

# Madagascar Nutrition Job Aids

LINKAGES Madagascar



2001

## Job aid

# Prenatal Consultations

For each patient .....



- **Give the schedule of prenatal consultations**
  - Four per pregnancy if possible
- **Check tetanus immunization and complete if necessary**
  - TV1: As soon as possible
  - TV2: 1 month later
  - TV3: 6 months later
  - TV4: 1 year later
  - TV5: 1 year later



- **Give iron/folic acid supplements (30 tablets/month) and counseling**

- Iron/folic Acid, 1 tablet per day during 6 months of pregnancy (to be continued after delivery if the 6 months are not completed)
- Counseling on the side effects and follow up (when and how to get more iron tablets)

- **Give deworming treatment**

- Mebendazole (500mg) in the second or third trimester of pregnancy.

- **Give antimalarial prophylaxis during the two first pregnancies, especially the first one**

In the coastland: all year long  
High lands: from October to May (transmission season)

- First visit: Treatment: Chloroquine D1: 10mg/kg; D2: 10mg/kg; D3: 5mg/kg
- After: Malaria prevention: Chloroquine 300 mg/week



- **Counsel on breastfeeding**

- Breastfeeding immediately after delivery
- Importance of colostrum
- Importance of exclusive breastfeeding (EBF) until 6 months, on demand, at least 10 times, day and night
- The child empties one breast before switching to the other
- Counseling on possible problems related to initiation



- **Counsel on use of iodized salt by the pregnant woman and the whole family**

- **Counsel on diet during pregnancy**

- Eat more than usual
- Varied diet
- Foods rich in vitamin A, (Papaya, mangoes, carrots), iron (vegetables, meat), and vitamin C (fruits)



- **Ask the mother to come back if the following signs of danger show:**

- Swollen hands and legs
- Is very pale (severe anemia)
- Bleeding
- Does not gain weight
- Serious headaches
- High fever
- Uncontrollable vomiting



- **Explain the "Three cleans" for delivery**

- 1. The midwife's hands are clean
- 2. Utensils are clean
- 3. Delivery clothes and place are clean

- **Counsel on Sexually Transmitted Infections (STI)**

- **Identify infections based on symptoms**

- **Counsel on Family Planning**

- Short-term methods:
  - Natural family planning
  - LAM, spermicides & condoms, pills for breastfeeding women, and injectables
- Long-term methods:
  - IUD and Norplant
- Permanent methods:
  - Male and female voluntary surgical contraception

## Job aid

# Delivery & Immediate Postpartum Care

For each patient .....



- **Provide counseling and help on breastfeeding**
  - Breastfeeding at birth
  - Breastfeeding on demand
  - EBF until 6 months, risks incurred if water or other fluid is given to child
  - Checking the baby's position and attachment
  - Management of common problems
  - How to express breast milk

- **Give vitamin A supplement to mother**

- Vitamin A (200.000 IU), 1 capsule after delivery (no later than the 8<sup>th</sup> week postpartum)



- **Continue iron/folic acid supplementation started during pregnancy until the 6 months of supplementation are completed**

- Iron/folic Acid, 1 tablet per day during 6 months of pregnancy (to be continued after pregnancy if the 6 months are not completed)
- Counseling on the side effects and follow up (when and how to get other tablets of iron)



- **Counsel the mother to eat a good diet and rest**

- Eat more than usual
- Varied diet
- Foods rich in vitamin A (papaya, mangoes, carrots), iron (vegetables, meat), and vitamin C (fruits).

- **Rest for the mother**

- **Practice the "Three Cleans" for delivery**

1. Midwife's hands are clean
2. Utensils are clean
3. Delivery clothes and place are clean

- **Counsel on Sexually Transmitted Infections (STI)**

- **Identify infections based on symptoms**

- **Counsel on Family Planning and refer if necessary**

- Short-term methods:
  - Natural family planning
  - LAM, spermicides & condoms, pills for breastfeeding women, and injectables
- Long-term methods:
  - IUD and Norplant
- Permanent methods:
  - Male and female voluntary surgical contraception



## Job aid

# Postnatal Consultations & Family Planning



### For each breastfeeding mother .....

- **Continue to counsel on breastfeeding**
  - EBF until 6 months
  - Continue breastfeeding until 24 months and beyond
  - Evaluate and counsel on possible problems
  - How to prevent "insufficient milk"
  - Risks incurred in giving water or other fluids to the child who is less than 6 months
- **Counsel the mother on a good diet and rest**
  - Counseling on maternal nutrition (eat more than usual, varied diet)
  - Foods rich in vitamin A (papaya, mangoes, carrots), iron (vegetables, meat), and vitamin C (fruits)
- **Continue iron/folic acid supplementation to complete the 6 months of supplementation**
  - Iron/folic acid, 1 tablet per day during 6 months of pregnancy ( to be continued after pregnancy if the 6 months are not completed)
  - Counseling on side effects and follow up (when and how to get more iron tablets)



- **Check vitamin A status and, if needed, give vitamin A supplement to mother**
  - Vitamin A (200.000 IU), 1 capsule after delivery (no later than the 8<sup>th</sup> week postpartum)

- **Check the mother's immunization status and remind her of the next immunization**

- **Counsel on sexually transmitted infections (STIs)**

- **Identify infections based on symptoms**

- **Counsel on family planning**

- Short-term methods:
  - Natural family planning
  - LAM, spermicides & condoms, pills for breastfeeding women and injections
- Long-term methods:
  - IUD and Norplant
- Permanent methods:
  - Male and female voluntary surgical contraception

- **Check the child's immunization status, and complete if needed**

### For every non-breastfeeding woman .....

- **Counsel on short-term family planning methods and refer if necessary**

- Natural family planning
- Spermicides & condoms
- Pills
- Injectables

- **Counsel on long-term family planning methods and refer if necessary**

- IUD
- Norplant

- **Counsel on permanent family planning methods and refer if necessary**

- Male and female voluntary surgical contraception

- **Counsel on prevention of sexually transmitted infections (STIs)**

- **Identify infections based on symptoms**

- **Check the mother's immunization status and complete if needed**

- **Check whether the patient has anemia and treat if needed**

- Iron/folic acid, 2 tablets per day for 3 months
- Counseling on side effects and follow up

- **Check the child's immunization status, complete if necessary**



## Job aid

# Sick Child Consultations - IMCI



### For each child.....

- **Assess the child's nutritional status**

- Assess the child's age in months
- Weigh the child
- Write his/her weight on the growth chart
- Evaluate the direction and position of his/her curve compared to the standard curve
- Explain the curve to the mother and counsel accordingly



- **Assess, treat according to the IMCI protocols, and refer if necessary**

- Supplementation:
- Vitamin A (100.000 IU) Child 6–11 months
  - Vitamin A (200.000 IU) Child 12–59 months
- Severe and persistent diarrhea: D1
  - Pneumonia: D1
  - Severe malnutrition: D1
  - Severe anemia: D1

- Measles: D1, D2, D30
- Hemeralopia, xerophthalmia: D1, D2, D30

- **Treat anemia**

- Iron/folic acid for children ages 6–59 months, ½ tablet/day for 3 months
- Iron/folic acid for children ages 5–12 years, 1 tablet/day for 3 months

- **Check the sick child's immunization status and complete if necessary**

- Give missing immunizations except the BCG if the child is older than 1 year

- **Check, and if needed, complete the vitamin A supplementation every six months**



- 1 capsule (100.000 IU) for children 6–11 months
- 1 capsule (200.000 IU) for children 12–59 months



- **Check, and if needed, complete routine deworming every six months**

- One tablet of Mebendazole (250 mg for children 6–11 months)
- One tablet of Mebendazole (500 mg) for children 12–59 months

- **Assess and counsel on breastfeeding**

- Increase the frequency of feeds when the child is sick
- Provide counseling and support for EBF during the first six months



- **Assess and counsel on adequate complementary feeding**

- Counseling on adequate complementary feeding from 6 to 24 months
- Continuation of breastfeeding until 24 months
- Continuation of breastfeeding during illness
- 1 additional meal every day during two weeks of convalescence
- Foods rich in vitamin A (papaya, mangoes, carrots), in iron (vegetables, meat), and in vitamin C (fruits)

- **Refer the mother to FP or STI units if necessary**

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# Job aid

## EPI Immunizations

For each child.....

- Check the child's immunization status before his/her first birthday and update if needed



Immunization period	Immunizations to be done	Protects from the following diseases
<b>First immunization</b> At birth	BCG Oral polio	Tuberculosis Polio
<b>Second immunization</b> 6th week	DTP I Oral polio 1	Diphtheria  Tetanus Pertussis
<b>Third immunization</b> 10th week (4 weeks after DPT I)	DTP II Oral polio 2	
<b>Fourth immunization</b> 14th week (4 weeks after DTP II)	DTP III Oral polio 3	Polio
<b>Fifth immunization</b> 9 months	Measles	Measles



- Vitamin A (200.000 IU), 1 capsule for the mother who has not yet received it and is less than 8 weeks postpartum

- Routinely give vitamin A supplements every 6 months during scheduled immunizations to children 6–11 months



- Vitamin A (100.000 IU) for children 6–11 months

- Check the child's vitamin A status and if needed, complete the child's supplementation of vitamin A every six months, at every contact from 12 months to 59 months

- Vitamin A (200.000 IU) 1 capsule for the child



- Check deworming and, if needed, complete routine deworming every six months

- One tablet of Mebendazole (250mg) for children 6–11 months
- One tablet of Mebendazole (500mg) for children 12–59 months

- Check if the child shows any signs of anemia and treat if necessary

- Iron/folic acid, ½ tablet/day for 3 months
- Counseling on side effects and follow up

- Check and, if needed, complete the mother's supplementation in vitamin A during BCG and DTP I contacts

- Refer the mother to FP or STI units if necessary

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## Job aid

# Growth Monitoring & Well Child Consultations

For each child.....



- **Growth monitoring**
  - Assess the child's age in months
  - Weigh the child
  - Write his/her birth weight
  - Write his/her current weight on the growth chart
  - Evaluate the direction and position of his/her curve compared with the standard curve
  - Explain the curve to the mother and counsel accordingly
  - Remind of the schedule for weighing sessions
- **Assess and counsel on breastfeeding**
  - Provide counseling and support on EBF for the first six months
  - Until 6 months, breastfeed on demand at least 10 times, day and night
  - Continue breastfeeding until 24 months and beyond
  - After 6 months, keep on breastfeeding, on demand at least 8 times, day and night
  - Counsel on diet for lactating women

- **Assess and counsel on adequate complementary feeding**

- Counseling on adequate complementary feeding from 6 to 24 months
- Beginning at 6 months, give 3 additional meals besides breastfeeds
- How to enrich meals beginning at 6 months
- The child has his/her own plate and finishes his/her serving
- 1 additional meal every day during 2 weeks of convalescence
- Foods rich in vitamin A (papaya, mangoes, carrots), in iron (vegetables, meat), and in vitamin C (fruits)



- **Counsel on the use of iodized salt at all family meals**

- **Check the sick child's immunization status and complete if necessary**
  - Give missing immunizations except the BCG if the child is older than 1 year

- **Check vitamin A status and update every six months, if needed**

- 1 capsule (100.000 IU) for children 6–11 months
- 1 capsule (200.000 IU) for children 12–59 months
- Counseling on foods rich in vitamin A

- **Check deworming, and if needed, complete routine deworming every six months**

- One tablet of Mebendazole (250 mg) for children 6–11 months
- One tablet of Mebendazole (500 mg) for children 12–59 months

- **Check iron/folic acid status and, if needed, complete supplementation**

- Iron/folic acid for children 6–23 months, ¼ tablet/day for 3 months (beginning at 6 months if the child's weight at birth <2500 g)
- Iron/folic acid for children 2 years and older, ½ tablet/day for 3 months
- Counseling on foods rich in iron and vitamin C

- **Check if the child shows any signs of anemia and treat if needed**

- Iron/folic acid, ½ tablet per day for 3 months for children > 5 years
- Counseling on side effects and follow up

- **Refer the mother to FP or STI units if necessary**



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