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India Maternal, Infant, and Young Child Community Nutrition Training Facilitator's Guide



September 2017

India Maternal, Infant, and Young Child
Community Nutrition Training:
Facilitator's Guide

ABOUT SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a seven-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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Acronyms

ANC	antenatal care
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CSP	Community Service Provider
CRP	Community Resource Person
IYCF	infant and young child feeding
JSI	John Snow, Inc.
MIYCN	maternal, infant, and young child nutrition
SATHII	Solidarity and Action Against the HIV Infection in India
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

Overview

The Maternal, Infant, and Young Child Community Nutrition Training

The *Maternal, Infant and Young Child Community Nutrition Training Package* provides basic nutrition training for Community Service Providers (CSP) and Community Resource Persons (CRP) to prepare for developing and disseminating nutrition-specific and nutrition-sensitive community videos. Specific community health workers, including the Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Auxiliary Nurse Midwives (ANMs), and other community workers are also possible target audiences for this training, because they can provide support and information to mothers, fathers, and other community members about nutrition and feeding infants and young children. The training focuses on basic technical knowledge for the recommended essential nutrition actions, including maternal nutrition practices, breastfeeding, and complementary feeding practices for children from 0 up to 24 months, and hygiene. The training also helps build counselling, problem solving, and negotiation skills.

Throughout the *Facilitator Guide*, “maternal, infant, and young child nutrition” is usually referred to as “MIYCN” or “nutrition,” the trainers as “facilitators,” and the trainees or learners as “participants.”

Materials

The Maternal, Infant and Young Child Community Nutrition Training package includes the following:

1. The **Facilitator Guide**, provides technical knowledge and skills related to key nutrition and hygiene practices, with a focus on preventing stunting and anaemia, especially during the first 1,000 days. The competency-based, participatory approach is based on established, adult learning principles and is intended for use training low literacy community staff and volunteers.
2. The **Facilitator Training Tips** includes various short documents designed to support the trainers in planning and executing the training. It is intended as reference material and the training team should review and discuss it before the training.
3. The **Training Aids** include visual graphic materials and images that can be printed and laminated (if possible) for different sessions of the training. (Graphics include pictures of women, infants, and young children, infant feeding scenes, common foods, etc.)
4. The **Handouts**, a set of 31 take-homes present illustrations and summaries of key messages related to different maternal, infant, and young child feeding behaviours. Each one reflects specific content covered in the various training sessions. Participants can use them as reference material following the training. They can also be used to create nutrition-focused video content and discussion points during the dissemination of the videos. This facilitator’s guide assumes that each handout will be distributed individually when the content is presented during the training.

Planning the Training

Specific Learning Objectives

The learning objectives for the training are focused around (1) women’s nutrition; (2) exclusive breastfeeding from birth to 6 months; and (3) complementary feeding, with continued breastfeeding from 6 months through 2 years. Other important maternal, infant, and young child health practices affect nutrition and health: feeding of sick infants and young children; hygiene, safe water, and compound sanitation; as well as kitchen gardening and small animal promotion.

By the end of the training, participants will be able to—

- Explain why maternal nutrition is important to the health and nutrition of a baby.
- Explain why maternal, infant, and young child nutrition practices are important.
- Describe recommended feeding practices through the first two years.
- Describe how to position and attach a baby to the breast.
- Identify ways to prevent and resolve common breastfeeding difficulties.
- Describe various aspects of appropriate complementary feeding from 6–24 months of age.
- Describe practices for feeding a sick child.
- Describe basic handwashing techniques, and when and why they are important.
- Use basic behaviour change and negotiation skills to support the adoption of key practices by mothers, fathers, mothers-in-law, and other caregivers.

Target Group and Training Team

This training is intended for community health workers, including the CSPs, CRPs, ASHAs, AWWs, and other community workers who interact with mothers, fathers, and other caregivers of infants and young children.

At least three facilitators should conduct the training. Ideally, plan for no more than 20–25 participants in the training; include one facilitator for every five or six participants. When the ratio exceeds this number, it is difficult to oversee skills development and ensure competency. The facilitators should be maternal, infant, and young child experts with community-based experience and skills in facilitating the training of community workers.

Training Structure

The **Facilitator Guide** includes 14 sessions, divided between the two-day training, with exercises ranging from 20 minutes to 60 minutes each.

Each session includes—

- Learning objectives
- list of materials needed (**training aids** and **handouts**)
- advance preparation
- time allotted
- suggested activities and methodologies, based on each learning objective with instructions for the facilitator(s)
- key information with explanation of content.

The **Facilitator Guide** is for facilitators to use as guidance when they prepare and execute the training; it is not intended to be given to participants. The **Training Aids** are only for the facilitators to use during training. The **Handouts** can be used during the various exercises, but are intended as take-home reference material for each participant.

Training Methodology

The goal of the *Maternal, Infant, and Young Child Community Nutrition Training* is to prepare participants to improve the nutrition and child care–related behaviour of mothers, fathers, mothers-in-law, and other caregivers in their own households and communities. The competency-based participatory training approach used in the facilitator guide reflects key principles of behaviour change communication, with a focus on promoting small doable actions. The approach recognises the widely acknowledged theory that adults learn best by reflecting on their own personal experiences (see the **Facilitator Training Tips**).

The approach uses the experiential learning cycle method and prepares participants for hands-on performance of behaviour change and negotiation skills. The course employs a variety of training methods, including visual aids, demonstrations, group discussion, case studies, role plays, and practice (see **Facilitator Training Tips**).

Adult learning principles include—

- use of motivational techniques
- use of the experiential learning cycle
- problem-centered approach to training
- mastery and performance of one set of skills and knowledge at a time
- reconciliation of new learning with the reality of current, strongly held beliefs and practices.

Exercises or activities in each session of the training, and the take-home **handouts**, help the participants understand, internalize, and remember the information shared during the training. To minimize distractions, the handouts are usually distributed at the end of their corresponding session, but trainers may distribute them at the beginning so the participants can read and follow along.

Training Location and Set Up

Select a training site with the local participating organization and community leaders. Wherever possible, it should be convenient to both the participants and facilitators. It should be clean, comfortable, have good lighting, and enough space to allow participants to sit comfortably in a large circle and to break into smaller groups for various activities. To create a comfortable training space, floor mats spread on the floor are highly recommended; arrange chairs around the edges of the training space for anyone who is not comfortable sitting on the floor. Set up a table for training aids in one corner of the room. Ensure that wall space or stands for flipchart paper are available for exercises; or to display session notes, graphics, and other training information.

Prior to beginning the training, trainers should review all training materials, handouts, and lesson plans carefully, including information in “Key Information” under each session objective. Additionally, trainers can prepare flipcharts in advance and, using large envelopes or folders, separate materials by session and activity. This will make transitions between activities faster and easier. For an overview of materials and preparation requirements, see the sections “Materials” and “Advance preparation” that begin each session. See examples and templates of flipcharts in the “Key Information” for each session objective.

Venue Requirements and Training Room Set Up:

The facilitators and participants will sit in a circle on mats, on the floor (without tables).

Have the following available and ready:

- comfortable space for 30 people, with ventilation and natural light
- local mats to cover the floor
- one table in front of the room for training aids
- wall space for hanging flipchart material
- two–four easels or flipchart stands
- one or two white boards or chalkboards, if possible
- generator/power backup, if possible and necessary
- drinking water for facilitators and participants
- washroom facilities.

Arrangements

Ensure the following are prepared:

- lunch for participants and trainers for each day
- tea/biscuits twice a day (approximately 11:00 am and 3:00 pm)
- travel and/or accommodations (as needed).

Materials Needed for the Training

- **Facilitator's Guide:** one per facilitator
- **Training aids:** one complete set
- set of **handouts:** one per facilitator and one per participant
- copy of training agenda: one per facilitator and participant
- attendance sheet for each day
- camera, photographer, videographer, as needed
- name card materials: (e.g., hard paper, punch, safety pins)
- rubber ball or ball of bunched up paper
- coloured index cards of various sizes (or stiff coloured paper)
- flipchart paper, flipchart stands: two–four
- pico projector
- Tippy Tap video and speakers
- markers: black, blue, green, and a few red
- masking tape or sticky putty, glue stick, stapler, staples, scissors

- writing pads/notebooks and pens for participants
- large envelopes/folders for individual session preparation materials
- white board marker, if applicable
- printouts of case studies: two copies each
- dolls (life-size); or bath towels and rubber bands: 1 for every breakout group
- four clear glasses (identical size) for water demonstration
- one pitcher to fill with water for demonstration
- set of local bowls and utensils/spoons
- local cups (examples, including one 250 mL)
- different types of locally available foods, if possible
- a bucket and cup or tippy tap and basin for demonstrating handwashing
- one bar of soap
- training certificate (if required).

Post-Training Follow Up

The desired outcome of the *Maternal, Infant and Young Child Community Nutrition Training* is the application of the new knowledge and skills. Participants' new knowledge can be measured immediately through the pre/post-assessments built into the training. Post-training follow up will allow program managers to determine what skills have been acquired, the need for reinforcement of specific participant's knowledge and skills, and the need for additional on-the-job training or other refresher training.

On-going follow up through a formalized system of supervision and mentoring would allow programme managers to monitor community worker's retention or loss of knowledge and skills, over time; to focus on on-going problem-solving to meet the needs of individual community workers; and to determine the need for on-the-job training or other refresher training. When it is not possible to supervise individual community workers, peer discussion groups and peer mentoring for a group of community workers may be useful.

Training Schedule: Maternal, Infant, and Young Child Community Nutrition Training

DAY 1 (6.5 hours) Importance of MIYCN, Maternal Nutrition, Behaviour Change, and Breastfeeding		
Session #	Content	Duration
Session 1	Introduction: Why are we here? <ul style="list-style-type: none"> Participant introductions, expectations and ground rules (20) Objectives and training schedule (10) Pre-assessment (30). 	60 minutes
Tea Break		15 minutes
Session 2	Why maternal, infant and young child nutrition matters: <ul style="list-style-type: none"> Key definitions (15) Importance of the first 1,000 days (25) Factors that contribute to a healthy baby (15). 	55 minutes
Session 3	Women's nutrition: <ul style="list-style-type: none"> Maternal nutrition (15) Cycle of malnutrition (20) Breaking the cycle of malnutrition (15). 	50 minutes
Lunch Break		60 minutes
Session 4	Why breastfeeding is good, recommended practices, and good positioning and attachment: <ul style="list-style-type: none"> Why breastfeeding is good for the infant, mother, and family (30) Recommended breastfeeding practices (20) Demonstration of good positioning and attachment (30). 	80 minutes
Tea Break		15 minutes
Session 5	Why behaviour change communication is important <ul style="list-style-type: none"> Steps in behaviour change (30) Case study, role play situations (15). 	45 minutes
Session 6	Wrap up, Q&A, and summary of day 1, Evaluation.	15 minutes
Close		

DAY 2 (8 hours) Complementary Feeding, Feeding of the Sick Child, Hygiene, and Nutrition		
Session #	Content	Duration
Session 7	Opening Day 2 and recap exercise for Day 1	20 minutes
Session 8	Beliefs and food taboos during pregnancy and breastfeeding: <ul style="list-style-type: none"> • Discuss food beliefs and taboos during pregnancy and breastfeeding (30). 	30 minutes
Session 9	Introduction to complementary feeding: <ul style="list-style-type: none"> • Importance and timing of complementary feeding (20) • Common local foods (20) • Current local food beliefs (35). 	75 minutes
Tea Break		15 minutes
Session 10	Recommended complementary feeding for children from 6 up to 24 months: <ul style="list-style-type: none"> • How to complement breastmilk with family foods (20) • Recommended practices for feeding a child from 6 up to 24 months (20) • Complementary feeding problems and poor practices (20). 	60 minutes
Session 11	Active and responsive feeding, and feeding the sick child: <ul style="list-style-type: none"> • Responsive feeding of young children (25) • Importance of and key practices for feeding the sick child (20). 	45 minutes
Lunch Break		60 minutes
Session 12	Importance of hygiene, safe water and sanitation for nutrition: <ul style="list-style-type: none"> • Relationships between handwashing, safe water, food hygiene, and compound hygiene to prevent illness (30) • Techniques for handwashing and techniques for making handwashing easier (30). 	60 minutes
Tea Break		15 minutes
Session 13	Ideas for using community video to promote nutrition and health: <ul style="list-style-type: none"> • Role of family members in behaviour change (30) • Community video in behaviour change (30). 	60 minutes
Session 14	Summary/Q&A and wrap-up: <ul style="list-style-type: none"> • Summary of important ideas/Q&A (15) • Post-assessment (30). 	45 minutes
Closing		

Session 1. Introduction: Why Are We Here?

Learning objectives:

By the end of the session, participants will be able to—

- Begin to name fellow participants and facilitators
- Discuss participants' expectations and explain "why we are here"
- Identify participants' MIYCN and hygiene knowledge.

Materials:

- Flipchart papers and stand, markers, and masking tape
- Name tags (pieces of paper with safety pins)
- Participants' folders (or envelopes)
- 15 pairs of matching pictures (the facilitator can choose matching pairs from training aids—such as food cards—or write down pairs of numbers on index cards)
- Flipchart page with training objectives
- Flipchart page titled "Expectations"
- Flipchart page titled "Ground rules" or "Group norms"
- Pre-assessment questions for facilitators.

Advance preparation:

Review the key information for each objective for this session.

Prepare the training aids, ensuring that any half- or quarter-page cards are cut before the session.

Select/prepare matching pictures from the training aids. Ensure that there is one picture per person, each with a matching pair.

Write training objectives (page 2) on flipchart page.

Write training timetable (page 4 and 5) on flipchart page (or provide copies for participants).

Write proposed training "ground rules" or "group norms."

Total duration: 60 minutes

Learning Objective 1: Begin to name fellow participants and facilitators

Methodology: Matching game and discussion in pairs

Suggested time: 20 minutes

Instructions:

1. Each participant should have a name tag with his or her first or preferred name printed in large letters. (Use a piece of stiff coloured paper to make a name tag, and include a safety pin.)
2. Select pairs of pictures from the **training aids**, based on the number of participants. Each participant (including facilitators) is given a picture and asked to find his/her match. The matched pairs then spend 4 to 5 minutes together. They introduce themselves, using their preferred name. They ask each other what community they are from and their role in the community. They then introduce each other to the larger group, sharing information about their partner.
3. The group sits in a circle and the facilitator asks participants to share their expectations. One facilitator writes the expectations on a flipchart, unless it is the same or similar to another contribution. (The participants' expectations will be reviewed with the training objectives during the next exercise.)
4. One facilitator asks participants to share their suggestions for "ground rules" or "group norms." The facilitator asks for questions, objections, or anything to add to the list. The list is posted (taped to the wall), and remains there throughout the training. (The ground rules or group norms can include punctuality, no cell phone calls during training, etc.)
5. Collect all pairs of pictures at the end of the exercise.

Learning Objective 2: Discuss participants' expectations and explain "why we are here."

Methodology: Interactive presentation

Suggested time: 10 minutes

Instructions:

1. One facilitator introduces the training objectives previously written on a flipchart, and compares them with the participants' expectations.
2. Participants' objectives and expectations are clarified and discussed.
3. At this point, explain participant objectives or expectations that will *not* be met during the course.
4. Post the objectives and expectations on one of the walls; keep it posted during the training course.

Learning Objective 3: Identify strengths and weaknesses of participant’s maternal, infant, and young child nutrition knowledge.

Methodology: Unwritten pre-assessment

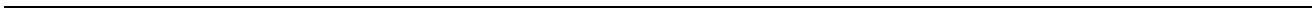
Time: 30 minutes

Instructions:

1. Ask the participants to form a circle (sitting or standing) with their backs facing the centre.
2. One facilitator explains that 20 statements will be read out loud. Without looking at the other participants, each participant will use their hands to respond to the statement. They will raise one hand with an open palm if they agree, or think the statement is true; they will raise one hand with a closed fist if they disagree, or think the statement is false; and will raise one hand pointing two fingers in the shape of a V if they don't know the answer or are unsure. (The facilitators should quickly demonstrate each action two or three times to ensure the participants understand.)
3. One facilitator reads the statements from the pre-assessment and the other facilitators record the answers and note which topics, if any, were confusing. During the training, the facilitator should emphasize any session that the participants find the most difficult.
4. Before starting, tell the participants that the topics covered in the pre-assessment will be discussed in more detail during the training.

Pre-assessment: What do we know now?

Statement	True	False	Don't know
1. Breastfeeding has many benefits for both mother and baby, and should be promoted by everyone in the community.	X		
2. Poor feeding during a child's first 2 years harms growth and brain development.	X		
3. An infant between 6 and 9 months needs to eat at least three times a day, in addition to breastfeeding.	X		
4. A breastfeeding woman should eat two additional meals or snacks each day (more than usual).	X		
5. If a woman does hard work during her pregnancy, this will help her have an easy childbirth.		X	
6. Starting at 4 months, infants should be given water and other drinks every day, in addition to breastmilk.		X	
7. During the very hot months, infants who are less than 6 months old need water to satisfy their thirst.		X	
8. A woman who is malnourished can still produce enough good quality breastmilk to feed her baby.	X		
9. The more milk a baby drinks from the breast during a feeding, the more breastmilk the mother makes.	X		
10. The mother of a sick child that is older than 6 months should wait until her child is healthy before giving him/her any solid foods.		X	
11. At 6 months, the first food a baby is given should be the consistency of water, so that the young baby can swallow it easily.		X	
12. Taking iron-folic acid tablets during pregnancy will make the baby too large and she will have a difficult birth.		X	
13. During the first 21 days after delivery, the breastfeeding mother should only eat watery dahl, rice, and burnt eggplant and garlic.		X	
14. A young child (aged 9 up to 24 months) should not be given animal foods, such as eggs, chicken, liver or mutton.		X	
15. A new mother should not breastfeed her child until the newborn has been washed and massaged, and until she has been washed.		X	
16. A newborn baby should always be given colostrum, the first yellow milk.	X		
17. Fathers can help to make sure that their infants and young children are fed well.	X		
18. Mothers-in-law play an important role in how breastfeeding mothers and their infants are fed.	X		
19. If you want a child to eat well, you must encourage, play, and talk with them while eating.	X		
20. A mother should breastfeed her baby on demand, day and night, even after the first 21 days.	X		



Session 2. Why Maternal Infant and Young Child Nutrition Matters

Learning objectives:

By the end of the session, participants will be able to—

- Define the terms *maternal nutrition*, *exclusive breastfeeding*, *complementary feeding*, and *maternal, infant, and young child nutrition (MIYCN)*
- State at least two reasons why MIYCN matters, especially during the first 1,000 days.
- Identify factors that contribute to a healthy baby.

Materials:

Prepare the following:

- flipchart paper and stand, markers, and masking tape
- flipchart First 1,000 Days Chart, prepared in advance (See Key Information Objective 2 for this session)
- Training Aids for session 2:
 - 2.1: Maternal Nutrition, Exclusive Breastfeeding, Complementary Feeding
 - 2.2: 1,000 day period chart, Pregnancy—1,000 Day Chart, Birth—1,000 Day Chart, 0 up to 6 months—1,000 Day Chart, 6 up to 9 months—1,000 Day Chart, 9 up to 12 months —1,000 Day Chart, 12 up to 24 months—1,000 Day Chart, Stages of the 1,000 days period (7 photos).
 - 2.3: Mother and child—1,000 Day Chart, Factors for Healthy Baby Chart, Healthy Well-Nourished Child—Healthy Baby Chart, Maternal Health and Nutrition—Healthy Baby Chart, Care Practices—Healthy Baby Chart, Variety of Foods—Healthy Baby Chart, Health Care Services—Healthy Baby Chart, Water, Hygiene, and Sanitation—Healthy Baby Chart.

Advance preparation:

- Review the key information for each objective for this session.
- Prepare training aids; ensure that all half-page cards are cut before the session.
- Write the words and prepare the corresponding pictures to tape on three flipcharts: “maternal nutrition” (during pregnancy and during breastfeeding), “exclusive breastfeeding,” and “complementary feeding.” Allow enough room to tape pictures and write phrases underneath each term.
- Prepare a flipchart showing the first 1,000 days period chart and organize the corresponding pictures to tape on a flipchart.
- Tape a picture of a healthy well-nourished child on a flipchart paper and prepare the corresponding pictures to tape around it.

Total duration: 55 minutes

Learning Objective 1: Define maternal nutrition, exclusive breastfeeding, and complementary feeding

Methodology: Group brainstorming, presentation, and discussion

Suggested time: 15 minutes

Instructions:

1. Facilitator explains the significance of each letter (and corresponding word) in the acronym MIYCN on a flipchart or white board.
2. Facilitator shows the three flipchart pages with the words “maternal nutrition,” “exclusive breastfeeding,” and “complementary feeding.” Facilitator tapes the corresponding training aids under each expression as they say it.
3. Facilitator asks the participants to define what each expression means, one at a time.
4. Facilitator writes the responses on the flipchart: (see definitions in Key Information Objective 1)
 - o What does maternal nutrition mean?
 - o What does exclusive breastfeeding mean?
 - o What does complementary feeding mean?
5. Facilitator recognizes all the inputs, corrects errors, and/or fills in gaps.
6. Facilitator leads a discussion.

Key Information Objective 1

Maternal = during pregnancy, after birth, and during breastfeeding

Infant = from birth up to 1 year of age

Young child (when used with infant and young child feeding) = from birth up to 2 years of age.

Definitions

Maternal nutrition: Relates to the foods eaten and the nutritional needs of women during pregnancy, after birth, and during breastfeeding.

Exclusive breastfeeding: The process of giving only breastmilk (including milk expressed by the mother or from a wet nurse). Drops of vitamins, minerals, and medicine are allowed, but the baby does not receive anything else. Exclusive breastfeeding is recommended for the first six months of life.

Complementary feeding: Feed additional foods when only breastmilk is no longer sufficient to meet the nutritional requirements of the infant; therefore, other foods and liquids are needed, with breastmilk or a breastmilk substitute. The target range for complementary feeding is usually 6 to 24 months.

Learning objective 2: State at least two reasons why MIYCN matters, especially during the first 1,000 days.

Methodology: Small group discussion and interactive presentation

Suggested time: 25 minutes

Instructions:

Activity 1

1. Tape the **First 1,000 Days Chart** (see figure 1), which shows the different stages of the first 1,000 days to the wall. Reference the 1,000 days training aid when creating this chart and during facilitation.
2. Using the illustrations for the **First 1,000 Days Chart** from the training aids, hold them up, one at a time, and ask the participants to say where to tape each illustration (pregnant mother, delivery, early initiation of breastfeeding, breastfeeding child under 6 months, and breastfeeding and complementary feeding pictures between 6 months and 2 years).

Activity 2

1. Divide the participants into three small groups and distribute two–three photos to each group from the training aids set of *Stages of the First 1,000 Days* photos.
2. Ask each group to discuss what is happening in the photo, and ask them to think about where it fits with the 1,000 days. Encourage the participants to also talk about what is happening in their own community.
3. Ask one person from the group to tape their photo to one of the stages of the 1,000 days.
4. Ask someone else to explain why each picture relates to each stage of the 1,000 days.
5. Ask the group to explain the importance of the first 1,000 days. Make sure they cover the following information: The time when the most critical brain and physical growth of the baby happens. Good health, nutrition, and care practices are very important during this period—from pregnancy to 2 years of age—to ensure the baby grows and reaches its full physical and mental development.
6. Tape or stick the **First 1,000 Days Chart** and all the pictures to a side wall so they can be referenced throughout the training (see figure 2).

Key Information Objective 2

Figure 1. First 1,000 Days Chart

Use the following picture to develop the exercise.

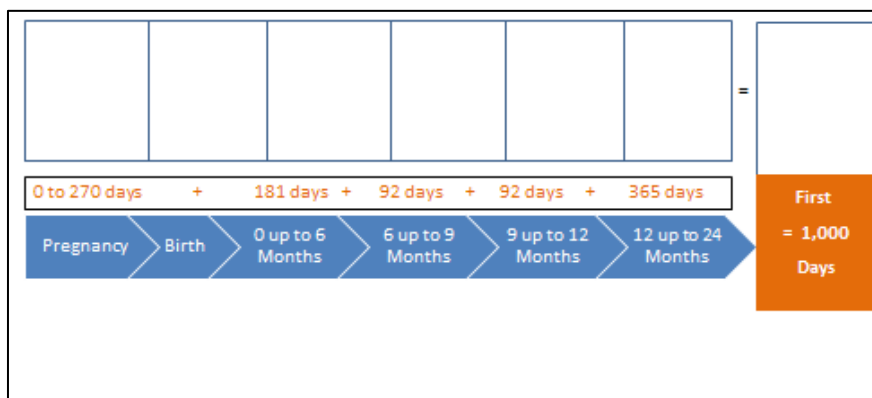
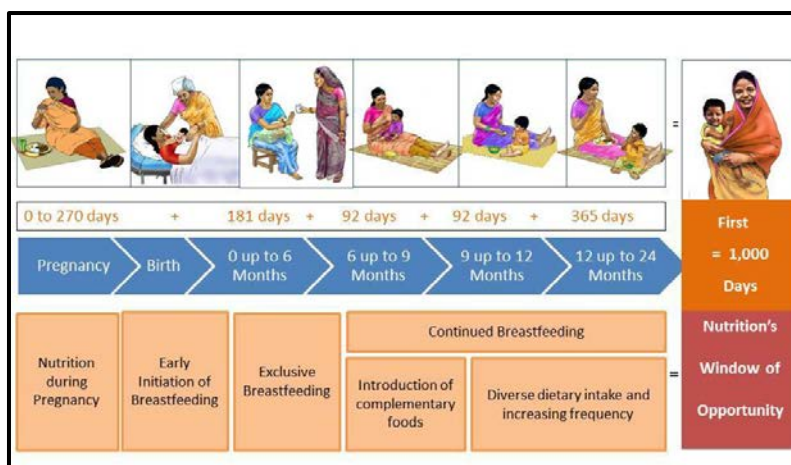


Figure 2. Completed First 1,000 Days Chart

Use the following picture to develop the exercise.



Learning Objective 3: Identify factors that contribute to a healthy baby.

Methodology: Group brainstorming and interactive presentation

Suggested time: 15 minutes

Instructions:

1. Tape or stick the illustration of a healthy, well-nourished child on a flipchart page (see figure 3) attached to the wall or a white board, leaving room to add pictures below and around the baby.
2. Ask participants to name all the things necessary to have a healthy child. (The aim of this exercise is to create figure 3.)
3. When the participants mention healthy well-nourished pregnant woman, healthy well-nourished mother, breastfeeding, variety of foods, supportive family, clean water/ hygiene/sanitation, and care practices and health services show the corresponding illustration and tape it to the flipchart around the healthy baby. If the participants do not mention something important, probe for more ideas.
4. When all the pictures are taped to the page around the child, draw arrows from the pictures to the healthy, well-nourished child (see figure 3).
5. Ask if there are any questions. Ask how these practices compare to what is happening in their own community. Discuss this as a group.
6. Tape figure 3 to a side wall so it can be referenced throughout the training.

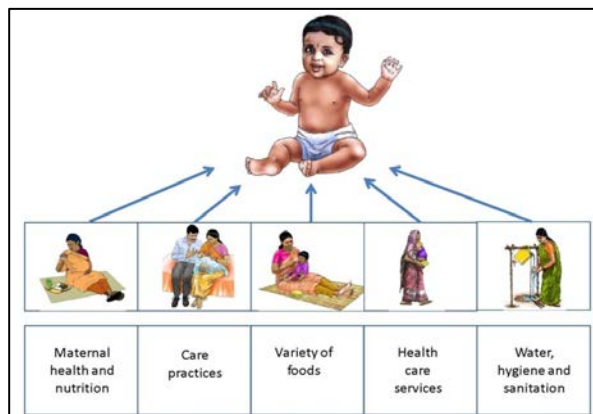
Key Information Objective 3

Examples of what can be included in each of these categories:

- Maternal health and nutrition can include eating well during pregnancy and lactation, attending prenatal visits, and taking iron–folic acid during pregnancy.
- Care practices include resting during pregnancy, eating well, and attending antenatal care.
- A variety of foods can include animal source foods, vitamin A-rich foods, green vegetables, and breastmilk.
- Health care services can include well-baby visits, immunizations, growth monitoring, and sick child visits.
- Water, hygiene, and sanitation can include handwashing before eating, after using the latrine, and playing on the ground; drinking safe/treated water; and regularly washing the body and clothes.

Figure 3. Healthy, Well-Nourished Child

Use the following picture to develop the exercise.



Session 3. Women's Nutrition

Learning objectives:

By the end of the session, participants will be able to—

- Identify factors that contribute to a healthy pregnant woman and a healthy breastfeeding mother.
- Describe the nutrition cycle: baby, girl-child, teenager, pregnant woman, woman with child/children, and older woman.
- State at least two ways to break the cycle of malnutrition in babies, girls, teens, and women.

Materials:

- Flipchart papers and stand, markers, and masking tape.
- Flipchart Cycle of Malnutrition, prepared in advance (See Key Information Objective 2 for this session.)
- Training Aids for Session 3:
 - 3.1: Factors for Healthy Mother Chart, Healthy Mother—Healthy Mother Chart, Maternal Health and Nutrition—Healthy Mother Chart, Health Care Services—Healthy Mother Chart, Care Practices—Healthy Mother Chart, Variety of Foods—Healthy Mother Chart, Water, Hygiene, and Sanitation—Healthy Mother Chart.
 - 3.2: None.
 - 3.3: Well-Nourished Baby, Well-Nourished Girl Child, Well-Nourished Teenager, Well-Nourished Adult Woman.
- Doll(s)
- Handouts:
 - #1: Nutrition for Pregnant and Breastfeeding Women
 - #2: Actions Needed to Break the Malnutrition Cycle.

Advance preparation:

- Review the key information for each objective for this session, and review the key messages on handouts #1 and #2.
- Prepare handouts #1 and #2 for each participant.
- Prepare training aids for use, ensure that all half-page cards are cut before the session.
- Tape the picture of a healthy well-nourished pregnant woman and/or breastfeeding mother on a flipchart page; leave room to add other pictures.
- Draw the Cycle of Malnutrition (Figure 5) on a flipchart paper (see the example in session 3.2). However, delete the words "teenage pregnancy" on the arrow in the centre.
- Write on a separate flipchart paper: "What does malnutrition do to women? What are the consequences?"

Total duration: 50 minutes

Learning Objective 1: Identify factors that contribute to a healthy pregnant woman and breastfeeding mother

Methodology: Group brainstorming and interactive presentation

Suggested time: 15 minutes

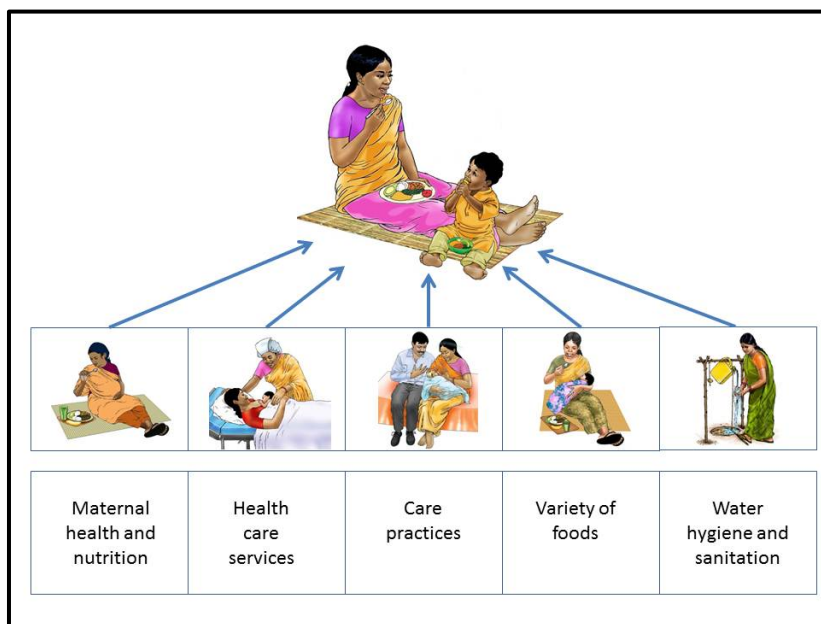
Instructions:

1. Tape or stick the illustration of a healthy, well-nourished mother on a flipchart paper (see figure 4) to the wall or on a whiteboard, leaving room to add pictures below and around it.
2. Ask participants to name all the things necessary to have a healthy mother who will give birth to and breastfeed a healthy baby.
3. As participants mention various things—a good diet with a variety of foods, enough food, supportive family, clean water/hygiene/sanitation, care practices, and health services—show the corresponding training aids from this session and tape them to the flipchart around the healthy mother.
4. When all the pictures are taped to the page around the woman, draw arrows from the pictures to the healthy, well-nourished women (see example below).
5. Distribute **handout #1: Nutrition for Pregnant and Breastfeeding Women** (with the cover for the handouts). Tell participants they will be given many handouts during the training to use as a reference during video disseminations or home visits. Review the points of the handout.
6. Ask if there are any questions. Ask how this compares to what happens in their own communities. Discuss as a group and summarize.
7. Tape figure 4 to a side wall so it can be referenced throughout the training

Key Information Objective 1

Figure 4. Healthy, Well-Nourished Mother with Child

Use the following picture to develop the exercise.



Learning Objective 2: Describe the malnutrition cycle: baby, girl-child, teenager, and pregnant woman.

Methodology: Group brainstorming and interactive presentation

Suggested time: 20 minutes

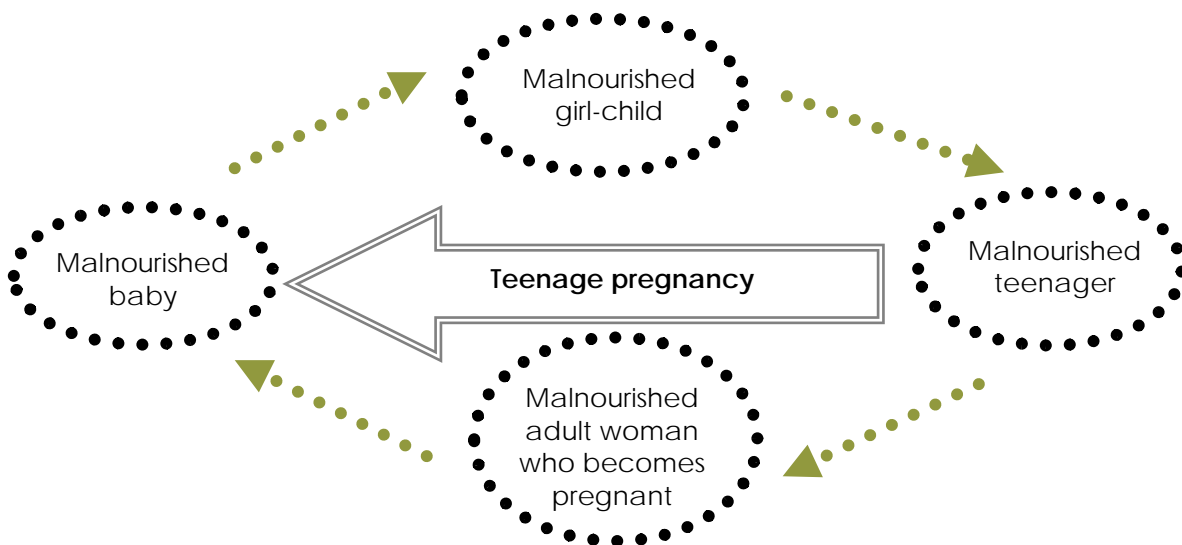
Instructions:

1. Tape to the wall or white board figure 5, **Cycle of Malnutrition** flipchart that you prepared using the example below.
2. The facilitator explains what each circle represents.
3. Ask participants: What are the consequences of malnutrition at each point in the life cycle?
4. Write the answers on figure 5 and discuss them using the bullet points below.
5. The facilitator should ensure that the dangers of teenage pregnancy in the cycle of malnutrition are discussed. At this point, write "teenage pregnancy" in the arrow.
6. Discuss and summarize.
7. Tape figure 5 to a side wall to be referenced throughout the training.

Key Information Objective 2

Figure 5. Cycle of Malnutrition

Use the following picture to develop the exercise.



Consequences of malnutrition for...

Baby	Girl-Child	Teenager	Adult Woman
<ul style="list-style-type: none"> • Increased infection from weakened immune system • Stunted growth or development, or death. 	<ul style="list-style-type: none"> • Increased infection from weakened immune system • Stunted growth or development, or death • Weakness and tiredness leading to lower productivity. 	<ul style="list-style-type: none"> • Weakness and tiredness leading to lower productivity • Note: Pregnant teenagers are still growing: • Teenage mother and the growing baby compete for nutrients • When the teenage mother does not complete her growth cycle, she is at risk for a more difficult labour if her pelvis is small. 	<ul style="list-style-type: none"> • Difficult labour due to small bone structure • Increased risk of complications in the mother, which can lead to death during labour and delivery • Increased risk of death if mother bleeds during or after delivery • Increased risk of giving birth to an underweight child who, if female, will be at greater risk of a more difficult labour during her own pregnancy unless the malnutrition cycle is broken.

Learning Objective 3: Describe actions that can break the malnutrition cycle in babies, girls, teens and women

Methodology: Group work

Suggested time: 15 minutes

Instructions:

1. Divide participants into four groups and assign each group one point in the life cycle; hand the group one copy that includes the corresponding image from the training aids for this session. Each group should brainstorm critical factors related to breaking the cycle of malnutrition at the point in the life cycle that they are assigned. Reference the factors listed in the key information below to help groups brainstorm.
2. Each group will select a representative to present their work to the large group, using the flipchart paper with each stage of the cycle of malnutrition used in session 3.2; bring up any additional ideas that were not discussed.
3. As each group presents, place the illustration on the corresponding circle of the cycle of malnutrition: (1) a well-nourished baby, (2) a well-nourished girl-child, (3) well-nourished teenager, and (4) well-nourished adult woman.
4. Bring up any actions below that were not mentioned in the participants' presentations.
5. Ask participants to brainstorm actions husbands can take to help break the cycle of malnutrition.
6. Ask participants how mothers-in-law can help to break the cycle of malnutrition.
7. Ask participants the following question: "Can a malnourished mother still breastfeed her infant?" (See Key Information. The answer is yes, because breastmilk is always of good quality and quantity even to the detriment of the mother, but all mothers need to be well-nourished.)
8. Facilitate a discussion and summary of the answers in a large group.
9. Discuss and summarize.
10. At the end of the session, give out **handout #2**, Actions needed to break the malnutrition cycle.

Key Information Objective 3

Examples of actions to break the cycle of malnutrition at each stage.

For more information, see **handout #2: Actions needed to break the malnutrition cycle.**

Baby	Girl-Child	Teenager	Adult Woman
<ul style="list-style-type: none"> • Exclusively breastfeed 0 up to 6 months, means the baby should not be given anything else, not even water • Encourage timely introduction of complementary foods at 6 months and continue breastfeeding up to 2 years or more (no other food is needed during the first 6 months) • Prevent malaria. 	<ul style="list-style-type: none"> • Appropriate hygiene (use latrines and wash hands) • Feed different food groups at each serving; animal source foods, staples, legumes, and vitamin A-rich foods • Prevent malaria. 	<ul style="list-style-type: none"> • Delay first pregnancy until her growth is complete (usually 20–24 years) • Increase the food intake (Teenage girls need to eat at every meal. Make sure they eat; they are future mothers) • Prevent malaria. 	<ul style="list-style-type: none"> • Encourage consumption of different types of locally available foods • Prevent and seek early treatment of infections • Space children • Prevent malaria.

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Session 4. Why Breastfeeding is Good, Recommended Practices, and Good Positioning and Attachment

Learning objectives:

By the end of the session, participants will be able to—

- Describe the importance of breastfeeding for the infant, the mother, and the family.
- Identify the recommended breastfeeding practices.
- Demonstrate good positioning and attachment.

Materials:

- Flipchart papers and stand, markers, and masking tape
- Large cards (½ A4 size) or pieces of paper the same size
- Doll(s) or rolled up towels
- Training aids for session 4:
 - 4.1: None.
 - 4.2: Immediate Breastfeeding After Birth (3 copies); During the First 6 Months, Give ONLY Breastmilk (3 copies); Exclusive Breastfeeding During the First Six Months (3 copies); Breastfeed on Demand, Both Day and Night (3 copies); Feeding Your Sick Baby Less Than 6 Months of Age (3 copies); and Feeding Your Sick Baby More Than 6 Months of Age (3 copies).
 - 4.3: Breastfeeding Positions, Good Attachment is Important, Care and Feeding of a Low Birth Weight Baby, How to Hand Express and Cup Feed, and When You are Separated From Your Baby.
- Handouts for Session 4:
 - Handout #3: Importance of Breastfeeding for Infants and Young Children, Mothers and Families
 - Handout #4: Immediate Breastfeeding after Birth
 - Handout #5: During the First Six Months, Give ONLY Breastmilk
 - Handout #6: Exclusive Breastfeeding during the First Six Months
 - Handout #7: Breastfeeding on Demand, Both Day and Night
 - Handout #8: Feeding Your Sick Baby Less Than Six Months of Age
 - Handout #9: Feeding Your Sick Baby More Than Six Months of Age
 - Handout #10: Breastfeeding Positions
 - Handout #11: Good Attachment is Important
 - Handout #12: Care and Feeding of a Low Birth Weight Baby
 - Handout #13: How to Hand Express and Cup Feed
 - Handout #14: When You are Separated from Your Baby.

Advance preparation:

- Review the key information for each objective for this session, and review the key messages found on handouts—#3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14.
- Have handouts—#3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14 prepared for each participant.
- Prepare and organize training aids for each group activity.
- Facilitators should practice demonstrating good attachment and positioning (mother and counsellor).
- Prepare three flipchart papers, each with one of the three questions: #1: What is the importance of breastfeeding for the infant? #2: What is the importance of breastfeeding for the mother? and #3: What is the importance of breastfeeding for the family?

Total duration: 80 minutes

Learning Objective 1: Describe the importance of breastfeeding for the infant, mother, and family.

Methodology: Small group work and rotation of flipcharts

Suggested time: 30 minutes

Instructions:

1. Three flipcharts are displayed throughout the room with the following titles: #1: What is the importance of breastfeeding for the infant? #2: What is the importance of breastfeeding for the mother? #3: What is the importance of breastfeeding for the family?
2. Three facilitators are assigned to one of the three flipcharts or they rotate, as necessary.
3. Divide the participants into three groups (counting off “1, 2, and 3”). Ask them to sit next to the flipchart with their corresponding number.
4. Facilitators lead their first group in a five-minute discussion of the question on the flipchart, and write each point without repeating those already listed.
5. After five minutes, each facilitator takes their flipchart to the next group, and they repeat the exercise two times.
6. When each flipchart rotates, the facilitator assigned to that flipchart reads the answers from the previous groups, including any additional answers from the participants, without repeating. Each group should review and contribute answers for all three flipcharts.
7. Bring the flipcharts to the front of the room and discuss them in the large group for five minutes. The facilitator can use the information on **handout #13** as a reference. (The risks of not breastfeeding for infant and mother can also be discussed.)
8. Distribute **handout #3—Importance of breastfeeding for infant and young children, mothers, and families**—as a take-home reference for this content.
9. Tape the flipcharts to the wall.

Key Information Objective 1

The facilitator can use the information on handout #3 as a reference.

Learning Objective 2: Identify the recommended breastfeeding practices.

Methodology: Group work

Suggested time: 20 minutes

Instructions:

Activity 1: Identify the recommended breastfeeding practices through discussions.

1. Divide participants into three working groups and assign one facilitator to support each group.
2. Give each group 10 blank cards.
3. Facilitators ask participants in their group for examples of recommended breastfeeding practices—early initiation of breastfeeding within the first half-hour of birth is an example.
4. Each group writes as many recommended breastfeeding practices as they can on the cards (one per card); discuss and group any cards that are similar.
5. Select one group; ask a volunteer to tape or stick their cards on a flipchart paper in front of the group and read their practices one by one.
6. Beginning with the first practice presented, ask other groups if they have a similar practice, or if they disagree with the practice. If there is a disagreement, talk about it. Ask other groups to tape or stick on any additional practices, or add them to the list and discuss.
7. Remove any incorrect information.
8. Leave the recommended breastfeeding practices posted in a vertical column (in the centre of the board/flipchart).
9. With the large group, the facilitator summarizes and fills in the gaps to include the recommended breastfeeding practices.
10. Tape the flipchart with the cards to the wall.

Activity 2: Identify recommended breastfeeding practices using illustrations.

1. Keep participants in the same groups, and give each group a set of the six **training aids** for session 4.2.
2. Each group's facilitator asks the group to discuss what is happening in each of the six illustrations, and reflect on any differences that they see in their own families and communities.
3. Ask the groups to match the six illustrations with any of the recommended breastfeeding practices that are posted on the wall or the front of the room. Discuss if any practices are missing.
4. Ask each group to share any observations or comments that they have on one of the six illustrations.
5. Other groups then add additional points on that illustration or a different illustration until all illustrations are discussed. Continue the discussion until all are covered.
6. Discuss any myths or misconceptions raised by the participants.
7. At the end of this activity, collect the illustrations from each group.
8. Distribute the six handouts that correspond to each of the six illustrations to each participant (#4, 5, 6, 7, 8, and 9).
9. If there is time, pull out specific key messages in each handout that corresponds to each illustration.
10. Encourage the participants to review these key messages between the end of day 1 and the beginning of day 2 (as homework).

Key Information Objective 2

The facilitator can use the information on handouts #4–9 as a reference.

Learning Objective 3: Demonstrate good positioning and attachment.

Methodology: Role play, group work, observation, and practice

Suggested time: 30 minutes

Instructions for Activity 1: Demonstration/Role Play

1. Ask participants to sit in a large circle.
2. Using a doll, one facilitator explains that there are many breastfeeding positions, and there are four signs of good attachment, including low birth weight positions.
3. The facilitator then helps another facilitator role plays as a mother, demonstrating the different positions, helping the mother position and attach her baby to the breast using a doll. If a doll is not available, a rolled-up towel can be used. Use the training aid in 4.3 titled, **Breastfeeding Positions** to help participants understand the different feeding positions.
4. See *Notes for Positioning Role Play* and *Breastfeeding Positions* for doing this activity.

Instructions for Activity 2: Group Work

1. Form five groups of participants and assign one facilitator to each.
2. Pass out one doll (or more) to each group.
3. Distribute the **training aids** for 4.3. Give one to each group. Distribute **handouts #10, 11, 12, 13, and 14**. Ask the group to look at and discuss what is happening in the illustrations, using the key points in the corresponding handout.
4. After five minutes, ask each group, in turn, to explain to the large group what they observe in the illustration and the key points in the handout. Encourage participants to use the dolls to help demonstrate what they observe in the illustrations.
5. Ask if there are any questions or additional information from the handouts that was not presented in the group discussion.
6. Encourage the participants to review these key messages between the end of day 1 and the beginning of day 2 (as homework).

Key Information Objective 3

Review the key messages on handout #10, 11, 12, 13, and 14.

Notes for Positioning Role Play:

This is not a priority for older babies, if they are already properly attached and nursing.

- Ensure that the mother is comfortable.
- The four key points about baby's position are **straight, facing mother, close, and supported**.
 1. The baby's body should be straight, not bent or twisted, but with the head angled slightly back.
 2. The baby's body should face the breast; they should be able to look up into mother's face, not held flat to her chest or abdomen.
 3. The baby should be close to mother.
 4. The mother should support the baby's whole body with her hand and forearm, not just the neck and shoulders.
- The infant is brought to the breast (not the breast to the infant).

Breastfeeding Positions

(See positions illustrated in Handout #10)

1. Cradle position
2. Under-arm
3. Twins cradle
4. Side-lying
5. Cross cradle
6. Twins under-arm

Session 5. How to Support Behavior Change

Learning objectives:

By the end of the session, participants will be able to—

- Explain why changing behaviour is so difficult.
- Reflect on the role of fathers and mothers, or mothers-in-law, in maternal and child nutrition.

Materials:

- Flipchart papers and stand, markers, and masking tape
- Flipchart titled Behaviour Change Steps (See key information objective 1 for this session)
- Training aids for session 5:
 - 5.1: Behaviour Change Case Studies
 - 5.2: Mother-in-Law, Husband, Mother-in-Law and Husband
- Handout for Session 5:
 - Handout #15 Behaviour Change Steps and the Role of the Change Agent
- Doll(s) for role plays
- Behaviour change communication case study(ies) for discussion and role play.

Advance preparation:

- Review the key information for each objective for this session, and review the key messages found on handout #15.
- Prepare handout #15 for each participant.
- Prepare the training aids. Cut the Behaviour Change Case Studies Training Aid so that each group has a copy of one case study.
- On a flipchart page, draw the flipchart Behaviour Change Steps (with simple words) from Key Information Objective 1.

Total duration: 45 minutes

Learning objective 1: Explain why changing behaviour is difficult.

Methodology: Interactive presentation and group work

Suggested time: 30 minutes

Instructions:

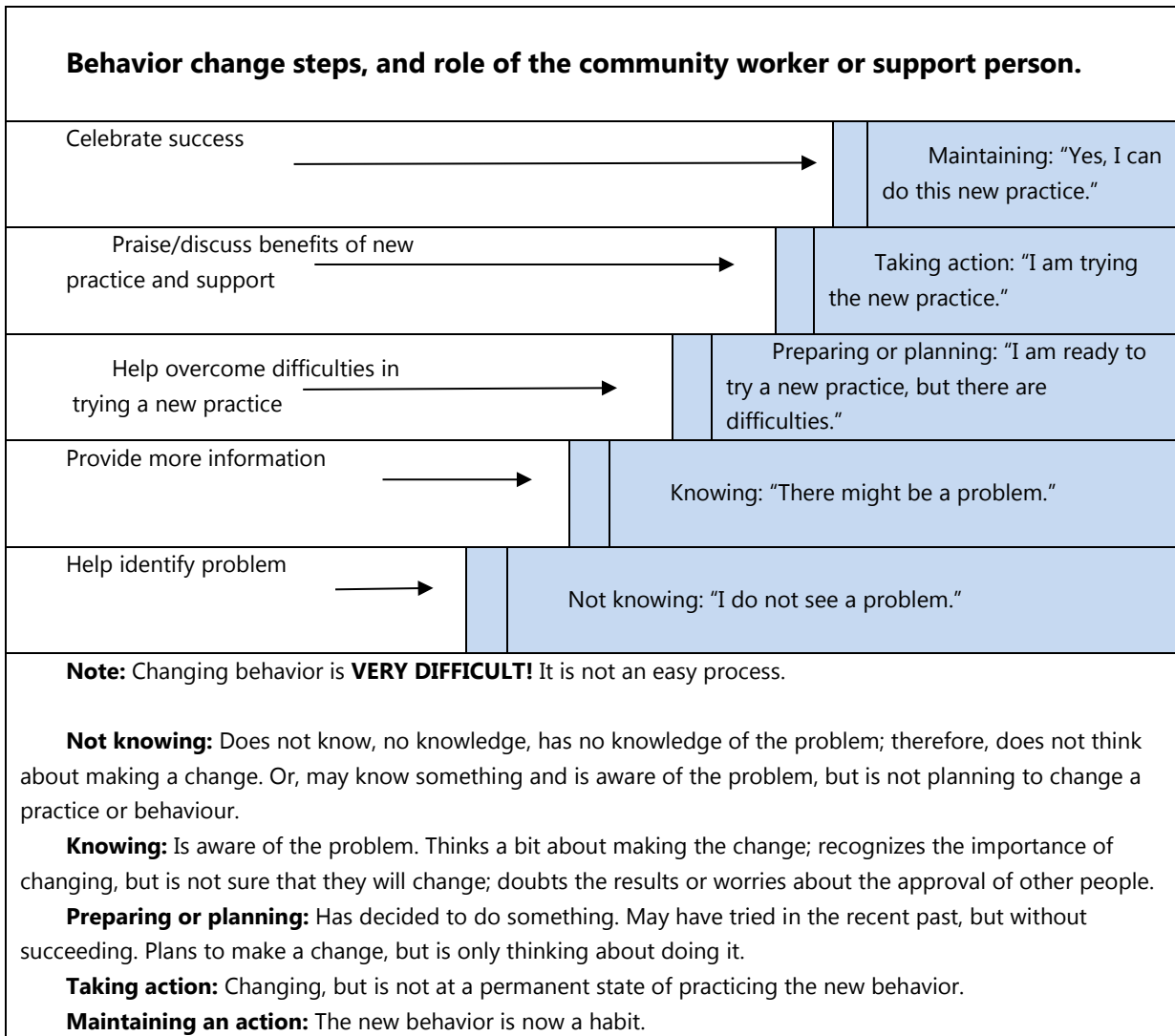
Activity 1

1. Display the behaviour change steps flipchart (see example in key information objective 1) and brainstorm with participants about how people usually move through the different steps to behaviour change (use exclusive breastfeeding as an example).
2. Ask participants: What helps a person move through the different steps of behaviour change?
3. List participants' responses on a flipchart or whiteboard: information, encouragement, support, and praise—the person who provides these is a change agent; community health workers can be change agents.
4. Ask participants to close their eyes and think about a behaviour they are trying to change. Ask them to identify at what stage they are and why? Ask them to think about what they will need to move to the next step. Give them one or two minutes.
5. Discussion: Ask if any of the participants want to share their behaviour or personal experience.

Activity 2

1. Divide participants into three working groups—give each group one of the three case studies found in the **training aid Behaviour Change Case Studies**. For each case study, ask the group to discuss the following question: At what stage of the behaviour change process is the mother?
2. Ask the three groups to present their case study, and discuss the answer in a large group. The answer key is found in key information objective 1 for this session.
3. Discuss, generally, how to move up the steps of behaviour change. In plenary, using one of the case studies, brainstorm ways to help the subject of the case study move up a step.
4. Distribute handout #15 Behaviour Change Steps for their use as a reference.

Key Information Objective 1



Behaviour Change Case Studies (Answer Key)

1. Becoming motivated to try something new (Preparing or planning)
2. Becoming aware (has now heard about it) (Knowing)
3. Adopting a new behaviour (Taking action)

Learning Objective 2: Reflect on the role of fathers and husbands and mothers-in-law in MIYCN and behaviour change.

Methodology: Vote with your feet

Suggested time: 15 minutes

Instructions:

1. Explain that many factors contribute to why someone does or does not practice a certain behaviour and, often, that decision is not theirs alone to make.
2. Ask the participants who in their family often contributes to decisions regarding childrearing.
3. Facilitate a discussion among participants, asking them to think about influencers in their lives. Example questions may include—
 - o Who among your friends and family has a significant influence over the day-to-day decisions you make?
 - o Would you cook something for dinner that no one liked the taste of? Why or why not?
 - o Would you apply for a job if your family didn't want you to work? Why or why not?
4. Explain that the opinions of others change what you do or don't do. Therefore, if you can identify the individuals that may influence your priority behaviours in various ways, then you can engage those individuals to help you change a behaviour in whatever way they best influence.
5. Tape the three pictures on opposite sides of the room. One of mothers-in-law, one of the father or husband, and one of both.
6. The facilitator explains that a series of action statements will be read one at a time (see key information objective 2 below). The facilitator reads each statement and asks, "Who do you think can help with this: mothers-in-law, fathers or husbands, or both?"
7. Participants then "vote with their feet" by walking to the corresponding side of the room with the image, depending on their judgement. (There are no right or wrong answers.)
8. After each action, ask for several volunteers to explain why they voted the way they did.

Key Information Objective 2

Action Statements

- Accompany the pregnant woman to antenatal clinics (ANC), reminding her to take her iron–folic acid tablets.
- Provide extra food for the woman during pregnancy and breastfeeding.
- Help with non-infant household chores to reduce the woman's workload.
- Encourage the mother to put the baby to the breast immediately after the birth.
- Talk with the mother about feeding plan, beliefs, and customs.
- Make sure the baby is exclusively breastfed for the first six months.
- Provide a variety of food for child over six months. Feeding the child is an excellent way for fathers to interact with their child.
- Be a role model of good male behaviour for boy children.
- Ensure that the pregnant woman has access to a wide range of foods.
- Ensure that when the child is left at home because the mother must work in the field, a system is in place to take the child to the field as soon as the child is hungry.

- Ensure that a child over 6 months eats often and regularly.
- Ensure that when the child is old enough to feed herself or himself, that the child's hands are cleaned with running water and soap before eating.

Session 6. Wrap Up, Q&A, and Summary of Day 1, Daily Evaluation

Learning objectives:

By the end of the session, participants will be able to—

- Discuss one or two things they learned and/or liked about the day; know what to expect during the second day of training; and express their satisfaction or not with the first day of training.

Materials:

- Rubber ball or ball of paper
- Training aids for session 6.1: Happy Face, Neutral Face, Sad Face.

Advance preparation:

- Prepare training aid for use. Cut out the three smiley faces and tape them to a bench or table near the exit. Give a marker to each participant to place on the smiley face that corresponds with his or her feelings about the first day of training.

Total duration: 15 minutes

Learning Objective 1: Discuss one or two things that they learned and/or liked about the day; know what to expect during the second day of training; and express their satisfaction or not with the first day of training.

Methodology: Discussion in large group

Suggested time: 15 minutes

Instructions:

1. One facilitator leads a wrap-up session where they help participants summarize some the key lessons learned during the day. Ask participants to sit in a circle. Toss a rubber ball or rolled-up ball of paper to various participants and ask them to name one thing they learned during the day that they did not know or did not believe before, or one thing that they liked about the day.
2. Remind them to review their handouts that night (homework).
3. Encourage all participants to return the following morning, on time, so that the training can begin on time. Explain that during the second day, the training will focus on complementary feeding in the morning and hygiene, safe water, and compound hygiene in the afternoon.
4. Ask participants to evaluate the day as they leave the training room by placing a marker (bottle cap or plastic disk) on top of the smiley face that indicates their satisfaction with the day.
5. The facilitator keeps the smiley face training aids for session 14.2 on the following day.

END OF DAY 1

Session 7. Opening Day 2 and Recap Exercise Day 1

Learning objectives:

By the end of the session, participants will be able to—

- Review norms set during day 1; know what to expect during day 2; discuss new things learned from day 1.

Materials:

- 20 short questions written on individual pieces of paper related to the first 1,000 days and other topics from day 1, folded and placed in a box or other container
- 20 small stars (coloured paper and safety pins).

Advance preparation:

- Write 20 short questions on individual pieces of paper. You can use the sample questions listed in key information objective 1 or create your own based on questions from day 1.
- Make 20 small stars from coloured paper, and safety pins.

Total duration: 20 minutes

Learning Objective 1: Review norms set during day 1; know what to expect during day 2; discuss one or two things that they learned from day 1.

Methodology: Discussion in large group

Suggested time: 20 minutes

Instructions:

1. Ask participants to sit in a circle.
2. One facilitator reviews the plans for day 2, referring participants to the scheduled training, and reading the names of the sessions that will be covered.
3. One facilitator reads the proposed training ground rules or group norms that were posted and discussed at the beginning of day 1. The facilitator asks if there are any questions or anything to add to the list.
4. One facilitator leads a review session where he or she helps participants recall some of the new information or ideas learned during the day 1. (The facilitator can use questions in key information objective 1, or you can create your own questions, based on any confusing points from day 1). The facilitator explains that many questions will be asked and the first person who thinks they know the answer should raise their hand. If the answer is correct, the person will be given a star. One facilitator picks a piece of paper from the box and reads the question. If the answer is incorrect, the question is read again. (The exercise should be fun, with participants competing for stars.)

Key Information Objective 1

Sample questions for review of day 1:

1. What is the definition of exclusive breastfeeding?

Giving only breastmilk (including milk expressed by the mother or from a wet nurse). Drops of vitamins, minerals, and medicine are allowed. The baby does not receive anything else. Exclusive breastfeeding is recommended for the first six months of life.

2. What is the definition of complementary feeding?

Feeding additional foods when breastmilk alone or infant formula alone is no longer sufficient to meet the nutritional requirements of the infant; therefore, other foods and liquids are needed, with breastmilk or a breastmilk substitute. The target range for complementary feeding is usually 6 to 24 months.

3. When does the first 1,000 days start and end?

From pregnancy until the child is 2 years of age.

4. What is the significance of the first 1,000 days?

During this time, the baby has the most critical brain and physical growth. Good health, nutrition, and care practices are very important—from pregnancy to 2 years of age—to ensure the baby grows and able to reach its full physical and mental development.

5. What care practices are most important for a pregnant woman?

Care practices should include resting during pregnancy, eating well, and attending antenatal care.

6. What consequences result from the cycle of malnutrition?

- a. Increased infection due to weakened immune system.
- b. Weakness and tiredness leading to lower productivity.
- c. Difficult labour due to small bone structure.
- d. Increased risk of complications for the mother, which can lead to death during labour and delivery.
- e. Increased risk of death if mother bleeds during or after delivery.
- f. Increased risk of giving birth to an underweight child who, if female, will be at greater risk of a more difficult labour during her own pregnancy unless the malnutrition cycle is broken.

7. Name two actions to break the cycle of malnutrition?

- a. Reference handout #29 for possible answers.

8. What are the steps for behavior change?

- b. Not knowing: Does not know, no knowledge, has no knowledge of the problem; therefore, doesn't think at all about making a change. Or, may know something and is aware of the problem, but is not planning to change a practice or behaviour.
- c. Knowing: Is aware of the problem. Thinks a bit about making the change; recognizes the importance of changing, but is not sure that they will change; doubt the results or worries about the approval of other people.
- d. Preparing or planning: Has decided to do something. May have tried in the recent past without succeeding. Planning to make a change, but only thinking about doing it.

- e. Taking action: Changing, but has not arrived at a permanent state of practicing the new practice or behavior.
 - f. Maintaining an action: The new behavior is now a habit.
9. Why is it important to identify influencers of behavior?
- If you can identify the individuals that may influence your priority behaviours in different ways, then you can engage those individuals to help change a behaviour in whatever way they best influence you.
10. Who might encourage a pregnant woman to go to the ANC and deliver in a hospital?
- Her husband, sister, mother, mother-in-law, or a neighbor—perhaps even a celebrity or other key influencer.
11. What should you feed your baby in the first six months?
- Only breastmilk for the first six months.
12. Name two reasons breastfeeding is important for the infant.
- Reference handout #30 for possible answers.*
13. Name two reasons breastfeeding is important for the mother.
- Reference handout #30 for possible answers.*
14. Name two reasons breastfeeding is important for the family.
- Reference handout #30 for possible answers.*
15. Name two risks of NOT breastfeeding.
- a. Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first six months).
 - b. Formula has no antibodies to protect against illness; the mother's body makes breastmilk with antibodies that protect from the specific illnesses in the mother and child's environment.
 - c. Does not receive their "first immunization" from the colostrum.
 - d. Struggle to digest formula: it is not the ideal food for babies.
 - e. Frequent diarrhoea and ill more often and more seriously (mixed-fed infants less than 6 months who receive contaminated water, formula, and foods are at higher risk).
 - f. Frequent respiratory infections.
 - g. Greater risk of malnutrition, especially for younger infants.
16. Who can demonstrate two different breastfeeding positions?
- Refer to handout #6 for positions.*
17. Should you continue to breastfeed your baby if you or the baby is sick?
- Yes, you should breastfeed more often to ensure that the baby does not get dehydrated.
18. What is kangaroo care?
- Skin-to-skin contact of the baby with the mother or father, which should be used for low-birth weight babies to regulate breathing, temperature, and heart rate.
19. What is one sign of good attachment to the breast?
- g. The baby should be close to the breast, (tucked in close to the mother so that baby's nose is lifted clear of breast) with a wide-open mouth, so that the baby can take in plenty of the areola and not just the nipple.

- h. The chin should touch the breast (this helps to ensure that the baby's tongue is under the areola so that he or she can press out the milk from below).
- i. You should see more areola above the baby's mouth than below.
- j. The baby's lower lip may be turned outward (but it may be difficult to see if the chin is close to the breast—do not move the breast away to see as this will pull the breast from the baby).

20. What is colostrum and why is it important?

Colostrum is the first, yellow milk that a mother produces and it contains important compounds that will nourish the baby and keep it from getting sick; it is often called the babies first vaccine.

Session 8. Beliefs and Food Taboos During Pregnancy and Breastfeeding

Learning objectives:

By the end of the session, participants will be able to—

- Discuss food taboos during pregnancy and breastfeeding.
- Distinguish between beliefs that are beneficial to pregnancy and those that should be discouraged.

Materials:

- Flipchart papers and stand, markers, and masking tape
- Handout #1: Nutrition for Pregnant and Breastfeeding Women (The participants should already have this handout.)

Advance preparation:

- Review the key information for this session.
- Put title on one flipchart page: Food taboos and beliefs during pregnancy. Tape it to the wall in the front of the room.
- Put title on another flipchart page: Food taboos and beliefs during breastfeeding. Tape it to the wall in the front of the room.

Total duration: 30 minutes

Learning Objective 1: Discuss food beliefs during pregnancy and lactation.

Methodology: Brainstorming in large group

Suggested time: 30 minutes

Instructions:

1. Have participants review **handout # 1 Nutrition for Pregnant and Breastfeeding Women**, which lists the food recommendations for pregnant and lactating women.
2. In plenary, participants brainstorm about all the barriers that prevent pregnant and lactating women in their village from following these recommendations.
3. Participants are encouraged to think about and discuss dietary practices and food taboos and beliefs for pregnant and lactating women. Ask the participants to share some of these common beliefs and taboos with the group; write them on the corresponding flipcharts. If a taboo or belief applies to both pregnant and lactating women, put it on both flipcharts.
4. If participants need help with ideas, the facilitator can refer to some of the beliefs in the key information.
5. Explain that even though many people believe that certain foods are harmful to pregnant or nursing women, these foods can be very healthy. Pregnant or nursing mothers are already at more at risk for micronutrient deficiencies and malnutrition and should be encouraged to eat the widest possible range of foods available.
6. Review each of the beliefs listed on the flipchart and discuss whether each might be helpful or harmful to a

pregnant or lactating woman. **Note:** *These beliefs may be culturally sensitive; be careful to think about how to discuss them. Some beliefs could be more harmful than others and some food restrictions may be overcome with easy substitutions.*

7. Ask participants to suggest how these harmful food beliefs could be changed (while respecting the beliefs of others and, also, discussing which ones) and which people in the household and the community can best influence changes (e.g., grandmothers, child's father, religious groups, support groups, community contacts).
8. The facilitator summarizes what has been said.

Key Information

Food Beliefs

Note: This can be a very sensitive subject; think carefully about how to approach any belief that may be culturally sensitive.

Examples of some food beliefs differ according to area/region and may have adverse effects on the nutrition for mothers and babies. The following statements are potentially harmful beliefs. Underneath each statement is an explanation as to why the belief may be harmful.

- A pregnant woman cannot eat fresh fruits (or cold foods).
 - It is important for pregnant and lactating women to eat a diverse diet to stay strong and help the baby grow. Fruits and vegetables provide important necessary vitamins.
- A pregnant woman should not eat pumpkin and ripe papaya.
 - Pumpkin, papaya, and other orange and yellow fruits and vegetables have vitamin A, which is important for pregnant and lactating women to stay strong and help the baby grow.
- A pregnant woman should restrict food intake so she doesn't give birth to a large baby who will not be able to pass through her pelvis.
 - It is important that pregnant women eat a diverse diet with extra food to help stay strong and help the baby grow. If her diet is restricted, the baby may not develop properly because she will not get the necessary nutrients and energy.
- If a pregnant woman takes iron–folic acid, the baby might be too big.
 - Pregnant women need to take iron–folic acid to ensure the baby develops properly. Iron–folic acid should not cause the baby to grow too big for a normal birth.
- A mother cannot breastfeed if she is separated from her baby for long periods of time.
 - Putting the baby back on the breast to suckle will stimulate the breast to produce more milk, even after a separation. If the mother's breasts become hard and engorged during a separation, she should hand express some milk and massage out any knots.
- A malnourished mother cannot produce good milk.
 - Even a malnourished mother can produce good breastmilk. However, it is important for the mother to eat enough nutritious food to keep herself healthy and to have energy to care for her child and herself.
- An infant under 6 months requires water, in addition to milk, especially when it's hot.

- Giving water to young babies puts them at risk of diarrhoea and malnutrition because the water may not be clean. Breastmilk is naturally more than 80 percent water; the mother can breastfeed whenever she thinks her baby is thirsty.
- Colostrum should be discarded because it is dirty.
 - The first yellowish thick breastmilk is called colostrum; it is sometimes called the "first vaccine" because it helps protect the baby against infections.
- A mother who is pregnant cannot breastfeed.
 - A pregnant mother can continue to breastfeed throughout her pregnancy and even breastfeed both the new baby and older child after she gives birth.
- Formula is healthier and better for babies than breastmilk.
 - Breastmilk is the perfect food for babies and they should not be given any other food or liquid before 6 months of age. Formula is not as healthy as breastmilk and should only be used if breastfeeding is not possible.
- A mother who has given birth recently should be restricted to eat only certain foods.
 - It is important for lactating women to eat a diverse diet with extra food to help keep her strong because breastfeeding requires lots of energy. Restricting her diet will not give her the necessary nutrients and energy she needs.

Session 9. Introduction to Complementary Feeding

Learning objectives:

By the end of the session, participants will be able to—

- Explain the importance and timing of complementary feeding, and the continuation of breastfeeding after six months.
- Identify local foods and current food beliefs, and discuss those that affect complementary feeding.

Materials:

- Flipchart papers and stand, markers, and masking tape
- Four glasses
- A pitcher filled with water
- *Training aids for session 9:*
 - 9.1: None
 - 9.2: Fruits and vegetables rich in vitamin A, other fruits and vegetables, fats and oils, staple foods, legumes, animal source foods, set of six food groups (quarter-page, four copies of each card), set of food cards (quarter-page, four copies of each card).
 - 9.3: None.
- Squares of paper and markers for writing names of additional foods.

Advance preparation:

- Review the key information for each objective for this session.
- Prepare training aids, ensuring that any quarter page cards are cut before the session. Divide the food cards into four identical sets.
- Prepare the flipchart described under the key information learning objective 1, Energy needs and type of feeding of a child from 0 up to 24 months. The facilitator will leave the shaded cells blank. They will be filled in during the session.
- Fill a pitcher with water and prepare four empty glasses.
- Prepare four copies of the flipchart described under the key information learning objective 2, Common local foods. Tape each of the six small food group cards to its corresponding section on each of the four flipcharts.
- Prepare the flipchart described under the key information learning objective 3, Current local food beliefs.

Total Duration: 75 minutes

Learning Objective 1: Explain the importance of and timing of complementary feeding.

Methodology: Brainstorming and demonstration

Suggested time: 20 minutes

Instructions:

1. Ask the participants to sit in a large circle.
2. Show the participants the flipchart paper with **Energy needs and type of feeding of a child from 0 up to 24 months**.
3. Ask the participants: How much energy is provided by breastmilk for an infant/young child?
 - o from 0 up to 6 months
 - o from 6 up to 9 months
 - o from 9 up to 12 months
 - o from 12 up to 24 months.
 - o (See the key information below.)
4. In the front of the room, to reinforce this idea, demonstrate the same information by pouring water into four glasses to different levels: completely full, two-thirds full, one-half full, and one-third full. Tell the participants, "Imagine that each glass represents a baby's energy needs and the water represents the mother's milk. As the baby gets older, the energy needs of the baby cannot be met by breastmilk alone. The space left in each glass represents the baby's energy needs that must be met with complementary foods."
5. If time allows, pour the water from the glasses back into the pitcher and ask a volunteer to repeat the demonstration.
6. Referring to the glasses as visual examples, fill in the final two columns of table 1 and discuss how the type of feeding changes over time. Note that after one year, the primary type of feeding changes to complementary foods, supplemented by continued breastfeeding through at least 2 years of age.
7. Tape the flip chart like table 1 to the wall and leave it posted for the rest of the training.

Key Information Objective 1

Use table 1 as an example to prepare the flipchart for this exercise. When preparing this flipchart, the two columns "Energy needs provided by complementary foods" and "Type of feeding needed" are blank.

Table 1. Energy Needs and Type of Feeding of a Child from 0 up to 24 Months

Age	Energy Needs Provided by Breastmilk	Energy Needs Provided by Complementary Foods	Type of Feeding Needed
0 up to 6 months	Energy needs are fully covered (or 100%)		
6 up to 9 months	2/3 of energy needs are covered (or 70%)		
9 up to 12 months	1/2 of energy needs are covered (or 50%)		
12 up to 24 months	1/3 of energy needs are covered (or 30%)		

Use table 2 as an example to fill in the flipchart during the session. During the session, fill in the columns, "Energy needs provided by complementary foods" and "Type of feeding needed."

Table 2. Energy Needs and Type of Feeding of a Child from 0 up to 24 Months

Age	Energy Needs Provided by Breastmilk	Energy Needs Provided by Complementary Foods	Type of Feeding Needed
0 up to 6 months	Energy needs are fully covered (or 100%)	0%	Exclusive breastfeeding (no need for additional foods)
6 up to 9 months	2/3 of energy needs are covered (or 70%)	30%	Breastfeeding + complementary foods
9 up to 12 months	½ of energy needs are covered (or 50%)	50%	Breastfeeding + complementary foods
12 up to 24 months	1/3 of energy needs are covered (or 30%)	70%	Complementary foods + breastfeeding

- From 0 up to 6 months breastmilk supplies all the energy needs of a child.
- From 6 up to 9 months, breastmilk continues to supply about one-third of the energy needs of a child; the other two-thirds of the energy needs must be filled with complementary foods or the child will not grow and may lose weight.
- From 9 to 12 months, breastmilk continues to supply about one-half of the energy needs of a child; the other one-half must be filled with complementary foods or the child will not grow and may lose weight.
- From 12 up to 24 months, breastmilk continues to supply about one-third of the energy needs of a child; the missing energy needs must be filled with complementary foods or the child will not grow and may lose weight. The recommendation is to breastfeed after offering the child complementary food.
- Besides nutrition, breastfeeding continues to provide protection for the child against many illnesses, and provides closeness, comfort, and contact that helps development.

Learning Objective 2: Identify common local foods

Methodology: Group work

Suggested time: 20 minutes

Instructions:

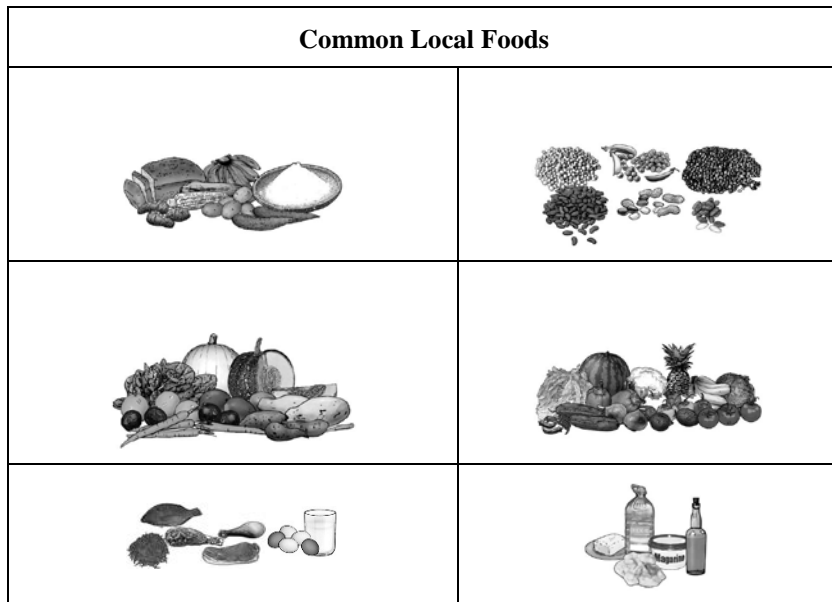
1. Tape the six full-page food group training aids on the wall and explain the types of foods found in each group, as well as the nutritional importance of each group (See Key Information Objective 2).
2. Divide participants into four working groups and assign a facilitator to support each group.
3. Give each group a flipchart page with the title, **Common local foods**, divided into six sections. Each flipchart should have a composite picture of one of the six food groups in the centre of each section: Staple Foods, Legumes, Fruits and Vegetables rich in Vitamin A, Other Fruits and Vegetables, Animal Source Foods, and Fats and Oils. Place each flipchart on the ground.
4. Give each group a full set of the food images.
5. Ask each group to sort the foods into the six food groups. If the group isn't familiar with any foods, set them aside.
6. Facilitators should visit each group to check accuracy and help with any difficult to place foods. Junk foods or processed snack foods do not fit into a category; set them aside. Discuss them with the groups.
7. As a group, discuss any foods that many participants misplaced.
8. Ask participants to discuss the foods that are usually available in their village(s), either at home and/or at the market, but are missing from the set of cards. Ask participants to discuss which group these foods belong to.
9. Keep the participants and food pictures in their groups for the next exercise.

Key Information Objective 2

Activity 1: Common Local Foods Flipchart







Use figure 6 to develop four copies of this flipchart for activity 1. The composite images are included in the training aids for this session.

Figure 6. Common Local Foods



The facilitators can help guide participants by referring to figure 7 as a reference. *Figure 7 will not to be created during the training.*

Figure 7. Different Groups of Locally Available Foods

Food Group	Illustration	Explanation
<p>Staples include grains, such as maize, wheat, rice, millet and sorghum, and roots and tubers (cassava and potatoes).</p>		<p>Staples provide energy for people to work and play.</p>
<p>Legumes include beans, lentils, peas, groundnuts, and seeds (such as sesame).</p>		<p>These foods are excellent sources of plant protein, which is needed for proper growth and development.</p>
<p>Fruits and vegetables rich in vitamin A, such as mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato, and pumpkin.</p>		<p>This group contains dark-green, leafy vegetables and orange-flesh fruits and vegetables which are high in vitamin A (extremely important during the first 1,000 days).</p>
<p>Other fruits and vegetables include banana, pineapple, avocado, watermelon, tomatoes, eggplant, and cabbage.</p> <p>Note: Include locally used wild fruits and other plants.</p>		<p>Fruits and vegetables are a good source of vitamins and minerals.</p>
<p>Animal-source foods include flesh foods: meat, chicken, fish, liver and eggs, and milk and milk products.</p> <p>Note: Don't wait. You can start animal foods at six months, just like other foods.</p>		<p>These foods are excellent sources of protein, which is needed for proper growth and development.</p>
<p>Fats and oils include oil seeds, margarine, ghee, and butter. Infants only need a very small amount (no more than half a teaspoon per day).</p>		<p>Fats and oils added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy.</p>

Learning Objective 3: Identify current food beliefs, and discuss those that affect complementary feeding.

Methodology: Plenary discussion and interactive presentation

Suggested time: 35 minutes

NOTE to facilitator: In this session, we try to understand the current food beliefs. It is not necessary to correct harmful beliefs now, because the group will discuss and correct the table in session 10.1.

Instructions:

1. Ask participants to look at the flipchart, Current Local Food Beliefs Related to Complementary Feeding.
2. In a plenary discussion, ask participants to name “good foods” and “bad foods” for each age group listed on the flipchart. The facilitator should help the group reach a consensus on whether the food is considered good or bad. The co-facilitator will write the responses on the flipchart. (Note: At this time, we want the participants to identify and discuss current common local food beliefs in their communities, NOT whether or not they are correct. We will discuss the effect of these food beliefs on complementary feeding in the second half of the exercise.)
3. The facilitator reviews the food beliefs that are presented, and asks the group to reflect on some potential effects (both positive and negative) on complementary feeding.
4. The facilitator explains that the group will revisit this flipchart in the upcoming sessions and to remember these community beliefs as they learn about complementary feeding.
5. The facilitator will wrap up the session by emphasizing the following global recommendations for complementary feeding:
 - Children should be breastfed exclusively for the first six months.
 - Complementary foods should not be introduced until the baby is 6 months of age.
 - Most local foods can and should be used for complementary feeding.
 - Animal source foods are a great source of nutrients and should be started as young as 6 months. Eggs are a perfect complementary food.
 - Even very young children (starting at 6 months) should be fed a variety of foods.
6. The facilitator explains that as the group learns about complementary feeding, they may feel motivated to change some beliefs in the community.
7. Tape the flipchart page to the wall and collect the food pictures by group.

Key Information Objective 3

Use table 3 to develop the exercise on a flipchart paper.

Table 3. Current Local Food Beliefs Related to Complementary Feeding

Age	Good Foods	Bad Foods
Under 6 months*		
6 up to 9 months		
9 up to 12 months		
12 up to 24 months		

***Note:** Children under 6 months should only be given breastmilk, but some cultures believe foods are good; be sure to cover this category when reviewing what the community believes.

Session 10. Recommended Complementary Feeding for Children from 6 up to 24 Months

Learning objectives:

By the end of the session, participants will be able to—

- Explain how to complement breastmilk with family foods.
- Describe recommended practices for feeding a child from 6 up to 24 months.
- Discuss complementary feeding difficulties and poor practices.

Materials:

- Training Aids for Session 10:
 - 10.1: Start Complementary Feeding at 6 Months, Give Complementary Foods from 6 Up to 9 Months, Give Complementary Foods from 9 Up to 12 Months, Give Complementary Foods from 12 Up to 24 Months, and Feed Your Baby a Variety of Foods
 - 10.2: Thick and Thin Porridge
 - 10.3: None.
- Handout for Session 10:
 - Handout #16 Start Complementary Feeding at 6 Months
 - Handout #17 Give Complementary Foods from 6 up to 9 Months
 - Handout #18 Give Complementary Foods from 9 up to 12 Months
 - Handout #19 Give Complementary Foods from 12 up to 24 Months
 - Handout #20 Feed Your Baby a Variety of Foods
 - Handout #21 Food Hygiene.
- Appropriate cups, spoons, and bowls used for feeding infants and young children
- Doll(s) (pretend the dolls are older than 6 months)
- Flipchart on 5 Keys to Safer Food.

Advance preparation:

- Review the key information for each objective for this session, and review the key messages found on handouts #16, #17, #18, #19, #20, and #21.
- Have handouts #16, #17, #18, #19, #20, and #21 ready for each participant.
- Prepare training aids for use.
- Organize cups, spoons, and bowls for use in demonstrations and role plays.
- Prepare real samples of porridge, both thick and thin (if possible).
- Prepare four sets of pictures of local foods (or pictures of food groupings).
- Prepare a flipchart on 5 Keys to Safer Food. See key information for objective 2.

- Prepare a flipchart titled, **Complementary Feeding Difficulties and Possible Solutions**. See key information section for objective 3. Do not fill in the column “Possible Difficulties” or “Possible Solutions” as the group will complete them in session 10.3.

Total Duration: 60 minutes

Learning Objective 1: Describe recommended practices for feeding a child from 6 up to 24 months.

Methodology: Group work and interactive presentation and discussion

Suggested time: 20 minutes

Instructions:

1. Divide participants into four working groups and assign one facilitator to support each group.
2. Distribute handouts #16–#20 on complementary feeding.
3. Distribute one training aid to each group demonstrating complementary feeding at each age:
 - a. Start Complementary Feeding at 6 Months
 - b. Give Complementary Foods from 6 Up to 9 Months
 - c. Give Complementary Foods from 9 Up to 12 Months
 - d. Give Complementary Foods from 12 Up to 24 Months.

The facilitator keeps the training aid: **Feed your baby a variety of foods**.
4. Ask each group to study their training aid on complementary feeding and corresponding handout and discuss for five minutes.
5. Ask one volunteer from each group to comment on or explain their handout.
6. Other groups can add additional points.
7. The facilitator fills in the gaps and discusses other points from the key information objective 1 and handouts #16–20.
8. The facilitator shows the training aid titled, *Feed Your Baby a Variety of Foods*, and facilitates a discussion with the group in plenary, reinforcing the key messages on handout 20.
9. The facilitator will bring the flipchart from session 9.3, **Current Local Food Beliefs Related to Complementary Feeding**, to the front of the room. Ask the group to review the chart and identify any current local food beliefs that may need to be changed, based on what they have learned in this activity. The facilitator will guide the discussion about current food beliefs that are potentially harmful and encourage them to use the information from handout #20 as a guide. The group will debate the beliefs and the co-facilitator will correct the flipchart to match the global recommendations on complementary feeding.
10. The facilitator will collect the training aids from this activity.

Key Information Objective 1

Review the key messages on handout #16–20.

Ensure the following points are covered during the group reports for each age group.

- At 6 months, breastmilk is not enough for the baby and complementary foods need to be given.
- Continue to breastfeed (for at least 2 years) and give a variety of foods—called a diversified diet of complementary foods—to your young child.
- A diversified diet includes foods from the following categories:

- animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products
- staples: grains, roots, and tubers
- legumes: beans, lentils, and peas; and seeds
- fruits/vegetables: especially vitamin A-rich fruits (papaya, mango, passion fruit, oranges); and vitamin A-rich vegetables (dark-green leaves, carrots, pumpkins, and yellow sweet potato)
- *Animal source foods are very important* and can be given to babies and young children (with or without a full set of teeth). They must be cooked well and chopped into very small pieces to prevent the baby from choking.
- Give one to two snacks each day. Between meals, give extra foods that are easy to prepare; are clean, safe, and locally available; and can be eaten as finger foods. Snacks can be pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, fresh and fried bread products, boiled potato, and yellow/orange sweet potato. (Rice cakes are often given as snacks, but are not the only snack that should or can be given.)
- Use iodised salt.
- Biscuits, tea, and coffee are not appropriate complementary foods; therefore, they are not recommended for young children.
- Avoid giving sugary drinks and industrial juices, but use homemade juices (may or may not be common).
- Explain how mothers can add one single new food item to a child's diet each week.
- In the early months of complementary feeding, foods for young children need to be prepared differently from adult foods. Foods need to be soft or finely chopped, for example, because babies and young children do not have a full set of teeth to chew food completely. This special preparation of food helps children gradually transition from breastfeeding alone to eating grown-up foods by the time they are 2 years of age.

Learning Objective 2: Understand in detail the recommended quantities, frequency, and preparation of complementary foods for children 6–24 months.

Methodology: Group work; demonstration

Suggested time: 20 minutes

Instructions:

1. In plenary, the facilitator shows a 250 mL standard measuring cup or local container measuring 250 mL. Explain that it is important to understand how much 250 mL is so that you understand the recommended feeding amounts, which are based on a 250 mL measure. Explain that from 6–12 months, you gradually increase to half a cup (or 125 mL) per feeding. From 12–24 months, you gradually increase from half a cup to one cup (250 mL).
2. The facilitator presents information about the size of a baby's stomach, and emphasizes how small their stomach is at 6 months. (Be careful not to reinforce the misperceptions related to baby's small stomach and not being able to eat much food.)
3. The facilitator presents what is meant by a thick porridge versus a thin or runny porridge using the pictures of porridge in spoons. (If possible, have samples of porridge available to demonstrate consistency using real food.)
4. Divide participants into four groups and assign one facilitator to support each group.

5. Show the flipchart to all participants—**5 Keys to Safer Food**. Ask participants to discuss in groups what is really happening in their communities with food preparation and hygiene.
6. Distribute handout #21. Ensure that all the handouts that correspond with complementary feeding have been distributed to each participant, and encourage the participants to review these key messages (as homework).
7. Ask in plenary if anything is still confusing or needs clarification and discuss the issues together.

Key Information Objective 2

Measure 250 mL using local containers (banana leaves, bowl, standard thali).

Explain that it is important to understand how much 250 mL is so that you understand the recommended feeding amounts, which are based on a 250 mL measure.

Carefully review the pictures and key messages on each of the handouts #16–20 on complementary feeding that correspond with this objective.

At 6 months

- Babies have small stomachs and can only eat small amounts at each meal so it is important to feed them frequently throughout the day. An infant's stomach is about the size of a marble.
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses.

From 6 up to 9 months

- An 8-month-old stomach holds about 200 mL or less than a cup.
- Foods intended for a child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses.

From 9 up to 12 months

- A baby's stomach continues to grow gradually larger, allowing for more food to be eaten at each feeding.
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses.

From 12 up to 24 months

- A baby's stomach continues to grow gradually larger, allowing for more food to be eaten at each feeding.
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses.

5 Keys to Safer Food

1. Keep clean (hands, working surfaces, utensils).
2. Separate raw from cooked foods, including utensils and containers.
3. Use fresh foods and cook thoroughly (especially meat, poultry, eggs, and fish).
4. Keep food safe.
5. Use clean and safe water.

Learning Objective 3: Discuss complementary feeding problems and poor practices.
Methodology: Buzz groups (small groups of three participants) or stay in a large group
Suggested time: 20 minutes

Instructions:

1. Referring to the chart, **First 1,000 Days**, from session 2.2, remind participants that the period between 0 up to 24 months is a window of opportunity for nutrition. If children are poorly nourished at this age, it will be very hard to catch up later in life.
2. Either stay in large groups or form buzz groups (of three people each). Ask participants to (1) list complementary feeding problems and poor practices they have seen in their communities, and (2) the consequences of inappropriate complementary feeding.
3. Ask several groups to share their lists of complementary feeding problems and the consequences of inappropriate complementary foods (facilitator writes on flipchart).
4. Ask additional groups to add any new difficulties not already mentioned.
5. As a group, brainstorm possible solutions to these problems together. When a consensus is reached on each solution, the facilitator will write it on the flipchart.
6. Using table 4, **Complementary Feeding Problems and Possible Solutions**, discuss and summarize.

Key Information Objective 3

Use table 4 as an example to prepare the flipchart for this exercise. When preparing this flipchart, the two columns, "Common Problems" and "Possible Solutions," are blank.

Table 4. Complementary Feeding Difficulties and Possible Solutions

Common Problems	Possible Solutions
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For each difficulty, the group will brainstorm a possible solution. Two examples follow:

Problem: Inappropriate thickness of porridge → **Solution:** Use less liquid or add more mashed food.

Problem: Lack of appetite → **Solution:** During cooking, have the child watch the mother add something they like to the meal.

Session 11. Responsive Feeding and Feeding of the Sick Child

Learning objectives:

By the end of the session, participants will be able to—

- Describe responsive feeding of young children.
- Describe the importance of and key practices for feeding the sick child.

Materials:

- Three flipchart papers and stand, markers, and masking tape
- *Training aids for session 11:*
 - 11.1: Start Complementary Feeding at 6 Months, Give Complementary Foods from 6 Up to 9 Months, Give Complementary Foods from 9 Up to 12 Months, and Give Complementary Foods from 12 Up to 24 Months
 - 11.2: When to Take Your Child to the Health Facility, Feeding Your Sick Baby Less Than 6 Months of Age, and Feeding Your Sick Baby More Than 6 Months of Age.
- Handouts for Session 11:
 - Handout #22: When Your Baby is Sick
 - Handout #23: When to Take Your Child to the Health Facility
 - Handout #24: Feeding a Baby with a Poor Appetite
 - Handout #25: Regular Growth Monitoring and Promotion.
- Doll(s).

Advance preparation:

- Review the key information for each objective for this session, and review the key messages found on handouts #22, #23, #24, #25, #8, and #9.
- Have handouts #22, #23, #24, and #25 ready for each participant. **Note:** Handouts #8 and #9 were already distributed in session 4.2.
- Prepare training aids.

Total duration: 45 minutes

Learning Objective 1: Describe responsive feeding of young children.

Methodology: Small group brainstorming; interactive presentation

Suggested time: 25 minutes

Instructions:

1. Divide the participants into four groups and give one training aid on complementary feeding at each age, to each group.
2. The facilitator asks the participants to review the training aids on complementary feeding and asks them to describe how the mother is feeding the baby.
3. The facilitator then role plays responsive feeding of small children using the best practices outline in key information objective 1. The facilitator asks participants to describe what they just saw.
4. The facilitator explains that they just demonstrated responsive feeding. The facilitator should ask the participants why responsive feeding is important, and then discuss good responsive feeding practices based on the information found in key information objective 1.
5. The facilitator asks about whether this typically happens in the community. (Who feeds the baby when the mother is busy or working outside?)
6. The facilitator encourages role play by one or more volunteer participants of a *bad* example of feeding.
7. The facilitator asks the group to provide feedback on how the bad role play can be improved. The same volunteer(s) (or new participants) then perform(s) a new role play to show good responsive feeding practices.

Key Information Objective 1

What is active or responsive feeding? Active or responsive feeding of a young child is being alert and responsive to signs that they are ready to eat. It means actively encouraging, but not forcing, the baby to eat.

Why is active or responsive feeding important? When feeding him or herself, a child may not eat enough. They can be easily distracted. Therefore, they need help. When a child does not eat enough, he or she will become malnourished.

What are some good practices to promote?

- Let the child eat from their own plate (caregiver then knows how much the child is eating).
- Sit with the child, be patient, and actively encourage them to eat.
- Offer food the child can take and hold; the young child often wants to feed themselves. Encourage them, but make sure most of the food goes into their mouth.
- Mother/father/caregiver can feed the child with their fingers (after handwashing).
- Feed the child as soon as they start to show early signs of hunger.
- If the young child refuses to eat, encourage them repeatedly; try holding the child in your lap during feeding.
- Engage the child in play, trying to make the eating session a happy, learning experience—not just an eating experience.
- The child should eat in their usual setting.



- As much as possible, the child should eat with the family to create an atmosphere promoting their psycho-affective development.
- Help older children eat.
- Do not insist if the child does not want to eat. Do not force-feed.
- If the child refuses to eat, wait or put it off until later.
- Do not give child too much drink before or during meals.
- Congratulate the child when he or she eats.
- Try to breastfeed after eating to ensure they get enough to eat and adequate nutrition.

Note: Parents, family members, including fathers, and other caretakers can participate in active or responsive feeding.

Learning Objective 2: Describe the importance of and key practices for feeding the sick child.

Methodology: Brainstorming; interactive presentation

Suggested time: 20 minutes

Instructions:

1. Participants form three working groups; assign a facilitator to support each group. Provide one training aid on feeding the sick child to each group: *When to take your baby to the health facility*, *Feeding your sick baby less than 6 months of age*, and *Feeding your sick baby more than 6 months of age*; and flipchart paper.
2. The facilitator asks the participants in each group to review the pictures on feeding the sick child and describe what is happening in the pictures, and to think if this reflects what is happening in their community.
3. Groups should discuss the answers to the following questions:
 - a. Group 1: *When to take your baby to the health facility*: What are some of the illnesses that children under 2 years get in their villages?
 - b. Group 2: *Feeding your sick baby less than 6 months of age*: What are the current sick child feeding practices for very young children—under 6 months?
 - c. Group 3: *Feeding your sick baby more than 6 months of age*: What are the current sick child feeding practices for older children—from 6 months to 2 years?
 - d. All groups: What is the relationship between feeding a child and illness?
4. The facilitator in each group encourages responses from each participant, and writes the answers or words on the flipchart paper.
5. A volunteer from each group is then asked to present two or three ideas from their small group.
6. The facilitator encourages discussion. The facilitator should ensure that key messages are on the handouts #22, #23, #24, #25, #8, and #9; and the key information below are adequately covered.
7. Distribute to each participant handouts #22, #23, #24, and #25 that correspond with feeding the sick child and the child with a poor appetite. Remind them that handouts #8 and #9, previously distributed, are relevant to this topic. (The participants may also benefit from receiving these handouts at the beginning of the session.)
8. Encourage the participants to review the handouts (as homework).

Key Information Objective 2

Relationship between feeding and illness

1. A sick child (diarrhea, acute respiratory infection, measles, and fever) usually does not feel like eating, but they need even more strength to fight sickness.
2. Strength comes from the food they eat.
3. If the child is not eating properly, they are more likely to suffer long-term sickness and malnutrition, which may result in a physical or mental disability.
4. If the child does not eat or breastfeed during sickness, he or she will take longer to recover and they may die.
5. It is very important to encourage the sick child under 6 months to continue to breastfeed. To quickly regain strength, the child should be encouraged to breastfeed more during recovery.
6. It is very important to encourage the sick child over 6 months to continue to breastfeed, to drink fluids, and eat during sickness. To quickly regain strength, the child should be encouraged to eat even more during recovery.
7. Take advantage of the period after illness when their appetite is back to make sure the child makes up for loss of appetite while they were sick.

Session 12. Importance of Hand Washing, Safe Water, Food Hygiene, and Compound Sanitation for Nutrition

Learning objectives:

By the end of the session, participants will be able to—

- Describe the relationship between handwashing, safe water, food hygiene, and compound hygiene to prevent illness.
- Demonstrate handwashing, and describe one or more techniques for making handwashing easier.

Materials:

Flipchart papers and stand, markers, and masking tape

- Training aids for session 12:
 - 12.1: Hand Washing Times, Safe Water and Food Hygiene, Compound Hygiene, and Faecal-Oral Route
 - 12.2: Hand Washing Steps, (1) Wet Hands, (2) Apply Soap, (3) Lather Soap, (4) Wash Between Fingers, (5) Wash Thumbs, (6) Wash Arms Up to Elbow, (7) Wash Under Fingernails, (8) Rinse Hands, and (9) Air Dry Hands.
- Handwashing materials:
 - bucket (with cup) or pitcher with clean water
 - empty basin
 - hand soap.
- Tippy Tap construction video
- A small projector (you can use a mini or pico projector)
- *Handouts for session 12:*
 - Handout #26: Use Safe Water and Ensure Good Compound Hygiene
 - Handout #27: Wash Hands to Prevent Disease
 - Handout #28: How to Build a Tippy Tap/How to Build a Water Bottle Tippy Tap

Advance preparation:

- Review the key information for each objective for this session, and review the key messages found on handouts #26, #27, #28, and #21.
- Have handouts #26, #27, and #28 ready for each participant. **Note:** Handout #21 was already distributed in session 10.2.
- Prepare training aids.
- Tape pictures of steps for washing hands to a flipchart paper. Follow the diagram Steps for handwashing in the key information objective 2.
- Load the Tippy Tap construction video onto a projector for objective 2.

Total duration: 60 minutes

Learning Objective 1: Describe the relationships between handwashing, safe water, food hygiene, and home/compound hygiene to prevent illness.

Methodology: Small group work; interactive presentations

Suggested time: 30 minutes

Instructions:

1. The facilitator leads a discussion on microbes in faeces that pass through the water, hands, and animals—the faecal-oral route. Use the following questions with images to begin diagramming the faecal-oral route. In plenary, ask the following questions, stick the images on a wall or flipchart—*mouth, hands, faeces* (animal or human), *fly*—as the facilitator hears them:
 - a. How do you get sick (microbes, viruses)?
 - b. How can these microbes pass from one person or animal to another?
 - c. What is happening in your villages that can cause infections?
 - d. How can we prevent the microbes from passing into the mouth?
2. Divide participants into four working groups, assign one facilitator to support each group, and give each group flipchart paper.
3. Hand out one training aid to each of the four groups: Group 1: Handwashing times, Group 2: Safe water and food hygiene, Group 3: Compound hygiene, and Group 4: Faecal-oral route.
4. The facilitator and group facilitator asks the participants in their group to review the pictures that correspond with their group. For about 5 minutes, discuss what is happening in the pictures, and describe what is currently happening in their villages.
5. The facilitator then asks the groups to think about what is really happening in their communities and to do the following, by group:
 - o Group 1: Describe the importance of handwashing, key steps involved in handwashing, and difficulties in handwashing.
 - o Group 2: Define safe water and food hygiene, explain why it is important—especially for young children—and explain where to find or how to ensure that water is safe for drinking and how to improve food hygiene.
 - o Group 3: Explain why home/compound hygiene (keeping the area around the house clean) is important and what ideas can be promoted to families to improve their own compound hygiene.
 - o Group 4: Explain the faecal-oral route, why this is problematic, and how can families prevent transmission opportunities.
6. A volunteer from each group is asked to present two or three ideas from their small group.
7. The facilitator encourages discussion, fills in information using key information objective 1 below, and summarizes the relationship between handwashing, safe water, and compound hygiene to prevent illness.
8. Distribute handout #26 on safe water and compound hygiene to all participants, and remind them about the hygiene messages on the complementary feeding and food hygiene handouts.

Key Information Objective 1

Review key messages on handouts #26, #27, #28, and #21.

Learning Objective 2: Demonstrate handwashing, and describe one or more techniques for making handwashing easier.

Methodology: Demonstration, video presentation

Suggested time: 30 minutes

Instructions for Activity 1: Demonstration of handwashing

NOTE: You may want to go outside to perform the demonstration part of activity 1.

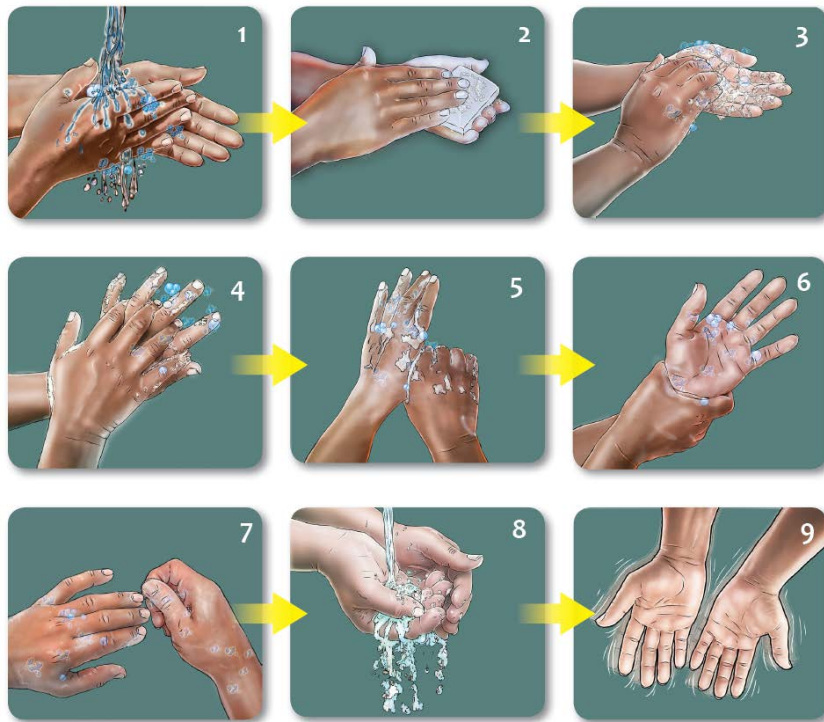
1. Set up handwashing materials at the front of the room: bucket (with cup) or pitcher with clean water, empty basin, and soap.
2. Using handout #27, the facilitator tapes the nine **Steps for Hand Washing** (see figure 8) to the whiteboard or wall (see example below under objective 2) and review the steps with the group.
3. Facilitator asks for one or more volunteers to help demonstrate the following steps on the wall.
4. Ask participants to sing a local song while washing their hands to ensure that the handwashing is long enough. (Look for an example of a local song that is about the length of Happy Birthday or 30 seconds.)
5. Ask one or more volunteers to repeat the demonstration. The group can sing the song as encouragement.
6. While participants are practicing handwashing in their smaller groups, the facilitators ask participants to reflect on what is happening now in their communities and why handwashing is not routinely done.
7. Distribute handout #27 with steps for handwashing.

Instructions for Activity 2: Video and discussion on Tippy Tap construction

1. While participants are practicing handwashing, facilitators set up the projector with the Tippy Tap construction video.
2. Bring the participants back to the larger group. The facilitator encourages the participants to share their ideas for making handwashing easier. Ask participants to specifically share experiences with setting up handwashing "stations" in their village, school, or personal compounds.
3. The facilitator presents the Tippy Tap construction video using the pico projector (approximately 3 minutes long).
4. Facilitator then leads a discussion about how practical the Tippy Tap technique is, and if it would be possible to promote it in the villages where the participants work and live.
5. Capture all ideas and feedback (positive and negative) on flipchart paper.
6. Distribute handout #28 on Tippy Tap construction to all participants.

Key Information Objective 2

Figure 8. Steps for Handwashing



See information on handout #28: Construction of a Tippy Tap.

Session 13. Engaging Family Members in Behaviour Change for Nutrition and Health

Learning objectives:

By the end of the session, participants will be able to—

- Describe potential roles for families, mothers-in-law, and fathers in promoting behaviour change and better practices during the first 1,000 days window for nutrition.
- Discuss ideas for using community video to promote nutrition and health.

Materials:

- Flipchart papers and stand, markers, and masking tape
- *Handouts for session 13:*
 - Handout #29: Family planning improves health and survival
 - Handout #30: Create a kitchen garden and plant fruit trees
 - Handout #31: Small animal breeding
- Training Aids for Session 13:
 - 13.1: Promoting Behavior Change Case Studies
 - 13.2: None.

Advance preparation:

- Review the key information for each objective for this session, and review the key messages found on handouts #29, #30, and #31.
- Have handouts #29, #30, and #31 ready for each participant.
- Prepare the training aid for use. Have one copy of each of the three case studies in the training aids ready.
- Prepare flipchart paper for group work. Put the title, *Ideas for using community video to promote nutrition and health* on four pages.
- On one flipchart paper posted in the front of the room, write the list of ideas that will be discussed under exercise 2:
 - possible themes for the videos
 - promising practices in the communities that can be promoted
 - who could star in the videos
 - where the videos could be shown
 - who could be invited to watch the videos.

Total duration: 60 minutes

Learning Objective 1: Describe potential roles for families, mothers-in-law, and fathers in promoting behaviour change and better practices during the first 1,000 days window for nutrition.

Methodology: Small group work; case study role plays; discussion

Suggested time: 30 minutes

Instructions:

1. Divide participants into three groups and assign one facilitator to each group.
2. The main facilitator explains that each group will discuss a separate issue, based on a short case study that is related to the potential role of (1) families, (2) mothers-in-law, or (3) fathers in promoting behavior change and better practices during the first 1,000 days window for nutrition.
 - o Group 1 will discuss case study 1.
 - o Group 2 will discuss case study 2.
 - o Group 3 will discuss case study 3.
3. The facilitator for each group will read the case study (1, 2, or 3) to the group and ask the question: What practices need to be improved and how? The participants have 10 minutes of discussion; they will decide how best to present their ideas, which can be a role play.
4. Each group then selects volunteers from the group to present their ideas and/or conduct a short role play for the larger group.
5. All participants then make one large circle. Each group (or facilitator) reads the group's role play and presents their solution and/or role plays, and they discuss and ask questions.
6. The facilitator encourages the presenters and encourages the active participation of all participants.
7. At the end of the presentations/role plays, the facilitator congratulates everyone, thanks them for sharing their ideas about behavior change, and, if time allows, encourages more discussion.
8. At the end of the session, the facilitation distributes handouts #29, #30, and #31; briefly mentioning other family members' roles in nutrition based on the practices in the handouts.

Key Information Objective 1

Each small group facilitator works with their group to remember and reflect on what they learned during the last two days about steps in behaviour change, maternal nutrition, exclusive breastfeeding, complementary feeding; as well as handwashing, safe water, and hygiene. Participants should be encouraged to reflect on the key information in the handouts they received. This exercise is an opportunity to bring together much of this information and new ideas from the training. Encourage the participants to look around the room at the flipchart papers and reflect on what they discussed during the last two days.

Learning Objective 2: Discuss ideas for using community video to promote nutrition and health

Methodology: Small group brainstorming and presentation

Suggested time: 30 minutes

Instructions:

1. The facilitator explains to the participants about creating videos to promote better nutrition and health.
2. Ask participants to brainstorm ideas for using community videos to promote nutrition and health and discuss their ideas for using community video to promote nutrition and health.
3. Facilitator should encourage discussion around the following ideas:
 - o possible themes for the videos
 - o who could star in the videos
 - o where the videos could be shown
 - o who could be invited to watch the videos.
4. The group facilitator writes down the key ideas.
5. Invite one volunteer from each group to present the ideas that were discussed in their group.
6. One facilitator captures the priority themes.
7. If time allows, number the themes and ask all participants to vote on their top priority.

Key Information Objective 2

Each group facilitator should describe or remind their group about how the current community videos are produced and shared through self-help groups. The current groups meet once a week and usually comprise women farmers. The group should feel free, however, to discuss other ideas for disseminating the community nutrition and hygiene videos.

Session 14. Wrap-Up, Summary of Day 2, Q&A, Post-Assessment

Learning objectives:

By the end of the session, participants will be able to—

- Share two new ideas that they learned during the training.
- Identify their strengths and weaknesses related to maternal, infant, and young child nutrition knowledge.

Materials:

- Rubber ball or ball of paper
- Post-assessment and answer sheet (same as pre-assessment)
- Training aids for session 14.2: Happy Face, Neutral Face, and Sad Face.

Advance preparation:

- Prepare training aid for use. Cut out the three smiley faces and tape them to a bench or table near the exit. Give each participant a marker to draw on the smiley face that corresponds with his or her feelings about how the first day of training went.
- Print copies of the post-assessment for all participants.

Total duration: 45 minutes

Learning Objective 1: Discuss one or two things that they learned and/or liked about the day.

Methodology: Discussion in large group

Suggested time: 15 minutes

Instructions:

1. One facilitator leads a wrap-up session where they help participants summarize some the key lessons learned during the day. Ask participants to sit in a circle. Toss a rubber ball or rolled-up ball of paper to various participants and ask them to name one thing they learned during the day that they did not know or did not believe before, or one thing they liked about the day.
2. One facilitator asks if there are any questions and all facilitators help to respond.
3. One facilitator explains that the post-assessment technique that will follow this session is the same as the pre-assessment on day 1.

Learning Objective 2: Identify their strengths and weaknesses related to maternal, infant, and young child nutrition knowledge.

Methodology: Non-written post-assessment (same as pre-assessment)

Time: 30 minutes

Instructions:

1. The participants form a circle—sitting or standing with their backs facing the centre.
2. One facilitator explains that 20 statements will be read out loud. Without looking at the other participants, each participant will respond to the statement using their hands. They will raise one hand with an open palm if they agree, or think the statement is true; they will raise one hand with a closed fist if they disagree, or think the statement is false; and will raise one hand pointing two fingers in the shape of a “V” if they don't know the answer or are unsure of the answer. (The facilitators should quickly demonstrate each action two or three times to ensure that everyone understands.)
3. One facilitator reads the statements from the pre-assessment and the other facilitators record the answers and note which topics (if any) are confusing.
4. At the end of the post-assessment, congratulate the participants and thank them for their hard work during the training.
5. Ask participants to evaluate the day as they leave the training room by placing a marker (bottle cap or plastic disk) on top of the smiley face that indicates their satisfaction with the day.

Post-assessment: What do we know now?

Statement	True	False	Don't know
1. Breastfeeding has many benefits for both mother and baby, and should be promoted by everyone in the community.	X		
2. Poor feeding during a child's first 2 years harms growth and brain development.	X		
3. An infant between 6 and 9 months needs to eat at least three times a day, in addition to breastfeeding.	X		
4. A breastfeeding woman should eat two additional meals or snacks each day (more than usual).	X		
5. If a woman does hard work during her pregnancy, this will help her have an easy childbirth.		X	
6. Starting at 4 months, infants should be given water and other drinks every day in addition to breastmilk.		X	
7. During the very hot months, infants who are less than 6 months old need water to satisfy their thirst.		X	
8. A woman who is malnourished can still produce enough good quality breastmilk to feed her baby.	X		
9. The more milk a baby drinks from the breast during a feeding, the more breastmilk the mother makes.	X		
10. The mother of a sick child that is older than 6 months should wait until her child is healthy before giving him/her any solid foods.		X	
11. At 6 months, the first food a baby is given should be the consistency of water, so that the young baby can swallow it easily.		X	
12. Taking iron-folic acid tablets during pregnancy will make the baby too large and she will have a difficult birth.		X	
13. During the first 21 days after delivery, the breastfeeding mother should only eat watery dahl, rice, and burnt eggplant and garlic.		X	
14. A young child (age 9 up to 24 months) should not be given animal foods such as eggs, chicken, liver, or mutton.		X	
15. A new mother should not breastfeed her child until the newborn has been washed and massaged, and until she has been washed.		X	
16. A newborn baby should always be given colostrum, the first yellow milk.	X		
17. Fathers can help make sure that their infants and young children are fed well.	X		
18. Mothers-in-law play an important role in how breastfeeding mothers and their infants are fed.	X		
19. If you want a child to eat well, you must encourage, play, and talk with them while eating.	X		
20. A mother should breastfeed her baby on demand, day and night, even after the first 21 days.	X		

SPRING

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