India Maternal, Infant, and Young Child Community Nutrition Training:
Training Handouts
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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COVER PHOTOS: Illustration by SPRING

SPRING

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UPAVAN: UPSCALING PARTICIPATORY ACTION ANDVIDEOS FOR AGRICULTURE AND NUTRITION

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Handout #1
Nutrition for Pregnant and Breastfeeding Women

- During your pregnancy, eat one extra small meal or “snack” (extra food between meals) each day to provide energy and nutrition for you and your growing baby.
- When you are breastfeeding, eat two extra small meals or “snacks” (extra food between meals) each day to provide energy and nutrition for you and your growing baby.
- Eat the best, nutritious foods available, including milk, fresh fruit and vegetables, meat, fish, eggs, grains, groundnuts, peas, and beans.
- Drink plenty of liquids.
- Avoid drinking tea or coffee with meals; they can interfere with your body’s use of the foods.
- Limit the amount of coffee you drink during pregnancy.
- During pregnancy and breastfeeding, special nutrients will help your baby grow and be healthy.
- Take iron and folic acid tablets to prevent anaemia during pregnancy and for at least three months after your baby’s birth.
- Use iodised salt to help your baby’s brain and body develop well.
- Attend antenatal care at least four times during pregnancy, beginning during the first three months.
- Take deworming tablets to help prevent anaemia.
- To prevent malaria, sleep under an insecticide-treated mosquito net (ITN) every night.
- Learn your HIV status, attend all the clinic appointments, and take your medicines as advised by your health provider.
- Adolescent mothers: You need extra care, more food, and more rest than an older mother. You need to nourish your own body, which is still growing, as well as your growing baby’s.
Actions Needed to Break the Malnutrition Cycle

1. For the Child
   Prevent growth failure by doing the following:
   - Encourage early initiation of breastfeeding, within one hour of birth.
   - Exclusively breastfeed from birth up to 6 months; do not give the baby anything else, not even water.
   - Encourage the timely introduction of complementary foods at 6 months, continuing to breastfeed up to 2 years or beyond (No other food is needed during the first six months.)
   - Feed different food groups at each meal; for example—
     - animal-source foods: flesh foods, including chicken, fish, liver, eggs and milk, and milk products (Note: Start animal foods at 6 months.)
     - staples: grains, including maize, rice millet and sorghum, and roots and tubers (cassava, potatoes)
     - legumes, including beans, lentils, peas, groundnuts, and seeds (such as sesame)
     - vitamin A-rich fruits and vegetables, including mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin, and other fruits and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant, and cabbage).
   - Oil and fat, including oil seeds, margarine, ghee, and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy. Infants only need a very small amount (no more than half a teaspoon per day).
   - Use iodised salt.
   - Feed sick child more frequently for two weeks after recovery from an illness.

   Other ‘non-feeding’ actions:
   - Practice appropriate hygiene (using latrines and washing hands).
   - Attend growth monitoring and promotion (GMP) and immunization sessions.
   - Use ITNs.
   - Deworm.
   - Prevent and treat infections.
   - Supplement with vitamin A.

2. For the Teenage Girl
   Promote appropriate growth by doing the following:
   - Increase the food intake (Teenage girls need to eat at every meal. Make sure they eat. They are future mothers.)
   - Encourage different types of locally available foods, described above.
   - Prevent and seek early treatment for infections.
   - Encourage parents to give girls and boys equal access to education—undernutrition decreases when girls/women are better educated.
   - Encourage families to delay marriage for young girls.
   - Delay the first pregnancy until growth is complete (usually 20 to 24 years).
   - Encourage good hygiene practices.
   - Encourage the use of ITNs.

3. For Adult Women
   A. Improve women’s nutrition and health by doing the following:
● Encourage eating different types of locally available foods.
● Prevent and seek early treatment for infections.
● Encourage good hygiene practices.

B. Encourage family planning by doing the following:
● Visit a family planning centre to discuss which family planning methods are available and most appropriate for their individual situation (using a family planning method is important in order to be able to adequately space the births of her children).

C. Decrease energy expenditure by doing the following:
● Delay the first pregnancy to 20 years of age or more.
● Encourage couples to use appropriate family planning methods.

D. Encourage men’s participation so that they can—
● Understand the importance of delaying the first pregnancy until their wives/partners are at least 20 years of age.
● Provide ITNs for their families and make sure the pregnant wives/partners and children sleep under the ITN every night.
● Encourage equal access to education for girls and boys.

4. For the Developing Child/Fetus: Prevent Low Birth Weight
A. Improve women’s nutrition and health during pregnancy by doing the following:
● Increase the food intake of women during pregnancy: eat one extra meal or “snack” (food between meals) each day; during breastfeeding eat two extra meals or “snacks” each day.
● Encourage consumption of different types of locally available foods. All foods are safe to eat during pregnancy and while breastfeeding.
● Give iron/folate supplements (or other recommended supplements for pregnant women) to the mother as soon as the woman knows she is pregnant; continue for at least three months after delivery of the child, according to national recommendations.
● Prevent and seek early treatment of infections:
  – Complete anti-tetanus immunizations for pregnant women (five injections).
  – Use an ITN.
  – Deworm and give antimalarial drugs to pregnant women between four and six months of pregnancy.
  – Prevent and educate on sexually transmitted infections and HIV/AIDS transmission.
● Encourage good hygiene practices.

B. Decrease energy expenditure by doing the following:
● Delay the first pregnancy until 20 years of age or older.
● Encourage families to help with women’s workload, especially during late pregnancy.
● Encourage more rest, especially during late pregnancy.

C. How can men help break the malnutrition cycle for women and children?
● Accompany their wives/partners to antenatal care and remind them to take their iron/folate tablets.
● Provide extra food for their wives/partners during pregnancy and lactation.
● Help with household chores to reduce wife’s/partner’s workload.
● Encourage their wife/partner to deliver at a health facility.
● Arrange for safe transportation to a facility (if needed) for birth.
● Encourage their wife/partner to put their baby to the breast immediately after birth.
Encourage their wife/partner to give the first thick yellowish milk to their baby immediately after birth.

Provide ITNs for their families and ensure that their pregnant wife/partner and small children sleep under the bed net every night.

D. How can a mother-in-law help break the malnutrition cycle for women and children?

- Accompany their daughter-in-law to antenatal care and remind them to take their iron/folate tablets.
- Provide extra food for their daughter-in-law during pregnancy and lactation.
- Help with household chores to reduce their daughter-in-law’s workload.
- Encourage their daughter-in-law to deliver at a health facility.
- Arrange for safe transportation to the health facility (if needed) for birth.
- Encourage their daughter-in-law to put the baby to the breast immediately after birth.
- Encourage their daughter-in-law to give the first thick yellowish milk to the baby immediately after birth.
- Ensure their daughter-in-law and small children sleep under an ITN every night.
Importance of Breastfeeding for Infants and Young Children, Mothers, and Families

Importance of Breastfeeding for Infants and Young Children

Breastmilk:
- Saves infants’ lives.
- Is a complete food for the infant; it meets all the baby’s nutritional needs for the first six months.
- Promotes adequate growth and development, helping to prevent stunting (appropriate height for age).
- Is always clean.
- Contains antibodies that protect against diseases, especially diarrhoea and respiratory infections.
- Is always ready and is at the right temperature.
- Is easy to digest and nutrients are well absorbed.
- Contains enough water for the baby’s needs—even during the hot season.
- Helps jaw and teeth development; suckling develops facial and jaw structure.
- Promotes bonding between the mother and child and makes child feels happy and secure.
- Leads to better mental, physical, and social development of the infant.
- Reduces the risk of obesity and diabetes later in life (long-term effects).

Note: The infant greatly benefits from the colostrum, which protects them from diseases. (Colostrum, the yellow or golden [first] milk the baby receives in his or her first few days of life, has high concentrations of nutrients and protects against illness. Colostrum is small in quantity, but is very important. It also acts as a laxative, cleaning the infant’s stomach).

Importance of Breastfeeding for the Mother

- Breastfeeding is more than 98 percent effective as a contraceptive method during the first six months, if the mother is exclusively breastfeeding day and night, and if her menses/period has not returned.
- Putting the baby to the breast immediately after birth facilitates the expulsion of the placenta because the baby’s suckling stimulates uterine contractions.
- Breastfeeding reduces the risk of dangerous bleeding after delivery.
- When the baby is immediately breastfed after birth, breastmilk production is stimulated.
- Immediate and frequent suckling prevents engorgement (when the breast becomes too full and painful).
- Breastfeeding reduces the mother’s workload (no time is needed to buy the formula, boil water, gather fuel, or prepare formula).
- Breastmilk is available anytime and anywhere, is always clean, is nutritious, and is at the right temperature.
- Breastfeeding is economical: formula is expensive; the non-breastfed baby or mixed-fed baby is sick much more often, which adds costs for health care.
- Breastfeeding creates a close bond between mother and baby.
- Breastfeeding reduces the risk of breast and ovarian cancer.
Importance of Breastfeeding for the Family

- Mothers and their children are healthier.
- No medical expenses due to sickness caused by other foods or liquids.
- No expenses for buying other milk, firewood, or other fuel to boil water, milk, or utensils.
- Births are naturally spaced if the mother exclusively breastfeeds for the first six months, day and night, and if her menses/period has not returned.
- Time is saved because there is less time spent in purchasing and preparing other milks, and collecting water and firewood.
- The baby is sick less, meaning fewer trips for medical treatment.
  
  **Note:** Families need to help mothers with household chores and other duties.

Additional Information: Risks of Not Breastfeeding

For the Infant:
- Greater risk of death (in the first six months, a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby).
- 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.
- The infant cannot receive their “first immunization” from the colostrum.
- The infant will struggle to digest formula: it is not the ideal food for babies.
- Frequent diarrhoea, ill more often, and more seriously ill (mixed-fed infants less than 6 months who receive contaminated water, formula, and foods are at higher risk).
- Frequent respiratory infections.
- Greater risk of malnutrition, especially for young infants.
  
  **Note:** The younger the infant when breastfeeding ends, the greater these risks.

For the Mother:
- Mother may become pregnant sooner.
- Increased risk of anaemia if breastfeeding is not initiated early (more bleeding after childbirth).
- Interferes with bonding between mother and child.
- Increased risk of post-partum depression.
- Ovarian cancer and breast cancer occurrence are lower in mothers who breastfeed.
Hold your newborn skin-to-skin immediately after birth. This will keep your baby warm and breathing well, helps them reach the breast easily, and helps you and your baby feel close.

Begin breastfeeding within the first hour of birth. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft, and helps reduce your bleeding.

Colostrum, the thick yellowish milk, is good for your baby. It helps protect your baby from illness and helps your baby pass his/her first dark stool.

Breastfeed frequently to help your breastmilk come in and to ensure plenty of breastmilk.

Do not give water or other liquids or fluids to your baby during the first days after birth. Your baby does not need any pre-lacteal feeds. They are not necessary and are dangerous for your newborn.

During the first few days after birth, your baby only needs colostrum. Your baby's stomach is very small. Breastmilk provides all the food and water your baby needs during the first six months of life.

During the first few days after birth, it is very important to offer the breast to the baby often, at least every two to three hours. Even if the baby seems sleepy or does not act hungry, it is important to stimulate a sleepy baby and encourage them to feed frequently. Offering the breast will ensure that the baby gets the colostrum they need. It also stimulates milk production and increases the milk supply.
Handout #5

During the First Six Months, Give ONLY Breastmilk

- Breastmilk provides all the food and water that your baby needs during the first six months of life.
- Do not give anything else, not even water, during your baby's first six months.
- Even during very hot weather, breastmilk will satisfy your baby's thirst.
- Giving your baby anything else will cause him or her to suckle less and will reduce the amount of breastmilk that you produce.
- Water, other liquids, and foods can make your baby sick.
- You can give medicines ONLY if they are recommended by your health care provider.
**Handout #6**

**Exclusive Breastfeeding during the First Six Months**

- Exclusive breastfeeding means feeding your baby ONLY breastmilk for the first six months.
- Breastmilk provides all the nutrients and water that your baby needs during the first six months of life.
- Exclusive breastfeeding for the first six months protects your baby from many illnesses, such as diarrhoea and respiratory infections.
- Mixed feeding means feeding your baby both breastmilk and other foods or liquids, including infant formula, animal milks, or water.
- Mixed feeding increases the chances that your baby will suffer from illnesses, such as diarrhoea and pneumonia, and it can cause malnutrition.
- Mixed feeding before six months can damage your baby's stomach. This reduces the protection that exclusive breastfeeding gives and the benefits your baby gets from your breastmilk.
Breastfeeding on Demand, Both Day and Night

- Breastfeed the baby on demand, both day and night.
- The more your baby suckles (with good attachment), the more breastmilk you will produce.
- Do not wait until your baby cries to breastfeed. Crying is a late sign of hunger.
- Early signs that your baby wants to breastfeed include—
  - restlessness
  - opening mouth and turning head from side-to-side
  - putting tongue in and out
  - sucking on fingers and fists.
- Crying is not necessarily a sign of hunger or sickness. Do not give your baby herbs, infant formula, or other milks or teas. If your baby is crying, maybe they need your attention or is uncomfortable. Check to make sure your baby is clean and comfortable.
- Do not switch back and forth from one breast to the other. Let your baby finish one breast before offering the other.
- Feeding one breast at a time helps the baby get both the ‘fore milk’ and the ‘hind milk.’ The fore milk has more water and satisfies the baby’s thirst. The hind milk has more fat and satisfies your baby’s hunger.
- If your baby is ill or sleepy, you may need to wake them often to offer the breast. Babies need to breastfeed often, every two to three hours.
- Take time, sit or lay down to breastfeed; pay attention to your baby. Keep your baby close to you, day and night.
• When giving expressed breastmilk, do NOT use bottles, teats, or spouted cups. They are difficult to clean and can make your baby sick.

Extra information for mothers and other caregivers:

• If a mother is concerned about her baby getting enough milk, encourage the mother and build her confidence. Review how to attach and position the baby to her breast. Review the mother’s diet and work load.

• Reassure the mother that her baby is getting enough milk when her baby is—
  o gaining weight (refer to the baby’s health card and counsel the mother on breastfeeding; if you are unsure if the weight gain is adequate, or for other health concerns, refer the child to the nearest health facility)
  o responsive and active (appropriately for his or her age)
  o passing light-coloured urine six times a day or more while being exclusively breastfed.
Breastfeed more frequently during illness, including diarrhoea, to help the baby fight sickness, reduce weight loss, and recover faster.

Breastfeeding provides comfort to your sick baby. If your baby refuses to breastfeed, encourage your baby until they take the breast again.

Give only breastmilk and medicines recommended by your doctor/health care provider.

If the baby is too weak to suckle, express breastmilk to give the baby. This will help you keep up your milk supply and prevent difficulties with your breasts.

After each illness, increase the frequency of breastfeeding to help your baby regain health and weight.

When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time.
Breastfeed more frequently during illness, including diarrhoea, to help your baby fight sickness, reduce weight loss, and recover faster.

If the baby has diarrhoea or vomiting—to avoid dehydration—give them oral rehydration salts, as recommended by your health care worker.

Give your baby more food and liquids while they are sick.

If your child’s appetite decreases, encourage them to eat small frequent meals.

Offer the baby simple foods like porridge, and avoid spicy or fatty foods. Even if the child has diarrhoea, it is better for them to keep eating.

After your baby has recovered, actively encourage them to eat one additional meal of solid food each day for the following two weeks. This will help your child regain the weight they lost and will make up for missed growth.

When you are sick, continue to breastfeed your baby. You may need extra food and support during this time.

When you are sick, you will also need plenty of liquids.

If your child is congested, use clean water to clean their nose.
Good positioning helps ensure that your baby suckles well and helps you produce a good supply of breastmilk.

The four key points about your baby’s position are straight, facing you, close, and supported.

Ensure that the baby’s body is straight, not bent or twisted, with the head slightly back.

Ensure that the baby’s body faces the breast, not held flat to your chest or abdomen; they should be able to look up into your face.

Keep your baby close to you.

Support the baby’s whole body—not just the neck and shoulders—with your hand and forearm.

Different breastfeeding positions:
- cradle position (most common)
- under-arm position (use after caesarean section, if your nipples are painful, or if you are breastfeeding twins or a small baby)
- twins—cradle position
- side-lying position (use to rest while breastfeeding and at night)
- cross-cradle position (good for small babies).
- twins—under-arm position

If your nipples hurt or your breasts feel uncomfortable when the baby is breastfeeding, review how the baby is attached to the breast, and try using another position.

Extra note:
- If an older baby is suckling well, you do not need to change position.
Handout #11

Good Attachment Is Important

- Make sure you begin to breastfeed within the first hour after birth.
- The more your baby suckles (with good attachment), the more breastmilk you will produce.
- Good attachment helps prevent sore and cracked nipples. Breastfeeding should not be painful.
- Get help to improve the attachment if you have any pain.
- The four signs of good attachment are—
  1. Baby’s mouth is wide open.
  2. You can see more of the darker skin (areola) above the baby’s mouth than below.
  3. Baby’s lower lip is turned outward.
  4. Baby’s chin is touching mother’s breast.
- The signs of effective suckling are—
  o The baby takes slow deep suckles, sometimes pausing.
  o You may be able to see or hear your baby swallowing after one or two suckles.
  o Suckling is comfortable and pain free for you.
  o Your baby finishes the feed, releases the breast, and looks contented and relaxed.
  o The breast is softer after the feed.
- Effective suckling helps you to produce milk and satisfy your baby.
- After your baby releases one breast, offer the other breast. This will ensure that your baby stimulates your milk production in both breasts and gets the most nutritious and satisfying milk.
The best milk for a low birth weight infant, including babies born early, is the breastmilk from the baby's mother.

Breastmilk is especially adapted to the nutritional needs of low birth weight infants.

The cross-cradle and under-arm positions are good positions for feeding a low birth weight baby.

Breastfeed frequently to get baby used to the breast and to keep the milk flowing.

Long slow feeds are fine. It is important to keep the baby at the breast.

If the baby sleeps for long periods of time, you may need to unwrap the baby or take off some of their clothes to help waken them for the feed.

Do not wait until your baby cries to breastfeed. Crying is a late sign of hunger.

Earlier signs of hunger include a COMBINATION of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, and sucking on hand or fist.

Feeding a very small baby directly from the breast may not be possible for several days or even weeks. Mothers should be taught and encouraged to express breastmilk and feed the breastmilk to the infant using a cup or spoon.

Kangaroo mother care provides skin-to-skin contact, warmth, and closeness to the mother’s breast.

Kangaroo mother care encourages early and exclusive breastfeeding, either by direct feeding or giving expressed breastmilk by cup or spoon.

Different caregivers can share in the care of the baby using the same Kangaroo method position.
Handout #13
How to Hand Express and Cup Feed

• Make sure your hands and utensils are clean. Wash your hands and utensils with soap and clean running water.

• Clean and boil the container you will use to express your breastmilk.

• Get comfortable. It is sometimes helpful to massage your breasts. A warm cloth may help stimulate the flow of milk.

• Put your thumb on the breast above the dark area around the nipple (areola) and the other fingers on the underside of the breast behind the areola.

• With your thumb and first two fingers push in towards the chest wall and then press towards the dark area (areola).

• Milk may start to flow in drops or, sometimes, in fine streams. Collect the milk in the clean container.

• Avoid rubbing the skin, which can cause bruising or squeezing the nipple, which stops the flow of milk.

• Rotate the thumb and finger positions and press/compress and release all around the areola.

• Express one breast for at least three to five minutes until the flow slows, then express the other breast; repeat on both sides again (20 to 30 minutes total).

• Store breastmilk in a clean, covered container. Milk can be stored six to eight hours in a cool place and up to 24 hours in the back of the refrigerator.

• If the milk has cooled, warm it again before giving it to the baby.

• When giving the baby expressed breastmilk from a cup, bring the cup to the baby’s lower lip and allow the baby to take small amounts of milk, lapping the milk with their tongue. Do not pour the milk into the baby’s mouth.

• Pour breastmilk from the clean covered container into the feeding cup, only pour small amounts at a time, to avoid wasting milk.

• Do not use bottles, teats, and spouted cups; they are unsafe because they are difficult to wash and can be easily contaminated.
Handout #14

When You Are Separated from Your Baby...

- Learn to express your breastmilk soon after your baby is born.
- Breastfeed exclusively and frequently for the entire time you are with your baby.
- Express and store breastmilk before you leave your home so that your baby’s caregiver can feed your baby while you are away.
- Express breastmilk while you are away from your baby. This will keep the milk flowing and prevent breast swelling.
- Teach your baby’s caregiver how to use a clean open cup to feed your baby while you are away.
- Breastmilk can be stored in a clean, covered container. Expressed breastmilk can be stored six to eight hours in a cool place, and up to 24 hours in the back of the refrigerator.
- Take extra time for the feeds before leaving your baby and when you return home.
- Increase the number of feeds while you are with the baby. This means increasing night and weekend feedings.
- If possible, carry the baby with you to your work place or consider having someone bring the baby to you to breastfeed when you have a break.
- Get extra support from family members in caring for your baby and other children and for doing household chores.
# Behaviour Change Steps and the Role of the Change Agent

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<thead>
<tr>
<th>Step</th>
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<tbody>
<tr>
<td>1.</td>
<td>Not knowing: Does not know, no knowledge, has no knowledge of the problem, therefore does not think about making a change. Or, may know something and is aware of the problem, but does not plan to change a practice or behaviour.</td>
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<tr>
<td>2.</td>
<td>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; has doubt about the results or worries about the approval of other people.</td>
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<tr>
<td>3.</td>
<td>Preparing or planning: Has decided to do something. May have tried in the recent past without succeeding. Planning to make a change, but still only thinking about doing it.</td>
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<tr>
<td>4.</td>
<td>Taking action: Changing, but has not arrived at a permanent state of practicing the new practice or behavior.</td>
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<td>5.</td>
<td>Maintaining an action: The new behavior is now a habit.</td>
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Note: Changing behavior is **VERY DIFFICULT**! It is not an easy process.
Handout #16

Start Complementary Feeding at 6 Months

- When your baby is 6 months old, begin to introduce other foods; continue breastfeeding on demand, both day and night.
- Breastmilk continues to be the most important part of your baby’s diet.
- Always give your baby breastmilk first before giving other foods. When giving complementary foods to your baby, think about Frequency, Amount, Thickness, Variety, Active/Responsive Feeding, and Hygiene.
  o **Frequency**: Feed your baby two times a day.
  o **Amount**: Give two to three tablespoonfuls (‘tastes’) at each feed.
  o **Thickness**: Make sure the food is thick enough so it does not slide off the spoon.
  o **Variety**: Begin with the staple foods like porridge (corn, wheat, rice, millet, and sorghum), mashed banana, or mashed potato.
  o **Active/responsive feeding**
    - Baby may need time to get used to eating foods other than breastmilk.
    - Be patient, actively encourage your baby to eat, but do not force them to eat.
    - Use a separate plate to feed the baby to make sure they eat all the food.
  o **Hygiene**: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
    - Use clean utensils to give foods or liquids to your baby.
    - Store your baby’s food in a safe hygienic place.
- Wash your hands with soap and clean running water before preparing foods and feeding your baby.
- Wash your hands and your baby’s hands before eating.
- Wash your hands with soap and clean running water after using the toilet and washing or cleaning your baby’s bottom.
- Do not use bottles, teats, and spouted cups; they are unsafe because they are difficult to wash and can be easily contaminated.

- After 6 months of age, children should receive vitamin A supplements twice a year and deworming medicine twice a year, starting at 12 months. Consult your health care provider.

**Note about the size of cups:**

- All cups shown and referred to in these handouts are mugs with a volume of 250 ml. If other types or sizes of cups are used to feed a baby, test them to see what volume they hold. Adjust the recommended quantities of food or liquid to the local cup or mug.

**Note:**

- After six months, you can no longer use the lactational amenorrhea method (LAM). You will need to use another family planning method, even though your menses has not yet returned.
- Many methods of family planning are available that will not interfere with breastfeeding.
• Continue breastfeeding your baby, on demand, both day and night. This will maintain their health and strength, because breastmilk continues to be the most important part of your baby’s diet.

• Breastmilk supplies half (1/2) of your baby’s energy needs from 6 up to 12 months.

• Always give your baby breastmilk first before giving other foods.

• When giving complementary foods to your baby, think Frequency, Amount, Thickness, Variety, Active/Responsive Feeding, and Hygiene.
  o **Frequency**: Feed your baby complementary foods three times a day.
  o **Amount**: Increase the amount gradually to half (½) cup (250 ml cup).
  o **Thickness**: Give mashed/pureed family foods. The food should be thick enough so it does not slide off the spoon. By 8 months, your baby can begin eating finger foods.
  o **Variety**: Try to feed a variety of foods at each meal. For example: animal-source foods (flesh meats, eggs, and dairy products); staples (grains, roots, and tubers); legumes and seeds; vitamin A–rich fruits and vegetables and other fruits and vegetables.
  o **Active/responsive feeding**
    - Be patient and actively encourage your baby to eat.
    - Do not force your baby to eat.
    - Use a separate plate to feed the baby to ensure they eat all the food given.
  o **Hygiene**: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
    - Use a clean spoon or cup to give foods or liquids to your baby.
    - Store the foods to be given to your baby in a safe hygienic place.
    - Wash your hands with soap and water before preparing foods and feeding your baby.
- Wash your hands and your baby’s hands before eating.
- Wash your hands with soap and water after using the toilet and washing or cleaning your baby’s bottom.

**Note about the size of cups:**

- All cups shown and referred to in these handouts are mugs, which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, test them to determine what volume they hold; adjust the recommended quantities of food or liquid to the local cup or mug.

**Note:**

- After six months, you can no longer use LAM. You will need to use another family planning method, even though your menses has not yet returned.
- Many methods of family planning are available that will not interfere with breastfeeding.
Continue breastfeeding your baby on demand, both day and night.

This will maintain their health and strength, because breastmilk continues to be the most important part of your baby’s diet.

Breastmilk supplies half (1/2) of your baby’s energy needs from 9 up to 12 months.

Always give your baby breastmilk first before giving other foods.

When giving complementary foods to your baby, think Frequency, Amount, Thickness, Variety, Active/Responsive Feeding, and Hygiene.

- **Frequency:** Feed your baby complementary foods four times a day.
- **Amount:** Increase amount gradually to half (½) cup (250 ml cup).
- **Thickness:** Give mashed/pureed family foods. The food should be thick enough so it does not slide off the spoon. By 8 months, your baby can begin eating finger foods.
- **Variety:** Try to feed a variety of foods at each meal; for example: animal-source foods (flesh meats, eggs, and dairy products); staples (grains, roots, and tubers); legumes and seeds; vitamin A–rich fruits and vegetables, and other fruits and vegetables.
- **Active/responsive feeding:**
  - Be patient and actively encourage your baby to eat.
  - Do not force your baby to eat.
  - Use a separate plate to feed the baby to make sure they eat all the food.
- **Hygiene**: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
  - Use a clean spoon or cup to give foods or liquids to your baby.
  - Store the foods for your baby in a safe hygienic place.
  - Wash your hands with soap and water before preparing foods and feeding your baby.
  - Wash your hands and your baby’s hands before eating.
  - Wash your hands with soap and water after using the toilet and washing or cleaning your baby’s bottom.

- Animal source foods are very important and can be given to young children: cook well and chop fine.
- You can offer additional nutritious snacks (extra food between meals), such as fruit or bread or bread with nut paste, once or twice per day.

**Note about the size of cups:**

All cups shown and referred to in these handouts are mugs, which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, test them to determine what volume they hold; adjust the recommended quantities of food or liquid to the local cup or mug.

**Note:**

- After 6 months, you can no longer use LAM. You will need to use another family planning method, even though your menses has not yet returned.
- Many methods of family planning are available that will not interfere with breastfeeding.
Give Complementary Foods from 12 up to 24 Months

- Continue breastfeeding your baby on demand, both day and night. This will maintain their health and strength because breastmilk continues to be a very important part of your baby’s diet.
- Breastmilk continues to make up about one third (1/3) of the energy needs of the young child from 12 up to 24 months.
- To help your baby continue to grow strong and breastfeed, use a family planning method to prevent another pregnancy.
- When giving complementary foods to your baby, think Frequency, Amount, Thickness, Variety, Active/Responsive Feeding, and Hygiene.
  - **Frequency**: Feed your young child complementary foods five times a day.
  - **Amount**: Increase amount to three-quarters (¾) to 1 cup (250 ml cup).
    - Use a separate plate to make sure your young child eats all the food.
  - **Thickness**: Give family foods cut into small pieces, finger foods, and sliced food.
  - **Variety**: Try to feed a variety of foods at each meal. For example: animal-source foods (flesh meats, eggs, and dairy products); staples (grains, roots, and tubers); legumes and seeds; vitamin A–rich fruits and vegetables, and other fruits and vegetables.
  - **Active/responsive feeding**:
    - Be patient and actively encourage your baby to eat.
    - Do not force your baby to eat.
    - Use a separate plate to feed the baby to make sure they eat all the food.
  - **Hygiene**: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
Use a clean spoon or cup to give foods or liquids to your baby.
- Store the foods for your baby in a safe hygienic place.
- Wash your hands with soap and water before preparing foods and feeding your baby.
- Wash your hands and your young child’s hands before eating.
- Wash your hands with soap and clean running water after using the toilet and washing or cleaning your baby’s bottom.

Note about the size of cups:
All cups shown and referred to in these handouts are mugs, which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, test them to determine what volume they hold; adjust the recommended quantities of food or liquid to the local cup or mug.

Note: Foods can be added in a different order.
- Animal source foods are very important and can be given to young children: cook well and chop fine.
- You can offer additional nutritious snacks (extra foods between meals) once or twice per day, such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato, and fresh and fried bread products.
Feed Your Baby a Variety of Foods

- Continue to breastfeed (for at least two years) and try to feed a variety of foods at each meal to your young child. For example:
  - animal-source foods (meat, chicken, fish, liver), and eggs and dairy products
  - staples (maize, wheat, rice, millet, and sorghum); roots and tubers (cassava, potatoes)
  - legumes (beans, lentils, peas, groundnuts) and seeds (sesame); vitamin A–rich fruits and vegetables (mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato, and pumpkin), and other fruit and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant, and cabbage).

NOTE: Foods can be added in a different order:

- Introduce animal source foods early to babies and young children and give them as often as possible.
  - Cook them well and chop fine.
  - You can offer additional nutritious snacks (extra food between meals) once or twice per day, such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato, and fresh and fried bread products.
  - Use iodised salt.
Contaminated food and water cause various diseases, such as diarrhea, typhoid, cholera, and hepatitis.

- Foods can become contaminated by contact with dirty hands, flies and other insects, mice and other animals, and dirty utensils.
- Young children and sick people are most vulnerable to food-related illness.

Five Keys to Safer Food

1. **Keep clean (hands, working surfaces, utensils).**
   - Wash hands with soap before preparing the food or before touching the food.
   - Wash utensils with soap and keep them in a clean place.
   - Do not use bottles, teats, or spouted cups for babies and young children because they are difficult to clean and can make your baby or young child sick.

2. **Separate raw from cooked foods, including utensils and containers.**
   - Prevent raw meat, offal, poultry, and fish from touching other foods.
   - Wash surfaces touched by these foods with hot water and soap.
   - Do not eat raw or cracked eggs because they contain harmful germs that can cause illness.
3. **Use fresh foods and cook thoroughly (especially meat, poultry, eggs, and fish).**
   - Do not eat moldy or rotten foods.
   - Wash vegetables and fruits well before cooking or eating; if clean water is not available, peel when possible.
   - Cook fish and meat well to kill any germs or parasites. For small children, cook the food until it is soft and then mash it.

4. **Keep food safe**
   - Keep the cooked food covered to protect it from flies, dust, and other germs.
   - Keep dry foods, such as rice and legumes, in a dry cool place where they are protected from pests.
   - Always reheat leftover food before eating.
   - Only give the freshly cooked food to children.

5. **Use clean and safe water.**
   - Boil drinking water well to kill the germs.
   - Bring water to a rolling boil for at least one minute before drinking it.
   - Store water in clean, covered containers.
   - Wash hands before collecting water from containers.
Handout #22

When Your Baby Is Sick

- If your child becomes sick, seek advice from your community health worker or see below (handout #23) for when you should take your child to the nearest health facility or hospital.
- Certain illnesses or conditions require a consultation and special medicines that are only available from your facility health worker.
- Remember to take your referral form, child health card, and insurance card with you when you go to the health facility.
When to Take Your Child to the Health Facility

• If your child has any of the following symptoms, take them immediately to a trained health worker or clinic:
  o Refuses to feed and is very weak.
  o Vomiting—cannot keep anything down.
  o Diarrhoea—more than three loose stools a day for two days or more and/or blood in the stool, and/or sunken eyes.
  o Convulsions—rapid and repeated contractions of the body, shaking.
  o The lower part of the chest sucks in when the child breathes in, or the stomach appears to be moving up and down (respiratory infection).
  o Fever—possible risk of malaria.
  o Malnutrition—loss of weight or swelling of the body.
Handout #24

Feeding a Baby with a Poor Appetite

- Children need to learn to eat new foods. Sometimes they do not like foods that are bitter or mushy and will reject a meal served with a food they don't like.
- If this happens, select and offer the foods the child seems to like. Introduce new foods one at a time to learn what is acceptable. Try foods, such as egg, potatoes in groundnut sauce, and soft, cooked carrots in small pieces rather than mashed.
- Especially during the second year of life, children have periods when they seem like they do not want to eat. Caregivers need to be patient, but persistent, in feeding them. When the child is fussy, other family members should help.
- Often the child will eat with an older sibling, but not with the mother. Try different eating situations.
- Allow the child to eat smaller portions, but feed the child more frequently. For example, if the child only eats a small amount of their food in the middle of the day, offer some of the food later, cut up in small pieces; offer the child a piece of fruit. Instead of three meals a day with a snack or two, this child might eat at least six times a day.
- It is a critical situation when the child shows no interest in eating or has completely lost their appetite. This often happens if the child gets extremely hungry.
- If the child has no appetite, offer small amounts of any favorite foods like fruit or soft porridge with groundnut flour. Be patience as you encourage the child to eat, gradually increasing the quantity of food.
- You can stimulate a child’s appetite by adding a pinch of salt or making a food sweet and sour. When sugar and something sour, like yogurt or a few drops of lemon juice, are added to a food (rice or a soft porridge) it becomes sweet and sour.
- Continue to breastfeed your baby.
Regular Growth Monitoring and Promotion

- Attend regular growth monitoring and promotion sessions (GMP) to make sure your baby is growing well.
- A healthy child who is growing well always gains a certain amount of weight every month. If your child is not gaining weight, or is losing weight, there is a problem.
- Attending GMP sessions can help identify your child’s nutrition problems, such as severe thinness or swelling.
- Nutrition problems may need urgent treatment with special (therapeutic) foods.
- Measuring the upper arm of a child over 6 months also helps identify severe thinness.
- During GMP sessions, you can ask questions about your child’s growth, health, and nutrition.
- It is important to address poor growth and other signs of poor nutrition quickly, as soon as they are identified. If the problem is severe, take your child immediately to the nearest health facility.
- When you go to the health centre for growth monitoring, ask about family planning.
- Also, ask about your baby’s immunization schedule. Immunizations protect babies against several diseases.
Handout #26
Use Safe Water and Ensure Good Compound Hygiene

- Drinking water needs to be boiled or treated to ensure it is clean and safe and does not cause diarrhoea. To ensure that water is safe to drink, either—
  - boil it for one minute after large bubbles appear and then keep it covered, or
  - use Sur'Eau, as directed.

- Use a clean spoon or cup to give foods or liquids to your baby. Bottles, teats, and spouted cups are unsafe to use because they are difficult to wash and can easily be contaminated.

- Store all foods in a clean place. Prepare food in a clean area.

- Wash all bowls, cups, and utensils with clean running water and soap, dry on a rack, and keep covered before using.

- If you are not going to serve the food that you prepare for the baby right away, put it inside a cupboard or, after you prepare it, cover it with a clean cloth.

- Wash raw fruits and vegetables before cutting and eating.

- To prevent contamination, keep animal products away from other foods before cooking.

- Cook meat, fish, and eggs until they are well done.

- Serve food immediately after preparation. Thoroughly reheat any food that has been kept for more than one hour.

- It is crucial to keep the home and the compound clean and free of faeces and rubbish.

- A child’s faeces can spread illness just like an adult’s. Before a child is old enough to use a latrine, you need to throw his or her faeces into the latrine or bury it.

- Keep animals in a separate place, away from the family living area. Do not allow animals to sleep in the same space with the family.

- Do not construct a latrine too close to the family living area. Keep the latrine clean and the pit covered.
Handout #27

Wash Hands to Prevent Disease

- Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
- Wash your hands with soap and clean running water before preparing foods and feeding your baby.
- Wash your hands and your baby’s hands before eating.
- Wash your hands with soap and clean water after using the toilet and washing or cleaning your baby’s bottom.
- Wash your hands with soap and clean water after handling livestock.
- Feed your baby using clean hands, clean utensils, and clean cups.
How to wash your hands:

1) Wet your hands with clean, running water and apply soap.
2) Rub your hands together to make a lather and scrub them well.
3) Scrub the back of your hands, between your fingers, and under your nails.
4) Continue rubbing your hands for at least 20 seconds.
5) Rinse your hands well under running water.
6) Dry your hands using a clean towel or air dry them.
How to Build a Tippy Tap

**SUPPLIES YOU NEED**

- 2m forked sticks x2
- 1m straight sticks x2
- Tools to dig
- Water container
- Gravel
- Soap
- Nail & candle
- String

1. Dig two holes 18in deep and about 2ft apart
2. Place the forked sticks, ensure they are level
3. Fill holes with soil & rocks, and pack tightly
4. Make a hole in the soap and thread string
5. Hang container & soap and fill with water
6. Attach string to water container
7. Add to foot lever stick
8. Use gravel as basin to capture water
How to Build a Water Bottle Tippy Tap
• Healthy timing and spacing of pregnancy means waiting at least two to three years before becoming pregnant again.

• Spacing your children means—
  o More time to breastfeed and care for each child.
  o More time for your body to recover between pregnancies.
  o More money because you have fewer children: fewer expenses for school fees, clothing, food, etc.

• Feeding your baby only breastmilk for the first six months helps space births in a way that is healthy for both you and your baby.

• By exclusively breastfeeding your baby for the first six months, you can prevent pregnancy ONLY if—
  o you feed the baby only breastmilk
  o your menstrual period has not returned
  o your baby is less than six months old.

• This family planning method is called LAM.
  o L = lactational
  o A = no menses
  o M = method of family planning.

• If any of these three conditions change, you are no longer protected from becoming pregnant again.

• It is important to seek advice from the nearest clinic about what modern family planning methods are available, as well as when and how to use them.
Create a kitchen garden where you can grow different vegetables for your family throughout the year; for example, amaranths, carrots, and dark-green leaves, such as spinach. All these foods are important sources of body-protecting nutrients, including minerals and vitamins that you and your young children need.

If you have space, plant at least three different kitchen gardens at different times of the year, taking advantage of the different growing seasons. This will allow you to harvest fresh vegetables regularly, throughout the year, for your family to enjoy.

You can create gardens with simple tools and materials, and minimal work. However, the garden will need to be weeded, watered, and cared for regularly.

Fruits, including banana, mango, papaya, and citrus, are rich in vitamin A and C, and their trees are a wonderful financial investment for the future.
Small Animal Breeding

- Breeding small, inexpensive animals—such as hens, rabbits, and guinea pigs—can provide you and your young children with important body building protein and other important nutrients.
- Goats and sheep are also excellent animals to breed, although they require more space.
- Keeping pigs can boost the household income because they produce many piglets that can be sold for money.
- If possible, breeding cows that produce milk will provide your children with body building protein and many other important nutrients.
- The extra meat, eggs, and milk that you get from your animals can also be sold to buy other kinds of food that your family needs.
- Clean up animal feces regularly because it contains harmful bacteria and germs.
- To prevent sickness, make sure to keep children away from animal faeces.