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
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.

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

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

<table>
<thead>
<tr>
<th>Anemia signs</th>
<th>Vitamin a deficiency signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some palmar pallor</td>
<td>Severe palmar pallor Under 36 weeks of pregnancy</td>
</tr>
<tr>
<td>Severe palmar pallor 36 weeks and over of pregnancy</td>
<td>Severe signs of active xerophthalmia (corneal lesion)</td>
</tr>
<tr>
<td>Night blindness Conjunctival xerosis Bitot’s spots</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Treatment</th>
<th>Treatment</th>
<th>Treatment</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tablet of Iron/Folate x 2 times a day (morning and afternoon) for 14 days</td>
<td>1 tablet of Iron/Folate x 2 times a day (morning and afternoon) for 3 months</td>
<td>Do not give iron! Refer urgently to hospital</td>
<td>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.</td>
<td>Dose vitamin A 10,000 IU once per day x 30 days. If not available: 2 multivitamin tablets a day for 30 days</td>
</tr>
</tbody>
</table>

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.
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 an insecticide impregnated bed net
  - Avoid smoking and alcohol
  - DON’T take any medication except that prescribed at the health facility

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.

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
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)

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

1 2 3 4 5
First contact 1 month after 1st 6 months after 2nd 1 year after 3rd 1 year after 4th
Provide iron/folate tablets

<table>
<thead>
<tr>
<th>contact</th>
<th>dose</th>
<th>number of tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st contact</td>
<td>1 tablet of Iron/Folate daily</td>
<td>60</td>
</tr>
<tr>
<td>2nd contact</td>
<td>1 tablet of Iron/Folate daily</td>
<td>30</td>
</tr>
</tbody>
</table>

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

Provide Mebendazole

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

Fill out Mother card Fill out HC record book

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
First, conduct a rapid assessment for emergency signs:

- Airway and breathing
- Shock – cold moist skin, weak fast pulse > 110 per minute, blood pressure systolic < 90 mmHg
- 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

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

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
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

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

**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

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

1 2 3 4 5
1st contact 1 month after 1st 6 months after 2nd 1 year after 3rd 1 year after 4th
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 mother’s 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

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 mother's 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 mother's 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:**

<table>
<thead>
<tr>
<th>Anaemia signs</th>
<th>Vitamin A deficiency signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some palmar pallor</td>
<td>Severe palmar pallor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Treatment</th>
<th>Treatment</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tablet of Iron/Folate x 2 times per day (morning and evening) for 14 days</td>
<td>1 tablet of Iron/Folate x 2 times per day (morning and evening) for 3 months</td>
<td>Day 1: Vitamin A 200,000 IU and refer to specialist hospital</td>
<td>Vitamin A 10,000 IU once per day x 30 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Record on referral card that vitamin A 200,000 IU has been given</td>
<td>If not available: 2 multivitamin tablets a day for 30 days</td>
</tr>
</tbody>
</table>
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)

Observe, evaluate and counsel on breastfeeding
Show mother how to support baby’s body correctly
Check for good attachment and help as necessary

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

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

<table>
<thead>
<tr>
<th>Experienced difficulty</th>
<th>Counselling messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient milk</td>
<td>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</td>
</tr>
<tr>
<td>Engorgement</td>
<td>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</td>
</tr>
<tr>
<td>Sore or cracked nipples</td>
<td>Keep clean and dry between feeds. Begin feeding on least sore breast. At the end of feed remove baby gently from the breast</td>
</tr>
<tr>
<td>Inverted nipple(s)</td>
<td>Use empty barrel of syringe to pull out the nipples before breastfeeding</td>
</tr>
</tbody>
</table>
Counsel on continuous breastfeeding

- Breastfeed exclusively for the first 6 months (exclusive) breastfeeding
- 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
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

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**

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**.

1\(^{st}\) dose during 1\(^{st}\) contact

2\(^{nd}\) dose at least 1 month after 1\(^{st}\)

3\(^{rd}\) dose at least 6 months after 2\(^{nd}\)

4\(^{th}\) dose at least 1 yr after 3\(^{rd}\)

5\(^{th}\) dose at least 1 yr after 4\(^{th}\) dose

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First contact</td>
<td>1 month after 1(^{st})</td>
<td>6 months after 2(^{nd})</td>
<td>1 year after 3(^{rd})</td>
<td>1 year after 4(^{th})</td>
</tr>
</tbody>
</table>
Check immunization status of the child

Provide if necessary, use the table below

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

Check if mother received vitamin A after delivery

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

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)
Provide Mebendazole to mother

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

Counsel on HIV testing

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

Counsel on birth spacing methods after delivery

Explain that if mother has sex and is not exclusively breastfeeding 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)
Fill out Mother Card
Fill out Child Health Card
Fill out HC record book

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

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

### 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

<table>
<thead>
<tr>
<th></th>
<th>1st contact</th>
<th>1 month after 1st</th>
<th>6 months after 2nd</th>
<th>1 year after 3rd</th>
<th>1 year after 4th</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>First</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>1 month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>1 year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 year</td>
</tr>
</tbody>
</table>
**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

<table>
<thead>
<tr>
<th>Anaemia signs</th>
<th>Vitamin A deficiency signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some palmar pallor</td>
<td>Severe palmar pallor</td>
</tr>
<tr>
<td>Under 36 weeks of pregnancy</td>
<td>Severe palmar pallor</td>
</tr>
<tr>
<td>36 weeks and over of pregnancy</td>
<td>Severe signs of active xerophthalmia (corneal lesion)</td>
</tr>
<tr>
<td>Night blindness</td>
<td>Conjunctival xerosis</td>
</tr>
<tr>
<td>Bitot’s spots</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Treatment</th>
<th>Treatment</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tablet Iron/Folate x 2 times a day (morning and afternoon) for 14 days</td>
<td>1 tablet Iron/Folate x 2 times a day (morning and afternoon) for 3 months Follow up every two weeks</td>
<td>Do not give iron! Refer urgently to hospital</td>
<td>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.</td>
</tr>
<tr>
<td>Vitamin A 10,000 IU x 30 days</td>
<td>If not available: 2 multivitamin tablets a day for 30 days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Evaluate and counsel on breastfeeding

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 breastfeeding difficulties and counsel as follows:

<table>
<thead>
<tr>
<th>Experienced difficulty</th>
<th>Counselling messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient milk</td>
<td>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</td>
</tr>
<tr>
<td>Engorgement</td>
<td>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</td>
</tr>
<tr>
<td>Sore or cracked nipples</td>
<td>Keep clean and dry between feeds. Begin feeding on least sore breast. At the end of feed remove baby gently from the breast</td>
</tr>
<tr>
<td>Inverted nipple(s)</td>
<td>Use syringe to pull out the nipples before breastfeeding</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Province</th>
<th>Name of Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phnom Penh</td>
<td>Angduong Hospital (Street 110 Phnom Penh)</td>
</tr>
<tr>
<td>Kandal</td>
<td>Chey Chum Neas Hospital Takmoh District</td>
</tr>
<tr>
<td>Siem Reap</td>
<td>Angkor Children’s Hospital</td>
</tr>
<tr>
<td>Takeo</td>
<td>Provincial Hospital</td>
</tr>
</tbody>
</table>
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 infant's age and continue breast feeding.
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

<table>
<thead>
<tr>
<th>Symptoms/ Illness</th>
<th>Age / group</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent diarrhoea / Severe malnutrition</td>
<td>0- 5 months</td>
<td>Vitamin A 50,000 IU : (1 dose)</td>
</tr>
<tr>
<td></td>
<td>6-11 months</td>
<td>Vitamin A 100,000 IU : (1 dose)</td>
</tr>
<tr>
<td></td>
<td>1 – 12 years</td>
<td>Vitamin A 200,000 IU : (1 dose)</td>
</tr>
<tr>
<td>Vitamin A Deficiency</td>
<td>0- 5 months</td>
<td>Vitamin A 1st day 1 dose 50,000 IU</td>
</tr>
<tr>
<td>Signs:</td>
<td></td>
<td>Vitamin A 2nd day 1 dose 50,000 IU</td>
</tr>
<tr>
<td></td>
<td>6-11 months</td>
<td>Vitamin A 1st day 1 dose 100,000 IU</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vitamin A 2nd day 1 dose 100,000 IU</td>
</tr>
<tr>
<td></td>
<td>1 – 12 years</td>
<td>Vitamin A 1st day 1 dose 200,000 IU</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vitamin A 2nd day 1 dose 200,000 IU</td>
</tr>
<tr>
<td>Anemia</td>
<td>1 – 12 years</td>
<td>Do not give Iron/Folate refer urgently to hospital.</td>
</tr>
<tr>
<td>Severe palmar pallor</td>
<td>4- 12 months (6 - &lt; 10kgs)</td>
<td>Iron/Folate tablet ½ dose a day for 14 days. Reassess after treatment (1 tablet contains 60mgs of iron and 400ug of folic acid)</td>
</tr>
<tr>
<td>Some palmar pallor</td>
<td>1-5 years (10 - 19 kg)</td>
<td>Iron/Folate ½ dose a day for 14 days. Reassess after treatment</td>
</tr>
</tbody>
</table>

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

#### 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:

<table>
<thead>
<tr>
<th>Experienced difficulty</th>
<th>Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient milk</td>
<td>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</td>
</tr>
<tr>
<td>Engorgement</td>
<td>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.</td>
</tr>
<tr>
<td>Sore or cracked nipples</td>
<td>Keep clean and dry between feeds. Begin feeding on least sore breast. At the end of feed remove baby gently from the breast</td>
</tr>
<tr>
<td>Inverted nipple(s)</td>
<td>Use syringe to pull out the nipples before breastfeeding</td>
</tr>
</tbody>
</table>

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.

Provide if necessary, use the table below

<table>
<thead>
<tr>
<th>Target group</th>
<th>Dose</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babies at birth</td>
<td>BCG - Single dose</td>
<td>BCG can be provided up until one year after birth, not when signs of HIV</td>
</tr>
<tr>
<td></td>
<td>HBO - Single dose</td>
<td>HBO should be provided 24 hours after birth, but may be given under 7 days</td>
</tr>
<tr>
<td>Children after 6 weeks until 1 year</td>
<td>OPV, DPT OR DPT-HB</td>
<td>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 &gt;38.5 C Do not give DPT/DPT-HB when hypersensitivity is known. Record immunizations on Child Health Card and in HC records.</td>
</tr>
<tr>
<td></td>
<td>1st dose 6 weeks after birth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2nd dose at least 4 weeks after 1st dose</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3rd dose at least 4 weeks after 2nd dose</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 (single dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>At least 9 months after birth</td>
<td></td>
</tr>
</tbody>
</table>
Provide Mebendazole if child is 12 months or over and did not receive deworming in the previous six months

<table>
<thead>
<tr>
<th>Age group</th>
<th>Mebendazole</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-23 months</td>
<td>½ tablet (=250mgs)</td>
</tr>
<tr>
<td>24 months and over</td>
<td>1 tablet (=500mgs)</td>
</tr>
</tbody>
</table>

Fill out Child Health Card
Fill out HC record book

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 infant's age and continue breast feeding.
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

<table>
<thead>
<tr>
<th>Target group</th>
<th>Dose VAC</th>
<th>Mebendazole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 6-11 months</td>
<td>100,000 IU</td>
<td>&quot;NO mebendazole&quot;*</td>
</tr>
<tr>
<td>Children 12-59 months</td>
<td>200,000 IU</td>
<td>12-23 months 1/2 tablet (=250 mg) of Mebendazole</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24-59 months 1 tablet (=500 mg) of Mebendazole</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Vitamin A</th>
<th>Mebendazole</th>
<th>Iron/Folate tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 VAC (200,000 IU) to PPM within 6 weeks after delivery Visit HC if vitamin A deficiency signs occur</td>
<td>Mebendazole 1 dose (500mg)</td>
<td>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. (1 tablet of Iron/Folate contains 60 mgs Iron and 400 µg Folate)</td>
</tr>
</tbody>
</table>

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

Advise the mother:

- All the family should eat foods rich in vitamin A
- VITAMIN A SAVES CHILDREN 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

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

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 infant's age and continue breast feeding.
Design and publishing funded by USAID, through A2Z Micronutrient Project