The 1,000 Days Effort to Reduce Child Undernutrition

What is 1,000 Days?
1,000 Days is a global effort to jumpstart the implementation of the Scaling Up Nutrition (SUN) Framework and Roadmap for addressing undernutrition during pregnancy and early childhood. On September 21, 2010, on the margins of the Millennium Development Goals summit, Secretary of State Hillary Clinton and Irish Foreign Minister Micheál Martin hosted an event to launch the effort, which was endorsed by more than a dozen ministers and heads of organizations. But 1,000 Days is more than a single event. It is the start of a larger movement to focus attention, align and increase resources, and build partnerships to alleviate the suffering caused by undernutrition among millions of people around the world, especially pregnant women and children under 2 years of age.

What Are the Scaling Up Nutrition (SUN) Framework and Roadmap?
The SUN Framework guides the international community in efforts to combat undernutrition and builds on the Paris-Accra principle of supporting country-led strategies. The Framework is endorsed by more than 100 partners, including international organizations, national governments, civil society, and the private sector. The SUN Framework and Roadmap are grounded in the at scale implementation of the Lancet-endorsed nutrition actions that are evidence-based, cost-effective interventions that could have enormous impact on reducing undernutrition.

Why 1,000 Days?
1,000 Days refers to the time from the start of a mother’s pregnancy until a child is two years old. Children suffering from undernutrition face physical stunting, mental impairment, higher susceptibility to disease, increased risk of mortality, poorer performance in school, and lower future incomes. 1,000 Days also refers to a window of opportunity for the international community to take action to combat undernutrition.

How to Support the 1,000 Days?
To jump-start the 1,000 Days in countries, the Core Group highly encourages its members to adopt such ‘tested and proven’ field tools as the Essential Nutrition Actions (ENA) Framework Trilogy training and communication materials. Not only does the ENA Framework focus on the first 1,000 days of life, but it emphasizes targeting “action oriented” nutrition messages and support through multiple communication channels to reach under-twos and their mothers when they need it the most. The Core Group believes that having many different field groups using these same ENA tools will lead to harmonized field approaches that result in greater progress, synergies and nutritional impact. Such harmonization is extremely critical as resources are scarce and the task ahead is enormous.

Where Can I Get More Information on the 1,000 Days?
Please visit www.thousanddays.org.
Preface

The Essential Nutrition Actions (ENA) framework was developed with the support of USAID and has been implemented across Africa and Asia since 1997. It is an operational framework for managing the advocacy, planning and delivery of an integrated package of preventive nutrition actions encompassing infant and young child feeding (IYCF), micronutrients and women’s nutrition. Using multiple contact points, it targets health services and behavior change communication support (BCC) to women and young children during the first 1,000 days of life - from conception through the first two years of life - when nutrient requirements are increased, the risks of undernutrition are great, and the consequences of deficiencies most likely to be irreversible. All these actions have been proven to improve nutritional status and reduce mortality.¹

The ENA framework promotes a “nutrition through the life cycle” approach, addressing women’s nutrition during pregnancy and lactation, optimal IYCF (breastfeeding and complementary feeding), nutritional care of sick and malnourished children (including zinc, vitamin A and ready to use therapeutic foods), and the control of anemia, vitamin A and iodine deficiencies. The ENA framework emphasizes that multiple program contact points at health facilities and beyond be used to reach mothers and children in order to give and re-enforce ENA messages. For example, such contact points could include educational settings (e.g. primary and secondary schools as well as pre-service education courses), agriculture extension services (e.g. to support nutrition relevant aspects of availability, access and utilization of nutritious and diverse foods), as well as a variety of program platforms at the community level including primary health care outreach, child health days, community-based volunteer groups, and water and sanitation programs. The intent is to maximize these multiple program opportunities and communication channels to deliver life cycle-appropriate nutrition messages at every opportunity possible to pregnant women and mothers with children under two years at very broad scale, in addition to other key child caregivers and influential family members.

The training component for the implementation of the ENA framework at both the health facility and community levels comprises a trilogy of materials as follows:

I. The Booklet on Key ENA messages illustrates the key ENA messages and can be used by those implementing and supporting health, nutrition, and food security programs for improving nutrition practices among pregnant and lactating mothers and children under two. It can be a resource for training community or facility-based workers or for promoting behavior change at the household level. The goal of this booklet is to make available an harmonized set of messages across all implementing partners working across various programs and regions in a targeted country. The booklet summarizes the “key actions” that mothers and caretakers can take (with support from other family and community members) to improve nutrition and feeding practices, thereby preventing malnutrition. Each message states:

- Who should do the action...
- What the action is...
- What the benefits of the action are...

Il.a and Ilb. The ENA Framework Training Guide for Health Workers and Handouts equips health service providers with the technical, action-oriented nutrition knowledge and counseling skills needed to support pregnant women, mothers with children under two years of age, and other

Country Adaptation

The generic versions of the above ENA Trilogy have been tested over time and are ready to be used in new settings and countries. However some adaptations are needed to ensure that these materials are country and situation specific. A guide to the key adaptation issues are as follows:

**ENA Messages**

- The specific actions recommended in the ENA messages don’t need to be changed as they have been compiled from scientific research to support nutritional status. However, they may need to be adjusted somewhat to match national guidelines (e.g. age appropriate de-worming) or may need to be periodically updated to reflect new global technical guidance (e.g. infant feeding in the context of HIV).

- While the specific actions are universal, the concepts and language used to promote them through counseling sessions with mothers and other child caretakers must be adapted via formative research to ensure their suitability for different cultural contexts. If it is not possible to conduct formative research, it is still important to field-test both the messages and illustrations used in this booklet with a sample of mothers, fathers and other child-caretakers such as grandmothers to confirm their suitability.

- Further adaptation of the ENA messages may be needed to specify “who is doing the action” (e.g. mothers, fathers, grand-mothers, etc…) as well as the “benefits of the action” to ensure their relevance and resonance within the particular locality or setting. For example, what benefits will motivate mothers to practice exclusive breastfeeding? What types of local complementary foods (staple + nutrient-rich and/or enriched foods) are available? What local utensils (spoons, bowls, tea cups) will help illustrate the correct quantity of food the child needs?

- New illustrations aren’t always needed as existing illustrations often can be easily adapted and used.
Training Guides Focusing on Counseling Skills and Practicum Sessions

• The two ENA Framework training guides are ready to be used and do not require further adaptation, except to include country-specific maternal and infant & young child feeding messages and protocols guiding micronutrient supplementation, the integrated management of newborn and childhood illness, and the management of acute malnutrition. They may need to be periodically updated to reflect new global technical guidance.

• Built into the ENA Framework Training Guides are sessions covering the techniques of negotiating with mothers to help them try and succeed with new nutrition-related practices, and exercises through which participants practice and begin to master these skills. This includes role plays in the “classroom” setting and site visits to villages where participants can hone their skills working with real mothers. It cannot be emphasized enough that these practical sessions are the heart of the training program and should not be removed as this would profoundly reduce the effectiveness of the ENA training as well as the impact of the overall ENA support to women and young children.
Acknowledgements

We would like to acknowledge that the Booklet of Key ENA Messages and the two ENA Framework Training Guides to support the implementation of the ENA framework would not have been possible without the effort and support over the past 15 years of many institutions and individuals.

In 1997, the USAID-funded BASICS project initiated the approach under the rubric the Minimum Package for Nutrition or “MinPak.” Subsequently the approach was renamed the Essential Nutrition Actions (ENA) and was expanded considerably to include training and IEC materials under the USAID-funded LINKAGES Project managed by the Academy for Educational Development (AED), where we were both involved in designing and implementing large scale ENA programs for Madagascar and Ethiopia from 1999 to 2006.

The Booklet of Key ENA messages and its related ENA Framework training guides have been recently revised and tested within projects managed by John Snow Incorporated (JSI) in Ethiopia and Liberia, and by Helen Keller International (HKI) in a number of countries across Africa and the Asia-Pacific region. Much of the support for this work has come from USAID, UNICEF and the European Union.

Staff from many agencies also brought their expertise and are gratefully acknowledged for their contributions with support from USAID, including: the African Regional Center for the Quality of Health Care (RCQHC); the Africa’s Health in 2010 and FANTA Projects managed by AED; the West African Health Organization (WAHO); and the East Central and Southern Africa Health Community (ECSA-HC). UNICEF has also played a key role, especially in Liberia and Niger, as has the Carter Center in Ethiopia. National training partners in a number of countries have been central to the development of the ENA framework as well as related training and IEC materials.

Certain individuals were also instrumental in helping us to develop and test the original ENA training courses on which the present Booklet of Key ENA messages and its related ENA Framework Training Guides are based. These individuals include (by alphabetical order): Mesfin Beyero, Kristen Cashin, Serigne Diene, Tesfahiwot Dillnessa, Mulu Gedhin, Peter Gottert, Nancy Keith, Adbulsalam Jirga, Dorcas Lwanga, Robert Mwadime, Hana NekaTebeb, Jennifer Nielsen, Alban Ramiandrisoa Ratsivalaka, Zo Rambeloson, Voahirana Ravelojoana, Priscilla Ravonimanantsoa, Kinday Samba, Maryanne Stone-Jimenez and Catherine Temkangama.

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The Nutrition Working Group of CORE Group supported the efforts to update the tools and make them more widely available. CORE Group fosters collaborative action and learning to improve and expand community-focused public health practices. Established in 1997 in Washington D.C., CORE Group is an independent organization and home of the Community Health Network, which brings together CORE Group member organizations, scholars, advocates and donors to support the health of underserved mothers, children and communities around the world. These tools can be accessed at http://www.coregroup.org.

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The Booklet on Key ENA Messages, the ENA Training Guide for Health Workers, and the ENA Training Guide for Community Volunteers can be duplicated if credit is properly given. Photos on cover page: Agnès Guyon, UNICEF Liberia and Victoria Quinn.

The recommended citations are as follows for these three ENA documents:

• Guyon, AB and Quinn, VJ. Booklet on Key Essential Nutrition Actions Messages. Core Group, Washington, D.C., January 2011


The Seven Essential Nutrition Actions: Background

The landmark *Lancet Series on Maternal and Child Undernutrition* published in early 2008 estimates that effective, targeted nutrition interventions to address maternal and child undernutrition exist and, if implemented at scale during the window of opportunity (conception and up to 24 months of age), could reduce nutrition-related mortality and disease burden by 25%. The *Essential Nutrition Actions* framework encompasses seven of these proven interventions targeting this window but also represents a comprehensive strategy for reaching near universal coverage (>90%) with these interventions in order to achieve public health impact. ENA programs are implemented through health facilities and community groups.

The approach includes ensuring that key messages and services pertaining to the seven action areas are integrated into all existing health sector programs, in particular those that reach mothers and children at critical contact points (maternal health and prenatal care; delivery and neonatal care; postpartum care for mothers and infants; family planning; immunizations; well child visits (including growth monitoring, promotion, and counseling); sick child visits (including Integrated Management of Newborn & Childhood Illnesses and Integrated Community Case Management); and Outpatient Therapeutic Care during Community-based Management of Acute Malnutrition.

The appropriate messages and services are also integrated to the greatest extent possible into programs outside the health sector, such as agriculture and food security contacts; education (pre-service, primary and secondary schools) and literacy; microcredit and livelihoods enhancement.

Implementing the ENA framework entails building partnerships with all groups supporting maternal and child health and nutrition programs so that messages are harmonized and all groups promote the same messages using the same job aids and IEC materials. Ideally partners are brought together at the regional and/or national levels to agree on these harmonized approaches and to advocate with policy leaders for the importance of nutrition to the nation’s economic as well as social development.

Messages are crafted as “small do-able” actions and behavior change communications (BCC) techniques are used to promote adoption of these actions. Special emphasis is given to interpersonal communications (counseling of individual mothers) that are reinforced by mass media and community festivals and other mobilizing events. Health and community agents are trained to employ negotiations for behavior change, visiting mothers in their households or community meeting places (markets, chores, women groups meetings, etc...) and helping them anticipate and overcome barriers to carrying out new practices.

The capacity for promoting the essential nutrition actions using negotiations for behavior change can be strengthened with existing “generic” training modules for health workers and community agents. While the content remains generally fixed, the details should be adapted through formative research to specific country and regional contexts.

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3 These two modules together with a booklet highlighting the key ENA messages can be downloaded from the CORE Group website on the Nutrition Working Group page.
The Seven Essential Nutrition Actions

All are equally important. This ENA list is organized by a lifecycle approach.

1. Promotion of optimal nutrition for women
2. Promotion of adequate intake of iron and folic acid and prevention and control of anemia for women and children
3. Promotion of adequate intake of iodine by all members of the household
4. Promotion of optimal breastfeeding during the first six months
5. Promotion of optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond
6. Promotion of optimal nutritional care of sick and severely malnourished children
7. Prevention of vitamin A deficiency in women and children

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INTRODUCTION
This reference module is intended to equip health providers with the basic information on implementing the Essential Nutrition Actions (ENA) framework, using multiple channels (health centers, health clinics, and community) and multiple contacts (critical health contacts). Some adaptations may be needed to make the concepts and language used to promote the key messages country and situation specific. Further adaptations are also necessary to make the concepts comprehensible to target audiences with lower literacy levels.

LEARNING OBJECTIVES
The readers will be able to:

1. Outline the different activities and places in which health providers can support the improvement of women and their children’s nutrition practices
2. Recite the key messages on optimal breastfeeding practices and explain the importance of each practice.
3. Explain how a health provider can support optimal breastfeeding practices and other essential nutrition actions (from pregnancy until the baby is 6 months old).
4. Recite the benefits of breastfeeding for the infant, mother, family, and community/nation.
5. Explain proper positioning and attachment.
6. Explain the difficulties of breastfeeding and how to prevent and treat them.
7. Describe the three criteria for using the Lactational Amenorrhea Method (LAM) of contraception and explain who can use LAM.
8. Recite key practices pertaining to child feeding from 6-24 months and explain the importance of each practice.
9. Explain how a health provider can support complementary feeding practices and other health and essential nutrition actions (from 6-24 months old).
10. Recite key messages for feeding during and after illnesses and explain the importance of each practice.
11. Explain what is active/responsive feeding.
12. Describe the techniques to assess acute malnutrition and how to identify and refer children with severe acute malnutrition (SAM).
13. Describe the method for conducting an appetite test and determining when to refer malnourished children.
14. Discuss how to manage SAM in an Outpatient Therapeutic Program (OTP).
15. Recite key messages and practices for adequate women’s nutrition and explain the importance of each practice.
17. Recite protocols used for Iron/Folic Acid supplementation and treatment for children and women.
STAGES OF CHANGE MODEL

Steps a person or group takes to change practices/behaviors

Pre-Awareness

Awareness

Contemplation

Intention

Trial

Adoption

Maintenance

Telling others

Praise

Support

Discuss Benefits

Negotiate

Encouragement

Persuasion

Information

Pre-Awareness
### STAGES OF CHANGE AND INTERVENTIONS

<table>
<thead>
<tr>
<th>Steps</th>
<th>Appropriate Interventions</th>
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<tbody>
<tr>
<td>Never heard about the behavior</td>
<td>Build awareness/provide information</td>
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<tr>
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<td>• Drama, fairs</td>
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<td>• Community groups</td>
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<td>• Radio</td>
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<td>• Individual counseling</td>
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<td>• Breastfeeding and Young Child Feeding Support Groups</td>
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<tr>
<td>Heard about the new behavior or know what it is</td>
<td>Encourage/discuss benefits</td>
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<td>• Group discussions or talks</td>
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<td>• Spoken and printed word</td>
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<td></td>
<td>• Counseling cards</td>
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<tr>
<td></td>
<td>• Breastfeeding and Young Child Feeding Support Groups</td>
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<tr>
<td>Thinking about new behavior</td>
<td>Negotiate and help to overcome obstacles</td>
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<td></td>
<td>• Home visits, use of visuals</td>
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<td>• Groups of activities for family and the community</td>
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<td></td>
<td>• Negotiate with the husband and mother-in-law (or other influential family members) to support the mother</td>
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<tr>
<td>Trying new behavior out</td>
<td>Praise/reinforce the benefits</td>
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<td></td>
<td>• Congratulate mother and other family members as appropriate</td>
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<td>• Suggest support groups to visit or join to provide encouragement</td>
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<td></td>
<td>• Encourage community members to provide support (radio programs)</td>
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<tr>
<td>Continuing to do new behavior or maintaining it</td>
<td>Provide support at all levels</td>
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<tr>
<td></td>
<td>• Reinforce the benefits</td>
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<td>• Praise</td>
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<td>• Tell others</td>
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CONCEPTUAL FRAMEWORK FOR MALNUTRITION

MALNUTRITION

IMMEDIATE CAUSES

INADEQUATE FOOD INTAKE

DISEASE

UNDERLYING CAUSES

HOUSEHOLD FOOD SECURITY
Availability & access to food (quality & quantity)

PUBLIC HEALTH & HYGIENE
- Health environment
- Access to health care & water (quality &)

SOCIAL CARE ENVIRONMENT
Care for women & children
Infant feeding practices
Women’s role status & rights
Social context & networks

LOCAL PRIORITIES

BASIC CAUSES

POLITICAL, SOCIAL CULTURAL & ECONOMIC CONTEXT

FORMAL & INFORMAL ORGANISATIONS & INSTITUTIONS

POTENTIAL RESOURCES (HUMAN, NATURAL, STRUCTURAL & FINANCIAL)

THE ROLE OF THE HEALTH PROVIDERS IN IMPLEMENTING THE ESSENTIAL NUTRITION ACTIONS TO PREVENT MALNUTRITION

WHAT: The Seven Essential Nutrition Actions

• Optimal breastfeeding practices
• Appropriate complementary feeding with breastfeeding
• Nutritional care of sick and/or malnourished children
• Women’s nutrition
• Control of Vitamin A deficiency
• Control of Anemia
• Control of Iodine Deficiency Disorders

WHEN: The Health Contact Points

• At every contact with a pregnant woman at health clinic and in the community
• At delivery in hospital or at home
• During postpartum/family planning sessions at health clinic and in the community
• During immunization sessions
• During well baby clinic sessions
• Sick child visits (IMCI and CCM)
• Community Management of Acute Malnutrition (Stabilization centers, Outpatient Therapeutic Care, Food supplementation)

Also at:

• Community level
• Credit meetings
• Farmers schools
• Literacy groups
• PTA meetings/school gardens
• Religious leaders
• Other
THE BENEFITS OF BREASTFEEDING

For the infant and young child, give breastmilk
- Saves infants’ lives.
- Is a complete food for the infant because it contains balanced proportions and sufficient quantity of all the nutrients needed during the first 6 months.
- Contains antibodies that protect against diseases, especially against diarrhea and respiratory infections.
- The infant benefits from the colostrum, which protects him/her from diseases. The colostrum acts as a laxative cleaning the infant’s stomach.
- Promotes adequate growth and development, thus preventing stunting.
- Is always clean.
- Is always ready and at the right temperature.
- Is easy to digest. Nutrients are well absorbed. Protects against allergies. Breastmilk antibodies protect the baby’s gut, preventing harmful substances from passing into the blood.
- Contains the right amount of water to meet the baby’s needs (up to 80 percent).
- Helps jaw and teeth development; suckling develops facial muscles.
- Frequent skin-to-skin contact between mother and infant leads to better psychomotor, affective, and social development of the infant.

For the mother
- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby’s suckling stimulates uterine contractions.
- Reduces risks of bleeding after delivery.
- When the baby is immediately breastfed after birth, breastmilk production is stimulated.
- Immediate and frequent suckling prevents engorgement.
- Breastmilk is available at anytime and anywhere, and is always clean, nutritious, and at the right temperature.
- It is economical.
- Stimulates the bond between mother and baby.
- Reduces the mother’s workload (no time is involved in boiling water, gathering fuel, or preparing milk).
- Reduces risks of pre-menopausal breast and ovarian cancer.
- Breastfeeding is more than 98 percent effective as a contraceptive method during the first 6 months provided that breastfeeding is exclusive and amenorrhea persists.

For the family
- No expenses in buying formula, firewood, or other fuel to boil water or milk. The money saved can be used to meet the family’s other needs.
- No medical expenses due to sickness that formula could cause. Mothers and their children are healthier.
• As illness episodes are reduced in number, the family encounters fewer emotional difficulties associated with the baby’s illness.
• Births are spaced thanks to the contraceptive effect.
• Time is saved.
• Feeding the baby reduces work because the milk is always available and ready.

**For the community**
• Not importing formula and utensils necessary for its preparation saves hard currency that could be used for something else.
• Healthy babies make a healthy nation.
• Savings are made in the health area. A decrease in the number of child illnesses leads to decreased national expenses of treatments.
• Improves child survival. Reduces child morbidity and mortality.
• Protects the environment (trees are not used for firewood to boil water and milk, thus protecting the environment). Breastmilk is a natural renewable resource.

**RISKS OF FORMULA FEEDING**
There are a number of health hazards associated with the improper or unnecessary use of infant formula.

**Children who are formula fed:**
• Have increased risk of mortality.
• Have increased risk of gastrointestinal infections and acute respiratory disease.
• Have increased risk of infection from contaminated formula. Infant formula can become contaminated at factory level with heat resistant, pathogenic, and highly contagious bacteria such as *Enterobacter sakazakii*.
• Are more likely to suffer from asthma.
• Have an increased risk of allergy.
• Have reduced cognitive development and educational attainment.
• Have increased risk of childhood cancers such as leukemia and chronic diseases.
• Have increased risk of obesity, type 1 and 2 diabetes, and cardiovascular disease.
MESSAGES ON OPTIMAL BREASTFEEDING PRACTICES FOR INFANT 0-6 MONTHS

*Early initiation of breastfeeding*

**MESSAGES**

Mothers, please give breastmilk as soon as the baby is born to make it healthy and not cry too much.

Mothers, make sure to give only breastmilk to stop baby from getting sick.

- Giving the breast immediately helps the milk to come in more rapidly.
- Before the breastmilk comes, do not give the baby water, herbal preparation, sugar water, or pepper as this will stop the breastmilk from coming.
- If you think that the baby is thirsty, give the water to the mothers, and the baby will get it through the breastmilk.
- Breastmilk is God’s way of welcoming the child into the world.
- Welcoming the baby is important; put “thrash medicine,” pepper water, palm oil on the forehead of the baby, rather than giving it to the baby to drink.
- Putting the baby to the breast immediately after birth helps the mothers to expel the placenta, reduce the bleeding, and prevent swollen breasts.
- The yellow breastmilk (colostrum) helps open the baby’s throat, clean the baby’s stomach, and get rid of the first black stools.
- The yellow breastmilk is the first vaccination for the child. It helps protect the child from infection.
- The yellow breastmilk is full of vitamins, and makes the baby strong.
## Exclusive breastfeeding to 6 months of age

### MESSAGE

**Mothers, give the baby only breastmilk for the first 6 months, nothing else to drink or eat, for it to grow strong, healthy, and clever.**

- Breastmilk has all of the food and water your baby needs for the first six months. It is clean and safe for the growing baby.
- Giving only breastmilk makes the baby have good blood.
- Giving only breastmilk makes the baby big and healthy.
- Giving only breastmilk for the first 6 months of your baby’s life means giving absolutely no other liquids, teas, herbal preparations, foods, or water—only breastmilk.
- When you give only breastmilk, the baby is healthier and has less sickness, like running stomach, cough, and colds.
- Babies who get breastmilk also get plenty of water because most of the breastmilk is water.
- If a mother thinks that her baby is thirsty, she must give breastmilk to the baby more often.
- Encourage the mother to drink plenty of water, which she will pass through breastfeeding.
- Do not give water, sugar water, country medicine, infant formula, milk powder, or other liquids or foods, as these can make your baby sick.
**Frequency of breastfeeding**

**MESSAGES**
Mothers, please give breastmilk to your baby anytime the child wants it (at least 10 times each day) to produce enough milk and provide your baby enough food to grow healthy and strong.

Mothers, empty one breast before offering the other one for the baby to be satisfied and grow big and strong.

- Breastmilk is like God’s well. The more the baby suckles the more milk is made.
- Give breastmilk anytime the baby wants at least 10 times day and night when the baby is small.
- Do not worry about not having enough breastmilk if the baby is allowed to suckle frequently whenever it wants, at least 10 times day and night.
- At around three months of age, a baby is likely to grow very quickly (experience a growth spurt). It may cry more or want to feed more often. This is normal and temporary. Feeding more often increases the mother’s milk supply to keep up with the infant’s needs.
- Each time the baby breastfeeds, the milk at the beginning is full of water and helps to quench the baby’s thirst. Toward the end of a feed, the milk becomes richer and thicker as it is full of food. This helps to satisfy the baby’s hunger.
- Lactation Amenorrhea Method (LAM) is an effective family planning method:
  1. if the mother is not seeing her period;
  2. if the baby drinks only breastmilk; and
  3. if the baby is less than 6 months old.
HOW CAN HEALTH PROVIDERS SUPPORT OPTIMAL BREASTFEEDING PRACTICES?

1. How can health providers support optimal breastfeeding practices?
   • Discuss the benefits of breastfeeding and birth spacing with the mother, her husband, and family (if possible).
   • Demonstrate the proper positions and attachments.
   • Help the mother to breastfeed immediately after delivery at hospital, at home, or when assisting delivery. This will:
     - Help expel the placenta more rapidly and reduce blood loss
     - Help expel meconium, the infant’s first stool
     - Stimulate breastmilk production
     - Keep newborn warm through skin-to-skin contact
     - Ensure the baby receives the colostrum that will protect her/him from diseases by providing the infant’s first vaccine
   • Promote exclusive breastfeeding from 0- < 6 months because:
     - Breastmilk contains all the water and nutrients that an infant needs to satisfy hunger, thirst, and growth.
     - No other foods or liquids can be digested by the infant’s immature system during the first six months.
     - Exclusively breastfed infants are likely to have fewer diarrhea, respiratory, and ear infections.
     - Exclusive breastfeeding helps space births by delaying the return of fertility (lactation Amenorrhea method – LAM).

2. Which questions must health providers ask pregnant mothers?
   • How will you feed your baby?
   • If the mother does not plan to breastfeed her baby, ask why.
   • Have you heard of exclusive breastfeeding and why it is essential?
   • Did you encounter any difficulties breastfeeding other children? What?
   • Have you already been to a health clinic for ANC and for Iron/Folic Acid supplementation? Do you take the supplements every day?
   • Did you get your deworming medicine?
   • Did you get your tetanus vaccination?
   • Do you sleep under an insecticide treated net?
   • If HIV testing and counseling is available, have you thought of taking an HIV test?
3. Why must the mother take a Vitamin A capsule within 6 weeks after delivery?
   • The mother needs to increase her Vitamin A stores for her health and the baby’s health (Vitamin A passes into breastfeeding).
   • Vitamin A capsules should not be administered during the woman’s pregnancy because it is not good for baby then. This is why Vitamin A should be administered within 6 weeks after delivery, when the woman has no risk of being pregnant.
   • Pregnant and lactating mothers must be encouraged to eat food rich in Vitamin A (papaya, mangos, carrots, pumpkin, green leafy vegetables, or liver).

4. Why should iron/folate supplementation be continued after delivery?
   • After delivery, the mother has to continue the supplementation for 6 months to prevent iron deficiency anemia.
   • Because the mother has lost blood during delivery, she needs to increase her iron stores for the sake of her health and the baby’s (iron passes into the breastmilk).

5. What must be done when a child under 6 months is sick?
   • The mother should increase breastfeeding frequency during illness. Normally, no other liquids should be given to such small infants.
   • After each illness, increase the frequency of breastfeeds for 2 weeks so that the child may regain strength and weight.
   • Ensure that the child receives his/her immunizations.
   • If the child has fever or convulsions take them to the health clinic.

6. Which immunizations should a child receive before the age of 6 months?
   • BCG + Polio 0 Polio1 + Pentavaccine1
   • Polio2 + Pentavaccine2 Polio3 + Pentavaccine3
How to explain proper positioning and attachment?

1. Preparation and how to breastfeed (Proper positioning)
   - The mother must be comfortable.
   - Hold the infant in such a way as to have his/her face at the mother’s breast level. The infant should be able to look up at the mother’s face, not face her chest or abdomen.
   - The infant’s stomach should be against the mother’s stomach.
   - The infant’s head, back, and buttocks are in a straight line.
   - The infant needs to be close to the mother.
   - The infant is brought to the breast; the baby's whole body should be supported, not just the head and shoulders.
   - The mother should hold her breast with her fingers in a C shape, the thumb being above the areola and the other fingers below. Fingers should not be in scissor hold because this method tends to put pressure on the milk ducts and can take the nipple out of the infant’s mouth.

2. Signs of proper attachment
   **Good attachment** is important to enable the infant to suckle effectively, to remove the milk efficiently, and to stimulate an adequate supply.
   - Tease the infant’s lower lip with the nipple to prompt the infant to open wide his/her mouth.
   - The infant’s mouth should cover a large part of the areola (more areola will show above than below the nipple).
   - The areola and the nipple will stretch and become longer in the infant’s mouth.
   - The infant’s chin touches the breast.
   - Both lips are turned outwards.
   **Poor attachment** results in incomplete removal of milk, which can lead to sore nipples, inflammation of the breast, and mastitis.

3. Signs of efficient suckling
   - Slow and regular sucking at the following rhythm:
     Two suction and one swallow.
   - The infant takes slow deep sucks, sometimes pausing.
   - Suckling is comfortable and pain free.
   - The mother hears her baby swallowing.
   - The breast is softer after the feed.
How to demonstrate different breastfeeding positions?

1. **Sitting position**
   - Usual position of most mothers.
   - Make sure infant’s and mother’s stomachs are facing each other.

2. **Side-Lying**
   - This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
   - The mother and infant are both lying on their side and facing each other.

3. **American Football**
   - This position is best used:
     - after a Caesarean section,
     - when the nipples are painful, or
     - to breastfeed twins.
   - The mother is comfortably seated with the infant under her arm. The infant’s body passes by the mother’s side and his/her head is at breast level.
   - The mother supports the infant’s head and body with her hand and forearm.
   - Ask one or two participants to demonstrate this position with a doll and a breast model.

Regardless of the position chosen, the mother must be comfortable. She should not lean toward the infant but rather draw him/her towards herself. For example, sitting position: back resting on the chair’s back or cushion, feet crossed, or raised on a stool.
**HOW TO COUNSEL ON FAMILY PLANNING DURING LACTATION?**

**Lactational Amenorrhea Method – LAM**

- Breastfeeding is essential to child survival. It has many benefits for the child as well as for the mother, including birth spacing. The method using breastfeeding to space births is called LAM (Lactational Amenorrhea Method).

- Birth spacing is essential for maternal health and child survival. Spacing births to 3 years or more:
  - Helps to save lives.
  - Helps to reduce child mortality and morbidity.
  - Gives the mother time to replenish her body stores.

- LAM is more than 98 percent effective if the following three criteria are met:
  1. Amenorrhea (no menses)
  2. Exclusive breastfeeding (For LAM to be effective, the mother must breastfeed at least every 4 hours with an interval of no longer than 6 hours at night.)
  3. The infant is less than 6 months of age.

- When a woman no longer meets one of the three criteria, she needs to begin another family planning method to prevent pregnancy.

- **Who can use LAM**
  All breastfeeding women, in their postpartum period, who plan to continue to breastfeed.

- What other family planning methods can be used while breastfeeding?
  - **Before 6 months:** minipills, progesterone only injectables, implants
  - **After 6 months:** combined oral contraceptives
  - **Any time:** Barrier methods, IUD, sterilization (man or woman), natural family planning methods (for those women whose menses has returned)

**MESSAGES**

<table>
<thead>
<tr>
<th>1. Mother and father</th>
<th>Use LAM as a family planning method:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. if the mother does not have her menses,</td>
</tr>
<tr>
<td></td>
<td>2. if the baby is exclusively breastfed, and</td>
</tr>
<tr>
<td></td>
<td>3. if the baby is less than 6 months old.</td>
</tr>
</tbody>
</table>

Complementary Information

| 2. Mother and father | When your baby is older than 6 months, or if one of the criteria of LAM does not exist, visit the health facility or Community-Based Reproductive Health Agent to obtain another family planning method |

Supporting Information

|                      | Don’t wait until the baby is 6 months to decide upon which family planning method you want to have. |
HOW TO PREVENT AND TREAT COMMON BREASTFEEDING DIFFICULTIES?

<table>
<thead>
<tr>
<th>DIFFICULTY OR CONDITION</th>
<th>PREVENTION</th>
<th>SOLUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engorgement</td>
<td>• Correct positioning and attachment</td>
<td>1. Apply cold compresses to breasts to reduce swelling; apply warm compresses to “get milk flowing”</td>
</tr>
<tr>
<td></td>
<td>• Breastfeed immediately after birth</td>
<td>2. Breastfeed more frequently or for longer periods of time</td>
</tr>
<tr>
<td></td>
<td>• Breastfeed on demand (as often and as long as baby wants) day and night</td>
<td>3. Improve infant positioning and attachment</td>
</tr>
<tr>
<td></td>
<td>• Allow baby to finish first breast before switching to the second breast</td>
<td>4. Massage breasts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Express some milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Apply a warm bottle (demonstrate use of warm bottle)</td>
</tr>
<tr>
<td>Sore or Cracked Nipples</td>
<td>• Correct positioning of baby</td>
<td>1. Make sure baby is positioned well at the breast</td>
</tr>
<tr>
<td></td>
<td>• Correct latch-on</td>
<td>2. Make sure baby latches on to the breast correctly</td>
</tr>
<tr>
<td></td>
<td>• Do not use bottles, dummies or pacifiers</td>
<td>3. Apply drops of breastmilk to nipples and allow to air dry</td>
</tr>
<tr>
<td></td>
<td>• Do not use soap on nipples</td>
<td>4. Remove the baby from the breast by breaking suction first with your small finger (washed first)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Begin to breastfeed on the side that hurts less</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Do not stop breastfeeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Do not use bottles, dummies, or pacifiers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Do not use soap or cream on nipples</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Do not wait until the breast is full to breastfeed. If full, express some milk first</td>
</tr>
<tr>
<td>DIFFICULTY OR CONDITION</td>
<td>PREVENTION</td>
<td>SOLUTIONS</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Plugged Ducts and Mastitis</td>
<td>• Get support from the family to perform non-infant care chores</td>
<td>1. Apply heat before the start of breastfeeding</td>
</tr>
<tr>
<td></td>
<td>• Ensure correct attachment</td>
<td>2. Massage the breasts before breastfeeding</td>
</tr>
<tr>
<td></td>
<td>• Breastfeed on demand</td>
<td>3. Increase mother’s fluid intake</td>
</tr>
<tr>
<td></td>
<td>• Avoid holding the breast in scissors hold</td>
<td>4. Rest (mother)</td>
</tr>
<tr>
<td></td>
<td>• Avoid sleeping on stomach (mother)</td>
<td>5. Breastfeed more frequently</td>
</tr>
<tr>
<td></td>
<td>• Avoid tight clothing</td>
<td>6. Seek medical treatment, as mastitis antibiotics may be necessary</td>
</tr>
<tr>
<td></td>
<td>• Use a variety of positions to rotate pressure points on breasts</td>
<td>7. If mother is HIV-positive, express milk and heat-treat or discard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Position baby properly</td>
</tr>
<tr>
<td>Insufficient Breastmilk</td>
<td>• Breastfeed more frequently</td>
<td></td>
</tr>
<tr>
<td>Mother “thinking” she does not have enough milk</td>
<td>• Exclusively breastfeed day and night</td>
<td></td>
</tr>
<tr>
<td>Insufficient weight gain by infant</td>
<td>• Breastfeed on demand at least 10-12 times during the day and night</td>
<td></td>
</tr>
<tr>
<td>Fewer than 6 wet diapers/day</td>
<td>• Correct positioning of baby</td>
<td></td>
</tr>
<tr>
<td>Dissatisfied (frustrated and crying) baby</td>
<td>• Encourage support from the family to perform noninfant care chores</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Avoid bottles and pacifiers</td>
<td>1. Stop use of any supplement, water, formulas, tea, or liquids</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Feed baby on demand, day and night</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Choose a quiet place and comfortable position to breastfeed. Do not rush</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Increase frequency of feeds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Wake the baby up if baby sleeps throughout the night or longer than three hours during the day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Make sure baby latches-on to the breast correctly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Reassure mother that she is able to produce sufficient milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Ensure that the baby empties one breast before taking the other to get the fore and hind milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Explain that around 3-4 months, the baby is growing faster. The mother needs to increase frequency of breastfeeding and make sure she empties her breasts when feeding the baby</td>
</tr>
</tbody>
</table>
## HOW TO ANSWER SOME SPECIAL SITUATIONS?

<table>
<thead>
<tr>
<th>SPECIAL SITUATIONS</th>
<th>SOLUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sick baby</strong></td>
<td>• Baby <strong>under 6 months</strong>: If the baby has diarrhea or fever the mother should breastfeed exclusively and frequently to avoid dehydration or malnutrition.</td>
</tr>
<tr>
<td></td>
<td>• Breastmilk contains water, sugar, and salts in adequate quantities, which will help the baby recover quickly from diarrhea.</td>
</tr>
<tr>
<td></td>
<td>• If the baby has severe diarrhea and shows any signs of dehydration, the mother should continue to breastfeed and provide oral rehydration solution (ORS) either with a spoon or cup.</td>
</tr>
<tr>
<td></td>
<td>• Baby <strong>older than 6 months</strong>: If the baby has diarrhea or fever, the mother should breastfeed frequently to avoid dehydration or malnutrition. She should also offer the baby bland food (even if the baby is not hungry).</td>
</tr>
<tr>
<td></td>
<td>• If the baby has severe diarrhea and shows any signs of dehydration, the mother should continue to breastfeed and add ORS.</td>
</tr>
<tr>
<td><strong>Sick mother</strong></td>
<td>• When the mother is suffering from headaches, backaches, colds, diarrhea, or any other common illness, she <strong>should continue to breastfeed her baby</strong>.</td>
</tr>
<tr>
<td></td>
<td>• The mother needs to rest and drink a large amount of fluids to help her recover.</td>
</tr>
<tr>
<td></td>
<td>• If mother does not get better, she should consult a doctor and tell the doctor that she is breastfeeding.</td>
</tr>
<tr>
<td><strong>Premature baby</strong></td>
<td>• Mother needs support for correct latch-on.</td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding is advantageous for pre-term infants; supportive holds may be required.</td>
</tr>
<tr>
<td></td>
<td>• Direct breastfeeding may not be possible for several weeks, but expressed breastmilk may be fed to the infant using a clean cup.</td>
</tr>
<tr>
<td></td>
<td>• If the baby sleeps for long periods of time, he/she should be unwrapped to encourage waking and held vertically to awaken.</td>
</tr>
<tr>
<td></td>
<td>• Mother should watch baby’s sleep and wake cycle and feed during quiet-alert states.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Note</strong>: Crying is the last sign of hunger. Cues of hunger include rooting, licking movements, flexing arms, clenching fists, tensing body, and kicking legs.</td>
</tr>
<tr>
<td><strong>Malnourished mothers</strong></td>
<td>• Mothers need to eat extra food at meals (“feed the mothers, nurse the baby”) and take extra meals and snacks.</td>
</tr>
<tr>
<td></td>
<td>• Mothers need to take micronutrients.</td>
</tr>
<tr>
<td>SPECIAL SITUATIONS</td>
<td>SOLUTIONS</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Mother who is separated daily from her infant | • Mother should express or pump milk and store it for use while separated from the baby; the baby should be fed this milk at times when he/she would normally feed.  
• Mother should frequently feed her baby when she is at home.  
• Mother who is able to keep her infant with her at the work site should take her baby to work and feed her infant frequently. |
| Twins                                     | • The mother can exclusively breastfeed both babies.  
• **The more the baby nurses, the more milk is produced.** |
| Inverted nipples                          | • Examine breasts during pregnancy to detect the problem.  
• Try to pull nipple out and rotate (like turning the knob on a radio).  
• Make a hole in the nipple area of a bra. When pregnant, the woman wears this bra, the nipple protrudes through the opening.  
• If acceptable, ask someone to suckle the nipple. |
| Baby who refuses the breast               | • Position the baby properly.  
• Treat engorgement (if present).  
• Avoid giving the baby teats, bottles, and pacifiers.  
• Wait for the baby to be wide-awake and hungry (but not crying) before offering the breast.  
• Gently tease the baby’s bottom lip with the nipple until s/he opens his/her mouth wide.  
• Do not limit duration of feeds.  
• Do not insist more than a few minutes if baby refuses to suckle.  
• Avoid pressure to potential sensitive spots (pain due to forceps, vacuum extractor, and clavicle fracture).  
• Express breastmilk, and give by cup. |
| Medications                               | • Three things are known about drugs and human milk:  
• Most drugs pass into breastmilk.  
• Almost all medication appears in only small amounts in human milk, usually less than 1 percent of the maternal dosage.  
• Very few medications are harmful to infant. |
| Cleft lip and/or palate                   | • Let mother know how important breastmilk is for her baby.  
• Try to fill the space made by the cleft lip with the mother’s finger or breast.  
• Breastfeed infant in a sitting position.  
• Express milk and give to the infant using a cup or a teaspoon. |
<table>
<thead>
<tr>
<th>SPECIAL SITUATIONS</th>
<th>SOLUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-positive mother who chooses to breastfeed</td>
<td>• Mother should practice exclusive breastfeeding for 6 months. At 6 months, the mother should introduce appropriate complementary foods.</td>
</tr>
<tr>
<td></td>
<td>• At 6 months, the mother should consider shifting to replacement feeding, and if she does, should feed only formula or animal milk, not breastmilk.</td>
</tr>
<tr>
<td></td>
<td>• Mother who experiences breast difficulties such as mastitis, cracked nipples, or breast abscess should breastfeed with the unaffected breast and express and discard milk from the affected breast.</td>
</tr>
<tr>
<td></td>
<td>• Mother should seek immediate care for a baby with thrush or oral lesions.</td>
</tr>
<tr>
<td></td>
<td>• Mother who presents with AIDS-related conditions (prolonged fever, severe cough or diarrhea, or pneumonia) should visit a health centre immediately.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> A lactating woman should use condoms to protect herself from exposure to infected semen.</td>
</tr>
<tr>
<td>HIV-positive mother who chooses to replacement feed</td>
<td>• Mother should practice safe and appropriate use of infant formula exclusively for the first 6 months.</td>
</tr>
<tr>
<td></td>
<td>• Mother should use a cup, not a bottle.</td>
</tr>
<tr>
<td></td>
<td>• Mother should NOT mix-feed – “give only milk substitutes, do not breastfeed.”</td>
</tr>
</tbody>
</table>
INFANT FEEDING OPTIONS IN THE CONTEXT OF HIV AND AIDS

HIV-positive woman who does not know her status

HIV-positive child

HIV-positive woman

Exclusive breastfeeding during the first 6 months

Exclusive replacement feeding during the first 6 months

Introduce complementary feeding at 6 months.
Continue to breastfeed if breastmilk cannot be replaced by milk (cow, goat, etc.) or formula.
HOW TO ASSESS IF A MOTHER/FAMILY COULD IMPLEMENT “REPLACEMENT FEEDING” WITHOUT RISK?

**Will Replacement Feeding be ACCEPTABLE?**
- The mother perceives no barrier to choosing the option for social and cultural reasons or for fear of stigma and discrimination
- The mother has adequate support to cope with family, community, and social pressures
  e.g.: What do you think people might say if you choose not to breastfeed?

**Will Replacement Feeding be FEASIBLE?**
- The mother (and family) has adequate time, knowledge, skills, and other resources to prepare and feed the infant
  e.g.: Can a mother prepare fresh infant formula every three hours, day and night?

**Will Replacement Feeding be AFFORDABLE?**
- The mother and family (with available community and/or health system support) can pay for the costs of the purchase/production, preparation, and use of the infant formula, including all ingredients, equipments, fuel, and clean water
  e.g.: In Ethiopia, can the mother afford to pay about 500 Birr the first month to feed the baby (or 750-1000 Birr from the second month onwards)?
  e.g.: Will the purchase of infant formula change the food available for other family members in a way that would put their health at risk?

**Will Replacement Feeding be SUSTAINABLE?**
- Replacement feeding option must be practiced exclusively during six months, and day and night
- Supply and distribution of all ingredients is continuous, uninterrupted, and dependable for as long as infants need it
  e.g.: Can the mother/family buy infant formula and equipment for six months and more?
  e.g.: Can the mother accept, even under family pressure, NEVER to put the baby on the breast?

**Will Replacement Feeding be SAFE?**
- Replacement foods must be correctly and hygienically prepared in the correct amount for each feeding
  e.g.: Does mother have easy access to clean water?
  e.g.: Does mother have easy access to electricity or other source of energy?
  e.g.: Does mother have the knowledge and skills to correctly wash her hands and use clean utensils for preparation of formula? Does she have a cup for feeding the infant?
ADVANTAGES AND DISADVANTAGES OF INFANT FEEDING OPTIONS UNDER HIV AND AIDS

OPTION: Exclusive Breastfeeding

Advantages/Motivations:
• Breastmilk is the perfect food for babies. It gives babies all of the nutrition and water they need. They do not need any other liquid or food.
• Exclusive breastfeeding protects infants from diseases, particularly diarrhea and pneumonia.
• Exclusive breastfeeding may also reduce the risk of HIV transmission.
• Exclusive breastfeeding has a protective effect for HIV-positive children.
• Many women breastfeed and exclusive breastfeeding is recommended for HIV-negative women. People may be less likely to become suspicious about this feeding practice (compared with the other options).
• Breastmilk is free, it is always available, and it does not need any special preparation.
• Exclusive breastfeeding delays ovulation, preventing sexually active women from becoming pregnant during the first 6 months.

Disadvantages/Constraints:
• The risk of HIV transmission exists for as long as the HIV-infected mother breastfeeds. This is particularly true during the first few months after birth.
• This risk of HIV transmission increases if the mother has a breast infection (e.g., mastitis) or cracked and bleeding nipples.
• The risk of transmission increases if the mother is giving mixed feeding. Family, friends, and neighbors may pressure mothers to give water, other liquids, or foods to the baby.
• Many mothers are concerned that they do not have enough milk to breastfeed exclusively.

NB. Mothers who breastfeed have increased nutritional requirements. They require an additional 650 kcal/day to support exclusive breastfeeding in the first 6 months.
OPTION: Replacement Feeding with Commercial Infant Formula

**Advantages/Motivations:**
- There is no risk of transmitting HIV through formula.
- Commercial infant formula is made especially for infants.
- Most of the nutrients that a baby needs have already been added to the formula.
- Other adult family members can help to feed the baby.

**Disadvantages/Constraints:**
- If the formula is not prepared correctly, an infant is more likely to get sick from diarrhea and pneumonia and develop malnutrition.
- Formula is expensive. An infant needs a total of 40 500g tins for the first 6 months. This may be costly. A continuous/reliable supply of formula will be needed to prevent malnutrition.
- From 6-24 months, a suitable breastmilk substitute (formula or animal’s milk) will still be required.
- Formula takes time to prepare, and it must be made fresh for each feeding.
- The mother must stop breastfeeding the baby completely, or the risk of giving HIV to her baby will be greater.
- The baby needs to drink from a cup. Babies can learn how to do this even when they are very young, but it takes time to learn.
- Safe preparation requires clean water (boiled for 5 minutes), fuel, and soap for cleaning utensils.
- Formula does not contain antibodies, which protect infants from infection.
- If a mother does not breastfeed, it may arouse suspicion and even anger among family, neighbors, and friends.
- Formula feeding does not provide protection from pregnancy.

**TO BE DONE FOR EACH FEEDING**

<table>
<thead>
<tr>
<th>Commercial infant formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wash hands with soap and water</td>
</tr>
<tr>
<td>2. Wash all utensils, containers, and cups with soap and water</td>
</tr>
<tr>
<td>3. Read or have someone read instructions on the formula tin</td>
</tr>
<tr>
<td>4. Boil water for 5 minutes and let it cool</td>
</tr>
<tr>
<td>5. Measure the amount of milk powder needed for one feed and mix it with the correct amount of cooled boiled water</td>
</tr>
<tr>
<td>6. <strong>Feed the infant by cup</strong> the appropriate amount based on the infant’s age</td>
</tr>
</tbody>
</table>
### COMMERCIAL INFANT FORMULA REQUIREMENTS IN FIRST 6 MONTHS

<table>
<thead>
<tr>
<th>Month</th>
<th>No. 500 g tins per month</th>
<th>No. 450 g tins per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>First month</td>
<td>4 tins</td>
<td>5 tins</td>
</tr>
<tr>
<td>Second month</td>
<td>6 tins</td>
<td>6 tins</td>
</tr>
<tr>
<td>Third month</td>
<td>7 tins</td>
<td>8 tins</td>
</tr>
<tr>
<td>Fourth month</td>
<td>7 tins</td>
<td>8 tins</td>
</tr>
<tr>
<td>Fifth month</td>
<td>8 tins</td>
<td>8 tins</td>
</tr>
<tr>
<td>Sixth month</td>
<td>8 tins</td>
<td>9 tins</td>
</tr>
</tbody>
</table>

### DAILY FORMULA AMOUNTS IN THE FIRST 6 MONTHS

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Number of feeds and daily milk requirements</th>
<th>Total: ml/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0– &lt;1</td>
<td>8 feeds/day x 60 ml/feed</td>
<td>480 ml/day</td>
</tr>
<tr>
<td>1– &lt;2</td>
<td>7 feeds/day x 90 ml/feed</td>
<td>630 ml/day</td>
</tr>
<tr>
<td>2– &lt;3</td>
<td>6 feeds/day x 120 ml/feed</td>
<td>720 ml/day</td>
</tr>
<tr>
<td>3– &lt;4</td>
<td>6 feeds/day x 120 ml/feed</td>
<td>720 ml/day</td>
</tr>
<tr>
<td>4– &lt;5</td>
<td>6 feeds/day x 150 ml/feed</td>
<td>900 ml/day</td>
</tr>
<tr>
<td>5– &lt;6</td>
<td>6 feeds/day x 150 ml/feed</td>
<td>900 ml/day</td>
</tr>
</tbody>
</table>
HOW TO TRANSITION TO REPLACEMENT FEEDING AT 6 MONTHS

- If the mother cannot replace the breastmilk by other milks, she can continue breastfeeding to ensure that her child is getting enough food to growth and be healthy.
- It may take between 2 days and 3 weeks to fully transition the infant.

Advantages/Motivations:
- The infant is no longer exposed to HIV through breastfeeding.

Disadvantages/Constraints:
- The infant may become malnourished if suitable breastmilk substitutes are not available and provided appropriately.
- The infant may be at increased risk of diarrhea if breastmilk substitutes are not prepared safely.
- If breastfeeding cessation is too rapid and infants are not prepared for the transition, they can become dehydrated, anxious, disoriented, and unhappy. They may cry excessively or refuse food, making the transition more difficult for themselves and their families.
- Infants need to learn to cup feed before breastfeeding cessation. Cup feeding requires the caregiver’s patience and time.
  - While breastfeeding, teach the baby to drink from a cup.
  - Start by replacing one breastfeeding with one cup feed with formula and then increase the frequency every few days.
  - Stop breastfeeding completely once the baby can drink from a cup.
  - Gradually replace the breastmilk with formula or milk (after 6 months).
- Mothers need to avoid breast engorgement by expressing and discarding milk whenever breasts feel too full.
- Early breastfeeding cessation is not recommended for infants who are already infected with HIV.

Breastmilk substitute requirements after 6 months
Animal milks do not require dilution or the addition of sugar after 6 months. However, special preparation is still required for fresh and powdered milk:
- **Fresh animal’s milk:** Boil the milk to kill any bacteria.
- **Powdered or evaporated milk:** Add clean, boiled water according to the directions on the tin in order to make full-strength milk.

<table>
<thead>
<tr>
<th>Age</th>
<th>Average amount of milk per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-8 months</td>
<td>600 ml</td>
</tr>
<tr>
<td>9-11 months</td>
<td>550 ml</td>
</tr>
<tr>
<td>12-23 months</td>
<td>500 ml</td>
</tr>
</tbody>
</table>

- If the mother cannot replace the breastmilk by other milks, she can continue breastfeeding to ensure that her child is getting enough food to growth and be healthy.
- It may take between 2 days and 3 weeks to fully transition the infant.
FOLLOW-UP COUNSELING OF HIV POSITIVE MOTHERS
WITH INFANTS 0-6 MONTHS

At each visit:
• Ask the mother how she is feeding her baby.
• Check on the baby’s growth and health.
• Ask how the mother is coping with her health and if she has any difficulties.
Note: These questions are focused on getting at actual behaviors. They are not leading nor do they promote the desired behaviors. However, after asking all of the questions related to the mother’s feeding method, the health worker should address the inappropriate behaviors and promote the desired behaviors.

If the mother is breastfeeding:
• Ask what other foods, milk, or water she is giving the baby.
• Ask how often she feeds the baby during the day and then during the night.
• Ask if she use both breasts at each feeding.
• Ask about the baby’s frequency of urination each day.
• Observe the mother breastfeeding and check the mother’s breasts and suggest improvements, if needed.
• When the baby is almost 6 months, discuss the possibility of stopping breastfeeding and transitioning to replacement feeding.

If she is using replacement feeding:
• Ask what kind of milk she is feeding her baby.
• Ask to see the tin she is using to see if it is a commercial formula or canned milk.
• Ask how many tins she buys of formula/milk each month.
  • Ask how much it costs for a month and if she has money for the next month’s tin or supply of milk.
• Ask her to show you how she prepares one serving of formula/milk.
  • Observe the quantity used.
  • Observe the cleanliness.
• Ask how often she feeds during the day and then during the night.
• Ask her what she puts the replacement feeding in to feed her baby.
• Ask her if she is breastfeeding also, and how much.
• Demonstrate infant formula preparation if she is doing it incorrectly.
# GENERAL CASE STUDY OF BABY 0 - < 6 MONTHS

## Visit #1: Initial Visit

**Checklist of GALIDRAA**

- Greet the mother and be friendly
- Ask about feeding practices, age of the child and status
- Listen to the mother
- Identify feeding difficulties and causes of the difficulties
- Discuss different feasible options with the mother
- Recommend and negotiate doable actions
- Agree on which practice the mother will try; mother repeats agreed upon practice
- Appointment for follow-up

## Visit # 2: Follow up

**Checklist of Visit #2**

Ask the mother if she has tried the practice she was willing to try (example: exclusively breastfeeding for one week)

- Congratulate her for trying the new practice
- If she tried, what does she think of it?
- If she didn’t try the new practice, why not?
- What changes did she make to the recommended practice and why?
- What did she like about the practice?
- Which difficulties did she encounter?
- Discuss the same recommendations or other ones with the mother
- Inform the mother of the nearest place where she can find support
- Agree on which practice the mother will try; mother repeats agreed upon practice
- Plan with mother a follow up visit
**Visit #3: Maintain the practice and/or negotiate new practice**

Before making the visit, check the child’s age. According to the child’s age, should the mother keep the current practice or should she begin a new one?

**Checklist of Visit #3: Maintain the practice**

- Ask the mother if she has continued with the new practice
- Congratulate her if she has
- If she has not, why?
- Which changes did she make and why?
- What were the difficulties?
- How did she solve them?
- Listen to the mother’s questions, concerns, and doubts
- Discuss the same recommendations or new ones with the mother. For example, if the new practice was exclusive breastfeeding, remind the mother that when her baby reaches the age of 6 months, she must give other foods besides breastmilk to her baby.

**Checklist of Visit #3: Negotiate a new practice**

- Encourage the mother to try a new practice
- Ask her which recommendation she thinks she can carry out
- Does she think she can practice it every day?
- If she thinks she can do it twice a week and do another practice for the rest of the week, encourage her to try it
- Inform the mother on the nearest place where she can find support
### NEGOTIATION RECORD

<table>
<thead>
<tr>
<th>INITIAL VISIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td><strong>Feeding difficulty(ies) identified</strong></td>
</tr>
<tr>
<td><strong>Options suggested</strong></td>
</tr>
<tr>
<td><strong>What mother agreed to try</strong></td>
</tr>
</tbody>
</table>
NEGOTIATION CHECKLIST (GALIDRAA)

- **Greets** the mother and establishes confidence
- **Asks** the mother about current breastfeeding practices
- **Listens** to what the mother says
- **Identifies** key difficulties, if any, and selects the most important one to work on
- **Discusses** different feasible options to overcome the difficulties
- **Recommends**: Presents options and **NEGOTIATES** with mother to help select one(s) that she can try
- **Helps** the mother to **Agree** to try one or more of the options
- **Reminds** the mother of the behavior(s) and help her to overcome obstacles
- **Makes an** **Appointment** for a follow-up visit

Name one or more things the health worker did well:

What do you recommend the health worker try to improve the next time (Name one important thing):

___________________________________________________________
MESSAGES ON ADEQUATE COMPLEMENTARY FEEDING PRACTICES FOR CHILDREN 6-24 MONTHS

MESSAGE
Mothers, at 6 months of age, in addition to breastmilk give your baby foods such as soft porridge with other foods added to make sure s/he continues to grow strong, healthy, and active.

- At 6 months of age, breastmilk alone is not enough for your baby to continue to grow well.
- Help your baby learn how to eat by taking time and feeding your baby patiently, encourage him/her to eat all the food offered. Force feeding or stuffing discourages baby from eating and can be harmful.
- Do not add pepper to your baby’s food as this discourages the baby from eating and kills its appetite.

MESSAGE
Mothers, make sure that the porridge you give to your baby is not too thick nor watery as your baby will not get enough food. The food has to slowly fall off the spoon.

- Porridge is just right and good for the baby when it slowly falls off the spoon.
- Make porridge from rice, plantain, cassava, sweet potatoes, eddo, or yam.
- A watery or thin porridge is not healthy for your baby, as it does not provide enough of the nutrients the baby needs to grow strong and healthy.
- A sticky porridge is not healthy as it is difficult for the baby to swallow.
- Thicken the porridge as the baby grows older, but making sure that it is still able to easily swallow it without choking. To thicken porridge, add more flour or paste.
**Continue breastfeeding until 2 years and beyond**

**MESSAGE**

Mothers, continue to give breastmilk to your baby until 2 years of age along with other foods to make sure the baby grows strong and stays healthy.

- From 6 to 24 months of age, give breastmilk as much as your baby wants (at least 8 times) during the day and night.
- Having sex does not spoil the breastmilk. A pregnant woman can continue to breastfeed safely.
- Wait until the child is 24 months before having another pregnancy to maintain the health of the mother and children.

**MESSAGE**

Mothers, when your baby is older than 6 months, visit the health facility to obtain another family planning method other than LAM.

- Don’t wait until the baby is 6 months old to decide on which family planning method you want to use.

**Feed a variety of foods**

**MESSAGE**

Mothers, each day feed your baby porridge made from different types of food to make sure the baby gets vitamins and grows strong and stays healthy.

- Always add two or more of the following foods to your baby’s porridge: palm oil, vegetable oil, sesame seed or peanut paste, mashed beans, milk, fish, or meat.
- Give your baby fruit every day such as banana, butter pear, mango/plum, or watermelon. Make sure fruits are washed, and, for younger babies, well-mashed or squeezed into juice.
- Foods rich in Vitamin A include liver, ripe mango/papaya, dark green leafy vegetables, pumpkins, and red/orange sweet potatoes.
- Foods rich in iron include liver, red meat, fish, chicken, peanuts, beans, and dark green leafy vegetables.

**MESSAGES**

Mothers, serve food to your baby in a separate bowl to know how much it is eating.

Mothers, encourage the child during feeding to make sure it eats all it needs.

- It is important to feed your baby to make sure it eats all the food prepared for it.
- Play and sing to encourage the child to eat. Force feeding or stuffing discourages baby from eating and can be harmful.
- A baby age 12 months onwards may start to feed him/herself. However, it is important that you help him/her to eat all the food served.
### Frequency of feeding for 6-11 months old children

**MESSAGE**
Mothers, from 6 to 11 months, feed your baby different types of foods at least 3 times a day so that your baby grows healthy.

- A baby has a small stomach and needs to be fed often.
- Foods should be mashed so the baby is able to swallow without choking.
- Every day, feed a variety of different foods to your baby along with the porridge to make sure s/he gets all the nutrients to grow well.
- Begin to introduce “finger foods” that the baby can feed itself. These finger foods can include bread, biscuits, and doughnuts, and soft fruits such as bananas, papaya, ripe mango/plum, and butter pear.

**MESSAGE**
Mothers, wash your hands with soap and water before cooking, handling food, eating, and feeding your family to keep you and your family healthy.

- Good hygiene and sanitation is important to prevent sickness, runny stomach, and worms and should include:
  - Wash your hands with soap before cooking, eating, and handling food;
  - Wash your hands with soap after visiting the toilet and after cleaning a child;
  - Keep your surroundings clean; and
  - Wear slippers or shoes to prevent worms.

**Use a cup to feed your baby. Never use a bottle as this may cause runny stomach.**

- Using a bottle to feed the porridge is dangerous as it is difficult to clean properly. A cup is easier to keep clean and cheaper to buy than a bottle.
## Amount of food for a 6-11-month-old child

**MESSAGE**

Mothers, at each meal give:

- If your child is 6 to 8 months: 2 tablespoons of porridge mixed with 1 tablespoon of other foods.
- If your child is 9 to 11 months: 4 tablespoons of porridge mixed with 2 tablespoons of other foods.

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>rice porridge Add 1 egg, oil or one little piece of butter pear or papaya if available</td>
</tr>
<tr>
<td>Morning snack</td>
<td>Give mashed papaya, banana or mango/plum</td>
</tr>
<tr>
<td>Mid day - yam porridge</td>
<td>Add 1 tablespoon vegetable oil, 1 tablespoon of mashed beans, ½ tablespoon of green leafy vegetables</td>
</tr>
<tr>
<td>Afternoon snack</td>
<td>Give ½ mashed ripe mango/plum or 1 piece of cooked sweet potato, or roasted soft plantain</td>
</tr>
<tr>
<td>Evening - cassava porridge</td>
<td>Add 1 tablespoon of palm oil, 1 tablespoon of dried fish or mashed chicken, mashed vegetables (e.g. carrots, pumpkins, okra etc)</td>
</tr>
</tbody>
</table>

**MESSAGE**

Mothers, give your baby snacks 1 to 2 times every day between main meals to keep it strong.

- Snacks can include doughnuts, bread, biscuits, banana, roasted or fried plantain or yam.

## Frequency of feeding for a child 12-24 months old

**MESSAGE**

Mothers, from 12 months to 2 years, feed your baby different types of foods at least 4 times a day so that your baby grows healthy.

- Give a total of at least 5 times each day including two snacks; the baby is growing and needs more foods.
- At 12 months begin to give family foods such as rice, yam, plantain, cassava, or sweet potato.
- From the family bowl, keep a portion for the baby and add 1 or 2 additional foods, for example, cassava leaves or other dark leafy vegetables, sesame seeds, as well as milk, meat, fish, egg, mashed beans, peanuts, or other nuts.
MESSAGE
Mothers, wash your hands with soap and water before handling food, eating, and feeding your family to keep you and your family healthy.

- Good hygiene and sanitation is important to prevent sickness, runny stomach and worms and should include:
  - Wash your hands with soap before eating and handling food;
  - Wash your hands with soap after visiting the toilet and after cleaning a child;
  - Keep your surroundings clean; and
  - Wear slippers or shoes to prevent worms.

Amount of food for a child aged 12 to 24 months old

MESSAGE
At each meal, give 6 tablespoons of porridge mixed with 3 tablespoons of other foods added.

<table>
<thead>
<tr>
<th>Time</th>
<th>Food Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning – rice porridge</td>
<td>Add half a small butter pear and 1 banana</td>
</tr>
<tr>
<td>Morning – snack</td>
<td>Give half a mango/plum or fried plantain</td>
</tr>
<tr>
<td>Mid day – family meal</td>
<td>Add to family food, 1 tablespoon of palm oil and dried fish</td>
</tr>
<tr>
<td>Afternoon – Snack</td>
<td>Give 1 doughnut</td>
</tr>
<tr>
<td>Evening – family meal</td>
<td>Add 1 egg and small piece of pumpkin to family food</td>
</tr>
</tbody>
</table>

- If it asks for additional food, increase the amount of food given to the baby to support growth.
- Add iodized salt to cooking in all food preparation.

MESSAGE
Mothers, give your baby snacks at least 2 times every day between main meals to keep it strong.

- Snacks can include doughnuts, bread, biscuits, banana, roasted or fried plantain, or yam.

Vitamin A, malaria, and worm medicine

MESSAGE
Parents, when your baby is 6 months old, make sure it gets Vitamin A supplementation every six months to make the baby healthy.

- Vitamin A is important for your child’s eyesight and also helps your child fight illness.
- Make sure your 6-59-month-old child gets Vitamin A supplementation two times a year.
**MESSAGE**

All members of the family, especially pregnant women and young children, should sleep under an insecticide treated mosquito net (ITN) to prevent malaria.

- Malaria causes low blood (anemia), which will make members of your family sick and very weak.
- All family members with fever need to be taken to a health facility for immediate treatment.

**MESSAGE**

Mothers, when your child is 1 year old, it has to receive worm medicine every six months to maintain healthy growth and prevent low blood.

- Worms cause young children to become anemic, which will make your child sick and tired.
- Make sure that your child receives worm medicine two times a year between the ages of 1 and 5 years.

### Feeding of the sick child during illness

**MESSAGE**

Mothers and parents, during illness, give breastmilk more often, and for children older than 6 months, give extra food to help the child get vitamins and recover faster.

**Young child 0-24 months:**

- Give more breastmilk during illness to help the baby to fight the sickness and not lose weight.
- Breastmilk contains water, nutrients, and salts in adequate quantities, which will help the baby get better quicker.
- Giving breastmilk also provides comfort to a sick baby.

**Baby older than 6 months:**

- Take time to patiently encourage your sick child to eat, as it may lose appetite because of the illness.
- It is easier for a sick child to eat small frequent meals; feed your child foods it likes in small quantities throughout the day.
- It is important to keep giving breastmilk and feed complementary foods to your child during illness to maintain its strength and reduce the weight loss.
**Feeding of the sick child after illness**

**MESSAGES**

Mothers, father, after each illness,

- Give breastmilk more often for up to two weeks for your baby to regain health and weight.
- If the baby is older than 6 months, after illness, give one extra bowl of food each day for up to two weeks to help the baby regain his/her weight and strength.

Young child 0-24 months:

- Each time a baby is sick, it loses weight, so it is important to give breastmilk as often as possible following each illness.
- Your breastmilk is the safest and most important food you can offer your baby to regain its health and weight.
- Continue to give only breastmilk and give it more often for at least two weeks after illness.

Baby older than 6 months:

- Take time to patiently encourage your sick child to eat as it may lose appetite because of the illness.
- It is easier for a sick child to eat small frequent meals; feed your child foods it likes in small quantities throughout the day.
- A child who has been sick needs extra food and breastmilk to regain the strength and weight lost during the illness.
**Nutritional Care of Infants and Children with Diarrhea**

**MESSAGE**

Parents, if your child is suffering from runny stomach, continue breastfeeding and give water or rice water to replace the water lost.

If the runny stomach gets severe, take the child to the nearest health center for treatment.

Young child 0-24 months:

- Continue to give breastmilk during runny stomach, and give it more often to replace the water lost.
- If the baby has severe runny stomach and shows any signs of dehydration, continue breastfeeding the baby and go the health centre for advice and oral rehydration solution (ORS) treatment.

Baby older than 6 months:

- Take time to patiently encourage your sick child to eat as it may lose appetite because of the illness.
- It is easier for a sick child to eat small frequent meals; feed your child foods s/he likes in small quantities throughout the day.
- Make sure that the child does not get dehydrated and give him/her water, rice water, or ORS.
- If the health worker gives zinc medicine, follow the instructions given and continue the treatment for 10 to 14 days as recommended, even after the runny stomach stops.

**Feeding a child who has moderate acute malnutrition**

**MESSAGE**

Mothers, when your child older than 6 months has been identified with moderate acute malnutrition, in addition to the supplementary food you receive for the child, give your child 1 more bowl of food each day to help him/her recover quickly and become strong and energetic again. Give breastmilk more often.

Young child 0-24 months:

- **Give breastmilk** more often to make sure that your child gets foods and vitamins from the breastmilk; it will get better quickly.

Baby older than 6 months:

- If the baby is older than 6 months, after illness, give one extra bowl of food each day for up to 2 weeks to help him/her regain his/her weight and strength.
- Take time to patiently encourage your sick child to eat as s/he may lose his/her appetite because of the illness.
- It is easier for a sick child to eat small frequent meals; feed your child foods s/he likes in small quantities throughout the day.
HOW HEALTH PROVIDERS CAN SUPPORT COMPLEMENTARY FEEDING PRACTICES

1. Questions that should be asked of mothers whose baby will soon be 6 months old.
   • Do you know why it is important to wait until 6 months before you feed your child anything besides breastmilk?
   • How often will you need to feed your 6-8-month-old child?
   • What should you feed your child?
   • What consistency should the food be?
   • What amount should you feed your 6-8-month-old child?
   • Do you know where to get Vitamin A supplements when your child is 6 months old?
   • Do you understand that LAM will not be effective after the baby turns 6 months? Where should you go to get another form of contraception?
   • What immunizations has your child received?

2. Why should Vitamin A be administered to children every 6 months from 6 months old to 5 years?
   • Vitamin A supplementation protects the child from severe forms of infections such as diarrhea and respiratory diseases, thus reducing the risk of death and protecting the child’s growth.
   • Reinforces the child’s health.
   • Improves the child’s sight and prevents night blindness that can lead to permanent blindness.

   Which foods are rich in Vitamin A in your community?
   • Colostrum and breastmilk are important sources of Vitamin A.
   • Liver.
   • Ripe orange/yellow fruits (papaya, mangos).
   • Orange/yellow vegetables (carrots, pumpkins).
   • Green leafy vegetables.

3. Why should a baby eat foods rich in iron?
   • To gain more strength.
   • To reinforce its health and physical and intellectual development.

   Which foods are rich in iron?
   • Breastmilk, green leafy vegetables, liver, meat, fish, and lentils.

4. Why should children be dewormed every 6 months starting at 2 years?
   • Some worms exclusively feed on blood and if the child has them, s/he becomes thin and weak.
5. Why should children sleep under an insecticide treated net (ITN)?
• Sleeping under an ITN protects the child from getting malaria, which is also a cause of anemia.

6. Why encourage mothers, caregivers, and parents to use iodized salt for the whole family, including children who start complementary feeding?
• To ensure the child’s and the whole family’s physical and intellectual development.
• To prevent goiters and their complications.
• To prevent poor work performance in adults.
• For pregnant women, to prevent miscarriage, stillbirth, low birth weight, and cretinism in the baby.

7. How could a health provider help mothers, caregivers, and parents make sure their children are properly fed?
• Discuss feeding recommendations with the mother, father, and grandmother, according to the child’s age.
• Congratulate and encourage the mothers/caregivers to continue breastfeeding for 2 years.
• Encourage parents to give many different types of food including foods rich in Vitamin A and iron to their children.
• Encourage parents to bring their children to the health centre in case of malnutrition, weight loss, or edema.
• Encourage parents to have a garden with different green leafy vegetables, and orange/yellow vegetables and fruits.
• Raise awareness among population to use only iodized salt.
• Encourage parents to go to the health centers or community outreach for immunization (measles at 9 months), for Vitamin A at 6 months and deworming starting from 2 years.
• Explain that LAM is not effective after 6 months and parents must go to health centre for other family planning methods.
• Encourage sleeping under a long lasting insecticide treated mosquito net every night to protect the child/mother/families against malaria.

8. How do mothers/caregivers actively feed a young child?
• Active/responsive feeding is a method that encourages the child to eat and to finish his/her meals.
• When feeding him/herself, a child may not eat enough. S/he is easily distracted. Therefore s/he needs help. When a child does not eat enough, s/he will become malnourished.
• Let the child eat from his/her own plate. (The caregiver will then know how much the child is eating.)
• Sit down with the child and encourage her/him if needed.
• Offer food the child can take and hold; a young child often wants to feed him/herself. Encourage the child to, but make sure most of the food goes into his/her mouth.
• Mother/caregiver can use her fingers (after washing with soap) to feed child.
• Feed the child as soon as s/he starts to get hungry.
• The child eats in his/her usual setting.
• As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her psycho-affective development.
• Do not insist if the child does not want to eat.
• If the child refuses to eat, wait or put it off until later.
• Talk or play with the child while s/he eats.
• Congratulate the child when s/he eats.
• Parents, family members (older children), and child caretakers can participate in active feeding.

9. **How to counsel on child feeding during and after illness.**
• A sick child usually does not feel like eating, but s/he needs even more strength to fight illness. Strength comes from the food s/he eats. If the child does not eat or does not breastfeed during sickness, s/he will take more time to recover.
• If the child does not eat, s/he will be in a chronic state of sickness and malnutrition, and may end up with a physical or intellectual disability. The child will take longer to recover, and sometimes the child’s condition will worsen and s/he may even die.
• Therefore, it is very important to encourage the sick child to eat during sickness, and to eat even more during recuperation in order to quickly regain strength.

10. **How to assist mothers/caregivers in appropriate practices in the prevention of diarrhea**
• Exclusive breastfeeding 0- < 6 months
• Timely initiation of complementary feeding with FADDAU (frequency, amount, density, diversity, utilization and active feeding)
• Hand washing with soap before preparing food
• Hand washing with soap before feeding infants and young children
• Hand washing with soap after using the toilet
• Appropriate disposal of waste
• Personal and environmental hygiene
• Adequate and safe water supply
• Vaccinations
• Vitamin A supplementation
• Avoid bottle feeding

**In management of child with diarrhea**
• Continue exclusive breastfeeding if younger than 6 months
• Increase liquids and foods if older than 6 months, and increase frequency of breastfeeding
• Increase frequency of feedings
• Never use bottle feeding
• Identify and treat underlying cause
In identifying signs of severe dehydration
• Sunken eyes, dryness of eyes
• Skin pinch goes back very slowly
• Lethargic or unconscious
• Failure to suckle, drink, or feed

In identifying general danger signs of illnesses
• Inability to drink and eat
• Loss of consciousness or lethargy
• Vomits everything
• Convulsions

Go to the nearest health clinic.
COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM)

Four core principles of community-based management of acute malnutrition (CMAM)

• High coverage and good access to services.
• Timeliness: because mortality often occurs before appropriate health interventions are up and running.
• Appropriate medical and nutrition care. Follow the IMNCI protocols and appetite test to determine the care needed.
• Care for as long as needed.

CMAM consists of:

1. Community outreach

• The community element of CMAM program must be strong in order to mobilize mothers/caretakers to bring their children to the Outpatient Therapeutic Program (OTP) or Supplementary Feeding Program (SFP) for screening before SAM becomes serious and medical complications arise.
• Outreach workers will also identify absent children and follow up care that requires a home visit.
• The health workers and volunteer community health workers should do this in their own communities.

2. An Outpatient Therapeutic Program (OTP)

• There will be an OTP in as many MOH or NGO health facilities as capacity allows.
• This is where the majority of severely malnourished children will be assessed and treated.
• The OTP will be run by staff given specific CMAM training and support.

3. Stabilization Centre (SC) or Phase I

• This will be only for malnourished children with medical complications who are not well enough to be treated on an outpatient basis.
• They are treated as inpatients until their condition is stable enough for them to be discharged home and be treated as outpatients (OTP) (Average 5-7 days).

4. Supplementary Feeding Program (SFP)

• This program treats and supports all the moderately malnourished children, lactating mothers who have infants less than 6 months of age with mid-upper arm circumference (MUAC) less than 21 cm and pregnant mothers with MUAC less than 21 cm.
• SFPs use Corn Soy Blend and oil for all moderately malnourished children.
WHAT IS ACUTE MALNUTRITION, MARASMUS, AND KWASHIORKOR?

A small percentage of children may suffer from severe acute malnutrition with complications such as marasmus and kwashiorkor. During times of severe food shortages, it can be expected that a larger percentage of young children develop marasmus and kwashiorkor, but high rates are also found during noncrisis times due to feeding-related behaviors, disease, and other factors.

**Marasmic children have specific clinical manifestations including:**

- Wasting of subcutaneous fat and muscles
- (flabby muscles), ribs and bones are easily seen,
- wrinkled buttocks;
- “old man” face;
- Sunken eyes; and
- Very quiet and apathetic.

**Kwashiorkor children have specific clinical manifestations including:**

- Bilateral pitting edema on the lower limbs (but can also be located on the child’s feet, hands, eyelids, belly, or it can spread to the whole body);
- Difficulty to begin walking;
- Moon face/hanging cheeks;
- Loss of appetite;
- Lack of interest in surroundings, little energy;
- Skins changes; and
- Hair changes
  - Straightening of hair and presence of different color bands in the hair indicating periods of malnourishment and improved nourishment (flag sign)
  - Straightening of hair at the bottom and curling on the top giving an impression of a forest (forest sign) and easily pluckable hair.

**Marasmic Kwashiorkor**

- Bilateral pitting edema; and
- Severe wasting.

**Note:** One should not wait for these signs to appear before acting because when the signs of complications become apparent, it means the child is in great danger. At this stage, the child may require intensive care. However, the signs of the onset of malnutrition as well as the signs of malnutrition are often unrecognized. Possible conditions/early signs of malnutrition are:

- Recurrent or prolonged illness or diarrhea;
- Growth or weight leveling off or decreasing; and/or
- Feeding issues – fussy baby, breastfeeding problems.

**Refer the mother to the health clinic, supplemental feeding centers, or therapeutic feeding centers for diagnosis.**
HOW TO ASSESS MALNUTRITION AT COMMUNITY LEVEL

Checking for bilateral Edema

- Bilateral pitting edema is the sign of kwashiorkor. Kwashiorkor is always a severe form of malnutrition.
- There is no need to take another anthropometric measurement for children with bilateral edema as they are directly identified to be severely malnourished with complications.
- Those children are at high risk of mortality and need to be treated in a Stabilization Centre urgently.

In order to determine the presence of edema, normal thumb pressure is applied to both feet for three seconds. If a shallow print persists on both feet, then the child has nutritional edema.
Measuring the middle upper arm circumference (MUAC)

MUAC is used to measure “thinness.” It is the preferred method for screening and admission (WHO 2007).

1. Ask the mother or the caretaker to remove clothing that may cover the child’s left arm.
2. Find the midpoint of the child’s left upper arm.
   - Locate the tip of the child’s shoulder with your fingertips.
   - Bend the child’s elbow to make a right angle.
   - Measure from the tip of the shoulder to the tip of the elbow and divide this number by two to get the midpoint.
3. Straighten the child’s arm and wrap the tape around the arm at the midpoint.
4. Inspect the tension of the tape on the child’s arm. Make sure the tape has the proper tension and is not too tight or too loose.
5. Read the number between the two arrows to the nearest 0.1 cm.
6. Immediately record the measurement.
WHAT ARE THE ADMISSION CRITERIAS FOR CMAM?
Management of Acute Malnutrition

Severe Acute Malnutrition (SAM)

Moderately acute malnutrition
- MUAC < 120mm & ≥ 115 mm

Without medical complications and good appetite
- MUAC < 115mm with length >65cm
- No edema, good appetite
- Clinically well
- Alert

Supplementary Feeding Program CSB & Oil

Outpatient Therapeutic Program RUTF

With medical complications
- Bilateral pitting edema +++ OR
- Poor appetite and/or one of the following
  - Pneumonia
  - High fever (>38)
  - Persistent diarrhea
  - Dysentery
  - Low blood sugar
  - Hypothermia (<35.5)

In-Patient (Stabilization Center) F75 & F100
WHAT FOOD AND COUNSELLING MESSAGES ARE OFFERED AT AN OUTPATIENT THERAPEUTIC PROGRAM?

Management of Severe Acute Malnutrition (without complications)

- A 1-week supply of ready to use therapeutic foods (RUTF) based on the child’s weight. The most common RUTF is Plumpy Nut.
- Key messages for caretakers of OTP children:
  - Follow the BF + FADU recommendations.
  - RUTF is a food and medicine for malnourished children only. It should not be shared.
  - RUTF should be given before other foods. Give small regular meals of RUTF and encourage the child to eat often.
  - RUTF is the only food these children need to recover when they are being treated through an outpatient therapeutic program (OTP).
  - For breastfed children, always give breastmilk before the RUTF and breastfeed on demand.
  - Always offer the child plenty of clean water to drink while eating RUTF.
  - Use soap for washing a child’s hand and face before feeding.
  - Keep food clean and covered.
  - Sick children get cold quickly. Always keep the child covered and warm.
  - With diarrhea, never stop feeding. Give extra food and clean water (or breastmilk).

Management of moderate acute malnutrition (diet, treatment, and care)

- Refer the child to a supplementary feeding program when/if nearby.
- Use messages from nutritional counseling for the sick child.
- Assess current feeding practices.
- Emphasize optimal breastfeeding and complementary feeding.
- Encourage the mother/caregiver to actively feed her child so that child finishes his/her food.
- Refer the child identified with moderate malnutrition to a supplementary feeding program for food, counseling, and follow up.
- Assist the mother/caregiver to appropriately use the food received.
- Encourage her to take the child to monthly weight visits if available.
- Encourage her to make sure the child is immunized and receives Vitamin A and deworming.
WOMAN’S NUTRITION DURING PREGNANCY AND LACTATION

Nutrition of Pregnant Women

MESSAGES

If you are pregnant, eat one extra bowl of food every day to be healthy, active and happy, and to give birth to a strong baby. This will not make the baby too big, just strong and healthy.

When you are pregnant, eat different types of food every day to be strong and get vitamins.

When you are pregnant, try to rest and avoid carrying heavy loads.

Husbands, make sure that your pregnant wife has one extra bowl of food every day to be healthy, active, and happy, and to have a strong baby.

Make sure she eats different types of food every day to be strong and get vitamins.

- A pregnant woman needs to eat more food than usual to have a healthy and strong baby.
- A pregnant woman needs to eat many different types of colorful foods such as crayfish, meat, chicken, snails, fish, potato greens, cassava leaf and other green leafy vegetables, vegetable oil, palm oil, rice, plantains, yams, corn, eggs, peanuts, oranges, and vegetables, etc.
- The husband should urge his pregnant wife to rest and not to carry heavy loads to ensure that the baby is healthy and strong.

Iron/Folic Acid, Worm Medicines, and TT Vaccines During Pregnancy

MESSAGES

Pregnant women, go to the pregnancy clinic to get iron/folic acid medicine to keep you strong and healthy and prevent low blood.

Husbands, make sure your pregnant wife gets iron/folic acid medicine as soon as possible to keep her healthy and strong and to have a strong baby.

- A pregnant woman needs more blood. Not enough iron will lead to low blood (anemia), which will make you and the baby weak, sick, and tired.
- Iron/folic acid medicine is important to keep you and the new baby healthy and strong.
- Iron/folic acid medicine should be taken throughout pregnancy and also after delivery.
- Take your medicine with food to reduce vomiting, stomach pain, and constipation. Black stools are normal when taking iron medicine.

MESSAGES

Pregnant women, go to the clinic to get worm medicine to prevent you from getting low blood.

Husbands, make sure your pregnant wife gets worm medicine from a health worker.

- Worms can cause low blood, which leads to tiredness and poor health.
- From 6 months gestation on, ask the health worker for worm medicines.
# MESSAGE

**Pregnant women,** make sure you receive your tetanus shots from the health clinic.  
**Husband,** make sure your wife receives her tetanus shots at the health clinic.

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## Prevention of Malaria and Anemia

**MESSAGE**

**All members of the family, especially pregnant women and young children,** sleep under an insecticide treated mosquito net (ITN) to prevent malaria.

- If you are pregnant, be sure that you sleep under an ITN to protect yourself and the baby from malaria.
- Malaria causes low blood (anemia), which will make members of your family sick and very weak.

**MESSAGES**

**Pregnant women,** make sure you go to the pregnancy clinic to get malaria medicine (IPT) to keep you from getting malaria and to keep your unborn baby healthy.  
**Husbands,** make sure your pregnant wife gets malaria medicine from the pregnancy clinic to keep her from getting malaria and to keep your unborn baby healthy.

- Malaria can be bad for you and the baby and cause low blood. Make sure that you take IPT (malaria medicine) when you are pregnant.
- If a pregnant woman or a family member has fever, go to a health facility for immediate treatment.

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## Iodized Salt

**MESSAGE**

**Parents,** make sure that all family food is cooked using iodized salt so that all family members remain healthy.

- A pregnant woman needs to use iodized salt to make sure her new baby is healthy and can learn.
- Add the iodized salt at the end of the cooking.
- Keep iodized salt in a covered container or jar and away from heat.
**Nutrition of Breastfeeding Mothers**

**MESSAGES**

Mothers, when you are giving breastmilk, eat two extra bowls of food a day to maintain your health and the health of your baby. Eat different types of food every day to be strong and get vitamins.

Fathers, ensure that your wife who gives breastmilk has two extra meals a day to maintain her health and the health of the baby.

- To maintain her health and strength, a breastfeeding woman needs to eat more than usual.
- A breastfeeding woman needs to eat many different types of colorful foods such as crayfish, meat, chicken, snails, fish, potato greens, cassava leaf and other leafy greens, vegetable oil, palm oil, rice, plantains, yams, corn, eddoes, eggs, peanuts, oranges, and vegetables, etc.

**MESSAGE**

Mothers, as soon as possible but no later than 8 weeks after giving birth, go to the well baby clinic and take Vitamin A supplementation to make the baby healthy and strong.

- Taking a Vitamin A capsule will enrich a mother’s breastmilk with important nutrients that prevent sickness in the baby.

**MESSAGE**

Mothers, after delivery, continue to take iron and folic acid medicine to have good blood and keep your baby strong.

- A mother should take iron and folic acid medicine for 6 months during the pregnancy period and also continue for 6 months after delivery.
GENERAL CASE STUDY OF BABY 6-24 MONTHS

VISIT #1: INITIAL VISIT
With the mother/caregiver, recommend and negotiate doable actions according to the child’s health status, age, and the different feeding difficulties.

Checklist of GALIDRAA:
- Greet the mother.
- Ask about feeding practices, age of the child, and status.
- Listen to the mother.
- Identify difficulties related to breastfeeding and/or complementary feeding that need to be resolved (one of the components of FADDUA).
- Identify the possible causes of the difficulties.
- Ask the mother/caregiver to suggest ways of improving her child’s feeding using posters or other visuals if available.
- Ask the mother/caregiver whether she is willing to try a new practice of FADDUA, which you will explain to her and whose advantages you will emphasize.
- Discuss specific recommendations with the mother/caregiver.
- Negotiate with the mother/caregiver so that she tries a new practice.
- Plan with mother/caregiver a follow-up visit.

VISIT #2: FOLLOW-UP VISIT AFTER 1-2 WEEKS
Aim to check how the mother/caregiver is doing with the new practice, and congratulate and encourage the mother/caregiver to continue.

Checklist of Visit #2
- Ask the mother/caregiver if she has been able to carry out the practice she was willing to try.
- If she has tried, congratulate her for trying the practice.
- If she has tried, what does she think of it?
- If she has not, why not?
- Which changes did she make to the new practice and why?
- What did she like about this practice?
- What difficulties did the mother/caregiver encounter?
- Discuss FADDUA recommendations and other practices that would improve complementary feeding.
- Inform the mother/caregiver on the nearest place where she can get support.

Plan another follow-up visit with mother/caregiver.
### VISIT #3: 1-2 MONTHS LATER

Make a follow-up visit to check if the mother/caregiver still uses the new practice and negotiate new recommendations according to the child’s age or any other difficulty. Ask the mother/caregiver to share the practice with other mothers.

**Checklist Visit #3:**

- Ask the mother/caregiver if she still uses the new practice.
- Congratulate the mother/caregiver if she does.
- If she does not, why not?
- Did she make some changes to the recommended practice and why?
- In which way did she change the recommended practice and why?
- What were the difficulties?
- How did she resolve them?
- Listen to the mother/caregiver’s questions, concerns, and doubts.
- Discuss with the mother/caregiver the same recommendations or new specific ones based on the child’s age.
- Encourage the mother/caregiver to try out the new practice: ask her which practice she thinks she can carry out. Can she practice it every day?
- Inform the mother/caregiver of the nearest place where she can get support.
HOW TO NEGOTIATE USING VISUALS

Poster, Counseling Card, Booklet on Key ENA Messages, Child Health Record, etc.

Ask the mother/caregiver to:

1. OBSERVE
   • What is happening in the picture?
   • What are the characters in the picture doing?
   • How does the character feel about what s/he was doing? Why did s/he do that?

2. REFLECT
   • Whom do you agree with? Why?
   • Whom do you disagree with? Why?
   • What is the advantage of adopting the practice described in the picture?

3. PERSONALIZE
   • What would people in this community do in the same situation? Why? What would you do in the same situation? Why?
   • What difficulties might you experience? Would you be able to overcome them? How?

4. ACT
   • Repeat the key messages.
   • If you were the mother (or another character), would you be willing to try the new practice?
   • How would you overcome any barriers to trying the new practice?
   • Together identify doable actions that the mother can try.
# Prenatal Visit (4th, 6-7th, 8th, 9th Months)

## FOR EACH PREGNANT WOMAN

- **Evaluate for danger signs and, if necessary refer immediately**
  - vaginal bleeding
  - convulsions/loss of consciousness
  - swollen hands and legs
  - foul-smelling or yellowish/green/brown vaginal discharge
  - history of leakage of amniotic fluid > 18 hrs
  - ruptured membrane without onset of labor within 18 hours
  - does not gain weight

- **Ask her to come back she has any of these signs**

- **Check tetanus immunization and complete if necessary**
  - TT1: as soon as possible
  - TT2: 1 month later
  - TT4: 1 year later
  - TT5: 1 year later

- **When available, assess:**
  - weigh and check that she is gaining weight (norm: 1kg/month in the 2nd and 3rd trimesters)
  - measure MUAC and check for underweight (norm: >23 cm)
  - blood pressure (norm: <140/90) – Hb (norm: >11gm/dl)
  - blood group – VDRL

- **Give Iron/Folic acid supplementation**
  - 1 tablet daily (Iron 60 mg; Folic Acid 400mcg) for 6 months starting in pregnancy, to be continued after delivery if not completed
  - explain side effects (difficult to digest, black stools, constipation), how to take it (between meals with fruits), and where she can get more tablets
  - screen for anemia (color of palm) or Hb (norm: >11gm/dl)

- **Give deworming treatment** - Mebendazole (500mg) once in third trimester of pregnancy.

- **Counsel on the need for her to eat well during pregnancy**
  - 1 extra meal (bowl) each day
  - a varied diet with different types of foods rich in animal sources (egg, liver, meat), Vit. A, (palm oil, pawpaw, plums, pumpkin, butter pears, red/yellow sweet potato, carrot, dark green leafy vegetables), iron (beans, meat, liver, dark green leafy vegetables), and Vit. C (fruits)

- **Advise her on using iodized salt for herself and the whole family**

- **Explain importance of sleeping under a mosquito net (ITN) to prevent malaria especially for pregnant women and young children**

- **Advise to get anti-malarial treatment** - One dose Sulfadoxine-Pyrimethamine 500 mg + 25 mg (3 tablets) in the 2nd trimester and one dose SP (3 tablets) in the 3rd trimester

- **Counsel on optimal breastfeeding practices**
  - put baby to the breast immediately after birth (within one hour), even before placenta has been expelled
  - ensure skin to skin contact
  - give colostrum - not to give pre-lacteals (e.g. pepper water, water, butter palm, trash medicine, other liquids)
  - breastfeed exclusively until baby is 6 months - no water or other liquids/foods
  - breastfeed on-demand, at least 10 times, day and night
  - empty one breast completely before switching to the other in order to get the nutritious “hind milk”
  - correct positioning and attachment
  - come back if she has any breast/nipple problems or other breastfeeding difficulties

- **Identify sexually transmitted infections and treat**
- **Counsel her to use a condom during sexual intercourse to prevent HIV infection during pregnancy**
- **Counsel for HIV testing and refer to PMTCT/VCT sites**

- **Advise her to:**
  - rest at least 1 hour a day in the 3rd trimester and avoid heavy lifting and heavy work
  - follow ante-natal visits - 4 visits during pregnancy if possible (4th, 6-7th, 8th, 9th months)
  - deliver in a health facility
  - return for postnatal visit on the 7th and 45th days and in between as needed

- **Counsel her on family planning – Advise to delay new pregnancy at least 24 months**
  - short-term methods: natural Family Planning
  - standard day method
  - mini pills
  - lactational amenorrhea method
  - injectables (depo provera)
  - spermicides & condoms
  - long-term methods: IUCD
  - norplant
  - permanent methods: male & female voluntary surgical contraception

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## DELIVERY & PERINATAL CARE

### FOR EACH WOMAN

- Refer the mother immediately if she has the following danger signs
  - labor lasting over 12 hours
  - labor before the completion of the 37 weeks of pregnancy
  - baby in abnormal position (breech, transverse)
  - excessive vaginal bleeding
  - severe headache/visual disturbances/convulsions/fits
  - fever and/or foul-smelling vaginal discharge

- At birth
  - cut the umbilical cord after pulsation has stopped
  - cut the umbilical cord with clean instruments and cover with a clean gaze (nothing else)
  - dry and warm the newborn
  - clean the newborn’s airway if the baby doesn’t cry immediately
  - ensure skin to skin contact with the mother
  - put baby to the breast immediately after birth (within one hour) even before placenta has been expelled
  - weigh the baby and record the weight on growth chart or health card

- Counsel on optimal breastfeeding practices
  - demonstrate correct positioning and attachment
  - give colostrum - not to give pre-lacteals (e.g. pepper water, water, butter palm, trash medicine, other liquids)
  - breastfeed exclusively until baby is 6 months - no water or other liquids/foods
  - breastfeed on-demand, at least 10 times day and night
  - empty one breast completely before switching to the other in order to get the nutritious “hind milk”
  - come back if she has any breast/nipple problems or other breastfeeding difficulties
  - Explain and demonstrate to the mother how she can express her breastmilk and store it safely up to 8 hours at room temperature

- Give Vitamin A supplementation (200,000 IU) to mother once within 8 weeks after delivery

- Advise the mother to continue Iron/Folic acid supplementation
  - 1 tablet daily (Iron 60 mg; Folic Acid 400mcg) for 6 months starting in pregnancy, to be continued after delivery if not completed
  - explain side effects (difficult to digest, black stools, constipation), and how to take it (between meals with fruits) and where she can get more tablets
  - screen for anemia (color of palm) or Hb <12gm/dl and treat (Iron 120mg; Folic Acid 400mcg daily during 3 months)

- Counsel on the need for her to eat well during the lactation period
  - 2 extra meals (bowls) each day
  - a varied diet with different types of foods rich in animal sources (egg, liver meat), Vlt. A, (palm oil, pawpaw, plums, pumpkin, red/yellow sweet potato, carrot, dark green leafy vegetables), iron (beans, meat, liver, dark green leafy vegetables), and Vit. C (fruits)
  - Advise her on using iodized salt for herself and the whole family

- Explain importance of sleeping under a mosquito net (ITN) to prevent malaria especially for lactating women and young children
  - Advise to get anti-malarial treatment if she has fever
    - Malaria with no complications, give Artesunate+Amodiaquine (AS+AQ)
    - Malaria with complications, give Quinine

- Check the mother’s immunization status (TT) and complete

- Give BCG and oral polio vaccine to the baby

- Identify sexually transmitted infections and treat

- Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding

- Counsel for HIV testing and refer to PMTCT/VCT sites

- Advise her to:
  - return for postnatal visit on the 7th and 45th days and in between as needed
  - follow the baby’s immunization schedule
  - check the baby’s weight monthly
  - avoid heavy work and lifting for two weeks after delivery

- Counsel on family planning. Advise on Lactational Amenorrhea Method

- Advise to delay new pregnancy at least 24 months
**POSTNATAL (7TH AND 45TH DAY AFTER DELIVERY) AND FAMILY PLANNING**

### FOR EACH WOMAN

- **Ask the mother to come back if she has any of the following danger signs**
  - heavy vaginal bleeding
  - abdominal pain
  - hot, red, painful areola or lump on the breast
  - breathing difficulty
  - convulsions (fits)
  - fever, and/or foul-smelling vaginal discharge
  - severe headache/visual disturbances
  - pain in calf, with or without swelling

- **Ask the mother to come back if the newborn has any of the following danger signs**
  - breathing problem (slow or fast breaths; grunting)
  - feels cold to touch
  - jaundice/yellow skin
  - diarrhea
  - feeding difficulties or not sucking well
  - umbilical pus
  - lethargy
  - persistent vomiting or abdominal distension

- **Counsel on optimal breastfeeding practices**
  - assess and demonstrate correct positioning and attachment
  - breastfeed **exclusively** until baby is 6 months - no water or rice water, coconut water, other liquids/foods
  - breastfeed on-demand, at least 10 times day and night
  - empty one breast completely before switching to the other in order to get the nutritious “hind milk”
  - come back if she has any breast/ nipple problems or other breastfeeding difficulties
  - Explain and demonstrate to the mother how she can express her breastmilk and store it safely for up to 8 hours at room temperature

- **Check Vitamin A supplementation status of the mother and give to her if needed**
  - Vitamin A (200,000 IU), within 8 weeks after delivery, if not given at delivery

- **Advise the mother to continue Iron/Folic acid supplementation**
  - 1 tablet daily (Iron 60 mg; Folic Acid 400mcg) for 6 months starting in pregnancy, to be continued after delivery if not completed
  - explain side effects (difficult to digest, black stools, constipation), and how to take it (between meals with fruits) and where she can get more tablets
  - screen for anemia (color of palm) or Hb < 12g/dl and treat (Iron 120mg; Folic Acid 400mcg daily during 3 months)

- **Counsel on the need for her to eat well during the lactation period**
  - 2 extra meals (bowls) each day
  - a varied diet with different types of foods - rich in animal sources (egg, liver, meat), Vit. A, (palm oil, pawpaw, plums, pumpkin, red/yellow sweet potato, carrot, dark green leafy vegetables), iron (beans, meat, liver, dark green leafy vegetables), and Vit. C (fruits)

- **Advise her on using iodized salt for herself and the whole family**

- **Explain importance of sleeping under a mosquito net (ITN) to prevent malaria, especially for pregnant women and young children**

- **Advise to get anti-malarial treatment**
  - if she has fever/malaria with no complications give Artesunate+Amodiaquine (AS+AQ)
  - if she has malaria with complications give Quinine

- **Advise the mother to expose baby (undressed below the waist) to morning sunlight everyday for 20 - 30 minutes**

- **Check the mother’s immunization status (TT) and complete**

- **Give BCG and oral polio vaccine to the baby as needed**

- **Identify sexually transmitted infections and treat**

- **Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding**

- **Counsel for HIV testing and refer to PMTCT/VCT sites**

- **Counsel her on family planning – Advise to delay new pregnancy at least 24 months**
  - short-term methods:
    - natural Family Planning
    - standard day method
  - long-term methods:
    - IUCD
    - permanent methods:
      - male & female voluntary surgical contraception

- **Advise her to:**
  - return for postnatal visit on the 7th and 45th days and in between as needed
  - follow the baby’s immunization schedule
  - check the baby’s weight monthly
  - avoid heavy work and lifting for up to 2 weeks after delivery
### IMMUNIZATIONS

**FOR EACH CHILD ...**

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

<table>
<thead>
<tr>
<th>Immunization period</th>
<th>Immunizations</th>
<th>Protects from</th>
</tr>
</thead>
<tbody>
<tr>
<td>* First immunization</td>
<td>BCG. Oral polio</td>
<td>Tuberculosis Polio</td>
</tr>
<tr>
<td>At birth</td>
<td></td>
<td></td>
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<tr>
<td>** Second immunization</td>
<td>Pentavalent I Oral Polio 1</td>
<td>Diphtheria Hepatitis B Haemophilus Influenza Tetanus Pertussis Polio</td>
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<td>6th week (4 weeks after Penta I)</td>
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<td>*** Third immunization</td>
<td>Pentavalent II Oral Polio 2</td>
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<tr>
<td>10th week (4 weeks after Penta II)</td>
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<tr>
<td>**** Fourth immunization</td>
<td>Pentavalent III Oral Polio 3</td>
<td></td>
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<tr>
<td>14th week (4 weeks after Penta II)</td>
<td></td>
<td></td>
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<tr>
<td>***** Fifth immunization</td>
<td>Measles &amp; Yellow Fever Vitamin A Deficiency</td>
<td>Measles, Yellow Fever Vitamin A Deficiency</td>
</tr>
<tr>
<td>9 months</td>
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</tbody>
</table>

- **CHECK FOR THE CHILD’S VITAMIN A SUPPLEMENTATION STATUS AND UPDATE IF NEEDED**
  - children 6 to 11 months: Vitamin A 100,000 IU (during Measles immunization) once
  - children 12 months to 59 months: Vitamin A 200,000 IU every 6 months

- **Check for the child’s deworming and update if needed**
  - children from 12 months: Mebendazole, a single 500 mg dose of every 4-6 months

- **Assess and counsel on optimal breastfeeding practices for children less than 6 months**
  - correct positioning and attachment if the child is < 3 months
  - breastfeed exclusively until baby is 6 months - no water or other liquids/foods
  - breastfeed on-demand, at least 10 times day and night
  - empty one breast completely before switching to the other in order to get the nutritious “hind milk”

- **Assess and counsel on adequate complementary feeding from 6 to 24 months**
  - continue breastfeeding up to 24 months (at least 8 times), and beyond
  - from 6 months old, feed porridges to infant 2-3 times a day, 1-2 other snacks between meals per day in addition to breastfeeding
  - from 12 months, feed family food to child 4 times a day, 1-2 other snack foods per day in addition to breastfeeding
  - Always enrich child’s diet with a various foods rich in animal sources (egg, liver, meat), Vit. A (palm oil, pawpaw, plums, carrots, pumpkin, red/yellow sweet potato, dark green leafy vegetables), iron (meat, liver, dark green leafy vegetables), Vit. C (fruits), and oil, butter

- **Check for child’s anemia and treat**
  - Children < 2 years: Iron 25mg; Folic Acid 100-400mcg daily during 3 months
  - Simultaneously treat malaria: Amodiaquine 153 mg+Artesunate 50mg for 3 days

- **Counsel on the need for mother to eat well during the lactation period**
  - 2 extra meals (bowls) each day
  - a varied diet with different types of foods - rich in Vit. A, (palm oil, pawpaw, mangoes, carrots, pumpkin, yellow sweet potato, dark green leafy vegetables), iron (beans, meat, liver), and Vit. C (fruits)
  - Advise her on using iodized salt for herself and the whole family

- **Explain importance of sleeping under a mosquito net (ITN) to prevent malaria, especially for lactating women and young children**

- **Identify sexually transmitted infections and treat**
- **Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding**
- **Counsel for HIV testing and refer to PMTCT/VCT sites**

- **Counsel her on family planning – Advise to delay new pregnancy at least 24 months**
  - short-term methods: − natural Family Planning − standard day method − mini pills
  - long-term methods: − IUCD − norplant
  - permanent methods: male & female voluntary surgical contraception

- **Advise her to** follow the baby’s immunization schedule and weigh the baby monthly
# GROWTH MONITORING/PROMOTION & WELL CHILD VISITS

## FOR EACH CHILD

### Growth monitoring and promotion
- Record child’s weight at birth onto growth card if information is available
- Determine child’s age in months
- Calibrate scale to zero and weigh child (remove heavy clothing) and record its weight on the growth chart
- Evaluate the direction and position of its growth curve and compare to the reference curves on the card
- Explain the growth curve of the child to mother
  - Congratulate the mother if the child is growing well, assess feeding practices, and give counseling
  - Counsel her on appropriate feeding if the child is not growing well
- If child is not growing well, measure height, check for acute malnutrition and edema, and refer for treatment

### Counsel on optimal breastfeeding practices for children less than 6 months
- Assess and demonstrate correct positioning and attachment if the child is < 3 months
- Breastfeed exclusively until baby is 6 months - no water or other liquids/foods
- Breastfeed on-demand, at least 10 times day and night
- Empty one breast completely before switching to the other in order to get the nutritious “hind milk”
- Come back if she has any breast/ nipple problems or other breastfeeding difficulties
- Explain and demonstrate to the mother how she can express her breastmilk and store it safely up to 8 hours at room temperature

### Assess and counsel on adequate complementary feeding from 6 to 24 months
- Start complementary food at 6 months of age
- Continue breastfeeding up to 24 months (at least 8 times), and beyond
- Wash your hands and baby’s hands before eating
- From 6 months old, feed porridges to infant 2-3 times, 1-2 other snack foods between meals per day in addition to breastfeeding
- From 12 months, feed family food to child 4 times, 1-2 other snack foods per day in addition to breastfeeding
- Always enrich child’s diet with a variety of foods rich in animal sources (egg, liver, meat), Vit. A (palm oil, pawpaw, plums, pumpkin, red/yellow sweet potato, carrots, dark green leafy vegetables), iron (meat, liver, dark green leafy vegetables), Vit. C (fruits), and oil, butter
- Encourage the child to eat from his/her own plate and encourage and assist the child to finish the plate

### Counsel to increase frequency of breastfeeding during and after illnesses
- For children > 6 months, in addition advise to give 1 additional meal (bowl) every day for 2 weeks after recovery

### Advise to expose the baby to sunlight everyday

### Check the child’s immunization status and complete

### Check for the child’s deworming and update if needed
- Children from 12 months: Mebendazole, a single 500 mg dose of every 6 months

### Check for child’s anemia and treat –
- Children < 2 years: Iron 25 mg; Folic Acid 100-400mcg daily during 3 months
- Children 2-5 years: Iron 60 mg; Folic Acid 400mcg daily during 3 months

### Simultaneously treat malaria
- Amodiaquine 153 mg + Artesunate 50 mg for 3 days

### Counsel on the need for mother to eat well during the lactation period
- 2 extra meals (bowls) each day
- A varied diet with different types of foods - rich in animal sources (egg, liver, meat), Vit. A, (palm oil, pawpaw, plums, carrots, pumpkin, red/yellow sweet potato, dark green leafy vegetables), iron (beans, meat, liver, dark green leafy vegetables), and Vit. C (fruits)
- Advise her on using iodized salt for herself and the whole family

### Explain importance of sleeping under a mosquito net (ITN) to prevent malaria, especially her and young children

### Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding

### Counsel for HIV testing and refer to PMTCT/VCT sites

### Counsel her on family planning – Advise to delay new pregnancy at least 24 months
- Short-term methods: natural Family Planning
- Standard day method
- Mini pills
- IUCD
- Spermicides & condoms
- Injectable (Depo Provera)
- Norplant
- Lactational amenorrhea method

### Advise her to follow the baby’s immunization schedule and weigh the baby monthly

---

Children 2–4 years:

<table>
<thead>
<tr>
<th>Fortnight</th>
<th>Vitamin A (micrograms)</th>
<th>Iron (milligrams)</th>
<th>Iodized Salt (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–4</td>
<td>200,000</td>
<td>25</td>
<td>180</td>
</tr>
<tr>
<td>5–9</td>
<td>150,000</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>10–12</td>
<td>100,000</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>13–17</td>
<td>50,000</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>18–24</td>
<td>20,000</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

Children 5 years and older:

<table>
<thead>
<tr>
<th>Fortnight</th>
<th>Vitamin A (micrograms)</th>
<th>Iron (milligrams)</th>
<th>Iodized Salt (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–4</td>
<td>200,000</td>
<td>25</td>
<td>180</td>
</tr>
<tr>
<td>5–9</td>
<td>150,000</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>10–12</td>
<td>100,000</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>13–17</td>
<td>50,000</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>18–24</td>
<td>20,000</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

For each meal:

- Include 2 other snack foods between meals per day in addition to breastfeeding
- Always enrich child’s diet with a variety of foods rich in animal sources (egg, liver, meat), Vit. A, (palm oil, pawpaw, plums, pumpkin, red/yellow sweet potato, dark green leafy vegetables), iron (beans, meat, liver, dark green leafy vegetables), and Vit. C (fruits)
- Oil, butter
- Encourage the child to eat from his/her own plate and encourage and assist the child to finish the plate

Advise her on using iodized salt for herself and the whole family

Explain importance of sleeping under a mosquito net (ITN) to prevent malaria, especially her and young children

Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding

Counsel for HIV testing and refer to PMTCT/VCT sites

Counsel her on family planning – Advise to delay new pregnancy at least 24 months

- Short-term methods: natural Family Planning
- Standard day method
- Mini pills
- IUCD
- Spermicides & condoms
- Injectable (Depo Provera)
- Norplant
- Lactational amenorrhea method

Advise her to follow the baby’s immunization schedule and weigh the baby monthly

---

### Checking for Anemia

To check for anemia:

1. *Evaluate the direction and position of its growth curve and compare to the reference curves on the card.*
2. *Explain the growth curve of the child to mother.*
3. *Congratulate the mother if the child is growing well, assess feeding practices, and give counseling.*
4. *Counsel her on appropriate feeding if the child is not growing well.*
5. *If child is not growing well, measure height, check for acute malnutrition and edema, and refer for treatment.*

### Assessing and Counseling on Adequate Complementary Feeding

To assess and counsel on adequate complementary feeding:

1. *Start complementary food at 6 months of age.*
2. *Continue breastfeeding up to 24 months (at least 8 times), and beyond.*
3. *Wash your hands and baby’s hands before eating.*
4. *From 6 months old, feed porridges to infant 2-3 times, 1-2 other snack foods between meals per day in addition to breastfeeding.*
5. *From 12 months, feed family food to child 4 times, 1-2 other snack foods per day in addition to breastfeeding.*
6. *Always enrich child’s diet with a variety of foods rich in animal sources (egg, liver, meat), Vit. A (palm oil, pawpaw, plums, pumpkin, red/yellow sweet potato, carrots, dark green leafy vegetables), iron (meat, liver, dark green leafy vegetables), Vit. C (fruits), and oil, butter.*
7. *Encourage the child to eat from his/her own plate and encourage and assist the child to finish the plate.*

### Counseling to Increase Frequency of Breastfeeding

To counsel to increase frequency of breastfeeding:

1. *For children > 6 months, in addition advise to give 1 additional meal (bowl) every day for 2 weeks after recovery.*
2. *Advise her to breastfeed exclusively until baby is 6 months - no water or other liquids/foods.*
3. *Breastfeed on-demand, at least 10 times day and night.*
4. *Empty one breast completely before switching to the other in order to get the nutritious “hind milk.”*
5. *Come back if she has any breast/nipple problems or other breastfeeding difficulties.*

### Checking for Deworming and Update

To check for deworming and update:

1. *Children from 12 months: Mebendazole, a single 500 mg dose of every 6 months.*
2. *Children from 12 months to 59 months: Vitamin A 100,000 IU (during Measles immunization) once.*
3. *Children 12 months to 59 months: Vitamin A 200,000 IU every 6 months.*

### Checking for Child’s Anemia and Treat

To check for and treat anemia:

1. *Children < 2 years: Iron 25 mg; Folic Acid 100-400mcg daily during 3 months.*
2. *Children 2-5 years: Iron 60 mg; Folic Acid 400mcg daily during 3 months.*

### Simultaneously Treating Malaria

To treat malaria:

1. *Amodiaquine 153 mg + Artesunate 50 mg for 3 days.*

### Counseling on the Need for Mother to Eat Well During Lactation

To counsel on eating well during lactation:

1. *2 extra meals (bowls) each day.*
2. *A varied diet with different types of foods - rich in animal sources (egg, liver, meat), Vit. A, (palm oil, pawpaw, plums, carrots, pumpkin, red/yellow sweet potato, dark green leafy vegetables), iron (beans, meat, liver, dark green leafy vegetables), and Vit. C (fruits).*
3. *Encourage the child to eat from his/her own plate and encourage and assist the child to finish the plate.*

### Explaining Importance of Sleeping Under Mosquito Net

To explain the importance of sleeping under a mosquito net:

1. *Explain importance of sleeping under a mosquito net (ITN) to prevent malaria, especially her and young children.*

### Counseling to Use a Condom During Sexual Intercourse

To counsel on condom usage:

1. *Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding.*

### Counseling for HIV Testing and PMTCT/VCT Sites

To counsel for HIV testing:

1. *Counsel for HIV testing and refer to PMTCT/VCT sites.*

### Counseling on Family Planning

To counsel on family planning:

1. *Counsel her on family planning – Advise to delay new pregnancy at least 24 months.*
2. *Identify short-term methods: natural Family Planning, standard day method, mini pills.*
3. *Identify long-term methods: IUCD.*

### Advising on Immunization and Weighing

To advise on immunization and weighing:

1. *Advise her to follow the baby’s immunization schedule and weigh the baby monthly.*
FOR EACH CHILD

- Check for danger signs and refer if necessary
  - lethargy/unconsciousness
  - convulsing in past or now
  - vomiting everything
  - unable to eat/drink

- Assess, classify illness, and treat according to the IMNCI algorithms (cough, difficult breathing, diarrhea, fever, ear problem)
  - Assess the child’s nutritional status
    - determine child’s age in months
    - check for visible and severe wasting with weight for height (or MUAC if height impossible to measure), refer for treatment of acute malnutrition
    - check for swelling (edema) and refer for treatment
    - weigh child (remove heavy clothing) and record weight on the growth chart
    - evaluate the direction and position of its growth curve and compare to the reference curves on the card
    - explain the growth curve of the child to mother
  - Counsel her on appropriate feeding during and after illness

- Counsel to increase frequency of breastfeeding during and after illnesses
- For children older than 6 months, increase frequency of breastfeeding and give 1 additional meal (bowl) every day for 2 weeks after recovering from each illness

- Counsel on optimal breastfeeding practices for children less than 6 months
  - assess and demonstrate correct positioning and attachment if the child is < 3 months
  - breastfeed exclusively until baby is 6 months - no water or other liquids/foods
  - breastfeed on-demand, at least 10 times day and night
  - empty one breast completely before switching to the other in order to get the nutritious “hind milk”

- Assess and counsel on adequate complementary feeding from 6 to 24 months (refer to the key messages)
  - start complementary food at 6 months of age
  - continue breastfeeding up to 24 months (at least 8 times), and beyond
  - wash your hands and baby’s hands before eating
  - from 6 months old, feed porridges to infant 2-3 times, 1-2 other snack foods between meals per day in addition to breastfeeding
  - from 12 months, feed family food to child 4 times, 1-2 other snack foods per day in addition to breastfeeding
  - always enrich child’s diet with a variety of foods rich in animal sources (egg, liver, meat), Vit. A (palm oil, pawpaw, plums, carrots, pumpkin, red/yellow sweet potato, dark green leafy vegetables), iron (meat, liver, dark green leafy vegetables), Vit. C (fruits)
  - encourage the child to eat from its own plate and encourage and assist to finish every meal

- If the child has diarrhea
  - children < 6 months: Zinc 10mg daily for 10-14 days
  - CHILDREN > 6 MONTHS TO 5 YEARS: ZINC 20MG DAILY FOR 10-14 DAYS

- Check for child’s anemia and treat
  - children < 2 years: Iron 25mg; Folic Acid 100-400mcg daily during 3 months
  - children 2-5 years: Iron 60mg; Folic Acid 400mcg daily during 3 months

- Simultaneously treat malaria Amodiaquine 153 mg+Artesunate 50mg for 3 days

- CHECK FOR THE CHILD’S VITAMIN A SUPPLEMENTATION STATUS AND UPDATE IF NEEDED
  - children 6 to 11 months: Vitamin A 100,000 IU
  - children 12 months to 59 months: Vitamin A 200,000 IU every 6 months

- Add Vitamin A to treatment according to IMNCI protocol.

<table>
<thead>
<tr>
<th>Diseases</th>
<th>6 – 11 months (100,000 IU)</th>
<th>12-59 months (200,000 IU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent diarrhea</td>
<td>day 1</td>
<td>day 1</td>
</tr>
<tr>
<td>Severe malnutrition - eye lesions</td>
<td>day 1, day 2, day 14</td>
<td>day 1, day 2, day 14</td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xerophthalmia (night blindness, eye lesion)</td>
<td>day 1, day 2, day 14</td>
<td>day 1, day 2, day 14</td>
</tr>
</tbody>
</table>

- Check for the child’s deworming and update if needed
  - children from 12 months: Mebendazole, a single 500 mg dose of every 6 months

- Check the mother’s immunization status (TT) and complete

- Advise her to follow prescribed treatment
- Advise her to follow the baby’s immunization schedule, to weigh the baby monthly
## COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION: OTP

### FOR EACH CHILD

- **Measure MUAC and Weight for Height**
  - Classify into MAM (Moderate Acute Malnutrition) if MUAC <12cm>11.5 cm or wt/ht >-3< z score
  - SAM (Severe Acute Malnutrition) if MUAC <11.5 cm or wt/ht <-3< z score
- **Identify complicated SAM** and refer to Stabilization Center (SC) for inpatient treatment, if
  - presence of bilateral edema,
  - failed appetite test, and/or
  - other medical complications (diarrhea, pneumonia, fever)

- **If SAM:** On admission give (but do not repeat if transferred from phase 1- SC)
  - **Provide Medical Treatment**
    - Vitamin A according to the age
    - Folic Acid if signs of anemia (5 mg or 2.5 mg in endemic malaria areas)
    - Antibiotic therapy for seven days (amoxicillin, ampicillin, and/or gentamycin)
    - Malaria treatment + Insecticide treated mosquito nets
    - Measles immunization
    - Prescribe RUTF according to weight (refer to national guidelines)
    - Provide counseling below
  - **If MAM:**
    - Refer to Supplementary Feeding Program, if available, to get Corn Soya Blend, sugar, and oil
    - Provide counseling below

- **Counsel to increase frequency of breastfeeding during and after illnesses**
- **For children older than 6 months, in addition to increasing frequency of breastfeeding, advise to give 1 additional meal (bowl) every day for 2 weeks after recovery from each illness**

- **Counsel on optimal breastfeeding practices for children less than 6 months**
  - assess and demonstrate correct positioning and attachment if the child is < 3 months
  - breastfeed exclusively until baby is 6 months - no water or other liquids/foods
  - breastfeed on-demand, at least 10 times day and night
  - empty one breast completely before switching to the other in order to get the nutritious “hind milk”
  - try to re-initiate breastfeeding if child less than 24 months

- **Assess and counsel on adequate complementary feeding from 6 to 24 months** (refer to the key messages)
  - start complementary food at 6 months of age
  - continue breastfeeding up to 24 months (at least 8 times), and beyond
  - from 6 months old, feed porridges to infant 2-3 times, 1-2 other snack foods between meals per day in addition to breastfeeding
  - from 12 months, feed family food to child 4 times, 1-2 other snack foods per day in addition to breastfeeding
  - Always enrich child’s diet with a various foods rich in animal sources (egg, liver, meat), Vit. A (palm oil, pawpaw, plums, carrots, pumpkin, red/yellow sweet potato, dark green leafy vegetables), iron (meat, liver, dark green leafy vegetables), Vit. C (fruits).
  - Encourage the child to eat from his/her own plate and encourage and assist to finish every meal

- **Check the child’s immunization status and complete**
  - **CHECK FOR THE CHILD’S VITAMIN A SUPPLEMENTATION STATUS AND UPDATE IF NEEDED**
    - children 6 to 11 months: Vitamin A 100,000 IU
    - children 12 months to 59 months: Vitamin A 200,000 IU

- **Check for the child’s deworming (children from 12 months: Mebendazole, a single 500 mg dose)**

- **Check for child’s anemia and treat**
  - Children < 2 years: Iron 25mg; Folic Acid 100-400mcg daily during 3 months
  - Children 2-5 years: Iron 60mg; Folic Acid 400mcg daily during 3 months

- **Simultaneously treat malaria** Amodiaquine 153 mg+Artesunate 50mg for 3 days

- **Counsel her on family planning – Advise to delay new pregnancy at least 24 months**
  - short-term methods:
    - natural Family Planning
    - standard day method
    - mini pills
    - IUCD
  - long-term methods:
    - injectables (depo provera)
    - spermicides & condoms
  - permanent methods:
    - norplant
    - male & female voluntary surgical contraception

- **Advise her to** follow the baby’s immunization schedule and weigh the baby monthly
# OBSERVATION CHECKLIST FOR SUPPORT GROUPS

Community: ______________________________
Place: ______________________________
Date: __________
Time: _______________ Theme: ______________________________

Group facilitator(s): ______________________________

<table>
<thead>
<tr>
<th></th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The facilitator(s) introduce themselves to the group.</td>
</tr>
<tr>
<td>2.</td>
<td>The facilitator(s) clearly explain the day’s theme.</td>
</tr>
<tr>
<td>3.</td>
<td>The facilitator(s) ask questions that generate participation.</td>
</tr>
<tr>
<td>4.</td>
<td>The facilitator(s) motivate the quiet women to participate.</td>
</tr>
<tr>
<td>5.</td>
<td>The facilitator(s) apply communication skills.</td>
</tr>
<tr>
<td>6.</td>
<td>The facilitator(s) adequately manage content.</td>
</tr>
<tr>
<td>7.</td>
<td>The facilitator(s) adequately distribute the tasks between themselves.</td>
</tr>
<tr>
<td>8.</td>
<td>Mothers share their own experiences.</td>
</tr>
<tr>
<td>9.</td>
<td>The participants sit in a circle.</td>
</tr>
<tr>
<td>10.</td>
<td>The facilitator(s) fill out the information sheet on their group.</td>
</tr>
<tr>
<td>11.</td>
<td>The facilitator(s) invite women to attend the next mother-to-mother support group (provides place, date, and theme for next meeting).</td>
</tr>
<tr>
<td>12.</td>
<td>The facilitator(s) thank the women for attending the mother-to-mother support group.</td>
</tr>
<tr>
<td>13.</td>
<td>The facilitator(s) ask women to talk to a pregnant woman or breastfeeding mother before the next meeting, share what they have learned, and report back.</td>
</tr>
</tbody>
</table>

Number of women attending the mother-to-mother support group: _______________
GROUP SUPERVISION GUIDELINES

Frequency
• 1 month after the training of community agents
• Then, every 2-3 months as needed
• For community groups functioning well, every 3-4 months

Activity 1: **Identification of problems related to breastfeeding, complementary feeding/sick child, nutrition of women, and/or micronutrients. Discussion of solutions** (45 min)

Group Work
• - Each participant writes (or thinks of) two questions
• - Form three groups and in each group:
  • - Put the common questions together
  • - Answer the questions in the group
  • - Answer the questions in plenary (the facilitators help the groups to answer)

Activity 2: **Assessment of the field practice on negotiation. Discussion on solution** (1 hour 30 min)

Group Work
• - Divide the participants into pairs.
• - Have field practice sessions with mothers (4 to 6 mothers per team).
• - Divide the tasks for each team as follows:
  • - One participant negotiates with the mother whilst the other participants observe with the help of the negotiation observation checklist and provide feedback.
  • - Reverse the roles until you have 4 to 6 mothers per team.
  • - When all the teams have had a chance to practice their negotiation skills return to review the feedback in plenary.
• - Each team presents the strong points and the points to be improved.
• - The facilitators will mention the various points and reinforce different points.
Activity 3: Share experiences (45 min)

Group Work
- Divide participants into three groups.
- Each group will share the work that they do in their community.
- Share the strong points, the problems encountered in the organization and the solutions undertaken to solve the problems.
- For each unsolved problem, find appropriate solutions with the group.
- Each group will see how to improve their way of working or what activities to maintain and identify what should be their next activities.

For the closing of the session the facilitator will:
- Give a summary
- Set a date for the next meeting
## VITAMIN A ADMINISTRATION PROTOCOL IN LIBERIA (DRAFT SEPTEMBER 2009)

<table>
<thead>
<tr>
<th>TARGETS</th>
<th>AGE GROUP</th>
<th>DOSE</th>
<th>FREQUENCY AND OPPORTUNITIES</th>
</tr>
</thead>
</table>
| Preventive supplementation  
• Children under 5 years of age | Infants 6-11 months | 100,000 IU | Administer with measles vaccine. Repeat dose every 6 months during campaigns or MCH contacts. |
| | Children 12-59 months | 200,000 IU | |
| Post partum women on delivery or within 8 weeks of delivery | Infants 6-11 months | 200,000 IU | During BCG vaccine for newborn, family planning, or post-natal visits |
| | Children 12-59 months | 200,000 IU | |
| **Treatment**  
With moderate or severe malnutrition | Infants 6-11 months | 100,000 IU on diagnosis  
Repeat same dose on day 2 and 14 if there are clinical signs of VAD | |
| | Children 12-59 months | 200,000 IU on diagnosis  
Repeat same dose on day 2 and 14 if there are clinical signs of VAD | EPI, IMNCI, MCH, and other contacts. |
| • Children with symptomatic HIV infection | Children 6-59 months | Every 6 months | Repeat preventive dose every 4-6 months |
| | Infants 6-11 months | 100,000 IU once | |
| | Children 12-59 months | 200,000 IU once | |
| • With persistent diarrhea | Infants 6-11 months | 100,000 IU on day 1, day 2 and day 14 | |
| | Children 12-59 months | 200,000 IU on day 1, day 2 and day 14 | |
| • With measles | Infants below 6 months | 50,000 IU on day 1, day 2 and day 14 | |
| | Infants 6-11 months | 100,000 IU on day 1, day 2 and day 14 | |
| • With xerophthalmia (VAD) | Children 12-59 months | 200,000 IU on day 1, day 2 and day 14 | |
ADMINISTRATION OF VITAMIN A CAPSULES

- Ask the caretaker if the child has received a Vitamin A capsule in the last month. If the answer is yes, confirm and do not give additional dose during this visit.
- If the answer is no, ask the caretaker to hold the child firmly, make sure the child is calm.
- Check the expiry date on the label.
- Cut the nipple of the capsule with scissors and immediately squeeze all the drops into the child’s mouth.
- Give the appropriate dose of Vitamin A to the child (refer to protocols).
- Check if the child is comfortable after swallowing the drops.
- Put all capsules that have been used into a plastic bag.
- Keep hands free of oil (clean).

DO NOT DROP THE CAPSULE INTO THE CHILD’S MOUTH OR ALLOW THE CHILD TO SWALLOW THE CAPSULE.
## Iron and Folic Acid Doses for Supplementation for Pregnant and Lactating Women

<table>
<thead>
<tr>
<th>Targets</th>
<th>Dosages</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive supplementation</td>
<td>Iron: 60 mg/day</td>
<td>• During 6 months</td>
</tr>
<tr>
<td></td>
<td>Folic acid: 400 mcg/day</td>
<td>• To take iron and folic acid for six months in pregnancy, and to be</td>
</tr>
<tr>
<td></td>
<td></td>
<td>continued into the postpartum period to reach the 6 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• DON’T give Iron/Folic supplementation for children under-five in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>malaria endemic area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify if the child has anemia (clinical or laboratory)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If anemia, treat and simultaneously treat malaria with Amodiaquine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>153 mg+Artesunate 50mg for 3 days</td>
</tr>
<tr>
<td>Treatment</td>
<td>Iron: 25 mg/day</td>
<td>• During 3 months</td>
</tr>
<tr>
<td>Children &lt; 2 years old**</td>
<td>Folic acid: 100-400 mcg/day</td>
<td></td>
</tr>
<tr>
<td>Children 2-12 years old</td>
<td>Iron: 60 mg/day</td>
<td>• During 3 months</td>
</tr>
<tr>
<td></td>
<td>Folic acid: 400 mcg/day</td>
<td></td>
</tr>
<tr>
<td>Adolescents and adults</td>
<td>Iron: 120 mg/day</td>
<td>• During 3 months</td>
</tr>
<tr>
<td></td>
<td>Folic acid: 400 mcg/day</td>
<td></td>
</tr>
</tbody>
</table>

### Hemoglobin Values Defining Anemia for Population Groups

<table>
<thead>
<tr>
<th>Age or Sex Group</th>
<th>Hemoglobin Value Defining Anemia (g/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 6-59 mos</td>
<td>&lt; 11.0</td>
</tr>
<tr>
<td>Children 5-11 yrs</td>
<td>&lt; 11.5</td>
</tr>
<tr>
<td>Children 12-14 yrs</td>
<td>&lt; 12.0</td>
</tr>
<tr>
<td>Non-pregnant women &gt;15</td>
<td>&lt; 12.0</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>&lt; 11.0</td>
</tr>
<tr>
<td>Men &gt;15</td>
<td>&lt; 13.0</td>
</tr>
</tbody>
</table>
### MALARIA CONTROL

<table>
<thead>
<tr>
<th>TARGETS</th>
<th>PROPHYLAXIS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant and Lactating Women</td>
<td>Sleep under an Insecticide Treated Net (ITN)</td>
<td>1 dose Sulphadoxine – pyrimethamine (3 tablets) in the 2nd trimester and 1 dose Fansidar (3 tablets) in the 3rd trimester</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td>Immediate access to treatment – Amodiaquine 153 mg + Artesunate 50mg for 3 days</td>
</tr>
</tbody>
</table>

### HELMINTHIASIS CONTROL

<table>
<thead>
<tr>
<th>TARGETS</th>
<th>TREATMENT</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant and Lactating Women</td>
<td>Mebendazole 500 mg</td>
<td>1 dose in the first trimester of pregnancy</td>
</tr>
<tr>
<td>Children older than 12 months</td>
<td>Mebendazole 500 mg</td>
<td>1 dose every 6 months</td>
</tr>
</tbody>
</table>

### ZINC TREATMENT DURING DIARRHEA

<table>
<thead>
<tr>
<th>TARGETS</th>
<th>DOSAGE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Children &lt; 6 months old</td>
<td>10 mg</td>
<td>10–14 days</td>
</tr>
<tr>
<td>Children &gt; 6 months old</td>
<td>20 mg</td>
<td>10–14 days</td>
</tr>
<tr>
<td>ACTIVITIES</td>
<td>PEOPLE RESPONSIBLE</td>
<td>RESOURCES NEEDED</td>
</tr>
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