MINISTRY OF HEALTH

GHANA HEALTH SERVICE

JOB AIDS

FOR NUTRITION COUNSELING SERVICES AT ANC AND CWC

Background of the Development of Algorithms

The Nutrition Counseling Flip Chart has been developed as a tool to help health staff to systematically conduct effective counseling, using the 3As counseling steps-process of Assessment, Analysis and use of appropriate and relevant information to take action.

Key components of the flip chart include Algorithms for Nutrition Counseling, steps for counseling and some key messages on safety and hygiene protocols during this era of COVID-19.

This Flip Chart has been a collaborative effort between the Family Health Division-GHS and the JICA MCH RB project to support provision of quality nutrition counseling services.

Positive counseling skills

This session was developed for you to help counsel mothers and other caregivers about infant and young child feeding (IYCF).

Positive counseling skills are important for your success.

Some basic counseling skills are presented below

Listening and Learning Skills

- **Use helpful non-verbal communication:**
  1. Keep your head level with the mother (or caregiver)
  2. Pay attention
  3. Reduce physical barriers
  4. Take time
  5. Touch appropriately if needed
  6. Ask open questions
  7. Use responses and gestures that show interest
  8. Reflect back what the mother or caregiver says
  9. Avoid using “judging” words

Building Confidence and Giving Support skills

1. Accept what a mother (or caregiver) thinks and feels. Let the mother (or caregiver) talk through her or his concerns before correcting any wrong ideas or mis-information. This helps to establish confidence.
2. Listen carefully to the mother’s (or caregiver’s) concerns.
3. Recognize and praise what a mother (or caregiver) and child are doing correctly.
4. Give practical help.
5. Give a little, relevant information at a time.
6. Use simple language that the mother or caregiver will understand.
7. Make one or two suggestions, not commands.

IYCF 3-Counseling:

The following 3-Step Counseling will help you to counsel, mothers (or caregiver) about infant and young child feeding.

The 3-Steps are Assess, Analyze and Act.

Step 1: Assess: ask, listen and observe

- Greet or warmly welcome the mother (or caregiver), using friendly language and gestures.
- Ask some initial questions that encourage her (or him) to talk.
- Listen to what is being said and observe what is going on using your Listening and Learning, and Building Confidence and Giving Support skills.
- Assess the age appropriate feeding practice(s) and the condition or health of the child and mother (or caregiver)

Step 2: Analyze: identify difficulty and if there is more than one – prioritize the difficulties

- Decide if the observed feeding is age-appropriate and if the condition or health of the child and mother (or caregiver) is good.
- If there are no apparent difficulties, praise the mother (or caregiver) and focus on providing information needed for the next stage of the child's development.
- If one or more feeding difficulty is present, or the condition or health of the child or mother (or caregiver) is poor, prioritize the difficulties.
- Answer the mother's (or caregiver's) questions if any.

Step 3: Act: discuss findings, suggest a small amount of relevant information, agree on doable action

- Depending on the information analyzed above, select a small amount of information to share with the mother or caregiver that is most relevant to her or his situation.
- Be sure to praise the mother or caregiver for what she or he is doing well.
- Present options for addressing the feeding difficulty or condition of health of the child or caregiver in terms of small doable actions. These actions should be time-bound (within the next few days or weeks).
- Share key information with the mother or caregiver, using the appropriate Counseling Cards and answer questions as needed.
- Help the mother or caregiver select one option that she or he agrees to try, in order to address or overcome the difficulty or condition that has been identified.
  This is called reaching-an-agreement.
- Suggest where the mother or caregiver can find additional support. Refer to the nearest health facility if appropriate and/or encourage participation in educational talks or IYCF Support Groups in the community.
- Confirm that the mother or caregiver knows where to find a community volunteer and/or other health worker.
- Thank the mother or caregiver for her or his time.
- Agree on when you will meet again, if appropriate.

ALGORITHM FOR NUTRITION COUNSELING SERVICES AT ANC

AT FIRST VISIT

ASSESSMENT	ANALYSIS	ACTION	FOLLOW UP
FOR REGISTRANTS IN FIRST TRIMESTER • Check record for Body Mass Index (Refer to MCHRB page 6)	**FOR REGISTRANTS IN FIRST TRIMESTER** • Normal: BMI 18.5-24.9 (Only for registrants in first trimester)	• Conduct scheduled nutrition counseling including estimated desired weight	
FOR ALL • Check record for Hb level and/or • Pallor, Sickling and blood film for malaria parasites (Refer to MCH RB page 6 and 7) • Check record for complaints of nausea, vomiting, constipation, diarrhea, loss of appetite (Referto MCH RB page 7) • Conduct a dietary assessment (see MCHRB page 9, Nutrition Counseling for Pregnant women)	**FOR ALL** • Hb > 11.0 g/dl • No pallor • Sickling negative • BF(-) • No vomiting, diarrhea or constipation • No Identified gaps in dietary practice • Identified gaps in dietary practice	• Conduct scheduled nutrition counseling with encouragement to comply with IFA regimen • Conduct nutrition counseling based on identified gaps	

ALGORITHM FOR NUTRITION COUNSELING SERVICES AT ANC

AT FIRST VISIT			
ASSESSMENT	**ANALYSIS**	**ACTION**	**FOLLOW UP**
	FOR REGISTRANTS IN FIRST TRIMESTER • Underweight: BMI <18.5 or • Overweight: BMI 25~29.9	• Conduct nutrition counseling based on nutritional status	
	FOR ALL • Moderate anaemia HB (7-10.9 g/dl) and/or • Moderate pallor	• Treat anaemia; iron 60mg bd, Folic acid (1 tablet daily) • Agree on a next counseling session in 2 weeks	• If Hb improved, continue with treatment until Hb is 11g/dl or more • If Hb is 11g/dl or more move onto IFA maintenance dose • If no change in Hb after two weeks, refer to the next level
	• Mild vomiting, diarrhea or constipation	• Prescribe ORS • Conduct nutrition counseling • Agree on next counseling	

ASSESSMENT	ANALYSIS	ACTION	FOLLOW UP
	FOR REGISTRANTS IN FIRST TRIMESTER • Obese BMI≧30	✓ Conduct nutrition counseling based on nutritional status	
	FOR ALL • Severe anaemia HB< 7.0 g/dl) • Sickling positive • BF(+)	✓ Treat anaemia; iron 60mg bd, Folic acid (1 tablet daily) ✓ Refer to the next level	
	• Severe vomiting or constipation or diarrhea or loss of appetite	✓ Prescribe ORS ✓ Accompany the client to the next level	• Link client to community health nurse for regular home visits and follow-up.

FOR SUBSEQUENT VISITS			
ASSESSMENT	**ANALYSIS**	**ACTION**	**FOLLOW UP**
FOR ALL • Check record for Hb level and/or Pallor, Sickling and blood film for malaria parasites	• Hb > 11.0 g/dl and or • No pallor • Sickling negative • BF(-)	✓ Conduct scheduled nutrition counseling	
• Check record for results of stool RE	• Stool RE (+)		
• Check record for complaints of nausea, vomiting, constipation, diarrhea, loss of appetite (Refer to MCH RB page 7)	• No vomiting, diarrhoea or constipation	✓ Deworming ✓ Conduct scheduled nutrition counseling	• Link client to community health nurse for regular home visits and follow-up.
• Check weight to determine adequate or inadequate weight gain			
For clients with record of desired weight gain on Page 6, check for change in weight by comparing current weight in line with desired weight gain	• Slow/Rapid Weight gain • Weight gain is in line with desired weight gain	✓ Conduct nutrition counseling ✓ Conduct scheduled nutrition counseling	• Review weight gain and discuss

ASSESSMENT	ANALYSIS	ACTION	FOLLOW UP
• Review previous nutrition counseling session and conduct a dietary assessment for 2nd/3rd Trimester (see MCHRB page 9, Nutrition Counseling for Pregnant women)	• No identified gaps in dietary practices • Identified gaps in dietary practices	✓ Conduct scheduled nutrition counseling as appropriate ✓ Conduct nutrition counseling based on gaps	
	• Moderate anaemia HB (7-10.9 g/dl)	✓ Treat anaemia; iron 60mg bd, Folic acid (1 tablet daily) ✓ Agree on a next counseling session in 2 weeks	• Hb improved, continue with treatment until Hb is 11g/dl or more • If Hb is 11g/dl or more move onto IFA maintenance dose • If no change in Hb after two weeks, refer to the next level
	• Mild vomiting, constipation, diarrhea	✓ Prescribe ORS ✓ Conduct nutrition counseling ✓ Agree on next counseling session in 2 weeks	

ASSESSMENT	ANALYSIS	ACTION	FOLLOW UP
	• Severe anaemia (HB<7.0g/dl) • Sickling positive BF(+) • Severe vomiting or constipation or diarrhea	✓ Treat anaemia; iron 60mg bd, Folic acid (1 tablet daily) ✓ Refer to the next level ✓ Prescribe ORS ✓ Accompany the client to the next level ✓ Refer to the next	• Link client to community health nurse for regular home visits and another follow-up.

THE BODY MASS INDEX (BMI) CHART

BMI	16.0	17.0	18.5	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0
	Underweight		Normal							Overweight					Obese
Height(cm)	Weight (kg)														
140.0	31.4	33.3	36.3	37.2	39.2	41.2	43.1	45.1	47.0	49.0	51.0	52.9	54.9	56.8	58.8
141.0	31.8	33.8	36.8	37.8	39.8	41.8	43.7	45.7	47.7	49.7	51.7	53.7	55.7	57.7	59.6
142.0	32.3	34.3	37.3	38.3	40.3	42.3	44.4	46.4	48.4	50.4	52.4	54.4	56.5	58.5	60.5
143.0	32.7	34.8	37.8	38.9	40.9	42.9	45.0	47.0	49.1	51.1	53.2	55.2	57.3	59.3	61.3
144.0	33.2	35.3	38.4	39.4	41.5	43.5	45.6	47.7	49.8	51.8	53.9	56.0	58.1	60.1	62.2
145.0	33.6	35.7	38.9	39.9	42.1	44.2	46.3	48.4	50.5	52.6	54.7	56.8	58.9	61.0	63.1
146.0	34.1	36.2	39.4	40.5	42.6	44.8	46.9	49.0	51.2	53.3	55.4	57.6	59.7	61.8	63.9
147.0	34.6	36.7	40.0	41.1	43.2	45.4	47.5	49.7	51.9	54.0	56.2	58.3	60.5	62.7	64.8
148.0	35.0	37.2	40.5	41.6	43.8	46.0	48.2	50.4	52.6	54.8	57.0	59.1	61.3	63.5	65.7
149.0	35.5	37.7	41.1	42.2	44.4	46.6	48.8	51.1	53.3	55.5	57.7	59.9	62.2	64.4	66.6
150.0	36.0	38.3	41.6	42.8	45.0	47.3	49.5	51.8	54.0	56.3	58.5	60.8	63.0	65.3	67.5
151.0	36.5	38.8	42.2	43.3	45.6	47.9	50.2	52.4	54.7	57.0	59.3	61.6	63.8	66.1	68.4
152.0	37.0	39.3	42.7	43.9	46.2	48.5	50.8	53.1	55.4	57.8	60.1	62.4	64.7	67.0	69.3
153.0	37.5	39.8	43.3	44.5	46.8	49.2	51.5	53.8	56.2	58.5	60.9	63.2	65.5	67.9	70.2
154.0	37.9	40.3	43.9	45.1	47.4	49.8	52.2	54.5	56.9	59.3	61.7	64.0	66.4	68.8	71.1
155.0	38.4	40.8	44.4	45.6	48.1	50.5	52.9	55.3	57.7	60.1	62.5	64.9	67.3	69.7	72.1

BMI	16.0	17.0	18.5	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0
	Underweight		Normal							Overweight					Obese
Height(cm)	Weight (kg)														
156.0	38.9	41.4	45.0	46.2	48.7	51.1	53.5	56.0	58.4	60.8	63.3	65.7	68.1	70.6	73.0
157.0	39.4	41.9	45.6	46.8	49.3	51.8	54.2	56.7	59.2	61.6	64.1	66.6	69.0	71.5	73.9
158.0	39.9	42.4	46.2	47.4	49.9	52.4	54.9	57.4	59.9	62.4	64.9	67.4	69.9	72.4	74.9
159.0	40.4	43.0	46.8	48.0	50.6	53.1	55.6	58.1	60.7	63.2	65.7	68.3	70.8	73.3	75.8
160.0	41.0	43.5	47.4	48.6	51.2	53.8	56.3	58.9	61.4	64.0	66.6	69.1	71.7	74.2	76.8
161.0	41.5	44.1	48.0	49.2	51.8	54.4	57.0	59.6	62.2	64.8	67.4	70.0	72.6	75.2	77.8
162.0	42.0	44.6	48.6	49.9	52.5	55.1	57.7	60.4	63.0	65.6	68.2	70.9	73.5	76.1	78.7
163.0	42.5	45.2	49.2	50.5	53.1	55.8	58.5	61.1	63.8	66.4	69.1	71.7	74.4	77.1	79.7
164.0	43.0	45.7	49.8	51.1	53.8	56.5	59.2	61.9	64.6	67.2	69.9	72.6	75.3	78.0	80.7
165.0	43.6	46.3	50.4	51.7	54.5	57.2	59.9	62.6	65.3	68.1	70.8	73.5	76.2	79.0	81.7
166.0	44.1	46.8	51.0	52.4	55.1	57.9	60.6	63.4	66.1	68.9	71.6	74.4	77.2	79.9	82.7
167.0	44.6	47.4	51.6	53.0	55.8	58.6	61.4	64.1	66.9	69.7	72.5	75.3	78.1	80.9	83.7
168.0	45.2	48.0	52.2	53.6	56.4	59.3	62.1	64.9	67.7	70.6	73.4	76.2	79.0	81.8	84.7
169.0	45.7	48.6	52.8	54.3	57.1	60.0	62.8	65.7	68.5	71.4	74.3	77.1	80.0	82.8	85.7
170.0	46.2	49.1	53.5	54.9	57.8	60.7	63.6	66.5	69.4	72.3	75.1	78.0	80.9	83.8	86.7
171.0	46.8	49.7	54.1	55.6	58.5	61.4	64.3	67.3	70.2	73.1	76.0	79.0	81.9	84.8	87.7
172.0	47.3	50.3	54.7	56.2	59.2	62.1	65.1	68.0	71.0	74.0	76.9	79.9	82.8	85.8	88.8
173.0	47.9	50.9	55.4	56.9	59.9	62.9	65.8	68.8	71.8	74.8	77.8	80.8	83.8	86.8	89.8

BMI	16.0	17.0	18.5	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0
	Underweight		Normal							Overweight					Obese
Height(cm)	Weight (kg)														
174.0	48.4	51.5	56.0	57.5	60.6	63.6	66.6	69.6	72.7	75.7	78.7	81.7	84.8	87.8	90.8
175.0	49.0	52.1	56.7	58.2	61.3	64.3	67.4	70.4	73.5	76.6	79.6	82.7	85.8	88.8	91.9
176.0	49.6	52.7	57.3	58.9	62.0	65.0	68.1	71.2	74.3	77.4	80.5	83.6	86.7	89.8	92.9
177.0	50.1	53.3	58.0	59.5	62.7	65.8	68.9	72.1	75.2	78.3	81.5	84.6	87.7	90.9	94.0
178.0	50.7	53.9	58.6	60.2	63.4	66.5	69.7	72.9	76.0	79.2	82.4	85.5	88.7	91.9	95.1
179.0	51.3	54.5	59.3	60.9	64.1	67.3	70.5	73.7	76.9	80.1	83.3	86.5	89.7	92.9	96.1
180.0	51.8	55.1	59.9	61.6	64.8	68.0	71.3	74.5	77.8	81.0	84.2	87.5	90.7	94.0	97.2
181.0	52.4	55.7	60.6	62.2	65.5	68.8	72.1	75.4	78.6	81.9	85.2	88.5	91.7	95.0	98.3
182.0	53.0	56.3	61.3	62.9	66.2	69.6	72.9	76.2	79.5	82.8	86.1	89.4	92.7	96.1	99.4
183.0	53.6	56.9	62.0	63.6	67.0	70.3	73.7	77.0	80.4	83.7	87.1	90.4	93.8	97.1	100.5
184.0	54.2	57.6	62.6	64.3	67.7	71.1	74.5	77.9	81.3	84.6	88.0	91.4	94.8	98.2	101.6
185.0	54.8	58.2	63.3	65.0	68.5	71.9	75.3	78.7	82.1	85.6	89.0	92.4	95.8	99.3	102.7
186.0	55.4	58.8	64.0	65.7	69.2	72.7	76.1	79.6	83.0	86.5	89.9	93.4	96.9	100.3	103.8
187.0	56.0	59.4	64.7	66.4	69.9	73.4	76.9	80.4	83.9	87.4	90.9	94.4	97.9	101.4	104.9
188.0	56.6	60.1	65.4	67.2	70.7	74.2	77.8	81.3	84.8	88.4	91.9	95.4	99.0	102.5	106.0
189.0	57.2	60.7	66.1	67.9	71.4	75.0	78.6	82.2	85.7	89.3	92.9	96.4	100.0	103.6	107.2
190.0	57.8	61.4	66.8	68.6	72.2	75.8	79.4	83.0	86.6	90.3	93.9	97.5	101.1	104.7	108.3
191.0	58.4	62.0	67.5	69.3	73.0	76.6	80.3	83.9	87.6	91.2	94.9	98.5	102.1	105.8	109.4

BMI	16.0	17.0	18.5	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0
	Underweight		Normal							Overweight					Obese
Height(cm)	Weight (kg)														
192.0	59.0	62.7	68.2	70.0	73.7	77.4	81.1	84.8	88.5	92.2	95.8	99.5	103.2	106.9	110.6
193.0	59.6	63.3	68.9	70.8	74.5	78.2	81.9	85.7	89.4	93.1	96.8	100.6	104.3	108.0	111.7
194.0	60.2	64.0	69.6	71.5	75.3	79.0	82.8	86.6	90.3	94.1	97.9	101.6	105.4	109.1	112.9
195.0	60.8	64.6	70.3	72.2	76.1	79.9	83.7	87.5	91.3	95.1	98.9	102.7	106.5	110.3	114.1
196.0	61.5	65.3	71.1	73.0	76.8	80.7	84.5	88.4	92.2	96.0	99.9	103.7	107.6	111.4	115.2
197.0	62.1	66.0	71.8	73.7	77.6	81.5	85.4	89.3	93.1	97.0	100.9	104.8	108.7	112.5	116.4
198.0	62.7	66.6	72.5	74.5	78.4	82.3	86.2	90.2	94.1	98.0	101.9	105.9	109.8	113.7	117.6
199.0	63.4	67.3	73.3	75.2	79.2	83.2	87.1	91.1	95.0	99.0	103.0	106.9	110.9	114.8	118.8
200.0	64.0	68.0	74.0	76.0	80.0	84.0	88.0	92.0	96.0	100.0	104.0	108.0	112.0	116.0	120.0
201.0	64.6	68.7	74.7	76.8	80.8	84.8	88.9	92.9	97.0	101.0	105.0	109.1	113.1	117.2	121.2
202.0	65.3	69.4	75.5	77.5	81.6	85.7	89.8	93.8	97.9	102.0	106.1	110.2	114.3	118.3	122.4
203.0	65.9	70.1	76.2	78.3	82.4	86.5	90.7	94.8	98.9	103.0	107.1	111.3	115.4	119.5	123.6
204.0	66.6	70.7	77.0	79.1	83.2	87.4	91.6	95.7	99.9	104.0	108.2	112.4	116.5	120.7	124.8
205.0	67.2	71.4	77.7	79.8	84.1	88.3	92.5	96.7	100.9	105.1	109.3	113.5	117.7	121.9	126.1
206.0	67.9	72.1	78.5	80.6	84.9	89.1	93.4	97.6	101.8	106.1	110.3	114.6	118.8	123.1	127.3
207.0	68.6	72.8	79.3	81.4	85.7	90.0	94.3	98.6	102.8	107.1	111.4	115.7	120.0	124.3	128.5
208.0	69.2	73.5	80.0	82.2	86.5	90.9	95.2	99.5	103.8	108.2	112.5	116.8	121.1	125.5	129.8
209.0	69.9	74.3	80.8	83.0	87.4	91.7	96.1	100.5	104.8	109.2	113.6	117.9	122.3	126.7	131.0
210.0	70.6	75.0	81.6	83.8	88.2	92.6	97.0	101.4	105.8	110.3	114.7	119.1	123.5	127.9	132.3

BMI CLASSIFICATION AND ESTIMATED DESIRED WEIGHT AT EDD

BMI at ANC1 (by 12 weeks) = Weight (kg) / Height (m)2	Estimated desired weight at EDD (range)
<18.5 Underweight	From weight at ANC 1 + 12.5kg to weight at ANC 1 + 18kg
18.5 - 24.9 Normal	From weight at ANC 1 + 11.5kg to weight at ANC 1 +16kg
25 - 29.9 Overweight	From **From weight at ANC 1 + 7 kg to weight at ANC 1 + 11.5kg**
≧30 Obese	From weight at ANC 1 + 5kg to weight at ANC 1 + 9 kg

3A Nutrition Counseling Steps for ANC

	Date of Counseling	**Write the date of counseling done.**
Assessment	**Haemoglobin**	**Tick the response that applies depending on the HB results for the client**
	Weight	**Compare clients' weight on visit to the expected desired range.**
	Feeding History and Hygiene practices	1. Ask the woman about all foods, beverages and supplements she had the previous day using 'Eat well during pregnancy' page in MCH RB (page 17). 2. Ask how often she eats in a day. 3. Ask if she includes extra meal or snacks. 4. Ask the woman if that is her usual dietary pattern. 5. Record remarks on; • food group (4 groups) usually included in the diet • meal frequency • If client is not gaining enough weight refer. If she is gaining too much weight, especially over the highest end of the estimated range, ask about intake of added sugars and solid fats • intake of non-nutritive foods e.g. clay 6. Ask about handwashing practices and when it is done 7. Ask if taking iron and folic acid tablets regularly.

Analysis (record actual gap)	1. Record gaps identified in meal frequency 2. Record the food group(s) not regularly eaten i.e. the star that is missing. 3. In case of woman gaining excessive weight during pregnancy, record the food groups taken excessively, and also record if the woman takes large amount of added sugars, salt and fats (e.g. sugar sweetened beverages, fried food and fatty meat) 4. Record gaps identified in hygiene practices. 5. Record gaps identified in iron and folic acid intake 6. Record intake of non-nutritive food substances e.g. clay
Action (1-2 recommended actions)	1. Build confidence of pregnant woman 2. Discuss one or two doable options (time bound) that would try to address the dietary and/or hygiene challenges and agree on what to do. 3. Record the agreed actions 4. Agree on a date/time for a follow-up visit
Remarks	If there are additional notes, write here.

ALGORITHM FOR NUTRITION COUNSELING SERVICES AT CWC

AT FIRST VISIT			
ASSESSMENT	**ANALYSIS**	**ACTION**	**FOLLOW UP**
FOR ALL CHILDREN • Measure weight and determine Weight-for-Age **FOR ELIGIBLE CHILDREN** • Measure length/height and determine Length/ height-for-Age	• Normal weight for age (z score SD to +2 SD and above -2) • Normal length/height for age (z score SD to +2 SD and above -2) • Growth curve going up • Child is not ill • Identified dietary gaps	✓ Conduct nutrition counseling based on gaps identified	
FOR ALL CHILDREN • Ask mother/caregiver if child is presently ill or has been ill within the past two weeks	• Child has normal W/A and L/H for age and child is ill • Identified dietary gaps	✓ Counsel and refer child for treatment ✓ Counsel on feeding the sick child ✓ Agree on next visit	

ASSESSMENT	ANALYSIS	ACTION	FOLLOW UP
	6-59-month-child		
FOR ALL CHILDREN • Conduct a dietary assessment	• Moderate underweight (W/A -z score SD Below -2 SD to -3 SD) • Moderate stunting (L/A -z score SD Below -2 SD to -3 SD) • Static weight • Weight loss *and* • Child is not ill • Identified dietary gaps	✓ Conduct nutrition counseling session based on gaps identified ✓ Agree on follow-up contact in 14 days ✓ Schedule targeted home visit	• If child has gained weight, congratulate mother. • Conduct a quick assessment of mother's practices (feeding and care practices) • Ask mother to come back for the next CWC session • If child has not gained weight, counsel mother. • Agree on a follow-on home visit
	• Static weight for 3 continuous visits or • Weight loss for two continuous visits	✓ Refer to the next level	• Conduct a home visit when child returns from referral level • If child has gained weight, congratulate mother. • Conduct a quick assessment of mother's practices (feeding and care practices) and counsel appropriately • Agree on a follow-up visit at the facility in 14 days

ASSESSMENT	ANALYSIS	ACTION	FOLLOW UP
For children 6-59 months with severe underweight (W/A -z score Below -3SD) • Measure MUAC • Check for oedema of both feet	• Severe underweight (W/A -z score SD Below -3SD) and • MUAC greater than or equal to 11.5cm	✓ Conduct nutrition counseling based on gaps identified ✓ Follow-up every two weeks ✓ Conduct home visit	• If child has gained weight at follow-up visit, counsel the mother • Follow-up in 14 days. If there is progress, repeat 14-day visits for 2 times. • Discharge to join normal CWC if w/a >-2SD
	• MUAC less than 11.5cm or • Bilateral pitting oedema + or ++ and • Child has no other illness	✓ Refer to CMAM OPC if available ✓ Refer to higher level if CMAM OPC is not available	• If the child does not gain weight, re-assess MUAC and oedema. If condition is same, counsel and refer to the next level • Refer if child is getting worse
	• Bilateral pitting oedema +++ • MUAC less than 11.5 and Any grade of oedema	✓ Refer to IPC	

ASSESSMENT	ANALYSIS	ACTION	FOLLOW UP
	• MUAC less than 11.5cm or Bilateral pitting oedema + or ++ and Medical complication		
	Less than 6-month-baby		
• For child less than 6 months and underweight (W/A z score SD Below -2 SD to below -3 SD) • Check for visible severe wasting • Check for bilateral pitting oedema • Assess breastfeeding (frequency, demand feeding, positioning and attachment, intake of other fluids/foods etc)	• No visible severe wasting and • No oedema • Identify gaps in breastfeeding practice	✓ Conduct breastfeeding counseling based on gaps identified ✓ Correct positioning and attachment ✓ Follow-up every two weeks ✓ Conduct home visit	• If child has gained weight at follow-up visit, counsel the mother on breastfeeding • If child has no prospects of breastfeeding, counsel on other milk intake • Follow-up in 14 days. If there is progress, repeat 14-day visits for 2 times. • Discharge to join normal CWC if W/A >-2SD • If the child does not gain weight, counsel and refer to the next level • Refer if child is getting worse

ASSESSMENT	ANALYSIS	ACTION	FOLLOW UP
	• Visible wasting *or* Bilateral pitting oedema present • Identified breastfeeding difficulties	✓ Correct positioning and attachment ✓ Review and teach mother how to express breastmilk and feed with a cup ✓ Refer urgently to hospital (IPC)	

*Fill out the nutrition counseling table for all scheduled counseling, on additional counseling sessions.

3A Nutrition Counseling Steps for CWC

Date / Age of child		Indicate the date that the counseling is being done and the age of the child
ASSESSMENT	Weight/Z-score	Indicate the weight of the child on the day of visit and write the z-score when the weight is plotted on the growth chart. Use red pen if the z-score is below-2. If z-score is below-3, measure MUAC and treat the child accordingly. If z-score is way above +3, plot weight-for-height/length on WHO growth standard chart and treat the child accordingly.
	Height/Z-sore	Indicate the length/height of the child on the visit day and write the z-score when it is plotted on the growth chart. Use red pen if the z-score is below-2
	Interpretation of chart/growth curve	Look at the child's growth chart and identify the growth pattern. Indicate in this column the pattern of growth e.g. stagnating weight, losing weight or growing normally. Also take note of sharp increases or declines in weight and record.
	Recent history of illness	Ask and record if child has been ill (diarrhoea, fever, malaria, and other infectious diseases) in the past two weeks
	Recent history of feeding	Refer to Job Aids on Next Page for Age-Specific Dietary Assessment
ANALYSIS	List identified gaps in feeding and care	List identified gaps in feeding (breastfeeding, food variety, feeding frequency, portion size and texture) and care (how to breastfeed, responsive feeding and hygiene practices) and prioritize by comparing what the mother / caregiver is doing to the recommended feeding practices for that age.
ACTION	Recommended actions	1. Build confidence of the mother (using Building Confidence and Support Giving skills) 2. Discuss one or two doable options (time bound) that would try to address the challenges in feeding and/or care and agree on what to do. Record the agreed actions 3. Agree on a date/time for a follow-up visit
REMARKS	Additional notes	Indicate any additional information here
NAME AND SIGNATURE	Additional notes	Write your name and sign
Note: The agreed actions should be followed up in the next counseling session.		

Dietary Assessment Job Aid for Child 0-6 months

BREASTFEED OBSERVATION JOB AID

Baby's name _____

Baby's age_____

Signs that breastfeeding is going well: **GENERAL**

Signs of possible difficulty:

Mother:

- ☐ Mother looks healthy
- ☐ Mother relaxed and comfortable
- ☐ Signs of bonding between mother and baby

- ☐ Mother looks ill or depressed
- ☐ Mother looks tense and uncomfortable
- ☐ No mother/baby eye contact

Baby:

- ☐ Baby looks healthy
- ☐ Baby calm and relaxed
- ☐ Baby reaches or roots for breast if hungry

- ☐ Baby looks sleepy or ill
- ☐ Baby is restless or crying
- ☐ Baby does not reach or root for breast if hungry

BREASTS

- ☐ Breasts look healthy
- ☐ No pain or discomfort
- ☐ Breast well supported with fingers away from nipple
- ☐ Nipple stands out, protractile

- ☐ Breasts look red, swollen, or sore
- ☐ Breast or nipple painful
- ☐ Breast held with fingers on areola
- ☐ Nipple flat, not protractile

BABY'S POSITION

- ☐ Baby's head and body in line
- ☐ Baby held close to mother's body
- ☐ Baby's whole body supported
- ☐ Baby approaches breast, nose to nipple

- ☐ Baby's neck and head twisted to feed
- ☐ Baby not held close
- ☐ Baby supported by head and neck only
- ☐ Baby approaches breast, lower lip/chin to nipple

BABY'S ATTACHMENT

- ☐ More areola seen above baby's top lip
- ☐ Baby's mouth open wide
- ☐ Lower lip turned outwards
- ☐ Baby's chin touches breast

- ☐ More areola seen below bottom lip
- ☐ Baby's mouth not open wide
- ☐ Lips pointing forward or turned in
- ☐ Baby's chin not touching breast

SUCKLING

- ☐ Slow, deep sucks with pauses
- ☐ Cheeks round when suckling
- ☐ Baby releases breast when finished
- ☐ Mother notices signs of oxytocin reflex

- ☐ Rapid shallow sucks
- ☐ Cheeks pulled in when suckling
- ☐ Mother takes baby off the breast
- ☐ No signs of oxytocin reflex noticed

Dietary Assessment Job Aid for Child 0-6 months

FEEDING HISTORY JOB AID, 0-6 MONTHS

Age of child: **Particular concerns about feeding of child**

Feeding

Milk (breast milk, formula, cow's milk, other)
Frequency of milk feeds length of breast-feeds/quantity of other milks Night feeds
Other foods in addition to milk (when started, what, frequency)
Other fluids in addition to milk (when started, what, frequency)
Use of bottles and how cleaned
Feeding difficulties (breastfeeding/other feeding)

Health

Growth chart (birth weight and length, weight and length now)
Urine frequency per day (6 times or more). if less than 6 months Stools (frequency, consistency) Illnesses

Pregnancy, birth, early feeds (where applicable)

Antenatal care
Feeding discussed at ante-natal care
Delivery experience
Rooming-in
Prelacteal feeds
Postnatal help with feeding

Mother's condition and family planning

Age
Health - including nutrition and medications
Breast health
Family planning

Previous infant feeding experience

Number of previous babies
How many breastfed and for how long
If breastfed - exclusive or mixed fed
Other feeding experiences

Family and social situation

Work situation
Economic situation
Family's attitude to infant feeding practices

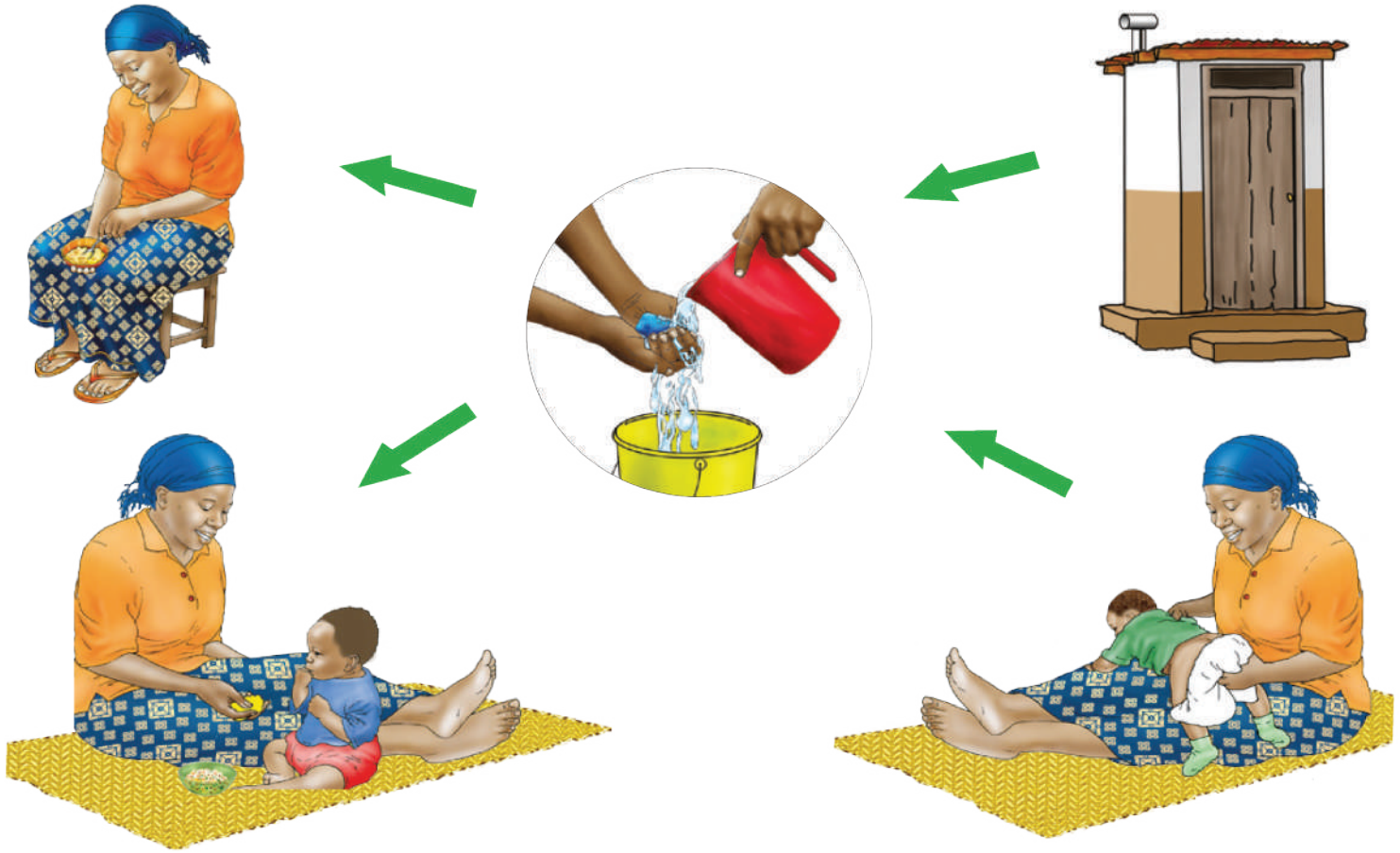
Dietary Assessment Job Aid for Child 6-23 Months

FOOD INTAKE JOB AID, 6-23 MONTHS

Child's name _____ Date of Birth _____ Age of child _____

Feeding practice/situation	Yes/Number where relevant
Growth Appropriate ?	
Child recieved breast milk?	
How many meals of a thick constistency did the child eat yesterday? (use consistency as needed)	
Child ate an animal-source food yesterday? (meat/fish/offal/bird/eggs)?	
Child ate a staple such as maize, wheat, rice, millet Child ate legumes, pulse, nuts or seeds yesterday ? Caregiver assisted the child at meal times ?	
What do you do to ensure your child's feeding is clean and safe? Caregiver washes child's hands with clean, safe water and soap before he or she eats ?	
Child ill or recovering from an illness ?	

GOOD HYGIENE (CLEANLINESS) PRACTICES PREVENT DISEASE



- Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
- Wash your hands with soap and water before preparing foods and feeding baby.
- Wash your hands and your baby's hands before eating.
- Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.
- Feed your baby using clean hands, clean utensils and clean cups.
- Use a clean spoon or cup to give foods or liquids to your baby.
- Do not use bottles, teats or spouted cups since they are difficult to clean and can cause your baby to become sick.
- Store the foods to be given to your baby in a safe clean place.

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