

MINIMUM PACKAGE OF ACTIVITIES (MPA 10)

JOB AIDS FOR HEALTH STAFF

- **ANC CONTACT**
- **DELIVERY CONTACT**
- **POST PARTUM CONTACT**
- **IMMUNIZATION CONTACT**
- **SICK CHILD CONTACT**
- **VAC DISTRIBUTION**



USAID
FROM THE AMERICAN PEOPLE

AED
Academy for Educational Development

A2Z
Micronutrients
Sight
Innovation

ANTENATAL CONTACT



**BE FRIENDLY
SMILE
LISTEN**

01

First, conduct a rapid assessment for emergency signs:

- Airway and breathing
- Shock – cold moist skin, weak fast pulse > 110 per minute, blood pressure systolic < 90mmhg
- Vaginal bleeding
- Convulsions or unconscious
- Severe abdominal pain
- High fever >38 centigrade

Give appropriate emergency treatment as per national protocols and refer urgently to hospital

02

**Ask for Mother Card
check information on Mother Card
if no Mother Card, provide one and fill out**

03

At each visit:

- Greet the woman and introduce yourself
- Ask the woman how she is feeling – “Do you have any concerns?”
- Check duration of pregnancy –fundal palpation
- Ask the woman - Where do you plan to deliver? – Explain the importance of delivering at a health facility with a skilled birth attendant
- Ask - any vaginal bleeding since last visit?
- Ask have you felt the baby moving?
- Listen for fetal heart (after 6 months of pregnancy)
- Check for eclampsia – measure blood pressure in sitting position. If diastolic pressure is 90mmhg or more repeat after one hour of rest. Ask woman if she has severe headache, blurred vision or epigastric pain. If after one hour diastolic BP is still over 90mmhg– refer to hospital
- Check for anaemia – look for conjunctival and palmar pallor, if anaemic give treatment as per national guidelines below
- Check for signs of vitamin A deficiency (ask about night blindness) and treat as per guidelines below

04

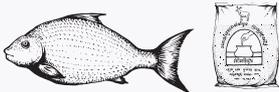
Treat anaemia and vitamin a deficiency as per guidelines

Anemia signs 		Vitamin a deficiency signs 		
Some palmar pallor	Severe palmar pallor Under 36 weeks of pregnancy	Severe palmar pallor 36 weeks and over of pregnancy	Severe signs of active xerophthalmia (corneal lesion)	Night blindness Conjunctival xerosis Bitot's spots
Treatment	Treatment	Treatment	Treatment	Treatment
1 tablet of Iron/Folate x 2 times a day (morning and afternoon) for 14 days	1 tablet of Iron/Folate x 2 times a day (morning and afternoon) for 3 months	Do not give iron! Refer urgently to hospital	Day 1: Vitamin A 200,000 IU and refer to specialist hospital Note on hospital referral note that one dose of vitamin A has been given.	Dose vitamin A 10,000 IU once per day x 30 days. If not available: 2 multivitamin tablets a day for 30 days

1 dose or tablet of Iron/Folate contains 60mgs Iron and 400 µg Folic Acid

05

Counsel on nutrition



- Eat 1 extra meal a day –(four meals a day during pregnancy)
A woman should gain at least 7kgs during pregnancy
- Eat a variety of foods such as fish, liver, meat, beans,vegetables, fruit, bean curd and oils

Start breastfeeding within the first hour of birth (immediate breast feeding). Breastfeed exclusively for the first 6 months (Exclusive breast feeding). Start complementary feeding from 6 months of age. Continue breastfeeding until the child is at least 2 years and beyond.

06

Counsel on self care during pregnancy



- Attend antenatal care at least 4 times during pregnancy
- Attend first antenatal care as soon as missed period
- Rest frequently and avoid lifting heavy objects
 - ▶ Sleep under a insecticide impregnated bed net
 - ▶ Avoid smoking and alcohol
 - ▶ DON'T take any medication except that prescribed at the health facility

07

Promote HIV and STI screening

If the pregnant woman is not yet tested for HIV and STI refer to health facility or NGO who provides testing. Also promote HIV testing for partner.

08

Help the woman to prepare a birth and emergency plan.

1. Explain why birth in a health facility is recommended:

A health facility has trained staff and supplies, and a referral system in case of an emergency

2. Discuss how she will travel to health facility and how much transport will cost

3. Advise her on signs of labour

Always go to health facility if any of the following signs

- Bloody sticky discharge
- Painful contractions every 20 minutes
- Waters have broken

4. Advise on danger signs –Must go to health facility immediately if:

- Vaginal bleeding
- Severe headache with blurred vision
- Convulsions
- Swelling of face and fingers
- High fever > 38 centigrade
- Severe abdominal pain
- Fast or difficult breathing



09

If in third trimester of pregnancy counsel on birth spacing methods after delivery



- Short term methods
(LAM=Lactational amenorrhea method)
- Standard daily Contraceptive Pill method
- Injectables,
- Condoms
- Long term methods (IUD= intra-uterine device, norplant)
- Permanent methods (male and female voluntary surgical contraception)

10

Check Tetanus (TT) status

Check if the pregnant woman had previous TT immunizations. Decide which dose should be given.

If all doses have been given in the past, DO NOT PROVIDE AGAIN.

1st dose during 1st contact

2nd dose at least 1 month after 1st

3rd dose at least 6 months after 2nd

4th dose at least 1 yr after 3rd

5th dose at least 1 yr after 4th dose



11

Provide iron/folate tablets



contact	dose	number of tablets
1 st contact	1 tablet of Iron/Folate daily	60
2 nd contact	1 tablet of Iron/Folate daily	30

1 dose or tablet of Iron/Folate contains 60mgs Iron and 400 µg Folic Acid

- **Explain side effects:** black stools, discomfort, nausea, diarrhoea or constipation
- Explain that these side effects are not dangerous, advise to take the tablets with meals or at bedtime
- Explain about foods rich in iron
- Advise to eat foods rich in vitamins such as fruit and vegetables

12

Provide Mebendazole



1 dose (=500 mg) Mebendazole. ONLY after first 3 months of pregnancy and only if not received within last six months

13

Fill out Mother card Fill out HC record book

14

Negotiate return visits



- Attend HC or referral hospital for antenatal care 4 times during pregnancy.
- Receive additional 30 tablets Iron/Folate during second contact
- If TT immunization is not complete remind mother to come back at the appropriate date
- If any problem come to health centre immediately
- Come to HC or referral hospital for delivery
- Come to HC or referral hospital for post partum check as soon as possible after delivery.
- Remind woman to bring Mother Card to each health care visit.

DELIVERY CONTACT MOTHER



**BE FRIENDLY
SMILE
LISTEN**

01

First, conduct a rapid assessment for emergency signs:

- Airway and breathing
- Shock – cold moist skin, weak fast pulse > 110 per minute, blood pressure systolic < 90mmhg
- Vaginal bleeding
- Convulsions or unconscious
- Severe abdominal pain
- High fever >38 centigrade

Give appropriate emergency treatment as per national protocols and refer urgently to hospital

02

Greet the woman and introduce yourself. Check information on Mother Card. If no Mother Card provide one and fill out

03

Evaluate the woman in labour or with ruptured membranes

History of this labour:

- When did contractions begin?
- How frequent and strong are contractions?
- Have waters broken? What colour – green or clear?
- Have you had any bleeding?
- Is the baby moving?
- Receiving any medicines?
- Do you have any concerns?

Physical exam:

- Check for anaemia- palmar pallor
- Check blood pressure/temperature
- Feel abdomen for contractions/ frequency/duration
- Check fetal presentation – head/breech/other?
- Is there more than one fetus?
- Listen to fetal heart beat
- If no bleeding perform vaginal exam, decide stage of labor

04

If obstetric problem give appropriate emergency treatment as per national protocols, refer urgently to referral hospital

If woman is in normal labour with no problems she can deliver at the health center

- Monitor labour using the partograph and prepare for delivery as per national guidelines
- Give supportive care throughout labour
- Use active management of the 3rd stage of labor using oxytocin
- Monitor condition of mother and baby after delivery as per national guidelines

05

Provide care for newborn as per national guidelines



- Thoroughly dry the baby immediately (no washing)
 - Assess colour and breathing.

If baby not breathing, clamp and cut cord and wrap, start resuscitation as per national guidelines

- If good condition place baby on mother's chest for skin-to-skin contact with the mother, and cover both with blanket. Or wrap baby in a clean blanket
- Put the baby to the breast immediately after birth, within the first hour, even before the placenta has been expelled
- Explain to the mother about the benefits of colostrum
- Clamp and cut cord, keep dry and expose to the air, do not bandage
- Weigh the baby
- If the baby is very small (below 2.5 kgs) advise mother about frequent breastfeeding every 2-3 hrs and teach the mother how to keep the baby warm including (skin to skin contact)
- Give eye prophylaxis as national guidelines
- Give immunisations as national guidelines – BCG HBO
- Record on child health card

06

Counsel mother and family on breastfeeding



Good attachment

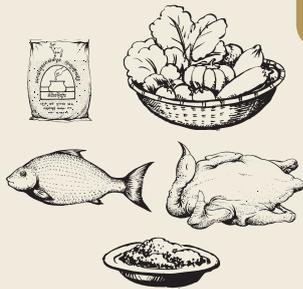
Signs of good positioning and attachment

- Mother relaxed and comfortable
- Baby's tongue cupped around breast
- Baby's body close, facing breast
- Baby's cheeks round
- Baby's head and body straight
- More areola above baby's mouth
- Baby's chin touching breast
- Slow deep sucks, bursts with pauses
- Baby's bottom supported
- Can see or hear swallowing
- Baby's mouth wide open
- Baby will release breast spontaneously
- Baby's lower lip turned outwards
- Baby appears relaxed and sleepy

Start breastfeeding within the first hour of birth (Immediate breast feeding)
Breastfeed exclusively for the first 6 months (Explain exclusive breast feeding)

07

Counsel on nutrition



- Advise mothers to eat 1 extra meal a day - should eat a total of four meals per day during the time she is breast feeding
- Advise mother to use iodized salt in all family foods

08

Check Tetanus (TT) status of the mother

Check if the mother had previous TT immunizations.

Decide which dose should be given.

If all doses have been given in the past, **DO NOT PROVIDE AGAIN.**

1st dose during 1st contact

2nd dose at least 1 month after 1st

3rd dose at least 6 months after 2nd

4th dose at least 1 yr after 3rd

5th dose at least 1 yr after 4th dose



09

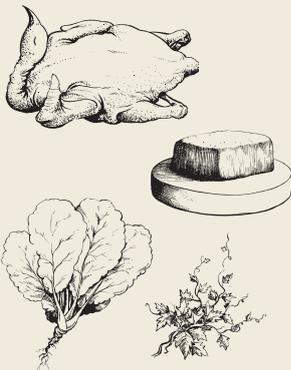
Provide vitamin A capsule to mother



- 1 VAC 200,000 IU at delivery or within the first six weeks after delivery
- Explain that vitamin A is important for mother and baby's health. The baby will receive vitamin A in the mothers breast milk

10

Provide iron/folate tablets to mother



- 42 tablets as soon as possible after delivery
- Explain that the mother should take 1 tablet every day (1 tablet of Iron/Folate contains 60 mgs Iron and 400 µg Folate)
- Explain side effects: black stools, discomfort, nausea, diarrhoea or constipation
- Explain that these side effects are not dangerous, advise to take the tablets with meals or at bedtime
- Explain the importance of eating nutritious iron rich foods
- Advise to eat foods rich in vitamins such as fruit and vegetables

11

Provide Mebendazole to mother



1 dose (=500 mgs) as soon as possible after delivery

12

**Fill out Mother Card
Fill out hc record book**

13

**Negotiate return visit
Within the first six weeks of delivery**

- Explain immunisation schedule 6, 10, 14 weeks
- If you or your child are sick return to health center
- Remind mother to bring both mother and child health cards to each health care visit
- Explain about the importance of vitamin A supplementation beginning when the child is 6 months old. Children 6- 59 months should receive vitamin A every six months around May and November.

POST PARTUM CONTACT



**BE FRIENDLY
SMILE
LISTEN**

01

**Welcome mother and introduce yourself.
Ask for Mother Card check information on Mother Card (including delivery details)**

02

Evaluate mothers health by asking her the following questions:

- How do you feel?
- Do you have any concerns?
- Do you have any pain or fever?
- How is your baby?
- How do your breasts feel?

Check mothers health as per national protocol

- Check blood pressure
- Check temperature
- Check uterus
- Check breasts
- Check genital area - swelling/pus
- Check vaginal bleeding or lochia
- Check urine /stool
- Check for anaemia –conjunctival or palmer pallor
- Check for Vitamin A deficiency signs – night blindness, eye problems

Treat as necessary using the national protocol below:

Anaemia signs		Vitamin a deficiency signs	
Some palmar pallor	Severe palmar pallor	Any signs of active xerophthalmia (corneal lesion)	Night blindness Conjunctival xerosis Bitot's spots
Treatment	Treatment	Treatment	Treatment
1 tablet of Iron/Folate x 2 times per day (morning and evening) for 14 days	1 tablet of Iron/Folate x 2 times per day (morning and evening) for 3 months	Day 1: Vitamin A 200,000 IU and refer to specialist hospital Record on referral card that vitamin A 200,000 IU has been given	Vitamin A 10,000 IU once per day x 30 days If not available: 2 multivitamin tablets a day for 30 days

03

Ask for Child Health Card. Check information on child health card if no child health card, provide one and fill out card



Evaluate new born health as per national guidelines

Ask the mother if she has any concerns about her baby

- Assess baby's general condition
- Check weight
- If small baby (below 2.5kgs - low birth weight) encourage the mother to breast feed every 2- 3 hours
- Teach the mother how to keep the baby warm (skin to skin contact)

04

Observe, evaluate and counsel on breastfeeding



Show mother how to support baby's body correctly
Check for good attachment and help as necessary



Good attachment

Signs of good positioning and attachment (if younger than 6 months)

- Mother relaxed and comfortable
- Baby's cheeks round
- Baby's body close, facing breast
- More areola above baby's mouth
- Baby's head and body straight
- Slow deep sucks, bursts with pauses
- Baby's chin touching breast
- Can see or hear swallowing
- Baby's bottom supported
- Baby will release breast spontaneously
- Baby's mouth wide open
- Baby appears relaxed and sleepy
- Baby's lower lip turned outwards
- Baby's tongue cupped around breast

Ask if mother has any breast feeding difficulties and counsel as follows:

Experienced difficulty	Counselling messages
Insufficient milk	Feed baby every 2- 3 hours. Drink at least 2 litres of water per day. Eat an extra meal per day and extra nutritious snacks such as fruits
Engorgement	Apply clean warm cloth for 5 minutes before each breast feed. If baby difficult to attach to breast gently express some milk before feeding Breastfeed every 2-3 hours, express remaining milk after feeds
Sore or cracked nipples	Keep clean and dry between feeds. Begin feeding on least sore breast. At the end of feed remove baby gently from the breast
Inverted nipple(s)	Use empty barrel of syringe to pull out the nipples before breastfeeding

Counsel on continuous breastfeeding

- Breastfeed exclusively for the first 6 months (exclusive) breast feeding
- Start complementary feeding from 6 months of age.
- Continue breastfeeding until the child is at least 2 years old and beyond.



If mother asks questions refer to complementary feeding page in this job aid.

05

Check baby and mother for danger signs and refer to health facility if any danger signs

Danger signs in baby:

- Difficulty breathing,
- Convulsions
- Fever
- Diarrhoea
- Feels cold
- Very small
- Not feeding at all

Refer to hospital immediately

Danger signs in mother:

- Excessive vaginal bleeding
- Convulsions
- Fast or difficult breathing
- Fever
- Severe abdominal pain

Refer to hospital immediately

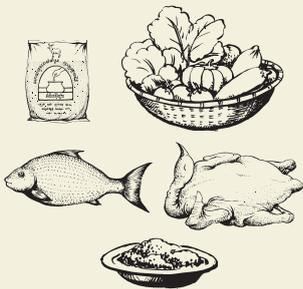
06

Advise on self care and hygiene

- Advise the mother to rest and sleep as much as possible
- Hygiene – bath daily to prevent infection
- Wash genital area after toilet
- Wash hands before handling baby

07

Counsel on nutrition



- Advise mother to eat 1 extra meal a day if breastfeeding, and drink plenty of fluids, at least 2 litres per day. Advise against food taboos

Use Iodized salt for the whole family

08

Check tetanus (tt) status of the mother

Check if the mother had previous TT immunizations.

Decide which dose should be given.

If all doses have been given in the past, **DO NOT PROVIDE AGAIN.**

1st dose during 1st contact

2nd dose at least 1 month after 1st

3rd dose at least 6 months after 2nd

4th dose at least 1 yr after 3rd

5th dose at least 1 yr after 4th dose



09

Check immunization status of the child

Provide if necessary, use the table below

Anaemia signs		Vitamin a deficiency
Babies at birth	BCG - Single dose HBO - Single dose	BCG can be provided up until one year after birth, not when signs of HIV HBO should be provided 24 hours after birth, but may be given under 7 days
Children after 6 weeks until 1 year	OPV, DPT OR DPT-HB 1st dose 6 weeks after birth 2nd dose at least 4 weeks after 1st dose 3rd dose at least 4 weeks after 2nd dose Measles 1 (single dose) at least 9 months after birth	Do not miss any immunization dates. Immunizations will not work if missed. For DPT-HB do not immunize when a child is VERY sick with high fever >38.5 C Do not give DPT/DPT-HB when hypersensitivity is known. Record immunizations on Child Health Card and in HC records.

10

Check if mother received vitamin A after delivery



If not, provide mother 1 VAC 200,000 IU within 6 weeks of delivery

11

Provide iron/folate tablets to mother



- 42 tablets at 1st post partum contact IF she did not receive 42 tablets at delivery
 - Take 1 tablet every day
 - Explain side effects: black stools, discomfort, nausea, diarrhoea or constipation
 - Explain that these side effects are not dangerous, advise to take the tablets with meals or at bedtime
 - Advise about iron rich foods
 - Advise to eat foods rich in vitamins such as fruit and vegetables
- (1 tablet of Iron/Folate contains 60 mgs Iron and 400 µg Folate)**

12

Provide Mebendazole to mother



If mother did not receive at delivery, provide 1 dose (=500 mg) Mebendazole (within six weeks of delivery)

13

Counsel on hiv testing

- Check HIV testing status
- If not tested, counsel on HIV testing
- Encourage partner testing
- Provide information on nearest testing services

14

Counsel on birth spacing methods after delivery



Explain that if mother has sex and is not exclusively breast feeding she can become pregnant as soon as 4 weeks after delivery. Discuss woman's plan about child spacing and advise 2- 3 year gap between pregnancies. Advise woman about LAM. Counsel on other family planning methods either to use alone or together with LAM. Advise on where she can obtain services and counsel.

- Short term methods (LAM=Lactational amenorrhea method)
A mother who is exclusively breastfeeding during the child's first six months is usually protected from pregnancy as she is unlikely to ovulate
- Standard daily contraceptive pill method
- Injectables,
- Condoms
- Long term methods (IUD= intra-uterine device, Norplant
- Permanent methods (male and female voluntary surgical contraception)

15

**Fill out Mother Card
Fill out Child Health Card
Fill out HC record book**

16

Negotiate return visit



- Post partum women should receive post partum care within 24 hours; 2- 3 days and 6 weeks
- Remind about immunisation schedule 6,10,14 weeks
- Return immediately if you or your baby is sick
- Remind mother to bring Child Health Card to each health care visit

Remind about the importance of the child receiving vitamin A supplementation twice per year (around May and November) when the child is 6 – 59 months, either in the village or at HC

'Vitamin A Saves Children's Lives'

IMMUNIZATION CONTACT



**BE FRIENDLY
SMILE
LISTEN**

01

Ask for Child Health Card
Ask for Mother Card check information on cards

02

Check immunization status of the child

Provide if necessary, use the table below

target group	Dose	Notes
Babies at birth	BCG - Single dose HBO - Single dose	BCG can be provided up until one year after birth, not when signs of HIV HBO should be provided 24 hours after birth, but may be given under 7 days
Children after 6 weeks until 1 year	OPV, DPT OR DPT-HB 1 st dose 6 weeks after birth 2 nd dose at least 4 weeks after 1 st dose 3 rd dose at least 4 weeks after 2 nd dose Measles 1 (single dose) at least 9 months after birth	Do not miss any immunization dates. Immunizations will not work if missed. For DPT-HB do not immunize when a child is VERY sick with high fever >38.5 C Do not give DPT/DPT-HB when hypersensitivity is known. Record immunizations on Child Health Card and in HC records.

03

Check tetanus (tt) status of the mother

Check if the mother had previous TT immunizations.

Decide which dose should be given.

If all doses have been given in the past, **DO NOT PROVIDE AGAIN.**

1st dose during 1st contact

2nd dose at least 1 month after 1st

3rd dose at least 6 months after 2nd

4th dose at least 1 yr after 3rd

5th dose at least 1 yr after 4th dose



04

Evaluate child's health

Ask mother if she has any concerns for her child?

- Evaluate child's health – if any problems treat according to the Integrated Management of Childhood Illnesses (IMCI) protocols and refer if necessary
- Check child's age in completed weeks, months, years
- Check length/height (if equipment is available)
- Check weight
- If small baby (below 2.5kgs - low birth weight) encourage mother to provide breast feeding every 2- 3 hours

Teach the mother how to keep the baby warm – skin to skin contact

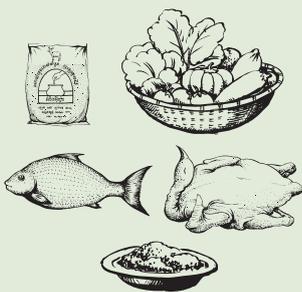
- Evaluate weight based on Child Health Card (Yellow Card)
- Explain the child's weight to the mother and counsel accordingly. Important, if severely malnourished (oedema, wasting) refer to nearest referral hospital for treatment
- Check for anaemia – treat as per national guidelines (attached at the end of this job aid)
- Check for signs of vitamin A deficiency – treat as per national guidelines (attached at the end of this job aid)

05

Evaluate mother's health

Ask if she has any concerns -

- Weight
- Check blood pressure
- Check for signs of anaemia – palmar pallor
- Check for signs of vitamin A deficiency/night blindness
- Advise her about importance of nutritious diet (four meals per day while mother is still breastfeeding)



Treat Anaemia and Vitamin A Deficiency as per Guidelines

Anaemia signs 		Vitamin A deficiency signs 		
Some palmar pallor	Severe palmar pallor Under 36 weeks of pregnancy	Severe palmar pallor 36 weeks and over of pregnancy	Severe signs of active xerophthalmia (corneal lesion)	Night blindness Conjunctival xerosis Bitot's spots
Treatment	Treatment	Treatment	Treatment	Treatment
1 tablet Iron/Folate x 2 times a day (morning and afternoon) for 14 days	1 tablet Iron/Folate x 2 times a day (morning and afternoon) for 3 months Follow up every two weeks	Do not give iron! Refer urgently to hospital	Day 1: Vitamin A 200,000 IU and refer to specialist hospital Note on hospital referral note that one dose of vitamin A has been given.	Vitamin A 10,000 IU x 30 days If not available: 2 multivitamin tablets a day for 30 days

1 dose or tablet of Iron/Folate contains 60mgs Iron and 400 µg Folic Acid

06

Evaluate and counsel on breastfeeding



Good attachment

Signs of good positioning and attachment (if younger than 6 months)

- Mother relaxed and comfortable
- Baby's body close, facing breast
- Baby's head and body straight
- Baby's chin touching breast
- Baby's bottom supported
- Baby's mouth wide open
- Baby's lower lip turned outwards
- Baby's tongue cupped around breast
- Baby's cheeks round
- More areola above baby's mouth
- Slow deep sucks, bursts with pauses
- Can see or hear swallowing
- Baby will release breast spontaneously
- Baby appears relaxed and sleep

Ask if mother has any breast feeding difficulties and counsel as follows:

Experienced difficulty	Counselling messages
Insufficient milk	Feed baby every 2-3 hours. Drink at least 2 litres of water per day. Eat an extra meal per day and extra nutritious snacks such as fruits
Engorgement	Apply clean warm cloth for 5 minutes before each breast feed. If baby difficult to attach to breast gently express some milk before feeding Breastfeed every 2-3 hours, express remaining milk after feeds
Sore or cracked nipples	Keep clean and dry between feeds. Begin feeding on least sore breast. At the end of feed remove baby gently from the breast
Inverted nipple(s)	Use syringe to pull out the nipples before breastfeeding

Counsel on continuous breastfeeding

- Breastfeed exclusively for the first 6 months (Exclusive breast feeding)
- Start complementary feeding from 6 months of age.
- Continue breastfeeding until the child is at least 2 years old and beyond.



Refer to complementary feeding page in this job aid.

07

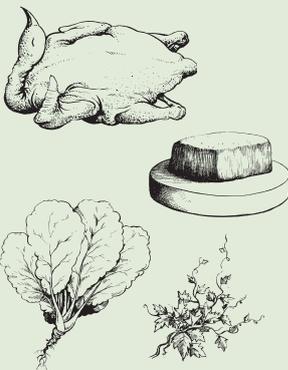
Check if mother received vitamin A after delivery or post partum contacts



If not, provide mother 1 VAC 200,000 IU
(Only within 6 weeks after delivery)

08

Check if mother received iron/folate tablets during delivery or post partum contacts



- If not, provide mother with 42 tablets

Take 1 tablet every day (1 tablet contains 60 mgs Iron and 400 µg Folate)

- Explain side effects: black stools, discomfort, nausea, diarrhoea or constipation
- Explain that these side effects are not dangerous, advise to take the tablets with meals or at bedtime
- Advise about nutritious diet with iron rich foods
- Advise to eat foods rich in vitamins such as fruit and vegetables

09

Check if mother received Mebendazole during delivery or post partum contacts



- If not, provide mother with 1 dose (=500 mg) Mebendazole (if mother within six weeks of delivery)

10

Fill out Mother Card Fill out Child Health Card Fill out HC record book



- When you or your child are sick
 - ▶ Remind mother to bring Child Health Card to every health visit

Remind about the importance of vitamin A supplementation twice per year (around May and November) when the child is aged 6-59 months.

'Vitamin A Saves Children's Lives'

Referral for Treatment of Severe vitamin A. Deficiency Eye Disease

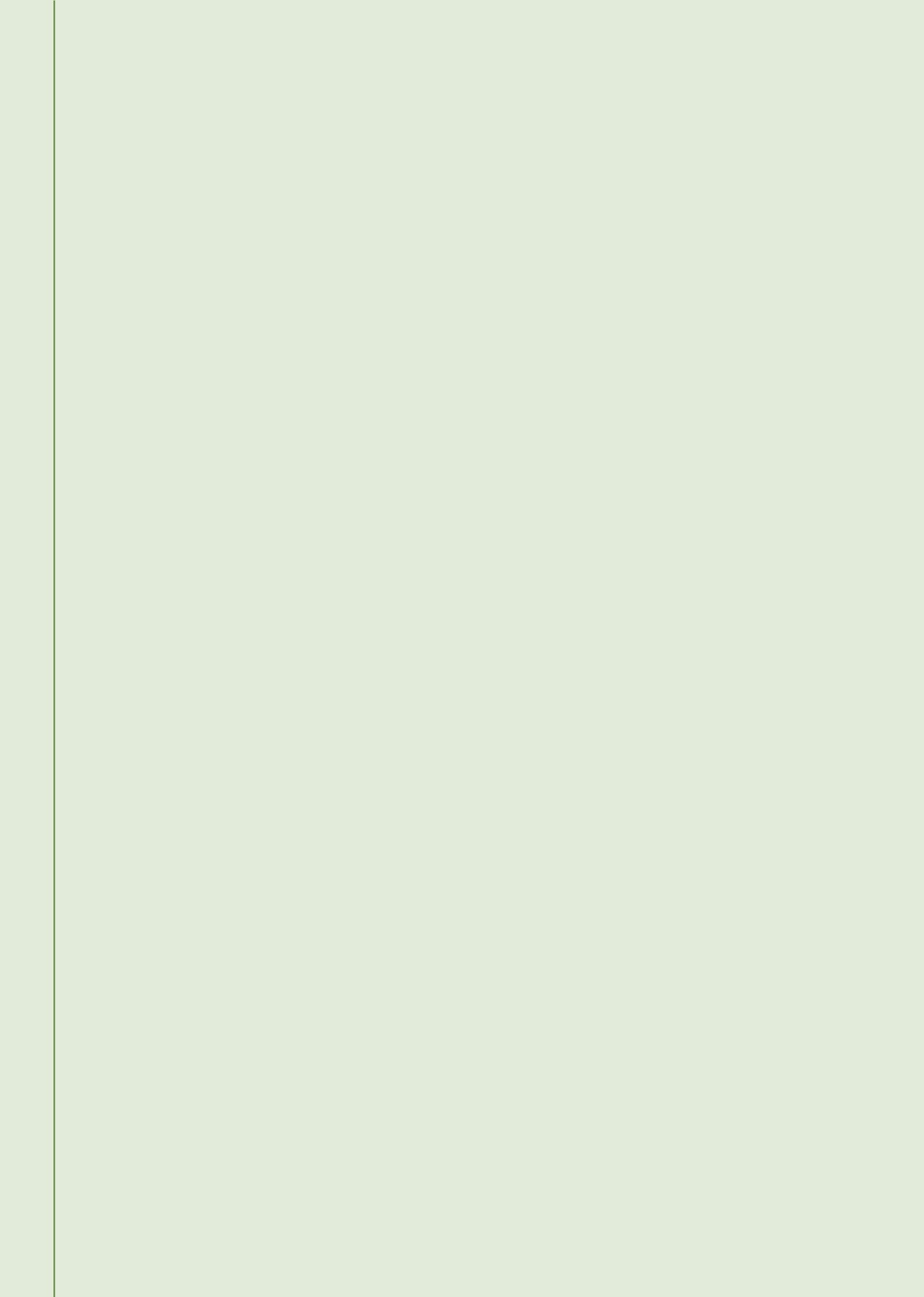
Province	Name of Hospital
Phnom Penh	Angduong Hospital (Street 110 Phnom Penh)
Kandal	Chey Chum Neas Hospital Takmoh District
Siem Reap	Angkor Children's Hospital
Takeo	Provincial Hospital

Complementary Feeding Recommendations

When an infant is 6 months old give complementary food. Add a variety of foods to thick rice porridge. Feed frequently according to the infants age and continue breast feeding



<p>6 months</p>			
<p>7 - 8 months</p>			
<p>9 -11 months</p>			
<p>12 months and above</p>			



WELL AND SICK CHILD CONTACT



BE FRIENDLY
SMILE
LISTEN

01

**Ask for Child Health Card
check information on Child Health Card**

02

**Ask the mother if she has any
concerns about her child**

- Evaluate child's health – if any problems treat according to the Integrated Management of Childhood Illnesses (IMCI) protocols and refer if necessary
- Check child's age in completed weeks, months, years
- Check length/height (if equipment available)
- Check weight
- If small baby (below 2.5kgs - low birth weight) encourage mother to provide breast feeding every 2- 3 hours
Teach the mother how to keep the baby warm – skin to skin contact
- Evaluate weight based on Child Health Card (Yellow Card)
- Explain the child's weight to the mother and counsel accordingly. Important, if severely malnourished (oedema, wasting) refer to nearest referral hospital for treatment

03

Check for deficiency signs

- Check for anaemia (palmar pallor) and treat if anaemic using the IMCI guidelines (refer to guidelines on next page)
- Check for vitamin A deficiency and treat if necessary
Treat according to the National Guidelines for Vitamin A. Refer if necessary

Vitamin A and Anemia Treatment Table for Children

Symptoms/ Illness	Age / group	Dose
Persistent diarrhoea / Severe malnutrition	0- 5 months	Vitamin A 50,000 IU : (1 dose)
	6-11 months	Vitamin A 100,000 IU : (1 dose)
	1 – 12 years	Vitamin A 200,000 IU : (1 dose)
Vitamin A Deficiency Signs: <ul style="list-style-type: none"> • Night blindness • Conjunctival xerosis • Bitot's spot 	0- 5 months	Vitamin A 1st day 1 dose 50,000 IU Vitamin A 2nd day 1 dose 50,000 IU Vitamin A 14th day 1 dose 50,000 IU
	6-11 months	Vitamin A 1st day 1 dose 100,000 IU Vitamin A 2nd day 1 dose 100,000 IU Vitamin A 14th day 1 dose 100,000 IU
	1 – 12 years	Vitamin A 1st day 1 dose 200,000 IU Vitamin A 2nd day 1 dose 200,000 IU Vitamin A 14th day 1 dose 200,000 IU
Anemia Severe palmar pallor	1 – 12 years	Do not give Iron/Folate refer urgently to hospital.
Some palmar pallor	4- 12 months (6 - < 10kgs)	Iron/Folate tablet ¼ dose a day for 14 days. Reassess after treatment (1 tablet contains 60mgs of iron and 400ug of folic acid)
	1–5 years (10 - 19 kg)	Iron/Folate ½ dose a day for 14 days. Reassess after treatment

04

Evaluate and counsel on breastfeeding. Check for good attachment if baby less than 6 months



Good attachment

Signs of good positioning and attachment

- Mother relaxed and comfortable
- Baby's body close, facing breast
- Baby's head and body straight
- Baby's chin touching breast
- Baby's bottom supported
- Baby's mouth wide open
- Baby's lower lip turned outwards
- Baby's tongue cupped around breast
- Baby's cheeks round
- More areola above baby's mouth
- Slow deep sucks, bursts with pauses
- Can see or hear swallowing
- Baby will release breast spontaneously
- Baby appears relaxed and sleepy

Ask if mother has any breast feeding difficulties and counsel accordingly:

Experienced difficulty	Counselling
Insufficient milk	Feed baby every 2- 3 hours. Drink at least 2 litres of water per day. Eat an extra meal per day and extra nutritious snacks such as fruits
Engorgement	Apply clean warm cloth for 5 minutes before each breast feed. If baby difficult to attach to breast gently express some milk before feeding Breastfeed every 2-3 hours, express remaining milk after feeds
Sore or cracked nipples	Keep clean and dry between feeds. Begin feeding on least sore breast. At the end of feed remove baby gently from the breast
Inverted nipple(s)	Use syringe to pull out the nipples before breastfeeding

Counsel on continuous breastfeeding

- Breastfeed exclusively for the first 6 months (Exclusive breast feeding)
- Start complementary feeding from 6 months of age.
- Continue breastfeeding until the child is at least 2 years old and beyond.



Refer to complementary feeding page in this job aid.

05

Check immunization status of the child

Provide if necessary, use the table below

Target group	Dose	Notes
Babies at birth	BCG - Single dose HB0 - Single dose	BCG can be provided up until one year after birth, not when signs of HIV HB0 should be provided 24 hours after birth, but may be given under 7 days
Children after 6 weeks until 1 year	OPV, DPT OR DPT-HB 1st dose 6 weeks after birth 2nd dose at least 4 weeks after 1st dose 3rd dose at least 4 weeks after 2nd dose Measles 1 (single dose) At least 9 months after birth	Do not miss any immunization dates. Immunizations will not work if missed. For DPT-HB do not immunize when a child is VERY sick with high fever >38.5 C Do not give DPT/DPT-HB when hypersensitivity is known. Record immunizations on Child Health Card and in HC records.

06

Provide Mebendazole if child is 12 months or over and did not receive deworming in the previous six months



Age group	Mebendazole
12-23 months	1/2 tablet (=250mgs) 
24 months and over	1 tablet (=500mgs) 

07

Fill out Child Health Card
Fill out hc record book

08

Negotiate return visit



- Come to HC for follow up visit (remind caregiver of date of next visit)
- Come when you or your child feel sick
- Remind mother to bring Child Health Card to each health care visit

Remind about the importance of vitamin A supplementation twice per year (around May and November) when the child is aged 6-59 months, either in the village or at HC.
'Vitamin A Saves Children's lives'



Feeding Sick Children

When children are sick they often lose their appetite. This is difficult, because they need the nutrients in the food to help them recover.

0- 6 months

- Advise mother that sick infants less than six months of age should receive more frequent breastfeeding during episodes of illness, and for 2 weeks after illness during the recovery period.
- If an infant with diarrhea shows signs of dehydration (sunken eyes, dry lips and tongue, and not passing urine), the infant should be referred immediately to the closest health center or hospital for treatment. Mothers and health care volunteers in the community should be educated to recognize signs of dehydration.



Children 6-59 months of age

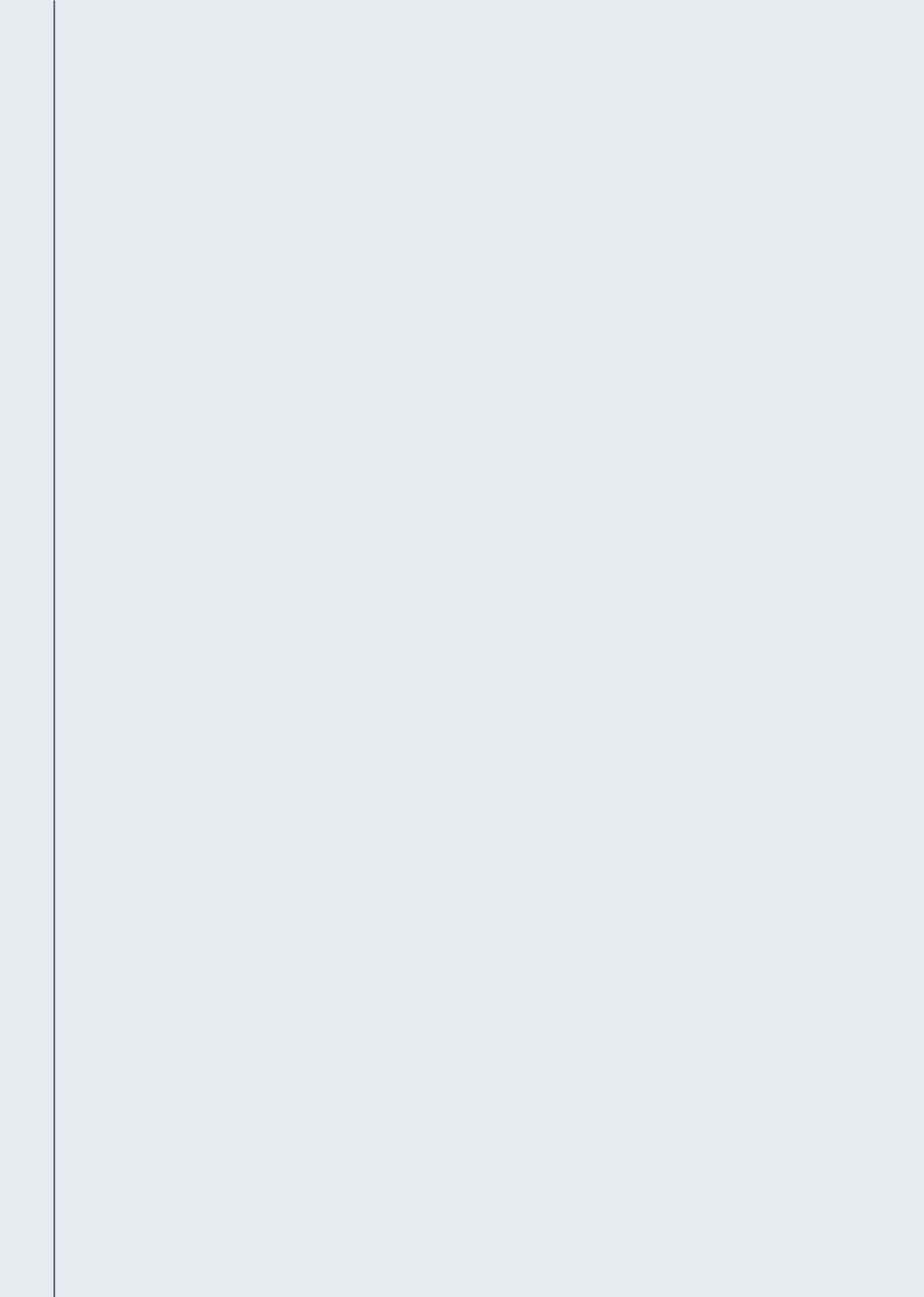
- Sick children 6-59 months of age should increase their fluid intake, including more frequent breastfeeding during episodes of illness, and for 2 weeks after the illness during the recovery period
- Caregivers should encourage the sick child to eat soft, varied, appetizing favorite foods. Give smaller amounts but more often, 5- 6 smaller meals. They should eat a variety of foods. Fruit, vegetables and animal products will help them to get better faster.
- After illness, children should be given one extra meal per day for at least 2 weeks (recovery period).
- Mothers and health care volunteers in the community should be educated on how to prepare and administer oral rehydration therapy to children with diarrhea.
- If a child with severe diarrhea shows signs of dehydration (sunken eyes, dry lips and tongue, and not passing urine), the child should be referred immediately to the closest health center or hospital for medical treatment.

Complementary Feeding Recommendations

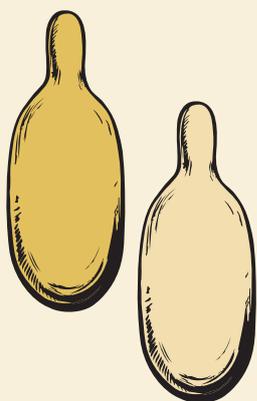
When an infant is 6 months old give complementary food. Add a variety of foods to thick rice porridge. Feed frequently according to the infants age and continue breast feeding



<p>6 months</p>			
<p>7 - 8 months</p>			
<p>9 -11 months</p>			
<p>12 months and above</p>			



VITAMIN A DISTRIBUTION ROUND



**VITAMIN A SAVES
CHILDREN'S LIVES**



**BE FRIENDLY
SMILE
LISTEN**

01

**Ask for Child Health Card
Check information on Child Health Card**

02

**Provide children aged 6 months – 59 months with
VAC and mebendazole according to the table below**

Target group	Dose VAC	Mebendazole
Children 6-11 months	100,000 IU 	*NO mebendazole*
Children 12 -59 months	200,000 IU 	12- 23 months  1/2 tablet (=250 mg) of Mebendazole
		24 -59 months  1 tablet (=500 mg) of Mebendazole

As you give the vitamin A to each child, explain to the caretaker that you are giving vitamin A and vitamin A Saves Children's Lives

03

**Provide post partum women with vitamin A,
Mebendazole and iron/folate tablets within the
first 6 weeks after delivery**

Vitamin A 	Mebendazole 	Iron/Folate tablets 
1 VAC (200,000 IU) to PPM within 6 weeks after delivery Visit HC if vitamin A deficiency signs occur	Mebendazole 1 dose (500mg)	42 tablets of Iron/Folate if she did not receive at delivery. Take 1 tablet a day. Explain side effects: black stools, discomfort, nausea, diarrhoea or constipation. Explain that these side effects are not dangerous, advise to take the tablets with meals or at bedtime. Advise about iron rich foods. Advise to eat plenty of foods rich in vitamin C such as fruit and vegetables. <small>(1 tablet of Iron/Folate contains 60 mgs Iron and 400 µg Folate)</small>

Record on mother's card, tally sheet and HC record book when post partum women receives vitamin A, Mebendazole and Iron folate tablets.



Advise the mother:

- All the family should eat foods rich in vitamin A
- VITAMIN A SAVES CHILDRENS LIVES BECAUSE IT PROTECTS CHILDREN FROM COMMON CHILDHOOD ILLNESSES
- Vitamin A reduces the severity of infectious illness, especially measles and chronic diarrhea.

Vitamin A Rich Foods

- Eggs, fish, meats, and liver
- Orange/yellow colored vegetables and fruit: e.g. pumpkins, carrots, yellow/orange fleshed sweet potatoes, ripe papaya (papaw), and ripe mango
- Dark green leafy vegetables: e.g., spinach, cassava leaves, bean leaves, and pumpkin leaves



Key Messages: VITAMIN A SAVES CHILDREN'S LIVES

Women	Infants 0 – 6 months	Infants 6-59 months
<p>Eat vitamin A rich foods and increase homestead food production</p> <p>1 VAC (200,000 IU) to PPM within 6 wks after delivery</p> <p>Visit HC if vitamin A deficiency signs occur</p>	<p>Immediately breast feed within first hour of delivery</p> <p>Exclusive breastfeed up to 6 months</p> <p>Visit HC or outreach for immunizations and health care</p>	<p>Continue breast feeding for at least 2 years</p> <p>Start appropriate complementary feeding from 6 months</p> <p>VAC + mebendazole every 6 months</p> <p>Visit HC if signs of vitamin A deficiency occur or when sick</p>

05

Counsel on Breastfeeding and Complementary Feeding



Start complementary feeding from 6 months of age.
Continue breastfeeding until the child is at least 2 years old and beyond



Follow the recommendations for complementary feeding on the next sheet of the Job Aid. Make sure foods from all food groups are included in the diet.

06

Fill out Child Health Card – Remind the caregiver of next vitamin A supplementation round (around May and November of each year).

Remind mother to bring Child Health Card to each health care visit.

Fill out HC record book/ tally sheet if at village level



Complementary Feeding Recommendations

When an infant is 6 months old give complementary food. Add a variety of foods to thick rice porridge. Feed frequently according to the infants age and continue breast feeding



<p>6 months</p>			
<p>7 - 8 months</p>			
<p>9 -11 months</p>			
<p>12 months and above</p>			

**Design and publishing funded by USAID,
through A2Z Micronutrient Project**