

Why Give Vitamin A Supplementation to Children Ages 6 - 59 Months?

- 1. It Is Essential** — Vitamin A is an essential nutrient not produced by the body, but children need it to survive and thrive!
- 2. It Comes from Food and Supplements** — Foods rich in vitamin A include breast milk and animal products such as meat, fish, and dairy. It is also in dark green leafy vegetables like spinach and bright red and orange colored fruits and vegetables, such as mangoes, sweet potatoes and carrots. Children who cannot eat enough of these foods need supplementation with vitamin A to protect against vitamin A deficiency.
- 3. Without It, Deficiency Occurs** — Vitamin A deficiency (VAD) affects an estimated 190 million children ages 6 - 59 months globally. VAD can lead to blindness and childhood illnesses such as diarrhea, measles, and others. VAD is also a major contributor to child mortality. This is why reducing VAD is essential in child survival programs.
- 4. Give Universal Supplementation to Reduce Child Mortality** — The World Health Organization recommends that all children ages 6 - 59 months receive vitamin A supplementation every 4 - 6 months if living in countries where VAD is a moderate or severe public health problem. This is a preventive, not treatment, approach to eliminating VAD. Universal vitamin A supplementation reduces child mortality by 24%.

Counseling mothers and other caregivers

1. Capsules Come in 2 Color-Coded, Age-Specific Doses

- Blue capsules deliver **100,000 IU of vitamin A**—for children ages 6 - 11 months.
- Red capsules deliver **200,000 IU of vitamin A**—for children ages 12 - 59 months.



2. Give Vitamin A Every 6 Months — Beginning at age 6 months, children should get 1 dose of vitamin A every 4 - 6 months until they reach their 5th birthday.

3. It Is Safe — Vitamin A is very safe for children. Since 1997 over 8 billion doses of vitamin A have been given worldwide. There are no known deaths due to vitamin A supplementation, and it can be given with vaccinations, deworming, multivitamins, and fortified foods.

4. Benefits — Vitamin A supplementation makes children healthy and strong by: 1) preventing childhood blindness (xerophthalmia), 2) boosting the immune system, 3) lowering risk of mortality among infants and young children by 24%, 4) decreasing instances and severity of diarrhea and measles, and 5) reducing anemia.

5. Side Effects are Rare and Temporary — 5 out of every 100 children may experience one or more side effects of vitamin A. Side effects last for a maximum of 48 hours after a child gets vitamin A, and then they disappear. In the rare case that side effects occur*, they may include: 1) nausea, 2) vomiting, 3) headache, 4) loss of appetite, or 5) swelling of the fontanel (soft spot on top of the head).

*If symptoms last longer than 2 days, or if other symptoms develop, then the child needs medical attention.

How to Deliver Vitamin A to Children Ages 6 - 59 Months

! Never send vitamin A home with a caregiver to give to the child later. !

Eligibility Criteria*

A child must meet all 3 criteria to be eligible for VAS

- 1. Age 6 - 59 Months** — Child must be at least 6 months old at the time of the first dose, and have not reached their 5th birthday when receiving their final dose of vitamin A.
- 2. Last Dose at Least 1 Month Ago** — Child has not received vitamin A in the past 1 month (4 weeks).
- 3. Health Concerns: No Severe Difficulty Breathing** — Child does not have severe difficulty breathing on the day they receive vitamin A.

*If child has severe difficulty breathing today, do not give service and refer child for medical help.

Use infection prevention best practices

- 1. Clean Hands Every Time You Give Vitamin A** — Clean hands using an alcohol-based hand sanitizer, or soap and clean water, every time before giving vitamin A to a child.
- 2. Use Clean Scissors and Wipe Off Extra Oil** — Use clean scissors to cut off the tip of the capsule. After giving vitamin A, wipe off excess oil from your hands and scissors.
- 3. Do Not Touch the Child** — To prevent transfer of infections, the caregiver is the only person who should touch the child. Instruct the caregiver to support the child's head and ensure that the child's mouth is open to receive vitamin A.
- 4. Never Force a Child to Take Vitamin A** — Make sure the child is calm.

To minimize choking risk, never force a child to take vitamin A, do not hold a child's nose to force them to swallow, and do not give it to a child that is crying.



Why Give Deworming to Preschool Children Ages 12 - 59 Months?

1. It Improves Health and Nutritional Status — Deworming gets rid of intestinal worms, also known as soil-transmitted helminths (STH). Worm-free children have a better nutritional status. Treating children for worms is one of the simplest and most cost-effective ways of improving their health.

2. Without Deworming — Soil-transmitted helminths, commonly called intestinal worms, include roundworms, hookworms, and whipworms. STH contribute to illness and compromised nutrition in preschool children ages 12-59 months. Untreated, intestinal worms cause “silent suffering”, impairing nutrition and causing micronutrient deficiencies, including anemia. STH also negatively affects vitamin A status. An estimated 266 million preschool children under age 5 are at risk for STH infections, globally.

3. Healthy, Preventive Behaviors — Intestinal worms and their eggs are spread through feces, which contaminate soil and water. Healthy behaviors can stop the spread of STH and include: a) drinking safe water, b) using a latrine, c) wearing shoes, d) washing fruits and vegetables in clean water, e) cooking raw foods, f) washing hands using soap and clean water before eating or feeding others and after using the toilet, and g) not allowing children to eat dirt or animal feces.

4. Give Deworming to Improve Health and Nutrition — The WHO recommends that all children ages 12 to 59 months receive preventive deworming if living in countries endemic with STH.

Counseling mothers and other caregivers on deworming

1. Age-Appropriate Deworming Dosing using Albendazole — **ALWAYS crush deworming tablets for ALL children under 5 years.**

▣ **200 mg (a half tablet, crushed)**—for children ages 12 - 23 months. If using a half tablet, store the other half to use for another child.

▣ **400 mg (a whole tablet, crushed)**—for children ages 24 - 59 months.

2. Give Deworming Every 4 to 6 Months — Give children ages 12 - 59 months an age-appropriate dose of deworming every 4 to 6 months, together with vitamin A.

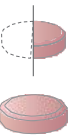
3. It Is Safe — Deworming is very safe, and can be given with vitamin A supplementation, vaccinations, multivitamins, and fortified foods.

4. Benefits — Deworming preschool children ages 12 - 59 months 1) means that children will be free of worms, and in doing so, it 2) improves nutritional status, and 3) improves micronutrient status

5. 6 Side Effects are Rare and Temporary — About 5 out of 100 children may get one or more side effects from deworming. Side effects are temporary and do not last more than 48-hours immediately following deworming. In the rare case side effects occur*, they may include: 1) headache, 2) nausea, 3) vomiting, 4) fatigue, 5) mild abdominal pain, or 6) diarrhea.

6. Other Effects of Deworming — Worms may appear in the child’s stool, and in very rare cases, worms may exit the nose or mouth. In these cases, the caregiver should help the child in gently pulling out the worms or spitting them out.

***If symptoms last longer than 2 days, or if other symptoms develop, then the child needs medical attention.**



How to Deliver Deworming to Children Ages 12 - 59 Months

! Never send deworming home with a caregiver to give to the child later. !

Eligibility Criteria*

A child must meet all 6 criteria to be eligible for deworming.

1. Age 12 - 59 Months — Ensure the child falls within the 12 - 59 month age range.

2. Last Dose at Least 1 Month Ago
Child has not received deworming in the past 1 month (4 weeks).

3. Health Concerns — Make sure the child does not have any of these health concerns today:

- Severe difficulty breathing
- Fever,
- Vomiting, or
- Severe diarrhea.

***If child has any health concerns today, do not give deworming and refer child for medical help.**

Use infection prevention best practices

1. Clean Hands — Before giving deworming, clean your hands every time using an alcohol-based hand sanitizer, or soap and clean water.

2. Crush Tablet — **ALWAYS crush deworming tablets for ALL children under 5 years.** Put either a half or a whole tablet inside a small, folded piece of paper. Crush the tablet into a fine powder using a glass bottle. The folded paper will act as a funnel to pour the powder into the child’s mouth.

3. Do Not Touch the Child — Ask the caregiver to support the back of the child’s head and to ensure the child’s mouth is open. Use the paper funnel to slowly pour the crushed tablet into the child’s mouth.

4. Never Force a Child to Take Deworming — Minimize unwanted risk of choking by ensuring that the child is calm and willing to take the deworming. **Never force a child to take deworming, do not hold a child’s nose to force them to swallow, and do not give it to a child who is crying.**

5. Giving Clean Drinking Water After Deworming — After giving deworming to a child, you may give them water to drink, especially if the child seems to be experiencing difficulty swallowing. Giving water after every deworming is not necessary.

