

Nutrition Job Aids

Regions with Low HIV Prevalence

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NUTRITION JOB AID FOR ANTENATAL CONTACTS

WHY? Well nourished, pregnant women have healthier babies and have a lower risk of maternal morbidity and mortality.

WHEN? At each antenatal contact with mothers, check and complete the following schedule.

Who/Subject	Assess/Action	Duration
All pregnant women: Woman's Diet	<ol style="list-style-type: none"> 1. Assess diet. Counsel on appropriate diet for pregnancy and need for extra rest. Counsel on use of iodized salt for all family members. 2. Assess weight gain. Counsel on management of diet and appetite problems during pregnancy. 	<ul style="list-style-type: none"> - Counsel on improved diet and additional rest as soon as pregnancy is detected and continue during lactation. - Weigh at each visit: weight gain should be 1 kg per month in the 2nd and 3rd trimesters.
All pregnant women: Iron/folic acid or MVMS Supplements	<ol style="list-style-type: none"> 1. One (1) iron/folic acid tablet daily (60 mg iron + 400 µg folic acid)^a OR 1 multiple vitamin-mineral supplement (MVMS) daily, containing 30-60 mg of iron. 2. Counsel on compliance, safety, and side effects. 	<ul style="list-style-type: none"> - Iron/folic acid: - <i>Where prevalence of anemia in pregnancy <40%:</i> Start at first antenatal visit and continuing for 6 months (180 days), even if this extends into the postpartum period. - <i>Where prevalence of anemia in pregnancy ≥40%:</i> 6 months of pregnancy (180 days) and continuing to 3 months (90 days) postpartum OR - MVMS: 180 days in pregnancy and 3 months (90 days) postpartum.
Pregnant women with pallor (pale eyelids and palms)	<ol style="list-style-type: none"> 1. Two (2) iron/folic acid tablets daily (a total of 120 mg iron + 400-800^c µg folic acid) for 3 months (90 days), followed by 1 tablet daily (60 mg iron + 400 µg folic acid). 2. Counsel on compliance, side effects, and safety and advise to return for follow-up evaluations at 1 week and 4 weeks after beginning treatment. 	<ul style="list-style-type: none"> - 2 tablets daily until pallor is no longer seen or a minimum of 90 days. - After 3 months of therapeutic supplementation, continue with preventive supplementation until 180 days of supplementation is achieved.
Pregnant women in malaria endemic area: Anti-malarials	<ul style="list-style-type: none"> - Use local recommendations for treatment at first visit followed by anti-malarial prophylaxis. 	<ul style="list-style-type: none"> - Give curative treatment at first antenatal visit - <i>but not during first trimester</i> – followed by prophylaxis depending on national protocol.
Pregnant women in hookworm endemic areas: Anthelmintics	<ol style="list-style-type: none"> 1. Albendazole: 1 single dose of 400 mg in second trimester OR Mebendazole: 1 single dose of 500 mg 2. Counsel mother on how to prevent infection. 	<ul style="list-style-type: none"> - Give treatment once in the second trimester of pregnancy. - Repeat treatment in third trimester, if hookworms are highly endemic (>50% prevalence).
All Pregnant women: Counsel on immediate and exclusive breastfeeding	<ol style="list-style-type: none"> 1. Counsel for breastfeeding immediately after baby is delivered. 2. Assess and counsel to prepare for exclusive breastfeeding. 	<ul style="list-style-type: none"> - Counsel and/or reinforce key messages at every antenatal contact.
All pregnant women: Family Planning	<ol style="list-style-type: none"> 1. Counsel mothers on family planning methods, including the lactational amenorrhea method (LAM). 2. Encourage the use of condoms to prevent transmission of HIV and other sexually transmitted diseases. 	<ul style="list-style-type: none"> - Counsel and/or reinforce key messages at every contact.

^a Where iron supplements containing 400 µg of folic acid are not available, an iron supplement with a lower level of folic acid may be used.

^b If 180 days cannot be achieved during pregnancy, continue the supplement during the postpartum period for a total of 180 days or increase the dose to 120 mg in pregnancy.

^c If using combined iron/folic acid tablets with 400 µg of folic acid, the quantity of folic acid will be 800 µg. If a combined tablet is not available, 400 µg of folic acid should be provided.

HOW?

1. Weigh mother and chart or record her weight on the mother's card:
 - Mother's weight gain should be at least 1 kg per month in the second and third trimesters of pregnancy.
2. Ask mother about her food beliefs and eating practices (for herself).
 - Counsel each mother and her accompanying family members on gaining weight: taking extra food; eating a varied diet; and getting additional rest, particularly in the last three months of pregnancy. Counsel on use of iodized salt for all family members.
 - Use a list of local, affordable foods and show her how much extra food (volume) she needs to eat.
 - Provide information on how she can manage feeding and appetite problems during pregnancy.
3. Screen each mother for pallor (check inner eyelids and palms). If pallor is found, begin treatment for severe anemia and advise her to return for follow-up evaluations at 1 week and 4 weeks after treatment begins.
4. If pallor is not found, ask the mother when she can return for the next antenatal visit, advising her to return according to the antenatal schedule. Count how many iron/folic acid tablets or multiple vitamin-mineral supplements she needs until the next visit, using the protocol. (For example, give 60 tablets if she can only return in 2 months – or 90 if she can only return in 3 months.)
 - Give her, or suggest that she should use, a clean, appropriate container or bag to store tablets to prevent their decay from moisture and air.
 - Suggest ways to increase iron in her diet.

NOTE: It is best to have the tablets counted and bagged for easy distribution, perhaps in bags of 30 tablets.
5. Ask about current beliefs and past experiences in taking iron tablets/multiple vitamin-mineral supplements. Counsel her on compliance, side effects, and safety (keeping tablets away from young children).
6. Count how many anti-malarial tablets the woman needs until the next visit. Clearly explain the treatment AND prevention protocols as outlined.
7. Give her the treatment for hookworm and, if necessary, remind her that she will need another treatment in her third trimester. Explain how to prevent infection through proper hygiene and wearing shoes.
8. Screen each mother for flat and inverted nipples and counsel.
9. Ask her about her current infant feeding beliefs (including beliefs on pre-lacteal feeds and cultural/traditional issues) and former breastfeeding experiences.
10. Counsel each mother and her accompanying family members on immediate breastfeeding after delivery (as soon after birth as possible but within one hour following birth), exclusive breastfeeding for 6 months, and the benefits of fully or nearly fully breastfeeding for family planning (LAM).
11. Ask mother any questions and refer her to mother support groups.
12. On the clinic tally sheet/register, make one mark for each mother that is given tablets in the appropriate row corresponding to the type of tablets given. Also record the number of tablets given for each type.
13. In mother's card, record the date and number of all tablets given and record all counseling given.
14. Check and complete immunization schedule; remind the mother about danger signs and her next antenatal visit. (Encourage at least 4 antenatal consultations.)

NOTE: Many women in your catchment area probably do not come for prenatal visits or come very late. To reach them, work with community midwives (matrons) or TBAs; train, supply, and support them. Also, work with local drug vendors to stock and promote iron tablets for pregnant women. You may be able to provide a supply of tablets to trained community midwives, and obtain their collaboration in referring high-risk cases and postnatal follow-up

NUTRITION JOB AID FOR DELIVERY AND IMMEDIATE POSTPARTUM CONTACT

- WHY?**
1. Counseling and support builds a strong foundation for successful infant feeding.
 2. Early initiation of breastfeeding helps reduce postpartum bleeding.
 3. Vitamin A increases a mother's ability to fight infections and prevents infant disease and deaths.

WHEN? At delivery and during the first few hours and days postpartum, check and complete the following activities.

Who/Subject	Assess/Action	Duration
All women: Immediate Breast-feeding	<ol style="list-style-type: none"> 1. Reduce routine early rupture of membranes and episiotomy. 2. Reduce the routine use of pethidine for delivery. 3. Give the baby unrestricted skin-to-skin contact with the mother immediately after delivery and keep the baby with the mother ideally in the same bed or alternatively, in an adjacent cot for unlimited breastfeeding. 4. Help the mother breastfeed immediately (at least within one hour after delivery). 	<ul style="list-style-type: none"> - From delivery through the first few months, encourage keeping the baby with the mother. - The baby should breastfeed on demand day and night at least 8-10 times/24 hour period.
All women: Exclusive Breastfeeding	<ul style="list-style-type: none"> - Give no water, glucose (sugar) water, teas or any fluids, bottles or pacifiers to the baby. 	<ul style="list-style-type: none"> - From birth until about 6 months.
All women: Attachment and Positioning	<ol style="list-style-type: none"> 1. Assess and, if necessary, teach mother correct attachment. 2. Show mother different breastfeeding positions. 3. Inform the mother where she can get assistance on breastfeeding in her community. 	<ul style="list-style-type: none"> - At least once or more often as needed until mother is confident and all her concerns have been addressed.
All women: Vitamin A	<ul style="list-style-type: none"> - In VAD-risk areas, give one 200,000 IU dose of vitamin A as soon as possible after delivery, <i>but no later than 8 weeks postpartum (or 6 weeks if she is not lactating)</i>. 	<ul style="list-style-type: none"> - Once only.
All women : Mother's Diet and Rest	<ol style="list-style-type: none"> 1. Assess and counsel mother on her eating practices and drinking enough to satisfy thirst. 2. Counsel on use of iodized salt for all family members. 3. Counsel on getting extra rest. 	<ul style="list-style-type: none"> - Increased food intake and drinking water to satisfy thirst: duration of lactation. - Extra rest: for at least 6 weeks and if possible for the first four to six months after delivery.
All women: Iron or MVMS Supplements	<ol style="list-style-type: none"> 1. Check iron/folic acid supplementation. Continue 1 iron/folic acid tablet daily (60 mg iron + 400 µg folic acid) OR 1 multiple vitamin-mineral supplement (MVMS) daily, containing 30-60 mg of iron. 2. Counsel on compliance, safety, and side effects. 	<ul style="list-style-type: none"> - Continue daily iron/folic acid supplementation until mother has taken a total of 180 tablets, including tablets taken during pregnancy. OR - Continue MVMS started in pregnancy until 3 months after delivery.
All women: Family Planning	<ol style="list-style-type: none"> 1. Counsel mothers on family planning methods, including LAM. Refer mother if necessary. 2. Encourage the use of condoms to prevent HIV and other STD transmission. 	<ul style="list-style-type: none"> - Before the mother leaves the care of the health worker.
All women: Follow-up Visit and Support	<ol style="list-style-type: none"> 1. Make an appointment for a postnatal visit (or refer to appropriate service). 2. Provide information on community growth monitoring and promotion program and immunization schedule and services for child. 	<ul style="list-style-type: none"> - Once, before the mother leaves the care of the health worker.

HOW?

1. Support labor and conduct delivery to optimize mother's ability to hold and breastfeed her baby immediately after delivery.
2. Place the newborn on the mother's abdomen immediately after delivery and help the mother and child establish breastfeeding. Do not separate the baby and mother.
3. Place the baby in the mother's bed or an adjacent cot for easy access to breastfeeding throughout the day and night. Do not give any fluids, prelacteal feeds, bottles, pacifiers, etc. Only give medications that a doctor or an authorized/qualified health worker prescribes.
4. Observe position and attachment, help mother to have proper positioning and attachment. Evaluate the baby's effectiveness at breastfeeding.
 - Baby's body should be turned completely toward mother. Chin should touch mother's breast, mouth wide open, and both lips should be turned outward. More areola should be visible above than below the mouth.
 - Infant should take slow, deep sucks, sometimes pausing. Swallows should be audible.
5. Ask the mother about current beliefs and past breastfeeding experiences. Clarify and discuss any concerns or difficulties she may have.
 - Counsel each mother and her accompanying family members on EBF for about 6 months, including feeding on cue, day and night at least 8-10 times in a 24-hour period.
 - Counsel the mother to continue breastfeeding if the child becomes ill and to seek immediate consultation of a qualified health worker.
6. Give each mother one vitamin A capsule of 200,000 IU (or two 100,000 IU capsules) in VAD-risk areas. Open the capsule and squeeze the contents in the mother's mouth or ask her to swallow it with water in your presence.
 - Do not give her the capsule to take away.
 - If the capsule is not given at delivery, give this dose once within 8 weeks after delivery if the woman is lactating and within 6 weeks of delivery if not lactating.
7. Ask about mother's current food beliefs and eating practices (for herself).
 - Counsel each mother (and her accompanying family members) on the importance of eating extra food while lactating and drinking to satisfy her thirst. Use a list of local, affordable foods, and show her how much extra (volume) she needs to eat.
 - Provide information about ways she can vary her diet to include additional fruits, vegetables, animal products and fortified food.
 - Counsel on the use of iodized salt for all family members.
 - Advise the mother and her family members that extra rest while breastfeeding is beneficial to the mother's health. Emphasize the need for extra rest at least for the first 6 weeks postpartum and ideally through the stage of exclusive breastfeeding to build maternal reserves. Discuss ways in which the mother's workload could be decreased during this time.
8. Check with mother (verify with her health card if possible) how long she has taken iron/folic acid tablets or MVMS.
 - If the mother has not completed the 180-day protocol for iron/folic acid, give her enough tablets to complete the protocol. If she is taking MVMS, give her 90 tablets to complete the protocol of daily tablets for 3 months after birth.
 - Give her, or suggest that she should use, a clean, appropriate container or bag to store tablets to prevent their decay from moisture and air.
9. Ask about current beliefs and past experiences in taking iron tablets/MVMS.
 - Counsel her on compliance, side effects, and safety (keeping tablets away from young children).
10. Ask mother about beliefs and past experiences with family planning.
 - Counsel her about her family planning options, including LAM.
 - Encourage condom use to prevent HIV and other STD transmission. Refer her if necessary.
11. In the mother's card, record the date of giving vitamin A and iron/folic acid or MVMS. Also record all counseling given.
12. On the clinic tally sheet/register place a mark for each woman given vitamin A and iron/folic acid or vitamin supplements. Also place a mark for each mother given information on diet, breastfeeding, and family planning.
13. Make an appointment for the mother to return for her follow-up/postnatal contact or refer her to the appropriate service.

NOTE: For women in your catchment area who do not come for deliveries, adapt this protocol for use with training and supervision by mid-wives or TBAs.

NUTRITION JOB AID FOR POSTNATAL CONTACTS

WHY? Support to postnatal women *during the first week or two* after delivery, increases the chances for success in infant feeding practices. The postnatal contact is also an opportunity to check on mother's nutritional health.

WHEN? In the first week or two after delivery, contact each mother to complete the following activities.

Who	Assess	Counsel/Action
All BF women: Counsel On Optimal Breastfeeding Practices	<ol style="list-style-type: none"> Ask the mother: <ul style="list-style-type: none"> Are you having any difficulty breastfeeding? How many times in the past 24 hours was infant breastfed? Did the infant receive any other fluids or foods after birth to now? 	<ul style="list-style-type: none"> Encourage mother to continue good breastfeeding practices. Ask mother to increase frequency of breastfeeding if less than 8-10 times in a 24 hour period. Counsel the mother to breastfeed on demand (on cue of the baby). Remind mothers of the importance of no other fluids/foods for about 6 months. If not exclusively breastfeeding, counsel on how to reduce and gradually stop all other fluids and foods and at the same time increase frequency and duration of each breastfeed. No other fluids or foods should be given to the baby.
All BF women: Observe Baby Breastfeed	<ol style="list-style-type: none"> Observe a breastfeed. Listen and look at the infant. Check position and attachment. 	<ul style="list-style-type: none"> If necessary, teach correct position and attachment to mother. Eliminate use of bottles and pacifiers. Clear blocked nose if it interferes with breastfeeding.
All BF women: Breastfeeding Problems	<ol style="list-style-type: none"> Ask about any feeding concerns and difficulties. Ask mother if and when she plans to return to work. 	<ul style="list-style-type: none"> Congratulate mother on good practices. Counsel mother on solutions to her specific problems. Teach manual expression and storage of breastmilk; teach cup feeding. If infant is passing urine less than 6 times per 24-hour period or the urine smells and is dark colored, counsel on how to increase milk intake and evaluate baby. For mothers who are planning to go back to work: Provide advice on how to manage EBF (expression, storage, informed caregiver, etc.) and work.
All BF women: Mother's Diet	<ol style="list-style-type: none"> Assess mother's diet and activities. Ask about: availability of affordable foods, time involved in preparation, food storage, and daily dietary intake of mother. Ask about family members who can help with chores. 	<ul style="list-style-type: none"> Counsel mother on appropriate diet during lactation. Use a list of local, affordable foods and show her how much extra food (volume) she needs to eat. Advise mother to drink to satisfy her thirst. Counsel on the use of iodized salt for all family members. Advise the mother and her family members that extra rest while breastfeeding is beneficial to the mother's health.
All women in VAD-risk areas: Vitamin A	<ul style="list-style-type: none"> Check to see if the mother has received a vitamin A capsule since the birth of her child. 	<ul style="list-style-type: none"> If mother has not received a vitamin A capsule since the birth of her baby: Give one 200,000 IU dose of vitamin A if it is no later than 8 weeks after delivery if the mother is lactating and no later than 6 weeks postpartum if she is not lactating.
All women: Iron or MVMS Supplements	<ol style="list-style-type: none"> Check status of iron/folic acid supplementation or multiple vitamin-mineral supplementation MVMS If the mother has her tablets with her, verify how many she has left. 	<ul style="list-style-type: none"> Provide mother with enough iron/folic acid tablets to complete the protocol of 1 iron/folic acid tablet daily (60 mg iron + 400 µg folic acid) for a total of 180 tablets from the time she began taking them, OR Provide the mother with enough MVMS to complete the protocol of 1 tablet daily for 3 months after delivery. Counsel on compliance, safety, and side effects.
All women Family Planning	<ul style="list-style-type: none"> Ask mother about family planning 	<ul style="list-style-type: none"> Counsel mothers on family planning methods, including LAM. Refer if necessary. Encourage condom use to prevent transmission of HIV and other STDs.

HOW?

1. Ask each mother about breastfeeding; observe a breastfeed; listen to and look at the infant; observe position and attachment and evaluate effectiveness of the breastfeed. As necessary, work with mother until she has proper positioning and attachment.
 - Baby's body should be turned completely toward mother. Chin should touch mother's breast, mouth wide open, both lips should be turned outward. More areola visible above than below the mouth.
 - Infant should take slow, deep sucks, sometimes pausing. Swallows should be audible.
2. Counsel each mother on the importance of continuing to BF without fluids or foods for about 6 months and how to solve common difficulties including "insufficient milk," sore/cracked nipples, and engorgement.
3. Counsel on mother's diet and importance of rest.
 - Iodized salt should be used for all family members.
 - A breastfeeding woman should eat more food than usual, the equivalent of about one extra meal per day, increasing her consumption of fruits, vegetables, animal products and fortified foods. She should drink to satisfy her thirst.
 - Extra rest for exclusively breastfeeding women is important.
4. *In VAD-risk areas*, complete the vitamin A supplementation for postnatal women, if necessary.
 - Give one vitamin A capsule of 200,000 IU (or two 100,000 IU capsules). Open the capsule and squeeze the contents in the mother's mouth or ask her to swallow it with water in your presence. Do not give her the capsule to take away. For lactating women, do not give this dose if 8 weeks have passed after delivery; for non-lactating mothers do not give this dose if 6 weeks have passed.
5. Check with mother (verify with her health card if possible) if she is taking iron/folic acid tablets or MVMS.
 - Give her the number of additional tablets she needs to complete the total of 180 day (includes pregnancy and lactation combined) protocol for iron/folic acid or the 90 day postpartum protocol for MVMS.Give her, or suggest that she should use, a clean, appropriate container or bag to store tablets to prevent their decay from moisture and air.
6. Ask about current beliefs and past experiences in taking iron tablets/MVMS. Counsel her on compliance, side effects, and safety (keeping tablets away from young children).
7. Ask mother about beliefs and past experiences with family planning.
 - Counsel her about her family planning options, including LAM.
 - Encourage condom use to prevent HIV and other STD transmission. Refer her if necessary.
8. *In the mother's card*, record the date of giving vitamin A. Record the date and number of all iron/folic acid tablets or multiple vitamin-mineral supplements given. Also record all counseling given and any problems and solutions advised.
9. *On the clinic tally sheet/register* place a mark for each woman given vitamin A and iron/folic acid or vitamin supplements. Also record the number of women given postnatal counseling.
10. Remind about infant's immunizations.

NOTE: Most women do not come for postnatal visits or come only for problems. Find out who can follow up with postpartum mothers to provide counseling within the first couple of weeks postpartum. Work with community agents, such as women's groups, social workers, midwives (matrons), or TBAs. Provide training and supervision. Supply them with medicines/MVMS.

JOB AID FOR GIVING VITAMIN A WITH ROUTINE IMMUNIZATIONS
(To be used when immunizations are not integrated with other health services)

WHY? Vitamin A helps women and children fight infections and severe eye lesions that can lead to blindness.

WHEN? At each immunization contact with mothers and children, check and complete the following.

NOTE: Before giving vitamin A, check the child's age (for mothers, check the date of delivery) and when the last dose of vitamin A was received. Children who are not sick or malnourished should get preventive doses of vitamin A: 2 doses during approximately 6-12 months of age, spaced about 4 to 6 months apart. Then they should continue to get doses spaced about 4 to 6 months apart until they are 5 years (60 months) of age. Use the chart below to determine how much vitamin A to give.

Possible Immunization Contact	Age Group/Timing	Amount of Vitamin A	
		If using 100,000 IU capsules	If using 200,000 IU capsules
BCG contact (up to 8 weeks postpartum)	Mothers up to 8 weeks postpartum if breastfeeding (up to 6 weeks postpartum if not breastfeeding).	all drops in 2 capsules	All drops in 1 capsule
Measles vaccination contact	Infants 9-11 months	all drops in 1 capsule	1/2 drops in 1 capsule
	Children 12 months or older	all drops in 2 capsules	All drops in 1 capsule
Booster doses, special campaigns, delayed primary immunization doses, immunization strategies for high risk areas or groups	Infants 6-11 months	all drops in 1 capsule [every 4 to 6 months until 59 months of age]	1/2 drops in 1 capsule [every 4 to 6 months until 59 months of age]
	Children 12 months or older	all drops in 2 capsules [every 4 to 6 months until 59 months of age]	All drops in 1 capsule [every 4 to 6 months until 59 months of age]
All contacts	Mothers	- Ask mother about family planning and refer if necessary.	

* Do not give the child vitamin A if he/she has taken drops in the past 30 days.

HOW?

1. Check the dose in the capsules.
2. Check the child's age (for mothers, check the date of delivery) and when the last dose of vitamin A was received.
3. Cut the narrow end of each capsule with clean scissors or nailcutter, and squeeze out the drops into the child's mouth. Ask mothers to swallow the capsule in your presence. Do not ask a child to swallow the capsule. Do not give the capsule to the mother to take away.
4. To give less than 1 capsule to a child:
 - Count the number of drops in a sample capsule when a new batch of capsules is first opened.
 - Give half the number of drops from the capsule, depending on the age of the child.
5. Record the date of the dose on the child's card, and the mother's dose on the mother's card.
6. On the clinic tally sheet/register place a mark for each mother dosed, and another mark for each child dosed.
7. Advise the mother when to return for the next dose of vitamin A for her child, and encourage completion of immunization schedule, in addition to vitamin A protocols.
8. Ask mother about beliefs and past experiences with family planning. Ask if she is presently using a family planning method or is interested in knowing more about family planning. Refer her for family planning services, if necessary.
9. Make a monthly/quarterly/annual chart of vitamin A coverage the same way immunization coverage is charted. Routinely report coverage of mother's dose, and first dose and second dose for infants together with reporting of immunization coverage.

NUTRITION JOB AID FOR WELL-BABY CONTACTS*(Example: growth monitoring, integrated immunization services)*

WHY? Preventing nutrition and feeding problems costs less than treating severe malnutrition. Every contact with a well child is an opportunity to prevent severe problems before they occur. It is also an opportunity to check on the mother's nutrition and health.

WHEN? At each contact with a well child follow this protocol.

Who/Subject	Age months	Assess	Counsel/Action
All BF women:	0-5 months	1. Assess breastfeeding and identify any difficulties.	<ul style="list-style-type: none"> - Congratulate mother on good feeding practices. - Promote exclusive BF until about six months. Provide support on correct attachment, positioning of baby, and resolving difficulties; encourage longer duration and more frequent feeds as necessary.
Breastfeeding & Infant feeding	6-35 months	<ol style="list-style-type: none"> 1. Assess complementary feeding. 2. Identify difficulties: poor appetite, frequency, amount per feed, density, hygiene, and feeding style. 	<ul style="list-style-type: none"> - Encourage mothers to continue good practices. - Use strategies to correct problems in food content and feeding practices. - Increase amount and enrichment of food, after illness. - Continue breastfeeding with complementary food for at least 24 months.
	6-35 months	<ol style="list-style-type: none"> 1. Assess child feeding practices and mother's resources for safe replacement feeding. 2. Identify difficulties: poor appetite, frequency, amounts per feed, density, hygiene, and feeding style. 	<ul style="list-style-type: none"> - Encourage mothers to continue good feeding practices. - Counsel mother about replacement foods, adapting local recommendations. - Use strategies to improve problems in food quality and feeding practices. - Increase amount and enrichment, after illness.

Who/Subject	Age	Assess	Counsel/Action
Children all ages: Severe Anemia; Inadequate Growth; and Severe Malnutrition	All ages	1. Weigh and chart weight for all children to see if they are growing adequately.	<p>For anemia give iron supplements:</p> <ul style="list-style-type: none"> - Less than 2 years, 25 mg iron and 100 to 400 µg folic acid daily for 3 months. - From 2-12 years, 60 mg iron and 400 µg folic acid daily for 3 months. <p>If severely malnourished</p> <ul style="list-style-type: none"> - Give vitamin A and refer to hospital immediately. - Treat and counsel on illness, care and feeding.
		<ol style="list-style-type: none"> 2. Screen for pallor. 3. Screen for severe wasting and edema of both feet. 4. Assess reasons for inadequate growth, illness, care, feeding. 	

Children 6 – 59 months:	Age months	Amount of Vitamin A		Duration
		If 100,000 IU capsules are used	If 200,000 IU capsules are used	
Vitamin A protocols	6-11 months	all drops in 1 capsule	1/2 drops in 1 capsule	One dose every 4-6 months from about 6 months of age to 59 months
	12 or more	all drops in 2 capsules	all drops in 1 capsule	
Children 2-24 months: Iron Drops	6-24 (start at 2 months if low birth weight)	Amount of Iron		One dose daily for 6-18 months depending upon anemia prevalence.
		12.5 mg daily + 50 µg folic acid		

For Mothers

All BF women: Mother's Diet	<ol style="list-style-type: none"> 1. Ask about mother's diet and activities. 2. Ask about availability of affordable foods, and time involved in food preparation and storage. 3. Ask about family members that can help with chores. 	<p>Counsel the mother to:</p> <ul style="list-style-type: none"> - Eat more food than usual, about one extra meal per day during lactation. Use a list of local, affordable foods and show her how much extra food (volume) she needs to eat. - Drink to satisfy her thirst. - Increase her consumption of fruits, vegetables, animal products and fortified foods. - Use iodized salt for all family members. - Get extra rest, especially if she is exclusively breastfeeding.
All women: Pallor	- Screen for pallor	<p>If pallor is evident: treat or refer for iron deficiency</p> <ul style="list-style-type: none"> - Treatment: 120 mg iron + 400 µg folic acid daily for 3 months
All women: Family Planning	- Ask mother about family planning	<ul style="list-style-type: none"> - Provide counseling on methods, including LAM, and refer if necessary. - Encourage condom use for prevention of HIV and other STDs transmission.

HOW?

1. Assess, classify and counsel on feeding using IMCI feeding guidelines. Weigh the child and assess growth by plotting weight on growth chart.
2. Cover the following points:
 - Assess feeding practices.
 - Congratulate mother on good practices.
 - Support exclusive breastfeeding until about 6 months and adequate complementary feeding with continued breastfeeding to at least 24 months of age.
 - As necessary, correct attachment, positioning, feeding technique, and/or other difficulties.
 - Encourage longer duration and more frequent feeds as necessary.
3. Assess, refer or treat/counsel for severe malnutrition (visible severe wasting, edema, very low weight for age); anemia (pallor).
 - Use IMCI screening and assessment protocols.
4. Check and complete the recommended vitamin A dose.
 - Cut open the narrow end of each capsule with clean scissors or nailcutter and squeeze the drops into the child's mouth. Do not ask a child to swallow the capsule. Do not give the capsule to the mother to be given later. To give less than 1 capsule, count the number of drops in a capsule from each new batch when it first arrives. Give half the number of drops counted.
5. Counsel on mother's diet and importance of rest.
 - Iodized salt should be used for all family members.
 - A breastfeeding woman should be eating more food than usual, about one extra meal per day, increasing her consumption of fruits, vegetables, animal products and fortified foods. She should drink enough to satisfy her thirst.
 - Extra rest for exclusively breastfeeding women is important.
6. Assess, refer or treat/counsel mother for severe anemia.
7. Ask mother about beliefs and past experiences with family planning.
 - Counsel her about her family planning options, including LAM. Refer her if necessary.
 - Encourage condom use for prevention of HIV and other STD transmission.
8. *In child's health card:*
 - Record growth.
 - Record the date of the vitamin A dose.
 - Record feeding assessment and counseling.
 - Record any treatment for severe malnutrition and anemia.
9. *In mother's card,* record treatment for severe anemia and record all counseling given and any problems and solutions advised.
10. *Mark the daily clinic or community tally sheet* for vitamin A, feeding assessment/counseling, and treatment.

NUTRITION JOB AID FOR SICK CHILD

WHY? Illness drains a child's nutrition reserves, interferes with feeding, and makes children more susceptible to getting sick in the future. Malnutrition can increase the severity of diseases and the risk of death.

WHEN? At each contact with a sick child, health workers should assess, classify, and treat sick children using IMCI or MOH guidelines (see complete IMCI protocols, WHO/UNICEF). Weigh all children and screen for edema and visible severe wasting.

CLASSIFICATION	AGE MONTHS	MANAGEMENT	FOLLOW-UP
Any moderately ill child	0-59	<ol style="list-style-type: none"> 1. Assess the child's feeding and counsel the caregiver according to IMCI feeding recommendations in the Counsel the Mother chart. 2. Check and complete the preventive vitamin A dose: <ul style="list-style-type: none"> - 1 age-appropriate dose every 4-6 months. 	<ul style="list-style-type: none"> - If there is a feeding problem, follow up in 5 days. - Advise caregiver about danger signs for when to return immediately.
Measles	0-59	<ul style="list-style-type: none"> - Give 2 vitamin A doses: one on diagnosis, and one the next day. 	<ul style="list-style-type: none"> - If there is a feeding problem, follow up in 5 days. - Advise caregiver about danger signs for when to return immediately.
	Age-appropriate dose		
	0-5 months	Vitamin A 50,000 IU per dose	
	6-11 months	Vitamin A 100,000 IU per dose	
	12+ months	Vitamin A 200,000 IU per dose	
Measles with eye complications, or xerophthalmia	0-59	<ul style="list-style-type: none"> - Give 2 vitamin A doses (age appropriate dose above), 1 day apart, plus a third dose 2 weeks later (the third dose can be given at home by the caregiver). 	<ul style="list-style-type: none"> - Treat conjunctivitis with tetracycline eye ointment and mouth ulcers with gentian violet. - Follow up in 2 days, if complications are present.
Severe anemia or malnutrition	0-59	<ul style="list-style-type: none"> - Give a single dose of vitamin A according to the dose schedule above. 	<ul style="list-style-type: none"> - Refer urgently to the hospital.
Anemia or very low weight, not severe	0-59	<ol style="list-style-type: none"> 1. Assess the child's feeding and counsel the caretaker according to IMCI feeding recommendations. 2. For anemia, give iron supplements*: <ul style="list-style-type: none"> - Less than 2 years, 25 mg iron and 100 to 400 µg folic acid daily for 3 months. - From 2 to 12 years, 60 mg iron and 400 µg folic acid daily for 3 months. 3. Give anti-malarial, if high malaria risk. 4. Give mebendazole if child is 2 years or older and has not had a dose in the previous 6 months. 	<ul style="list-style-type: none"> - Advise the mother to watch for danger signs and when to return immediately for treatment. - If pallor, follow up in 14 days. - If very low weight-for-age, follow up in 30 days.

* Give in the form of drops, if possible, or give powder ferrous sulfate tablets by spoon, mixed with a liquid.

HOW?

1. Assess, classify, and treat all sick children according to IMCI or MOH guidelines. Assess child's feeding, and give nutritional counseling according to IMCI or MOH guidelines.
2. Give each sick child the recommended vitamin A doses, as noted above. For children who do not have the condition listed above, check and complete their age-appropriate preventive dose.
3. *Vitamin A:*
 - Cut open the narrow end of each capsule with clean scissors or a nailcutter and squeeze the drops into the child's mouth. Do NOT ask a child to swallow the capsule. To give less than 1 capsule, count the number of drops in a capsule from each new batch of capsules when they first arrive. Give half or a quarter the total number of drops counted.
4. *In the child's card:* record the classification and treatment given.
5. *On the clinic's tally sheet:* place a mark for each child assessed, dosed, counseled, or referred.
6. Check and complete immunization schedule.

NUTRITION JOB AID FOR FAMILY PLANNING CONTACTS

WHY? Each family planning contact with mothers of children less than 6 months of age is an opportunity to address and support exclusive breastfeeding and the mother's nutritional health. Using LAM as an introductory family planning method promotes breastfeeding and the timely introduction of other family planning methods that support lactation.

WHEN? At each family planning contact with mothers of a child under the age of 6 months, check and complete the following.

Who	Assess	Counsel/Action
<p>Women with infants <6 months of age who are breastfeeding:</p> <p>LAM and other family planning options</p>	<ol style="list-style-type: none"> Does the mother know about LAM or is she using LAM? Check to see if mother meets the conditions for LAM: <ul style="list-style-type: none"> Is the mother fully or nearly fully breastfeeding? Has her menses returned? Is her infant less than 6 months of age? If the mother prefers another family planning method, take into consideration her breast-feeding status for choice of method. 	<ul style="list-style-type: none"> Explain the benefits of LAM and how to use it effectively. For women using LAM: <ul style="list-style-type: none"> Remind mother that she will need to see a health worker to use another family planning method by the time: <ul style="list-style-type: none"> She starts supplementing regularly, OR her menses returns, OR her baby reaches six months. For women who do not adopt LAM: <ul style="list-style-type: none"> Delay combined hormonal pills and injectibles during breastfeeding. Suggest other family planning options such as condoms.
<p>Women who use LAM or want to use LAM:</p> <p>Breastfeeding Practices for LAM</p>	<ol style="list-style-type: none"> Assess breastfeeding practices: <i>Ask the mother:</i> <ul style="list-style-type: none"> Are you having any difficulty breastfeeding? How many times in the past 24 hours was infant breastfed? Did the infant receive any other fluids or foods after birth to now? Observe a breastfeed. Listen and look at the infant. <ul style="list-style-type: none"> Check position and attachment; observe the infant and the effectiveness of a breastfeed. Ask about breastfeeding concerns and difficulties: <ul style="list-style-type: none"> "Insufficient milk", sore/cracked nipples, engorgement, manual expression and storage. 	<ul style="list-style-type: none"> Encourage mother to continue good practices. Help solve any other problems. Increase frequency of breastfeeding if less than 8-10 in a 24 hour period. Remind mothers of the importance of no other fluids/foods for about 6 months for the baby's health and the effectiveness of LAM. For women who are not using LAM, but want to: <ul style="list-style-type: none"> Screen for risk of pregnancy. If not exclusively or nearly exclusively breastfeeding, counsel on how to increase frequency and duration of each breastfeed and gradually stop all other fluids and foods. If necessary, help mother with positioning and attachment of baby. Eliminate use of bottles and pacifiers. Clear blocked nose if it interferes with breastfeeding. Congratulate mother on good practices. Address any difficulties or concerns. If necessary: counsel mother to increase frequency and duration of each breastfeed to increase milk intake. Gradually stop other fluids to increase breast-milk supply. If infant is passing urine less than 6 times per 24-hour period or the urine smells and is dark colored, counsel on how to increase milk intake and evaluate baby.
<p>All BF women:</p> <p>Mother's Diet</p>	<ol style="list-style-type: none"> Ask about mother's diet and activities. Ask about availability of affordable foods, preparation time, storage, and foods consumed. Ask about family members that can help with chores. 	<p>Counsel the mother to:</p> <ul style="list-style-type: none"> Eat more food than usual during lactation, about one extra meal per day. Use a list of local, affordable foods and show her how much extra food (volume) she needs to eat. She should drink to satisfy her thirst. Increase her consumption of fruits, vegetables, animal products and fortified foods. Use iodized salt for food consumed by all family members. Take extra rest, especially if she is exclusively breastfeeding.

HOW?

1. Ask mother if she knows about LAM.
2. Ascertain if the mother has a child less than 6 months of age who is being breastfed. Assess if she meets the conditions for LAM.
3. Explain the benefits of LAM and how to use LAM effectively.
4. **For women who are interested in LAM:**
 - Screen for risk of pregnancy.
 - Ask about her breastfeeding practices.
 - Breastfeeding should be on demand (on cue of baby) and at least 8-10 breastfeeds in a 24 hour period. No other fluids or foods should be given to the baby on a regular basis (baby should be exclusively or nearly exclusively breastfeeding).
 - Observe a breastfeed. Listen to and look at the infant; observe position and attachment and effectiveness of feeding.
 - Baby's body should be turned completely toward mother. Chin should touch mother's breast, mouth wide open, both lips should be turned outward. More areola visible above than below the mouth.
 - Infant should take slow, deep sucks sometimes pausing. Swallows should be audible.
 - As necessary, work with mother until she has proper positioning and attachment.
5. Counsel each mother on the importance of continuing BF without fluids or foods for about 6 months.
6. Counsel mother on how to increase breastmilk supply and express and store her breastmilk for use when separate from her infant. Tell her where she can go for breastfeeding support.
7. Counsel on mother's diet and importance of rest.
 - Iodized salt should be used for all family members.
 - A breastfeeding woman should be eating more food than usual (about one extra meal per day), and increasing her consumption of fruits, vegetables, animal products and fortified foods. She should drink enough to satisfy her thirst.
 - Extra rest for exclusively breastfeeding women is important.
8. In the mother's health card, record counseling given and family planning method adopted.
9. On the clinic tally sheet/register place a mark for each mother counseled on LAM and another mark for each mother who adopted LAM.