

Participant's Manual

Complementary Feeding Counselling a training course



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INTRODUCTION

Why this course is needed

Appropriate feeding practices are of fundamental importance for the survival, growth, development, health and nutrition of infants and children everywhere. Great efforts have been made in recent years to promote breastfeeding by all mothers and exclusive breastfeeding is the ideal start to a child's life. However, after six months, when other foods are added to complement breastfeeding (thus complementary feeding), many young children do not receive adequate feeding. This can result in malnutrition of young children, which is an increasing problem in many countries.

Information on how to feed young children comes from family beliefs, community practices and information from health workers. Advertising and commercial promotion by food manufacturers is sometimes the source of information for many people, both families and health workers. It often has been difficult for health workers to discuss with families how best to feed their young children due to the confusing and often conflicting information available. Inadequate knowledge about how to continue breastfeeding, the appropriate complementary foods to give and good feeding practices are often a greater determinant of malnutrition than the availability of food.

Nutrition is a key universally recognized component of the child's right to health as defined in the Convention on the Rights of the Child (UN Commission for Human Rights, 1989, Art. 24). This course is a step in the process based on the conclusions and recommendations of the expert consultations (WHO, Geneva, 28 to 30 March 2001 and December 2001) that completed the systematic review of the optimum duration of exclusive breastfeeding.

This resulted in the global public health recommendation to protect, promote and support exclusive breastfeeding for six months and to provide safe and appropriate complementary foods with continued breastfeeding for up to two years of age or beyond.

The Global Strategy for Infant and Young Children¹ aims to improve through optimal feeding, the nutritional status, growth, psycho-social development, and health and thus the survival of infants and young children on a world-wide basis.

The aim of this course

To provide the knowledge and skills for health workers who work with caregivers² of young children from six to 24 months of age to enable those health workers to:

¹ Global Strategy for Infant and Young Child Feeding. World Health Assembly, May 2002

² Caregiver is a term used to include mothers, fathers, other family members, institutional care workers and others with responsibility for the feeding and care of the young child.

- have up-to-date knowledge on the nutrition of young children and suitable feeding techniques for this age group;
- counsel caregivers of young children about appropriate and effective complementary feeding practices;
- contribute to the consistency of young child feeding messages and sustainability of activities in their health facility.

This course can be used either to complement existing courses such as Integrated Management of Childhood Illness (IMCI), Breastfeeding Counselling, HIV and Infant Feeding Counselling, and locally available courses or can stand alone as a course. This course could also be used as part of the pre-service training of health workers.

This course does NOT prepare people to have responsibility for the nutritional care of young children with severe malnutrition or nutrition-related diseases such as diabetes or with metabolic problems. Participants are encouraged to refer young children for further services and care as necessary.

During the course, you will be asked to work hard. You will be given a lot of information and asked to participate in a number of activities to help you develop your skills. Hopefully you will find the course interesting and enjoyable, and the skills you learn will help you in your work with caregivers and young children.

Course participants are expected already to have a basic knowledge of breastfeeding counselling, as in the **Breastfeeding Counselling: A Training Course (WHO/UNICEF)** or an equivalent level of knowledge and skills. Course participants who are not familiar with breastfeeding counselling will need to acquire this knowledge first.

The course and manual

Complementary Feeding Counselling (CFC): a training course consists of 15 sessions including two field trips to practise your skills with real caregivers. Your Course Director will plan the order of sessions and give you a timetable.

This book, the Participants' Manual, is your main guide to the course. Keep it with you during all sessions. It contains summaries of main information and key overheads from each session, copies of the worksheets and checklists for practical sessions, texts for demonstrations that participants help with, and the exercises you will do during the course. The manual can be used for reference after the course, so it is not essential for you to take detailed notes.

In this course, we introduce a number of **Key Messages**. These are short points that are easy to remember. These key messages form the base for your discussions with caregivers. The key messages are in the notes for each session and listed at the back of this Participants Manual.

Session 1

Importance of Complementary Feeding

The period, from six months of age until two years, is also of critical importance in the child's growth and development. You, as a health worker, have an important role in helping families during this time.

Session One: Importance of Complementary Feeding

In this session we will:

- discuss the importance of continuing breastfeeding;
- define the term complementary feeding;
- discuss the optimal age for children to start complementary feeding;
- examine the current complementary feeding activities in your health facility; and
- list the key messages to discuss with caregivers about when to start complementary foods.

Sustaining breastfeeding

Breast milk provides all the energy and nutrients a baby needs for healthy growth. It also provides the baby with anti-infective factors, which protect against diarrhoea and other infections, and provides a social and psychological link between baby and mother.

Breast milk alone, *exclusive breastfeeding*, should continue for the first six months.

From six to 12 months, breastfeeding continues to provide half or more of the child's nutritional needs, and from 12 to 24 months, at least one-third of their nutritional needs. As well as nutrition, breastfeeding continues to provide protection from many illnesses for the child and provides closeness and contact that helps psychological development.

Key Message 1:

Breastfeeding for two years of age or longer helps a child to develop and grow strong and healthy.

Definition of complementary feeding

Complementary feeding means giving other foods in addition to breast milk. These other foods are called complementary foods.

These additional foods and liquids are called complementary foods, as they are additional or complementary to breastfeeding, rather than adequate on their own as the diet. Complementary foods must be good foods and in adequate amounts so the child can continue to grow.

During the period of *complementary feeding*, the young child gradually becomes accustomed to eating family foods, though breastfeeding continues to be an important source of nutrients and protective factors until the child is at least two years old.

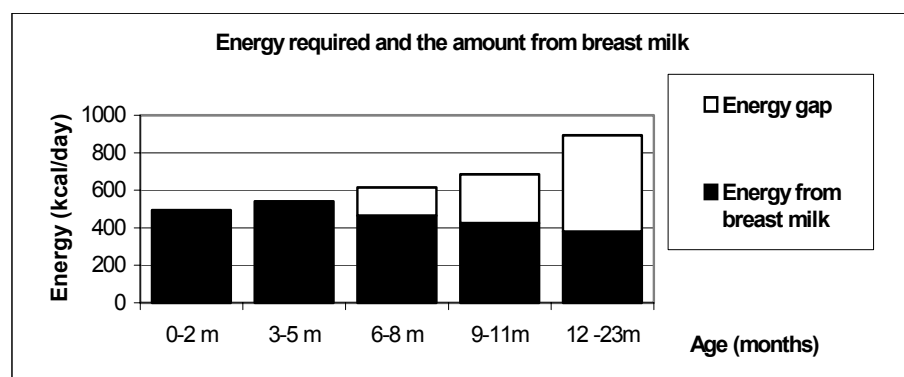
The optimal age to start complementary feeding

In order to give appropriate information and assistance to families regarding the feeding of young children, you need to know what are the influences or norms of the community in which they live. If a young family lives in a different area from where they grew up, they may have many sources of influence and beliefs.

There may be many reasons why a family may decide that it is a suitable time to start complementary foods for a young child.

Knowing why families start complementary foods helps you to decide how to assist them. Once you understand the reasons, you can give appropriate information.

Energy Gap



On this graph, each column represents the total energy needed at that age. The columns become taller to indicate that more energy is needed as the child becomes older, bigger and more active. The dark part shows how much of this energy is supplied by breast milk.

You can see that from about six months onwards there is a *gap* between the total energy needs and the energy provided by breast milk. The gap increases as the child gets bigger.

Key Message 2:

Starting other foods in addition to breast milk at six months helps a child to grow well.

At six months, babies need to learn to eat thick porridge, puree and mashed foods as these foods fill the energy gap more than liquids.

At six months of age it becomes easier to feed thick porridge, puree and mashed food because babies:

- show interest in other people eating and reach for food;
- like to put things in their mouth;
- can control their tongue better to move food around their mouth;
- start to make up and down ‘munching’ movements with their jaws.

In addition, at this age, babies’ digestive systems are mature enough to begin to digest a range of foods.

Most babies do not need complementary foods before six months of age. The caregiver should only begin to offer complementary foods before the age of six months if the child appears hungry after breastfeeding or is not gaining weight adequately. If the baby is less than six months old, counsel the mother on how to breastfeed exclusively in a way that helps the baby to get enough breast milk⁵.

If the baby is not receiving breast milk, continue using an adequate breastmilk substitute until six months of age rather than add complementary foods early.

⁵ Breastfeeding Counselling: A training course, WHO/CDR/93.4; UNICEF/NUT/93.2, provides information and skills to assist breastfeeding.

Risks of starting complementary foods too early

Adding complementary foods *too soon* (before six months) may:

- take the place of breast milk, making it difficult to meet the child's nutritional needs;
- result in a diet that is low in nutrients if thin, watery soups and porridges are used because these are easy for babies to eat;
- increase the risk of illness because less of the protective factors in breast milk are consumed;
- increase the risk of diarrhoea because the complementary foods may not be as clean or as easy to digest as breast milk;
- increase the risk of wheezing and other allergic conditions because the baby cannot yet digest and absorb other foods well;
- increase the mother's risk of another pregnancy if breastfeeding is less frequent.

Risks of starting complementary foods too late

Starting complementary foods *too late* is also a risk because:

- the child does not receive the extra food required to meet his/her growing needs;
- the child grows and develops slower;
- might not receive the nutrients to avoid malnutrition and deficiencies such as anaemia from lack of iron.

**Most babies do not need complementary foods before six months of age.
All babies older than six months of age should receive complementary foods.**

Summary

The way a child is fed from six months of age to two years is very important for their health and development.

All health workers who see young children have a role in supporting good feeding practices.

WORKSHEET 1.1 ASSESS YOUR PRACTICES

Does this practice occur?	With all children	With some children	Does not occur	Comments
Weigh child				
Measure child's length				
Look at child's growth chart				
Discuss how the child is feeding ⁶				
Note on child's chart that feeding was discussed				
Carry out demonstrations of young children's food preparations and feeding techniques				
Make home visits to assess foods and feeding practices				
Other activities				

Most frequent activities occurring in your health facility

Least frequent activities occurring in your health facility

⁶ This discussion would include offering nutrition information verbally and perhaps written plus discussing how this information relates to this individual child.

Session 2

Foods to Fill the Energy Gap

Session Two : Foods to Fill the Energy Gap

In this session we will:

- **discuss the local foods that can help fill this energy gap;**
- **explain the importance of using foods of a thick consistency;**
- **discuss ways to enrich foods; and**
- **list the key message of how to fill this gap to discuss with caregivers.**

Foods that can fill it the energy gap

All foods provide some energy. However, every community has at least one *staple* or main food. People generally eat large amounts of these staples and they provide much of the energy needed. Staples also provide some protein and other nutrients, but they cannot provide all the nutrients needed on their own. The staple must be eaten with other foods for a child to get enough nutrients.

It is important that you know what are the main staples that families eat in your area. Then you can help them to use these foods for feeding their young children.



The stomach of a young child is small. Thin foods and liquids fill it quickly.

The consistency or thickness of foods makes a big difference to how well that food meets the young child's energy needs. Foods of a thick consistency help to fill the energy gap.

Key Message 3:
**Foods that are thick enough to stay in the spoon
 give more energy to the child.**

Just right



Too thin

BOX 2.1 Ways to enrich a child's foods

Foods can be made with more energy and nutrient rich in a number of ways.

- For a porridge or other staple

Use with less water and make a thicker porridge as we just saw. Do not make the food thin and runny.

Toast cereal grains before grinding them into flour. Toasted flour does not thicken so much, so less water is needed to make porridge.

- For a soup or stew

Take out a mixture or the solid pieces in the soup or stew such as beans, vegetables, meat and the staple. Mash this to a thick puree and feed to the child instead of the liquid part of the soup.

- Add energy of nutrient rich food to the porridge, soup or stew to enrich it. This enriching is particularly important if the soup is mostly liquid with few beans, vegetables or other foods in it.

Replace some (or all) of the cooking water with fresh or soured milk, coconut milk, or cream.

Add a spoonful of milk powder after cooking.

Mix legume, pulse or bean flour with the staple flour before cooking.

Stir in a paste made from nuts or seeds such as groundnut paste (peanut butter) or sesame seed paste (tahini/sim sim).

Add a spoonful of margarine, ghee or oil.

Fermented and germinated porridge may be used in some areas***Fermented porridge***⁹

The advantages of using fermented porridge are:

- it is less thick than plain porridge so more grain/flour can be used for the same amount of water. This means each cupful of porridge contains more energy and nutrients than plain (unfermented) porridge;
- children may prefer the taste of 'sour' porridge and so eat more;
- the absorption of iron and some other minerals is better from the soured porridge;
- it is more difficult for harmful bacteria to grow in soured porridge, so it can be kept for a day or two.

Grain is also fermented to make alcohol. However, the short fermentation talked about here to make fermented porridge will not make alcohol or make the child drunk! Porridge made from germinated grain can also be fermented.

Germinated or sprouted flour

If families in your area use germinated grain, the following ways can be used to make a thicker and more nutritious porridge.

- Use this germinated flour to make porridge. This type of flour does not thicken much during cooking so less water can be used.
- Add a pinch of the germinated flour to cooked thick porridge that has cooled a little bit. The porridge should be boiled again for a few minutes after adding the germinated flour. This addition will make the porridge softer and easier for the child to eat.

Germination also helps more iron to be absorbed.

⁹ Porridge may also be made sour and thinner by adding lemon or tamarind juice. Children, especially sick children, may prefer the taste. However, this type of sour porridge does not keep longer than plain porridge.

Session 3

Foods to Fill the Iron and Vitamin A Gaps

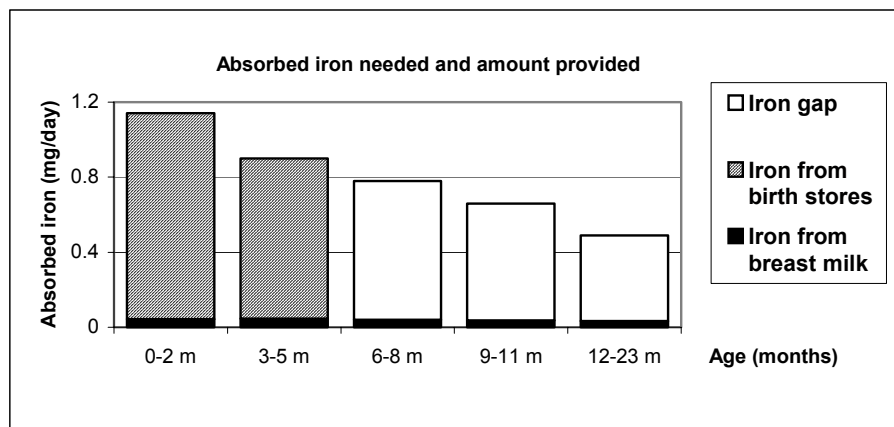
Session Three: Food to Fill the Iron and Vitamin A Gaps

In this session we will:

- discuss the local foods that can fill the nutrient gaps for iron and vitamin A;
- discuss the use of processed complementary foods;
- discuss the fluid needs of the young child;
- list the key messages of how to fill these gaps to discuss with caregivers.

Iron Gap

Another nutrient gap to be filled is for iron. The young child needs iron to make new blood, to assist in growth and development and to help the body to fight infections.



In this graph, the top of each column represents the amount of absorbed iron that is needed per day by the child. A full-term baby is born with good stores of iron to cover their needs for the first six months (*this is the striped/shaded area*).¹¹

The black area along the bottom of the columns shows us there is some iron provided by breast milk all the time breastfeeding continues.

The young child grows faster in the first year than in the second year. This is why the need for iron is higher when the child is younger.

¹¹ If the baby is born preterm or of low birth weight, these body stores will be less, so these babies will need iron supplements, usually iron drops, from about two months of age.

These iron stores are used up by about six months, so after that time we see a gap between the child's needs and what they receive from breast milk. This gap needs to be filled by complementary foods (*the white area – this is the gap*).

Zinc is another nutrient that helps children to grow and stay healthy. It is usually found in the same foods as iron, so we assume if they are eating foods rich in iron they are also receiving zinc.

Your goals, as health workers, are:

- to identify local foods and food preparations that are rich sources of iron; and
- to assist families to use these iron rich foods to feed their young children.

Animal foods

Foods from animals, the flesh (meat) and organs/offal such as liver and heart, as well as milk, yoghurt, cheese and eggs are rich sources of many nutrients.

The flesh and organs of animals, birds and fish (included shell fish and tinned fish) are the best sources of iron and zinc. Liver also provides vitamin A.

Animal foods should be eaten daily or as often as possible.

Foods from animals such as milk¹² and eggs are good for children because they are high in protein and other nutrients. However, milk and milk products, such as cheese and yoghurt, are not good sources of iron.

Milk fat (cream) contains vitamin A so foods made from whole milk are good sources of vitamin A.

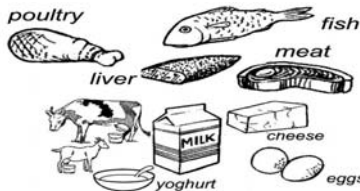

Foods made from milk (whole milk or skimmed or powdered) and any food containing bones, such as pounded dried fish, are good sources of calcium to help bones to grow strong. Egg yolk is another store of nutrients and a rich source of vitamin A.

It can be hard for children to meet their iron needs without a variety of animal foods in their diet. Fortified or enriched foods such as fortified flours, pasta, cereals, or instant weaning foods, helps to meet these nutrient needs. Some children may need supplements¹³ if they do not eat enough iron containing foods or if they have particularly high needs for iron.¹⁴

¹² Fresh liquid milk for young children should be boiled or pasteurised.

¹³ It is very difficult, if not impossible, for young children to meet the recommended intake of iron and zinc from foods unless meats are eaten regularly. Ideally, daily or as frequently as possible. Organ meats are highest in iron. Mineral and vitamin supplements may be needed by children who do not have meat.

¹⁴ Infants born prematurely have low iron stores and may need iron drops.

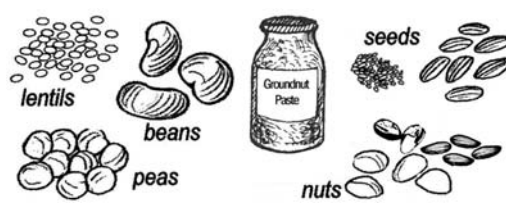
<p>Key Message 4:</p> <p>Animal foods are specially good for children, to help them grow strong and lively.</p> 	<p>Key Message 4:</p> <p>Animal foods are specially good for children, to help them grow strong and lively.</p> 
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Legumes - Pulses, nuts and seeds

Legumes or pulses such as beans, peas, and lentils as well as nuts and seeds, are good sources of protein. Legumes are a source of iron as well.

Key Message 5:

Peas, beans, lentils, and nuts and seeds are good for children.



Some ways these foods could be prepared in a way that would be easier for the child to eat and digest are:

- soak beans before cooking and throw away the soaking water;
- remove skins by soaking raw seeds and then rubbing the skins off before cooking;
- boil beans then sieve to remove coarse skins;
- toast or roast nuts and seeds and pound to a paste;
- add beans/lentils to soups or stews;
- mash cooked beans well.

Eating a variety of foods at the same meal can improve the way the body uses the nutrients. For example, combining a cereal with a legume, or adding a milk product or egg to the legume.

Iron absorption

As well as pulses, dark-green leaves are also a source of iron. However, it is not enough that a food has iron in it; the iron must also be in a form that the child can absorb.

BOX 3.1 IRON ABSORPTION

The amount of iron that a child absorbs from food depends on:

- the **amount** of iron in the food;
- the **type** of iron (iron from meat and fish is better absorbed than iron from plants and eggs):
- the types of **other foods present** in the same meal (some *increase* iron absorption and other *reduce* absorption);
- whether the child has **anaemia** (more iron is absorbed if anaemic).

The amount of iron absorbed from eggs and plant foods such as cereals, pulses, seeds, and vegetables is **increased** by eating these foods at the same meal with:

- foods rich in vitamin C such as tomato, broccoli, guava, mango, pineapple, papaya, orange, lemon and other citrus fruits;
- small amounts of the flesh or organs/offal of animals, birds, fish and other sea foods.

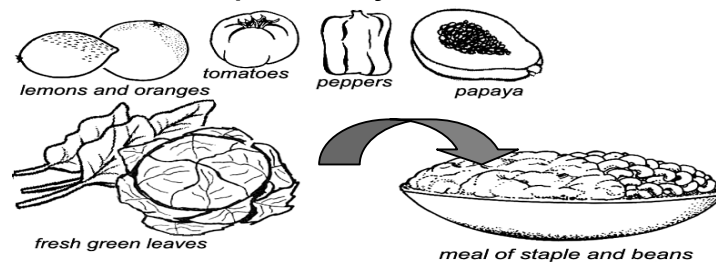
Iron absorption is **increased** by

- cooking in iron pots, particularly if the food is acidic.

Iron absorption is **decreased** by

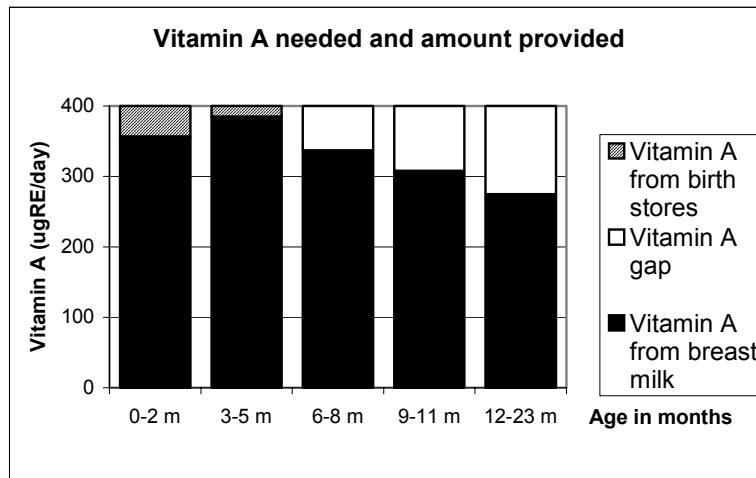
- drinking teas (including herb) and coffee
- cereal foods high in fibre such as bran.

Eating vitamin C rich vegetables and fruits with a meal helps the body to use iron.



Foods that can fill the vitamin A gap

Another important nutrient is **vitamin A**, which is needed for healthy eyes and skin and to help the body fight infections.



Again, on this graph the top of each column represents the amount of vitamin A that the child needs each day. Breast milk supplies a large part of the vitamin needed for all of the time breast milk is consumed¹⁵. As the young child grows, there is a gap for vitamin A that needs to be filled by complementary foods.

Good foods to fill this gap are dark green vegetables and orange coloured vegetables and fruits. Other sources of vitamin A that we mentioned already were:

- organ foods/offal (liver) from animals;
- milk and foods made from milk such as butter, cheese and yoghurt;
- eggs;
- as well as margarine, dried milk powder and other foods fortified with vitamin A.

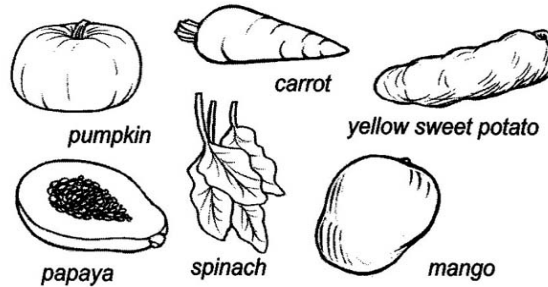
Unbleached red palm oil is also rich in vitamin A.

Vitamin A can be stored in a child's body for a few months. Encourage families to feed foods rich in vitamin A as often as possible when these foods are available, ideally every day. A variety of vegetables and fruits in the child's diet help to meet many nutrient needs.

¹⁵ If the mother was deficient in vitamin A during pregnancy, the baby will have lower stores at birth and there will be less vitamin A in the breast milk. Supplements may be used for pregnant and newly delivered mothers in areas where vitamin A deficiency is common.

Key Message 6:

Dark green leaves and orange coloured fruit and vegetables help the child to have healthy eyes and fewer infections.

**BOX 3.2 FORTIFIED COMPLEMENTARY FOODS**

When discussing fortified complementary foods with caregivers, there are some points to consider:

What are the main contents or ingredients?

The food may be a staple or cereal product or a flour. It may have some vegetables, fruit or animal foods in it.

Is the product fortified with micronutrients such as iron, vitamin A or other vitamins?

Added iron and vitamins can be useful, particularly if there are few other sources of iron containing foods in the diet.

Does the product contain ingredients such as sugar and/or oil to add energy?

These added ingredients can make these products a useful source of energy, if the child's diet is low in energy. Limit use of foods that are high in sugar and oil/fat but with few other nutrients.

What is the cost compared to similar home produced foods?

If processed foods are expensive, spending money on them may result in families being short of money.

Does the label or other marketing imply that the product should be used before six months of age or as a breast milk substitute?

Complementary foods should not be marketed or used in ways that undermine breastfeeding. To do so is a violation of the International Code of Marketing and subsequent resolutions and should be reported to the company concerned and the appropriate government authority.

The health worker needs to be aware of the products that are available in the area. If the health worker knows about the products, they can discuss with an individual family if these products are useful for their child or not.

In some countries, there are low priced processed complementary foods such as iron fortified flour and fortified baby cereals that are made locally. These are usually convenient and nutritious and families can be made aware of them.

Fluids

The baby who is exclusively breastfeeding receives all the liquid he/she needs in the breast milk. When other foods are added to the diet, the baby may need extra fluids. Offer fluids when the child seems thirsty. Extra fluid is needed if the child has a fever or diarrhoea.

Water is good for thirst. Variety of pure fruit juices can be used also. Too much fruit juice may cause diarrhoea and may reduce the child's appetite for foods.

Drinks should not replace foods or breastfeeding. If a drink is given with a meal, give only small amounts and leave most until the end of the meal. Drinks can fill up the child's stomach so they do not have room for foods.

WORKSHEET 3.1**WHAT IS IN THE BOWL?**

Choose foods that are available to families in your area to form one meal for a young child aged _____.

What are the key messages you could give for the foods that you have chosen?

Session 4

Quantity, Variety and Frequency of Feeding

Session Four: Quantity, Variety and Frequency of Feeding

In this session we will discuss:

- **how to use a mixture or variety of foods to help fill the gaps;**
- **how often to feed complementary foods;**
- **the quantity of complementary foods to offer, and**
- **the key messages to share with caregivers and your co- workers.**

The importance of using a mixture or variety of foods

Most adults and older children eat a mixture of foods at mealtimes. In the same way, it is important for young children to eat a mix of good complementary foods.

When you build on the usual food preparations in a household, it is easier for families to feed their young children a diet with good complementary foods.

The gaps for iron and for energy may be the hardest to fill.

Animal foods are special foods for children. These foods should be eaten every day or as often as possible. If foods fortified with iron were available, these could be used to help fill the iron gap.

If an iron rich food was not available, you as the health worker may need to recommend using a micronutrient supplement to ensure she/he got sufficient iron and other micronutrients.

To give more energy foods, families can give some extra foods between meals that are easy to prepare. These extra foods are in addition to the meals – they should not replace them.

Suggest that families try each day to give a dark green vegetable or orange coloured fruit or vegetable and an animal food in addition to the staple food.

The frequency of feeding complementary foods

Good snacks provide both energy and nutrients. Yoghurt and other milk products; bread or biscuits spread with butter, margarine, nut paste or honey; fruit; bean cakes; cooked potatoes,²¹ are all good snacks.

Poor value snacks are ones that are high in sugar but low in nutrients. Examples of these are fizzy drinks (sodas), sweet fruit drinks, sweets/candy, ice lollies, and sweet biscuits.

These snacks may be easy to give, however the child still needs to be helped and supervised while eating to ensure the snacks are eaten.

Key Message 7 :

**A growing child needs three meals plus snacks:
give a variety of foods.**

Amount of complementary food to be offered

When a child starts to eat complementary foods, he/she needs time to get accustomed to the new taste and texture of the foods. A child needs to learn the skill of eating. Encourage families to start with 2 to 3 small spoonfuls of the food twice a day.

BOX 4.1 AMOUNTS OF FOODS TO OFFER

Age	Texture	Frequency	Amount at each meal
from 6 months	Soft porridge, well mashed vegetable, meat, fruit	Two times per day plus frequent breastfeeds	2 to 3 tablespoonfuls
7 to 8 months	Mashed foods	Three times per day plus frequent breastfeeds	increasing gradually to 2/3 of a 250 ml cup at each meal
9 to 11 months	Finely chopped or mashed foods, and foods that baby can pick up	Three meals plus one snack between meals plus breastfeeds	3/4 of a 250 ml cup/bowl
12 to 24 months	Family foods, chopped or mashed if necessary	Three meals plus two snacks between meals plus breastfeeds	A full 250 ml cup/bowl

²¹ Cooked moist foods (such as potatoes) should not be kept more than one hour if there is no refrigeration.

As the child gets older, the amount of food offered increases. Give as much as the child will eat with active encouragement.²²

Key Message 8:

A growing child needs increasing amounts of food.

Exercise 4/1 : Amounts to offer

You may do this aloud as a group or individually.

Age of child	Frequency	Amount
6 months		
22 months		
8 months		
12 months		
7 months		
15 months		
9 months		
13 months		
19 months		
11 months		
21 months		
3 months		

²² Active encouragement of feeding is discussed in Session 9.

Session 5

Listening and Learning Skills

Session Five: Listening and Learning Skills

In this session we will discuss:

- how to use basic counselling skills to listen and learn from caregivers about their complementary practices.

Counselling is a way of working with people to help them to decide what they think is best to do in the situation. Effective counselling is talking with caregivers and discussing together what practices are possible to change. It means increasing caregiver's confidence so they can carry out these new practices to help their children to grow healthy.

BOX 5.1 COUNSELLING SKILLS

Listening and Learning Skills

Use helpful non-verbal communication
Ask open questions
Use responses and gestures that show interest
Reflect back what the caregiver says
Empathize – show that you understand how she/he feels
Avoid words that sound judging

*This list is also on the inside of the back cover of this manual
so that it is easy to refer to.*

Non-verbal communication shows you are interested in the caregiver and helps her/him to feel comfortable.

HELPFUL NON-VERBAL COMMUNICATION

Keep your head level
Pay attention
Remove barriers
Take time
Touch appropriately

Open questions are usually the most helpful. Open questions usually start with “what”, “why”, “who”, “when”, “where” or “how”.

DEMONSTRATION 5/1: CLOSED AND OPEN QUESTIONS

Two participants will be asked to give this demonstration. One plays the part of the health worker; one plays the part of the mother. You need to practise reading the parts with each other, but you do not need to learn the words. You can read them from your manual. Give the health worker a name for your child.

Room setting: Caregiver and health worker are sitting facing each other.

Health worker	Good morning (name). Is (child's name) well?
Mother	Yes, thank you.
Health worker	Are you breastfeeding your child?
Mother	Yes
Health worker	Are you giving other foods also?
Mother	Yes
Health worker	Do you give other foods frequently?
Mother	No

□

Pause

Health worker	Good morning (name). How is (child's name) today?
Mother	He/She is well, thank you.
Health worker	Tell me, how are you feeding him/her?
Mother	He/She is breastfeeding and I give a few spoons of food twice during the day.
Health worker	What kinds of food do you give?
Mother	He/She seems to like rice, yoghurt, and sometimes some fruit.

Responses to show we are listening and interested. This includes nodding and phrases such as “Go on ..”, “Oh, dear”, “Eehh...”

Reflecting back shows that you are listening to what the person is saying. It is best to use slightly different words so it does not sound as though you are copying them.

Empathize means you respond to the caregiver in a way that shows you heard what was said and you understand his or her concerns and how the caregiver is feeling *from their point of view*.

DEMONSTRATION 5/2: EMPATHIZE

Two participants will be asked to give this demonstration. One plays the part of the health worker; one plays the part of the mother. You need to practise reading the parts with each other, but you do not need to learn the words. You can read them from your manual. Tell the health worker a name for you and your child.

Room setting: Caregiver and health worker are sitting facing each other.

Health worker	Good morning (name). How are you and (child's name) today?
Caregiver	(Child's name) is not feeding well for the last few days. I am very worried.
Health worker	I understand how you feel, when my child doesn't eat, I get worried too. I know exactly how you feel.
Caregiver	What do <i>you</i> do when <i>your</i> child doesn't eat?

Pause for comment by the trainer

Health worker	Good morning (name). How are you and (child's name) today?
Caregiver	(Child's name) is not feeding well for the last few days. I am very worried.
Health worker	You are very worried about (name).
Caregiver	Yes, I am worried if my child doesn't eat well he/she will be sick.

DEMONSTRATION 5/3: CONTINUING TO ASK FOR FACTS

Two participants will be asked to give this demonstration. One plays the part of the health worker; one plays the part of the mother. You need to practise reading the parts with each other, but you do not need to learn the words. You can read them from your manual. Give the health worker a name for you and your child.

Room setting: Caregiver and health worker sitting facing each other.

Health worker	Good morning. How are you and (child's name) today?
Mother	(Name) is refusing to breastfeed since he/she started eating porridge and other foods last week – he/she just pulls away from me and doesn't want me!

Health worker	How old is (name) now?
Mother	(Name) is six months old
Health worker	And how much porridge does he/she eat during a day?
Mother	He/she eats a few spoonfuls in the morning and a few spoonfuls in the evening.
Health worker	That is good. Have you tried other foods such as foods from animals – meat, fish, eggs and milk?
Mother	No, no. He/She has only been eating food from a spoon for a few days. And now he/she won't breastfeed.
Health worker	Do you have (name's) weight chart?

Pause for comment by the trainer

Health worker	Good morning. How are you and (child's name) today?
Mother (upset)	(Name) is refusing to breastfeed since he/she started eating porridge and other foods last week – he/she just pulls away from me and doesn't want me!
Health worker	Oh dear. It upsets you when he/she doesn't want to breastfeed.
Mother	Yes, it does upset me.
Health worker	How much porridge does he/she eat during a day?
Mother	He/she eats a few spoonfuls in the morning and a few spoonfuls in the evening.
Health worker	That is good. That amount of food helps (child's name) to learn about eating and leaves room for breast milk. Can we talk about some other reasons that (child's name) may not want to breastfeed?
Mother	Oh yes I want (child's name) to continue breastfeeding for many more months.
Health worker	Yes, breastfeeding is still important to the baby after he/she starts other foods.

Avoid words that sound judging when you are asking questions.

These are words such as:

Good	bad	badly	well	
Right	wrong	properly	normal	correct
Enough	adequate	inadequate	sufficient	plenty of
Succeed	success	fail	failure	problem

If you use these words when you ask a caregiver about feeding their child, the caregiver may feel she/he is wrong or there is something wrong with the child.

Exercise 5/1: Asking open questions and avoiding judging words

Section A: Asking open questions

For each situation, write two examples of an open question that you would ask the caregiver(s). The questions must be ones that they cannot say just 'yes' or 'no' to reply.

1. Joe and Annabel bring 12-month old Sara to the clinic. They are worried because she does not like to eat any thick foods.

2. Mika is weighed at the clinic. His growth line is straight across or flat, not going upwards. He is nine months old.

Section B : Reflecting back

Example: My mother says that the baby does not take enough food

- a. Do you think you are giving him enough food?
- b. She says that you are not giving him enough?²⁵
- c. Why does she think that?

Answer b reflects the caregiver's words.

Mark the response that 'reflects back' what the person says.

My child is refusing to eat.

- a. He does not accept foods
- b. What are you offering him?
- c. Does this happen every day or just on some days?

She does not want to eat vegetables.

- d. Does she eat any vegetables?
- e. How long has she been refusing vegetables?
- f. She seems to refuse to eat vegetables when you give them?

Section C: Avoiding judging words

For each question, write it in a way that asks for the same information, which does not use a judging word.

Judging question

Non-judging question

Do you give good food to your baby? _____

Is his weight gain normal? _____

Does she eat enough at each meal? _____

Do you have problems getting your child to eat? _____

²⁵ A judging word may be used if it reflects the caregiver's words.

Session 6

Building Confidence Skills

Session Six: Building Confidence Skills

In this session we will discuss:

- how to use basic counselling skills to build confidence and give support to caregivers about their complementary feeding practices.

BOX 6.1 COUNSELLING SKILLS (2)

Building Confidence and Giving Support Skills

Accept what a caregiver thinks and feels
Recognize and praise what a caregiver and child are doing right
Give practical help
Give a little relevant information
Use simple language
Make one or two suggestions, not commands

This list is also on the inside of the back cover of this manual so that it is easy to refer to.

Building confidence and giving support skills

Building a caregiver's confidence helps them to make their own decisions about feeding their young child and to carry out those decisions. If the caregiver has confidence in her/his decisions it also helps to resist pressure from other people. Showing your support gives a caregiver confidence in what she/he is doing and it can help her/him to continue good complementary feeding practices.

Accepting what the person says means responding in a neutral way, and not agreeing or disagreeing with their thought or feeling. You can give information later to correct a mistaken idea.

DEMONSTRATION 6/1: ACCEPTANCE

Two participants will be asked to give this demonstration. One plays the part of the health worker; one plays the part of the caregiver. You need to practise reading the parts with each other, but you do not need to learn the words. You can read them from your manual. If you are the caregiver, give the health worker a name for you and your child.

The caregiver and six-month old child have come to see the health worker.

Health worker	Good morning (name). How are you and (child's name) today?
Caregiver	(Child's name) is not eating any food that I offer, so he/she will have to stop breastfeeding so often. Then he/she will be hungry and will eat the food.
Health worker	Oh no, you must not give him/her less breast milk. That is a bad idea.

Pause for a comment by the trainer.

Health worker	Good morning (name). How are you and (child's name) today?
Caregiver	(Child's name) is not eating any food I offer, so he/she will have to stop breastfeeding so often. Then he/she will be hungry and will eat the food.
Health worker	I see. You feel giving less breast milk will make (child's name) eat the food.
Caregiver	Yes, if he/she gets hungry enough, he/she will eat it.
Health worker	Can we talk about what food you are offering to (child's name)?

Recognition and praise builds confidence. You feel that you can try other things and that they will work. As health workers, we are trained *to look for problems*. This means we may only see what caregivers do that we think is wrong and then we try to correct it. However, we also need to see what is right and praise caregivers in their good practices.

Accepting what a caregiver does, thinks and feels, plus *recognizing and praising* good practice, *builds the confidence* of the caregiver and encourages them to continue good practices. In addition, if a caregiver feels that you accept their ideas and recognize good practices, they are more likely to accept any suggestions that you make.

DEMONSTRATION 6/2: USING THE COUNSELLING SKILLS

Two participants will be asked to give this demonstration. One plays the part of the health worker; one plays the part of the caregiver. You need to practise reading the parts with each other, but you do not need to learn the words. You can read them from your manual. The caregiver has come to the health centre with her/his first child, who is 10 months old. If you are playing the part of the caregiver, give a name for you and the child to the health worker.

Room setting: Caregiver and health worker are sitting facing each other with no desk in between. Trainer will read an introduction.

There are spaces beside each remark by the health worker. Listen to the demonstration and notice what listening and learning skills are used. After the demonstration, write the skills used into the space beside what was said. You can use each skill more than once.

Skills:

Non-verbal communication Open question Respond showing interest Accept
 Reflect back Empathize Praise

Health worker	(Offers caregiver a seat) Good morning, (caregiver name). What can I do for you today?
Caregiver	Good morning. I wanted to talk to you because I am wondering if (child's name) is eating enough.
Health worker	Mmm, (nods, smiles) You want to talk about (name's) eating. Tell me about how (name) eats?
Caregiver	Well, my neighbour's child seems to eat much more and he is growing much bigger. So, I must not be giving my child enough food.
Health worker	Your neighbour's child eats more and you feel unsure if your child is getting enough to eat. What kinds of foods does (name) eat in a usual day?
Caregiver	She/He eats some porridge every morning, some mashed banana after her/his sleep and some meat and vegetables from what we have for our meal in the evening.
Health worker	Those are good foods to give your child. How often does (name) breastfeed?
Caregiver	Oh, she/he breastfeeds often.
Health worker	(Nod, smile) It is good he/she is continuing to breastfeed as well as eating other foods such as porridge, fruit and some of the meal that you eat yourself. How big a bowl of food does (name) eat?

The discussion would continue with the health worker learning more about the child's feeding such as the consistency of the food and the variety of foods eaten before moving on to giving information and offering suggestions.

Practise your counselling skills

You will now use role-play to practise “Listening and Learning Skills” and the first two “Building Confidence and Giving Support Skills”. You will work in groups of four, taking turns to be a ‘caregiver’ or a ‘counsellor’ or observers. You will be given a ‘story card’. When you are the ‘caregiver’, use the story on your card. The ‘counsellor’ listens and learns from you about your situation. The other participants in the group observe.

Each role-play is very short, only 2 to 3 sentences from each person and just shows the ‘counsellor’ listening and giving support. The ‘counsellor’ does not give information at this time.

When you are the ‘counsellor’:

- Greet the ‘caregiver’ and introduce yourself. Ask for her/his name and the child’s name, and use them.
- Ask one or two open questions to start the conversation and to find out why she/he has come to see you.
- Use each of the counselling skills to encourage him/her to talk to you.
- Do not offer information or try to solve the caregiver’s problem at this time.

When you are the ‘caregiver’:

- Give yourself and your child names and tell them to your ‘counsellor’.
- Answer the counsellor’s questions from your story. Don’t give all the information at once.
- If your counsellor uses good listening and learning skills, and makes you feel that she/he is interested, you can tell her/him more.

When you are observing:

- Use your Counselling Skills list, which skills the counsellor uses, which does he/she not use, and which he/she uses incorrectly. Mark your observations on your list in pencil.
- After the role-play, praise what the counsellor does right, and suggest what they could do to improve their counselling skills.

COUNSELLING SKILLS CHECKLIST 1

Listening and Learning Skills

- Use helpful non-verbal communication
- Ask open questions
- Use responses and gestures that show interest
- Reflect back what the caregiver says
- Empathize – show that you understand how she/he feels
- Avoid words that sound judging

Building Confidence and Giving Support Skills

- Accept what a caregiver thinks and feels
- Recognize and praise what a caregiver and child are doing right

COUNSELLING SKILLS CHECKLIST 1

Listening and Learning Skills

- Use helpful non-verbal communication
- Ask open questions
- Use responses and gestures that show interest
- Reflect back what the caregiver says
- Empathize – show that you understand how she/he feels
- Avoid words that sound judging

Building Confidence and Giving Support Skills

- Accept what a caregiver thinks and feels
- Recognize and praise what a caregiver and child are doing right

COUNSELLING SKILLS CHECKLIST 1

Listening and Learning Skills

- Use helpful non-verbal communication
- Ask open questions
- Use responses and gestures that show interest
- Reflect back what the caregiver says
- Empathize – show that you understand how she/he feels
- Avoid words that sound judging

Building Confidence and Giving Support Skills

- Accept what a caregiver thinks and feels
- Recognize and praise what a caregiver and child are doing right

Session 7

Gathering Information on Complementary Feeding Practices

Session Seven: Gathering Information

In this session we will look at:

- the importance of observation skills and observing interactions between caregivers and children;
- using growth charts in assessment of complementary feeding practices;
- how to gather information on complementary feeding practices using a Food Intake Tool.

The importance of observation

You may notice a number of things about the *caregiver*.

- The caregiver's age, general health, and nutrition.
- The caregiver's expression.
- Is the caregiver talking to the child, making eye contact and touching?
- Or is the caregiver ignoring the child?
- Or handling the child roughly and telling the child to stop moving about?
- The caregiver may be carrying food if she/he is coming from the market – what does it include?

You may also notice if other children or family members are present and how they react to each other and their general health.

You may notice a number of things about the *child*.

- General health, nutrition, alertness and development.
- Any signs of conditions that could interfere with feeding or with growth and development; blocked nose, cough, and neurological or physical problems.
- How the child responds to the caregiver.
- If the child is breastfeeding or eating any snacks.
- If the caregiver (or child) is carrying a feeding bottle or soother.

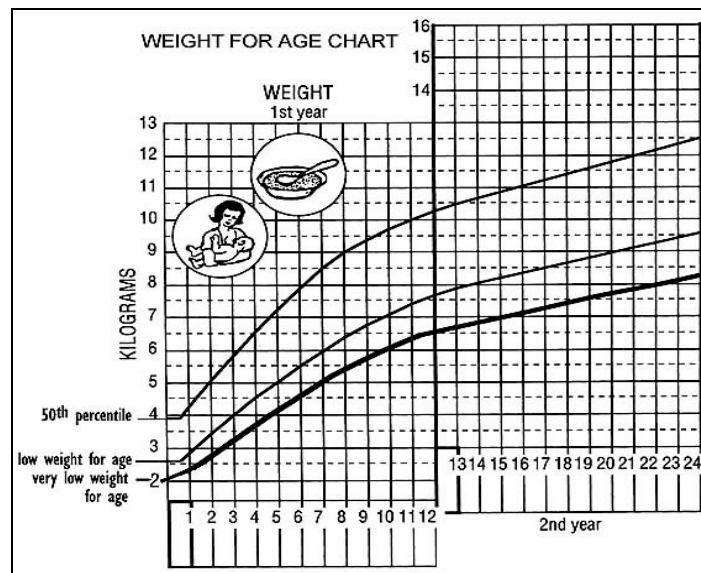
So just by observing you may learn a lot about the child's well being. Observation can also be done with any charts or records available.

By looking at the child's record, you may see:

- if the child attended regularly for well-baby visits;
- if there were frequent sick-child visits;
- the pattern of growth on a growth chart;
- any referrals for additional treatment;
- reaching of developmental milestones;
- as well as information such as the child's age, number of siblings and other details.

By using your skills of observation well, you can use your time to discuss feeding practices with the caregiver rather than going over existing information.

Growth charts in assessment of feeding practices



This is a common weight chart. The child's age in months is along the bottom and the weight is up the side.

There are three curves on this chart. The upper curve shows the middle or median weight for healthy children of that age. It is also called the 50th percentile because the weights of 50 percent of healthy children are below it and 50 percent are above it.

Most healthy children are near this 50th percentile curve, a little either above or below it. Only children whose weight is *very* far above this line are likely to be overweight.

The next lower curve is the 3rd percentile curve – the weights of 3 percent of healthy children are below this curve. It is around the bottom limit of normal growing children. A generically or naturally small child may be near this curve but still growing well.

The bottom line indicates very low weight for age. A child near this line is not healthy and needs attention.

The overall *shape* or trend of the growth line should be similar to the *shape* or trend of the reference line printed on the chart, that is, children should always be heading upward on the curve, not flat or downward. This is the most important feature of the growth curve.

Growth Chart

Look at the *shape* of the growth curve of the child: is the growing?

One weight on its own does not tell you much information. You need a pattern of marks before you can judge the tendency of growth.

Looking at a weight chart may give you some information on the pattern of the child's growth. However, you will still need to talk with the caregiver about the actual feeding practices.

FOOD INTAKE TOOL

Enter ✓ in the Yes column if the practice is in place.

Enter your initials if a message is given (see Food Intake Reference Tool for the message)

Child's Name:				Date of Birth:				
Date of visit:								
Age of child at visit:								
Is the growth curve heading upwards?								
Feeding Practice	Yes	Message given	Yes	Message given	Yes	Message given	Yes	Message given
Does child receive breast milk?								
Did child eat three meals of thick consistency yesterday? (Use consistency photos as needed)								
Did child eat an animal product yesterday? (meat/fish/offal/bird/eggs)								
Did child eat a dairy product yesterday?								
Did child eat pulses, nuts or seeds yesterday?								
Did child eat a dark green or orange vegetable or orange fruit yesterday?								
Did child eat sufficient number of meals and snacks yesterday, for his/her age?								
Was quantity of food eaten at main meal yesterday appropriate for child's age?								
Does caregiver assist the child at meals times?								
Does child take any vitamin or mineral supplements?								
Is the child ill or recovering from an illness?								

FOOD INTAKE REFERENCE TOOL

Feeding Practice	Ideal Feeding Practice	Key Messages to help counsel caregivers
Does child receive breast milk?	Yes.	Breastfeeding for two years of age or longer helps a child to develop and grow strong and healthy.
Did child eat sufficient meals of thick consistency for his/her age yesterday?	Three meals.	Foods that are thick enough to stay in the spoon give more energy to the child.
Did child eat an animal product yesterday? (meat/fish/offal/bird/eggs)?	Animal foods should be eaten daily	Animal foods are specially good for children to help them grow strong and lively.
Did child eat a dairy product yesterday?	Try to give dairy products daily.	Animal products are specially good for children.
Did child eat pulses, nuts or seeds yesterday?	If meat is not eaten pulses or nuts should be eaten daily, with an iron enhancer such as a vitamin C rich food.	Peas, beans, lentils and nuts and seeds are good for children.
Did child eat a dark green or orange vegetable or orange fruit yesterday?	A dark green or orange vegetable or orange fruit should be eaten daily.	Dark green leaves and orange coloured fruits and vegetables help the child to have healthy eyes and fewer infections
Did child eat sufficient number of meals and snacks yesterday, for his/her age?	Child 6 to 8 months: 3 meals. Child 9 to 23 months: 3 meals and 1 to 2 snacks.	A growing child needs three meals plus snacks: give a variety of foods.
Was quantity of food eaten at main meal yesterday appropriate for child's age? (Use household measure)	Child 6 to 8 months: gradually increase to approx. 2/3 cup at each meal. Child 9 to 11: approx. 3/4 cup at each meal . Child 12 to 23 months: approx. a full cup at each meal.	A growing child needs increasing amounts of food.
Does caregiver assist the child at mealtimes?	Yes, assists with learning to eat.	A young child needs to learn to eat: encourage and give help... with lots of patience.
Does child take any vitamin or mineral supplements?	Vitamin and mineral supplements may be needed if child's needs are not met by food intake.	<i>Explain how to use vitamin and mineral supplements if they are needed.</i>
Is the child ill or recovering from an illness?	Continue to eat and drink during illness and recovery.	Encourage the child to drink and eat during illness and provide extra food after illness to help them recover quickly.

INSTRUCTIONS TO COMPLETE FOOD INTAKE TOOL

1. Greet the caregiver. Explain that you want to talk about the child's feeding.
2. Fill out the child's name, birth date, age at present and today's date.
3. Ask to see the growth chart and observe the pattern of the growth.
4. Start with: *"(Caregiver name). _____, let us talk about what (child's name) ate yesterday."*
5. Continue with: *"As we go through yesterday, tell me all that (name) ate or drank, meals, other foods, water or breastfeeds."
"What was the first thing you gave (name) after he/she woke up yesterday?"
"Did (child's name) eat or drink anything else at that time or breastfeed?"*
6. Mark on the Food Intake Tool the practices that are present. If appropriate, show the caregiver the pictures of thin and thick consistency (for porridge, and mixed dinner). Ask her/him which drawing is most like the food she/he gave the child. Did the food stay on the spoon and keep its shape on the plate or did it flow from the spoon and not keep a shape on the plate?
7. If the caregiver mentions a preparation, such as a porridge or stew, ask her/him for the ingredients in the porridge or stew.
8. Then continue with:
*"What was the next food or drink or breastfeed (child's name) had yesterday?"
"Did (child's name) eat/drink anything else at that time?"*
9. Remember to "walk" through yesterday's events with the caregiver to help her/him remember all the food/drinks/breastfeeds that the child had.
10. Continue to remind the caregiver you are interested in what the child ate/drank yesterday (caregivers may talk about what the child eats/drinks in general).
11. Clarify any points or ask for further information as needed.
12. Praise practices you wish to encourage. Offer two to three *key messages* as needed and discuss how the caregiver might use this information.
13. If the child is ill on that day and not eating, give the Key Message :
Encourage the child to drink and eat during illness and provide extra food after illness to help them recover quickly. See the child another day and use the Food Intake Tool when the child is eating again.

Gathering information on feeding practices

DEMONSTRATION 7/1: Learning what a child eats

Room setting: Seats with no desk or barrier between the health worker and caregiver. If the health worker needs a desk to write on, place it to one side (right-hand side if the health worker writes with their right hand). They are already sitting. Health worker has a Food Intake Tool, Food Intake Reference Tool, consistency pictures and a typical bowl.. Caregiver has a growth chart for the child.

- Trainer gives this introduction:

(Name) is 11 months old. (Caregiver name) has brought her/him to the health centre for immunization. While she/he is there the health worker notices that (child's name) weight line is only rising slowly though she/he is generally healthy. So the health worker asks (caregiver's name) to talk to her/him about how (name) is eating.

'Health Worker' and 'Caregiver' proceed with the demonstration using a loose copy of the Food Intake Tool and filling it in.

Health worker (show growth chart)	Thank you for coming today. Now (caregiver name), your child's weight line is going upwards. Because (child's name) lost some weight when he/she was ill, the line needs to rise some more. Could we talk about what (child's name) ate yesterday?
Caregiver	Yes.
Health worker	As we go though yesterday, can you tell me all that (child's name) ate or drank, - meals, other foods, water and breastfeeds?
Caregiver	Yes, I can tell you about that.
Health worker	What was the first thing you gave (child's name) after he/she woke up yesterday?
Caregiver	First thing, the baby breastfed. Then about one hour later the baby had a small amount of bread with butter, and several pieces of an orange, about half an orange.
Health worker	Breastfeeding, then bread, butter and some pieces of orange. That is a good start to the day. What was the next food or drink or breastfeed that (child's name) had yesterday?
Caregiver	At mid-morning, the baby had some porridge with milk and sugar.

Health worker (show two consistency pictures)	Can you tell me which of these drawings is most like the consistency of the porridge you gave to the baby?
Caregiver	Like that one (points to the thick consistency).
Health Worker	A thick porridge helps the baby to grow well. After the porridge mid-morning, what was the next food/drink/breastfeed the baby had?
Caregiver	Let's see, in the middle of the day, he/she had soup with vegetables and beans.
Health worker	How did the baby eat the vegetables and beans?
Caregiver	I mashed them all together and added the liquid of the soup so he/she could eat it.
Health worker (show pictures)	Which picture is most like the consistency of the food that you fed the baby yesterday in the middle of the day?
Caregiver	This one (points to the thin consistency).
Health worker	Did (child's name) have any other foods/drinks/breastfeeds at mid-day yesterday?
Caregiver	Oh yes, he/she had a small glass of fruit juice.
Health worker	Fruit juice with a meal helps the iron to be used by the body. After this meal at mid-day, what was the next thing the baby ate?
Caregiver	Let's see, he/she didn't eat anything more until we all ate our evening meal. He/She breastfed a few times in the afternoon. In the evening, he/she ate some rice, a spoonful of mashed greens, and some mashed fish.
Health worker (show pictures)	Which of these pictures looks most like the food the baby ate in the evening?
Caregiver	(Points to the thick drawing) I mashed up the foods together and it looked like that.
Health worker	Did (child's name) eat or drink anything more for the evening meal yesterday?
Caregiver	No, nothing else.
Health worker	After that or during the night, did the baby have any other food, drinks or breastfeed?
Caregiver	(Child's name) breastfeeds during the night but he/she had no more foods.

Health worker (show typical bowl)	Using this bowl, can you show me about how much food the baby ate his/her main meal yesterday?
Caregiver	(Points to bowl) – about half of that bowl.
Health worker	Thank you. Does anyone give him/her help and encouragement with eating or does (child's name) eat by him/herself?
Caregiver	Oh, yes. (Child's name) needs help. Usually I help him/her, but sometimes if my mother or sister is there, they will help also.
Health worker	Is (child's name) taking any vitamins or minerals?
Caregiver	No, not now.
Health worker	Thank you for telling me so much about what (Child's name) eats.

FOOD INTAKE TOOL - Example

Enter ✓ in the Yes column if the practice is in place.

Enter your initials if a message is given (see Food Intake Reference Tool for the message)

Child's Name: <i>Baba, son of Moda</i>				Date of Birth: <i>January 6, 2003</i>				
Date of visit:	<i>Oct 10, 2003</i>							
Age of child at visit:	<i>10 months</i>							
Is the growth curve heading upwards?	<i>slowly</i>							
Feeding Practice	Yes	Message given	Yes	Message given	Yes	Message given	Yes	Message given
Does child receive breast milk?	✓							
Did child eat three meals of thick consistency yesterday? (Use consistency photos as needed)	2	<i>initial</i>						
Did child eat an animal product yesterday (meat/fish/offal/bird/eggs)?	✓							
Did child eat a dairy product yesterday?	✓							
Did child eat a dark green or orange vegetable or orange fruit yesterday?	✓							
Did child eat pulses, nuts or seeds yesterday?	✓							
Did child eat sufficient number of meals and snacks yesterday, for his/her age?	✓							
Was quantity of food eaten at main meal yesterday appropriate for child's age?	-	<i>initial</i>						
Does caregiver sit with/assist the child at meals times?	✓							
Does child take any vitamin or mineral supplements?	-							

Practise gathering information on feeding practices

You are the only one in your group with that story. Do not let the others see it. Look only at your own story.

When you are the ‘caregiver’:

- Give your own and your child's name and tell them to your ‘health worker’.
- Answer the health worker’s questions from your story. Do not give all the information at once.
- If the information to answer a question is not in your story, make up information to fit with the history.
- If your health worker uses good listening and learning skills, and makes you feel that she/he is interested, you can tell her/him more.

When you are the ‘health worker’:

- Greet the ‘caregiver’ and introduce yourself. Ask for her/his name and her/his baby’s name, and use them.
- Ask one or two open questions to start the conversation and to find out in general how is the child.
- Explain that you would like to learn about how her/his child is eating. Ask the caregiver to tell you about the child’s eating in the previous day. Prompt as needed. Fill out the Food Intake Tool as you listen.
- Do not offer key messages or try to change practices at this time. We will look at the forms in a later session and discuss what information would be useful to this caregiver.

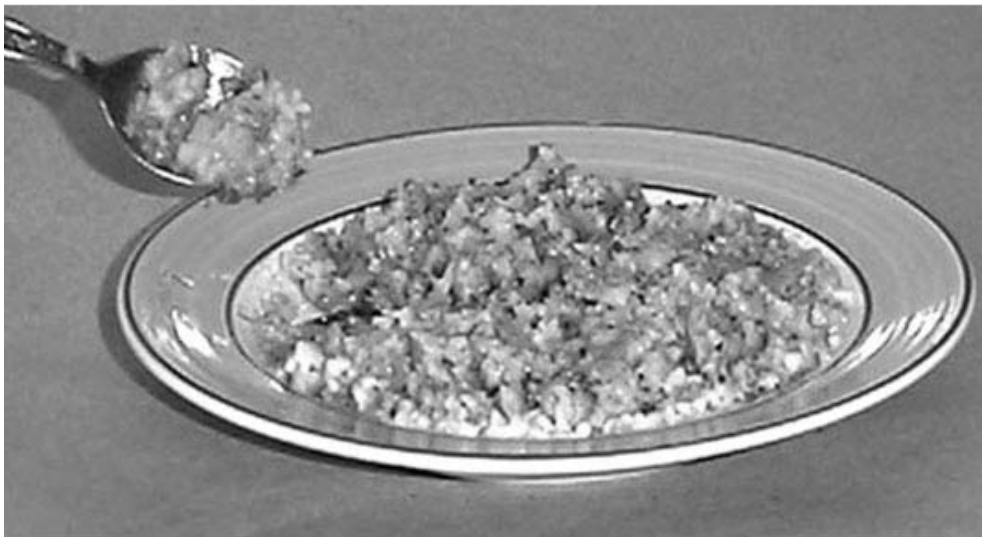
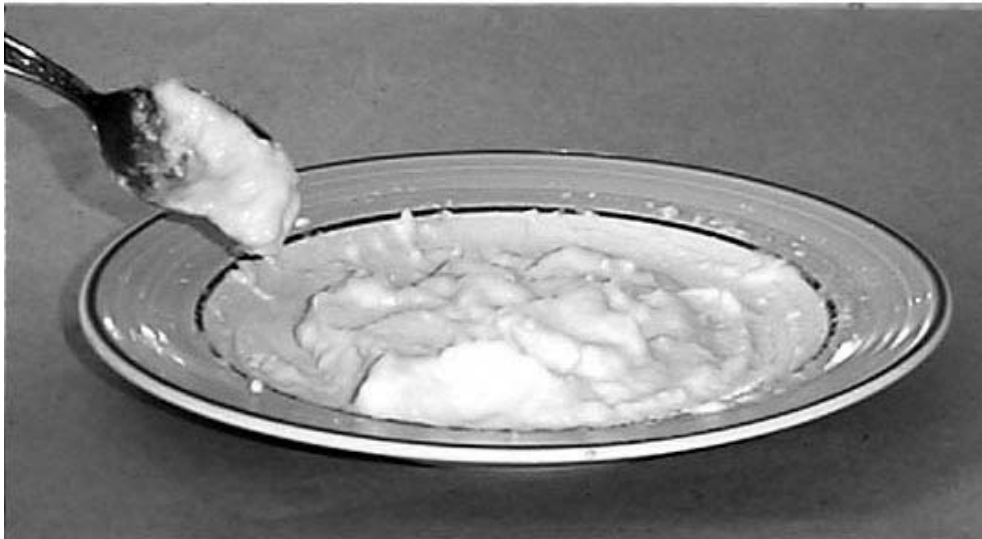
When you are observing:

- Follow the pair practice with the Food Intake Tool and observe if the ‘health worker’ gathers useful information.
- Notice which counselling skills the health worker uses and which she/he does not use.
- After the role-play, be prepared to praise what the health worker does right, and suggest what they could do better.

Keep the completed Food Intake Tools for discussion at a later session.

Gathering information on complementary feeding practices

Observe the child and the caregiver
Look at the growth chart, if available – is the child growing?
Use counselling skills to encourage the caregiver to tell you about feeding practices
Complete the Food Intake Tool



Session 8

Field Trip 1

Session Eight: Field Trip 1

In this session you will:

- **practise gathering information about the feeding of young children by using the counselling skills and the Food Intake Tool to find out what an individual child eats;**
- **build a picture of local feeding practices.**

You do not give information or suggestions at this time. If you meet a child who is ill or has a feeding difficulty, encourage the caregiver to talk with the health workers at the local health facilities.

You will work in your groups of four and each group will have one trainer. Divide into pairs and each pair will talk with one caregiver at a time. One participant talks with the caregiver, filling in the Food Intake Tool at the same time. The partner observes and fills in the counselling checklist.

When you talk with a caregiver:

- Introduce yourself to the caregiver and ask permission to talk with her/him. Introduce your partner and explain you are interested in learning about feeding young children in general.
- Try to find a chair or stool to sit on, so you are at the same level as the caregiver.
- Practise as many of the counselling skills as possible as you gather information from the caregiver using the Food Intake Tool. Listen to what the caregiver is saying and try not to ask a question if you already have been told the information.
- Be careful not to give advice. You are just practising your skills of gathering information.
- If the caregiver has any question about feeding her/his child, encourage them to discuss it with their health worker or health facility.

When you are the observer:

- Mark a \checkmark on the Counselling Skills Checklist for every skill that she/he observes her/his partner practising. Remember to observe what your partner is doing rather than thinking about what you would say if you were talking to the caregiver. The observer does not ask the caregiver any questions.

When you have finished talking with a caregiver for both exercises, move away. Briefly, discuss with your partner and trainer what you did and what you learnt and clarify any questions you may have about conducting the exercise.

Find another caregiver and repeat the exercise with the participants swapping roles. Continue the sequence until all participants have conducted the exercise with at least one caregiver. Remember to use your listening and learning skills throughout.

Notice other feeding practices in the area such as:

- if children eat any food or has any drinks while there;
- whether children are given a bottle or soother/pacifier while waiting;
- general interaction between caregivers and children;
- any posters or other information on feeding in the area.

Field practice discussion

General Questions

- How did your practice go? What did you do well? What difficulties did you have?
- Was the caregiver willing to talk? Did he/she seem to enjoy talking with you?
- Did the caregiver ask any questions? How did you respond?
- What was the most interesting thing that you learnt from the caregiver?
- Was there any special difficulty or situation that helped you to learn?

Listening and Learning Skills

Both the participant and the observer comment.

- How many of the listening and learning skills were you able to use/your partner use?
- Were some skills difficult to use? Did you ask many questions?
- Did using the skills encourage the caregiver to talk?

Food Intake Tool

Compare them with the recommendations or *key messages* we discussed in earlier sessions. As well as gathering information on the practices of the individual caregivers, this summary will give us information generally about practices in the community. This information helps you to know which are practices that you need to pay most attention to in your work. It also helps you to learn about differences in practice between caregivers in your community.

Session 9

Feeding Techniques and Strategies

Session Nine: Feeding Techniques and Strategies

In this session we will look at:

- **feeding practices and their effect on the child's intake;**
- **ways of encouraging responsive feeding practices;**
- **requirements for clean and safe feeding of young children; and**
- **how possible it is to carry out these recommendations.**

Feeding care practices and their effect on intake

A child needs to learn how to eat, to try new food tastes and textures. A child needs to learn to chew, move food around the mouth and to swallow food. The child needs to learn how to get food effectively into the mouth, how to use a spoon and how to drink from a cup.

Therefore, it is very important also to talk to caregivers and offer suggestions about *how* to encourage the child to learn to eat the foods offered. This can help families to have happier meal times.

A child needs food, health and care to grow and develop. Even when food and health care are limited, good care giving can help make best use of these limited resources. Care refers to the behaviours and practices of the caregivers and family that provide the food, health care, stimulation and emotional support necessary for the child's healthy growth and development.

An important time to use good care practices is at mealtimes – when helping young children to eat.

Assist children to eat, being sensitive to their cues or signals

A child needs to learn how to eat, to try new food tastes and textures. A child needs to learn to chew, move food around the mouth and to swallow food. The child needs to learn how to get food effectively into the mouth, how to use a spoon and how to drink from a cup.

Therefore, it is very important also to talk to caregivers and offer suggestions about *how* to encourage the child to learn to eat the foods offered. This can help families to have happier meal times.

Families tend to feed their young children in one of three different ways.

- One way is *high control* of the feeding by the caregiver who decides when and how much the child eats. This may include force-feeding.
- Another feeding style is that the *children are left to feed themselves*. The caregiver believes that the child will eat if hungry. The caregiver may also believe when the child stops eating that they have had enough to eat.
- The third style is feeding *in response to the child's cues* or signals using encouragement and praise.

Demonstration 9/1: Controlled feeding

The 'young child' is sitting next to the caregiver (or on the caregiver's knees). The caretaker prevents the child from putting his/her hands near the bowl or the food.

The caregiver spoons food into the child's mouth.

If the child struggles or turns away, he/she is brought back to the feeding position.

Child may be slapped or forced if he/she does not eat.

The caregiver decides when the child has eaten enough and takes the bowl away.

Demonstration 9/2: Leave it to themselves

The 'young child' on the floor sitting on a mat.

Caregiver puts a bowl of food beside the child with a spoon in it.

Caregiver turns away and continues with other activities. (nothing too distracting for those watching).

Caregiver does not make eye contact with the child or help very much with feeding.

Child pushes food around the bowl, looks to caregiver for help, eats a little, cannot manage a spoon well, he tries with his hands but drops the food, he/she gives up and moves away.

Caregiver says, "Oh, you aren't hungry" and takes the bowl away.

Demonstration 9/3: Responsive feeding

Caregiver washes the child's hands and her/his own hands and then sits level with child. Caregiver keeps eye contact and smiles at child. Using a small spoon and an individual bowl, small amounts of food are put to the child's lips and child opens his/her mouth and takes it a few times.

Caregiver praises child and makes pleasant comments – “Aren't you a good boy/girl”, “Here is lovely dinner” while feeding slowly.

Child stops taking food by its shutting mouth or turning away.

Caregiver tries once - "Another spoonful of lovely dinner?"

Child refuses and caregiver stops feeding.

Caregiver offers a piece of food that child can hold - bread crust, or something similar.

“Would you like to feed yourself?”

Child takes it, smiles and sucks/munches it.

Caregiver encourages "You want to feed yourself, do you?"

Caregiver encourages "You want to feed yourself, do you?"

After a minute, the caregiver offers a bit more from the bowl. Child starts taking spoonfuls again.

Feed slowly and patiently, encourage but do not force.

BOX 9.1: RESPONSIVE FEEDING TECHNIQUES

Respond positively to the child with smiles, eye contact and encouraging words

Feed the child slowly and patiently with good humour

Try different food combinations, tastes and textures to encourage eating

Wait when the child stops eating and then offer again

Give finger foods that the child can feed him/herself

Minimize distractions if the child loses interest easily

Stay with the child through the meal and be attentive

Talk to children during feeding with eye-to-eye contact

Feeding times are periods of learning and love. Children may eat better if feeding times are happy. Feed when the child is alert and happy. If the child is sleepy or over-hungry and upset, he/she may not eat well. Regular mealtimes and the focus on eating without distractions, may also help a child learn to eat.

Responsive Feeding Practices

Assist children to eat, being sensitive to their cues or signals
Feed slowly and patiently, encourage but do not force
Talk to children during feeding with eye-to-eye contact

Key Message 9:

**A young child needs to learn to eat:
encourage and give help
...with lots of patience.**



Clean and safe feeding

A young child is at increased risk of illness for three reasons:

- the immunity they received from their mother has declined;
- their own immune system is not yet fully developed;
- they are increasingly exposed to organisms that cause disease, such as bacteria, viruses, and parasites.

Clean, safe preparation and feeding of complementary foods are essential to reduce the risk of contamination and the illnesses that they cause.

The main points to remember for clean and safe preparation of foods are:

- Clean hands
- Clean utensils
- Safe water and food
- Safe storage

Discuss with the caregiver how the household routine works - whether the family cooks once or twice a day, how often someone goes to market and what facilities are available for storage.

Help the family to find ways of preparing the child's food in a clean and safe way.

How to put these recommendations into action

Usually, telling the caregivers the practices that they could or *should* do is not enough. We need to discuss with caregivers their home situation and talk about the resources *they* have available. When we have listened and learned from them we are better able to offer suggestions that the family may be willing to try.

Resources for Care

Knowledge
Health
Economic resources and time
Emotional support

**Help families to find ways to put these strategies into practice.
Do not just tell them what they *should* do.**

Caregivers need resources in order to provide these care practices. These resources include:

- Knowledge - plus the skills and confidence to put the knowledge into practice. For example, a caregiver may know that thick foods give a child energy but she/he may not have the skill or confidence to deal with another family member who thinks thin foods are needed. Or a young mother away from her family may not know how to prepare foods and rely on expensive, processed baby foods.
- Health. If the caregiver is ill, they may not have the energy and strength to care for their child.
- Economic resources to buy food, water, fuel, cooking pots, and utensils. Time to provide care is also an important resource.
- Emotional support from family members and community networks is also needed to help good feeding care practices be used.

Consider these three types of resources when you are making suggestions to caregivers. It is not just knowledge that they need in order to change practices. Offer suggestions and discuss their situation.

Five Keys to Safer Food¹⁴

Keep clean

Wash your hands before handling food and often during food preparation.
Wash your hands after going to the toilet, changing the baby or in contact with animals.
Wash very clean all surfaces and equipment used for food preparation or serving.
Protect kitchen areas and food from insects, pests and other animals.

Separate raw and cooked foods

Separate raw meat, poultry and seafood from other foods.
Use separate equipment and utensils such as knives and cutting boards for handling raw foods.
Store foods in covered containers to avoid contact between raw and prepared foods.

Cook thoroughly

Cook food thoroughly, especially meat, poultry, eggs and seafood.
Bring foods like soups and stews to boiling point. For meat and poultry, make sure juices are clear not pink.
Reheat cooked food thoroughly. Bring to the boil or heat until too hot to touch.
Stir while re-heating.

Keep food at safe temperatures

Do not leave cooked food at room temperature for more than two hours.
Do not store food too long, even in a refrigerator.
Do not thaw frozen food at room temperature.
Food for infants and young children should ideally be freshly prepared and not stored at all after cooking.

Use safe water and raw materials

Use safe water or treat it to make it safe.
Choose fresh and wholesome foods.
Use pasteurised milk.
Wash fruits and vegetables in safe water, especially if eaten raw.
Do not use food beyond its expiry date.

¹⁴ Adapted from Food Safety Unit, WHO, Geneva 2001 WHO/SDE/PHE/FOS/01.1

Is it Clean and Safe?



Clean hands

Clean Utensils

Safe water and food

Safe storage

Session 10

Skills of Giving Information (1)

Session Ten: Skills of Giving Information (1)

In this session we will:

- review the counselling skills used to offer information to caregivers.

Just giving more information or telling a family what they *should* do may not help them to change their practices. You need to listen to them and then discuss practices that they could use in their particular situation.

Give practical help. One way of giving practical help is to show a caregiver new skills to prepare foods or new ways of feeding the young child.

Telling a mother how to do something is good but it may not be enough; it is better to show how to do it also. Helping someone to do a new practice themselves is the best way to build their confidence in the new practice.

Give a little relevant information. Try to *limit your information* to two or three things at a time so that the person is not overwhelmed.

It is a skill to be able to listen to the caregiver and choose just two or three pieces of the most relevant information to give at this time.

Use simple language. Give information in a way that it is *easy for a person to understand*. Use simple, everyday words that she/he already knows.

Give information in a *positive way*, so that it does not sound critical, or make the caregiver think that she/he has been doing something wrong.

The two participants who prepared will give **Demonstration 10/1**. One is the health worker and one is the caregiver (name).

Demonstration 10/1: Giving information A

Room setting: The health worker is sitting at a desk and (name) comes into the room. The health worker offers her/him a seat with the desk between them.

Health worker:	Good morning (caregiver's name). What can I do for you today?
Caregiver:	I wanted some information on what foods to give my baby, now that she/he is six months old.
Health worker:	I'm glad that you asked. Well now, the situation is this. Most children need more nutrients than breast milk alone when they are six months old because breast milk only has less than one milligram of absorbable iron and breast milk only has about 450 calories, so less than the 700 calories that are needed. The Vitamin A needs are higher than are provided by breast milk, also the zinc, and other micronutrients. However, if you add foods that aren't prepared in a clean way it can increase the risk of diarrhoea and if you give too many poor quality foods the child won't get enough calories to grow well.

Trainer comments

Participants then continue the demonstration.

Caregiver:	So, what foods should I give my baby?
Health worker:	You could give many foods. You could give a thick porridge; you could give mashed fruits and vegetables, maybe some beans, adding a bit of pureed meat helps the baby to grow, and any other animal foods you have available, and of course, continue breastfeeding.

Trainer comments

Caregiver: (confused)	What do you mean - pureed meat?
Health worker:	You might be able to get special foods prepared for babies just starting to eat but I don't know if they are in the shops around you or how much they cost.

Trainer comments

Caregiver:	I don't understand.
Health worker:	Now, you may find it hard to understand all this, and I know your last child didn't grow well, so if I were you, I would do the following

Trainer comments

The two participants who prepared give **Demonstration 10/2**. One person is the caregiver (name), and the other person is a health worker.

Demonstration 10/2 Giving information B

Room setting: The health worker is sitting at a desk and the caregiver comes into the room. The health worker offers her a seat the same side of the desk.

Health worker:	Good morning (name). How can I help you?
Caregiver:	I wanted some information on what foods to give the baby, now that she/he is six months old.
Health worker:	You are wondering about what is best for your baby. It is sensible of you to come and talk about it.
Caregiver:	Thank you – yes I am confused – my sister said that I should only give very thin soups but her baby doesn't grow well, so I don't know if I should listen to her.

Trainer comments

Health worker:	Many families do use thin soups. However, as you have noticed the baby doesn't grow well. Foods that are thick enough to stay easily on the spoon, such as a thick porridge or some of the foods that you are eating mashed, give the baby more to grow on.
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Trainer comments

Caregiver:	I will try to give those thick foods for my baby. I want my baby to grow big and fat.
Health worker:	You want your baby to grow well. Well, we can start by looking at the different foods you might feed your baby and some suggestions on how to feed them. Would that help you?

Trainer comments

Make one or two suggestions, not commands. When you give a command, you are telling a caregiver that you know best what she/he should do. When you give suggestions, you are allowing her/him to make their own decisions.

After you have given a caregiver some information and suggestions give him/her time to think about what you have said. Offer him/her another time to talk with you or refer him/her to someone with more experience if necessary.

BOX 10.1: Make suggestions, not commands

Commands use the imperative form of verbs (*give, do, bring*) and words like *always, never, must, should*.

Suggestions include:

Have you considered....?

Would it be possible....?

What about trying ... to see if it works for you?

Would you be able to?

Have you thought about...? Instead of....?

You could choose between ... and.... and..

It may not suit you, but some families ..., a few families...

Perhaps.... might work.

Usually Sometimes Often....

Session 11

Skills of Giving Information (2)

Session Eleven: Skills of Giving Information (2)

In this session we will:

- review the counselling skills of checking understanding and arranging follow-up to use when talking with caregivers.

Checking understanding

Listening and learning from the caregiver, offering praise, information and suggestions are still not enough. You need to discuss the suggestions with the caregiver so he/she can decide on a course of action. Your suggestion does not automatically become what the caregiver will do.

Often you need to check that the caregiver understands a practice or action they plan to carry out. Ask open questions to find out if further explanation is needed. Avoid asking closed questions, because they suggest the answer and can be answered with a simple yes or no. They do not tell you if the caregiver really understands.

Checking understanding also helps to summarize what you have talked about.

The two participants who have prepared to give **Demonstration 11/1**. The trainer will make comments after each example.

DEMONSTRATION 11/1 Checking questions

Health worker:	Now, (name), have you understood everything that I've told you?
Caregiver:	Yes, ma'am.
Health worker:	You don't have any questions?
Caregiver:	No, ma'am.

Comment by trainer: This caregiver would need to be very determined to say that she/he had questions to this health worker.

Let us hear this again with the health worker using good checking questions.

Health worker: (checking question)	Now, (name), we talked about many things today, so let's check everything is clear. What foods do you think you will give (child's name) tomorrow?
Caregiver:	I will make her/his porridge thick.
Health worker: (checking question)	Thick porridge helps her/him to grow. Are there any other foods you could give, maybe from what the family is eating?
Caregiver:	Oh yes. I could mash some of the rice and lentils we are having and I should give her/him some fruit to help her/his body to use the iron in the food.
Health worker: (checking question)	Those are good foods to give your child to help her/him grow. We talked about animal are special foods for children. Could you give some animal foods?
Caregiver:	Well, I know it is good. I will try to give some animal foods but it is difficult sometimes.
Health worker: (reflect)	Yes, it can be difficult. Even a spoonful or two of animal foods will help. How many times a day will you give food to (name)?
Caregiver:	I will give her/him something to eat five times a day. I will give her/him thick porridge in the morning and evening, and in the middle of the day, I will give her/him the food we are having. I will give her/him some fruit or bread in between.
Health Worker:	You've chosen well. Young children need to eat often. Would you come back to see me in two weeks to see how the feeding is going?
Caregiver:	Yes, ok.

Trainer comments

If you get an unclear response, ask another checking question. Praise the caregiver for correct understanding or clarify your advice as necessary.

Arrange follow-up or referral

All children should receive regular visits to check their general health and feeding. If a child has a problem that you are unable to help with, you may need to refer him or her for more specialized care.

Follow-up is especially important if there has been any difficulty with feeding, or any major change in the feeding methods. Ask the caregiver to visit the health facility within two weeks for follow-up. This follow-up includes checking what foods are used and how they are given, checking the child's weight, general development and care. The follow-up visits also give an opportunity to praise and reinforce practices thus building the caregiver's confidence, to offer relevant information and to discuss suggestions as needed.

We now have two more skills for our list:

- **Check that the caregiver understands** the information you have given, answer any questions; and explain further if necessary.
- **Arrange for follow-up or referral** as needed.

<p>Giving Information</p> <p>Praise Inform Suggest Check understanding Arrange follow-up</p>

The two participants who have prepared to give **Demonstration 11/2**.

Demonstration 11/2: Giving Information

<p>Health worker Praise <i>Inform</i> <i>Suggest</i></p>	<p>Thank you (name) for telling me about (child's name)'s eating. You give him a good variety of foods – fruit, some meat, green vegetables and rice. Those foods will help (child name) grow well.</p> <p>Now that (child name) is a year old, he/she may need to eat more food at each mealtime.</p> <p>If you gave (child name) a few more spoons of the meat, vegetables and rice, enough to make a full bowl, do you think he/she would eat it?</p>
<p>Caregiver</p>	<p>I'm not sure. It seems a lot of food to give a young child. Does he/she really need that much food?</p>
<p>Health worker <i>(reflect)</i> <i>Inform</i> <i>Suggest</i></p>	<p>It seems to you like a lot of food for a young child. (Child name) is growing very fast at this age. To grow well, children need plenty of food.</p> <p>Could you try giving a full bowl of food three times a day to (child's name)?</p>
<p>Caregiver</p>	<p>But what if he/she didn't eat it all? I don't have extra food to waste.</p>
<p>Health worker <i>(reflect/empathize)</i> <i>Suggest</i></p>	<p>You are worried about wasting the food if it isn't eaten. What about increasing the amount slowly – adding one or two extra spoonfuls each day until it is a full bowl?</p>

Caregiver	I could try that. Then I would see if he/she ate it without wasting it.
Health worker <i>Praise</i> <i>Check understanding</i>	That's a good idea. So what would you put in the bowl each time?
Caregiver	I'll put a bit more food in each day until he/she is eating a full bowl three times a day.
Health worker <i>Praise</i> <i>Arrange Follow-up</i>	Exactly Can you try it for two weeks and then come back and tell me how it went?
Caregiver	Ok, I'll do that.

Session 12

Field Trip 2

Session Twelve : Field Trip 2

In this session you will:

- practise gathering information about the feeding of young children by using the counselling skills and the Food Intake Tool to find out what an individual child eats; and
- practise using your counselling skills to offer information to a caregiver.

In this field trip, you will both gather information as you did in the previous field trip and also offer information on complementary feeding practices using the skills you have practised in the previous sessions.

If you meet a child who is ill or has a major feeding difficulty, encourage the caregiver to bring the child to the local health centre. Do not offer suggestions for the treatment of an ill child.

When you talk with a caregiver:

- Introduce yourself to the caregiver and ask permission to talk with her/him. Introduce your partner.
- Try to find a chair or stool to sit on, so you are at the same level as the caregiver.
- Practise as many of the counselling skills as possible as you gather information from the caregiver using the Food Intake Tool. Listen to what the caregiver is saying and try not to ask a question if you already have been told the information. Fill out the Food Intake Tool as you listen and learn from the caregiver.
- Use the information you have gathered and then
 - try to **praise** two things that are going well.
 - offer the caregiver two or three pieces of relevant **information** and offer two or three **suggestions** that are useful at this time.
- Be careful not to give a lot of advice.
- Answer any questions the caregiver may ask as best you can. Ask your trainer for assistance if necessary.

The observer can:

- mark a ✓ on the Counselling Skills Checklist for every skill that she/he observes her/his partner practising. Remember to observe what your partner is doing rather than thinking about what you would say if you were talking to the caregiver.

When you have finished talking with a caregiver, move away and briefly discuss with your partner and trainer what you did and what you learnt – what practices you praised, what feeding problems you noticed, information and suggestions that you offered, and counselling skills used.

Then find another caregiver and repeat the exercise swapping roles with your partner.

Discuss the field practice

General Questions

- How did your practice go? What did you do well? What difficulties did you have?
- Was the caregiver willing to talk? Did he/she seem to enjoy talking with you?
- Did the caregiver ask any questions? How did you respond?
- What was the most interesting thing that you learnt from the caregiver?
- Was there any special difficulty or situation that helped you to learn?
- How was this field trip compared to the first field trip?

Counselling Skills

Both the participant and the observer comment.

- How many of the counselling skills were you able to use (especially praise two things and give two pieces of relevant information)?
- Where some skills difficult to use?
- What was the caregiver's reaction? How did she/he participate? What was the caregiver's response to your suggestions?
- How did the process of praise, inform, suggest work? Was it hard to remember not to give a command or tell the caregiver what she/he *should* do?

FOOD INTAKE REFERENCE TOOL

Feeding Practice	Ideal Feeding Practice	Key Messages to help counsel caregivers
Does child receive breast milk?	Yes.	Breastfeeding for two years of age or longer helps a child to develop and grow strong and healthy.
Did child eat sufficient meals of thick consistency for his/her age yesterday?	Three meals.	Foods that are thick enough to stay in the spoon give more energy to the child.
Did child eat an animal product yesterday? (meat/fish/offal/bird/eggs)?	Animal foods should be eaten daily.	Animal foods are specially good for children to help them grow strong and lively.
Did child eat a dairy product yesterday?	Try to give dairy products daily.	Animal products are specially good for children
Did child eat pulses, nuts or seeds yesterday?	If meat is not eaten pulses or nuts should be eaten daily, with an iron enhancer such as a vitamin C rich food.	Peas, beans, lentils and nuts and seeds are good for children.
Did child eat a dark green or orange vegetable or orange fruit yesterday?	A dark green or orange vegetable or orange fruit should be eaten daily.	Dark green leaves and orange coloured fruits and vegetables help the child to have healthy eyes and fewer infections
Did child eat sufficient number of meals and snacks yesterday, for his/her age?	Child 6 to 8 months: three meals Child 9 to 23 months: three meals and 1 to 2 snacks.	A growing child needs three meals plus snacks: give a variety of foods.
Was quantity of food eaten at main meal yesterday appropriate for child's age? (Use household measure)	Child 6 to 8 months: gradually increased to approx. 2/3 cup at each meal Child 9 to 11: approx. 3/4 cup at each meal. Child 12 to 23 months: approx. a full cup at each meal.	A growing child needs increasing amounts of food.
Does caregiver assist the child at mealtimes?	Yes, assists with learning to eat.	A young child needs to learn to eat: encourage and give help... with lots of patience.
Does child take any vitamin or mineral supplements?	Vitamin and mineral supplements may be needed if child's needs are not met by food intake.	Explain how to use vitamin and mineral supplements if they are needed.
Is the child ill or recovering from an illness?	Continue to eat and drink during illness and recovery.	Encourage the child to drink and eat during illness and provide extra food after illness to help them recover quickly.

WORKSHEET 12.1 Food Intakes and Counselling for each Group

Caregivers Practices	Practice in place	Informed/Suggested
Child receives breast milk?		
Child eats three meals of thick consistency yesterday?		
Child ate an animal product yesterday (meat/fish/offal/bird/eggs)?		
Child ate a dairy product yesterday?		
Child ate pulses or nuts yesterday?		
Child ate a dark green or orange vegetable or orange fruit yesterday?		
Child eats sufficient number of meals and snacks yesterday, for his/her age?		
Quantity of food eaten at main meal yesterday appropriate for child's age?		
Caregiver assists the child at meals times?		
Child takes any vitamin or mineral supplements?		
Child ill and not eating?		

Total the numbers for each box/practice.

Mark the two most frequent recommendations that they found in place and the two recommendations that they gave information and suggestions on most frequently.

COUNSELLING SKILLS CHECKLIST 2

Listening and Learning Skills

- Use helpful non-verbal communication
- Ask open questions
- Use responses and gestures that show interest
- Reflect back what the caregiver says
- Empathize – show that you understand how she/he feels
- Avoid words that sound judging

Building Confidence and Giving Support Skills

- Accept what a caregiver thinks and feels
 - Recognize and praise what a caregiver and child are doing right
 - Give practical help
 - Give relevant information
 - Use simple language
 - Make one or two suggestions
 - Check understanding
 - Arrange follow-up
-

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Session 13

Feeding During Illness and Recovery

Session Thirteen : Feeding During Illness and Recovery

In this session we will look at:

- the importance of continuing to feed a child during illness;
- ways of encouraging children to eat during illness and recovery; and counselling caregivers on appropriate feeding practices during illness.

Why children need to continue to eat during illness

During infections, the child needs more energy and nutrients to fight the infection. If they do not get extra food, their fat and muscle tissue is used as fuel. This is why they lose weight, look thin and stop growing.

The goal in feeding a child during and after illness is to have him/her return to the growth he/she had before illness.

Key Message 10

Encourage the child to drink and to eat during illness and provide extra food after illness to help them recover quickly.

Feeding during illness

Sick children often need *extra* drinks and food during illness – for example if they have fever or diarrhoea. A sick child may prefer breastfeeding to eating other foods. Do not withhold food from a sick child.

WORKSHEET 13.1 SUGGESTIONS FOR FEEDING DURING ILLNESS

Illness/ Condition	Suggestion
Child's mouth or throat is sore	
Child has a blocked nose	
Child has fever	
Child has chest infection or cough	
Child has diarrhoea	
Child is vomiting	
Child is sleepy	

Feeding the child who is ill

Encourage the child to drink and to eat – with lots of patience
Feed small amounts frequently
Give foods that the child likes
Give a variety of nutrient-rich foods
Continue to breastfeed

Signs that the ill child needs referral

Signs to watch for and seek early treatment include:

- sick and not feeding and refusing drinks;
- repeated vomiting;
- very frequent loose watery stools that do not respond to home treatment;
- marked thirst, dry lips, no tears, dehydration;
- blood in the stools;
- fast or difficult breathing;
- very sleepy, difficult to wake;
- not getting better from any illness on home care;
- weight loss that is not corrected by attention to feeding practices.

If it is not part of your job to treat an ill child, know where to refer a child for treatment.

Feeding during recovery

A child's appetite may be poor during illness. Even with encouragement to eat, the child may not eat well. The child's appetite usually increases after the illness so it is important to continue to give extra attention to feeding after the illness. This is a good time for families to give extra food so that lost weight is quickly regained. This allows 'catch-up' growth.

Young children need extra food until they have regained all their lost weight and are growing at a healthy rate.

Feeding during recovery

Feed an **extra** meal
Give an **extra** amount
Use **extra** rich foods
Feed using **extra** patience and love
Give **extra** breastfeeds

Talk with the family about ways that these extra needs can fit in best with their household. They may:

- feed more frequently, give an *extra meal* or nutritious snack between meals;
- give an *extra amount* at each meal if the child's appetite is good;
- use foods that are *extra rich* in energy and nutrients such as animal products, fruits and margarine or oil;
- encourage the child to eat using *extra patience and love*;
- continue to breastfeed and give *extra breastfeeds* if the child is not eating.

Counselling about feeding during and after illness

When you are talking with a family of a sick child, first find out what they do already. Many families know a lot about feeding sick children. They know what foods their child likes and how to encourage their child to eat.

You can use your listening and learning skills to find out what the child is eating and drinking during the illness. The Food Intake Tool is also a tool to help you gather information on feeding practices during illness.

The main information you need is:

- Breastfeed?

*How many times during the day does your child breastfeed?
Does the child also breastfeed at night?*

- Take any other foods or fluids yesterday?

*What foods did your child take yesterday?
How many times during the day did he/she eat some food?
How much did he/she eat of these foods?
What fluids/drinks did your child take yesterday?
How many times did he/she have a drink?*

- Different types of foods?

Were the foods you gave him/her thinner or thicker than usual?

- Feeding techniques?

*Can you tell me about the feeding of your child? Who feeds the child?
How does your child eat?*

- During this illness, has the child's feeding changed? If yes, how?

Can you tell me if your child's feeding has changed during this illness?

Praise and encourage helpful practices the family are using.

Limit the information you give to what is relevant at this time. Families may be over-tired and stressed if their child is ill. It may be difficult for them to take in large amounts of information.

Discuss what foods the child can eat and drink. If the child can only eat small amounts, suggest foods that can be prepared easily and are both nutrient-rich and easy for the child to eat.

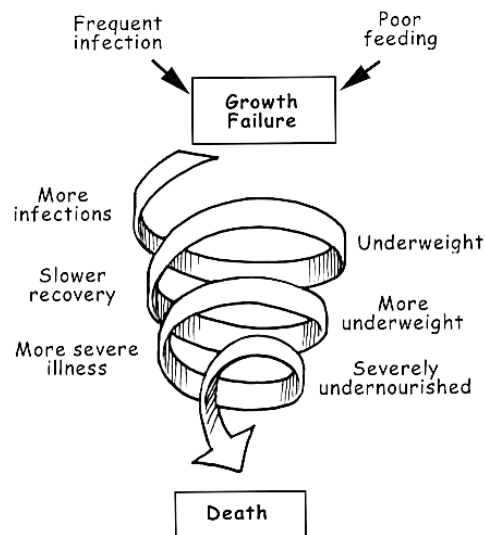
A child who is ill or malnourished may not respond to his/her caregiver and the caregiver may find it difficult to continuing giving care without response. Show that you understand that it can be difficult to feed an ill child. Praise the caregiver for continuing to try the various feeding techniques.

After the child is past an acute stage of the illness, you can talk in more detail with the caregiver about how the child eats.

Feeding issues for children who are HIV-infected

Any infectious disease will have an affect on a child's nutritional status. In addition, nutritional deficiency will reduce the ability to fight infection.

In a healthy child, the immune system protects the child from damage by the infections that are generally around us. The child who is HIV-infected has a suppressed immune system and thus has difficulty in resisting infections.



WORKSHEET 13.2 Feeding Care for Children who are HIV-infected

Aim	Message
Improve feeding practices	
Build-up body stores of nutrients	
Prevent or slow weight loss	
Prevent food-borne illness	

Good care and treatment can improve the quality of life for children with HIV.

In the next stage, the symptomatic stage, care includes managing feeding problems associated with:

- on-going loss of appetite and nausea;
- sore mouth or throat;
- recurrent acute infections;
- diarrhoea and poor absorption of fat and other nutrients; and
- extra feeding during periods when the child is feeling well.

When secondary infections become chronic, muscle and organ breakdown occurs with wasting-related symptoms. Further treatment of the illness may not be possible. At this stage, nutrition care and support is used to ease symptoms and make the child comfortable in the final stages of the disease.

Session 14

Food Demonstration

To teach a new skill or behaviour, you could:

- tell the caregiver how to do it - this is good.
- have the caregiver watch while you talk and prepare the food – this is better.
- help the caregiver actually prepare the food themselves – this is the BEST method.

Session Fourteen: Food Demonstration

In this session you will:

- **prepare a plate of food suitable for a young child;**
- **explain why you have chosen these foods; and**
- **learn how to conduct a food demonstration with a caregiver.**

BOX 14.1 QUANTITIES OF FOODS TO OFFER A YOUNG CHILD FOR A MEAL

Age	Texture	Frequency	Amount at each meal	Local measure
from 6 months	Soft porridge, well mashed vegetable, meat, fruit	Two times per day plus frequent breastfeeds	2 to 3 tablespoonfuls	
7 to 8 months	Mashed foods	Three times per day plus frequent breastfeeds	increasing gradually to 2/3 of a 250 ml cup at each meal	
9 to 11 months	Finely chopped or mashed foods, and foods that baby can pick up	Three meals plus one snack between meals plus breastfeeds	3/4 of a 250 ml cup/bowl	
12 to 24 months	Family foods, chopped or mashed if necessary	Three meals plus two snacks between meals plus breastfeeds	A full 250 ml cup/bowl	

Worksheet 14.1 Preparing a Young Child's Meal

Group:		
Task	Achieved	Suggestions
Mixture of foods:		
Staple		
Animal food		
Bean / pulse <i>plus</i>		
Vitamin C fruit or vegetable		
Dark green vegetable or orange coloured fruit or vegetable		
Consistency		
Amount		
Prepared in a clean and safe manner		

Key Messages:

1. _____

2. _____

Watching a demonstration is useful. However, it is easier to remember a new skill if the caregiver actually prepares the food her/himself.

How you assist the caregiver to learn is important. Your counselling can also be used when helping a caregiver to learn a new skill.

You can use your skills to:

- use open questions to find out if the caregiver understands;
- avoid judging words and sounding critical, and praise the caregiver;
- explain things in a simple and suitable way to help her/him understand.

Two participants have been asked to give **DEMONSTRATION 14/1**, one as the health worker and one as the caregiver. They should both stand at the same side of the table facing the rest of the group. A small selection of food and the equipment listed is on the table or beside it. Have the food and equipment clean and covered with a clean cloth.

DEMONSTRATION 14/ 1: SUPPORTIVE TEACHING²⁸

□ The trainer introduces the story:

(Caregiver name) has talked the health worker a few days ago about her/his 10-month old baby. (Child's name) grew well for the first six months but his/her weight gain has slowed down since then. The health worker gathered information by observation, listening and learning.

The health worker discussed (child's name) feeding and praised good practices. The health worker gave some information on two *key messages* and offered some suggestions on putting two new practices into place – to offer food frequently and to offer a larger amount each time.

Today the health worker has called at the home of (caregiver's name) to help her/him learn more about foods and amounts to offer (child's name). The health worker asked (caregiver's name) to keep some of the food from the family meal.

²⁸ Adapt foods as needed to reflect local foods used.

Health worker:	Good morning (caregiver name). How are you and (child's name) today?
Caregiver:	We are well, thank you.
Health worker:	A few days ago, we talked about feeding (child's name) and you decided you would try to offer (child's name) some food more often. How is that going?
Caregiver:	It is good. One time she/he had about a half of a banana. Another time she/he had a piece of bread with some butter on it.
Health worker:	Those are good foods to give her/him between meals to help him/her grow. Now, today we want to talk about how much food to give (child's name) at each meal.
Caregiver:	Yes, it is hard to picture the amount you suggested without seeing the real food we have.
Health worker:	It can be hard. Do you use a particular bowl to feed (child's name)?
Caregiver:	We usually use this bowl (shows a bowl – about 250 ml size). ²⁹
Health worker:	(Child's name) So, if you use this size bowl, you would need to fill it at least ¾ full at each meal.
Caregiver:	Oh, that is a lot more than he/she is eating at the moment.
Health worker:	(Child's name) is growing very fast at this age so he/she needs increasing amounts of food.
Caregiver:	What foods do I use?
Health worker:	You have some of the food here from the family meal today. Let us see what foods we could choose that would help (child's name) to grow (uncovers food). (Child's name) will eat the food when he/she wakes up from his/her sleep. Therefore, we need to be clean with the preparation.
Caregiver:	Yes, I have some water here (washes hands with soap and dries them on clean cloth).
Health worker:	Clean preparation helps keep (child's name) healthy. What could you start with for the meal?
Caregiver:	I guess we would start with some rice (staple) (puts in three large spoonfuls).

²⁹ If a different size cup or bowl is used, adjust the text according. If a smaller cup is used, it will need to be a full cup. If a larger cup is used, it may only need to be a half or three-quarters full. See amounts in **BOX 14.1**.

Health worker:	Yes, the rice would fill much of the bowl. Animal foods are good for children – is there some you could add to the bowl?
Caregiver:	I kept a few pieces of fish from our meal (puts in one large spoonful)
Health worker:	Fish is a good food for (child's name). He/she does not need a lot of animal food. A spoonful or two every day or as often as possible, helps him/her to grow well.
Caregiver:	Does he/she need some vegetables too?
Health worker:	Yes, dark green or orange vegetables help (child's name) to have healthy eyes and fewer infections. What vegetables could you add?
Caregiver:	Some spinach (puts in one large spoonful)?
Health worker:	Spinach would be a good dark green vegetable. One spoon would bring the bowl to nearly full.
Caregiver:	Oh, that isn't hard to do. I could do that each day. Three spoons of rice , a spoon of an animal food and some dark green or orange vegetables so the bowl is nearly full.
Health worker:	Yes, you are able to do it. You can make a meal that will help (child's name) grow well. Now, what about his/her morning meal?
Caregiver:	I can give some porridge, with milk and a little sugar. I know that.
Health worker:	That's right. How much will you put in the bowl?
Caregiver:	Until it is at least $\frac{3}{4}$ full.
Health worker:	Yes. So, that is his/her morning meal, and the main meal with the family. (Child's name) needs three meals each day. So what else could you give?
Caregiver:	Well, he/she could have some banana or some bread like I said before.
Health worker:	Those are good foods to give between meals as extra foods. (Child's name) needs at least $\frac{3}{4}$ full bowl of food three times a day as well.
Caregiver:	Oh, I don't know what else to give him/her.
Health worker:	Your family has a meal in the middle of the day. What do you eat in the evening?
Caregiver:	Usually there is a pot of soup with some beans and vegetables in it. Could I give him/her that?

Health worker:	Thick foods help him/her to grow better than thin foods like soup. Could you take out a few spoons of the beans and vegetables and mash them for (child's name)?
Caregiver:	Yes, I could do that easy enough. And maybe soak some bread in the soup if he wanted more to eat?
Health worker:	Yes, those are very good ideas. So, how much will you put in (child's name) bowl each meal?
Caregiver:	I will fill it at least $\frac{3}{4}$ full.
Health worker:	Very good. And how often each day will you give him/her some food?
Caregiver:	Three times in the day, I will give a bowlful of food and also some extra food between meals.
Health worker:	Exactly. You know how to feed (child's name) well. Will you bring (child's name) back to the health centre in two weeks so we can look at his/her weight?
Caregiver:	Yes, I will. With all this food, I know he/she will grow very well.

Remember to use the counselling skills when you teach a caregiver. This *supportive teaching* can help to build her/his confidence as well as making it easier for her/him to learn.

Whenever possible, let the caregiver prepares the food her/himself, with the support of the health worker, until she/he is confident and competent. Watching a health worker prepare foods is not enough, particularly if there is a problem with the child's weight gain or feeding.

The health worker in our demonstration could also stay and observe *how* the caregiver fed the child.

Planning guide for a group demonstration of the preparation of young children's food

Gather the equipment and materials

Cooked food for the preparation.
Plates and utensils for the preparation.
Utensils for caregivers and infants to taste the preparation.
Table on which to prepare the food.
Facilities for washing hands.

Review objectives of the demonstration

1. Teach caregivers how to prepare a simple and nutritious food for young children using local ingredients (to learn through doing).
2. Demonstrate to caregivers the appropriate consistency (thick) for these foods.
3. Demonstrate the taste and acceptability of the food preparations for caregivers and young children.

Decide on the *key messages*

Select one to three key messages to say to caregivers (see Key Messages, inside back cover)
Follow each message with a checking question (a question that you cannot answer with a simple yes or no).

For example:

1. Foods that are thick enough to stay in the spoon give more energy to the child.

Checking question: What should the consistency of foods be for a small child?
(Answer: thick, so the food stays in the spoon).

2. Animal foods are specially good for children, to help them grow strong and lively.

Checking question: What animal food could you give your child in the next two days?
(Answer: meats, fish, egg, milk, cheese – these are special foods for the child).

3. A young child needs to learn to eat: encourage and give help...with lots of patience.

Checking question: How should you feed a child learning to eat?
(Answer: with patience and encouragement)

Give the participatory demonstration**Thank the caregivers for coming.**

Present the recipe that will be prepared.

Hold up each of the ingredients. Mention any ingredients that can be easily substituted, for example oil for butter, powdered milk or tinned milk (unsweetened) for fresh milk, or cooking water or boiled water if no milk is available.

Invite at least two caregivers to prepare the food. If possible, have enough ingredients to have 2 to 3 pairs of caregivers to participate in the preparation, each pair working with their own plate of ingredients and utensils.

Talk the caregivers through each step of the preparation, for example:

- Wash hands;
- Mashing a potato or _____ ;
- Adding the correct quantity of fish or egg, etc.;
- Adding correct quantity of milk or water.

Point out the consistency of the preparation as the caregivers are making it, and demonstrate with a spoon when they are finished.

Reinforce the use of local inexpensive and nutritious ingredients, especially using foods from the family pot.

Ask the caregivers if they would have difficulty in obtaining any of the ingredients (suggest alternatives). Ask the caregivers if they could prepare the food in their household.

Offer food preparations to taste

Invite the caregivers who prepared the food to taste it in front of the rest and give their opinion (use clean spoons).

Invite all the caregivers to taste the preparation and to give it to their small children (who are at least six months old). Use a clean spoon for each child.

Use this time to stress the key messages you decided to use when planning the demonstration.

Ask Checking Questions

What are the foods used in this recipe? Wait for responses.
Then the health worker reads out the list of the foods again.

Ask the caregivers when they think they can prepare this food for their young child (e.g. tomorrow.)

You may repeat the key messages and checking questions again.

Conclude Demonstration

Thank the caregivers for coming and participating.

Ask the caregivers to share their new knowledge of preparing this food with a neighbour who has small children.

Invite caregivers to visit the health facility for nutrition counselling and growth checks.

Recipes for food demonstration - fill in the food and the amount needed

Recipe 1

Family food for a 10 months old child's main course (about $\frac{3}{4}$ cupful).³⁰

Staple: _____

Meat or fish or
beans: _____

If using beans or egg instead of meat, include a source of vitamin C to help iron
absorption: _____

Dark green or orange vegetable: _____

Milk or hot boiled water or soup water if milk is not available: One tablespoon (large
spoon)

Wash hands and use clean surface, utensils and plates.

Take the cooked foods and mash them together.

Add the oil or margarine and mix well.

Check the consistency of the mashed food with a spoon – it should stay easily on the
spoon without dripping off.

Add the milk or water to the mashed foods and mix well. Only add a small amount of
milk or water to make the right consistency.

Recipe 2

Family food for a 15 months old child's main course (at least a full cup)

Staple: _____

Meat or fish or
beans: _____

If using beans or egg instead of meat, include a source of vitamin C to help iron
absorption: _____

Dark green or orange vegetable:

Oil or margarine: 1 teaspoon (small spoon)

Wash hands and use clean surface, plates and utensils.

Take the cooked foods cut them into small pieces or slightly mash them together
(depending on the child's age). Add the oil or margarine and mix well.

³⁰ Using a cup/bowl that holds 250 ml

Session 15

Introduce Sustainable Practices in Your Health Facility

Sustain – to keep something going into the future.

Session Fifteen : Introduce Sustainable Practices

In this session we will look at:

- **the stages of change that people go through in accepting new ideas;**
- **the value of sustainable practices; and**
- **developing a plan to share your knowledge and skills with your co-workers so they can actively assist families in optimal complementary feeding practices.**

Stages of Change

People may say:

Stage 1. "There is no problem."

Stage 2. "There is a problem, but it is not my responsibility."

Stage 3. "There is a problem, but I have doubts about ..."

Myself

Other people

Change itself

Stage 4. "There is a problem, but I am afraid of the risk."

Stage 5. "I see the problem. I want to try to find possible solutions. "

Stage 6. "We believe we can do it."

Stage 7. "We can do it, and obstacles will not stop us."

Stage 8. "We were successful. Now we want to show the results to others."

Stages of Change

The first step to making a change is the recognition that a change is needed.

Sometimes people may be aware of the need to change but do not think it is their responsibility, or they do not believe the change is possible, or they are afraid of the risks the changes may involve.

DEMONSTRATION 15/1 : Early Stages of Change

Stasha	Quite a few of the babies I saw this month were not growing well. I wonder if we should do something about this.
Joe (No problem)	I do not think we saw more underweight babies than normal – there will always be some babies that are underweight.
Mari (not my responsibility)	The babies do not grow well because the parents do not feed them the way we tell them to. If they do not listen, what else can we do?
Simon (doubts about change)	Yes, there seemed to be many underweight babies recently. But, I do not see how we can do anything about it.
Liz (afraid of risk)	Oh, Stasha, do not get any more ideas! We have enough work as it is.

This demonstration will continue later in the session.

At different times, individuals may move both forward and backward through these stages of change. When you can recognize what stage you or another person is at, then you can select approaches to address that stage of change. This is similar to listening to the caregiver and choosing a small amount of specific and relevant information to meet the need at that time.

Planning for Change

Commitment to making a change is necessary. However, a practical aspect that is sometimes neglected is to make a plan to carry out the action that will result in the change.

A plan helps to focus the project activities towards the goal. It can form a timetable to keep the project moving forward. It can also assist in setting a budget and to obtain funding.

When you develop a plan, you are working towards the new change becoming a sustainable practice.

Developing a Plan – Step One

Where are we now?



What is the current situation? What is going well and can be reinforced? What are barriers or difficulties in adopting appropriate complementary feeding practices?

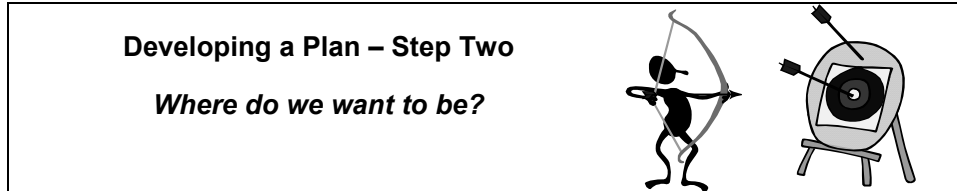
DEMONSTRATION 15/2 : Where are we now?

Stasha	Let's think about what really happens when a caregiver comes to our clinic with a young child. Where do they go? Whom do they see? What is said to them? Then we would have an idea if there was a problem or not.
Simon	Isn't that what they told you on that course? To know where you are at present?
Liz	Oh, more work for us! How could we count them?
Stasha	We already weigh the children when they come. But what do we do then? Do we talk with the caregiver about feeding practices? Does this happen with all the children? What if at the next clinic we put a tick mark on a page next to the scales for every time we talked with a caregiver about feeding their young child? Would that be too much work?
Liz	Well, that would be ok.
Simon	What do you mean by 'talked with'? I usually say to "make sure to feed your child enough," to most of the caregivers I see. Is that counted as talking about feeding?
Liz	No, that is just telling them what to do. It isn't talking with them about feeding practices. I ask them what foods they give and suggest giving more animal foods.
Simon	So, we may be talking to some of the caregivers but we may all be saying different things?
Stasha	We all need to have the same information so caregivers are not confused. In the course, we also learnt about the importance of listening to the caregiver and choosing information that is relevant to that particular situation.
Liz	That makes sense. No one really takes notice of information that doesn't apply to them.
Stasha	We have decided that we do talk about complementary feeding practices but that we need to look at <i>what</i> we say and <i>how</i> we say it to caregivers.
Simon	Not everyone is here today. I'll ask Joe and Mari about what they say to caregivers about complementary feeding.

This demonstration will continue later in the session.

It is important look at *what* was said and *how* it is said so that the information is useful, consistent and does not conflict.

Include other people who may not be present at a planning meeting in activities.



Set a target that is specific, measurable, achievable/realistic, relevant and with a time limit.

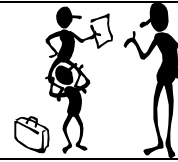
DEMONSTRATION 15/3 : Where do we want to be?

Liz	Ok, now we have talked to all the staff about what they say. There is a lot of different information and practices around! What do we do next?
Stasha	Well the next step was to decide where we want to be. What if first we aim for all those key messages from the course to be known by all the health workers?
Simon	Could we achieve that goal? What about if we picked two of the key messages that we think are most important in this area? What if everyone knew them and knew to always use them when talking with caregivers?
Liz	That seems more realistic. Let's do it.
Stasha	Is it <i>always</i> realistic? What if we aimed for talking about the key messages with 50% of the caregivers?
Simon	Yes, that might work. We need to set a timeline too. Wait a minute.
Liz	Could we have all the health workers knowing the two key messages one month from now? And then, that they were using them three months from now?
Stasha	Those dates seem realistic. We have more work to do though. Now that we have set our goal, we have to decide what we will need to do to reach our goal.

This demonstration will continue later in the session.

Developing a Plan – Step Three

How will we get there?



DEMONSTRATION 15/4 : How will we get there?

Stasha	First, we need to make sure the staff are all saying the same thing. It will be my task to hold a session with all the clinic staff to explain the project and the two key messages that we are starting with. I'll schedule a meeting for next week, Tuesday afternoon seems best.
Simon	I will be responsible to organize the posters with the key messages to be put up on the walls in the clinic. I will do them this week so we can show them at the staff meeting and then put them on the walls.
Liz	And I will take responsibility to ask all the health workers to see if they know the two key messages. I was thinking of asking them two weeks after the meeting and then at the end of the month.
Stasha	That sounds good. So, is that everything we need to do for the first step?
Simon	Yes, we have a person for each job and a date so they do not get pushed further away when we are busy. Let's go tell the others about the meeting and make the key message posters.
Liz	Wait. We also have to discuss the way the health workers talk with the caregivers. It is not enough that they just tell the caregivers what they should do. They need to talk about the key message to see how the caregiver can put it into practice.
Stasha	Yes, that is a good point. We will need to schedule some smaller sessions with the health workers to practise their counselling skills. Simon, could you talk with the manager and set some dates for those sessions? We are lucky we have someone here that can help us with the counselling training.
Simon	I'll arrange those sessions and make sure people know when their session will take place.
Stasha	We've done great work in our planning. Let's put it into action!
Liz	Can we meet each Monday at 4pm to see how things are going?

End of demonstrations.

When you have decided on your goals or targets, you then need to decide the best actions to reach those goals. Many different activities can be done. What you choose depends on the needs of the service, the resources available and the ability to implement and sustain it. There is no one best activity for every setting.

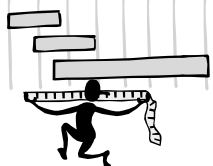
It is important to assign a person responsible for each goal or action who will check on progress towards reaching that goal. Large goals can be broken down into smaller goals and divided among a number of people. One person does not need to do it all.

Plan ways to involve your co-workers, the families you serve and the community leaders in setting and achieving the goals.

When you are working on this step, also consider what resources are needed to carry out the actions.

Developing a Plan – Step Four

Step Four: How will we know if we are there?



If your targets and activities are specific and measurable, it is easier to know you have reached them.

This step is also called *evaluation*. Evaluation can be carried out during a project or activity to check the activity is going in the right direction.

Evaluation is also carried out after the project or activity is completed to measure how effective was the activity. However, your evaluation measures need to be decided as part of setting your goals not after the project is finished.

Developing a Plan – Step Five

How will you sustain it?



Complementary feeding counselling practices that are sustainable and become part of your regular practice brings benefits to you, your health service and the community you serve.

Sustained practices are achieved by making the new practice a part of the regular service rather than a special activity.

However, sustainability will not come by your work alone. Sustainability involves your whole health service. Stage 6 in the Stages of Change – “We believe we can do it,” is an important stage – moving from you alone to working with others for change.

Worksheet 15.1 Developing an Action Plan – Example

Where are we now?	Not all caregivers of young children receive counselling on complementary feeding. Health workers give different messages and may tell what to do instead of counselling.
Where do we want to be?	All health workers in the facility will know two (specific) key messages one month from now (date). These two key messages will be used in counselling 50% of caregivers who will attend the service, one month from now.
How will we get there?	Focus on feeding frequency and portion size. Hold a session with all the clinic staff to explain the project and key messages by date/person. New staff will receive training on key messages by (name) within (number of) weeks of taking up the post. Hold a session with clinic staff to review counselling skills by date/(person). Display key messages on frequency and portion size on the health facility walls by date/by person. Ask caregivers about feeding frequency and portion size at each contact, praise for good practices, give the two feeding messages, and discuss suggestions (all staff). Planning team will meet regularly (set dates) to discuss project.
How will we know we are there?	Staff and caregivers will be aware of the two key messages when asked by (name) at two weeks and one month from now. (Number) caregivers will be asked monthly if they had an opportunity to discuss feeding suggestions by name. Counselling on complementary feeding will be recorded on the child health card. Rates for counselling will be checked each month from the clinic record by name. In six months (date) the project will be reviewed by the planning group (date).
How will we sustain it?	New cards will be made with space to record feeding discussion and key messages offered. Posters will encourage caregivers to expect this service. Rates of counselling and need for allocated time for feeding counselling will be discussed at least twice a year at staff meetings.

Check:

Is your target realistic and measurable?

Who is responsible for seeing the activities occur?

Do you know what resources are needed?

Are there dates for each action?

Are there an interim evaluation and a completion date?

Worksheet 15.1 Developing an Action Plan

Where are we now?	
Where do we want to be?	
How will we get there?	
How will we know we are there?	
How will we sustain it?	

Check:

Is your target realistic and measurable?

Who is responsible for seeing the activities occur?
date?

Do you know what resources are needed?

Are there dates for each action?

Are there an interim evaluation and a completion date?

KEY MESSAGES FOR COMPLEMENTARY FEEDING

1. Breastfeeding for two years of age or longer helps a child to develop and grow strong and healthy.
2. Starting other foods in addition to breast milk at six months helps a child to grow well.
3. Foods that are thick enough to stay in the spoon give more energy to the child.
4. Animal foods are specially good for children, to help them grow strong and lively.
5. Peas, beans, lentils, and nuts and seeds, are good for children.
6. Dark green leaves and orange coloured fruits and vegetables help the child to have healthy eyes and fewer infections.
7. A growing child needs three meals and snacks: give a variety of foods
8. A growing child needs increasing amounts of food
9. A young child needs to learn to eat: encourage and give help...with lots of patience.
10. Encourage the child to drink and to eat during illness and provide extra food after illness to help them recover quickly.

COUNSELLING SKILLS

Listening and Learning Skills

Use helpful non-verbal communication
Ask open questions
Use responses and gestures that show interest
Reflect back what the caregiver says
Empathize – show that you understand how she/he feels
Avoid words that sound judging

Building Confidence and Giving Support Skills

Accept what a caregiver thinks and feels
Recognize and praise what a caregiver and child are doing right
Give practical help
Give relevant information
Use simple language
Make one or two suggestions, not commands
Check understanding
Arrange follow-up or referral