



Annex 3

INSTRUCTIONS: This form is for use by trained staff to rapidly assess whether temporary BMS support should be provided to caregivers in transit as part of a rapid response.

These caregivers should all be referred for follow up and full assessment at their final destination.

RAPID ASSESSMENT FOR INFANTS 0 – 6 MONTHS

Date:		Name of baby:	M/F	Location:
Name of interviewer:				

REFERRAL MADE TO:	REASON FOR REFERRAL
<input type="checkbox"/> Medical	
<input type="checkbox"/> Nutrition	
<input type="checkbox"/> Child Protection	
<input type="checkbox"/> MHPSS	
<input type="checkbox"/> Mother Baby Area	
<input type="checkbox"/> IYCF Services	<input type="checkbox"/> Not exclusively breastfeeding <input type="checkbox"/> Breastfeeding difficulties <input type="checkbox"/> BMS Support Follow Up

1. HOW IS YOUR BABY CURRENTLY BEING FED?

☐ Breastmilk only

SAY: Please continue to breastfeed your baby, you are offering perfect nutrition and protection against disease.

☐ Breastmilk and formula

SAY: Formula feeding your baby is dangerous in the current situation. This is why we do not want to give infant formula to breastfeeding women. It is safer to only breastfeed. Breastfeed before feeding formula in order to increase breastmilk production. **Consider temporary BMS provision using best judgement, if current breastfeeding frequency is very low.**

☐ Breastmilk and anything else

SAY: Breastmilk protects your baby from infection and is all your baby needs. Giving other foods/ fluids will reduce your milk supply and increase the chances of infection. Please give only breastmilk to your baby.

☐ Formula milk and anything else

SAY: Infant formula is the only suitable milk to use for babies less than 6 months if you are not breastfeeding. If you wish, it is possible to start breastfeeding again.

☐ Formula milk only

HAS (NAME) EVER BEEN BREASTFED? ☐ Yes ☐ No

If NO, provide BMS & BMS Kit

WHEN DID (NAME) STOP BREASTFEEDING AND WHY? _____

Reason given: _____

Explore whether she is willing and able to restart at this point

☐ Acceptable medical reasons (☐ mother ☐ baby) Specify: _____

☐ Mother is dead or separated ☐ Rejection of infant

☐ Infant is currently dependent on artificial feeding

2. DO YOU HAVE ANY CONCERNS OF DIFFICULTIES WITH FEEDING YOUR BABY?

☐ Yes

Details: _____

☐ No

Refer for support as appropriate

3. Observe: DOES THE MOTHER OR CHILD LOOK VERY THIN?

☐ Yes

If YES, refer for nutrition assessment

☐ No

4. Observe: DOES THE CHILD LOOK LETHARGIC OR VERY SICK?

New born

☐ Not feeding well

☐ Fits or convulsions

☐ Reduced activity / lack of movement

☐ Fast breathing (> 60 breaths /min.)

☐ Severe chest in drawing

☐ High temperature (>37.5)

☐ Low temperature (<35.5)

☐ Very small (<2.5kg)

> 1 month

☐ Unable to drink / breastfeed

☐ Vomits *everything*

☐ Fits or convulsions

☐ Lack of movement /unconscious

☐ Fast breathing > 50 breaths/min.

☐ Chest in drawing

☐ Sunken eyes

From the questions I asked above, I made the decision that the caregiver needs to receive RUIF:

Item	Quantities Distributed	
RUIF	90 ml containers	200 ml containers
0-2 months		
3 – 6 months		
RUIF kit		
Disposable cups (if not in kit)		
Cups (if not in kit)		

1. I gave the right amount of RUIF – in a plastic bag or inside the RUIF kits, and I gave information on:

Tick if done: ☒

- ☐ Value of breastfeeding vs infant formula
- ☐ Exclusive breastfeeding for under 6 months children
- ☐ Initiation of complementary feeding after 6 completed months
- ☐ Cup feeding
- ☐ Hygiene recommendation (including to be used within 1 hour of opening)
- ☐ Number of feeds per day
- ☐ Ready to Use (no water to be added)
- ☐ Discard leftovers or give remainder to older children or drink it yourself

Comments:

QUANTITY OF RUIF NEEDEER PER FORMULA-DEPENDANT INFANT FOR RAPID RESPONSE

Age (months)	Weigh (Kgs)*	Feeds / day	Size of feed	3 day supply of RUIF
0 – 1	3	8	60 ml	24 x 90ml
1 - 2	4	7	90 ml	21 x 90 ml
2 – 3	5	6	120 ml	18 x 200 ml
3 – 4	5	6	120 ml	18 x 200 ml
4 -5	6	6	150 ml	18 x 200 ml
5 - 6	6	6	150 ml	18 x 200 ml

