhiig-yaraanta, 2.5mg oo foolik asiidh ah ayaa la siin karaa marka la dhigo xarunta.

# 6. ILAALINTA/INDHO KU HAYNTA

La-soco cunugga yar waxaadna ku qortaa kaartada cunugga yar:

• Miisaan (maalin walba cabbir)

• Heerkulka jirka (la cabbiro laba mar maalintii)

• Calaamadaha xannuunka caadiga ah ayaa la qiimeeyaa waxaanna lagu qoraa kaartooyinka taxan maalin walba o Heerka neefsashada o Saxarrada

• Diiwaan ayaa la qaadaa (waxaanna lagu qoraa qaybta qaadashada ee kaartooyinka-taxan) haddii bukaanka uu maqan yahay, matago, ama uu diiddo quudinta,

### Daryeelka hooyooyinka

Maadaama hiigsigu uu yahay in la kordhiyo caanaha naaska, caafimaadka hooyada iyo xaalka nafaqada ayaa muhiim u ah haqabtirka nafaqo ee cunugga yar.

• Eeg MUAC hooyada iyo jiritaanka cago-barar.

• U sharrax hooyada waxa uu yahay hiigsiga daawada iyo waxa iyada laga filayo.

• Haka dhigin hooyada in ay dareento dembiga xaaladda cunugeeda ama haku dhalleecayn in ay siisay cuntooyin kale.

• Waxaad bartaa hooyooyinka kale ee ku jira xarunta oo shaqsi ahaan u bar shaqaalaha. Dareensii in ay joogto "guri" leh jawi deggan oo u wanaagsan.

• Ku raac in aysan hadda lahayn caano ku filan - balse si xooggan ugu xaqiiji hooyada in farsamadu ay shaqeyso iyo in caano ku filan ay "soo gali" doonaan naasaheeda inta cunugeeda uu soo kabsanayo. Waxaa ay ka-dib awoodi doontaa, iyada oo adeegsanaysa caanaheeda, in ubadkeeda uu sii ficnaado.

• U sheeg oo ku dhiirrigeli in ay cabto ugu yaraan 3 litir maalin walba.

• Samee qabanqaabada loo baahan yahay ee loogu talogalay hooyada sidaa darteed waxaa ay cuni kartaa ku dhowaad 2500kcal/maalintii oo ah cunto tayo-sare leh.

• Sii hooyada Faytamiin A: 1) Haddii cunugga uu ka yar yahay 2 bilood ama haddii hooyadu ay caado qabto: 200.000UI (waa in aysan jirrin khatar uuraysi), 2) haddii cunugga uu ka weyn yahay 2 bilood: 25.000UI hal mar toddobaadkii.

• Sii nafaqooyinka yaryar oo dheeraad ah.

• Yaree intii suurtagal ah dhererka joogitaanka xarunta.

• Haddii loo baahdo, sii daawooyin ku caawiyo godlashada (tusaale, *metoclopramide* 10mg8 saacaddii).

Daawooyinka kale ee kordhiya qulqulka caanaha (tusaale, *chlorpromazine*) waa kuwo aan waxtar badan laheyn, oo u gudba caanaha naaska, oo waxaa suurtagal ah in ay si xun u saameeyaan hooyada iyo cunugga. Dhaqammada qaarkood, waxaa jira dhir degaanka laga helo oo kicisa soosaarka caanaha naaska (tusaale, *fenugreek*) balse bedqabkooda marnaba lama sugin.

# 7. KA-BIXINTA

Go'aami marka la bixinayo cunugga yar iyada oo la raacayo shuruudaha ka bixinta oo ku qor buugga diiwaangelinta, kaartada SS ee cunugga yar, iyo kaarka caafimaadka (baasaboorka) ee cunugga. Isaga/iyada "si guul leh ayaa loo dabiibay" Cunugga yar waa in si dhow loogula socda toddobaad kasta ama 2 toddobaad kasta iwm. Bukaan-eegtada MCH iyo Shaqaalaha Caafimaad Bulshada oo guriga kula soconaya.

| AGE | DISCHARGE CRITERIA |
|---|---|
| *Infant less than 6 months or less than 3 kg being breast-fed* | ➢ it is clear that s/he is gaining weight on breast milk alone after the Supplemented Suckling technique has been used;<br>➢ there is no medical problem; and<br>➢ the mother has been adequately supplemented with vitamins and minerals, so that she has accumulated body stores of the type 1 nutrients. |

**OGOW:** ma jiraan shuruudo cabbiraadaha jirka ah (*anthropometric*) oo ku xiran ka bixinta cunugga yar ee sida buuxda loo naas-nuujiyay ee miisaankiisu kordhaya.

• Kula tali hooyada in ay si joogto ah u timaado bukaan-eegtada Caafimaadka Hooyada iyo Dhallaanka (MCH) iyo barnaamijka TSFP si ay u hesho cunto tayo-sare leh oo lagu sii wanaajinayo tayada iyo tirada caanaha naaska.

# CARRUURTA YARYAR EE AAN WAX RAJO AH LAGA QABIN IN LA NAAS-NUUJIYO (SC)

Carruurtan yaryar waa kuwo si gaar ah u nugul sababtoo ah ma qabaan hooyo ama ilaalinta caanaha naaska.

Cabbiraadda jirka ee carruurtan yaryar waa mid adag oo haddana aan sax ahayn. MUAC weli laguma adeegsan kooxda da'dan. Halka uu ka jiro barnaamij lagula socdo koritaanka, carruurta yaryar ee caatoobaya ama ka gudbay xariiqaha xoodan ee Jaantusyada koritaanka cunugga ee miisaanka-iyo-da'da iyada oo sabab u ah in miisaankooda uu yahay mid taagan waxaa la dhigi karaa xarunta xasillinta (SC).

## 1. SHURUUDAHA LAGU DHIGAYO[61]

| AGE | ADMISSION CRITERIA |
|---|---|
| ***Infant less than 6 months or less than 3 kg with no prospect of being breast-fed*** | ➢ The infant is not gaining weight at home (by serial measurement of weight during growth monitoring, i.e. change in weight-for-age).<br>**or**<br>➢ W/L (Weight-for-Length) less than <-3 Z.<br>**or**<br>➢ Presence of bilateral oedema. |

Marka aan rajo laga qabin in la siiyo caanaha naaska, carruurta ay da'doodu ka yar tahay 6 bilood, ee si daran nafaqo-xumo u haysa waa in loo dabiibaa si waafaqsan habraaca caadiga ah oo leh wax-ka-beddelidyadan soo socda.

## 2. MARXALADDA DEGDEGA AH

Cuntada waa in caadi ahaan lagu saleeyo Caanaha Qasaca Carruurta ee Guud marka laga reebo kuwo qaba cago-bcararka marka F75 lagu isticmaalo marxaladda ba'an. Caanaha Qasaca Carruurta ee Guud ayaa la doorbidaa, hase-yeeshee, F100 oo la barxay ayaa la adeegsan karaa, balse F100 awoodda buuxa leh waa in aan marnba la adeegsan[62]. (Shaxda hoose ka eeg qaddarada marxaladaha kala duwan). Shuruudaha loogu talogalay isticmaalka Tuubbada Sanka La Geliyo (NGT) oo heerka loogu gudbo marxaladda Kumeel gaarka ah waxaa ay la mid yihiin kuwa carruurta roon-roon.

Carruurta yaryar waa in ay si joogto ah u qaataan caabuq-bi'iyeyaal, maareynta dhibaatooyinkana waxaa ay la mid yihiin sida kuwa carruurta yaryar ee roon-roon iyo carruurta kale.

## 3. MARXALADDA KUMEEL GAARKA AH

Haddii carruurta yaryar ay qaadanayeen F75 inta lagu guda jirro marxaladda ba'an, markaa tani waxaa loo beddelaa Caanaha Qasaca Carruurta Yaryar ee Guud (ama F100 baraxan) inta lagu guda jirro marxaladda kala-guurka. Haddii kale ma jirro isbeddel lagu sameynayo cuntada la siiyo, balse mugga la siiyo waxaa la kordhiyaa ku dhowaad saddex-meelood meel.

## 4. MARXALADDA BOGSASHADA

Inta lagu guda jirro marxaladda bogsashada, laba-jibaar mugga Caanaha Qasaca Carruurta Yaryar ee Guud (F100 baraxan) ayaa LA SIIYAA carruurta yaryar. Tani waa qaddar badan oo lagu dhiirrigelinayo koritaanka ka-daba-geynta ee dhaqsaha ah - waa in aan MARNABA khasab lagu quudin. Inta jeer ee la quudiyo waa la dhimi karaa oo waxaa laga dhigi karaa 6 jeer maalintii.

61 Ma jiraan jaangooyooyin loogu talogalay carruurta yarar ee dhererkoodu ka hooseeyo 45sm iyo kororka lagu go'aaminayo xaaladda nafaqada waxaa ay u baahan yihiin miisaanno sax ah oo aan guud ahaan la heli karin. Qaybta daaweynta bukaan-jiifka kuma habboonna maareynta carruurta yaryar ee dhiciska ah, miisaanka yar ku dhashey, ee aan naaska la nuujin ee dhererkooda ka yar yahay 45sm. Carruurtan yaryar waa in loo gudbiyo adeegga carruurta dhowaan dhalatey iyo in la siiyo caanaha carruurta yaryar.

62 MARNABA ha isticmaalin F100 xoog buuxa leh – waxaa ay carruurtan yaryar u keeni kartaa fuuqbaxa hypernatraemic. Waxaa jirey waayo-aragnimo yar oo ah daaweynta carruurtan yaryar oo ka jira dalalka soo koraya, Dalalka korey, caano gaar ah oo loogu talogalay carruurta yaryar ayaa la isticmaali karaa – haddii la heli karo waxaa lagu talinayaa in caanahan la adeegsado. Cuntooyinka la siiyo waxaa ay la mid noqon karaan kuwa la siiyo carruurta yaryar ee lagu quudiyo farsamada-SS. Ku dhowaad carruurtan oo dhan waxaa ay ku dhasheen dhicis ahaan ama waxaa ay laheeyaan dib-u-dhaca koritaanka ilmo-galeenka gudahiisa ah oo leh miisaanka lagu dhasho oo yar. Sidaa darteed, waxyaabaha "nafaqa-xumada" u keenna carruurta yaryar caadi ahaan way ka duwan yihiin kuwa u keenna carruurta roon-roon.

Shaxda 34aad: Shaxda laga fiiriyo qaddarrada caanaha qasaca carruurta yaryar ee Guud, F100 ee baraxan ama F75 ee la siiyo carruurta yaryar ee aan la naas-nuujin ee ku jira marxaladaha Ba'an, Kala-guurka iyo Bogsashada.

| | Acute Phase | Transition phase | Recovery phase |
|---|---|---|---|
| **Class of Weight (kg)** | Amount (ml) of Generic Infant formula F100dilute or F75 to give per feed | | |
| | 8 feeds/day | 8 feeds/day | 6 feeds/day |
| **=< 1.5 kg** | 30 | 40 | 60 |
| **1.6 to 1.8 kg** | 35 | 45 | 70 |
| **1.9 – 2.1** | 40 | 55 | 80 |
| **2.2 - 2.4** | 45 | 60 | 90 |
| **2.5 - 2.7** | 50 | 65 | 100 |
| **2.8 – 2.9** | 55 | 76 | 110 |
| **3.0 - 3.4** | 60 | 80 | 120 |
| **3.5 – 3.9** | 65 | 85 | 130 |
| **4.0 – 4.4** | 70 | 95 | 140 |

# 5. SHURUUDAHA KA BIXINTA

Marka cunugga yar uu gaaro dhibicda -1.5Z miisaanka-iyo-joogga oo miisaankiisana uu ku kordhayo 20g/maalintii, iyada/isaga waa laga bixin karaa xarunta. Isaga/iyada waa in lagula socdo bukaan-eegtada MCH toddobaad kasta marka lagu daro booqashada guriga ee uu sameeyo shaqaalaha gaarista iyo mutadawaca bulshada.

Cunugga yar waxaa looga bixiyaa xarunta SC sida "la daaweeyay".

Carruurta yaryar waxaa xarunta laga bixin doonaa iyaga oo qaadanaya Caanaha Qasaca Carruurta Yaryar ee Guud.

Waa aasaasi in daryeelaha uu helo qaddaro ku filan oo ah Caanaha Qasaca Carruurta Yaryar ee Guud. Tani waa in ay keenaan bukaan-eegtada ama xarunta xannaaneynta agoonta/waalidiinta korsanaya. Caanaha qasaca ee ganacsi ahaanta loo soosaaro badanaa ma awoodi karaan qoysaska haysta carruurta yaryar ee nafaqo-xumada haysa marka aan la heli karin hooyo ama qof nuujiya oo lacag ku qaata. Daryeelayaasha intooda badan[63] (aabbaha, walaalaha) ee xaaladdan waxaa ay aad u barxaan caanaha si ay "u badiyaan" oo ay muddo dheer u taallo, qaarkood waxaa ay isticmaalaan caanaha ugu raqiisan, oo noqon doona caanno dhan oo la qalajiyey, caano la uumibixiyay ama uumihoorow ah, welinna kuwan oo dhammi kuma habboonna koritaanka iyo kobaca carruurta yaryar ee horay nafaqo-xumo u haysay.

Daryeelaha (aabbaha/walaalaha) waa in uu leeyahay aqoonta oo ayna haystaan tas-hiilaadka ay si ammaan ah ugu diyaarinayaan caanaha qasaca.

La-socoshada carruurtan yaryar iyo daryeelayaashooda aad iyo aad ayay muhiim u tahay oo waa in uu abaabulo shaqaalaha gaarista isaga oo kaashanaya mutadawiciinta bulshada.

63 Meelo badan oo uu ku badan yahay caabuqa HIV waxaa jira tiro badan oo ah "qoysas carruur madax ka ah" halkaas oo dadka waaweyn ay dhammaantooda dhinteen. Carruurtan oo daryeelaysa carruurta waxaa ay soo bandhigaan dhiibaato gaar ah oo xagga maciishada ah, aqoonta, dhiig-miirasho ah iwm. reerkan oo dhan waxaa uu u baahan yahay kaalmo toos ah.

# KORJOOGTEYNTA IYO QIIMEYNTA

## 1. HORDHAC

Korjoogteynta waxqabadyada nafaqada ayaa waxaa ay aasaasi u tahay hirgelinta iyo cabbiraadda taabogalnimada barnaamijyada. Bixinta jawaab-celinta ku saabsan horumarka mashruuc ee la siiyo mas'uuliyiinta caafimaadka, deeq-bixiyeyaasha, fuliyayaasha, iyo ka-faa'iideystayaasha mashruuca waa qayb muhiim ah oo ka mid ah korjoogteynta barnaamij. Waxaa ay suurtagelinaysaa cillad-bixinta loogu talogalay tallaabooyinka saxitaanka loo baahan yahay ee dhaca waqtiga dhabta ah haddii si fiican loo sameeyo. Ka-warbixinta waxaa ay suurtagelinaysaa macluumaadka la soo ururiyay in loo adeegsado go'aamo qaadashada loogu talogalay sii wanaajinta waxqabadka mashruuca. Nidaamka ka-warbixinta iyo korjoogteynta sida wanaagsan loo nakhshadeeyay ayaa wuxuu tilmaami karaa nusqaamaha ka jira hirgelinta qaybaha kala duwan, bixin karaa macluumaadka loogu talogalay u-kuurgalidda baahiyaha ee socda, u-qareemeynta, qorsheynta, dib u nakhshadeynta, iyo la-xisaabtanka.

Korjoogteynta iyo ka-warbixinta waa in ay noqdaan qayb aan ka go'in barnaamijka IMAM (daryeelka bukaan-jiifka/ xarumaha Baxnaaninta (SC), barnaamijka daaweynta bukaan-socodka (OTP), barnaamijka quudinta dheeriga ah ee La Beegsanayo (TSFP) iyo abaabulidda bulshada. Korjoogteynta iyo ka-warbixinta barnaamijka IMAM wuxuu ka kooban yahay afar qaybood oo waaweyn: u qoondeynta lambar diiwaangelin ka-faa'iideyste gaar ah/aqoonsade; diiwaangelinta bukaannada ee lagu diiwaangeliyo buugga diiwaangelinta; ku diiwaangelinta marxaladaha kala duwan ee ay bukaanada maraan shaxda la-socoshada u gaarka ah; iyo diyaarinta warbixinnada istaatistika ee billaha ah. Dhinacyada kale ee muhiimka ah ee korjoogteynta barnaamij waxaa ka mid noqon kara korjoogteynta barnaamijka si loo qiimeeyo wax-ku-oolnimada waxqabadyada daaweynta (saamiga macaamiisha sida wax-ku-oolka ah loo daaweeyay) iyo hawlaha heerka bulshada ee abaabulka iyo xaalad ogaanshaha, iyo in la qiimeeyo baaxadda uu gaarayo barnaamijka (oo ah, saamiga kooxda la beegsado ee la gaarsiinayo daaweynta) iyo habboonaanta barnaamijka loogu talogalay bulshooyinka. Hababka kale ee muhiimka ah ee korjoogteynta barnaamijka IMAM ee Soomaaliya waxaa ka mid ah korjoogteynta wadajirka ah/waaxaha badan/hay'adaha kala duwan, dib-u-eegista hirgelinta barnaamijka iyo isticmaalka korjoogteynta dhinac-saddexaad degaamada adag in la gaaro ee Soomaaliya.

## 2. QEEXIDDA

### 2.1. "Lambarka-SAM ama -MAM"/"Lambarka Scope"

Lambarka-SAM ama MAM waxaa lagu qeexaa in uu yahay lambar gaar ah oo loo qoondeeyay bukaan kasta ee la OGAADAY in uu qabo SAM ama MAM iyo Qaabilaadda barnaamijka IMAM. Waxaa uu dheeri ku yahay lambar kastoo kale ee laga yaabo in ay siiso xarunta IMAM ee diiwaangashan.

Lambarka-SAM ama –MAM waa in lagu adeegsado dhammaan foomamka wareejinta gudaha iyo dokumeentiyada la xiriira bukaankaasi (Jaantusyada-taxan ee SC, kaartada OTP, buugga diiwaanka).

Lambarka-SAM ama –MAM waa in uu caadi ahaan noqdaan qaabkan soo socda:

**Summadda degmada caafimaadka (xaraf ama lambar)/Magaca ama lambarka xarunta/Lambarka cunugga**

Ogow: Haddii lambarka BAAXADDA uusanba jirrin, "Lambarka-SAM ama –MAM" ayaa la isticmaali doonaa.

Tusaale ahaan, haddii bukaanka uu yahay kan ugu horreeyay ee laga helay Degmada Doolow, OTP ku taalla xarunta caafimaadka ee Kabasa, bukaankaas waxaa uu yeelan karaa lambarka SAM ee ah <Dol/ OTPKabasa/0001>; bukaanka 156aad ee markii ugu horreysay lagu dabiibay cusbitaalka degmada Burco wuxuu yeelan karaa lambarka SAM ee ah <Bur/SCBurao/0156>. Haddii bukaanka markii ugu horreysay lagu helay Degmada Garoowe, TSFP-ga xarunta caafimaadka Jilab, bukaankaasi wuxuu yeelan karaa lambarka SAM ee ah <Gar/ TSFPJilab/0001>; Mabaadii'da waa in magaca xarun walba uu noqdaa mid gaar ah oo dalka gudahiisa ah iyada oo sida ugu macquulsan loo gaabiyay (shaqaalaha waa in ay ku celceliyaan qoraalka lambarka).

Waaxda Nafaqada Qaranka waxaa ay u qoondeynaysaa summad gobol/degmo kasta iyada oo la tashanaysa waaxaha kale ee Wasaaradda Caafimaadka.

Sarkaalka Nafaqada Degmada oo ay wehliyaan DMO iyo DHMT,

- Ayaa wuxuu xiriir wada-shaqeyn la yeelanayaa hay'ado kastoo kale ama NGO-yada ee ka wada-shaqeeya barnaamijka IMAM ee dowladda
- Ayaa qoondeeya summadda waxaa uunna u diiwaangeliyaa xarun kasta sida in ay tahay qayb ka mid ah barnaamijka IMAM, haddii ay tahay goob OTP ama SC/IPF, ka hor inta aan goobta la furin, ayaa wuxuu ku wargeliyaa Waaxda Nafaqada Qaranka faahfaahinnada diiwaangelinta xarunta.

Bukaanka wuxuu lahaan doonaa isla lambarkan-SAM ama MAM inta lagu guda jirro DHAMMAAN wareejinnada gudaha. Xarumaha gaarka ah ayaa sidoo kale siin kara lambar diiwaangelin iyaga u gaar ah bukaanka oo loogu talogalay isticmaalka gudaha iyo galaynta – lambarka gaarka ah ee goobta - balse waa in ay ku adeegsadaan Lambarka-SAM dhammaan foomamka wareejinta iyo dokumentiyada la xiriira bukaankaas.

Lambarkan-SAM ama –MAM ayaa lagu qoondeeyaa halka bukaanka marka ugu horreysa xaaladiisa LAGU OGAADO, haddii tani ay tahay goobta OTP, TSFP ama gudaha SC/IPF. Lambarkan waa mid gaar ah oo waa in had iyo jeer loo muujiyaa sida Lambarka-SAM ama MAM ahaan. Dhammaan dokumentiyada la xiriira bukaanka, sida,

kuwa daryeelka bukaan-jiifka, jaantusyada taxan, buugga diiwaangelinta, iyo foomamka wareejinta; kuwa daryeelka Bukaan-socodka, kaartada OTP, buugga diiwaangelinta, iyo foomamka wareejinta. Halka uu ka jiro Kaarka caafimaadka qaranka, jaantuska/shaxda waddada caafimaadka ama dokumenti korjoogteyn kale markaa Lambarka-SAM ama –MAM iyo gelitaanka xarunta waa in lagu qoro dokumeentigaas ee haysto daryeellaha.

## 2.2. "Lambarka-Diiwaangelinta-Xarunta"

Lambarka diiwaangelinta xarunta waxaa loo qeexaa sida lambarka diiwaangelinta ee ay qoondeysay xarunta. Kani waa in uu caadi ahaan noqdaa qaabka lambar ku xiga sannadka (tusaale, 0234/2011). Lambarkan waxaa loo isticmaalaa galeynta/fayl-gareynta gudaha iyo kala-soocidda diiwaannada xarunta gudaheeda ah ee ku saabsan kaartooyinka-taxan iyo buugga diiwaanka ee xarunta baxnaaninta (SC) iyo jaantuska OTP iyo buugga diiwaangelinta ee OTP. Diiwaangelinta xarunta midkoodna looma adeegsado wareejinta bukaannada ama dhisidda kayd-xogeedka/macluumaadka bukaannada. Caddeyn ahaan: isku-xigxiga lambarrada ma noqon doonaan kuwo isku mid ah. Tani ayaa waxaa sabab u ah in wareejinnada gudaha ah laga yaabo in la siiyo lambar diiwaangelin ay xaruntu leedahay oo cusub, balse waa in AAN la siin Lambar-SAM cusub – waxaa ay ku lahaan doonaan isla lambarka-SAM min xarun ilaa xarun.

## 2.3. "Bixid"

Bixidda waxaa lagu qeexaa bukaanka ka baxaya xarunta - waa wadarta bukaannada la daaweeyay/sida guusha leh loo daaweeyey, dhintay, ka baxsaday daaweynta, loo gudbiyay adeeg caafimaad, iyo kuwa gudaha loo wareejiyay. Barnaamijka OTP ayaa tani waxaa ay ka dhigan tahay wadarta kuwa ka baxay/laga sii-daayey xarunta iyo wareejinnada gudaha. Marka la eego SC tani waa wadarta bukaannada sida guusha leh loo dabiibey, kuwa laga bixiyay ama siidaayey, iyo wareejinnada gudaha.

## 2.4. "Ka bixin"

Ka bixinta waxaa loo qeexaa sida bukaannada ka baxaya barnaamijka IMAM iyada oo sabab u ah in la daaweeyay, dhinteen, ka baxsadeen barnaamijka, ama caafimaad ahaan meel kale loo gudbiyay.

## 2.5. "Bukaannada La La'yahay"

Bukaannada la la'yahay waxaa loo qeexaa bukaannada loo wareejiyay xarun kale oo muddo macquul ah gudaheeda ku tagi waaya xaruntii loo wareejiyay (dhowr maalmood). tirakoobkan laguma diiwaangeliyo dokumeentiyada midkoodna - balse waxaa laga xisaabin karaa warbixinnada la isku soo uruuriyey ee OTP-yada iyo SC yada degmada gudaheeda.

## 2.6. "Bukaanka cusub ee xarunta la dhigay"

Bukaanka cusub ee xarunta la dhigay waxaa loo qeexaa bukaanka qaba SAM ee aan daaweyn uga qaadan meel kale dhacdadan SAM oo aanna loo qoondeyn Lambar-SAM. OTP baarta ee u wareejisa cunugga SC daaweyn la'aan waa in ay u qoondeyso Lambar-SAM marka la ogaado xannuunkiisa ka hor inta aan la wareejin. Waa bukaan cusub oo la dhigay xarunta OTP. Bukaannada cusub ee lagu qaabilo goob kasta waa in ay leeyihiin Lambarro-SAM oo isku xigxiga sidaa darteed wadarta guud ee tirada bukaannada cusub ee lagu qaabiloayaa laga xaqiijin karaa lambarrada.

## 2.7. "Dib usoo Ridasho"

Din usoo ridashada waxaa loo qeexaa 1) halka bukaanka xarunta loo qaabilo SAM kaas oo horey looga dabiibey SAM oo barnaaminkana looga saarey in la daaweeyay ahaan, ama 2) halka cunugga uu isaga tagay barnaamijka ka-dibna uu la soo noqdo SAM ka-dib muddo 2 bilood ah. Dib usoo ridashada waa in loo tiriyaa "bukaan cusub oo xarunta lagu qaabilay ahaan". Lambarka-SAM iyo dib usoo ridashada, xaraf/lambar gadaal ugu xirma waa in la siiyaa Lambarkiisa/Lambarkeeda-SAM: xxxx-2 si loo tilmaamo in ay tani tahay dhacdada labaad ee SAM ee bukaankan. Haddii Lambarka-SAM ee asalka ah aan la heli karin Lambar-SAM cusub waa in la siiyaa, balse waa in uu had iyo jeer leeyahay xxx-2 si loo tilmaamo in markii labaad uu ka qaybgaley barnaamijka.

## 2.8. "Dib-u-gelidda"

Dib-u-gelidda waxaa loo qeexaa qof daaweynta kabaxsaday oo midkood ku noqda OTP ama SC si uu mar kale u bilaabo daaweynta ka-dib markii uu ka maqnaa muddo 2 bilood ah ama ka yar. Cunugga ma ahan qof cusub oo soo galey waxaanna dib loo siiyaa lambarkiisa ama lambarkeeda-SAM ee asalka.

## 2.9. "Wareejin gudaha ah"

Wareejinta gudaha ah waxaa loo qeexaa sida bukaanka imaada iyada oo sabab u ah in isaga/iyada laga soo wareejiyay xarun kale (min OTP ilaa SC. OTP ilaa OTP kale, ama SC ilaa OTP) ka-dib markii uu helay Lambarka-SAM. Wareejinnada noocaas ah waxaa lagu qoraa qaybaha gelidda iyo bixidda ee diiwaanka iyo warbixinta. Haddii loo baahdo in labadan la kala saaro, markaa ereyada gudaha loo soo wareejiyay iyo dibadda loo wareejiyay ayaa sida soo socota loo adeegsan karaa. Gudaha loo soo wareejiyay" waa bukaanka ka imaanaya xarun kale (OTP ama SC). Dibadda loo wareejiyay" waa bukaanka loo diray xarun kale si uu uga sii wato daaweynta (OTP ama SC)

## 2.10. "Gelitaan kale"

Gelidda kale waxaa loo qeexaa sida bukaanka la dhigay xarunta sabab kastaba ha noqotee balse aan ka soo bixin wax ka mid ah shuruudaha SAM (tusaale. Mataanka. Iwm.); bukaannadan laguma xisaabiyo warbixinta billaha ee xarunta. Lama siiyo lambarka-SAM.

## 2.11. "Bogsasho"

Bogsasho ayaa waxaa loo qeexaa bukaanka gaaraya shuruudaha ka bixinta barnaamijka. Ogow: U bixidda ama u wareegidda Barnaamijka Quudinta Dheeriga ah (SFP) looma tixgeliyo in ay tahay wareejin, balse waxaa loo tixgeliyaa ka bixinta barnaamijka nafaqo-xumada daran .

## 2.12. "Si guul leh loo daaweeyay/dabiibay"

Ereygan waxaa loo isticmaalaa 1) bukaannada ku jira SC/IPF

kuwaas oo si guul leh u dhammeysta marxaladda 1aad (marxaladda-ba'an) ee daaweynta ka-dibna loo wareejiyo OTP si ay uga sii wataan daaweyntooda, ama 2) loogu talogalay carruurta yaryar ee ay da'doodu ka yartahay 6 bilood kuwaas oo barnaamijka ka baxay ka-dib markii uu miisaankooda kordhay markii loo sameeyay naas-nuujin barax-tiran. Caddeyn ahaan, marka bukaannada ay ka baxaan SC si ay u sii wataan daaweynta OTP waxaa ay weli ku jiran barnaamijka oo ma gaarin shuruudaha ka bixinta - oo loola jeedo, in aysan weli "bogsan". Hase-yeeshee, SC waxaa ay ku guuleysatey in ay "u dhammeyso barnaamijka" bukaanka waxaa ayna si habboon u gudatey doorkeeda daaweynta.

## 2.13. "Dhintey"

Dhintey ama geeriyoodey waxaa loo qeexaa bukaanka dhinta inta uu ku jiro barnaamijka SAM ka-dib markii la siiyay Lambarka-SAM. Caddeyn ahaan, kuwan waxaa ka mid ah bukaannada dhinta iyagoo ku guda jira safar ka-dib markii laga soo qaadey hal xarun loona sii wadey xarun kale. Halka bukaanka qaba SAM uu dhinto inta lagu guda jiro safarka min OTP ilaa SC/IPF, dhimashada waa in loo diiwaangeliyaa sida dhimashada barnaamijka gudahiisa ah oo waa in loo wareejiyaa warbixinta OTP. Haddii cunugga horey loogu sheegay "jbaxsade aan la xaqiijin" oo markaa ka-dibna la ogaaday in uu dhintey, arrintan waa in lagu sheegaa warbixinta billaha ee xigta "qaybta beddelka dabaqadda." Qoraal ayaa lagu qoraa buugga diiwaangelinta iyo jaantuska SC/IPF ama jaantuska OTP.

## 2.14. "Baxsade-La-Xaqiijiyey"

Joojiyaha-la-xaqiijiyay waxaa lagu qeexaa in uu yahay bukaanka maqan, iyada oo aan wax qabanqaabo ah lala sameyn shaqaalaha, 2 miisaamid isku xigxiga (14 maalmood OTP iyo 2 maalmood SC) iyo iyada oo aan si rasmi ah loo bixin, kaas oo la ogyahay in uu weli nool yahay (oo lagu ogaadey booqasho guriga lagu tagey, deriska, mutadawac, ama jawaab-celinta shaqaalaha gaaridda).

## 2.15. "Baxsade-Aan-La-Xaqiijin"

Joojiye aan la xaqiijin waxaa lagu qeexaa in uu yahay bukaanka fuliya qeexidda baxsadaha, balse aan la hubin haddii uu dhab ahaantii nool yahay ama uu dhintey. Warbixinnada, kabaxsadayaasha waxaa loo qoraa in ay abaxsadeenk marka ay soo noqon waayaan. OTP, tani caadi ahaan waxaa loola jeedaa in la diiwaangeliyay bishii ku xigtay waqtiga dhabta ah ee markii ugu dambeysay la arkay, iyo ilaa xad ka yar oo loogu talogalay SC. Haddii wax xisaabin ah lagu sameeyo joojiyeyaasha (tusaale, heerarka miisaan kororka ka hor inta aan la joojin iwm.) markaa 14 maalmood waa in laga jaro "taariikhda joojinta" ee loogu talogalay bukaannada OTP iyo 2 maalmood oo loogu talogalay bukaannada SC/IPF.

## 2.16. "Bogsasho la'aan"

Bogsasho la'aanta waxaa loo qeexaa sida bukaanka ku jira midkood OTP ama SC/IPF ee buuxiyo shuruudaha loogu dhigay dhabbe-tusayaasha sida guul-darrada-bogsasho la'aanta oo ku guuldareysta in uu waafaqo dhammaan daaweynta kaas oo daryeelahiisa diidda gudbin ama in loo gudbiyo takhtar sare oo carruurta qaabilsan si uu kiiska/xaaladda ula wareego. Waxaa ka mid ah dhammaan carruurta aan u waafaqin sabab kasta (bulsho, nafsaani iyo caafimaad) oo kuma xaddidna oo kaliya kuwa qaba xaalado caafimaad kale oo laga shakiyay ee u baahan wareejinta ama gudbinta.

## 2.17. "Gudbin-caafimaad"

Gudbinta caafimaad ayaa waxaa loo qeexaa bukaanka qaba cuddur kale oo halis ah ee u baahan daaweyn ka baxan baaxadda xarunta xasillinta loogu talogalay SAM (ama la tuhmayo in uu qabo xaaladaas oo kale oo u baahan baaritaanno lagu oggaanayo oo ka-baxsan SC/IPF) waxaanna loo gudbiyaa adeeg kale kaas oo la wareegga maareynta dhammeystiran ee cunugga. Tani waxaa loo arkaa bukaanka ka tagaya barnaamijka IMAM ee tagaya maareynta adeeg kale.

## 2.18. "Diidmada wareejinta"

Diidmada wareejinta waxaa loo qeexaa bukaanka fuliyo shuruudaha gelidda IPF (iyada oo la raacayo shuruudaha kala-sooca bukaannada) balse diidda wayddiisashada wareejinta laga wareejinayo OTP. Caddeyn ahaan, tani ma aha sababta looga bixinayo OTP, halkaas oo uu bukaanka ugu sii jirayo daaweyn sii socota. Qoraal ayaa lagu qoraa diiwaanka iyo jaantuska oo lagu sheegayo in bukaanka uu diidday wareejinta. Tani laguma qoro warbixinta billaha ah. Balse maadaama ay noqon karto sharaxaadda dhimashada ee OTP, waa in muddo ka-dibba mar loo baaro wabixinta sannadlaha ah iyo qiimeynta. Haddii ay soo noqnoqoto, tani waa in ay muujiso baahida loo qabo baaritaanka sababaha (masaafada loo sameeyay xarunta baxnaanada, sumcadda ay leedahay xarunta baxnaanada (SC), iwm. iyo tallaabada lagu saxayo ee ay tahay in la qaado.

# 3. DIIWAANGELIN

## 3.1. Buugga diiwaangelinta ee SC, OTP iyo TSFP (lifaaqa 6aad)

Waa in uu jiraa buug diiwaangelin yaalla TSFP, OTP iyo SC kasta.

Buugga diiwaangelinta loogu talogalay TSFP, SC, iyo OTP waxaa ku jira qodobbada soo socda:

- Lambarka diiwaangelinta xarunta (TSFP, SC ama OTP)
- Lambarka IMAM (u gaar ah cunugga)
- Taariikhda gelitaanka
- Magaca hore iyo kan aabbaha
- Cinwaanka
- Lambarka telefoonka
- Nooca gelidda (bukaanka cusub ee xarunta la dhigay, soo noqosho, joojiye soo noqdey, wareejin gudaha ah)
- Lab iyo Dheddig (jinsi)
- Da'da (oo bilo ah)

• Miisaanka xilliga gelitaanka
• Dhererka/Jooga xilliga gelitaanka
• Miisaanka-iyo-joogga xilliga gelitaanka (Dhibcaha-Z)
• MUAC ee xilliga gelitaanka
• Cago-bararka xilliga gelitaanka
• Taariikhda bixidda
• Culayska/Miisaanka xilliga bixidda
• MUAC xilliga bixidda
• Nooca bixidda (bogsadey, daaweyn lagu guuleystay (SC kaliya), dhintey, baxsaday (la xaqiijiyay ama aan la xaqiijin – TSFP iyo OTP kaliya), la gudbiyey
• Baarista iyo oggaanshaha cudurka ee kama dambeysta ah
• La-socodka/u-fiirsashada (tusaale, diidday wareejinta, jirrooyin kale oo waaweyn, kiisas gaar ah iwm.)

Diiwaanka IMAM waa in loo joogteeyaa si ka gaar ah diiwaannada kale (sida IMCI) oo waa in ay ku qoran yihiin dhammaan macluumaadka lagama maarmaanka ah si loo xisaabiyo dhererka joogitaanka iyo kororka miisaanka oo waa in uu oggolaadaa in xogta oo dhan loo kala saaro dheddig iyo lab ahaan si la isu-duwo warbixin sannadeeda (si in badan soo noqnoqod leh).

### 3.2. Buugga diiwaangelinta ee TSFP (lifaaqa 28aad)

Buugga diiwaangelinta ee TSFP waxaa ku qoran dhammaan macluumaadka la-socoshada cunugga ee booqasho kasta oo lagu darey gelitaanka iyo ka bixinta.

# 4. JAANTUSYADA BARNAAMIJKA OTP IYO SC

Waxaa jira saddex nooc oo kaartooyin/shaxo ah: kaartooyinka-taxan (SC); Kaartada-SS ee carruurta yaryar; iyo kaartada OTP. Jaantusyada waxaa ay ku yaalaan lifaaqa. Hadaad rabto faahfaahinno ku saabsan sida loo buuxiyo kaartooyinka eeg cutubyada tababarka.

• Jaantuska-taxan ee bukaanka waa qalabka aasaasiga ah ee lagu maareeyo bukaan-jiifyada ku jira SC.

Waa in loo buuxiyo bukaan kasta. Waa qalabka aasaasiga ah ee lagu maareeyo nafaqo-xumada waxaanna loogu taliyay dhammaan xarumaha xannaaneeya bukaannadan. Dokumentiyada kale iyo diiwaannada cusbitaalka degaanka waa in aysan noqon diiwaannada aasaasiga ah ee bukaannadan. Ma jirro meel waqtiga lagu lumiyo sameynta nuqullo badan.

Jaantuska waxaa loo nakhshadeeyay si oggolaanaysa xakameynta habboon ee dhammaan arrimaha daryeelka bukaanka (min dhigitaanka ilaa la-socoshada iyo gebi ahaan inta isaga/iyada ay joogaan xarunta bukaan-jiifka). Shaqaalaha oo dhan waxaa ay isticmaalaan jaantus isku-mid ah. Dhammaan macluumaadka aasaasiga ah waxaa si nidaamsan loogu diiwaangeliyaa qayb Jaantuska ka mid ah oo horay loo go’aamiyay. Macluumaadka ayaa si fudud oo degdeg leh looga heli karaa bukaan kasta. Macluumaadka ayaa si fudud oo dhaqso leh loogu heli karaa bukaan kasta.

• Jaantuska-SC ee carruurta yaryar waa qalabka aasaasiga ah ee lagu maareeyo carruurta yaryar ee da’doodu ay ka yar tahay 6 bilood ee ku jira SC;

• Jaantuska OTP waa hal warqad/xaashi A4 laba dhinacle ah oo lagu qoro dhammaan macluumaadka OTP.

# 5. KAARARKA QOONDADA CUNTADA EE TSFP (EEG LIFAAQA 27)

Kaarka qoondada cuntada ayaa la siiyaa bukaanka oo guriga u qaato waxaanna la joogteeyaa booqasho kasta ee ku xigta. Waxaa lagu diiwaangeliyaa horumarka macmiilka ee booqasho kasta, oo ay ku jiraan korjoogteynta cabbiraadaha jirka.

Si la mid ah, bukaan OTP kasta waxaa la siiyaa kaarta OTP ee la socoshada toddobaadlaha ah. Kaarkan waxaa ku qoran macluumaadka muhiimka ah ee ku saabsan macmiilka.

Daryeelaha waa in uu la imaadaa kaarkan booqasho kasta eek u yimaado bukaan-eegtada/goobta quudinta.

63 Meelo badan oo uu ku badan yahay caabuqa HIV waxaa jira tiro badan oo ah “qoysas carruur madax  ka ah” halkaas oo dadka waaweyn ay dhammaantooda dhinteen. Carruurtan oo daryeelaysa carruurta waxaa ay soo bandhigaan dhiibaato gaar ah oo xagga maciishada ah, aqoonta, dhiig-miirasho ah iwm. reerkan oo dhan waxaa uu u baahan yahay kaalmo toos ah.

# 6. LA-SOCOSHADA MACAAMIISHA SC/OTP/TSFP IYADA OO LA ADEEGSANAYO LAMBARKA SAM/SCOPE

Bukaan kasta ee soo galaya IMAM isaga oo u soo maraya SC, OTP ama TSFP waa in la siiyaa lambarka diiwaangelinta IMAM oo loo baahan yahay in lagu diiwaangeliyo kaararka macmiilka, kaararka qoondada cuntada, diiwaanka, iyo diiwaanno kastoo IMAM ee ku habboon. Bukaannada u kala wareegaya goobaha ama qaybaha barnaamijka waxaa ay yeelanayaan lambarka IMAM oo isku mid ah. Iyo sidoo kale, baxsadayaasha soo noqonaya waxaa ay daaweynta sii wadanayaan iyagoo leh isla lambarka. Dib-u-qaabillada ama soo noqoshooyinka (bukaannada mar kale buuxiya shuruudaka gelitaanka ka-dib markii looga bixiyay bogsadey ahaan) waxaa ay helayaan lambar cusub iyo kaar cusub, maadaama ay la ildaran yihiin dhacdo nafaqo-xumo kale oo mar kale u baahan daaweyn buuxda.

Macaamiisha ka soo galaya nidaamka daryeelka caafimaad xarun daryeel caafimaad oo aan ahayn OTP (tusaale, bukaan-eegtada daryeelka ka horreeya dhalmada, bukaan-eegtada carruurta, bukaan-eegtada HIV/AIDS, iwm.) ayaa sidoo kale la siiyaa lambarka bukaan-eegtada bukaanka. Marka xarunta loo qaabilo daaweynta nafaqo-xumada daran, macmiilka ayaa sidoo kale la siiyaa lambarka diiwaangelinta IMAM. Sidaa daraaddeed, agabka korjoogteynta IMAM waxaa ka mid noqon doonta meelo bannaan oo loogu talogalay lambarka diiwaangelinta IMAM iyo lambarka bukaan-eegtada macmiilka ee loo qoondeeyay, haddii loo baahdo, xarunta daryeelka caafimaadka.

Marka la eego xaddidaada habka summadidda ama calaamadeynta qaranka/dhexe ee loogu talogalay xarumaha caafimaadke ee bixiya adeegyada IMAM ee Soomaaliya, barnaamijka IMAM waxaa uu ka faa'iideysanayaa SCOPE kaas oo si aad u hufan u siiya lambarro gaar ah dhammaan carruurta qaadaneysa daaweynta. SCOPE waa aqoonsiga ka-faa'iideystaha oo dijitaal ah wuxuunna faa'iido u yahay nidaamka maareynta.Waxaa laga hirgaliyey meelo badan oo Soomaaliya ah oo marka la ballaariyo wuxuu bixin doonaa habab aad la isugu halleyn karo oo si gaar ah loogu aqoonsado oo lagula socdo carruurta ku jirta barnaamijka IMAM.

# 7. WARBIXINNO

Warbixinta billaha ah waa warbixinta caadiga ah. Warbixinta laga helo xarun kasta (OTP iyo SC/IPF) waa in la buuxiyaa oo loo gudbiyaa Sarkaalka Nafaqada Degmada/cidda qaabilsan bil kasta. Kuwan waxaa la geliyaa kaydka xogta ee degmada taas oo loo gudbiyo heerka qaranka. Kuwan waxaa loo adeegsadaa in lagu qiimeeyo tayada adeegyada laga bixiyo heerka xarunta. Warbixinnada billaha ah ee laga helo degmo kasta waa la isku soo ururiyaa si ay u bixiyaan sawirka guud ee tayada adeegga iyo baaxadda dhibaatada ay SAM ku hayso heerka degmo. Barnaamij kombiyuutar (*Software*) ayaa la sameeyay si loo dhammeeyo hawshan. Natiijooyinka ka soo baxa falanqeynta waxaa dib loogu sheegaa kormeerayaasha OTP iyo IPF kullanka billaha ah ee xiga.

Marka laga soo tago warbixinta billaha ee caadiga ah, waa in ay jiraan: 1) warbixin sannadle ah halkaas oo xog dheeraad ah laga soo qaado OTP-yada iyo SC/IPF-yada iyo 2) qiimeynta dibadda ah oo saddexdii sannaba mar lagu sameeyo barnaamijka IMAM ee degmo kasta.

Warbixinta billaha ah waa in ay ka mid yihiin: wadarta guud ee bilowga bisha; wadarta guud ee gelidda (oo qaybo ah); wadarta guud ee bixidda (qaybo ahaan); wadarta guud ee dhammaadka bisha; iyo xogta kontoroolka kaydka.

Warbixinta sannadlaha ah, marka lagu daro wadarrada guud ee sannadka oo dhan, waa in ay ku jiraan: heerka celceliska miisaan kororka; celceliska dhererka muddada joogitaanka; iyo u kala saaridda xogta jinsi ahaan "lab iyo dheddig" (halka ay joogaan tiro badan oo bukaanno ah, tani waxaa lagu sameyn karaa naamuunad ka wakiil ah).

Warbixinta qiimeynta saddexda sanno waa in ay ku jiraan: a) dib-u-eegista qayb kasta oo ka mid ah barnaamijka (Arrimaha Nafaqo darada bulshada, baaritaanka, TSFP, OTP, SC-yada, sida loo habeeyay, iwm.) oo la socda guudmarka warbixinnada billaha iyo sannadlaha; b) dib-u-eegista qalabka, cutubyada, iyo hababka tababarka; c) tayada kormeerka; d) shaqaalaha iyo sida loo habeeyay; e) loojistika (sahayda); f) maaliyadsiinta barnaamijka; iyo g) talo-soojeedimada toosinta.

## 7.1. Warbixinta billaha ah

Warbixinta billaha ah waa in ay ku jiraan waxyaabahan soo socda:

### 7.1.1. Qaybaha bukaanka

Qaybaha kala duwan waa nooca nafaqo-xumada, kooxaha da'da, iyo nooca gelidda iyo bixidda,

• Nooca nafaqo-xumada: caga-barar leh iyo aan caga-barar lahayn

OGOW: Halka/Meesha nafaqo-xumada caga-bararka leh ay tahay mid si gaar ah dhif u ah looma baahna xogta in lagu kala saaro xaaladda caga-bararka. Halka cunugga uu babarsan yahay isaga/iyada waa in lagu diiwaangeliyaa joog-u-taxa bararka haddii uu buuxiyo isaga/iyada shuruudaha kale ee gelitaanka. Warbixintu waa in ay ku habboon tahay labada nooc.

• Kooxaha da'da

Loogu talogalay SC: <6 bilood, 6-23 bilood, 24-59 bilood, >59 bilood

Loogu talogalay OTP: 6-23 bilood, 24-59 bilood, >59 bilood

### 7.1.2. Tirada bukaannada oo loo kala saarey nooca gelitaanka iyo ka bixinta xarunta

Noocyada qaabilaadda xarunta waa in ay noqdaan: bukaanno cusub oo xarunta la dhigey, dib usoo ridasho (labadaba la siiyo Lambarro-SAM cusub), dib-u-gelitaanka (baxsadka), iyo wareejinnada gudaha ah (wareejin gudaha ah, halka lambarro SAM cusub aan la siin).

Noocyada ka bixinta xarunta baxnaaninta (SC) waa in ay noqdaan: daaweyn lagu guuleystay (sida, wareejin dibadda ah ee loo wareejiyo OTP iyo < 6 bilood miisaan koror iyo naas-nuujin lagu guuleystay), bogsadey (loogu talogalay dhowrka ku hara xarunta baxnaaninta (SC), dhintey, kabaxsaday, iyo gudbin-caafimaad (oo ay ku jiraan kuwa aan waafaqin).

Noocyada ka bixinta barnaamijka OTP waa in ay noqdaan: bogsadey, dhintey, baxsad-la-xaqiijiyey, wareejin gudaha ah (wareejin dibadda ah), iyo aan daawoobin (kuwa baxa ka-dib marka ay diidaan in loo wareejiyo xarunta xasillinta (SC), ama loo wareejiyo meel ka baxsan barnaamijka ee ah bulshada ama adeegyo kale).

Warbixinta ka timid barnaamijka OTP waxaa ay leedahay sanduuq loogu sheegayo xarunta baxnaaninta (SC) bukaannada caadi ahaan la wareejiyo.

Caddeyn ahaan, OTP-yada qaarkood ee u dhow xadduudaha maamul waxaa ay si habboon ugu wareejin karaan bukaanno SC-yada ku yaalla degmo kale gudaheeda haddii SC ay u dhowdahay ama aad ugu habboon tahay bukaannada. Haddii ay xaaladdu sidan tahay markaa waa in lagu muujiyaa warbixinta.

### 7.1.3. Macluumaadka kale

Waxaa jirta qayb gaar ah oo warbixinta ka mid ah oo suurtagelinaysa sixitaanka warbixinno horey loo gudbiyay. Gaar ahaan, dib u kala soocidda carruur horey loogu soocay in ay yihiin “baxsadayaal aan la xaqiijin” iyada laga kala dhigayo kuwa la xaqiijiyay in ay yihiin baxsadayaal iyo kuwo dhintey.

Warbixinta sidoo kale waxaa ku jira faahfaahinnada kaydka waxyaabaha ugu badan ee durba la quudan karo ee xarunta iyo kuwa keeni kara dillaaca dhuunta. Gaar ahaan RUTF, balse waxyaabaha kale ee aasaasiga ah sida daawooyinka caadiga ah ayaa lagu dari karaa (tusaale, caabuq-bi’iyeyaasha, daawada cudurka duumada, iwm.). Xogtu waa in ay ku jiraan alaabta kaydka ah bilowga bisha, alaabta la helay, iyo alaabta kaydka ah ee dhammaadka bisha.

Celceliska dhererka muddada joogitaanka ee carruurta bogsatey:

Tusiyahan waa in la xisaabiyaa oo looga soo warbixiyaa bukaannada bogsadey[64] ee qayb kasta.

Bukaanka shaqsiga, dhererka joogitaanka = taariikhda uu bukaanka gaarey shuruudaha ka bixinta - taariikhda qaabilaadda.

Bukaannada kooxda ah, celceliska dhererka muddada joogitaanka = *wadarta (Tirada maalmaha ee bukaan kasta ee bogsadey laga soo bilaabo gelitaanka ilaa laga buuxiyo shuruudaha ka bixidda) / tirada bukaannada bogsadey*

Ogow: tani waa celceliska taariikhda bukaanka uu ka soo baxo shuruudaha ka bixinta oo laga jarey tariikhda gelitaanka ee bukaan kasta. Bukaannada qaar waxaa ay ku sii negaadaan barnaamijka/SC ka-dib marka ay ka soo baxaan shuruudaha ka bixinta sababo bulsho awgood (baahida loo qabo xiriirka iyo war isdhaafsiga qoyska, wehelin, gaadiid iwm.) haddii taariikhda sida dhabta ah looga tago xarunta la isticmaalo markaa tani waa in lala sheego natiijada.

Heerka celceliska miisaan kororka ee carruurta baaba’dey ama tabar-darsatey:

Tusiyahan waa mid gaar ahaan waxtar u leh muujinta tayada quudinta. OTP waxaa uu bixiyaa tilmaanta qaddarka RUTF la bixiyay ee uu qaatey cunugga.

Celceliska kororka miisaanka ayaa loo xisaabiyaa bukaannada SOO KABSADAY ee qayb bukaan kasta.

Heerka miisaan kororka ee shaqsiga waxaa loo xisaabiyaa miisaanka/culeyska marka laga bixinayo xarunta oo laga jarey miisaanka ugu yar oo lagu dhuftey 1000 si miisaanka/culeyska loogu rogo miisaan kororka garaamyo. Tani ka-dib waxaa loo qaybiyaa miisaanka ugu yar si loo helo garaamyada miisaanka kororka kiilo kasta ee miisaanka jirka ah. Ugu dambeyn, wadartan miisaan kororka waxaa loo qaybiyaa tirada maalmaha laga soo bilaabo maalinta miisaanka ugu yar ilaa maalinta ka bixinta xarunta, si loo soosaaro g/kg/maalin.

Heerka miisaan kororka shaqsiga = *(Miisaanka xilliga ka bixinta xarunta - miisaanka ugu yar) x 1000*

*(Taariikhda ka bixinta – taariikhda miisaanka ugu yar) x miisaanka ugu yar)*

Heerka celceliska miisaan kororka waa:

*Heerka celceliska miisaan kororka (g/kg/maalin) = Wadarta heerarka shaqsiga ee miisaan kororka/Wadarta tirada shaqsiyaadka*

Ogow: Caadi ahaan waa in uusan ka jirin heerka miisaan koror badan SC/IPF.

Barnaamijka OTP inta badan suurtagal ma ahan in la go’aamiyo miisaanka ugu yar oo muddada dhererka joogitaanka waxaa uu noqon doonaa qaybo 7 maalmood ah. Haddii taariikhda gelitaanka iyo miisaanka lagu adeegsado xisaabinta beddelka miisaanka ugu yar iyo taariikhda markaa tani waa in loo sheegaa oo loo cayimaa sida RWGadm si looga sooco RWGmin. Taariikhda MARKII UGU HORREYSAY la gaarey shuruudda ka bixinta – miisaanka ama MUAC - waa in lagu isticmaalo xisaabinta ee ma aha taariikhda 7 maalmood ka-dib marka la xaqiijiyo in cunugga uu gaarey miisaanka/MUAC loo baahan yahay ka-dibna laga bixiyay.

64 Celceliska dhererka muddada joogitaanka ee qaybaha kale ee bukaannada ayaa sidoo kale waxtar leh. Sidaa darteed celceliska waqtiga ee bukaannada dhintey ee barnaamijka ku jirey ka hor dhimasahda iyo celceliska waqtiga joojinta waxaa ay tilmaami karaan halka dadaalka loo baahan yahay in diirrada lagu saaro si loo yareeyo heerarkan. Hase-yeeshee, maadaama uu caadi ahaan jirto kala-duwanaan baaxad leh oo xogtana ay aad dhan ugu jarjeerto, macluumaadkan waxaa si aad waxtar u leh loogu ururiyaa carruurta gaarka ah oo waxaa loo falanqeeyaa si gaar ah ama waxaa loo soo bandhigaa garaaf ahaan.

Si loo fududeeyo xisaabinta oo loo dedejiyo ka-shaqeynta xogta, barnaamij fudud ayaa lagu qori karaa Excel. Haddii xogtan soo socota la geliyo kombiyuutarka markaa waxaa fudud in la xisaabiyo dhererka muddada joogitaanka iyo heerka miisaan kororka (waxaad sidoo kale xisaabin kartaa macluumaadka dheeriga ah sida halista dhimashada iyada oo la raacayo muujiyaha Prudho, caatoobidda inta lagu guda jirro barar hoos-u-dhaca cago-bararka/barar luminta), taariikhda gelitaanka (DoA), taariikhda miisaanka ugu yar (Dmin), taariikhda ka bixinta (DoD),

Miisaanka gelitaanka (WtAdm), miisaanka ugu yar (WtMin), miisaanka ka bixinta (WtDis), joogga xilliga gelitaanka (HtAdm), iyo natiijada (si loo falanqeeyo kaliya bukaannada soo kabsadey). Xogta waxaa si toos ah loo gelin karaa barnaamijyo si toos ah u xisaabiya muujiyeyaasha cabbiraadaha jirka. Xogtan waa in dhammaanteeda lagu diiwaangeliyaa buugga qaabilaadda si loo fududeeyo xog gelinta.

# 8. TUSIYEYAASHA WAXQABADKA MUHIIMKA

Tusiyeyaasha waxqabadka IMAM ee muhiimka ah waxaa loo aqoonsadey caalami ahaan iyada oo la raacayo jaangooyooyinka *sphere* waxaa ayna u sheegaan barnaamijyada sida uu waxqabadka u socdo. Tusiyeyaashan waxaa loo korjoogteeyaa si bille ah waxaanna lagu muujiyaa tusaalaha warbixinta billaha ah. Tusiye waxqabad kasta ee ka baxsan heerka bilowga *sphere* waxaa loo baahan yahay in la baaro. Soo kabsashada hooseysa waxaa lala xiriiriyaa tusiyeyaasha kale ee waxqabadka; sababaha heerka soo kobsashada hooseeya waxaa laga heli karaa joojiyaha sare iyo/ama dhimashada iyo/ama heerarka soo kabsasho la'aanta. Heer dhimasho sare kasta waxaa loo baahan yahay in la baaro. Waa muhiim in la eego maalinta (ka-dib qaabilaadda) iyo saacaddda (maalin ama habeen) ee dhimashada iyo sidoo kale sababaha. Waa muhiim in la hubiyo in saamiga sare ee heerarka dhimashada in aan lagu dhex diiwaangelin baxsadayaasha degaamada miyiga halkaas oo raadinta baxsadaha ay adag tahay

Shaxda 35: Tusiyeyaasha waxqabadka ee barnaamijka IMAM ee Soomaaliya

| Performance Indicator | SC | | OTP | | TSFP | |
|---|---|---|---|---|---|---|
| | Acceptable | Alarming | Acceptable | Alarming | Acceptable | Alarming |
| Cure rate (%) | >85 | < 50 | >90 | < 50 | > 80 | < 50 |
| Death rate (%) | <5 | > 10 | <3 | > 10 | < 1 | > 5 |
| Defaulting rate (%) | <10 | >25 | <10 | >25 | < 15 | > 30 |
| Coverage (%) | Rural: > 50; Urban: > 70; Camp: > 90 | | | | | |

# 9. KORJOOGTEYNTA IYO KA-WARBIXINTA SAHAYDA NAFAQADA

Korjoogteynta sahayda nafaqada ayaa muhiim u ah xaqiijinta sii socoshada adeeg bixinta iyo ka hortagga carqaladeynta dhuumaha. Sidoo kale waa qaab la-xisaabtanka sahayda iyo adeegyada lagu bixiyay xarunta. Marka si dhow loola socdo qaddarka sahayda, waxaa suurtagal ah in waqtigii loo baahnaa dib loo buuxiyo ama loo helo sahayda, in laga hortago daadashada iyo xumaanshaha sahayda, in lala socdo sahayda marka la eego tirada carruurta la dabiibey, iyo in la taageero barashada la xiriirta wax-ku-oolnimada kharashka ee sahayda. In lagu daro korjoogteynta kaabayaasha si loo hubiyo in la-hawlgalayaasha ay haystaan tas-hiilaadyo leh karti iyo daacadnimo lagu maareeyo sahayda waa muhiim waxaa ayna go'aamin doontaa heerka sahayda horey loo dhigi karo goobaha kala duwan, gaar ahaan iyada oo la tixgelinayo xannibaadaha ama caqabado xilliyeedka ee sahay gaarsiinta. Hadda la joogo ma jirro nidaam lagu maareeyo sahayda oo mideysan. Iyada oo sabab u ah in alaabta daaweynta nafaqada aan lagu darin liiska daawooyinka daruuriga ah, korjoogteynta sahayda nafaqada ee guud ahaan Soomaaliya waa mid dhib badan oo ma jirraan habab dhexe oo lagula soconayo sahayda nafaqada. Nidaamka macluumaadka maareynta loojistikada (sahayda) (LMIS) ee dhowaan la sameyn doono ayaa wuxuu bixin doonaa madal aad isku-dhafan oo lagula socon doona dhammaan noocyada kala duwan ee sahayda la geeyo guud ahaan Soomaaliya. Korjoogteynta sahayda ayaa la isku daraa iyada oo la isticmaalayo qalabyada kala duwan ee ku lifaaqan dhabbe-tusahan.

# 10.KORJOOGTEYNTA IYO KA-WARBIXINTA BARNAAMIJYADA NAFAQADA BULSHADA

Qaybaha aasaasiga ah ee Barnaamijka nafaqada ee bulshada sida ku qeexan istiraatiijiyadda caafimaadka ee Soomaaliya waxaa ka mid ah:

• Dhiirrigelinta caafimaadka wanaagsan ee bulshada iyada oo lala shaqeynayo qoysaska, iskuullada, hoggaamiyeyaasha bulshada, guddiyada caafimaadka ee bulshada, iyo kooxaha haweenka;

• Abaabulidda iyo xoojinta bulshooyinka si ay u awoodaan in ay la wareegaan caafimaadkooda;

• Bixinta macluumaadka aasaasiga ah ee ku saabsan adeegyada ka hortagga iyo dhiirrigelinta ee looga hortagayo caafimaad xumada;

• Bixinta daryeelka aasaasiga ah ee loogu talogalay jirrooyinka caamka ah qaarkood; iyo

• Nidaam gudbin oo daryeel joogto ah siiya dadka Soomaaliyeed.

Istiraatiijiyadda caafimaadka bulshada guud ahaan waxaa ay diirrada saaraysaa bixinta adeegyo isku-dhafan oo kor-u-qaadaya caafimaadka wanaagsan iyada oo xoogga la saarayo in wax laga qabto sababaha muhiimka ah ee sababaya cudurrada iyo dhimashada, sii wanaajinta xaaladda caafimaadka taranka ee kuwa qaangaarka ah, haweenka, iyo wax ka qabashada sababaha ugu badan ee keenna dhimashada carruurta ay da'doodu ka yar tahay shan sano (ARI, shubanka, nafaqo-xumada, iyo cudurka tallaalka looga hortagi karo).

Guusha barnaamijka bulshada waxaa aasaasi u ah kormeer taageero leh oo wanaagsan, towjiihin, iyo tababar joogto ah oo loo qabto bixiyayaasha adeegga iyo shaqaalaha caafimaadka bulshada (CHW). Si tani loo sameeyo, waxaa aasaasi ah in la hirgeliyo nidaam korjoogeyn, kormeer, iyo taageero oo u dhaxeeya heerarka kala duwan ee nidaamka caafimaadka.

Soosaaridda xog ku habboon waa qayb muhiim ah oo ka mid ah barnaamijyada nafaqada bulshada. Korjoogteynta iyo ka-warbixinta bulshada ku saleysan waxaa ay gacan ka geystaan muujinta halka ay nusqaamaha ka jiraan waxaanna loogu talogalay ugu horreyn isticmaalka xogta ay soosaareen barnaamijyada kala duwan si ay gacan uga geystaan hannaanka go'aan-qaadashada ee loogu talogalay in kheyraadka loo abaabulo si habboon oo la beegsado . Xogta ku saabsan waxqabadyada ballaaran ee kala duwan ee dhiirrigelinta iyo ka hortagga waxaa badanaa soosaara shaqaalaha bulshada. Xogta laga soosaarey heerka bulshada waa in ay qayb ka noqoto nidaamka macluumaadka guud. Barnaamijyada caafimaadka bulshada badankooda waxaa ay horey u ururinayeen tusiyeyaasha muhiimka ah inkasta oo aan aad isu-waafaqsaneyn. Iyada oo lagu saleynayo doorka iyo mas'uuliyadaha CHW nidaam ka-warbixin labada-dhinac ah ayaa loo baahanayaa in la sameeyo oo xogta ku saabsan waxqabadyada dhiirrigelinta iyo ka hortagga bulshada siinaya PHU kaas oo ka-dib gelinaya nidaamka HMIS ee qulqulka xogta ku socota xafiiska Wasaaradda Caafimaadka (MoH) ee degmada. Korjoogteynta tiro yar oo ah tusiyeyaal si cad u qeexan waxaa ay gacan ka geysanaysaa in barnaamijka ITCF ee bulshada in uu xoogga saaro waxqabadyada aasaasiga ah ee iyo in uu bixiyo macluumaadka lagu qiimeynayo guud ahaan horumarka barnaamijka. Korjoogteynta iyo ka-warbixinta waxqabadyada nafaqada ee bulshada ayaa waxaa la sameyn doonaa iyada oo la isticmaalayo qalabyada hoos ku taxan ee diiwaangeliya dhowr tusiyeyaal muhiim u ah barnaamijyada nafaqada ee bulshada.

## Foomka tirinta toddobaadlaha ah ee baaritaanka nafaqda bulshada (Lifaaqa 2aad)

### Nidaamka Gudbinta

Marka la joogo heerka bulshada, warqadaha gudbinta ayaa waxaa isticmaali kara shaqaalaha caafimaadka bulshada si ay ugu gudbiyaan macaamiisha daaweyn nafaqo. Bixiyayaasha adeegga caafimaadka bulshada ee tababaran ayaa waxaa la filayaa in ay baaraan carruurta iyaga oo adeegsanaya MUAC, qiimeeyaan cago-bararka marka la riixo meesha barartey diisanta ee labada lugood, iyo in ay sameeyaan gudbinno. Gudbinnada u dhaxeeya goobaha/xarumaha caafimaadka iyo qaybaha kala duwan ee barnaamijka waa in la sameeyaa iyada oo la adeegsanayo warqadda gudbinta xarunta caafimaadka si loo xaqiijiyo bixinta adeegga daryeelka oo joogto ah. Gudbinnada u dhaxeeya qaybaha kala duwan, waa in laga taxaddaraa in aan laba-jeer la tirin carruurta iyada oo la qaadanayo lambarka gaarka ah ee horey loogu qoondeeyay qaybta barnaamijka hore. Carruurta aan ka soo bixin shuruudaha gelitaanka ee barnaamijka IMAM waa in ay helaan qaybaha kala duwan ee ka hortagga ee Xirmada adeegyada nafaqada aasaasiga ah (BNSP) oo ay ku jiraan tallaalka, goryaan-ka-dilis iyo la-talinta IYCF ee shakhsiga ee loogu talogalay daryeelayaashooda. Sidoo kale, ayaa waxaa loo baahan yahay in uu jirro nidaam lagu xaqiijinayo in carruurta la gudbiyay ay helaan daaweyn ku habboon. Tani ayaa waxaa ay oggolaanaysaa korjoogteynta joogtada ah ee horumarkooda waxaa ayna ka hortagaysaa yaraanshaha macaamiisha nidaamka. Warqadda gudbinta waa in ay qeexdo daaweynta (daaweynyada) iyo daawada (daawooyinka) la siiyay macmiilka, si looga fogaado in laba jeer la siiyo isla hal daawo.

Heerka gudbinta dheeraadka ah waxaa ay xaqiijinaysaa in nafaqo-xumada wax looga qabto nidaamyo gudbin maareeya go'aamiyeyaasha aasaasiga ah iyo kuwa sababaya. Dhabbaha gudbinta sugnaan cuntada iyo maciishadaha ayaa waxaa uu bixin doonaa hagid lagu xaqiijinayo in kooxaha nafaqo ahaanta ugu nugul in la taageero si loo gaaro natiijooyin aad u waara iyada oo la dhisayo adkeysiga guriga oo la sii wanaajinayo helidda cunto iyo dakhli iyada oo loo marayo ilaalinta maciishada, dib-u-soo-celinta, iyo kala duwanaanta reeraha haysta carruur ay nafaqo-xumo haysa.

Qalabyada gudbinta kala duwan ee ku jira dhabbe-tusahan waa:

• Warqadda gudbinta baaritaanka bulshada - loogu talogalay gudbinta carruurta nafaqo-xumada haysa ee lagu baarey bulshada ee loo gudbinaya goobaha lagu daaweeyo nafaqada

• Warqadda gudbinta xarunta – loogu talogalay gudbinta carruurta nafaqo-xumada haysa ee lagu baarey xarunta ee loo gudbinayo goobaha lagu daaweeyo nafaqada

• Dhabbaha gudbinta sugnaanta cuntada iyo maciishadaha - si loo hago xiriirka u dhaxeeya barnaamijyada taageerrada maciishada iyo daaweynta nafaqada

# 11. KORMEERKA TAAGEERRADA EE BARNAAMIJYADA NAFAQADA

Kormeerka taageerrada ee bixiyeyaasha daryeelka xarunta caafimaad ee xog ururinta, falanqeynta, iyo ka-warbixinta waxaa ay gacan ka geysataa hubinta macluumaadka saxda ah ee muddooyinka waqtiga ee la qoray iyo xaqiijinta tayada macluumaadka iyo isticmaalkeeda si loo xoojiyo tayada adeegyada IMAM. Kormeerayaasha waa in ay sameeyaan booqashooyinka kormeerka taageerrada leh oo joogto ah oo isticmaala liisto-hubineed jaan go'an si nidaamsan looga warbixiyo hawlaha shaqo gaar ah iyo si loo qiimeeyo oo wax looga qabto waxqabadka adeegga (u noqo liisto-hubineedda kormeerka ee ku xusan lifaaqa). Isla mar ahaantaana, kormeeraha waa towjiihiye oo waa in isaga/iyada ay u adeegsadaan fursadda in ay taageero ku siiyaan shaqaalaha xarunta caafimaadka iyo shaqaalaha caafimaadka bulshada oo ku saleysan baahiyadooda iyo nusqaamaha aqoonta iyo in ay xoojiyaan kartiyada lagu sii wanaajinayo tayada.

Kormeerka loogu talogalay sii wanaajinta tayada hirgelinta habraaca ayaa wuxuu u baahan yahay korjoogteynta isbeddellada gelitaanka iyo ka bixidda iyo u hoggaansamidda habraac. Diiwaangelinta saxda ah iyo ururinta macluumaadka ku saabsan gelitaannada, dib-u-gelitaannada, gudbinnada, iyo ka bixinnada, goobaha IMAM waa muhiim. Falanqeynta waqtiyaysan ee xogta IMAM waxaa ay aasaasi u tahay kormeeraha iyo fuliyaha maadaama ay bixiso macluumaad muhiim ah oo ku saabsan waxqabadka goobaha gaarka ah waxaanna loo adeegsan karaa hubinta tallaabooyinka in la qaado si loo sii wanaajiyo tayada adeegga.

In si joogto ah dib-u-eegis loogu sameeyo kaararka daaweynta, gaar ahaan kuwa carruurta ku jirta daaweynta iyo kuwa kuwa baxsaday, dhintey, kuwa aan waafaqin, daaweynta ama aan soo kabsan, waxaa Cadayn kartaa daciifnimada adeeg gaarista bulshada, maareynta xaaladaha gaarka ah, ama adeeg bixinta. Kaararka daaweynta iyo warbixinnada goobta waxaa ay soo bandhigaan haddii gelitaannada iyo ka bixidyada loo sameeyo si waafaqsan dhabbe-tusayaashan, in daawada caadiga ah iyo cunto ku daaweynta loo maareeyay si sax ah, iyo in si habboon loo qiimeeyay cago-bararka marka la riixo Diisanka meesha barartey - cagaha. Calaamadahan Waxaa ay muujiyaan haddii sii xumaanshaha xaaladda cunugga la aqoonsadey oo wax looga qabtey si waafaqsan habraac waxqabadka iyo haddii carruurtan aan miisaankooda kordheyn loo diray baaritaan caafimaad ka hor inta aan xarunta looga bixin bogsiino la'an. Natiijooyinka dib-u-eegista waa in lagala wada hadlo shaqaalaha xarunta caafimaadka sidaa darteed waxaa la sameyn karaa horumarada loo baahan yahay.

Kormeerayaasha waa in ay sidoo kale dib u eegaan qaab-dhismeedka hay'adeed ee adeeg bixinta, maareynta buuqa dadka badan, qulqulka sahayda iyo maareynta alaabta kaydka ah ee loogu talogalay daawooyinka, cuntooyinka bukaannada lagu daaweeyo iyo cuntada dheeriga ah, abaabulka shaqaalaha, tayada caafimaadka iyo kullamada kooxda nafaqada ee lagu qabto xarunta caafimaadka iyo bulshooyinka gudahooda, xiriirrada lala leeyahay adeeg gaarista bulshada, iyo xiriirada lala leeyahay adeegyada kale ee bulshada.

## Kormeerka taageerrada ee barnaamijyada nafaqada ee bulshada

Barnaamijyada caafimaadka bulshada ayaa horey u lahaa nidaamyo kormeer iyo taageero oo dhisan, inkasta oo ay baaxadoodu ay yar tahay. Inta lagu guda jirro booqashada kormeerka, /kormeeraha wuxuu hiigsanayaa in uu sii dhiso xirfadaha kaadirrada caafimaadka bulshada marka la eego waxqabadyada la qorsheeyay ee la fuliyay, gaarista dadka la beegsanayo, iyo tayada waxqabayda taageerada barnaamijka, iyo in gacan laga geysto xoojinta waxqabadkooda halka ay nusqaamaha ka jiraan. Booqashooyinka kormeerka waxaa ay bixiyaan fursadda lagu go'aaminayo haddii adeeg bixiyeyaasha ay isticmaalayaan aqoontooda iyo xirfadahooda si ay u bixiyaan adeegyada iyo haddii ay dareemayaan kalsooni ku saabsan waxa ay sameynayaan ama haddii ay dareemayaan dhibaatooyin gaar ah oo ayna bixinayaan jawaab-celin waxtar leh oo ku saabsan dhinacyada xooggan iyo dhibaatooyin kasta ee shaqaalaha bulshada (CW) uu la kulmey. Dalka Soomaaliya, kormeerka taageerrada leh/ Tababarida waa qayb ka mid ah waxqabadyada korjoogteynta caadiga ah halka xogta loo helo sida qayb ka mid ah booqashooyinka kormeerka iyo ka-warbixintana waxaa ay gacan ka geysan kartaa la-socoshada haddii bartilmaameedka la qeexay ee waxqabadyada lagaaray inta lagu guda jirro muddada ka-warbixinta, iyo sidoo kale qiimeynta waxqabadka shaqaalaha bulshada gaarka ah iyo baaxadda la gaarey. Barnaamijyada EPHS ee Soomaaliya waxaa ay soo-jeedinayaan in shaqaalaha HC ay tahay in ay booqdaan PHU oo ayna taageerro siiyaan CHW-yada ugu yaraan bil kasta; fursad FHW-yada la isugu keenayo PHCU sida qayb ka mid ah towjiihinta iyo tababarka socda.

Istiraatiijiyadda caafimaadka bulshada ee 2015, waxaa la soo jeediyay in Guddiga Horumarinta Bulshada uu qaadayo mas'uuliyadda maareynta iyo maamulka shaqaalaha bulshada (CW) haweenka ah iyo in shaqaalaha bulshada (CWs) lagula xisaabtamo bixinta adeegyo tayo leh iyagoo taageeraya oo kormeeraya shaqada shaqaalaha bulshada (CW) iyo bulshooyinkooda. Kormeerka barnaamijyada bulshada ku saleysan waxaa caadi ahaan sameeya la-hawlagalayaasha Urur aan dowli ahayn (NGO), wasaaradaha caafimaadka (heererka federaalka, degmada iyo gobollada), iyo Hay'adaha Qaramada Midoobay iyo deeq-bixiyeyaasha. Lifaaqa .... liisto-hubineed kormeer ayaa lagu lifaaqay taas oo ku habboon waxqabadka kormeerka.

## Habka Jawaab-celinta

Shaqaalaha xarunta caafimaadka iyo kormeerayaasha ee daryeelka bukaan-socodka, daryeelka bukaan-jiifka, iyo goobata quudinta dheeriga ah iyo kuwa ku lugta leh gaarista bulshada waa in ay qabtaan kullamo joogto ah oo looga wada hadlayo waxqabadka iyada oo la isticmaalayo xogta korjoogteynta. Waayo-aragnimada waa in la wadaagaa, jawaab-celin la bixiyaa, oo waa in la sameeyaa oo laga wada hadlaa qorsheyaal hawleed lagu sii wanaajinayo waxqabadka. Xarumaha daryeelka bukaan-jiifka iyo goobaha barnaamijka quudinta dheeriga ah, jawaab-celin ayaa la siin karaa bulshada iyada oo loo

marayo wadatashi ay yeelato koox arrimo gaar ah isla-falanqeyso iyo waxqabadyada abaabulidda bulshada.

Waxaa sidoo kale lagu taliyay in jawaab-celin si joogto ah loo siiyo bulshada si looga helo aaminaad iyo kalsooni oo awoodna loo siiyo si ay uga qaybgalaan daaweynta carruurta qabta nafaqo-xumada degdeg ah. Tani ayaa waxaa la sameyn karaa iyada oo loo marayo munaaqshooyin ay yeelato koox arrimo gaar ah isla-falanqeyso. Kooxaha arrimaha gaarka ah isla-falanqeeya waa in si taxaddar leh loo xusho si loo xaqiijiyo in arrimaha gaarka ah lagala wada hadlo wakiillada bulshada ee gaarka ah. Kuwan waxaa ay noqon karaan hoggaamiyeyaasha bulshada, macallimiinta, ka-faa'iideystayaasha iyo kuwa aan ka-faa'iideystayaasha ahayn, iyo/ama hoggaamiyayaasha kooxda taageerada hooyooyooyinka dhexdooda.

Wadatashiyadu waa in ay noqdaan hannaan laba-dhinacle ah oo oggolaanaya sharaxaadda habraacyada adeegga ama arrimaha gaarka ah iyo si bulshadu ay wax ugu darsado adeegyada.

Jawaab-celinta laga helo bulshooyinka ayaa waxaa ay ku dhiirrigelisaa bixiyeyaasha adeegga in ay sameeyaan hab iyo madal loogu talogalay cabashada ka-faa'iideystayaasha. Ka-faa'iideystayaasha waa in ay door ka ciyaaraan bixinta jawaab-celin ku saabsan adeegga iyo ....Tixgeli ikhtiyaarrada sida khadadka talefoonno toos ah, wadahadalka bulshada ama wareysiyada lala yeesho ka-faa'iideystayaasha xilliga ka bixidda. Haddaad rabto macluumaad dheeraad ah, u noqo/Tixraac dhabbe-tusaha isla-xisaabtanka dadka ay aafadu taabatey (ku dar linkiga).

# 12. ISKUDHAFKA MADALLADAHA JIRA EEKORJOOGTEYNTA IYO KA-WARBIXINTA NAFAQADA EE NIDAAMYADA MAAREYNTA MACLUUMAADKA QARANKA (DHIS2)

*UNICEF ayaa waxaa ay ka taageeraysay dowladda Soomaaliya tani iyo 2007 hirgelinta DHIS2 (Nidaamka Macluumaadka Caafimaadka ee Dijitaalka ah). Nidaamka wuxuu ururiyaa EPHS (oo ay ku jiraan cudurrada iyo dhimishada), Duumada, HIV, TB, Tallaalka, Badqabka Hooyonimo, iyo Nafaqada iyo sidoo kale xogta sheybaarka iyo qalliinka aasaasiga ah ee heerka xarunta caafimaadka oo i bille ah. Aaladaha xog ururinta waxaa loo kala saarey si waafaqsan da'da iyo jinsiga sannadkii 2016, si loo fududeeyo qorsheynta iyo udoodida. Tan iyo markii la sameeyay dib-u-eegistan, Wasaaradaha Caafimaadka iyo la-hawlgalayaasha waxaa ay tilmaameen baahida loo qabo in dib loo eego tusiyeyaasha, si loo suurtageliyo xog ururin ku habboon warbixinnada caafimaadka caalamiga ah iyo dabagalka horumarka ku saabsan yoolalka horumarinta la joogteyn karo ee la xiriira caafimaadka (SDGs). Hannaankan waxaa la filayaa in uu bilowdo seddaxda bilood ee labaad ee 2019 si dib-u-eegis loogu sameeyo, cusbooneysiiyo, oo loo kordhiyo tusiyeyaasha nafaqada ee hadda la joogo uu ururiyo nidaamka DHIS2. Sidaa daraaddeed, dhammaan la-hawlgalayaasha fulinaya waxaa laga doonayaa in ay ka soo warbixiyaan iyaga oo adeegsanaya madasha DHIS2 oo la waafajinayo tilmaamaha siyaasadda iyo mudnaan nada istiraatiijiga ah ee dalka.*

*SCOPE* waa nidaamka maareynta dheefaha iyo aqoonsiga ka-faa'iideystaha oo dijitaal ah. Waxaa uu ka warbixiyaa cidda ay yihiin ka-faa'iideystayaasha, waxa ay xaqa u leeyihiin, wuxuu tilmaamo siiyaa habka bixinta habboon, wuxuunna helaa jawaab-celin ku saabsan haddii qaddarka wareejinta habboon la siiyay qoyska loogu talogalay iyo haddii kale, sidaa darteed wuxuu bixinayaa xog waqtigii loo baahnaa ah, habboon oo loogu talogalay go'aan-qaadasho iyo beegsasho. *SCOPE* wuxuu taageeraa bixinta mood iyo nool kaleba iyada oo loo marayo kaar si gaar ah loo bixiyo oo ku jiri kara xuruufo kombiyuutarka akhriyi karo, koodhka QR, ama xalleef yar oo ku xardhan xog kombiyuutar, oo ku jira macluumaadka ka-faa'iideystaha (sida kaararka NFC). Waa madal aad iyo aad loo beddeli karo oo u oggolaanaysa barnaamij/ waxqabad kasta in uu yeesho xal maareyn ku habboon hawlgalka oo guud ahaan qaabab kala duwan ah. Iyada oo diiwaangelin kasta ay dhacdo hal mar oo kaliya, waxaa ay sahlaysaa qoritaanka ka-faa'iideyste ama reerka jira mustaqbalka ama waxqabadyada barbar socda, haddii ay yihiin qaabab isku mid ah ama kala duwan iyo habab bixin. Guud ahaan, waxaa uu dhaqaaleynayaa kheyraadka, qiimaha lacagta, u hoggaansamidda, wuxuunna yareynayaa halista maareynta kheyraadka. Inkasta oo ay xaddidan tahay xaaladda Soomaaliya oo soo bandhigeysa xaddidaadyo tiknoolaji ee fulinta *SCOPE*, ayaa waxaa lagu guuleystay in *SCOPE* laga hirgeliyo dhowr meelood oo Soomaaliya ah kor-u-qaadistiisa ayaa waxaa laga yaabaa in ay keento faa'iido oo ay dhaqaaleyso kharashka bixinta adeegga nafaqada.

# LIFAAQYADA

## KALA-SOOCA BUKAANNADA (*TRIAGE*)

1 - Farsamooyinka cabbirka

2 - Foomka tirinta ee baarista

3 - Miisaanka-iyo-joogga - carruurta

4 – Misaanka-iyo-joogga - qaangaarrada

5 - Kaartada BMI ee dadka waaweyn

6 - Buugga diiwaangelinta

## BARNAAMIJKA DAAWEYNTA BUKAAN-SOCODKA (OTP)

7 - Kaartada OTP

8 - Foomka wareejinta

9 - RUTF Doorsoome ah/ugu yar ee OTP

10 - Kaartada miisaan kororka/luminta ee 5%

11- Miisaan kororka ka badan 14 maalmood

12- Diyaarinta qaddarada yaryar ee F75 - F100 iyada oo la adeegsanayo malqacado

## XARUNTA Baxnaanada/XARUNTA BUKAAN SOCODKA (SC/IPF)

13 - Jaantuska SC

14 - Kaartada daryeelka xaaladaha halista ah

15 - Sida loo geliyo tuubbada sanka laga geliyo ee caloosha tagta (NGT)

16 - Khataraha tuubbooyinka dhuubban ee jirka lagu rakibo (cannula)

17 - Warqadda baaritaanka iyo taariikhda

18 - Marxaladda Bogsashada ee xarunta bukaan-jiifka

## CARRUURTA YARYAR

19 – Kaartada caananuugidda dheeriga ah - Kaartada-SS

## KORJOOGTEYNTA IYO QIIMEYNTA

20 - Liisto-hubineedda Kormeerka ee IMAM (DNO)

21 - Foomka Kormeerka ee OTP

22 - Foomka Kormeerka ee SC

## AGABKA

23 - Hababka loo diyaariyo F75/F100

24 - Qeexidda RUTF

25 - Qiyaasaha daawada

## BARNAAMIJKA QUUDINTA DHEERIGA AH EE LA BEEGSANAYO (TSFP)

26 - Buugga diiwaangelinta TSFP

27 - Kaarka qoondada cuntada ee TSFP

28 - Warbixinta Billaha ah ee TSFP

29 - Faa'iidooyinka iyo Faa'iido-darrooyinka ay leeyihiin quudinta qoyan iyo midda qallalan

30 – Cufnaanta Nafaqada ee Cuntooyinka Dheeriga ah ee Loo Isticmaaley IMAM

# LIFAAQA 1AAD – FARSAMOOYINKA CABBIRKA JIRKA (*ANTHROPOMETRIC*)

## 1 Aqoonsashada -bararka -cagaha:

• Cago-bararka waa bararka jirka ama mid ka mid ah qaybihiisa.

• Cago-bararka waa in uu noqdaa labada lugood (- Cagaha). Waxaa la ogaadaa cago-bararka laba-geesoodka ah marka ay diisamaan ama god yeeshaan dhowr ilbiriqsi labada cagood ka-dib marka la riixo. "Diisamidda/god noqoshada" waa marka aad riixdo xagga sare ee cagaha ama lugta oo farahana ay god ku dhaafaan maqaarka dhowr ilbiriqsiyo.

• Cago-bararka ee ka soo muuqdo keliya hal cag ama lug ma ahan cago-barar nafaqo. Hase-yeeshee, bukaannadan ayaa weli u baahan in ay arkaan xirfadle caafimaad, si uu ugu sameeyo baaritaan habboon.

### Tallaabooyinka aqoonsashada cago-bararka:

• Cago-bararka waxaa marka hore laga qiimeeyaa cagaha dushooda.

• Si tartiib ah ugu riix suulashaada cag kasta dusheeda waqti isku mar ah, adiga oo tirinaya: 121, 122, 123 (qiyaastii 3 ilbiriqsiyo).

• Ka-dib marka aad ka qaado suulka, waxaa jira cago-barar haddii god uu jiro ama meesha ay diisanto dhowr daqiiqo.

• Wax la mid ah ku samee qaybta hoose ee lugaha (jilibka korkiisa) iyo gacamaha gadaashooda.

| Grades of Oedema | Definition |
|---|---|
| Absent | Absent |
| Grade + | Mild: both feet/ankles |
| Grade ++ | Moderate: both feet, plus lower legs, hands, or lower arms |
| Grade +++ | Severe: generalized oedema including both feet, legs, hands, arms and face |

# 2. Qaadidda Cabbirka dhexroorka Cudduda Sare ee Cunugga (MUAC)

MUAC ayaa waxaa loo isticmaalaa carruurta ay da'doodu u dhaxeyso lix bilood ilaa shan sano jir si loo cabbirro caatonimadooda

## 2.1. Sida Loo Cabbirro MUAC

• Cabbir gacanta ay hooyadu kuu soo bandhigto midday doontaba ha noqotee (bixid ama midig) *

• Weyddii hooyadu in ay gacanta ka qaado dharka laga yaabo in uu daboolo

• Qallooci xusulka cunugga adiga oo sameynaya xaggal qumman

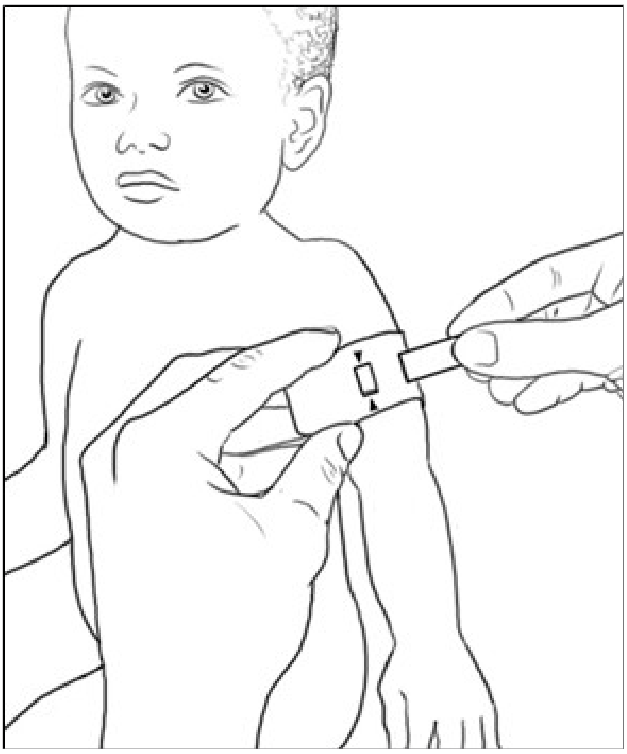
• Aragga ku qiyaas bartamaha cudduda sare ee gacanta cunugga. Haddii loo baahdo, bartamaha gacanta ku calaamadee qallin

• Toosi gacanta cunugga oo ku duub xarigga wareegga gacanta ee goobta bartamaha ah. Hubso in dhinaca saxda ah ee lambarada ay kor u jeedaan. Hubso in xarigga uu si simman ugu fidsan yahay maqaarka gacanta

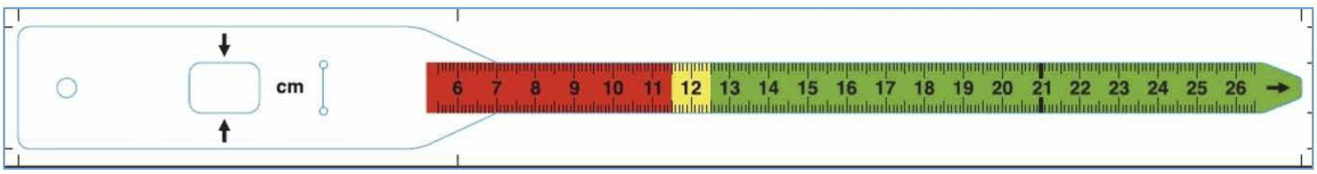
• Baar giigsanaanta xarigga ee gacanta cunugga.
Hubso in xarigga uu leeyahay giigsanaan habboon iyo in uusan si aad ah u dhuuqsaneen oo cadaadis u keenaysa leh ama in uusan aad u dabacsaneen oo keenaysa xarigga in uusan taaban maqaarka wareegga gacanta oo dhan

• Marka xarigga uu ku xirmo booska saxda ah ee gacanta oo uunna leeyahay giigsanaanta saxda ah, akhri cabbirka ah 0.1sm ugu dhow

• Isla-markiiba diiwaangeli cabbirka.



* Daraasado ayaa tilmaamaya in uusan farqi u dhaxeyn cabbiraadaha gacanta bidix iyo midda midig ee carruurta. Si looga fogaado in la dhibo cunugga u fadhiya boos in la beddelo u baahan labada gacamood midkood ayaa la cabbiri karaa, iyada oo ku xiran gacanta ay hooyadu kuu soo dhiibto. Dadka waaweyn, gacanta bidix ayaa laga cabbiraa.




| | |
|---|---|
| (GUDUUD) MUAC < 115 mm: | Nafaqo-xumada aadka u daran |
| (JAALLE) MUAC ≥ 115 iyo < 125 mm: | Nafaqo-xumada daran nooceeda dhexdhexaadka ah |
| (CAGAAR) MUAC ≥ 125 mm: | Waa in aan la gudbin (Nafaqeysan) |

# 3. Qaadista miisaanka (culeyska) cunugga

Carruurta waxaa lagu miisaamaa miisaanka meel la suro ee 25 kg, ku calaamadeysan ama heerarkiisa ay yihiin 0.100 kg. Ha ilaabin in aad dib u habeyso oo miisaanka aad eber geyso ka hor miisaamid kasta. Baafka caagga ah ee dharka lagu dhaqdo ayaa badanaa lagu isticmaalaa Soomaaliya oo lagu cabbiraa carruurta balse surwaalka lagu miisaamo ayaa weli la heli karaa.

Beeshin caagga ah ee dharka lagu dhaqdo waa in ay taageeraan afar xarig oo ku xiran (lagu guntamay) xagga hoose ee baafka. Beeshin ayaa dhulka loo dhoweeyaa lacala haddey dhacdo cunugga in uu ka dhaco ama si cunugga in uu dareemo nabad iyo kalsooni xilliga miisaamidda. Haddii baafka uu wasakhoobo, marka hore ku nadiifi jeermis-dile. Baafka waa mid raaxo leh oo cunuggana yaqaanno, waxaa loo isticmaali karaa carruurta xannuunsan, oo waxaa fudud in la nadiifiyo. Haddii aan beeshin la heli karin, surwaalka miisaamidda ayaa la isticmaali karaa inkastoo uusan mararka qaarkood ku habboonayn carruurta aadka u xanuunsan. Marka surwaalka uu wasakheysan yahay, waa la nadiifin karaa oo jeermiska ayaa laga dili karaa si loo yareeyo halista in caabuqa uu u gudbo bukaanka xiga.

Marka cunugga uu ku xasillo beeshin ama surwaalka, diiwaangeli cabbirka oo ah 100-ka garaam ee ugu dhow, diiwaangeli iyada oo saabka miisaanka uu ku simman yahay heerka isha. Miisaannada waa in la hubiyaa in ay saxan yihiin iyada oo si joogto ah loo isticmaalayo miisaan la garanayo, oo ah. si toddobaadle ah.

## 3.1. Tilmaamaha qaadista miisaanka/culeyska ee miisaanka salter

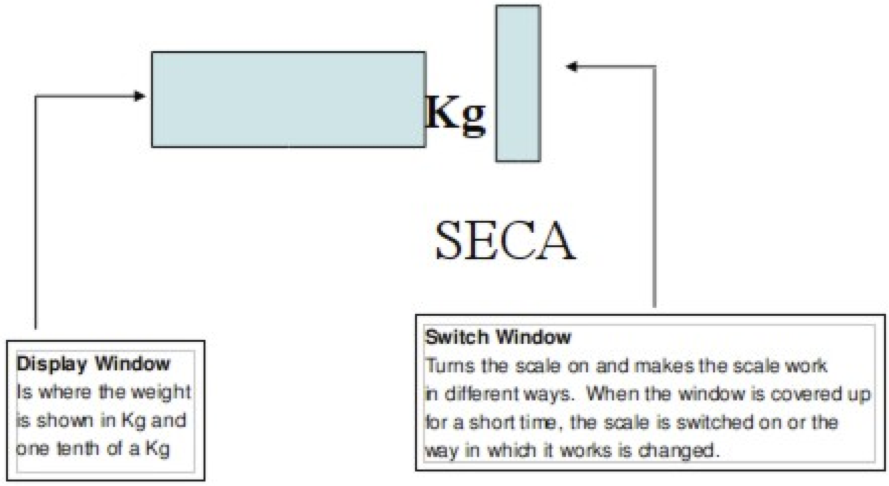
Ka hor inta aan la cabbirin cunugga, ka bixi dharkiisa/dharkeeda oo dhan. Haddii ay suurtagal tahay, gabdhaha sii astrunaan.

- Eber ka dhig miisaanka (oo ah, hubso in fallaartu ay ku aaddan tahay 0 ka-dib marka la saaro beeshin oo faaruq ah ama surwaalka miisaamidda)
- Hubso in miisaanka uu gaarsiisan yahay heerka isha
- Geli cunugga beeshin ama surwaalka miisaamidda
- Hubso cunugga in uusan waxba haysan
- Akhri miisaanka cunugga. Fallaarta waa in ay noqotaa mid deggan
- Diiwaangeli culeyska oo ah kg ilaa 100g ee ugu dhow tusaale, 6.6 kg
- Ha qabanin miisaanka laftiisa marka aad akhrineyso miisaanka/culeyska

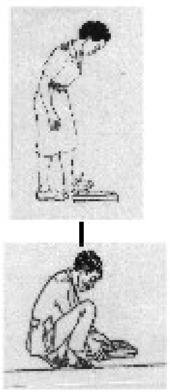
Photo on right: Source: Guidelines for the management of the severely malnourished: version January 2007 by Pr. Michael Golden and Yvonne Grellety, ACF. Photos on left courtesy of ACF Liberia

## 3.2. Isticmaalidda miisaanka elektarooniga ah

**How to use the ELECTRONIC /UNISCALE - display and switch window**




**Using the switch window**



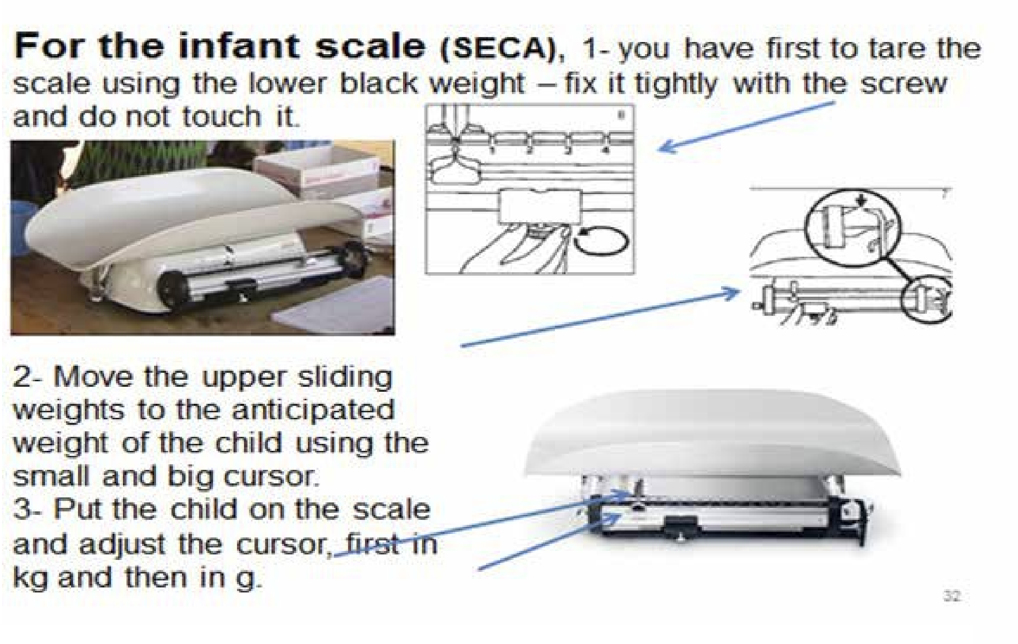
The best way to cover the switch window is to use your foot:

- Pass one foot close over the top of the switch window from one side to the other.
- DO NOT step on or touch the window. It is not a push button switch.

1. Put the scale on the floor. Choose the flattest, most level surface you have. Do not stand on the scale yet.
2. Look at the display window. It should be blank. [ ]
3. Move your foot quickly across the switch. The scale will switch on and you will see: [188.8]
4. In 5 seconds, the scale will adjust itself to zero. You are ready to weigh a person. [0.0]
5. Stand on the scale. Stand still. Make sure that feet or clothes do not cover the switch window. You should see:

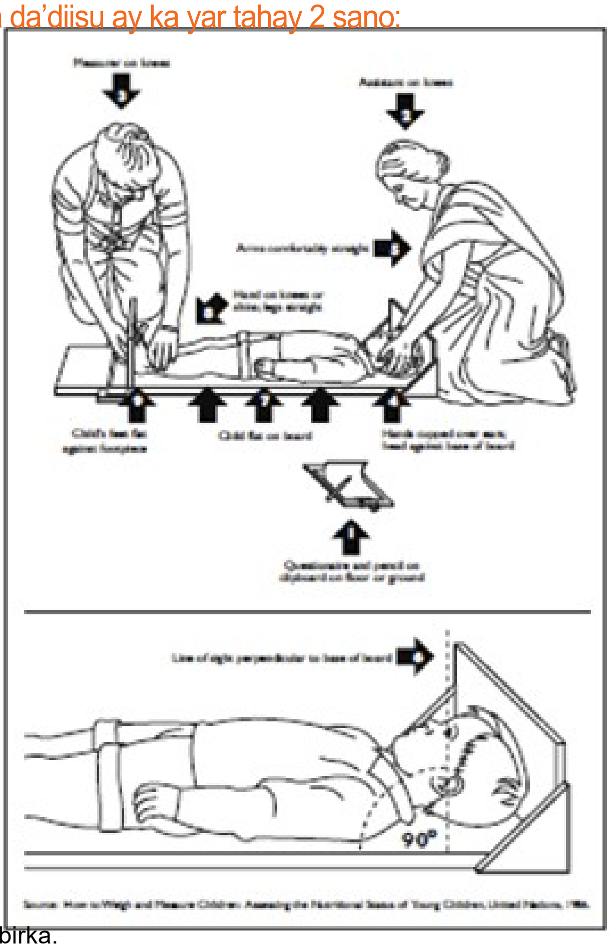
   [1 .] and then [.1] and then [1 .]

6. The 1 will move back and forth from side to side to show you the scale is working. The you should see the weight in the display, for example: [58.3]




# 4. Qaadidda dhererka/joogga cunugga

## 4.1 Haddii dhererka cunugga uu ka yar yahay 87sm ama da'diisu ay ka yar tahay 2 sano:




Carruurta dhererkoodu uu ka yar yahay 87sm, boodhka cabbirka waxaa la dhigaa dhulka

• Waxaad u baahan doonta laba qof oo qaadaya cabbirka wanaagsan. Haddii uusan jirin qof kaaliye ah, hooyada ayaa ku caawin karta iyada oo madaxa si toosan u qabaneysa.

• Cunugga waxaa la jiifiyaa dhexda looxa/alwaaxa.

• Kaaliyaha ayaa wuxuu dhinacyada qabanaya madaxa cunugga ka-dibna wuxuu booskiisa dhigayaa madaxa marka uu si adag u taabto looxa/alwaaxa madaxa iyada oo timaha ay riixsan yihiin.

• Qofta cabbireysa waxaa ay gacamaheeda saareysaa lugaha cunugga, waxaa ay si tartiib ah u fidineysaa cunugga ka-dibna waxaa ay hal gacan ku haynaysaa bowdooyinka si ay uga hortagto cunugga in uu isku laabo lugta.

• Iyada oo meelaynaysa lugaha cunugga, meesha cagta lagu celiyo/la saaro ee la isku-sikiyo ayaa si adag loogu riixaa salka cagaha cunugga.

• Si loo akhriyo dhererka cabbirka, meesha cagta lagu celiyo/la saaro waa in ay noqotaa mid taagan oo ku qotomon dhidibka looxa/alwaaxa.

• Dhererka waxaa loo akhriyaa 0.1 sm ugu dhow.

## 4.2. Haddii joogga cunugga uu yahay 87sm ama ka badan ama da'diisu ay tahay 2 sano ama ka weyn

Boodhka cabbirka ayaa si taag ah loogu dhidbaa dhul siman.

• Cunugga ayaa si toosan u dhex istaagaya dhexda boodhka cabbirka.

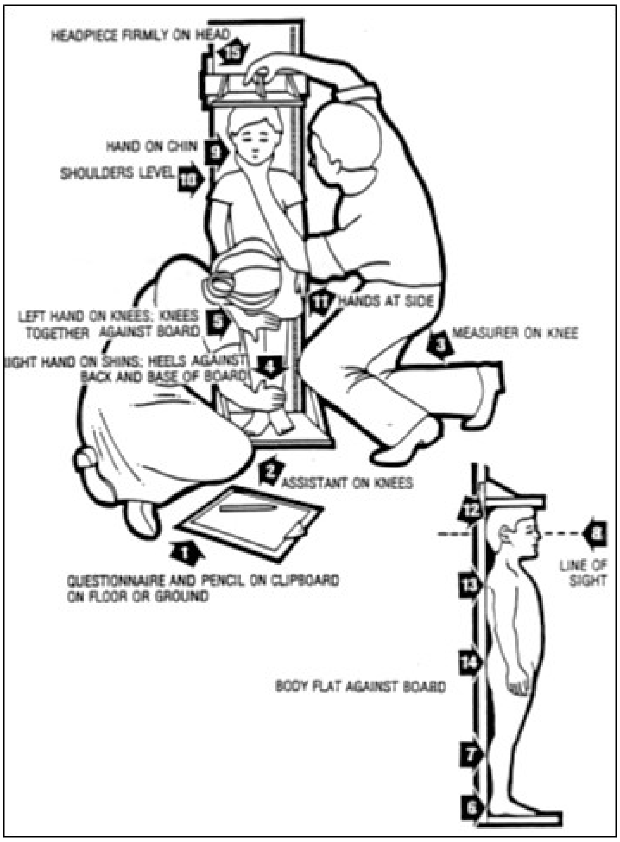
• Madaxa, garbaha, bariyaha, jilbaha iyo ciribdambeedyada cunugga

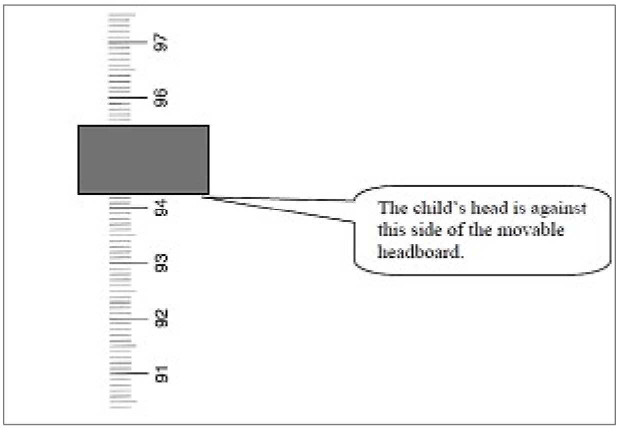
ayaa waxaa boodhka ku qabta kaaliyaha.

• Qofta cabbireysa ayaa boosaskooda ku meelaynaysa madaxa cunugga iyo qalabka lagu cabbirro.

• Joogga waxaa loo akhriyaa 0.1 sm ugu dhow. Cabbirka ayaa isla-markiiba la qoraa.

Soosaarista ©Shorr Tababarka heerka koritaanka ee ©WHO




## Go'aaminta dhibcaha-z ee Miisaanka-iyo-joogga (WFH)

### Dhibcaha-Z Miisaanka/Joogga iyada oo la adeegsanayo shaxda loogu talagalay labada-jinsi (lab iyo dheddig) (eeg lifaaqa 3aad)

Sida loo isticmaalo shaxaha dhibcaha -z ee miisaanka/joogga:

**Tusaale:** cunug ayaa dhererkiisu yahay 63 sm iyada oo

miisaankiisuna uu yahay 6.5 kg.

• Soo qaado shaxda, fiiri joog-u-taxa 1aad waxaadna ka raadisaa tirada 63sm (=joogga).

• Soo qaado mastarad ama gabal kaar ah waxaadna dhigtaa hoosta tirada 63 iyo tirooyinka kale ee ay isku safka yihiin.

Xariiqan waxaad ka raadisaa tirada ku aaddan miisaanka cunugga, xaaladdan waa 6.8.

• Fiiri si aad u aragto joog-u-taxa ay tiradani ku jirto. Xaaladdan waxaa ay ku jirtaa joog-u-taxa MIISAANKA DHEXEEYAHA.

Tusaalahan miisaanka cunugga waa caadi marka loo eego DHERERKIISA. Wuxuu sidaa daraaddeed leeyahay miisaan ku habboon dhererkiisa.

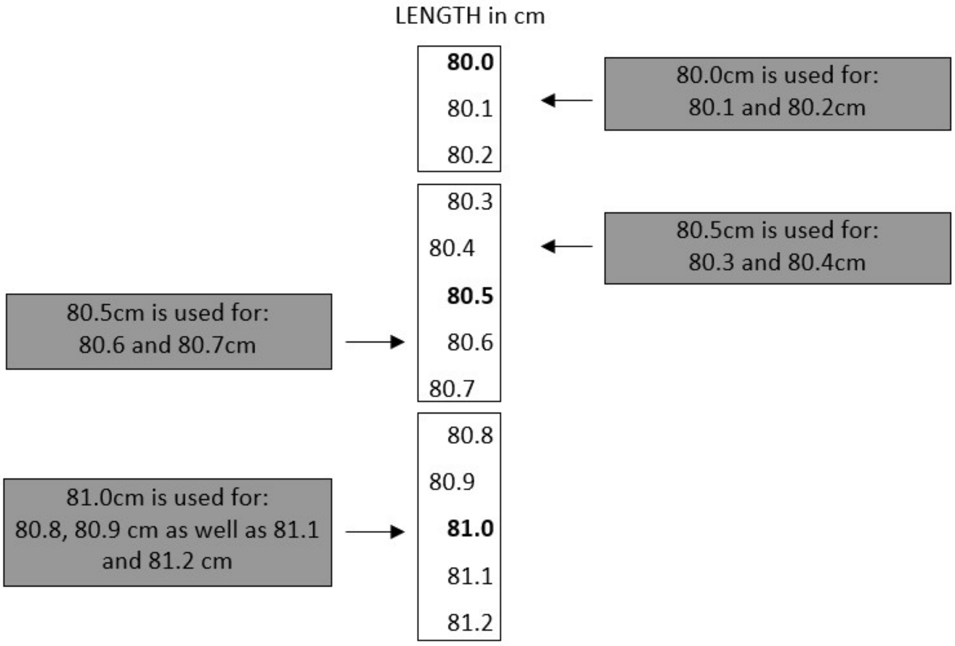
**Tusaale:** cunug ayaa dherekiisa ah 78 sm miisaankiisuna waa 8.3 kg

Cunuggan wuxuu u dhaxeeyaa joog-u-taxa dhibcaha-z ee -2 & -3 ama inta u dhaxeysa MAM iyo SAM. Aad ayuu caato u yahay marka loo eego dhererkiisa wuxuunna ka yar yahay -2 wuxuunna ka badan yahay -3; waa <-2 (ka yar) iyo >-3 (ka badan): waa cunug SI DHEXDHEXAAD AH NAFAQO-XUMO u haysa balse UUSAN Si daran Nafaqo-xumo u qabin.

**OGOW:** Waxay noqon kartaa in miisaanka ama joogga uusan ahayn tiro idil (dhan).

**Tusaale:** dherer: 80.4 sm iyo miisaan 7.9 kg. Labadan tiro kuma qorna shaxda. Hoos ka fiiri.

**Loogu talalagay jooga/dhererka:** Cabbirka jooga/dhererka waa in la duubo oo laga dhigo 0.5sm ugu dhow, sida tusaalahan soo socda oo kale.




**Loogu talogalay miisaanka:** Marka la fiiriyo shaxda, dhererka 80.5 sm miisaanka waa 7.9 kg. Tani waxaa ay u dhaxeysaa 7.7 iyo 8.3 kg. Si aad u muujiso xaqiiqda ah in cunugga uu u dhaxeeyo 2dan miisaan, qor in dhibcaha-Z ee cunuggan in ay u dhaxeyso dhibcaha-Z ee -4 iyo -3 ama dhibcaha-Z <-3 IYO >-4 . Cunugga wuxuu qabaa SAM.

Fasiraadda miisaanka iyo joogga:

| | | |
|---|---|---|
| < -3 z-scores | ---------------> | Nafaqo-xumada aadka u daran |
| ≥ -3 z-scores < -2 | ---------------> | Nafaqo-xumada daran ee nooceeda dhexdhexaadka ah |
| ≥ -2 z-scores | ---------------> | Ma jirto nafaqo-xumo daran |

# LIFAAQA 2AAD – SHAXDA TIRINTA EE BAARISTA

**NUTRITION SCREENING TALLY SHEET using MUAC**

**DISTRICT................HC.................VILLAGE/OTP.................. Month......................**

**From ______/_____/_______ to ______/______/______** **Function** ***Signature*** ___________________________________

***Put a cross to the "o" within the different categories, according to the MUAC***

| | MUAC <115mm | MUAC≥ 115&<125mm | MUAC≥ 125mm | Oedema |
|---|---|---|---|---|
| 6months & more | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| | o o o o o | o o o o o  o o o o o | o o o o o  o o o o o  o o o o o | o o o o o |
| Total | | | | |

# LIFAAQA 3AAD – Shaxda labada jinsiyadood Wiilasha iyo Gabdhaha (WHO2006)

| Use for both boys and girls (highest for either gender) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Length | *Weight Kg – Z-score* | | | | | | Length | *Weight Kg – Z-score* | | | | | |
| cm | *-4,0* | *-3* | *-2* | *-1,5* | *-1* | *0* | cm | *-4,0* | *-3* | *-2* | *-1,5* | *-1* | *0* |
| Use Length for less than 87 cm | | | | | | | | | | | | | |
| 45 | 1,75 | 1,90 | 2,07 | 2,16 | 2,25 | 2,46 | 66 | 5,5 | 5,92 | 6,4 | 6,65 | 6,92 | 7,5 |
| 45,5 | 1,81 | 1,97 | 2,14 | 2,23 | 2,33 | 2,55 | 66,5 | 5,6 | 6,02 | 6,5 | 6,75 | 7,03 | 7,62 |
| 46 | 1,88 | 2,03 | 2,21 | 2,30 | 2,41 | 2,63 | 67 | 5,7 | 6,11 | 6,6 | 6,86 | 7,14 | 7,74 |
| 46,5 | 1,94 | 2,10 | 2,28 | 2,38 | 2,48 | 2,72 | 67,5 | 5,8 | 6,2 | 6,69 | 6,96 | 7,24 | 7,85 |
| 47 | 2,00 | 2,16 | 2,35 | 2,45 | 2,56 | 2,80 | 68 | 5,8 | 6,29 | 6,79 | 7,06 | 7,35 | 7,97 |
| 47,5 | 2,06 | 2,23 | 2,42 | 2,53 | 2,64 | 2,89 | 68,5 | 5,9 | 6,38 | 6,89 | 7,16 | 7,45 | 8,1 |
| 48 | 2,12 | 2,30 | 2,50 | 2,61 | 2,72 | 2,97 | 69 | 6,0 | 6,47 | 6,99 | 7,26 | 7,56 | 8,2 |
| 48,5 | 2,18 | 2,37 | 2,57 | 2,68 | 2,80 | 3,06 | 69,5 | 6,1 | 6,56 | 7,08 | 7,36 | 7,66 | 8,3 |
| 49 | 2,25 | 2,44 | 2,65 | 2,76 | 2,89 | 3,16 | 70 | 6,2 | 6,65 | 7,18 | 7,46 | 7,77 | 8,4 |
| 49,5 | 2,32 | 2,51 | 2,73 | 2,85 | 2,97 | 3,25 | 70,5 | 6,3 | 6,74 | 7,27 | 7,56 | 7,87 | 8,5 |
| 50 | 2,39 | 2,59 | 2,81 | 2,94 | 3,07 | 3,35 | 71 | 6,3 | 6,82 | 7,37 | 7,66 | 7,97 | 8,6 |
| 50,5 | 2,46 | 2,67 | 2,90 | 3,03 | 3,16 | 3,46 | 71,5 | 6,4 | 6,91 | 7,46 | 7,76 | 8,1 | 8,8 |
| 51 | 2,54 | 2,75 | 2,99 | 3,12 | 3,26 | 3,56 | 72 | 6,5 | 7 | 7,55 | 7,86 | 8,2 | 8,9 |
| 51,5 | 2,62 | 2,84 | 3,08 | 3,22 | 3,36 | 3,68 | 72,5 | 6,6 | 7,08 | 7,65 | 7,95 | 8,3 | 9,0 |
| 52 | 2,70 | 2,93 | 3,18 | 3,32 | 3,47 | 3,79 | 73 | 6,7 | 7,16 | 7,74 | 8,0 | 8,4 | 9,1 |
| 52,5 | 2,79 | 3,02 | 3,28 | 3,42 | 3,58 | 3,91 | 73,5 | 6,7 | 7,25 | 7,83 | 8,1 | 8,5 | 9,2 |
| 53 | 2,88 | 3,12 | 3,38 | 3,53 | 3,69 | 4,03 | 74 | 6,8 | 7,33 | 7,91 | 8,2 | 8,6 | 9,3 |
| 53,5 | 2,98 | 3,22 | 3,49 | 3,64 | 3,80 | 4,16 | 74,5 | 6,9 | 7,41 | 8 | 8,3 | 8,7 | 9,4 |
| 54 | 3,08 | 3,33 | 3,61 | 3,76 | 3,92 | 4,29 | 75 | 6,9 | 7,49 | 8,1 | 8,4 | 8,8 | 9,5 |
| 54,5 | 3,18 | 3,44 | 3,73 | 3,88 | 4,05 | 4,42 | 75,5 | 7,0 | 7,56 | 8,2 | 8,5 | 8,8 | 9,6 |
| 55 | 3,29 | 3,55 | 3,85 | 4,01 | 4,18 | 4,55 | 76 | 7,1 | 7,64 | 8,3 | 8,6 | 8,9 | 9,7 |
| 55,5 | 3,39 | 3,67 | 3,97 | 4,14 | 4,31 | 4,69 | 76,5 | 7,2 | 7,72 | 8,3 | 8,7 | 9,0 | 9,8 |
| 56 | 3,50 | 3,78 | 4,10 | 4,26 | 4,44 | 4,83 | 77 | 7,2 | 7,79 | 8,4 | 8,8 | 9,1 | 9,9 |
| 56,5 | 3,61 | 3,90 | 4,22 | 4,40 | 4,58 | 4,98 | 77,5 | 7,3 | 7,87 | 8,5 | 8,8 | 9,2 | 10,0 |
| 57 | 3,7 | 4,02 | 4,35 | 4,53 | 4,71 | 5,13 | 78 | 7,4 | 7,94 | 8,6 | 8,9 | 9,3 | 10,1 |
| 57,5 | 3,8 | 4,13 | 4,47 | 4,66 | 4,85 | 5,27 | 78,5 | 7,4 | 8 | 8,7 | 9,0 | 9,4 | 10,2 |
| 58 | 3,9 | 4,25 | 4,6 | 4,79 | 4,99 | 5,42 | 79 | 7,5 | 8,1 | 8,7 | 9,1 | 9,5 | 10,3 |
| 58,5 | 4,1 | 4,37 | 4,72 | 4,92 | 5,12 | 5,56 | 79,5 | 7,6 | 8,2 | 8,8 | 9,2 | 9,5 | 10,4 |
| 59 | 4,2 | 4,49 | 4,85 | 5,05 | 5,25 | 5,71 | 80 | 7,6 | 8,2 | 8,9 | 9,2 | 9,6 | 10,4 |
| 59,5 | 4,3 | 4,6 | 4,97 | 5,17 | 5,39 | 5,85 | 80,5 | 7,7 | 8,3 | 9,0 | 9,3 | 9,7 | 10,5 |
| 60 | 4,4 | 4,71 | 5,09 | 5,3 | 5,52 | 5,99 | 81 | 7,8 | 8,4 | 9,1 | 9,4 | 9,8 | 10,6 |
| 60,5 | 4,5 | 4,82 | 5,21 | 5,42 | 5,65 | 6,13 | 81,5 | 7,8 | 8,5 | 9,1 | 9,5 | 9,9 | 10,7 |
| 61 | 4,6 | 4,93 | 5,33 | 5,54 | 5,77 | 6,26 | 82 | 7,9 | 8,5 | 9,2 | 9,6 | 10,0 | 10,8 |
| 61,5 | 4,7 | 5,04 | 5,44 | 5,66 | 5,89 | 6,4 | 82,5 | 8,0 | 8,6 | 9,3 | 9,7 | 10,1 | 10,9 |
| 62 | 4,8 | 5,14 | 5,56 | 5,78 | 6,01 | 6,53 | 83 | 8,1 | 8,7 | 9,4 | 9,8 | 10,2 | 11,0 |
| 62,5 | 4,9 | 5,25 | 5,67 | 5,89 | 6,13 | 6,65 | 83,5 | 8,2 | 8,8 | 9,5 | 9,9 | 10,3 | 11,2 |
| 63 | 5,0 | 5,35 | 5,77 | 6,00 | 6,25 | 6,78 | 84 | 8,3 | 8,9 | 9,6 | 10,0 | 10,4 | 11,3 |
| 63,5 | 5,1 | 5,45 | 5,88 | 6,12 | 6,36 | 6,9 | 84,5 | 8,3 | 9 | 9,7 | 10,1 | 10,5 | 11,4 |
| 64 | 5,1 | 5,54 | 5,99 | 6,23 | 6,48 | 7,03 | 85 | 8,4 | 9,1 | 9,8 | 10,2 | 10,6 | 11,5 |
| 64,5 | 5,2 | 5,64 | 6,09 | 6,33 | 6,59 | 7,15 | 85,5 | 8,5 | 9,2 | 9,9 | 10,3 | 10,7 | 11,6 |
| 65 | 5,3 | 5,74 | 6,19 | 6,44 | 6,7 | 7,27 | 86 | 8,6 | 9,3 | 10,0 | 10,4 | 10,8 | 11,7 |
| 65,5 | 5,4 | 5,83 | 6,29 | 6,55 | 6,81 | 7,39 | 86,5 | 8,7 | 9,4 | 10,1 | 10,5 | 11,0 | 11,9 |

# LIFAAQA 4AAD – MIISAANKA-IYO-JOOGGA EE QAANGAARRADA

| Height (cm) | 100% Median | 85% (target) | <80% mod | <70% Severe | sex |
|---|---|---|---|---|---|
| 120.5 | 22.1 | 18.8 | 17.7 | 15.5 | mf |
| 121 | 22.3 | 19 | 17.8 | 15.6 | mf |
| 121.5 | 22.5 | 19.1 | 18 | 15.8 | mf |
| 122 | 22.7 | 19.3 | 18.2 | 15.9 | mf |
| 122.5 | 23 | 19.5 | 18.4 | 16.1 | mf |
| 123 | 23.2 | 19.7 | 18.6 | 16.2 | mf |
| 123.5 | 23.5 | 19.9 | 18.8 | 16.4 | mf |
| 124 | 23.7 | 20.1 | 19 | 16.6 | mf |
| 124.5 | 24 | 20.4 | 19.2 | 16.8 | mf |
| 125 | 24.2 | 20.6 | 19.4 | 16.9 | mf |
| 125.5 | 24.5 | 20.8 | 19.6 | 17.1 | mf |
| 126 | 24.7 | 21 | 19.8 | 17.3 | mf |
| 126.5 | 25 | 21.2 | 20 | 17.5 | mf |
| 127 | 25.3 | 21.5 | 20.2 | 17.7 | mf |
| 127.5 | 25.5 | 21.7 | 20.4 | 17.9 | mf |
| 128 | 25.8 | 21.9 | 20.7 | 18.1 | mf |
| 128.5 | 26.1 | 22.2 | 20.9 | 18.3 | mf |
| 129 | 26.4 | 22.4 | 21.1 | 18.5 | mf |
| 129.5 | 26.7 | 22.7 | 21.3 | 18.7 | mf |
| 130 | 27 | 22.9 | 21.6 | 18.9 | mf |
| 130.5 | 27.3 | 23.2 | 21.8 | 19.1 | mf |
| 131 | 27.6 | 23.4 | 22.1 | 19.3 | mf |
| 131.5 | 27.9 | 23.7 | 22.3 | 19.5 | mf |
| 132 | 28.2 | 24 | 22.5 | 19.7 | mf |
| 132.5 | 28.5 | 24.2 | 22.8 | 19.9 | mf |
| 133 | 28.8 | 24.5 | 23 | 20.2 | mf |
| 133.5 | 29.1 | 24.7 | 23.3 | 20.4 | mf |
| 134 | 29.4 | 25 | 23.5 | 20.6 | mf |
| 134.5 | 29.7 | 25.3 | 23.8 | 20.8 | mf |
| 135 | 30.1 | 25.6 | 24.1 | 21.1 | mf |
| 135.5 | 30.4 | 25.8 | 24.3 | 21.3 | mf |
| 136 | 30.7 | 26.1 | 24.6 | 21.5 | mf |
| 136.5 | 31 | 26.4 | 24.8 | 21.7 | mf |
| 137 | 31.4 | 26.7 | 25.1 | 22 | mf |
| 137.5 | 31.7 | 27 | 25.4 | 22.2 | mf |
| 138 | 32.1 | 27.2 | 25.6 | 22.4 | mf |
| 138.5 | 32.4 | 27.5 | 25.9 | 22.7 | mf |
| 139 | 32.7 | 27.8 | 26.2 | 22.9 | mf |
| 139.5 | 33.1 | 28.1 | 26.4 | 23.1 | mf |
| 140 | 33.4 | 28.4 | 26.7 | 23.4 | mf |
| 140.5 | 33.7 | 28.7 | 27 | 23.6 | mf |
| 141 | 34.1 | 29 | 27.3 | 23.9 | mf |
| 141.5 | 34.4 | 29.2 | 27.5 | 24.1 | mf |
| 142 | 34.8 | 29.5 | 27.8 | 24.3 | mf |
| 142.5 | 35.1 | 29.8 | 28.1 | 24.6 | mf |

| | | | | | |
|---|---|---|---|---|---|
| **166.5** | 54.1 | 46 | 43.3 | 37.9 | m |
| **167** | 54.6 | 46.4 | 43.7 | 38.2 | m |
| **167.5** | 55.1 | 46.9 | 44.1 | 38.6 | m |
| **168** | 55.6 | 47.3 | 44.5 | 38.9 | m |
| **168.5** | 56.2 | 47.7 | 44.9 | 39.3 | m |
| **169** | 56.7 | 48.2 | 45.4 | 39.7 | m |
| **169.5** | 57.3 | 48.7 | 45.8 | 40.1 | m |
| **170** | 57.8 | 49.2 | 46.3 | 40.5 | m |
| **170.5** | 58.4 | 49.6 | 46.7 | 40.9 | m |
| **171** | 59 | 50.1 | 47.2 | 41.3 | m |
| | | | | | |

Shaxdan ayaa waxaa la dhisey iyada oo la adeegsanayo jaangooyooyinka NCHS. Jaangooyiinka joogga-iyo-da'da iyo miisaanka-iyo-da'da ayaa la isku-darey si loo go'aamiyo dhexeeyaha miisaanka iyo joogga. Jinsiyada waa la isku-daraa marka jaangooyada labada jinsi uu yahay gudaha 1.5% ee miisaanka jirka ee jaangooyada jinsiyada midkood.

# LIFAAQA 5AAD – JAANTUSKA BMI EE DADKA WAAWEYN

**BODY MASS INDEX (ADULTS) (=W/H$^2$) Wt in kg and height in metres.**

| Height (cm) | BMI | | | | | |
|---|---|---|---|---|---|---|
| | 18,5 | 18 | 17,5 | 17 | 16,5 | 16 |
| | Weight in Kg | | | | | |
| 140 | 36,3 | 35,3 | 34,3 | 33,3 | 32,3 | 31,4 |
| 141 | 36,8 | 35,8 | 34,8 | 33,8 | 32,8 | 31,8 |
| 142 | 37,3 | 36,3 | 35,3 | 34,3 | 33,3 | 32,3 |
| 143 | 37,8 | 36,8 | 35,8 | 34,8 | 33,7 | 32,7 |
| 144 | 38,4 | 37,3 | 36,3 | 35,3 | 34,2 | 33,2 |
| 145 | 38,9 | 37,8 | 36,8 | 35,7 | 34,7 | 33,6 |
| 146 | 39,4 | 38,4 | 37,3 | 36,2 | 35,2 | 34,1 |
| 147 | 40,0 | 38,9 | 37,8 | 36,7 | 35,7 | 34,6 |
| 148 | 40,5 | 39,4 | 38,3 | 37,2 | 36,1 | 35,0 |
| 149 | 41,1 | 40,0 | 38,9 | 37,7 | 36,6 | 35,5 |
| 150 | 41,6 | 40,5 | 39,4 | 38,3 | 37,1 | 36,0 |
| 151 | 42,2 | 41,0 | 39,9 | 38,8 | 37,6 | 36,5 |
| 152 | 42,7 | 41,6 | 40,4 | 39,3 | 38,1 | 37,0 |
| 153 | 43,3 | 42,1 | 41,0 | 39,8 | 38,6 | 37,5 |
| 154 | 43,9 | 42,7 | 41,5 | 40,3 | 39,1 | 37,9 |
| 155 | 44,4 | 43,2 | 42,0 | 40,8 | 39,6 | 38,4 |
| 156 | 45,0 | 43,8 | 42,6 | 41,4 | 40,2 | 38,9 |
| 157 | 45,6 | 44,4 | 43,1 | 41,9 | 40,7 | 39,4 |
| 158 | 46,2 | 44,9 | 43,7 | 42,4 | 41,2 | 39,9 |
| 159 | 46,8 | 45,5 | 44,2 | 43,0 | 41,7 | 40,4 |
| 160 | 47,4 | 46,1 | 44,8 | 43,5 | 42,2 | 41,0 |
| 161 | 48,0 | 46,7 | 45,4 | 44,1 | 42,8 | 41,5 |
| 162 | 48,6 | 47,2 | 45,9 | 44,6 | 43,3 | 42,0 |
| 163 | 49,2 | 47,8 | 46,5 | 45,2 | 43,8 | 42,5 |
| 164 | 49,8 | 48,4 | 47,1 | 45,7 | 44,4 | 43,0 |

| Height (cm) | BMI | | | | | |
|---|---|---|---|---|---|---|
| | 18,5 | 18 | 17,5 | 17 | 16,5 | 16 |
| | Weight in Kg | | | | | |
| 165 | 50,4 | 49,0 | 47,6 | 46,3 | 44,9 | 43,6 |
| 166 | 51,0 | 49,6 | 48,2 | 46,8 | 45,5 | 44,1 |
| 167 | 51,6 | 50,2 | 48,8 | 47,4 | 46,0 | 44,6 |
| 168 | 52,2 | 50,8 | 49,4 | 48,0 | 46,6 | 45,2 |
| 169 | 52,8 | 51,4 | 50,0 | 48,6 | 47,1 | 45,7 |
| 170 | 53,5 | 52,0 | 50,6 | 49,1 | 47,7 | 46,2 |
| 171 | 54,1 | 52,6 | 51,2 | 49,7 | 48,2 | 46,8 |
| 172 | 54,7 | 53,3 | 51,8 | 50,3 | 48,8 | 47,3 |
| 173 | 55,4 | 53,9 | 52,4 | 50,9 | 49,4 | 47,9 |
| 174 | 56,0 | 54,5 | 53,0 | 51,5 | 50,0 | 48,4 |
| 175 | 56,7 | 55,1 | 53,6 | 52,1 | 50,5 | 49,0 |
| 176 | 57,3 | 55,8 | 54,2 | 52,7 | 51,1 | 49,6 |
| 177 | 58,0 | 56,4 | 54,8 | 53,3 | 51,7 | 50,1 |
| 178 | 58,6 | 57,0 | 55,4 | 53,9 | 52,3 | 50,7 |
| 179 | 59,3 | 57,7 | 56,1 | 54,5 | 52,9 | 51,3 |
| 180 | 59,9 | 58,3 | 56,7 | 55,1 | 53,5 | 51,8 |
| 181 | 60,6 | 59,0 | 57,3 | 55,7 | 54,1 | 52,4 |
| 182 | 61,3 | 59,6 | 58,0 | 56,3 | 54,7 | 53,0 |
| 183 | 62,0 | 60,3 | 58,6 | 56,9 | 55,3 | 53,6 |
| 184 | 62,6 | 60,9 | 59,2 | 57,6 | 55,9 | 54,2 |
| 185 | 63,3 | 61,6 | 59,9 | 58,2 | 56,5 | 54,8 |
| 186 | 64,0 | 62,3 | 60,5 | 58,8 | 57,1 | 55,4 |
| 187 | 64,7 | 62,9 | 61,2 | 59,4 | 57,7 | 56,0 |
| 188 | 65,4 | 63,6 | 61,9 | 60,1 | 58,3 | 56,6 |
| 189 | 66,1 | 64,3 | 62,5 | 60,7 | 58,9 | 57,2 |
| 190 | 66,8 | 65,0 | 63,2 | 61,4 | 59,6 | 57,8 |

| BMI | INTERPRETATION |
|---|---|
| **< 16.0** | **severe thinness** |
| 16.0 - 16.9 | moderate thinness |
| 17.0 - 18.4 | marginal thinness |
| **18.5 - 24.9** | **normal** |

Source : WHO (1995) Physical status : the use and interpretation of anthropometry, Report of a WHO expert committee, WHO

# LIFAAQA 6AAD - BUUGGA DIIWAANGELINTA EE SC/OTP

| | DATE | Register/ Scope # | SAM-No (Ex-cure) | Patient's Name | Caretaker's Name | Address& Phone No | Entry to facility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Type of admission | Transfer-IN Code/Name of the SC/OTP | Sex M/F | Age mo | Wt kg.g | Ht/L cm | W/Lor H | Oed 0,1,2,3 | MUAC mm |
| 1 | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |

| | Exit from facility | | | | | Type of Exit | | Date of Minimum Weight | Minimum Weight | Observation |
|---|---|---|---|---|---|---|---|---|---|---|
| | Date | Wt kg.g | W/L or H | Oed 0,1,2,3 | MUAC mm | Type | Transfer-TO Name/code of SC/OTP | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 14 | | | | | | | | | | |
| 15 | | | | | | | | | | |
| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | | | | | | | | |
| 19 | | | | | | | | | | |
| 20 | | | | | | | | | | |

# LIFAAQ 7AAD - JAANTUSKA OTP

**OTP Chart**

SAM/Scope Number……………………………………Registration Number……………….…. Admission date………….………….………

OTP code ……………….……… OTP name ………………………………District……………………………

**Reason of Admission MUAC ………..mm W/H……….Z-score OR Oedema Yes □ No □**

| | | |
|---|---|---|
| Patient Name…………………………………… <br> Caretaker Name………………………………… <br> Age (mo)…………….. Sex ……. <br> Address………………………………………………. <br> ………………………………………………………… <br> Phone # | Breast feeding Yes □ No □ <br> Twins Yes □ No □ <br> Parents alive Yes □ No □ If No, precise……. <br> Health of caretaker…………………………………… | Special Problem………………………………… <br> ……………………………………………………… <br> Update Immunisation Yes □ No□ <br> Immunisation card Yes □ No□ <br> Measles 1………………. <br> 2………………. |

**Admission Information**

| | |
|---|---|
| *Before beginning treatment* (circle the answer) <br> Referral BY: Spontaneous / Active screening / HC /……………………(circle answer) <br> *During the treatment or begining of treatment* <br> * TRANSFER- IN: Yes □ No □ <br> if Yes, SC/ Other OTP / District hospital (circle the answer) <br> Name of………………………………………… Registration N0 ……………. <br> Date of IMAM admission………………… Date of transfer TO OTP……………… | TYPE of ADMISSION <br> □ New admission <br> □ Transfer-IN* <br> □ Relapse <br> □ Readmission after defaulting <2months |

| Examination | Education given: Theme | Date | Signature |
|---|---|---|---|
| Circle the answer | | | |
| **Condition of Patient**: Normal / Sick / Very sick | Causes of malnutrition | | |
| **Handicap**: Yes □ No □ If yes, ………………….. | Diarrhoea, fever, ARI | | |
| **Respiration**: Normal / Fast | Infection (skin, eyes, ear) | | |
| **Eyes**: Normal / Vitamin A deficit / photophobia | Play & stimulation | | |
| **Skin lesions**: Yes □ No □ | Nutrition – child care | | |
| **Oedema** (0, +, ++, +++)………….. | Hygiene | | |

**Home Visit (HV)**

| DATE | REASON(S) | DATE HV | CONCLUSION |
|---|---|---|---|
| | | | |
| | | | |

****Transfer-TO-IPF during treatment in OTP**

| DATE | REASON(S) | WHERE | RESULT (RETURN-DATE/NOT RETURN/DEATH) |
|---|---|---|---|
| | | | |
| | | | |

**Discharge**

Date of discharge ………/………./……..

Cured □ Defaulter Confirmed □ cause……………………………………

Defaulter Unconfirmed □ Dead □ cause……………………………………

Transfer-TO…………………………………..……. □ cause………………………………………………………(to complete in **)

Non Responder □ cause………………………………………………………… Medical referral □ TO ……………………………………………………

Follow up in TSFC

# LIFAAQA 8AAD - SHAXDA WAREEJINTA

**TRANSFER FORM during SAM TREATMENT**

SCOPE/SAM-Number: 

*Circle the information below and fill in codes*

| | | | | | |
|---|---|---|---|---|---|
| Transfer-IN (From) | OTP SC | Facility Name (From) | | Reg No | |
| Transfer -TO | OTP SC | Facility Name (TO) | | | |
| Phone call made | Y / N | If returning patient reg no in receiving facility | | | |

*Fill the administrative information*

| | | | | | |
|---|---|---|---|---|---|
| Patient's Name | | Date of Transfer | | | |
| Caretaker Name | | Sex | M / F | Age (mo.) | |
| Address | ........................................................................................<br>........................................................................................<br>................ | | | | |
| Phone No | | | | | |
| Time & condition of transport | | | | | |

*Fill the information of the follow up of the patient*

| | Date | Weight | Height / Lenght | WH Z | MUAC | Oedema | Result of Appetite Test |
|---|---|---|---|---|---|---|---|
| Admission | | | | | | | |
| Minimum Weight | | | | | | | |
| Day of Transfer-TO | | | | | | | |

*Complete the information of the diet and medical treatment already given*

| | Acute Phase | Transition | Rehab/OTP |
|---|---|---|---|
| F75 | | | |
| F100 | | | |
| F100 dilute | | | |
| RUTF | | | |
| Date at beginning | | | |

| | | Drugs | Date |
|---|---|---|---|
| Routine treatment | Amoxycillin | | |
| | Mebendazole | | |
| | Measles vac. | | |
| | other | | |
| | other | | |
| Other Specific treatment given | | | Date |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Reason for Transfer-TO SC**

Failure of appetite test Y / N Complications Y / N if Y ........... Oedema Y / N Failure-to-Responses in OTP Y/N

SPECIFY:

**Reason for Transfer-TO OTP**

ood appetite Y / N No complications Y / N Ready for recovery phase Y / N Transfer-TO another OTP Y / N Other .....................

**Any Specific treatment Given or other important items**

**Laboratory test results**

Name and function of the staff | Date and signature

# LIFAAQA 9AAD - RUTF SHAXDA DOORSOOMAHA AH EE OTP

| week of treatment | RUTF Paste - grams per week | | | | RUTF Sachets (96g) | | | |
|---|---|---|---|---|---|---|---|---|
| | CRITICAL stock shortage | Absolute Minimum (week one) | Intermediate (week two) | STANDARD ration | CRITICAL stock shortage | Absolute Minimum (week one) | Intermediate (week two) | STANDARD ration |
| Class of weight (kg) | 100 kcal/kg/d | 135 kcal/kg/d | 150 kcal/kg/d | 170 kcal/kg/d | 100 kcal/kg/d | 135 kcal/kg/d | 150 kcal/kg/d | 170 kcal/kg/d |
| 3.0 - 3.4 | 440 | 600 | 660 | 750 | 5 | 6 | 7 | 8 |
| 3.5 - 4.9 | 530 | 720 | 800 | 900 | 6 | 8 | 9 | 10 |
| 5.0 – 6.9 | 830 | 1100 | 1250 | 1400 | 9 | 12 | 13 | 15 |
| 7.0 – 9.9 | 1060 | 1430 | 1600 | 1800 | 12 | 15 | 17 | 20 |

NOTE: This table can be used if there is a limited supply of RUTF due to a pipeline break (not planned), or if the children have marginal appetites at the start of treatment and the OTP wants to discourage sharing because of a large surplus before the child regains a full appetite. The amount given should NEVER fall below 135 kcal/kg/week. If the amount falls below 100 kcal/kg/d the children will loose weight and deteriorate. NOTE the relatively small difference between the Critical and standard amounts to be dispensed! It is the "little" extra which gives the impetus for growth - this is why sharing in the family can lead to low recovery rates and this needs to be explained to the caretaker and her family.

# LIFAAQA 10AAD – JAANTUSKA MIISAAN KORORKA IYO MIISAAN LUMINTA EE 5%

| 5% weight loss (for failure-to-respond in OTP) | | | | | |
|---|---|---|---|---|---|
| Ist week | loss | 2nd week | Ist week | loss | 2nd week |
| 4,0 | 0,2 | 3,8 | 8,0 | 0,4 | 7,6 |
| 4,1 | 0,2 | 3,9 | 8,1 | 0,4 | 7,7 |
| 4,2 | 0,2 | 4,0 | 8,2 | 0,4 | 7,8 |
| 4,3 | 0,2 | 4,1 | 8,3 | 0,4 | 7,9 |
| 4,4 | 0,2 | 4,2 | 8,4 | 0,4 | 8,0 |
| 4,5 | 0,2 | 4,3 | 8,5 | 0,4 | 8,1 |
| 4,6 | 0,2 | 4,4 | 8,6 | 0,4 | 8,2 |
| 4,7 | 0,2 | 4,5 | 8,7 | 0,4 | 8,3 |
| 4,8 | 0,2 | 4,6 | 8,8 | 0,4 | 8,4 |
| 4,9 | 0,2 | 4,7 | 8,9 | 0,4 | 8,5 |
| 5,0 | 0,3 | 4,8 | 9,0 | 0,5 | 8,6 |
| 5,1 | 0,3 | 4,8 | 9,1 | 0,5 | 8,6 |
| 5,2 | 0,3 | 4,9 | 9,2 | 0,5 | 8,7 |
| 5,3 | 0,3 | 5,0 | 9,3 | 0,5 | 8,8 |
| 5,4 | 0,3 | 5,1 | 9,4 | 0,5 | 8,9 |
| 5,5 | 0,3 | 5,2 | 9,5 | 0,5 | 9,0 |
| 5,6 | 0,3 | 5,3 | 9,6 | 0,5 | 9,1 |
| 5,7 | 0,3 | 5,4 | 9,7 | 0,5 | 9,2 |
| 5,8 | 0,3 | 5,5 | 9,8 | 0,5 | 9,3 |
| 5,9 | 0,3 | 5,6 | 9,9 | 0,5 | 9,4 |
| 6,0 | 0,3 | 5,7 | 10,0 | 0,5 | 9,5 |
| 6,1 | 0,3 | 5,8 | 10,1 | 0,5 | 9,6 |
| 6,2 | 0,3 | 5,9 | 10,2 | 0,5 | 9,7 |
| 6,3 | 0,3 | 6,0 | 10,3 | 0,5 | 9,8 |
| 6,4 | 0,3 | 6,1 | 10,4 | 0,5 | 9,9 |
| 6,5 | 0,3 | 6,2 | 10,5 | 0,5 | 10,0 |
| 6,6 | 0,3 | 6,3 | 10,6 | 0,5 | 10,1 |
| 6,7 | 0,3 | 6,4 | 10,7 | 0,5 | 10,2 |
| 6,8 | 0,3 | 6,5 | 10,8 | 0,5 | 10,3 |
| 6,9 | 0,3 | 6,6 | 10,9 | 0,5 | 10,4 |
| 7,0 | 0,3 | 6,6 | 11,0 | 0,5 | 10,5 |
| 7,1 | 0,4 | 6,7 | 11,1 | 0,6 | 10,5 |
| 7,2 | 0,4 | 6,8 | 11,2 | 0,6 | 10,6 |
| 7,3 | 0,4 | 6,9 | 11,3 | 0,6 | 10,7 |
| 7,4 | 0,4 | 7,0 | 11,4 | 0,6 | 10,8 |
| 7,5 | 0,4 | 7,1 | 11,5 | 0,6 | 10,9 |
| 7,6 | 0,4 | 7,2 | 11,6 | 0,6 | 11,0 |
| 7,7 | 0,4 | 7,3 | 11,7 | 0,6 | 11,1 |
| 7,8 | 0,4 | 7,4 | 11,8 | 0,6 | 11,2 |
| 7,9 | 0,4 | 7,5 | 11,9 | 0,6 | 11,3 |
| 8,0 | 0,4 | 7,6 | 12,0 | 0,6 | 11,4 |

| 5% weight gain (for treatment of dehydration) | | | | | |
|---|---|---|---|---|---|
| initial | gain | final | initial | gain | final |
| 4,0 | 0,2 | 4,2 | 8,0 | 0,4 | 8,4 |
| 4,1 | 0,2 | 4,3 | 8,1 | 0,4 | 8,5 |
| 4,2 | 0,2 | 4,4 | 8,2 | 0,4 | 8,6 |
| 4,3 | 0,2 | 4,5 | 8,3 | 0,4 | 8,7 |
| 4,4 | 0,2 | 4,6 | 8,4 | 0,4 | 8,8 |
| 4,5 | 0,2 | 4,7 | 8,5 | 0,4 | 8,9 |
| 4,6 | 0,2 | 4,8 | 8,6 | 0,4 | 9,0 |
| 4,7 | 0,2 | 4,9 | 8,7 | 0,4 | 9,1 |
| 4,8 | 0,2 | 5,0 | 8,8 | 0,4 | 9,2 |
| 4,9 | 0,2 | 5,1 | 8,9 | 0,4 | 9,3 |
| 5,0 | 0,3 | 5,3 | 9,0 | 0,5 | 9,5 |
| 5,1 | 0,3 | 5,4 | 9,1 | 0,5 | 9,6 |
| 5,2 | 0,3 | 5,5 | 9,2 | 0,5 | 9,7 |
| 5,3 | 0,3 | 5,6 | 9,3 | 0,5 | 9,8 |
| 5,4 | 0,3 | 5,7 | 9,4 | 0,5 | 9,9 |
| 5,5 | 0,3 | 5,8 | 9,5 | 0,5 | 10,0 |
| 5,6 | 0,3 | 5,9 | 9,6 | 0,5 | 10,1 |
| 5,7 | 0,3 | 6,0 | 9,7 | 0,5 | 10,2 |
| 5,8 | 0,3 | 6,1 | 9,8 | 0,5 | 10,3 |
| 5,9 | 0,3 | 6,2 | 9,9 | 0,5 | 10,4 |
| 6,0 | 0,3 | 6,3 | 10,0 | 0,5 | 10,5 |
| 6,1 | 0,3 | 6,4 | 10,1 | 0,5 | 10,6 |
| 6,2 | 0,3 | 6,5 | 10,2 | 0,5 | 10,7 |
| 6,3 | 0,3 | 6,6 | 10,3 | 0,5 | 10,8 |
| 6,4 | 0,3 | 6,7 | 10,4 | 0,5 | 10,9 |
| 6,5 | 0,3 | 6,8 | 10,5 | 0,5 | 11,0 |
| 6,6 | 0,3 | 6,9 | 10,6 | 0,5 | 11,1 |
| 6,7 | 0,3 | 7,0 | 10,7 | 0,5 | 11,2 |
| 6,8 | 0,3 | 7,1 | 10,8 | 0,5 | 11,3 |
| 6,9 | 0,3 | 7,2 | 10,9 | 0,5 | 11,4 |
| 7,0 | 0,3 | 7,3 | 11,0 | 0,5 | 11,6 |
| 7,1 | 0,4 | 7,5 | 11,1 | 0,6 | 11,7 |
| 7,2 | 0,4 | 7,6 | 11,2 | 0,6 | 11,8 |
| 7,3 | 0,4 | 7,7 | 11,3 | 0,6 | 11,9 |
| 7,4 | 0,4 | 7,8 | 11,4 | 0,6 | 12,0 |
| 7,5 | 0,4 | 7,9 | 11,5 | 0,6 | 12,1 |
| 7,6 | 0,4 | 8,0 | 11,6 | 0,6 | 12,2 |
| 7,7 | 0,4 | 8,1 | 11,7 | 0,6 | 12,3 |
| 7,8 | 0,4 | 8,2 | 11,8 | 0,6 | 12,4 |
| 7,9 | 0,4 | 8,3 | 11,9 | 0,6 | 12,5 |
| 8,0 | 0,4 | 8,4 | 12,0 | 0,6 | 12,6 |

# LIFAAQA 11AAD - MIISAAN KORORKA KA BADAN 14 MAALMOOD EE LAGU ISTICMAALO BARNAAMIJKA OTP

**Gain of Weight (gr/kg/day) for a length of stay of 14 days**

| Weight 14 days before | Gain of weight (g/kg/day) over 14 days: 2,5 | 5 | 10 | 15 |
|---|---|---|---|---|
| 4,0 | 4,1 | 4,3 | 4,6 | 4,8 |
| 4,1 | 4,2 | 4,4 | 4,7 | 5,0 |
| 4,2 | 4,3 | 4,5 | 4,8 | 5,1 |
| 4,3 | 4,5 | 4,6 | 4,9 | 5,2 |
| 4,4 | 4,6 | 4,7 | 5,0 | 5,3 |
| 4,5 | 4,7 | 4,8 | 5,1 | 5,4 |
| 4,6 | 4,8 | 4,9 | 5,2 | 5,6 |
| 4,7 | 4,9 | 5,0 | 5,4 | 5,7 |
| 4,8 | 5,0 | 5,1 | 5,5 | 5,8 |
| 4,9 | 5,1 | 5,2 | 5,6 | 5,9 |
| 5,0 | 5,2 | 5,4 | 5,7 | 6,1 |
| 5,1 | 5,3 | 5,5 | 5,8 | 6,2 |
| 5,2 | 5,4 | 5,6 | 5,9 | 6,3 |
| 5,3 | 5,5 | 5,7 | 6,0 | 6,4 |
| 5,4 | 5,6 | 5,8 | 6,2 | 6,5 |
| 5,5 | 5,7 | 5,9 | 6,3 | 6,7 |
| 5,6 | 5,8 | 6,0 | 6,4 | 6,8 |
| 5,7 | 5,9 | 6,1 | 6,5 | 6,9 |
| 5,8 | 6,0 | 6,2 | 6,6 | 7,0 |
| 5,9 | 6,1 | 6,3 | 6,7 | 7,1 |
| 6,0 | 6,2 | 6,4 | 6,8 | 7,3 |
| 6,1 | 6,3 | 6,5 | 7,0 | 7,4 |
| 6,2 | 6,4 | 6,6 | 7,1 | 7,5 |
| 6,3 | 6,5 | 6,7 | 7,2 | 7,6 |
| 6,4 | 6,6 | 6,8 | 7,3 | 7,7 |
| 6,5 | 6,7 | 7,0 | 7,4 | 7,9 |
| 6,6 | 6,8 | 7,1 | 7,5 | 8,0 |
| 6,7 | 6,9 | 7,2 | 7,6 | 8,1 |
| 6,8 | 7,0 | 7,3 | 7,8 | 8,2 |
| 6,9 | 7,1 | 7,4 | 7,9 | 8,3 |
| 7,0 | 7,2 | 7,5 | 8,0 | 8,5 |

| Weight 14 days before | Gain of weight (g/kg/day) over 14 days: 2,5 | 5 | 10 | 15 |
|---|---|---|---|---|
| 7,0 | 7,2 | 7,5 | 8,0 | 8,5 |
| 7,1 | 7,3 | 7,6 | 8,1 | 8,6 |
| 7,2 | 7,5 | 7,7 | 8,2 | 8,7 |
| 7,3 | 7,6 | 7,8 | 8,3 | 8,8 |
| 7,4 | 7,7 | 7,9 | 8,4 | 9,0 |
| 7,5 | 7,8 | 8,0 | 8,6 | 9,1 |
| 7,6 | 7,9 | 8,1 | 8,7 | 9,2 |
| 7,7 | 8,0 | 8,2 | 8,8 | 9,3 |
| 7,8 | 8,1 | 8,3 | 8,9 | 9,4 |
| 7,9 | 8,2 | 8,5 | 9,0 | 9,6 |
| 8,0 | 8,3 | 8,6 | 9,1 | 9,7 |
| 8,1 | 8,4 | 8,7 | 9,2 | 9,8 |
| 8,2 | 8,5 | 8,8 | 9,3 | 9,9 |
| 8,3 | 8,6 | 8,9 | 9,5 | 10,0 |
| 8,4 | 8,7 | 9,0 | 9,6 | 10,2 |
| 8,5 | 8,8 | 9,1 | 9,7 | 10,3 |
| 8,6 | 8,9 | 9,2 | 9,8 | 10,4 |
| 8,7 | 9,0 | 9,3 | 9,9 | 10,5 |
| 8,8 | 9,1 | 9,4 | 10,0 | 10,6 |
| 8,9 | 9,2 | 9,5 | 10,1 | 10,8 |
| 9,0 | 9,3 | 9,6 | 10,3 | 10,9 |
| 9,1 | 9,4 | 9,7 | 10,4 | 11,0 |
| 9,2 | 9,5 | 9,8 | 10,5 | 11,1 |
| 9,3 | 9,6 | 10,0 | 10,6 | 11,3 |
| 9,4 | 9,7 | 10,1 | 10,7 | 11,4 |
| 9,5 | 9,8 | 10,2 | 10,8 | 11,5 |
| 9,6 | 9,9 | 10,3 | 10,9 | 11,6 |
| 9,7 | 10,0 | 10,4 | 11,1 | 11,7 |
| 9,8 | 10,1 | 10,5 | 11,2 | 11,9 |
| 9,9 | 10,2 | 10,6 | 11,3 | 12,0 |
| 10,0 | 10,4 | 10,7 | 11,4 | 12,1 |

# LIFAAQA 12AAD – DIYAARINTA CADADKA?TIRADA YAR EE F75 – F100 IYADA OO LA ADEEGSANAYO MALQACADO

**F75**

| WHITE scoop F75 | boiled water at 70° C or more (ml) | reconstituted F75 (ml) |
|---|---|---|
| 1 | 25 | 28 |
| 2 | 50 | 56 |
| 3 | 75 | 84 |
| 4 | 100 | 112 |
| 5 | 125 | 140 |
| 6 | 150 | 168 |
| 7 | 175 | 196 |
| 8 | 200 | 224 |
| 9 | 225 | 252 |
| 10 | 250 | 280 |
| 11 | 275 | 308 |
| 12 | 300 | 336 |
| 13 | 325 | 364 |
| 14 | 350 | 392 |
| 15 | 375 | 420 |
| 16 | 400 | 448 |
| 17 | 425 | 476 |
| 18 | 450 | 504 |
| 19 | 475 | 532 |
| 20 | 500 | 560 |
| 30 | 750 | 840 |
| 1 canister (400 G) | 2200 | 2480 |

# LIFAAQA 13AAD: JAANTUSKA-TAXAN EE XARUNTA BAXNAANADA (SC)

**SC Multi-Chart**

SAM/Scope N0.......................................................................

**R**egister N0.................................................SC code...............................

**S**heet No...................................................SC **N**ame...............................

Patient's name.......................................... SC 24h/Day Care /**P**ed. Ward

Caretaker's Name......................................**A**ge.......................mo / yr

**A**ddress.................................................**B**irth Date _____/_____/_______ (dd/mm/yy)

Phone.......................................................**S**ex................................

**R**eferral : **S**pontaneous □ **C**ommunity □ **HC/H**osp □

**R**eason admission **1) F**ail **A**ppetite test: Y / N - if Y PPN ........gr - **2)** If **C**omplication Y / N if Y ...................... - **3) Œ**dema Y /N - **4)** **N**on-**R**esponse in OTP Y / N

**Major Problem**

**B**reastfeeding Y / N

**C**omplementary food..............................

**Date of Admission**___/___/___

Hr..................

**New** Admission □

**R**elapse □

**R**eadm **A**bandon <2months □

**T**ransfer from OTP □

If Yes, Code. OTP.............

OTP Name ..........................................

**Date of Discharge**___/___/___

**S**uccessfully **T**reated □

**D**ead □ Cause...............

**T**ransfer to OTP □

If Yes, Code. OTP................

**M**edical Referral □

**D**efaulter □ Cause ............

| **Anthropometry** | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date | | | | | | | | | | | | | | | |
| | Height/Lenght (cm) | | | | | | | | | | | | | | | |
| | Weight (Kg) | | | | | | | | | | | | | | | |
| | Wt for Ht (Z / %) | | | | | | | | | | | | | | | |
| | MUAC (mm) | | | | | | | | | | | | | | | |
| | Œdema (0 to +++) | | | | | | | | | | | | | | | |

**Target weight**

...........**kg**......**g**

**Target Muac**

.................**mm**

**Weight Chart**

# LIFAAQA 14AAD - JAANTUSKA DARYEELKA XAALADAHA HALISTA AH

## CRITICAL CARE CHART

| | | | |
|---|---|---|---|
| Patient's Name | | Reg. No | Sheet No |
| Age: | H/L: | SAM-No | Oedema: 0 + ++ +++ |
| SC / emergency ward/ casualty/ paediatr ward/ other | | | |
| Date: | Nurse in charge | | Dr in Charge |

| |
|---|
| Diagnosis: |
| Check the vital signs that are to be monitored in the "check" column and write in the times in the time row (only check those that are needed) |
| - attach graph for graphing critical signs if necessary |

Check the patient every .........min/hour Time started.....................AM /PM

| HOUR | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Examination** | Check | Initial Eval. | | | | | | | | | | | | |
| Level of **Consciousness** | | | | | | | | | | | | | | |
| **Weight** - Kg.g | | | | | | | | | | | | | | |
| **Capillary refill** (nail bed) - secs | | | | | | | | | | | | | | |
| **Cold extremeties Yes No** | | | | | | | | | | | | | | |
| **Respiration rate** - per min | | | | | | | | | | | | | | |
| **Pulse** - per min | | | | | | | | | | | | | | |
| **Liver** (cm below costal margin) | | | | | | | | | | | | | | |
| **Stool** (liquid/semi/solid) number | | | | | | | | | | | | | | |
| **Vomit** - number | | | | | | | | | | | | | | |
| Passed **urine Yes No** | | | | | | | | | | | | | | |
| **Temperature** ( axilla / rectal ) | | | | | | | | | | | | | | |
| **Eye lids** retract/sleep eyes open | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | |
| **Treatment given** | | | | | | | | | | | | | | |
| ResSoMal................ ml | | | | | | | | | | | | | | |
| IV- fluid..................... ml | | | | | | | | | | | | | | |
| Blood/pack cells............ ml | | | | | | | | | | | | | | |
| F75/sugar water.............. ml | | | | | | | | | | | | | | |
| IV glucose 10%.................... ml | | | | | | | | | | | | | | |
| Oxygen | | | | | | | | | | | | | | |
| Wet cloths | | | | | | | | | | | | | | |
| Kangaroo - rewarming | | | | | | | | | | | | | | |
| stat Drug | | | | | | | | | | | | | | |
| stat Drug | | | | | | | | | | | | | | |
| stat Drug | | | | | | | | | | | | | | |

use another sheet if necessary

# LIFAAQA 15AAD - SIDA LOO GELIYO TUUBBADA SANKA LAGA GELIYO EE CALOOSHA TAGTA

• Xulo tuubbo cabbir habboon leh (faraqa waa 6, 8, ama 10 FG). Carruurta yaryar dhabar dhabar u seexi, ku duub buste yar oo ah xakamayn fudud.

• Cabbir tuubbada adiga oo ka bilaabaya dhegta cunugga ilaa foodda hore ee sanka ka-dibna ilaa hoosta foodda hore ee laf shafeedka (carruurta dhiciska ah iyo kuwa dhowaan dhalatey laga bilaabo tiirka sanka ilaa marka la dhaafo laf shafeedka). Qabo ama calaamadee booskan sidaa daraaddeed ayaa waxaad garaneysaa ilaa inta tuubbada la gelinayo.

• Xaydhee/saliidee kateetarka adiga oo marinaya xaydh jilicsan, Fasaliin, ama ugu yaraan biyo ka-dibna sanka ka geli, adiga oo waxyar kor u laabaya tuubbada si loo raaciyo marinka sanka.

• Madaxa waxyar gadaal u riix si aad u fidiso qoorta. Si habsami leh oo dhaqso ah u geli kateetarka, marka hore adiga oo kor u riixaya (gadaal oo kaliya ma aha) sidaa darteed kateetarka ayaa dhinaca dambe ee dhuunta ku yeelanaya hal duub oo hoos u foorarsan. Haku riixin caabbinta ama wixii ku soo celiya (haddii aadan tuubbada sanka marsiin karin, waxaad beddelkaasi marsiisaa afka). Ka taxaddar in tuubbada aysan gelin marin-haweedka. Haddii cunugga uu qufaco, dagaalamo ama uu noqdo mid midab buluug ah yeesho, si degdeg ah u bixi tuubbada waxaadna u oggolaataa bukaanka in uu nasto ka hor inta aadan mar kale isku dayin. Waa muhiim in tuubbadu ay tagto/ku jirto caloosha ka hor inta aan wax lagu shubin. Tani waa in dib loo eego ka hor inta aan la siin quud kasta si loo hubiyo lacala in ay tuubbada ka baxdey. Ogow in carruurta xannuunsan, aan la daneyn iyo kuwa miyirqabka yar leh in tuubbada si toos ah loogu gudbin karo sambabadooda iyaga oo aan qufacin. Lama dammaanad qaadi karo in tuubbada ay ku jirto meesha saxda ah iyada oo sabab u ah in ay si habsami la'aan ah u gudubtey cabashada cunugga la'aan.

• Habka ugu wanaagsan ee lagu tijaabinayo in tuubbadu ay si buuxda ugu jirto caloosha waa in la soo nuugo qaar ka mid ah waxyaabaha caloosha ku jira iyo in laga baaro asiidh iyada oo la adeegsanayo warqad litmas. Waxyaabaha ku jira caloosha carruurta caadiga ah waa aashito waxaa ayna warqad litmas buluugga ah u beddelaan guduud/casaan. Hase-yeeshee, carruurta nafaqo-xumada qabta waxaa ay si joogto ah u qabaan "*achlorhydria*" (la'aanta asiidhka caloosha). Haddii aan markaa lahayn warqadda litmas waxaad cunugga nafaqo-xumada haysa ka eegtaa in ay qabaan sifada muuqaalka iyo urka waxyaabaha caloosha ku jira ("ur adag" ama sida matag oo kale ah).

• Sidoo kale hubi booska adiga uu ku duraya 0.5 - 1ml hawo ah tuubbada adiga oo weli ku dhageysanaya caloosha korkeeda Istaatoskoob (qalabka dhegaha la surto ee wiisitada). Cod "burqatin" ama karkarid ayaa la maqli karaa markii hawadu gasho caloosha.

• Waxaa had iyo jeer wanaagsan in qof kale la wayddiiyo in ay eegaan haddii aadan hubin in tuubbadu ay ku jirto meesha saxda ah, si looga fogaado halista ay leedahay in caanaha ay galaan sambabada. Quud kasta ka hor afuuf tuubada si aad u eegto in quudkii hore uu caloosha dhaafey. Tani waxaa ay noqon kartaa mid tartiib ah oo deggan carruurta aadka u xannuunsan maadaama nuugista xoogga leh ay waxyeello u geysan karto dahaarka caloosha. Waa muhiim in aan la sababin calool barar/fuur iyada oo la siinayo quud cusub oo lagu kor darayo kii hore[65]. Qulqulka quudka waa in uu noqdaa mid tartiib tartiib ah.

• Ku xir kayd (siriingi 10 ama 20 ml ah) oo kor ugu qaatan 15 - 20 sm madaxa bukaanka. Cuntada waa in had iyo jeer loo oggolaadaa in ay ugu qulqusho caloosha hab cufisjiidad ah oo waa in aan lagu riixin haruubka cinjirta ee daabka leh. Marka quudinta la dhammeeyo, biyo raaci tuubbada NGT-ga dhowr ml oo biyo cad ah ka-dibna jooji tuubbada (dhuuji). U jiifi cunuga dhinac dhinac si aad u yareyso calaanja-naqsad/cuntada in ay caloosha ka soo noqoto iyo neefsashada. Ka ilaali cunugga ka-dib quudinta matag, calaanja-naqsad, ama calool barar/fuur.

• Marka la joogo xarunta xasillinta (SC) tuubbada waa in la beddelaa 3-5 maalmood kasta.

65 Haddii uu jiro dheecaanka caloosha oo « dhanaan », oo ay cunto hore ku jirta, markaa cuntadan waa in si buuxda loo soo nuugo, mugga la sheegay, iyo ku dhowaad 20ml oo milan sonkor isotonic ah ayaa lagu shubaa tuubbada isla-markiina waa la afuufaa si « loo waraabiyo/bilbilo » caloosha. Waa maxay sababta AY EREYADAN UGU JIRAAN << >> Caloosha ayaa ka-dib loo oggolaadaa in ay sasato 30 daqiiqo ka hor inta aan mar kale loo bilaabin cuntada. Haddii 3 saacadood ka-dib quudkan labaad uusan caloosha ka bixin markaa mugga cuntada waxaa loo baahn doonaa in la yareeyo iyo/ama inta jeer ee la siiyo ayaa la kordhin karaa.

# LIFAAQA 16AAD – FAA'IIDOOYIN-DARRADA TUUBBOOYINKA DHUUBBAN EE XIDIDKA LAGU XIRO (CANNULA)

• Waxaa ay oggolaanayaan wareegga bakteeriyada iska caabbisa caabuq-bi'iyaha ee bukaannadan habka difaaca jirkooda uu daciifka yahay.

• Faashadaha ayaa si dhaqso ah ugu wasakhooba goobaha cusbitaalka ee caadiga ah.

• Waxaa inta badan isticmaarsada Candida waxaanna ka dhalan kara dhiig sumowga fangiga.

• Waxaa ay u baahan yihiin dareere ama daawada lidka xinjirowga si xididka uu u sii furnaado - balse carruurtan waxaa ay leeyihiin shaqada beerka oo liidata (dhiigbaxid u janjeersi) waxaa ayna aad ugu nugul yihiin dareeraha badan.

• Waxaa ay u baahan yihiin xirfadleyaal caafimaad oo ku xira, ama meel kale geliya, ama ilaaliya tuubbada – waqtiga shaqaalaha waa cunsurka xaddidaada inta badan meelaha kheyraadka liita leh.

• Maamulidda daawooyinka xididka laga siiyo waqti badan ayuu ka qaataa, shaqaalaha darajooyinka sare, marka loo eego bixinta daawooyinka afka laga qaato.

• Diyaarinta daawooyinka xididka laga qaato ayaa aad uga qaalisan diyaarinta daawooyinka afka laga qaato oo tuubbada laf ahaanteeda ayaa qaali ah.

• Gelinta tuubbada waa mid xannuun iyo dhibaato badan u geysata cunugga waxaanna loo baahan yahay in marar badan la geliyo.

• Tuubbada waxaa ay xaddidaa dhaqdhaqaaqyada cunugga waxaa ayna curyaamisaa quudinta, dhaqidda, ciyaarta, iyo daryeelka.

• Daadashada dhiigga iyo dareeraha kale ee ku daata nudaha ayaa keeni kara tifgo'a/dhimashada unugyada maqaarka iyo dhibaatooyin kale.

Tusaalaha daadashada dareeraha ee leh dhimashada unugyada maqaarka madaxa iyo iska caabbinta tuubada (cannula) dhowr jeer

# LIFAAQA 17AAD – WARQADDA BAARITAANKA IYO TAARIIKHDA

## History sheet for severe complicated malnutrition/Failure to respond - page 1

**SAM/Scope N°**..............**Caretaker's name**.........................**Patient name**.....................**Age**.........*d/m/y* **Sex**..........

**Date of examination:**...../....../...... **Examiner's name**...................................... **Status:**....................

**Who** is giving the history? *Patient/mother/ father/ sister/ grandmother/ aunt/ other*........................

Is this person the main **caretaker** for the patient at home? *Yes/ No*If not, who is the **caretaker**?.............................

### History of present illness

**How long** has the patient been ill? ............*h/ d/ wk/ mo/ yr*

What are the **complaints** - in the patient's own words - and how long has each been present?

1.................................................................................................... ...........*h/ d/ wk/ mo/ yr*

2.................................................................................................... ............*h/ d/ wk/ mo/ yr*

3.................................................................................................... ...........*h/ d/ wk/ mo/ yr*

4.................................................................................................... ............*h/ d/ wk/ mo/ yr*

**Describe** the details of the complaints, how they have progressed, and the factors associated with each one

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### Systematic questions(give additional details of abnormal findings above)

**Appetite***hungry/ normal/ poor/ very poor* **Weight** is *decreasing/ steady/ increasing* ..........*d/wk/ mo*

**Swelling**: *none/ feet/ legs/ face/ all over*..........*d/wk/mo* **Eyes** sunken *no/ recent/ longstanding*

**Diarrhoea** *N / Y* ..........*h/d/wk/mo*stools per day......... *Normal/ watery/ soft/ blood/ mucus/ green/ pale*

**Vomiting** *N / Y*...........*h/d/wk/mo*N° per day........... Repeated episodes of Diarrhoea *N Y*

**Breathing**: *normal/ fast/ noisy/ difficult*for .......*h/d/wk* **Cough**: *N Y* - for.......*d/wk/mo*

**Fever** *N / Y* **Convulsions***N Y* **Unconsciousness***N Y*

**Treatment**: Patient has already seen *Dr/Clinic/Hospital/Traditional healer* ............times for this illness.

Treatment given........................................................................................................................

### Past and social history

**Past diseases**: describe........................................................................................................

**Mother / father**absent*N/Y*reason....................... .....*wk/mo/yr***Patient**:*twin/ fostered/ adopted/ orphan*

**Gestation**:*early/ normal* or........*wk/ mo* **Birth weight**: *large/ normal/ small*or .........*Kg*

**Mother's**age .......yr nºlive births ........... nº Living children.............

**Family** eating together: nº adults.......... nºchildren..........

**Resources**(food income crops livestock)........................................................................................

### Diet history

**Breast feed** alone for .......*wk/ mo* age stopped breast feeding..........*wk/mo*

**Food before** ill*breast/ milk/ porridge/ family plate/ fruit/ leaves/ drinks/ other*

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**Food since** ill *breast/ milk/ porridge/ family plate/ fruit/ leaves/ drinks/ other*

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**Last 24h** -describe

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# LIFAAQA 18AAD – WARQADDA BAARITAANKA IYO TAARIIKHDA

Inkasta oo aad loo jecel yahay in marxaladda bogsashada loo maareeyo si bukaan-socod ah, tani marwalba suurtagal ma aha.

Haddii uusan jirin daryeele awoodda, duruufo guri oo aan suurtagal ahayn, aannu jirrin qoys kale oo raba in uu daryeelo cunugga, cunug laga tagey oo aan haysan meel agoonta lagu xannaaneeyo, aannu jirrin adeegga barnaamijka OTP oo shaqeynaaya ama sahayda RUTF aan la heli karin:

Markaa bukaannada waxaa ay noqonaysaa in lagu hayo xarunta baxnaanada (SC) ilaa ay si buuxda uga bogsanayaan.

Lifaaqan wuxuu faahfaahinayaa daaweynta bukaannada noocaas ah.

Mabaadii'da daaweynta xarunta iyo bulshada waa isku mid, hase-yeeshee, cuntada, sida loo habeeyay, iyo dokumentiyada ayaa kala duwan.

Wax-ku-ool ma aha in carruurta iyo daryeelayaasha loogu hayo marxaladda bogsashada qaybta cusbitaalka ee bukaannada ba'an. Waa in ay degaan dhisme gaar ah. Dhismeyaasha ugu wanaagsan ee la isticmaalo waa guryaha degaanka oo ay garanayaan bukaannada iyo daryeeleyaasha; haddaan la heli karin dhismaha noocaas ah, teendhooyin laga dhiso dhulka cusbitaalka/xarunta caafimaadka ayaa la isticmaali karaa.

## 2.1 Cuntada (F100 ama RUTF)

Carruurta la naas-nuujiyo waa in marwalba ay helaan caanaha-naaska ka hor inta aan la siin F100 ama RUTF iyo sidoo kale caanaha naaska marka ay rabaan.

Marxaladda Bogsashada (Marxaladda 2aad), bukaannada waxaa ay leeyihiin qaadasho aan xadidneyn (balse ku dhowaad marnaba ma qaataan in ka badan 200kcal/kg/maalintii).

Midkood F100 ama RUTF ayaa lagu isticmaalaa Marxaladda 2aad ee xarunta xasillinta (SC); nafaqo ahaan way isu dhigmaan (marka laga reebo in F100 aysan lahayn xadiid (*iron*) lagu darey, RUTF waxaa ku jira xadiid (*iron*) ku filan) oo midba midka kale wuu beddeli karaa.

F100 (100ml = 100 kcal): shan ilaa lix quud oo F100 ayaa la siiyaa. Hal mishaari ayaa la siin karaa bukaannada ay da'doodu ka badan tahay 24 bilood (qiyaastii 8kg); midkoodna lagama maarmaan ma aha ama lama jeclo in la siiyo mishaari - balse carruur badan waxaa ay dalbadaan cunto ay garanayaan markaana waxaa loo siin karaa sida cunto gaar ah waxaanna loo isticmaali karaa sida wax ku dhiirrigelinaya cunugga in uu qaado cuntada lagu daaweynayo. Waxaa wanaagsan in mishaariyada loo siiyo sida cuntada ugu dambeysa ee fiidkii si loo xaqiijiyo in F100 ku filan la qaato maalintii iyo in la siiyo waqti uu ku shiido mishaarida habbeenkii.

RUTF ayaa loo isticmaali karaa bukaan-jiifyada. Faa'iidooyinka ay leedahay in lagu isticmaali xarunta xasillinta (SC) waa in ay u baahan tahay waqti shaqaale yar iyo kormeer, diyaarin looma baahna, cuntada waxaa la qaadan karaa maalinta oo dhan, oo hooyada waxaa ay iyada laf-ahaanteeda quudin kartaa cunugeeda habeenkii. Looma baahna cunugga in la siiyo xadiid/bir (*iron*) dheeraad ah.

Carruurta qaar waxaa ay doorbidaan F100 qaarna RUTF. Hase-yeeshee, qaadashada hal cunto dhowr toddobaad waa wax laga daalo oo bukaanno badan oo roon-roon, waxaa ay soo dhoweeyaan cuntada in wax laga beddelo. Qofku wuxuu maalintii siin karaa F100 markaas oo ay shaqaale ku filan joogaan iyo RUTF oo loogu talogalay fiidkii iyo quudinta habeenkii.

Sii qaddarrada ka muuqda shaxda.

Qaddarka F100 ama RUTF ee lagu SIIYO quudin kasta ee loogu talogalay 5 ama 6 quud maalintii ama RUTF oo loogu talogalay maalintii oo dhan ee lagu adeegsanayo marxaladda bogsashada ee xarunta baxnaanada (SC). Haddii bukaannada ay qaataan qaddarka oo dhan markaa in badan oo dheeri ah waa in la siiyaa.

| Class of weight Kg | 6 feeds/ day | | 5 feeds/day | | Whole† day |
|---|---|---|---|---|---|
| | F100 ml/feed | RUTF g/feed | F100 ml/feed | RUTF g/feed | RUTF g/day |
| <3 kg | *Full strength F100 and RUTF are not given below 3kg: use F100dilute* | | | | |
| 3.0 to 3.4 | 110 | 20 | 130 | 25 | 120 |
| 3.5 - 3.9 | 125 | 20 | 150 | 25 | 130 |
| 4.0 - 4.9 | 135 | 25 | 160 | 30 | 150 |
| 5.0 - 5.9 | 160 | 30 | 190 | 35 | 175 |
| 6.0 - 6.9 | 180 | 35 | 215 | 40 | 200 |
| 7.0 - 7.9 | 200 | 35 | 240 | 45 | 220 |
| 8.0 - 8.9 | 215 | 40 | 260 | 45 | 235 |
| 9.0 - 9.9 | 225 | 40 | 270 | 50 | 250 |
| 10.0 – 11.9 | 230 | 45 | 280 | 50 | 260 |
| 12.0 – 14.9 | 260 | 50 | 310 | 60 | 290 |
| 15.0 – 19.9 | 300 | 55 | 360 | 65 | 330 |
| 20.0 - 24.9 | 370 | 65 | 440 | 80 | 400 |
| 25.0 – 29.9 | 420 | 75 | 500 | 90 | 450 |
| 30.0 - 39.9 | 450 | 80 | 540 | 100 | 500 |
| 40 - 60 | 530 | 100 | 640 | 120 | 600 |

Hal baakad oo RUTF ganacsi ahaanta ah waxaa ku jira ku dhowaad 92g iyo 500kcal (hal garaam = 5.4kcal)

Marka RUTF la siiyo, waa in biyo ku filan haraadtirka bukaanka la siiyo inta lagu guda jirro iyo ka-dib quudinta. Iyada oo sabab u ah in RUTF loo hayn karaa si ammaan ah ayaa qaddarka maalintii oo dhan loogu talogalay ayaa la siin karaa hal mar maalintii. Tani ka-dib waxaa uu bukaanka cuni karaa marka uu raaxo ku dareemo, waqti isaga/iyada u gaar ah. Kaaliyaha kalkaaliyaha caafimaadka waa in ay muddo ka-dibba ay mar eegto qaddarka la qaatey, qiimeyso rabitaanka cuntada ee cunugga, oo waa in ay xaqiijiso in daryeelaha uusan cunin cuntada.

Ogow: Xadiid (*Iron*) ayaa lagu daraa F100 ee Marxaladda 2aad. Ku dar hal kiniini la jejebiyay oo ah *ferrous sulphate* (200mg) 2 litir ilaa 2.4 litir kasta ee F100 ah. Muggaga yaryar, 1000 ilaa 1200ml oo F100 ah, ku barax hal kiniini *ferrous sulphate* (200mg) ah 4ml oo biyo ah ka-dibna ku dar 2ml oo milan ah. 500ml ilaa 600ml oo ah F100, ku dar 1ml oo milan ah. Sidoo kale, haddii ay carruurta yar yihiin, sharoobo feero ayaa carruurta la siin karaa.

RUTF ayaa mar hore ku jira xadiidka (*iron*) loo baahan yahay.

| **Surveillance in phase 2** | **Frequency** |
|---|---|
| Weight and oedema | 3 times per week |
| Body temperature is measured | Every morning |
| The standard clinical signs (stool, vomiting, etc.) | Every day |
| MUAC is taken | Every week |
| Appetite is judged from the amount taken | Intake record is kept on chart |

Daawooyinka kale ee caadiga ah waxaa ay la mid yihiin kuwa la siiyo bukaannada barnaamijka OT: 1) goryaan-ka-dilista, 2) tallaalka jadeecada iyo 3) faytamiin A ka hor inta aan laga bixin.

Shuruudaha in dib looga noqdo Marxaladda 2aad loona noqdo Marxaladda Ba'an (Marxaladda 1aad) ee xarunta xasillinta (SC) waxaa ay la mid yihiin kuwa loo bixiyay bukaannada barnaamijka OTP.

Shuruudaha ka bixinta ayaa waxaa ay la mid yihiin kuwa loo bixiyay bukaannada barnaamijka OTP.

# LIFAAQA 19AAD - JAANTUSKA SC EE CARRUURTA YARYAR

## SS-Chart for Infants with SS feeding (less than 6 months or 3kg)

**SAM/Scope**-Number……………………………..

| | | | | |
|---|---|---|---|---|
| **R**egistration No……………………………… | SC Code……………………… | **Special Problems** | **Admission Date**___/___/__ | **Discharge Date**___/___/___ |
| **S**heet No……………………………………… | SC **N**ame………………… | | Time…………………..am/pm | **S**uccessfully **T**reated ☐ |
| **C**aretaker's Name | Day care/Pediatric W/Other | **1** ……………………………… | **New** Admission ☐ | **D**ead ☐ Time ……………am/pm ………… |
| **P**atient's Name……………………………… | **A**ge (day or mo.)……………… | **2** ……………………………… | **R**elapse | Cause of death…………………………………… |
| **A**ddress……………………………………… | **B**irthdate___/___/___ | **3** ……………………………… | **Rea**dmission Y / N | **D**efaulter ☐ |
| ……………………………………………… | **S**ex…………………… | **B**reastfed………………Y / N | If Y, Type | **M**ed. **R**eferral ☐ To……………… ………… |
| **P**hone-No……………………… | | Receiving other feed…..Y / N | Reg No …………………… | **No**n **R**esponse to treatment ☐ |

**R**eason admission **1) Gr**owth Monitoring static: Y / N - **2) W**eight/**L**ength...Y / N **3) W**eight/**A**ge Y / N 4) **C**omplication Y / N if Y ..................... - **5)** Œdema Y /N

| Anthropometry | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | | | | | | | | | | | | | | | | | | | | | |
| Length (cm) | | | | | | | | | | | | | | | | | | | | | |
| Weight (kg.g) | | | | | | | | | | | | | | | | | | | | | |
| Wt for Ht (Z/%) | | | | | | | | | | | | | | | | | | | | | |
| Œdema (0 to +++) | | | | | | | | | | | | | | | | | | | | | |

**Weight Chart**

| Therapeutic Diet | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | | | | | | | | | | | | | | | | | | | | | |
| # feeds/day | | | | | | | | | | | | | | | | | | | | | |
| Infant **F**ormula/**F**100Dil | | | | | | | | | | | | | | | | | | | | | |
| **SS ml** / feed | | | | | | | | | | | | | | | | | | | | | |
| Time Hr[1] | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | |

A=Absent
V=Vomit
R=Refused
NG=tube
IV=IV Fluid

Amount taken

100% X X X X
3/4 X X X
1/2 X X
1/4 X
=ml=extra

| Surveillance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **A**lert/**L**ethargic (A/L) | | | | | | | | | | | | | | | | | | | | | |
| **S**tool ( 0 to IIII) | | | | | | | | | | | | | | | | | | | | | |
| **V**omit (0 to IIII) | | | | | | | | | | | | | | | | | | | | | |
| **D**ehydrated (0 to +++) | | | | | | | | | | | | | | | | | | | | | |
| **C**ough (0 to +++) | | | | | | | | | | | | | | | | | | | | | |
| **S**hock (0 to +++) | | | | | | | | | | | | | | | | | | | | | |
| **R**esp. rate /mn | | | | | | | | | | | | | | | | | | | | | |
| **P**ale Conjunct. (0 to +++) | | | | | | | | | | | | | | | | | | | | | |
| **T**emp. **AM** (Ax/Rec) | | | | | | | | | | | | | | | | | | | | | |
| **T**emp. **PM** (Ax/Rec) | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

# LIFAAQA 20AAD – LIISKA HUBINTA EE KORMEERKA SARKAALKA NAFAQADA EE DEGMADA/CIDDA QAABILSAN

### SUPERVISION CHECK-LIST FOR THE DISTRICT NUTRITION OFFICER/FOCAL POINT

Period: From_____/_____/______ to ____/_____/_____/ Region: ______________
District: _____________

**Number OTP**s Visited: ....... **F**unctioning: ........ **No HC** Visited: ......... **F**unctioning: .........

**Number SC/IPF** Visited......... **F**unctioning: ..... **Number H**ospitals Functioning: ..... **Number** district's **OTPs** using the **SC**.....

**T**otal **P**opulation: ..................... **%** of **C**atchment pop: ....... (<5km)

**N**ew **OTP**: YES / NO If Yes, Name......... Code.............. **OTP C**losed: YES / NO If YES, Name.........Code....

**N**ew **S**taff **E**xpected YES / NO **A**llocated YES / NO **I**f YES, No.......

**Reason for visits** – routine / results of reports / staff problems / logistic problems / patient complaints

High defaulting / high death / screening results / coverage low / other..................................

| ACTIVITIES | YES | NO | COMMENTS |
|---|---|---|---|
| **1.P**rotocol applied in all the OTPs | | | % |
| **1.P**rotocol applied in the SC | | | |
| **2.S**upervision of the OTP | | | No of OTP visited: |
| **2.S**upervision of the SC | | | No: |
| **3. T**ransfer system in place | | | Transport Free – Paid by .................. |
| **3. T**ransfer form, communication between OTP/SC working, etc. | | | N° transfer...... Death during transfer...... Not arriving....................Other.................... |
| **3.S**AM-Number used for **I**nternal **t**ransfer | | | Y / N |
| **4.O**n job **T**raining activities needed for **OTP** | | | If Yes, which OTP & how many? |
| **4. O**n job **T**raining activities needed for **SC** | | | If Yes, which SC & how many? |
| **4.O**n job **T**raining during the **P**eriod | | | If Yes, where & how many? |
| **4. N**ew staff appointed in **OTP** | | | |
| **4. N**ew staff appointed in **OTP** **T**rained | | | |
| **4. N**ew staff appointed in **SC** | | | |
| **4. N**ew staff appointed in **SC** **T**rained | | | |

# LIFAAQA 21AAD- SHAXDA KORMEERKA EE BARNAAMIJKA OTP

**OTP SUPERVISION FORM**

Date: .................. District: ............... Site: ........................ Code................

Supervision' visit while the OTP is running? *Yes / No;*

Month of the last visit.................... By............................

Person interviewed during the visit

| Name | Position | Qualification | Employed by |
|---|---|---|---|
| | | | |

**<u>STAFF & TRAINING</u>**

Staff of the OTP/HC:

| Number | Qualification | Responsible for | Salaries/ Incentives given last month | Training on SAM if Yes, date of the last training | Present/Absent the day of the visit |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | CHW/Volunteers | | | | |

Conclusion & Actions taken ..................................................................................................................

..........................................................................................................................................................

**<u>PROTOCOL</u>**

1.1 Copy of the protocol? *Yes /No*. If Yes, Version No: ................
1.2 Posters on OTP/HC wall? *Yes /No*. If Yes, which ones?
..........................................................................
1.3 Protocol READ? *Yes /No* KNOWN? *Yes /No* DIFFICULTIES in UNDERSTANDING? *Yes /No*
If Yes, which part? ...........................................................................................

Conclusion & Actions taken..........................................................................................................

.........................................................................................................................................

**<u>TOOLS – MATERIALS – PRODUCTS</u>**

3.1 Register? *Yes /No* 3.2 Charts? *Yes /No*

3.3 Card for the patient? *Yes /No* 3.4 Transfer form? *Yes /No*

# LIFAAQA 22AAD - SHAXDA KORMERKA XARUNTA BAXNAANINTA (SC)

**SC SUPERVISION FORM**

Date:____/_____/______ District ______________Site:__________________ Code: ____________

Supervision's visit during FEEDING? *Yes / No* Month of the last visit....................By............................

Person interviewed the day of the visit

| Name | Position | Qualification | Employed by |
|---|---|---|---|
| | | | |

**STAFF & TRAINING**

Staff

| Grade/ Qualification | Number | Responsible for | Salaries/ Incentives given last month | Training on SAM if Yes, date of the last training | Length of time in IPF: # expected to transfer/leave soon | Present/Absent on d of the visit – if absent gi reason (ill/leave etc.) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Conclusion & Actions taken ____________________________________________________________

____________________________________________________________

**PROTOCOL**

5.1 Copy of the protocol? *Yes /No* If Yes, Version No:_____________

5.2 Posters on the wall? *Yes/ No*. If Yes, which ones?__________________________________

5.3 Protocol READ? *Yes /No* KNOWN? *Yes /No* DIFFICULTIES UNDERSTANDING? *Yes/No*
If Yes, which parts? ____________________________________________________________

Conclusion & Actions taken____________________________________________________________

____________________________________________________________

6. Structure

6.1 **Integrated within the MoH**? *Yes / No*
Health Centre *Yes/No* - Hospital *Yes/No* – Other *Yes/No*
Specify.....................................................................................................................................

# LIFAAQA 23AAD – TUSAALOOYINKA HABABKA LOO DIYAARIYO F75, F100 IYO RESOMAL IYADA OO LA ISTICMAALO CMV

Ogow in hababkan diyaarinta dhammaantooda ay soo saaraan badeecooyin leh ribnaanta siimowga oo sarreeya marka loo eego badeecooyinka baakadeysan ee ganacsi ahaanta loo sameeyay waxaanna aad u badan in ay keenaan shubanka dib-u-quudinta. Waxaa la isticmaali karaa marka aysan suurtagal ahayn in la helo badeecooyin horey loo soo baakideeyay oo ayna jiraan tas-hiilaadyo jiko dad ku filan iyo aqoonta lagu sameynayo cuntada – DHAMMAAN waxyaabaha la isku-daro waa in ay yaallaan.

***F75**

| Type of milk | Milk (g) | Eggs (g) | Sugar (g) | Oil (g) | Cereal powder (g)* | CMV** (red scoop=6g) | Water (ml) |
|---|---|---|---|---|---|---|---|
| **Dry Skim Milk** | 25 | 0 | 70 | 27 | 35 | ½ | Up to 1000 |
| **Dry Whole Milk** | 35 | 0 | 70 | 20 | 35 | ½ | Up to 1000 |
| **Fresh cow milk** | 280 | 0 | 65 | 20 | 35 | ½ | Up to 1000 |
| **Fresh goat milk** | 280 | 0 | 65 | 20 | 40 | ½ | Up to 1000 |
| **Fresh buffalo milk** | 230 | 0 | 65 | 15 | 40 | ½ | Up to 1000 |
| **Evaporated milk** | 110 | 0 | 65 | 20 | 40 | ½ | Up to 1000 |
| **Whole Eggs** | 0 | 80 | 70 | 20 | 40 | ½ | Up to 1000 |
| **Egg yolks** | 0 | 50 | 70 | 15 | 40 | ½ | Up to 1000 |

* Budada badarka waa in la dubaa ka-dibna waa in la shiidaa oo budo laga dhigaa oo lagu daraa waxyaabaha kale. Sidoo kale, bariis ama bur la dubey ayaa isku-jirka lagu dari karaa.

** CMV = Isku-jirka Faytamiin iyo Macdan gaar ah oo ku habboon daaweynta nafaqo-xumada aadka u ba'an ee ba'an

***F100**

| Type of milk | Milk (g) | Eggs (g) | Sugar (g) | Oil (g) | CMV** (red scoop=6g) | Water (ml) |
|---|---|---|---|---|---|---|
| **Dry Skim Milk** | 80 | 0 | 50 | 60 | ½ | Up to 1000 |
| **Dry Whole Milk** | 110 | 0 | 50 | 30 | ½ | Up to 1000 |
| **Fresh cow milk** | 900 | 0 | 50 | 25 | ½ | Up to 1000 |
| **Fresh goat milk** | 900 | 0 | 50 | 30 | ½ | Up to 1000 |
| **Fresh buffalo milk** | 750 | 0 | 60 | 10 | ½ | Up to 1000 |
| **EVAPORATED milk** | 350 | 0 | 50 | 30 | ½ | Up to 1000 |
| **Whole eggs** | 0 | 220 | 90 | 35 | ½ | Up to 1000 |
| **Egg yolks** | 0 | 170 | 90 | 10 | ½ | Up to 1000 |

# LIFAAQA 24AAD – TILMAANTA CUNTOOYINKA DIYAARSAN (RUTF)

## Cuntada Daaweynta ee u Diyaarsan in Horey Laga Cuno (RUTF)

Bukaannada sida darani ay nafaqo-xumada u hayso waxaa ay leeyihiin baahiyo nafaqo oo gaar ah oo ka duwan kuwa carruurta caadiga ah. Kuwaas waxaa sida ugu wanaagsan loo siiyaa iyada oo la adeegsanayo cuntooyin daaweyn gaar ah, sida F75, F100, iyo RUTF. Cuntada daaweynta ee u diyaarsan in horey laga cuno (RUTF) waa qayb aasaasi ah oo ka mid ah barnaamijka OTP maadaama ay oggolaanayso bukaanka in guriga lagu dabiibo. RUTF waa cunto dhammeystiran oo loogu talogalay kuwa sida darani ay nafaqo-xumada u hayso, waxaa ay ka kooban tahay nafaqo gaar ah oo u dhiganta F100.

Waxaa hadda ganacsi ahaan loo helaa dhowr nooc oo RUTF ah: mid cajiman oo dux ku saleysan iyo mid dhuuban. Dalal dhowr ah ayaa soo saaraya RUTF iyaga u gaar ah iyaga oo adeegsanaya habka diyaarinta caadiga ah sidaa awgeed badeecooyinkan waxaa ay nafaqo-ahaan u dhigmaan F100, waxaanna la muujiyay in fisiyoolaji ahaan ay ma mid yihiin F100 iyo RUTF-yada ganacsi ahaanta loo diyaariyay. Farqiga muhiimka ah ee u dhaxeeya F100 iyo RUTF waa in RUTF ay ku jirto xadiid (*iron*) (qaddarka saxda ah ee ku habboon bogsashada bukaanka sida daran ay nafaqo-xumada u hayso) halka F100 loo isticmaalo marxaladda bogsashada ay u baahan tahay in lagu kabo xadiid (*iron*) dheeri ah.

RUTF-cajiiman (dhuudhuuqa) waa cunto daaweyn u diyaarsan in horey laga cuno caadi ahaanna waxaa ay ku jirtaa xirmooyin iyo weelal gooni ah.

Waxaa ay ka kooban tahay isku-jirka duxda khudaar, subag laws, caano budo ah oo labeenta laga qaadey, *lactoserum*, maltodextrin, sonkor, iyo faytamiin iyo macdan.

Tilmaamaha isticmaalka: Biyo la cabbo oo nadiif ah waa in ay heli karaan carruurta xilliga ay cunayaan cuntada daaweynta ee u diyaarsan in horey laga cuno. Badeecada waa in kaliya la siiyaa carruurta wayddiisan karta biyo. Waa in aan la siin carruurta xasaasiyadda ka qabta caanaha lo'da, borotiinta, ama lawska iyo kuwa qaba neefta iyo cudurrada kale ee xasaasiyadda ah.

Talo-soojeedinta isticmaalka: Maareynta nafaqo-xumada aadka u ba'ani ee quudin ku daaweynta, waxaa lagu taliyay in lagu adeegsado cuntooyinka nafaqeysan marxaladda 2aad (labaad) ee maareynta cuntada ee nafaqo-xumada aadka u daran. Xarumaha baxnaaninta ee marxaladda 1aad, isticmaal cuntada caanaha ku saleysan ee F75.

Kaydinta RUTF: RUTF-yada ganacsi ahaanta loo sameeyo qaarkood (sida Plumpy'nut®) waxaa ay yaalli karaan muddo 24 bilood ah laga soo bilaabo taariikhda la sameeyay. RUTF-yada maxaliga ah ee aan lagu kaydin weel ay naytarojiinta ku jirto ayaa waxaa ay yaalli karaan muddo 3 ilaa 6 bilood ah. Ku kaydi meel qabow oo qallalan.

### Shaxda: Celceliska Qiimaha Nafaqada ee RUTF-yada (lagu saleeyay Plumpy'nut®)

| Nutrient | For 100 g | Per sachet of 92 g | Nutrient | For 100 g | Per sachet of 92 g |
|---|---|---|---|---|---|
| Energy | 545 kcal | 500 kcal | Vitamin A | 910 mcg | 840 mcg |
| Protein | 13.6 g | 12.5 g | Vitamin D | 16 mcg | 15 mcg |
| Lipid | 35.7 g | 32.86 g | Vitamin E | 20 mg | 18.4 mg |
| Calcium | 300 mg | 276 mg | Vitamin C | 53 mg | 49 mg |
| Phosphorus | 300 mg | 276 mg | Vitamin B1 | 0.6 mg | 0.55 mg |
| Potassium | 1 111 mg | 1 022 mg | Vitamin B2 | 1.8 mg | 1.66 mg |
| Magnesium | 92 mg | 84.6 mg | Vitamin B6 | 0.6 mg | 0.55 mg |
| Zinc | 14 mg | 12.9 mg | Vitamin B12 | 1.8 mcg | 1.7 mcg |
| Copper | 1.8 mg | 1.6 mg | Vitamin K | 21 mcg | 19.3 mcg |
| **Iron** | **11.5 mg** | **10.6 mg** | Biotin | 65 mcg | 60 mcg |
| Iodine | 100 mcg | 92 mcg | Folic acid | 210 mcg | 193 mcg |
| Selenium | 30 mcg | 27.6 mcg | Pantothenic acid | 3.1 mg | 2.85 mg |
| Sodium | < 290 mg | < 267 mg | Niacin | 5.3 mg | 4.88 mg |

## RUTF- dhuuban/buskudka ah (lagu saleeyay BP-100®)

RUTF-dhuuban (buskudka ah) waa cunto iskudhafan oo loogu talogalay in lagu isticmaalo marxaladda baxnaaninta (marxaladda 2aad) dadka waaweyn iyo carruurta sida daran ay nafaqo-xumada u hayso. Qeexidda nafaqo ahaan waxaa ay la mid yihiin caanaha daawada ah ee F100. Sida tan cajiiman oo kale, RUTF-dhuuban waxaa sidoo kale ku jirta xadiid (iron).

Cidda la siiyo RUTF-dhuuban: carruurta ay da'doodu ka bilaabaneyso 12 bilood jir, qaangaarrada, iyo dadka waaweyn ee sida daran ay nafaqo-xumada u hayso ee ku jira daaweynta marxaladda baxnaaninta (Marxaladda 2aad). RUTF buskudka ah waa in aan marnaba loo adeegsan bukaannada ay da'doodu ka yar tahay 6 bilood.

Sida loo isticmaalo RUTF buskudka ah: waxaa loo cuni karaa buskud ahaan oo si toos ah looga cunayo baakadka iyada oo lagu cabbayo biyo ku filan (250ml ilaa 300ml buskud kasta), ama waxaa lagu qasayaa biyo waxaanna loo cunayaa mishaari ahaan. Carruurta ay da'doodu u dhaxeyso 12 ilaa 24 bilood, buskudka waa in had iyo jeer loo siiyaa mishaari ahaan iyada oo sabab u ah dhibaatooyinkooda ah in ay biyo wayddiistaan marka ay haraadaan/oomaan.

Kaydinta RUTF-dhuuban ama buskudka ah: BP100® waxaa ay jirri kartaa muddo 2 sano ah marka ay ku jirto baakad aan la furin. Ka-dib marka laga furo bacda alluumiiniyamta ah, badeecada waa in lagu isticmaalo 1-2 toddobaad gudahooda oo ku xiran xaaladaha kaydinta. Mishaarida laga sameeyay buskudka BP100® iyo biyaha waa in lagu isticmaalo 3 saacadood gudahooda.

Baakadeynta: BP100® waa la isku dhafay si looga sameeyo buskud 28.4g. Baakad kasta ee BP100® (510g saafi ah) waxaa ku jira 18 buskud oo la isugu xiray 9 xabo oo ku xiran waraaq aan dufanka waxba ka tarin (1 dhuub = 2 xabo = 300 Kcal).

## Wax soosaarka maxalliga ah ee RUTF

Waxyaabaha la isku-daro ee ugu yar ee loo baahan yahay si loo sameeyo RUTF waa kuwan soo socda:

Afarta waxyaabood ee aasaasiga ah ee ku jira RUTF: sonkor, caanno labeenta laga bixiyay oo qalallan, saliid, iyo faytamiin iyo macdan dheeri ah. Waxaa intaa dheer, in ilaa 25% ee miisaanka badeecada ay ka imaan karaandhanka khudaar ah sida iniinyada saliidda, laws, ama badar sida sareenka haddii cufnaanta nafaqada ay la mid tahay tan laga helo F100.

Marka laga soo tago tayada nafaqada wanaagsan (borotiinta, tamarta iyo nafaqooyinka yaryar), RUTF waa in ay yeelato sifooyinkan soo socda:

- dhadhan iyo dareen ku habboon carruurta yaryar
- uma baahna si hagaajin dheeraad ah sida karin ka hor inta aan la cunin
- u adkeysata wasakhaynta jeermisyada yaryar oo waxaa kaloo ay yaalli kartaa muddo dheer iyada oo aan loo baahan baakadeyn casriyeysan
- waxyaabaha laga sameeyo waa wax qiimo jaban oo si fudud looga heli karo dalalka soo koraya

Dhowaan ayaa WHO/UNICEF/WFP/SCN waxaa ay soosaareen qeexidda ama tilmaamaha QABYADA AH ee RUTF. Waxaa ay kala yihiin sidaan soo socota:

o Cuntada daaweynta u diyaarsan in horey laga cuno.

o leh Tamar sare, cunto nafaqo lagu xoojiyey oo u diyaarsan in horey laga cuno kuna habboon daaweynta carruurta sida daran ay nafaqo-xumada u haysa. Cuntadan waa in ay noqoto mid jilicsan ama la jejebin karo, macaan una fudud carruurta yaryar in ay cunaan iyada oo aan jirin wax diyaarin ah. Ugu yaraan kala-bar borotiinta ku jirta cuntada waa in ay ka timaadaa badeeco caano ka sameysan.

o Nafaqada ay ka kooban tahay:

| | |
|---|---|
| Qoyanka ku jira | 2.5% ugu badnaan |
| Tamarta | 520-550 Kcal/100g |
| Borotiinta | 10 ilaa 12 % oo tamar guud ah |
| Duxda | 45 ilaa 60 % oo tamar guud ah |
| Naatariyam (Sodium) | 290 mg/100g ugu badnaan |
| Kaaliyam (Potassium) | 1100 ilaa 1400 mg/100g |
| Kaalsiyam (Calcium) | 300 ilaa 600 mg/100g |
| Fosforas Phosphorus (ka reeban phytate) | 300 ilaa 600 mg/100g |
| Magniisiyam | 80 ilaa 140 mg/100g |
| Xadiid (Iron) | 10 ilaa 14 mg/100g |
| Sinki | 11 ilaa 14 mg/100g |
| Kubram (Copper) | 1.4 ilaa 1.8 mg/100g |
| Seleniyuum | 20 ilaa 40 µg |

| | |
|---|---|
| Aayodhiin | 70 ilaa 140 µg/100g |
| Faytamiin A | 0.8 ilaa 1.1 mg/100g |
| Faytamiin D | 15 ilaa 20 µg/100g |
| Faytamiin E | 20 mg/100g ugu yaraan |
| Faytamiin K | 15 ilaa 30 µg/100g |
| Faytamiin B1 | 0.5 mg/100g ugu yaraan |
| Faytamiin B2 | 1.6 mg/100g ugu yaraan |
| Faytamiin C | 50 mg/100g ugu yaraan |
| Faytamiin B6 | 0.6 mg/100g ugu yaraan |
| Faytamiin B12 | 1.6 µg/100g ugu yaraan |
| Foolik aasidh | 200 µg/100g ugu yaraan |
| Nayasiin (Niacin) | 5 mg/100g ugu yaraan |
| Aasidhka Pantothenic | 3 mg/100g ugu yaraan |
| Bayootiin (Biotin) | 60 µg/100g ugu yaraan |
| Asiidh dufaneeda n-6 | 3% ilaa 10% oo tamar guud ah |
| Asiidh dufaneeda n-3 fatty acids | 0.3 ilaa 2.5% oo tamar guud ah |

*Dokumentiga tixraaca ee ku qoran waxyaabaha ay ka koobanto F100: Buugga Maareynta nafaqo-xumada daran – buug loogu talogalay takhaatiirta iyo shaqaalaha sarsare ee caafimaadka ee kale. WHO Geneva, 1999. Laga heli karo: http://www.who.int/nutrition/publications/en/manage_severe_malnutrition_eng.pdf*

Ogow: xadiid (iron) ayaa lagu daraa RUTF si ka duwan F100.

o Amniga: Cuntada waa in aysan ku jirin wax la diido; waa in aysan ku jirin wax kastoo asal ahaan ka imaanaya noolayaasha yaryar ama wax kastoo sun ah ama dhibaato keena sida maadooyinka la dagaalama nafaqada, biraha calculus, ama sunta cayayaanka oo ah qaddarro khatar ku noqon kara caafimaadka bukaannada sida daran ay nafaqo-xumada u haysa.

o Heerka Aflatoxin: 5 ppb ugu badnaan.

o Noolaha yaryar ee ku jira: 10 000/g ugu badnaan

o Tijaabada Coliform: tabane ah halkii garaam (1 g)

o Clostridium perfringens: tabane ah halkii garaam (1 g)

o Kiciso (*Yeast*): ugu badnaan 10 halkii garaam (1 g).

o Bolol (*Moulds*): ugu badnaan 50 halkii garaam (1 g).

o Pathogenic Staphylococci: tabane ah halkii garaam (1 g).

o Salmonella: tabane ah 125g

o Listeria: tabane ah 25g

o Badeecada waa in ay u hoggaansanto Xeerka Caalamiga ah Hab-dhaqanka Nadafaadda ee Cuntooyinka loogu talogalay Carruurta Yaryar iyo Carruurta Roon-roon ee jaangooyada *Codex Alimentarius Standard CAC/RCP 21-1979*. Dhammaan faytamiinnada iyo macdanta lagu darey waa in ay ku qoran yihiin Liiska Talobixinta Cusbooyin Macdaneeda iyo Faytamiinnada ee loogu talogalay in Lagu Isticmaalo Cuntooyinka Carruurta Yaryar iyo Carruurta Roon-roon ee Jaangooyada *Codex Alimentarius Standard CAC/GL 10-1979.*

• Cusbooyin macdaneedda ee lagu darey waa in ay noqdaan kuwo **biyaha ku milma**[66] oo horey jirku ka nuugo, waa in aysan sameyn qaybo aan milmin marka la isku-daro. Isku-jirkan macdanta ah waa in ay leeyihiin aasaas aan la dheefshiidi karin oo wanaagsan kuna filan in ay meesha ka saaraan halista acidosis ama alkalosis dheefshiidka.[67]

*Macluumaadka ku saabsan sida loogu soosaaro RUTF dalalka gudahooda waxaa laga heli karaa: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/CBSM/tbp_4.pdf*

66 Soo-saareyaal badan waxaa ay isticmaalaan cusbo aan milmin magnesium hydroxide, zinc oxide, ferrous fumarate, copper oxide, iwm. Tani lama aqbali karo inkastoo cusbooyinkan ay yihiin kuwo raqiis ah oo aan dhadhan lahayn, cunuga nafaqo-xumada haysa ma heli karo. RUTF kasta ee laga sameeyay cusbooyinkan waa in uu soo-iibsadaha diido maadaama aysan waafaqsaneyn tilmaamaha guud.

67 Aasaaska aan la dheefshiid karin waxaa lagu qiyaasi karaa caanaha: mmols-yada la qiyaasey in la nuugey (sodium + potassium + calcium + magnesium) - (phosphorus + chloride). Isku-jirka macdanka ay WHO ugu talisay F100 waa tusaalaha isku-jirka macdanta leh aasaaska aan la dheefshiidi karin ee togan ee habboon.

# LIFAAQA 25AAD – QIYAASAHA DAAWADA BUKAANKA SIDADARAN AY NAFAQO-XUMADA U HAYSO

## 2.1.1.1 DAAWOOYINKA BAKTEERIYADA

**Amoxicillin** **(first line antibiotic, routine treatment OTP and SC)**

| Administer | dose | oral | oral | oral | oral | |
|---|---|---|---|---|---|---|
| | 50 – 100 mg/kg/d | 125mg/5ml | 250mg/5ml | 250mg | 500mg | |
| Presentation | | suspension | suspension | capsule | capsule | |
| 3 – 5 Kg | 125 mg * 2 | 5ml x 2 | 2.5ml x 2 | ½ x 2 | | |
| 5 – 10 kg | 250 mg * 2 | 10ml x 2 | 5ml x 2 | 1 x 2 | ½ x2 | |
| 10 – 20 kg | 500 mg * 2 | – | 10ml x 2 | 2 x 2 | 1 x2 | |
| 20 – 35 kg | 750 mg * 2 | – | – | 3 x 2 | 1½ x2 | |
| > 35 kg | 1000 mg * 2 | – | – | 4 x 2 | 2 x2 | |

1) Dose not normally critical can be doubled.
2) Amoxicillin is supplied as sodium salt – care in case of sodium sensitivity
3) Resistance to amoxicillin is common.
4) May be adverse reactions with some viral infections (Epstein-Bar virus, CMV and possibly HIV)

**Ampicillin** **(need for IV penicillin)**

| Administer | IV, IM |
|---|---|
| | 100-200 mg/kg/d |
| Presentation | 500mg /1g vials |
| Times/day | 4 |
| 3 – 5 kg | 250mg X 4 |
| 5 – 10 kg | 500mg x 4 |
| 10 – 20 kg | 1g X 4 |
| 20 – 35 kg | 2g x 4 |
| > 35 kg | 3g x 4 |

1) IV preferred over IM: injection painful
2) Give by perfusion over at least 30mins, reduce dose with renal impairment
3) DO NOT give alongside Gentamicin (separate IV by at least one hour) or give gentamicin IM as it inactivates the gentamicin,
4) Presented as the Sodium salt – use as low a dose a possible in case of sodium sensitivity (especially in Kwashiorkor and heart failure).
5) In severe infections use second/third line antibiotics in view of widespread resistance and high sodium administration with large doses

**Gentamicin** **(first/second line, with signs of infection)**

| Administer | 5mg/kg/d once daily | IM/IV | IM/IV |
|---|---|---|---|
| Presentation | | 10 mg/ml | 40 mg/ml |
| | | 2ml vial | 2ml vial |
| <=3 kg | 10mg | 1 ml x1 | 0.25 ml x1 |
| 3.1-5.0 kg | 20mg | 2 ml x1 | 0.5 ml x1 |
| 5.1 – 10 kg | 40mg | 4 ml x1 | 1 ml x1 |

1) IM or IV. IM preferred if Penicillins/cefotaxime given IV
2) May result in antibioma with poor absorption in severely wasted children
3) Approximately 5mg/kg/d once daily but young infants 3.5mg/kg
4) Danger of nephrotoxicity and ototoxicity.
5) Do not give IV at the same time as amoxicillin, ampicillin, cloxacillin, cefotaxime (separate by

| Cloxacillin (staphylococcal infection) | | | | | | |
|---|---|---|---|---|---|---|
| Administer | Dose | Oral | Oral | Oral | IM/IV | 1) For suspected or diagnosed systemic staphylococcal infection (especially staph. Pneumonia)<br>2) Parenteral therapy preferred for severe infection.<br>3) Supplied as the sodium salt.<br>4) Do not give IV at the same time as gentamicin – separate by at least 1 hour and flush cannula |
| Presentation | 100-200mg/kg/d | 125mg/ml | 500mg | 1g | 500mg/vial | |
| | 3 times/ day | suspension | capsule | capsule | Vial | |
| 3 – 5 Kg | 62.5-250mg x3 | 2ml x 3 | 1/2 x 3 | -- | 250mg x 3 | |
| 5 – 10 kg | 100-300mg x3 | 3ml x 3 | 1 x 3 | 1/2 x 3 | 500mg x 3 | |
| 10 – 20 kg | 250-750mg x3 | 8ml x 3 | 2 x 3 | 1 x 3 | 1g x 3 | |
| 20 – 35 kg | 1g - 1.5g x3 | -- | 3 x 3 | 2 x 3 | 2g x 3 | |
| > 35 kg | 2-6g x3 | -- | 3 x 3 | 2 x 3 | 2g x 3 | |

| Metronidazole (small bowel overgrowth, amoebiasis, giardia) | | | | | |
|---|---|---|---|---|---|
| Administer | Dose | Oral | Oral | IV | 1) Very high bioavailability: oral route strongly recommended. Well absorbed rectally<br>2) Can give a double dose as the first loading dose.<br>3) Use suspension if possible<br>4) Do not give for more than 7 days.<br>5) WHO recommends reduction of standard dose (30mg/kg/d) to 1/3 with hepatic impairment - in SAM maximum dose is 10-12mg/kg/d by pharmacodynamics studies.<br>6) Take suspension before food and tablets with or after food. |
| Presentation | 10-12 mg/kg/d | 40 mg/ml | 200 mg | 500 mg | |
| | 1-2 time/ day | suspension | tablet | 100 ml vial | |
| 3 – 5 Kg | 30-60 mg x1 | 1 ml x 1 | | 5 ml x 1 | |
| 5 – 10 kg | 60-100 mg x1 | 2 ml x 1 | 1/4 x 1 | 10 ml x 1 | |
| 10 – 20 kg | 120-200 mg x1 | 4 ml x 1 | 1/2 x 1 | 10 ml x 2 | |
| 20 – 35 kg | 250-350 mg x1 | 10 ml x 1 | 1 x 1 | 30 ml x 2 | |
| > 35 kg | 400-500 mg x1 | 10 ml x 1 | 1 x 2 | 50 ml x 2 | |

## 2.1.1.2 DAAWOOYINKA FANGIGA

| Nystatin (gastro-intestinal candidiasis) | | |
|---|---|---|
| Administer | oral | 1) Not for systemic candidiasis. For Oral, oesophageal, gastric and rectal candidiasis only.<br>2) Dose can be safely increased to 500,000 IU 4 times daily to treat severe gastrointestinal candidiasis<br>3) Give after meals |
| Dose | 400,000 IU / d | |
| Presentation | 4 times/ day | |
| 3 – 60 Kg | 100,000 x 4 | |

| Fluconazole (systemic candidiasis and fungal infection) | | | | |
|---|---|---|---|---|
| Administer | Dose | Oral | IV | 1) Bioavailability of oral preparation is excellent. |
| Presentation | 3-6mg/kg/d | 50mg | 2mg/ml | |

## DAAWOOYINKA DUUMADA / MALAARIYADA

**Artemether + Lumefantrine (Coartem)** **Oral Malaria treatment**

| Administer | Initially | 8h | 24h | 48hr | Total tablets |
|---|---|---|---|---|---|
| 3 – 5 Kg | 1/2 tab | 1/2 tab | 1/2 tab x 2 | 1/2 tab x 2 | 3 |
| 5 – 10 kg | 1 tab | 1 tab | 1 tab X2 | 1 tab X2 | 6 |
| 10 – 20 kg | 2 tab | 2 tab | 2 tab X2 | 2 tab X2 | 12 |
| 20 – 35 kg | 3 tab | 3 tab | 3 tab x2 | 3 tab x2 | 18 |
| > 35 kg | 4 tab | 4 tab | 4 tab x2 | 4 tab x2 | 24 |

1) Dispersible tablets 20mg/120 mg per tablet
2) 6-dose regimen = initial dose followed at 8, 24, 36, 48, and 60 hrs by further doses.
3) Avoid giving with ciprofloxacin, fluconazole, erythromycin.
4) Tablets can be crushed.
5) If dose is vomited within 1 hour repeat the dose
6) If coartem not available use artemether-amodiaquine tablets at the same dose (not recommended because of hepatotoxicity).

**Artemether** **(IM - initial treatment for severe malaria)**

| Administer | | IM | IM | | IM | IM |
|---|---|---|---|---|---|---|
| | day 1 only - loading dose | | | subsequent days (max 7) | | |
| Presentation | dose | 20mg/ml | 40mg/ml | dose | 20mg/ml | 40mg/ml |
| | 1 time/day | ampoule | ampoule | | ampoule | Ampoule |
| 3 – 5 Kg | 10-15mg | 0.7 ml X 1 | 0.4ml x 1 | 5-8mg | 0.4ml x 1 | 0.2ml x 1 |
| 5 – 10 kg | 15-30mg | 1.2 ml x 1 | 0.6 ml x 1 | 8-15mg | 0.6ml x 1 | 0.3ml x 1 |
| 10 – 20 kg | 30-65mg | 2.5ml x 1 | 1.2 ml x 1 | 15-30mg | 1.2 ml x 1 | 0.6 ml x 1 |
| 20 – 35 kg | 85-110mg | 4.5ml x 1 | 2.2 ml x 1 | 30-65mg | 2.2 ml x 1 | 1.1 ml x 1 |
| > 35 kg | 110-170mg | 7.0ml x 1 | 3.5ml x 1 | 85-110mg | 3.5 ml x 1 | 1.8ml x 1 |

1) Dose 3.2mg/kg initially then 1.6 mg/kg x1,
   - until patient can take oral medication.
2) USE 1ml syringe to measure and give
   - small doses.
3) NOTE there are 20, 40 and 80mg/ml
   - preparations available,
   - do not use the 80mg/ml for small children
4) Maximum length of treatment 7 days.
5) Always follow artemether with complete
   - (6-dose) oral course of coartem
6) May affect plasma potassium levels
   - and cardiac function.
7) AVOID use with ciprofloxacin, fluconazole and erythromycin.
8) The solution is made up in peanut oil.

**Artesunate** (initial treatment severe malaria)

| Administer | Rectal | Rectal | IM or IV | IM or IV |
|---|---|---|---|---|
| presentation | 50mg | 200mg | 60mg ampoule | 60mg ampoule |
| | Suppository | Suppository | day 1<br>0 and 12hr | daily |
| 3 – 5 Kg | 1 sup | 1/4 sup | 10mg x 2 | 10mg x 1 |
| 5 – 10 kg | 1 sup | 1/4 sup | 20mg x 2 | 20mg x 2 |
| 10 – 20 kg | 2 sup | 1/2 sup | 40mg x 2 | 40mg x 1 |
| 20 – 35 kg | 4 sup | 1 sup | 60mg x 2 | 60mg x 1 |
| > 35 kg | 6 sup | 2 sup | 100mg x 2 | 100mg x 1 |

1) Rectal dose can be used initially
2) Rectal dose approx 10mg/kg for ill children.
3) NOTE IV/IM preparation prepared in 5% sodium bicarbonate solution
4) For IV use further dilution in 5% glucose before IV infusion
5) Use with caution in kwashiorkor and heart failure because of sodium content
6) IV give 2.4mg/kg at 0, 12, 24hr and then daily until oral treatment can be given.
7) Always follow with a full 6-dose course of coartem

## DAAWADA CUNCUNKA / ISNIDAAMISKA

**Permethrin** (scabies/lice - ectoparasites)

| Presentation | Cream | Lotion |
|---|---|---|
| | 5% | 1% |
| 3 – 60 kg | once | Once |

1) Apply over whole body, wash off after 12 hours.
2) If washed with soap within 8 hours repeat.
3) Ensure webs between fingers and toes, wrists, axilla, perineum and buttocks are covered.
4) Do not apply to mucus membranes, or ulcerated skin
5) Same chemical as used in Impregnated bed nets

## DAAWADA WADNE ISTAAGA

**Furosemide / Frusemide** (only for use in heart failure)

| Administer | Dose | Oral | Oral | IV/IM |
|---|---|---|---|---|
| Presentation | 0.5-2 mg/kg/dose | suspension | tablet | 10 mg/ml |
| | 2-3 times/ day | 4 mg/ml | 40 mg | 2 ml ampoule |
| 3 – 5 Kg | | 2 ml | 1/4 | 1 ml |
| 5 – 10 kg | | 5 ml | 1/2 | 2 ml |
| 10 – 20 kg | | 10 ml | 1 | 4 ml |
| 20 – 35 kg | | 15 ml | 1 | 5 ml |
| > 35 kg | | 20 ml | 2 | 7.5 ml |

1) Only use for HEART FAILIURE.
2) NEVER give for oedema mobilisation (it can exacerbate oedema which is related to potassium deficiency).
3) For children normal oral dose 0.5-1mg/kg,
4) Maximum oral dose 3 x 4mg/kg = 12mg/kg (80mg) per day
5) Normal IV dose 0.5-1mg/kg
6) Maximum IV dose 3 x 4 mg/kg.
7) Causes loss of potassium, magnesium etc as well as sodium and water
8) Not ever effective in Heart failure in SAM – can use higher doses.

### Daawooyinka kale ee la isticmaali karo marka daawooyinka lagu taliyay aan la heli karin

| **Ceftriaxone** | | |
|---|---|---|
| Administer | IM/ IV | 1) Prefer cefotaxime if available.<br>2) CAREFUL: incompatible with Ringer Lactate and any calcium containing fluid - cefotaxime precipitates.<br>3) Very painful if given IM.<br>4) Can cause electrolyte disturbance,<br>5) Supplied as sodium salt<br>6) Gives false positive urinary glucose (reducing substances) and Coomb's test.<br>7) For children maximum dose 1g |
| Dose | 50-100mg/kg/d | |
| Presentation | 250mg/ vial | |
| | 2 times/ day | |
| 3 – 5 Kg | 100mg x 2 | |
| 5 – 10 kg | 200mg x 2 | |
| 10 – 20 kg | 400mg x2 | |
| 20 – 35 kg | 800mg x 2 | |
| > 35 kg | 1g x 2 | |

| **Amoxicillin + Clavulanic acid (Augmentin)** | | | | | |
|---|---|---|---|---|---|
| Administration | dose | Oral | Oral | Oral | 1) Exact dose not critical: can be doubled in case of severe infection with sensitive organisms.<br>2) Ratio is fixed at 1mg of amoxicillin with 0.25mg clavulanic acid. Dose expressed in terms of amoxicillin content<br>3) The risk of acute liver toxicity has been estimated to be about six times higher with amoxicillin + clavulanic acid than with amoxicillin alone.<br>4) The preparation contains sodium.<br>5) The pharmacology of clavulanic acid has not been ascertained in SAM |
| Preparation | 25 - 50 mg/kg/d | 125mg/5ml | 250mg/5ml | 500 mg | |
| | 3 x per day | suspension | suspension | tablet | |
| 3 – 5 Kg | 62.5 mg x3 | 2.5 ml X 3 | | | |
| 5 – 10 kg | 125 mg x3 | 5 ml X 3 | 2.5 ml x 3 | 1/4 x3 | |
| 10 – 20 kg | 250 mg x3 | 10 ml X 3 | 5 ml X 3 | 1/2 X3 | |
| 20 – 35 kg | 500 mg x3 | | | 1 x 3 | |
| > 35 kg | 750 mg x3 | | | 1 x 3 | |

## Daaweynta Nidaamsan ee Faytamiin A

| AGE | VITAMIN A IU ORALLY |
|---|---|
| 6 to 11 months | One blue capsule (100,000IU = 30,000µg) |
| 12 months and more | Two blue capsules or 1 red capsule (200,000IU = 60,000µg) |

## Daawooyinka goryaan-ka-dilista ama lidka goryaanka helminth

| AGE | <1 YEAR | 1 TO 2 YEARS | >= 2YEARS |
|---|---|---|---|
| Albendazole 400mg | Not given | ½ tablet | 1 tablet |
| Mebendazole 500mg | Not given | ½ tablet | 1 tablet |

## Asiidhka foolik/xadiid (iron) dheeri ah

| Children | Tablets (fortnightly) |
|---|---|
| <10 kg | 1 tablet |
| >10 kg | 2 tablets |

# LIFAAQA 26AAD - BUUGGA DIIWAANGELINTA EE TSFP

| Serial No. | Register /SCOPE number | SAM Number (if any) | Childs Name | Caretaker Name | Address & Phone | Type of admission (New Adm, Relapse, Transfer in from TSFC, Read, Defulter, OTP follow Up ) | Sex F/M | DOB ddmmyy | Age mo | Admission | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Date ddmmyy | Weight kg.g | Height/ Length cm | W/H Z | **Critical Weight at -3Z: SAM** | **Weight at kg.g / <-2Z: MAM** | Discharge Target Weight (-1,5 Z) kg.g | MUAC mm | Discharge Target MUAC mm | Ration |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | |

# LIFAAQA 27AAD - KAARKA QOONDADA CUNTADA/RAASHIINKA

| | |
|---|---|
| Admission date (ddmmyy) | |
| *TSFP Name* | |
| Location | |
| | |
| Refer from | |
| Child Name | |
| Mother Name | |
| Address | |
| Reg/SCOPE No | |
| | |
| DoB ddmmyy | |
| Age (months) | |
| Sex | M / F |

Target Weight(W)________ MAM W_________ SAM W_______ Target MUAC________

| Visit | Date mmmdd | Weight kg.g | MUAC cm | Ration | Observation |
|---|---|---|---|---|---|
| Adm | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

Discharge date (ddmmyy) ____

Cured ____ End Follow UP ____

Defaulter ____
cause __________________

Circle the right answer

Transfer To another TSFP Other

Referred To OTP________ SC_____________________

Non Respond ____
cause ____________________

Dead ____
cause ___________________

| | Date | Dosage | Remarks |
|---|---|---|---|
| Vit A | | | |
| Albendazole | | | |
| Other | | | |

# LIFAAQA 28AAD - WARBIXINTA BILLAHA AH EE BARNAAMIJKA TSFP

## TSFP MONTHLY REPORT - MANAGEMENT OF MODERATE ACUTE MALNUTRITION

Logo of the MOH

| | |
|---|---|
| Code TSFP | |
| Name of the STRUCTURE | |
| Type of the Structure | |
| REGION | |
| DISTRICT | |
| OPENING DATE | |

| | |
|---|---|
| Partner in charge | |
| Report prepared by | |
| PERIOD from DD/MM/YY | |
| PERIOD to DD/MM/YY | |
| Date of submission | |

| Age Group | Beginning of the month | NEW ADMISSIONS | | Readm. After defauter | Transfer to another TSFP | Total Admissions | EXIT | | | | | | Total EXIT | Total End of the month |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | WHZ ≥-3 & <-2 or MUAC≥115 & <125mm or <21cm PWLM | Relapses | | | | CURED | DEAD | DEFAULTERS | NON RESPONSE MEDICAL REFERRAL | REFERRAL TO OTP | TRANSFER TO ANOTHER TSFC | | |
| 6-59 month | | | | | | | | | | | | | | |
| PW & LM | | | | | | | | | | | | | | |
| | | | | | | | % | % | % | % | | % | | |

| Error of admission | number: | Specify type of error & month.......................................... |
|---|---|---|

| Number of New admissions | Boys: | Girls: |
|---|---|---|

| OTP follow UP | Begining of the Month | New Admissions | Re-admissions after defaulting | Transfer to another TSFP | Total admissions | EXIT | | | | Total EXIT | Total end of the Month |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | End of follow up | Defaulters | Referral MAM | Death | | |
| | | | | | | | | | | | |

| Commodity | | Commodities In | | Commodities Out | | | | I. Closing Stock (D-H) |
|---|---|---|---|---|---|---|---|---|
| Batch Number | Waybill Number | B. Opening Stock | D. Total In Stock (B+C) | E. Distributed | F. Return to WFP | G. Losses | H. Total Out (E+F+G) | |

| Commodity | Batch Number | Waybill Number | B. Opening Stock | D. Total In Stock (B+C) | E. Distributed | F. Return to WFP | G. Losses | H. Total Out (E+F+G) | I. Closing Stock (D-H) |
|---|---|---|---|---|---|---|---|---|---|
| 5.1.1 Plumpy sup | | | | 0 | | | | 0 | 0 |
| 5.1.2 CSB+ | | | | 0 | | | | 0 | 0 |
| 5.1.3 Veg Oil | | | | 0 | | | | 0 | 0 |
| 5.1.5 Total | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| 4 COMMUNITY HEALTH WORKERS (CHW) PERFORMANCES | |
|---|---|
| 4.1 Number of cases referred by the Community Health Worker to the TSFP site | |
| 4.2 Number of cases referred by the Community Health Worker who actually came to the TSFP site | |
| 4.3 Number of cases referred that constituted true cases of moderate malnutrition and were admitted for treatment | |

# LIFAAQA 29AAD – FAA'IIDOOYINKA IYO FAA'IIDO-DARROOYINKA AY LEEYIHIIN QUUDINTA QOYAN IYO MIDDA QALLALAN

## QUUDINTA QOYAN

### Faa'iidooyinka

• waa mid Waxtar leh marka qoryaha dabka lagu shito iyo maacuunta cuntada lagu karsado ay aad u adag tahay in la helo taas oo keenaysa in reerku uu dhibaato ku qabo cunto diyaarinta

• Faa'iido leh marka xaaladda amnigu ay aad u xun tahay oo keenaysa in ka-faa'iideystayaasha ay halis galaan marka ay guriga u soo qaadayaan sahay cunto ah ama marka cunto guriga lagu kaydiyo.

• Waxaa fudud xaqiijinta in ka-faa'iideystaha uu helo cuntada isaga/iyada ay u baahan yihiin (cunto wadaagid yar).

• Waxaa fudud xaqiijinta in cuntada si sax ah loo diyaariyo iyo nadaafaddu ay wanaagsan tahay.

• Waxaa looga faaiidaysan karaa waqtiga hooyada timaado xarunta si loo siiyo waxbarashada nafaqada iyo wacygalinta nadaafadda.

### Faa'iido-darrooyinka

• Maadaama joogitaanka hooyada/daryeelaha iyo ka-faa'iideystaha looga baahan yahay xarunta maalin walba inta badan maalintii, waxaa ay dhibaatooyin u keenaysaa hawlo maalmeedka reerka.

• Waxaa jirta halista isu-gudbinta cudurrada oo sii kordheysa maadaama carruurta nafaqo-xumada haysa hal meel la isugu keenno maalintii oo dhan.

• Xarunta waxaa ay u baahan tahay shaqaale badan marka loo eego xarun qalallan.

• Xaruntu waxaa ay u baahan tahay kaabayaal badan marka loo eego xarunta quudinta qalallan.

• Awoodda falcelinta degdegga ah ee laga bixiyo isbeddellada ku yimaada xaaladda waa mid tartiib ah.

• Waxaa jirra suurtagalnimada in cuntada xarunta loo adeegsado in lagu beddelo qaybta cuntada ee ka-faa'iideystayaasha ee reerka taas oo jebinaysa hadafka laga leeyahay cuntada dheeriga ah.

## QUUDINTA QALALLAN

### Faa'iidooyinka

• Quudinta qalallan waxaa ay u baahan tahay kheyraad yar (hawlwadeenno, dhisme) marka loo eego quudinta qoyan oo ma jirto caddeyn muujinaysa in quudinta qoyan ay aad wax-ku-ool u tahay marka loo eego quudinta qalallan.

• Tiro badan oo ka-faa'iideystayaal ah ayaa la taageeri karaa.

• Waxaa yar carqaladeynta dhaqdhaqaaqyada qoyska maadaama qaybintu ay u baahan tahay in hooyada ama daryeelaha ay ka maqan yihiin guriga muddo gaaban oo keenaysa baaxadda la gaarayo oo wanaagsan in heerarka dadka joojinaya oo yar.

• Waxaa ay mas'uuliyadda diyaarinta iyo quudinta ku soo koobaysaa guriga gudahiisa.

• Waxaa ay aad ugu habboon tahay dadka kala firdhisan.

• Halista isu-gudbinta caabuqyada oo yar.

• Aad ayay u dhaqso badan tahay in la hirgeliyo xarunta quudinta qalallan.

### Faa'iidooyin-darrooyinka

• Ma jirraan wax dammaanad-qaadaya in ka-faa'iideystaha uu heli doono raashiinka.

• Korjoogteynta xaaladda nafaqada ee ka-faa'iideystaha aad ayay u yar tahay.

• Aad u adag in la sameeyo waxqabadyo caafimaad.

• U baahan cunto badan oo loogu talogalay ka-faa'iideyste kasta.

# LIFAAQA 30AAD – CUFNAANTA NAFAQADA EE CUNTOOYINKA DHEERIGA AH EE LOO ADEEGSADO MAM

| | | Per 100g | | Per 1000 kcal | |
|---|---|---|---|---|---|
| **Nutrient** | **Unit** | **Minimum** | **Maximum** | **Minimum** | **Maximum** |
| **Energy** | **Kcal** | **350** | **400** | **1000** | **1000** |
| **Protein** | G | 8 | 12 | 23 | 35 |
| **Fat** | G | 14 | 18 | 40 | 52 |
| **Carbohydrate** | G | any | any | any | any |
| **Sodium (Na)** | Mg | | <300 | | <860 |
| **Potassium (K)** | Mg | 630 | 700 | 1800 | 2000 |
| **Magnesium (Mg)** | Mg | 120 | 150 | 340 | 430 |
| **Phosphorus (P)** | Mg | 370 | 500 | 1000 | 1500 |
| **Zinc (Zn)** | Mg | 9.5 | 13 | 27 | 37 |
| **Calcium (Ca)** | Mg | 400 | 500 | 1140 | 1430 |
| **Copper (Cu)** | Mg | 1 | 1.2 | 2.8 | 3.4 |
| **Iron (Fe)** | Mg | 8.5 | 13 | 24 | 37 |
| **Iodine (I)** | µg | 100 | 140 | 290 | 400 |
| **Selenium (Se)** | µg | 25 | 35 | 70 | 100 |
| **Manganese (Mn)** | Mg | 0.4 | 0.45 | 1.1 | 1.3 |
| **Thiamine (B1)** | Mg | >0.50 | | >1.4 | |
| **Riboflavin (B2)** | Mg | >1.50 | | >4.3 | |
| **Pyridoxine (B6)** | Mg | >1.10 | | >3.0 | |
| **Cobalamin (B12)** | µg | >2.30 | | >6.6 | |
| **Folate** | µg | >240 | | >680 | |
| **Niacin (B3)** | Mg | >15 | | >40 | |
| **Ascorbate (Vit C)** | Mg | >50 | | >140 | |
| **Pantothenic acid** | Mg | >2.3 | | >6.6 | |
| **Biotin** | µg | >11 | | >30 | |
| **Retinol (Vit A)** | µg | 950 | 1100 | >2700 | 3140 |
| **Cholecalciferol (D)** | µg | 10 | 20 | 30 | 60 |
| **Tocopherol (E)** | Mg | >13 | | >35 | |
| **Phytomenadione (K)** | µg | >30 | | >85 | |
| **n-6 fatty acid** | % energy | 3 | 10 | 3 | 10 |
| **n-3 fatty acid** | % energy | 0.3 | 2.5 | 0.3 | 2.5 |
| **The ratios of nutrients should always be within these limits** | | | | | |
| **Ca/P ratio** | mol/mol | 0.8 | 1.2 | 0.8 | 1.2 |
| **Zn/Cu ratio** | mol/mol | 5 | 15 | 5 | 15 |
| **Zn/Fe ratio** | mol/mol | 0.8 | 3 | 0.8 | 3 |
| **Total Fat** | % energy | 30 | 45 | 30 | 45 |