

Republic of Kenya



Ministry of Health

Maternal Infant and Young Child Nutrition



National counseling cards





Acknowledgement

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Sincere gratitude is extended to all development and implementing partners who participated in the technical working groups, review committees and field testing of these materials. Food and Agricultural Organization of the United Nations (FAO), Kenyatta University, Ministry of Agriculture, Kenyatta National Hospital (KNH), Non-governmental organisations including, Save the Children Kenya, International Medical Corps (IMC), African Population for Health Research Centre (APHRC), Concern worldwide, NHP *Plus*, Global Alliance for Improved Nutrition (GAIN), World Vision Kenya (WVK), Population Services Kenya (PSK), Maternal Child Survival Programme (MCSP), CGIAR, International Livestock Research Institute (ILRI) and many others who invested substantial time and resources.

Special recognition is made to the Nutrition and Dietetic Unit; the Unit of Neonatal, Child and Adolescent health, and the Unit of community health; development and members of the Maternal Infant and Young Child Nutrition (MIYCN) Programme, National MIYCN steering Committee, and the MIYCN technical working group members for their technical input in finalizing and refining the national counseling cards. Special recognition goes to the head nutrition and dietetic unit Mrs Gladys Mugambi for offering technical guidance, Programme Manager MIYCN in the Ministry of Health Betty Samburu, James Njiru MIYCN programme manager ACF, MIYCN Deputy Manager in ACF Naomi Mwikali and MIYCN specialist in UNICEF Laura Kiige for coordination of the process from its inception to the end and for their valuable time in editing the key messages.

We appreciate the support given by different organizations during the field testing of the counseling cards which ensured that several communities in Kenya can identify with the illustration and the key messages. Our appreciation goes to the following organizations; MCSP, Feed the Children, PS Kenya, IMC, GAIN, NHP Plus who financially supported the field testing in the following counties, Kisumu, Nairobi, Kilifi, Garissa, Isiolo and Tharaka Nithi respectively.

The process has been very labour intensive and the development would not have been possible if it were not for the untiring efforts and commitment of these organisations and individuals.

The counseling cards are based on the WHO recommendations regarding MIYCN and the materials developed under MIYCN programme in Kenya.

Positive counseling skills

This set of cards was developed for you to help counsel mothers and other caregivers about maternal infant and young child Nutrition (MIYCN). Positive counseling skills are important for your success. Some basic counseling skills presented below include Listening and Learning, as well as Building Confidence and Giving Support.

Listening and Learning skills

- Use helpful non-verbal communication:
- Keep your head level with the mother (or caregiver)
- Pay attention
- Reduce physical barriers
- Take time
- Touch appropriately
- Ask open questions
- Use responses and gestures that show interest
- Reflect back what the mother (or caregiver) says
- Avoid using “judging” words

Building Confidence and Giving Support skills

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

Counseling

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

Step 1: Assess: Ask, listen and observe

- Greet the mother (or caregiver), using friendly language and gestures.

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

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

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

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

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

How to use the cards

This set of Counseling Cards has key messages for counseling pregnant and lactating mothers covering the first 1000 days of life (conception to two years). The card is divided into sections indicated by the colour code and an icon on the side of the card to guide on the group that is being counselled. These materials are part of an integrated package of job aids, or counseling tools, aimed to support health workers and community health volunteers in counseling pregnant mothers, and mothers/other caregivers of children from birth to 24 months of age. The content of these materials is guided by the Kenyan Policy Guidelines on Maternal, Infant and Young Child Nutrition (2013).

This material and the other elements of the integrated package are intended for use by facility based health workers and community health volunteers who have attended either the 5 day National Infant and Young Child Nutrition Counseling Training Course and/or the 2 day Orientation on the Effective Use of Infant and Young Child Counseling Tools.

Besides counseling cards there is also a series of take-home brochures. These brochures are intended to be given to mothers or caregivers as part of a counseling session, to reinforce the messages given during that session. Ideally, the health worker should choose the brochure that best corresponds with the individual needs of the person being counseled and the child. The following brochures were developed:

- Brochure on nutrition in pregnancy
- Brochure on MNPs and other micronutrients
- How to hand express breastmilk
- Brochure on exclusive breastfeeding to include initiation, attachment, position and breastfeeding on demand, skin to skin contact for LBW infants
- Brochure on breastfeeding and ARV
- Brochure on complementary feeding frequency and amount for different age groups, 6-8 months, 9-11 month and 12-23 month
- Poster – feeding quantity and frequency
- Poster on different categories of food & methods of food preparation for the infants (grating, mashing, boiling e.t.c)
- Brochure on hygiene on meal preparation

Maternal Nutrition

1

Feeding infants 0-6 months

2

**Complementary feeding (6-23 months)
and feeding of children (24-59 months)**

3

Feeding in special circumstances

4

Essential hygiene actions

5

Growth monitoring & promotion

6

Developmental milestones, care and stimulation

7

Household food and nutrition security

8

Republic of Kenya



Ministry of Health

Maternal Nutrition



Nutrition for pregnant women



3 meals and 2 snacks

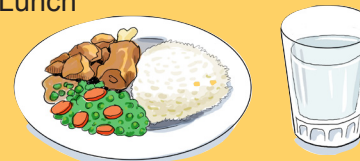
Breakfast



Snack



Lunch



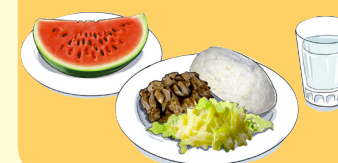
Snack



Supper



Extra meal



Card 1: Nutrition for pregnant women

- Pre-pregnancy nutrition influences a woman's ability to conceive and determines the foetal growth and development.

Pregnant adolescent girls have increased nutritional needs especially for iron compared to older women of reproductive age because of her own immaturity and growth needs; they need closer care by a healthcare provider.

- During pregnancy you will need an extra meal each day in addition to your 3 regular meals and two snacks to support your own nutrition and that of your foetus. Examples of snacks may be a sweet potatoes, a banana, porridge, milk or ground nuts. Eat a variety of foods from plants and animal source proteins, to build your body.
 - Cereals, roots and tubers provide your body with energy. Eat whole meal cereals as they are healthy and contain more nutrients
 - Vegetables and fruits contain a variety of vitamins and minerals which protect you and your baby from diseases. Eat adequate vitamin C rich foods eg fruits and vegetables so that they help in the utilization of iron from other foods
 - Eat more dark green leafy vegetables, liver, red meats as they are good for you. They contain folic acid and other nutrients. Folic acid when taken within the **first 28 days** after conception prevents neural tube defects and miscarriage.
 - Consume milk and milk product such as mala, yoghurt, cheese, butter as they are rich in calcium.
- Take your IFAS daily with meals during the duration of the pregnancy to improve your iron stores to prevent; maternal anemia, neural tube defects and low birth weight.
- Separate your meals from beverages to prevent interference with iron absorption. It is better to drink tea or coffee an hour before or after a meal.
- Use iodized salt for optimum brain development and to prevent delivering a baby of short stature (dwarf). Lack of iodine during pregnancy can lead to miscarriage or still births.
- You are encouraged to minimise heavy work and maintain light exercises to stay healthy.



Nutrition for breastfeeding mothers



3 meals, 2 snacks and 2 extra meals

Breakfast



Snack



Snack



Lunch



Extra meal



Supper



Extra meal



Card 2: Nutrition for breastfeeding mothers

- Take two extra meals each day in addition to your 3 regular meals and two snacks to support your nutrition and to meet your lactation needs.
- Each of your meals should be from four food groups.
Eat a variety of foods from plants and animal source proteins, to build your body.
 - Cereals, roots and tubers provide your body with energy. Eat whole meal cereals as they are healthy and contain more nutrients.
 - Vegetables and fruits contain a variety of vitamins and minerals which protect you and your baby from diseases. Eat adequate vitamin C rich foods eg fruits and vegetables so that they help in the utilization of iron from other foods.
 - Take lots of nutritious fluids like milk, soup, juice, porridge, beverages and water to increase your breast milk supply.
- Separate your meals from beverages such as tea or coffee to prevent interference with iron absorption. Limit the intake of tea or coffee, otherwise take it an hour before or after a meal. Take small frequent meals.
- Engage in light physical activities to stay healthy. Take adequate rest.



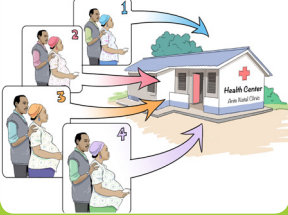
Care during pregnancy

Republic of Kenya



Ministry of Health

4 ANC Visits



HIV Counseling and Testing



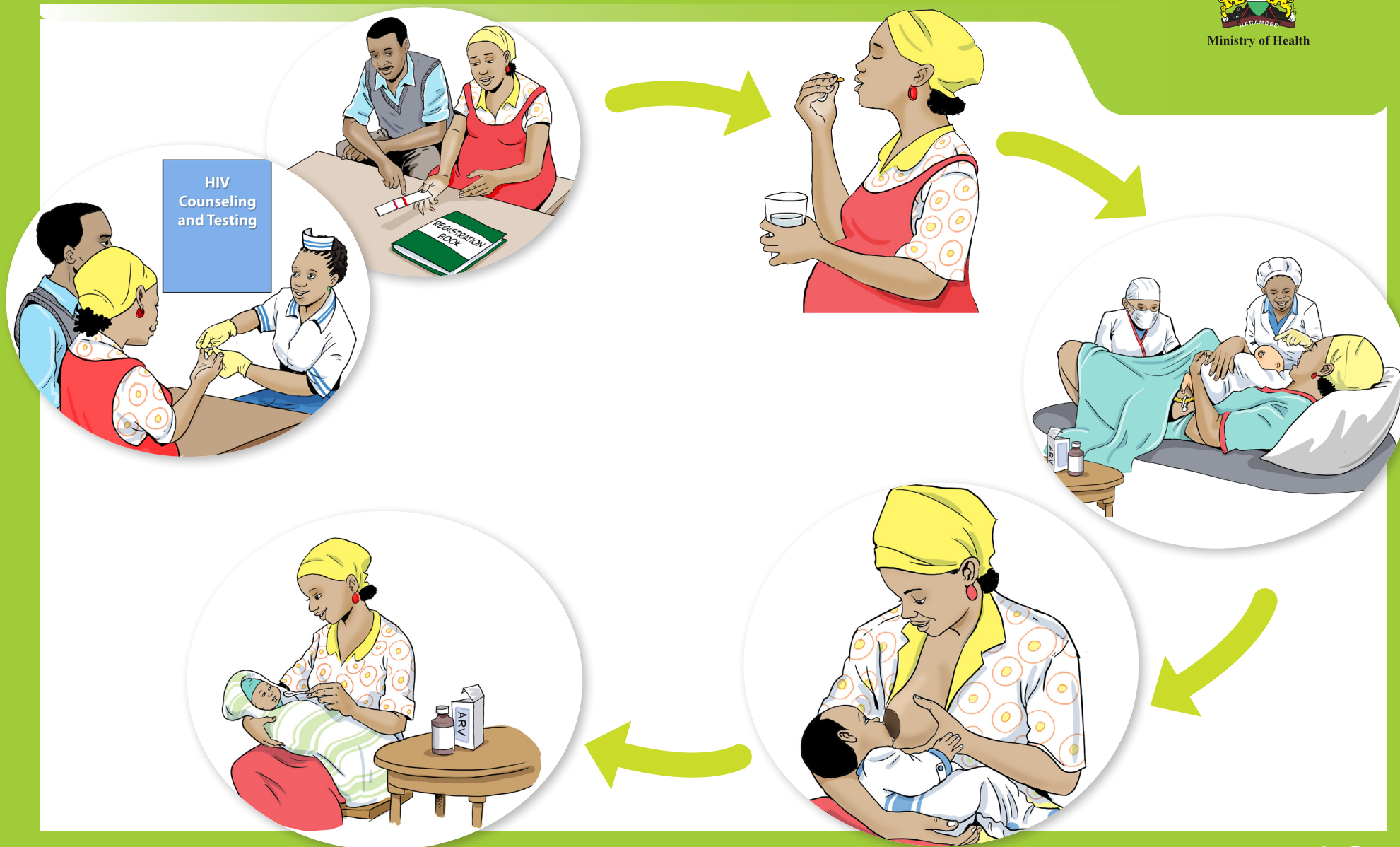
Card 3: Care during pregnancy

- As soon as you are pregnant you are encouraged to attend your first ANC visit within the first three months and make at least four ANC visits during your pregnancy for check ups.
- It is important that your partner accompanies you to the health facility so that he can be counselled on how to support you in your entire period of pregnancy.
- At the facility, you will be;
 - Counselling on maternal nutrition to ensure your pregnancy is growing well.
 - Tested for HIV to know your status. Encourage your partner to be tested as well. During the visit, the health worker will tell you about HIV and AIDS and how to protect your baby if the results of the test turns positive.
 - Given IFAS and be counselled on how to take to increase your iron stores to prevent you from anemia, and your baby from neural tube defects and failure to grow well.
 - Given tetanus injection according to the prescribed schedule to protect you and your unborn baby from infection.
- Sleep under insect treated mosquito net. Sleeping under insect treated nets prevents you against mosquito bites that bring malaria. Malaria causes anaemia which harms the health of the mother and baby.
- If you live in a malaria endemic area, you will be given anti- malaria tablets to protect you from getting malaria.
- You are encouraged to minimise heavy work and maintain light exercises to stay healthy.
- Take de-worming tablets as prescribed to treat worms and to prevent anemia.



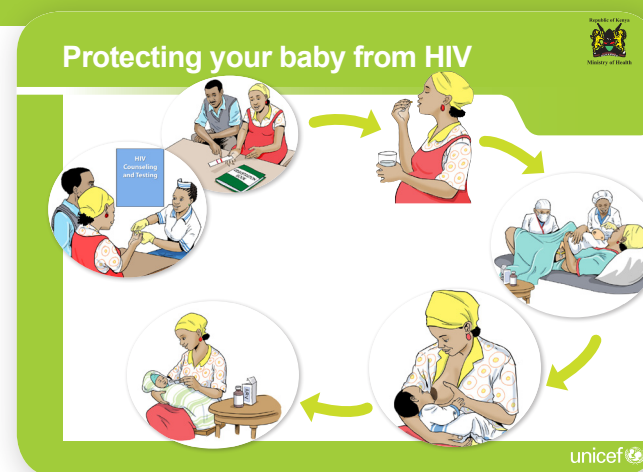
Do not use alcohol, narcotics or tobacco products.

Protecting your baby from HIV

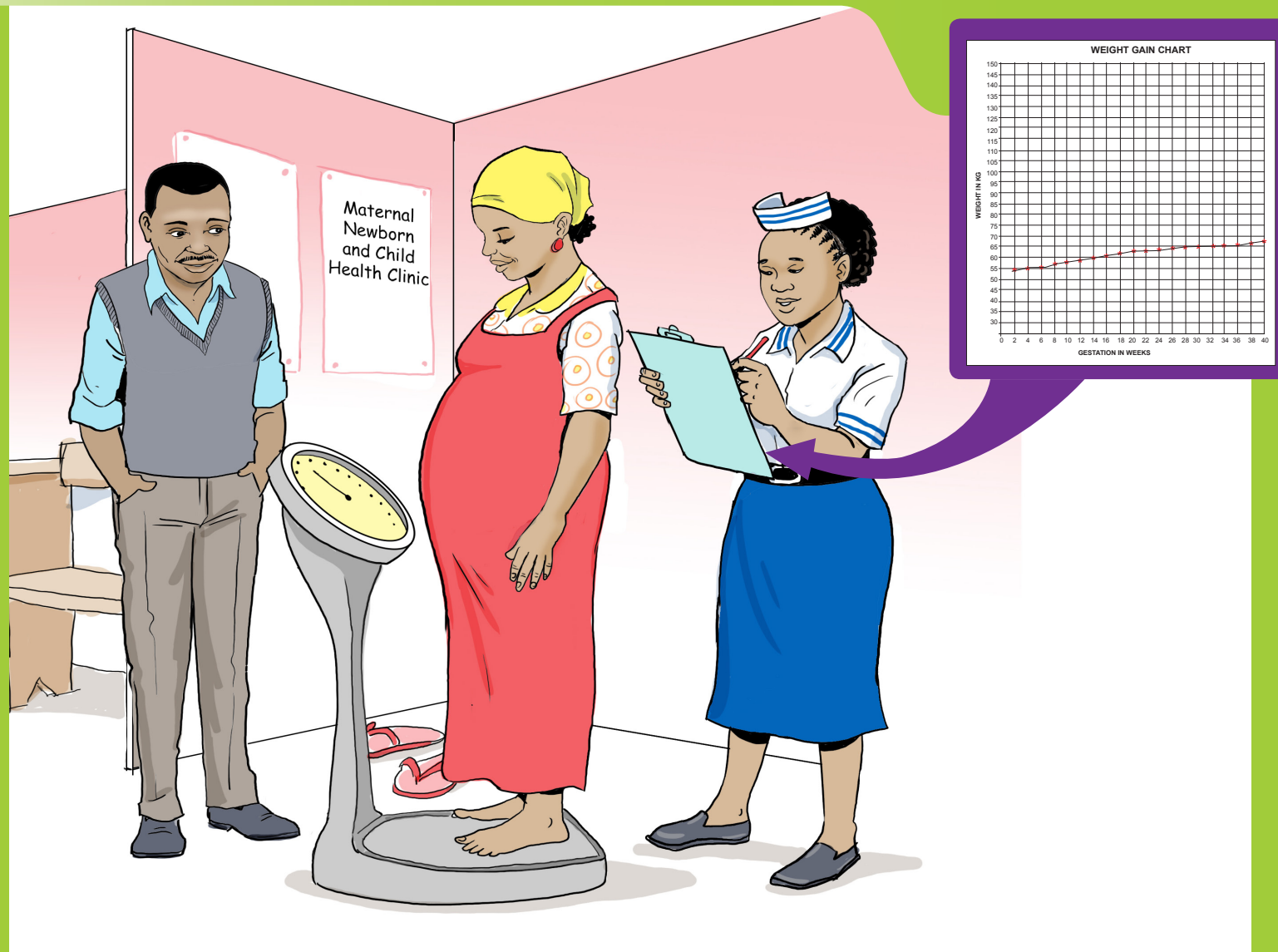
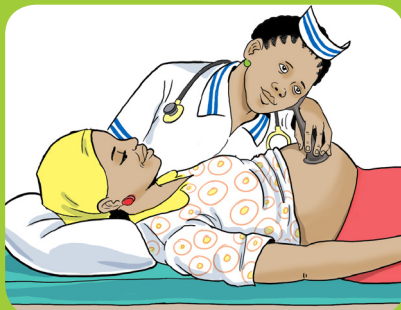


Card 4: Protecting your baby from HIV

- It is important to protect yourself and your baby from HIV.
- HIV virus can be transmitted from you to your baby during
 - Pregnancy
 - Delivery
 - Breastfeeding
- Some important points to note when you are HIV positive.
- Use ART during pregnancy, labour, delivery and during breastfeeding as per the health workers prescription to protect your baby from HIV.
- Protect your baby from being infected during pregnancy by using ARV medication. It is important to visit the health facility immediately you discover you are pregnant, your baby needs to be protected from early stages of pregnancy.
- It is important to deliver at the healthy facility so that you can receive adequate care and treatment for you and your baby. You will be given ARV medication during delivery and be supported on how to initiate breastfeeding immediately.
- It is important for a HIV mother to breastfeed exclusively (giving your baby ONLY breast milk) for the first 6 months together with the use of ARV drugs as prescribed.
- Mixed feeding (Giving other liquids or foods) puts your baby at a greater risk of becoming infected with HIV while breastfeeding. A baby less than 6 months has immature digestive system. Food or drinks other than breast milk can cause damage to the baby's stomach and this makes it easier for HIV and other diseases to pass into the baby. This also increases the chances of the baby dying from other illnesses such as diarrhoea, pneumonia because it is not fully protected from breast milk.
- For babies who cannot access breast milk, the health worker will give instructions on feeding.



Monitoring during pregnancy



Card 5: Monitoring during pregnancy

- Your weight will be monitored at each visit. You will be expected to gain weight depending on your pre pregnancy weight-if you were underweight by the time you entered pregnancy it is recommended you gain 13kg-18 kg, normal 12kg-15kg, overweight 7kg-12kg, twins 16kg-20kg.
- In the first 3 months you should gain 0.5 kgs per month. In the second trimester another 1-1.5kgs per month. In the third trimester 2.0kgs per month.
- Your blood pressure will be checked during each visit to monitor your risk for developing high blood pressure which may affect your health and that of your unborn baby.
- Your health care provider will assess the level of activity of the fetus on each visit.
- Your Mid Upper Arm Circumference will be measured and if it is less than 23 cm you will be referred for nutrition intervention.
- If you report one of the following problems, your health care worker will counsel you to do the following:

1. Morning sickness

Eat small but frequent meals (with about 2 hour intervals), avoid smells and foods that make your sickness worse, eat more nutritious carbohydrate foods: try dry toasts or crackers, breakfast cereals, fruits and vegetable salads at any time during the day, eat less fatty and sugary foods.

2. Constipation

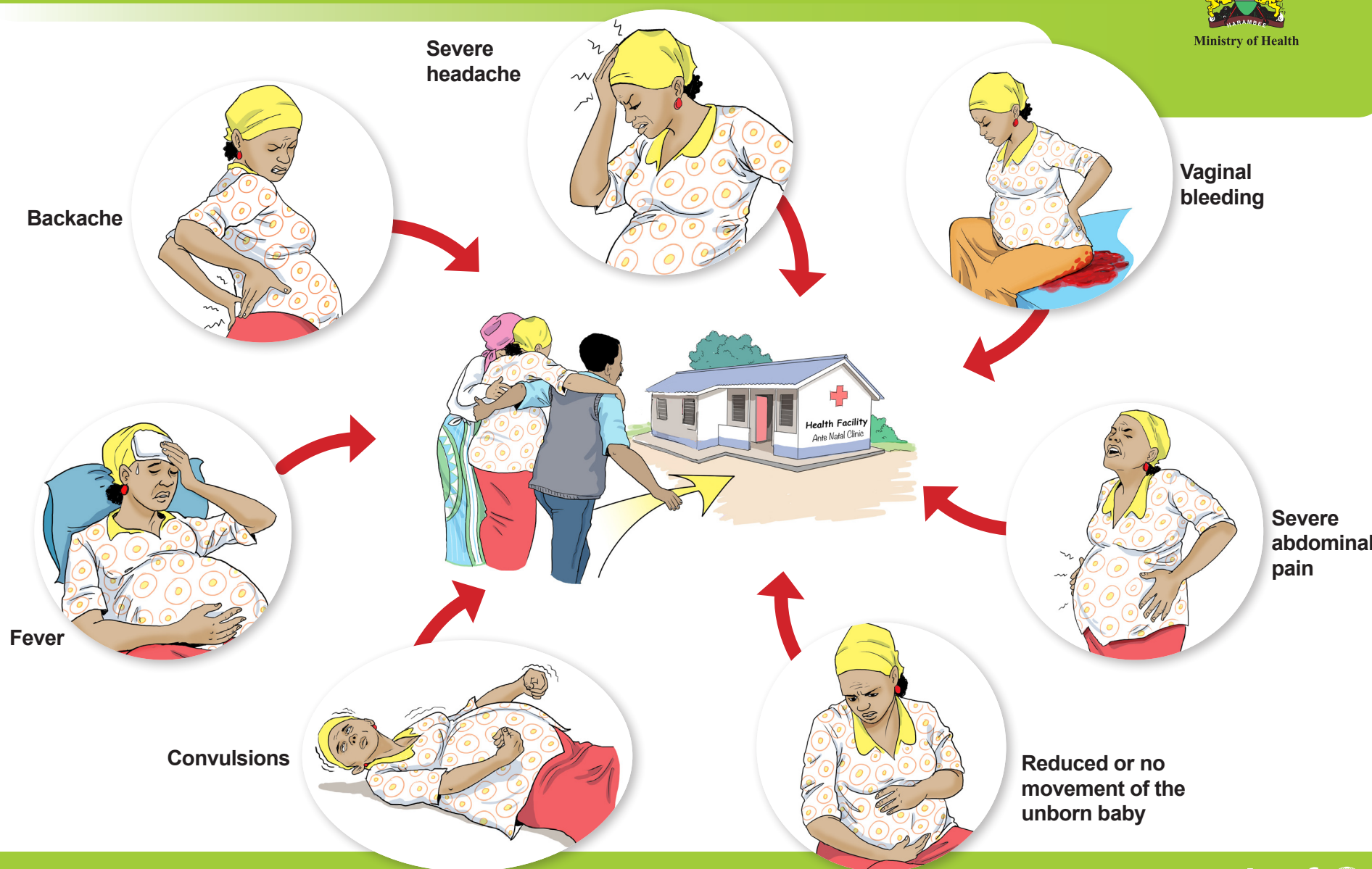
Drink plenty of fluid such as plain water (6-8 cups a day), increase intake of foods rich in fiber (whole meal bread, brown rice, wholegrain cereals, fresh and dried vegetables and fruits, especially prunes and figs).

3. Heartburn

Avoid chocolate, fatty foods, alcohol and mint, especially before bedtime, avoid acidic and spicy foods that may irritate mucosa (tomato, citrus fruits and juices, vinegar, hot pepper, etc.), milk and dairy products can temporarily relieve the symptoms of heartburn, eat slowly, drink fluids between meals rather than with meals, eat small frequent meals, do not eat large meals before bedtime, sleep well propped up, not lying flat.

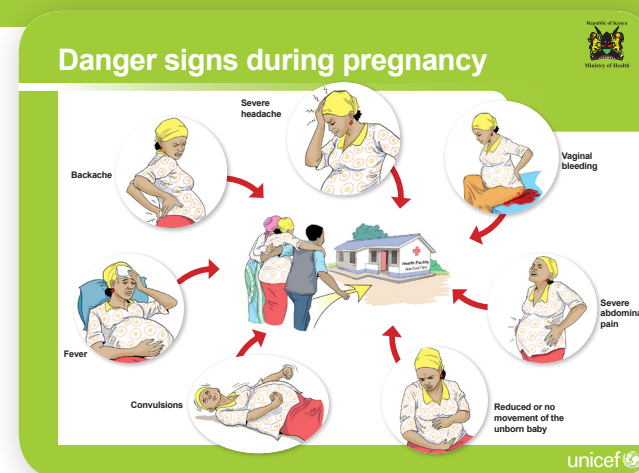


Danger signs during pregnancy



Card 6: Danger signs during pregnancy

- Look after yourself during pregnancy to remain healthy and to help your baby grow and develop well.
- Go to the health facility immediately if you experience any of the following:
 - Severe Headache
 - Vaginal bleeding
 - Severe lower abdominal pain
 - Reduced or no movement of the unborn baby
 - Convulsions
 - Fever
 - Backache
 - Blurred vision
 - Swollen face and arm
- Once treated for such cases, it is important to do more frequent visits for check ups even if you are not asked to do so by a health care worker.
- Rest more and avoid hard labour during pregnancy to have a healthy and normal size baby.



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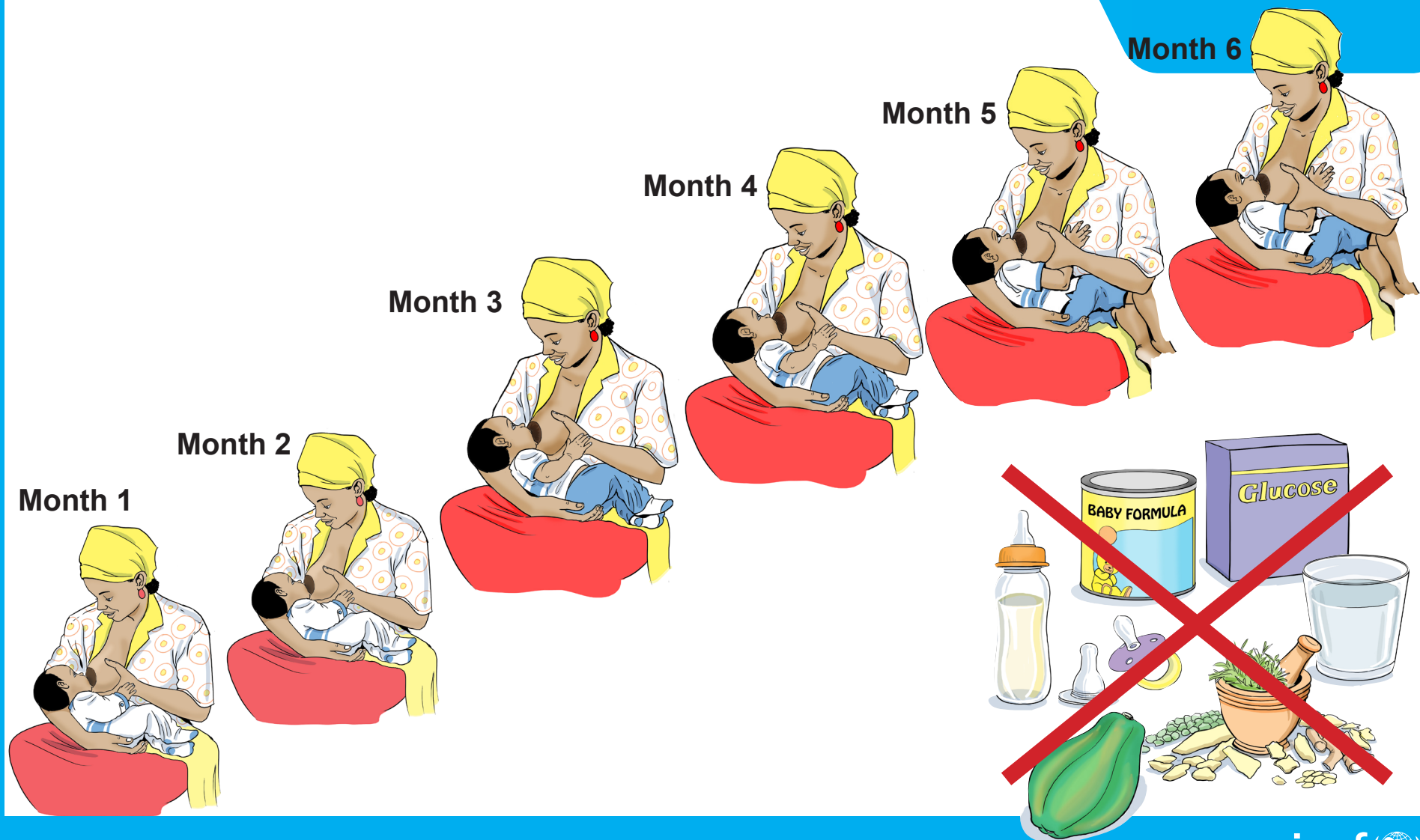
2

Feeding infants 0-6 months



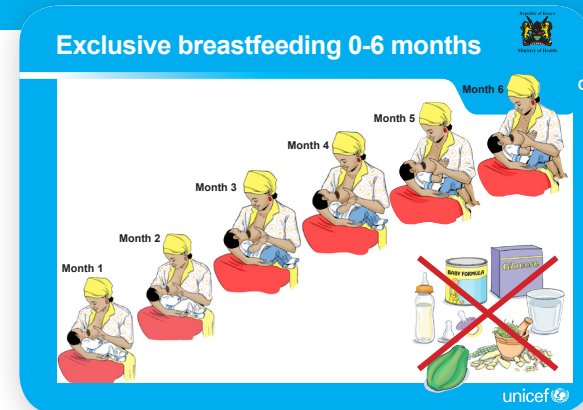
Exclusive breastfeeding 0-6 months

Card
7



Card 7: Exclusive breastfeeding 0-6 months

- During the first 6 months give your baby **ONLY** breast milk. It is the perfect food for your baby as it:
 - Has all the nutrients your baby needs for the first 6 months of life
 - Has enough water to satisfy the thirst of your baby even during hot weather
 - Has substances that protect your baby from common diseases such as diarrhoea and respiratory infections
 - It is clean, safe, easy to digest and readily available
- The reasons why mothers stop breastfeeding only and start to mix feed can be overcome. **Here are some key things to remember:**



Not enough milk:

- All mothers are capable of producing enough milk for their babies
- You know your baby is getting enough milk when they are gaining at least half a kilogram every month in the first 6 months
- Ineffective suckling may cause you to think you are not having enough milk.

Refusal to breastfeed:

- This should not lead to complete cessation as it can often be overcome
- Your baby may appear to refuse to breastfeed in case of sickness, sudden changes that upset him/her, or due to developmental milestones like distraction – 4-8 months or self weaning – 1 year and above
- Keeping your baby close to you with plenty of skin-to-skin contact will help your baby to breastfeed again.
- Let other people help in other ways.

Early initiation of breastfeeding

Card
8



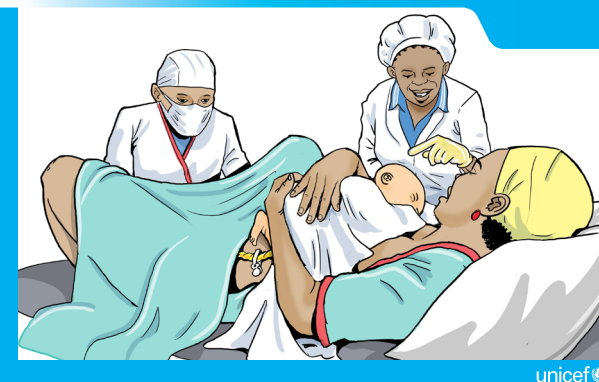
Card 8: Early initiation

- Hold your baby skin to skin immediately after delivery for at least 1 hour to help your baby:
 - Stay warm
 - Breathe well
 - Establish a strong bond
 - Start breastfeeding as soon as possible.
- The health care worker will give sometime before cutting the cord. This gives a chance for the baby to benefit from the iron stores in the placenta.
- Begin breastfeeding immediately after delivery as it:
 - Helps your baby to develop the sucking reflexes
 - Helps to increase your milk production
 - Provides your baby with the first milk – colostrum – which:

Importance/benefits of colostrum

- o Is like the first immunization and protects your baby from illnesses such as allergies, intolerance and infections e.g. diarrhea, respiratory infections.
- o Clears meconium (first dark stool) thus preventing yellowing of your baby's skin.
- o Has factors that help your baby's intestines to mature.

Early initiation of breastfeeding



Family support for breastfeeding

Card
9



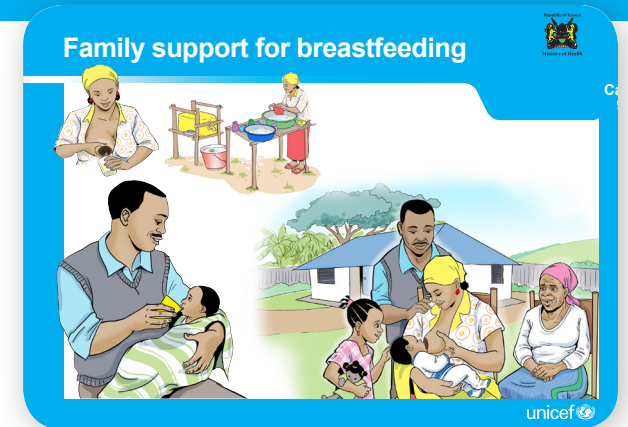
Card 9: Family support for breastfeeding

Allow time and space for mothers to breastfeed while at home by:

- Providing a comfortable sitting area
- Assisting to take care and control of older children
- Allowing the baby to breastfeed adequately
- Spouses, Family Members and Friends of mothers should be oriented on skills to support women to breastfeed, including the workplace.

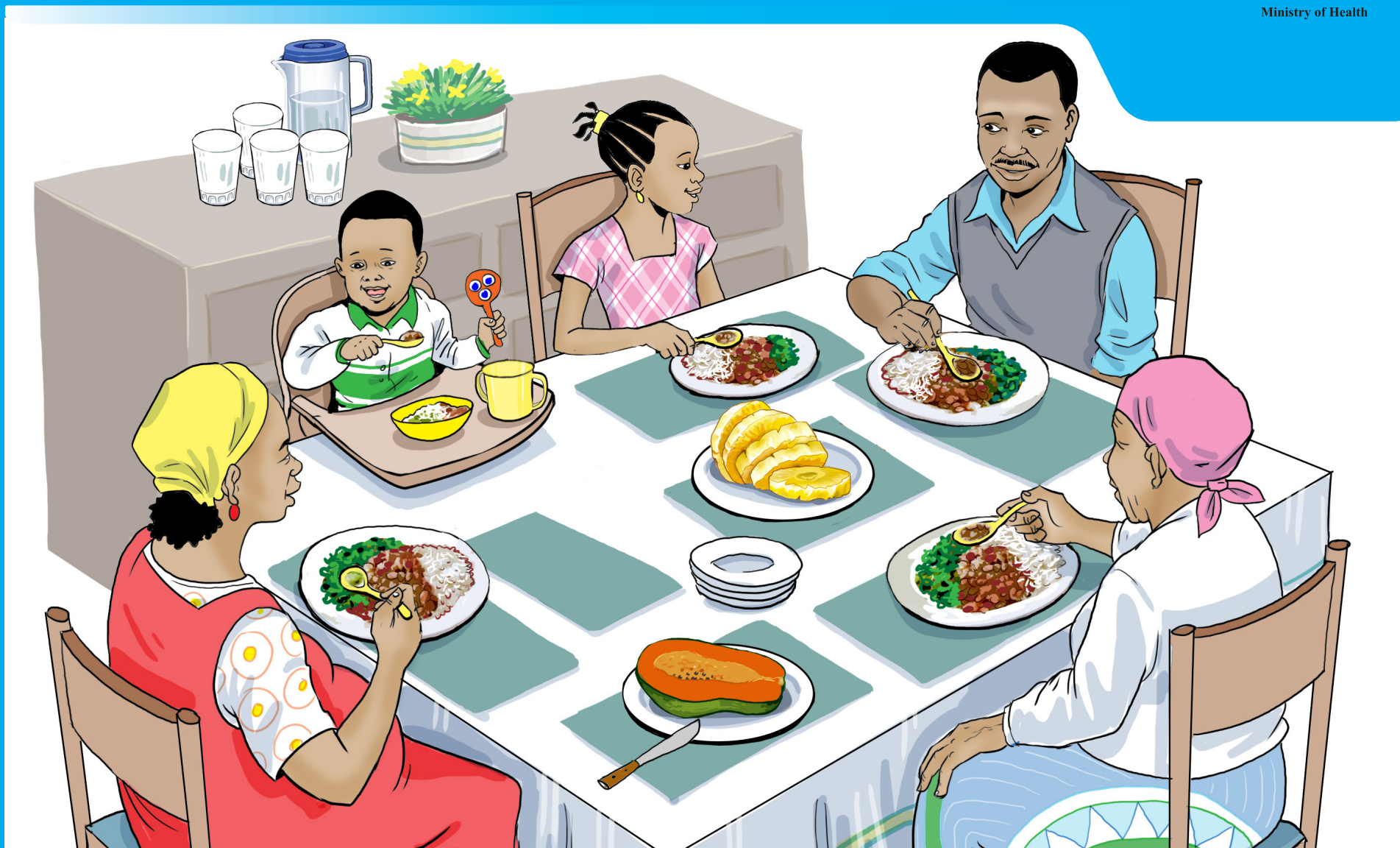
Provide emotional and physical support for mothers to exclusively breastfeed by:

- Helping with household chores
- Assist the mother in feeding the baby with expressed breast milk when the mother is away
- Support mothers to eat healthily to get all nutrients they and the babies need, by helping them take at least 3 meals per day, to eat snacks in between meals, to eat plenty of fruits and vegetables, and to drink sufficient water every day (8 glasses or 1.5 liters)



Family planning/Child spacing

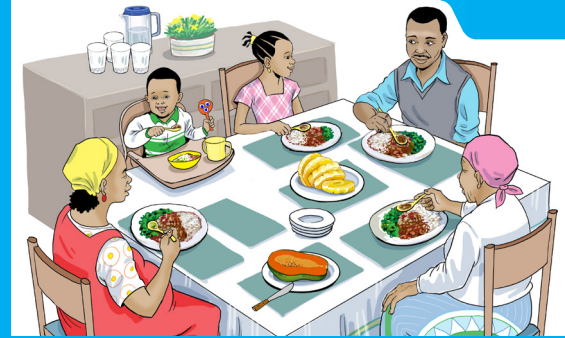
Card
10



Card 10: Optimal child spacing

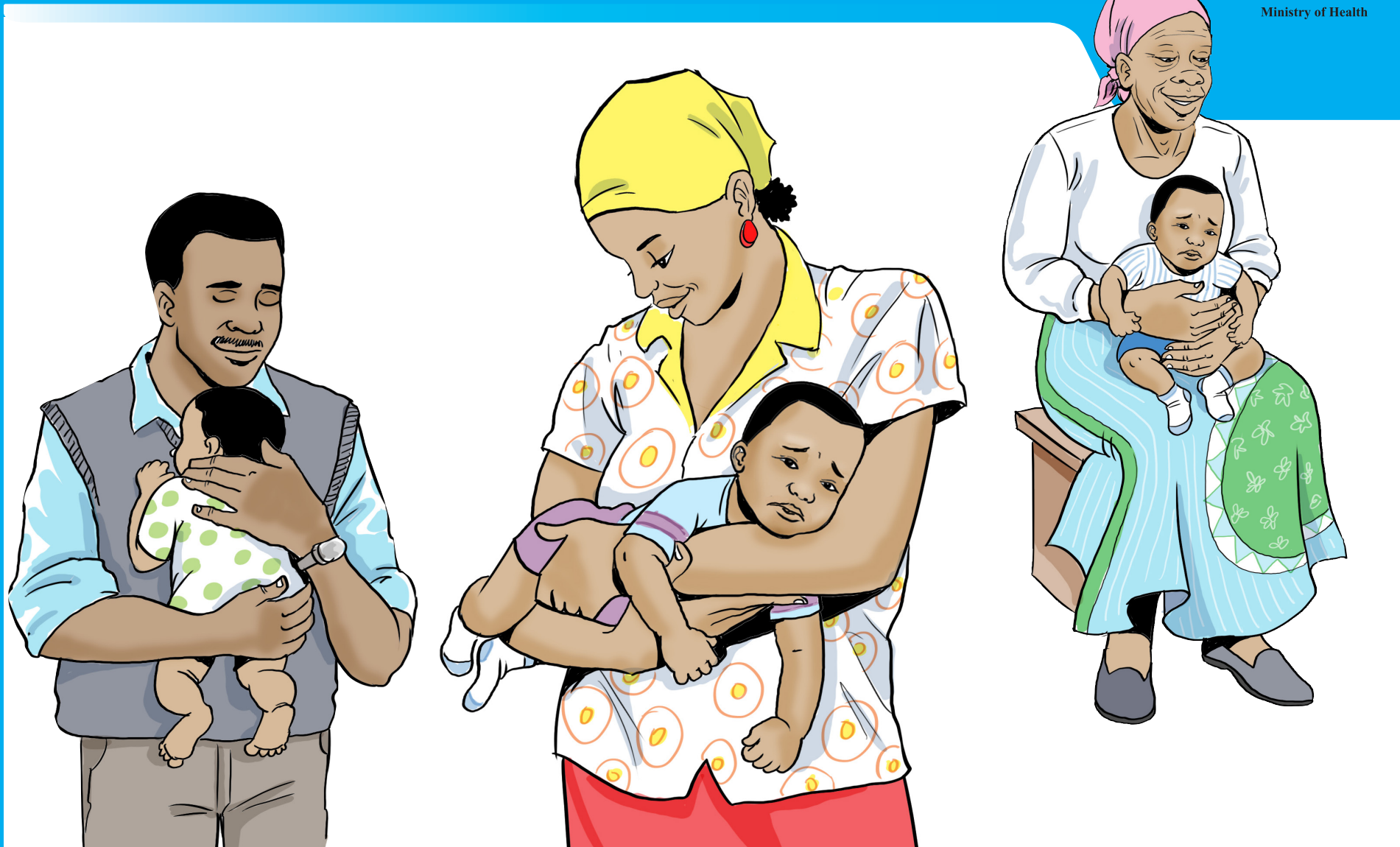
- Feeding your baby only breast milk for the first 6 months can help space births in a way that is healthy for both you and your baby.
 - Optimal child spacing helps ensure healthy children and also protects you.
 - Breastfeeding for two years or longer helps a child to develop and grow strong and healthy.
 - You are not likely to become pregnant when you meet the following 3 criteria.
 - You have no return menses, and
 - you exclusively breastfed your baby for 6 months, and
 - Your baby is younger than 6 months.
 - When you no longer meet one of these criteria, you need to start a family planning method to avoid pregnancy.
- When you do not exclusively breastfed from birth you can become pregnant as early as 6 weeks after delivery .closely spaced pregnancies risk your health, and that of the baby and the newborn.
 - If you want further information about child spacing, please go to the family planning clinic.

Family planning/Child spacing



Calming a baby with colic pains

Card
11



Card 11: Calming a crying baby

Refusal to breastfeed:

- This should not lead to complete cessation as it can often be overcome.
- Your baby may appear to refuse to breastfeed in case of sickness, sudden changes that upset him/her, or due to developmental milestones like distraction – 4-8 months or self weaning – 1 year and above.
- Keeping your baby close to you with plenty of skin-to-skin contact will help your baby to breastfeed again.
- Let other people help in other ways.
- Crying does not always indicate that your baby is hungry and needs to suckle.
- There are other reasons like discomfort, tiredness, sickness/pain or need for attention.
- Sometimes and especially at 2 weeks, 6 weeks and 3 months, your baby grows faster than normal (growth spurt) and feels more hungry. Breastfeeding more often ensures he gets all the milk he needs to grow.
- When your baby's crying has a clear pattern, he/she may be having COLIC pains.

What to do:

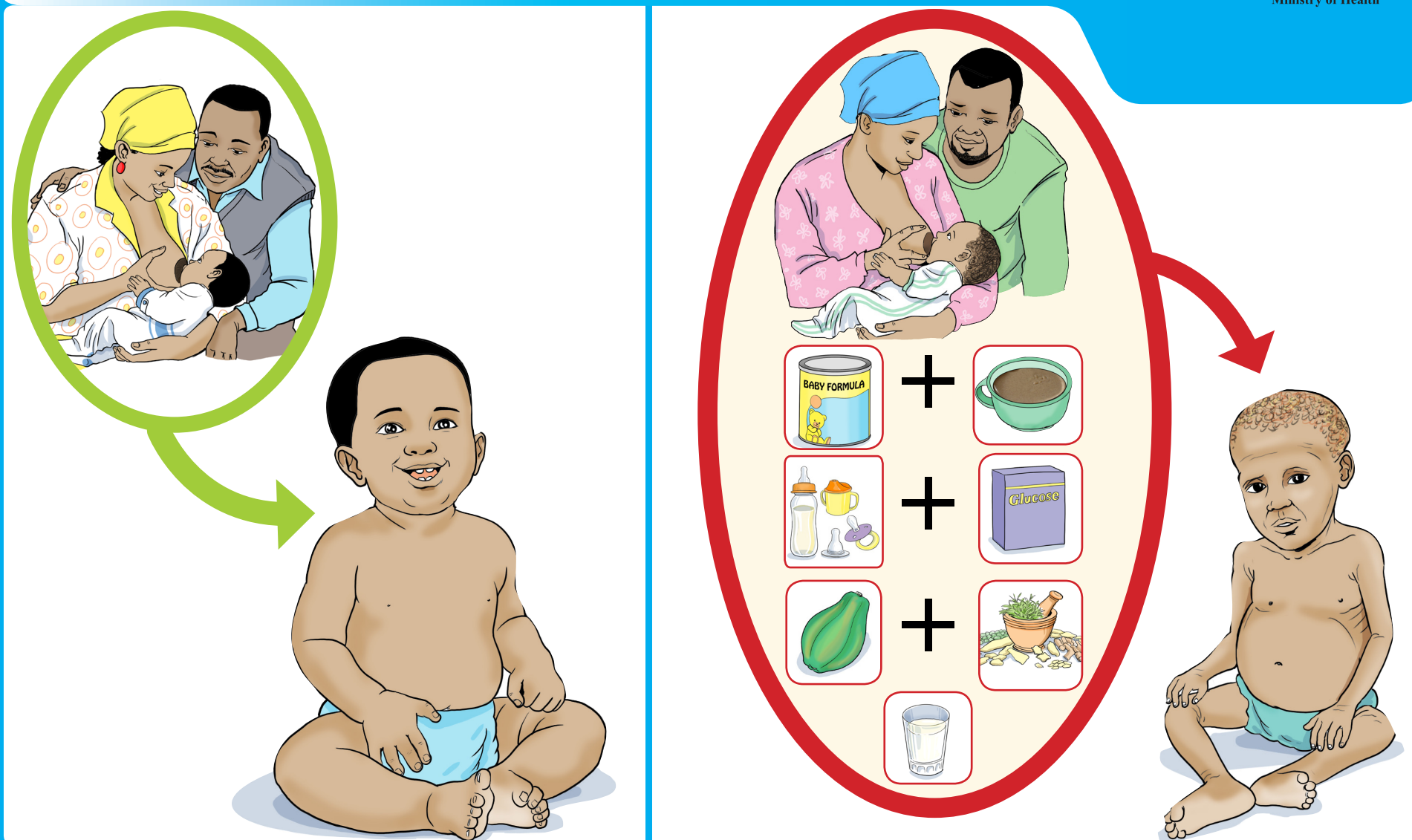
- DO NOT give gripe water and such like preparations as they do not help.
- Ensure your baby latches well on the breast.
- Help your baby to pass wind/air after every breastfeed.
- When the baby cries, hold him/her by the tummy or on your spouse's chest to ease the pain.

Calming a baby with colic pains



Dangers of mixed feeding

Card
12

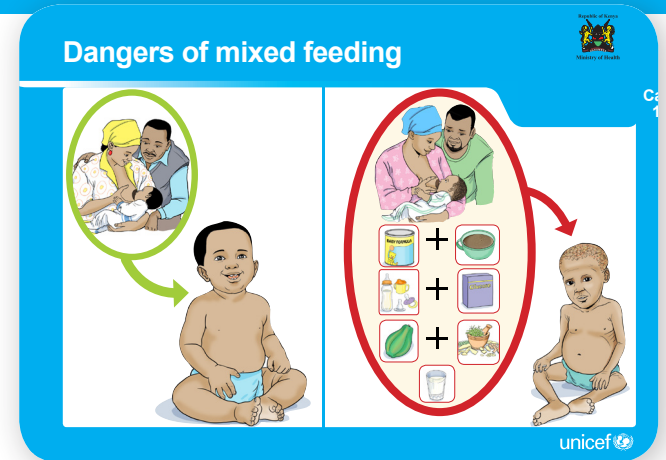


Card 12: Dangers of mixed feeding

- Giving other foods or liquids including infant formula, animal milk or water before 6 months reduces the benefits that your baby gets from breastmilk/breastfeeding
- Mixed feeding (feeding baby both breast milk and any other food or liquids including infant formula, animal milks, or water before 6 months) is the most dangerous way to feed the baby.
- A baby younger than 6 months has a premature system. Food or drinks will damage the baby's stomach and also replace the protective factor of breastmilk.

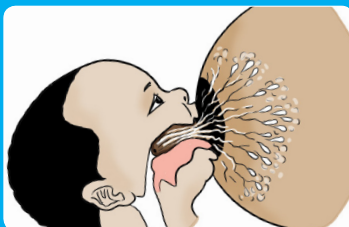
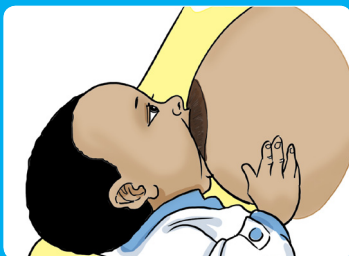
Dangers of mixed feeding include:-

- Increased risk of childhood illnesses like diarrhoea and respiratory infections
- Increased risk of your child developing chronic diseases such as obesity, heart disease later in life
- Interference with bonding
- May lower your baby's score on intelligence tests
- Increased risk of you developing anemia, ovarian cancer, and breast cancer.



Attachment, positioning and suckling

Card
13



Card 13: Attachment, positioning and suckling

Correct positioning and attachment helps to ensure that your baby suckles well and you produce a good supply of breast milk.

Proper positioning

- Sit comfortably in an upright position
- Use a pillow or folded clothes to help the baby come close to the breast
- Ensure that your baby's head and body is in a straight line
- Support your baby's whole body, not just head or neck
- Ensure that your baby is close to you, facing you and can get to the breast without turning their neck
- Ensure that the baby approaches breast nose to nipple.

Good attachment

- Your baby's mouth should be wide open
- You can see more of the dark skin surrounding the nipple (areola) above your baby's mouth than below or your baby takes a mouth full of breast
- Your baby's lower lip should be turned outward
- Your baby's chin should be touching your breast
- Support your breast with your fingers forming a C-shape

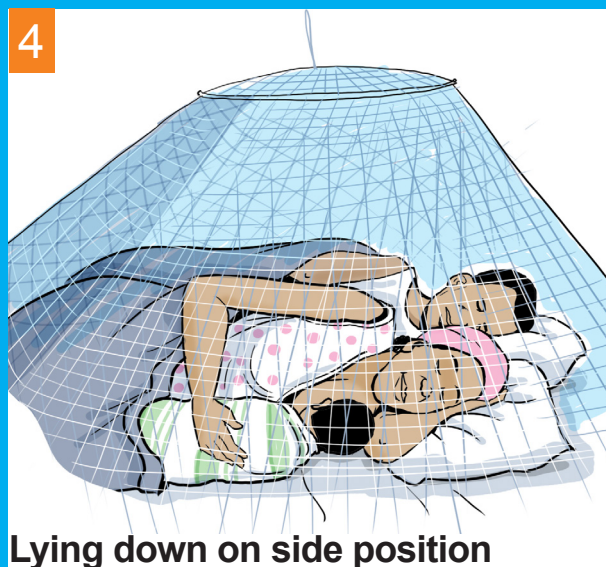
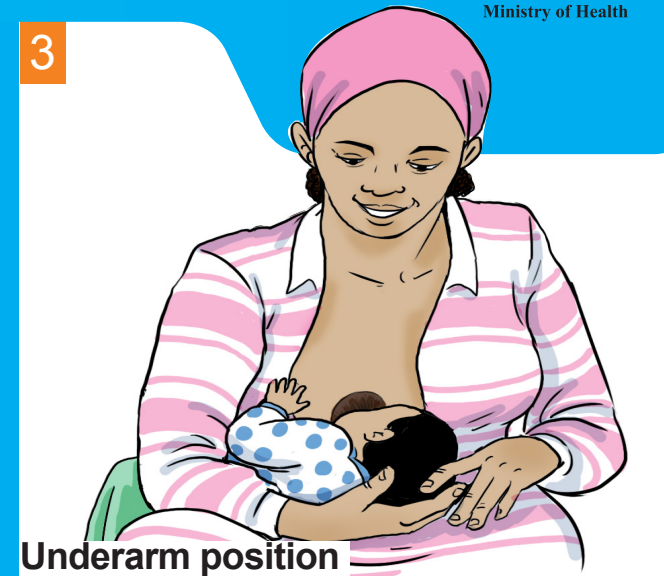
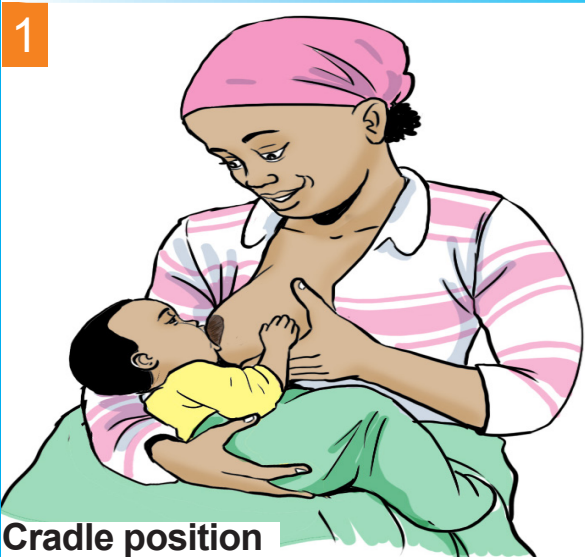


Signs of effective suckling

- Always allow your baby to finish breastfeeding from one breast before switching to the other
- Your baby takes slow deep suckles with pauses in between
- You see or hear your baby swallowing after 1-2 suckles
- Sucking is comfortable with no pain to you
- Your baby finishes breastfeeding from one breast, releases it, and looks content and relaxes
- Your breast is soft after the feed.

Breastfeeding positions

Card
14



Card 14: Breastfeeding positions

A mother can hold her baby in different positions while breastfeeding.

Cradle position:

- Comfortable and most commonly used for a healthy mother and baby.

Cross arm position:

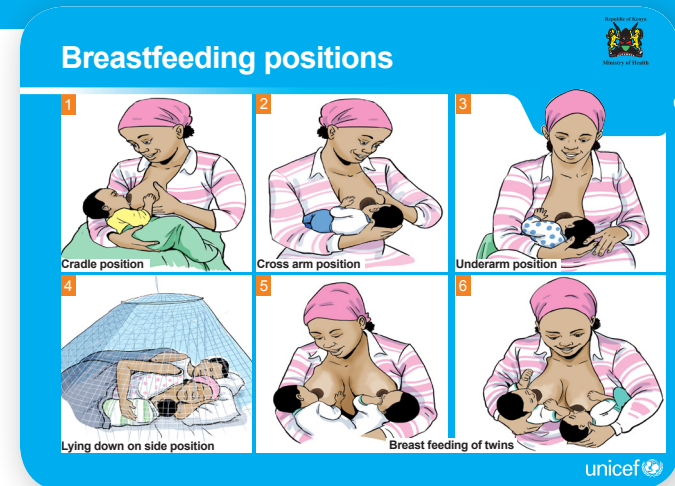
- For small or ill babies.
- You have good control of baby's head and body, so helpful when a baby is learning to breastfeed.

Underarm position:

- For twins or to help to drain all areas of the breast.
- Gives you a good view of the attachment.

Side lying position:

- Comfortable after a caesarian section
- Helps a mother to rest.



Breastfeeding on demand

Card
15



Card 15: Breastfeeding on demand

Breastfeed whenever your baby wants or you feel necessary throughout the day and night as this helps to make enough milk for your baby all the time.

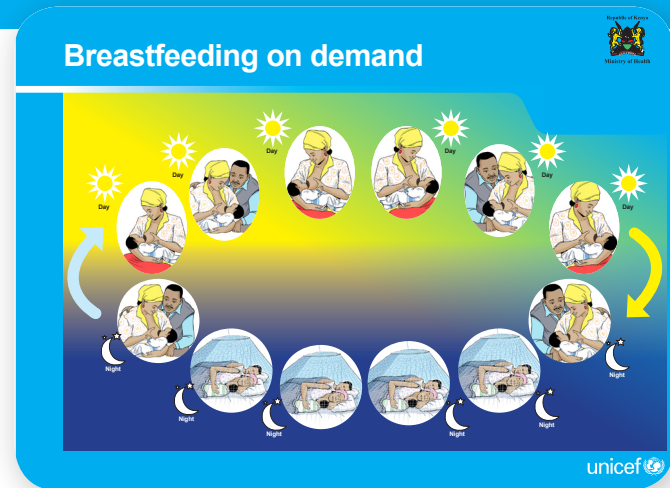
The amount of milk you make depends on how often a baby breastfeeds in a day (more suckling with good attachment makes more breast milk).

Let your baby come off the breast on his/her own before offering the other breast.

Remember:

- Your baby should feed at least 8-12 times a day.
- If your baby is ill or sleepy and stays too long (more than 2-3 hrs), wake him/her to offer the breast.
- You know your baby wants to breastfeed if he/she is:
 - Restless
 - Opening mouth and turning head from side-to-side
 - Putting tongue in and out
 - Sucking on fingers and fists
- Do not wait for your child to cry, it is a late sign of hunger
- Your baby is getting enough milk when he/she is gaining weight - at least $\frac{1}{2}$ kg per month, passing light coloured urine at least six times a day and is active.

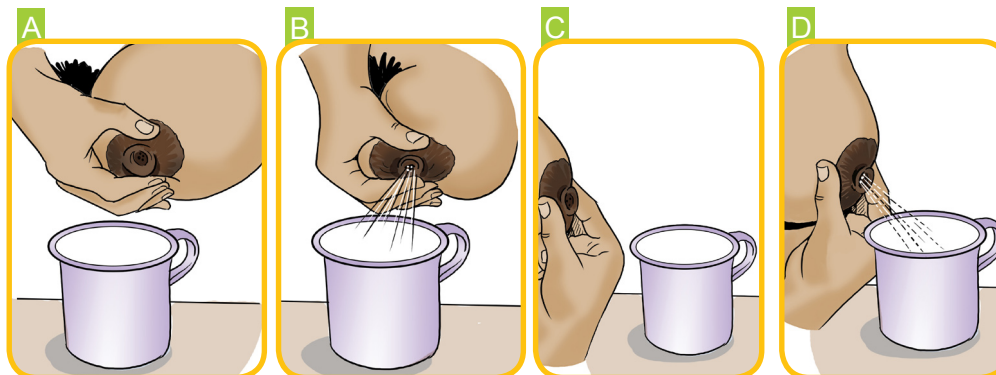
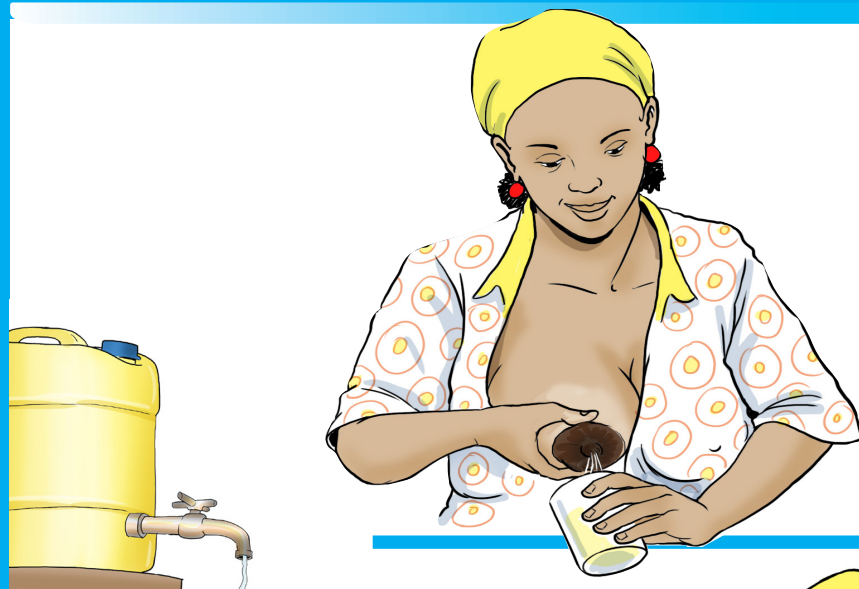
NOTE: If the mother is concerned about her baby not getting enough milk, encourage the mother and build her confidence by reviewing how to attach and position the baby to her breast. Reassure her that the baby is getting enough milk.



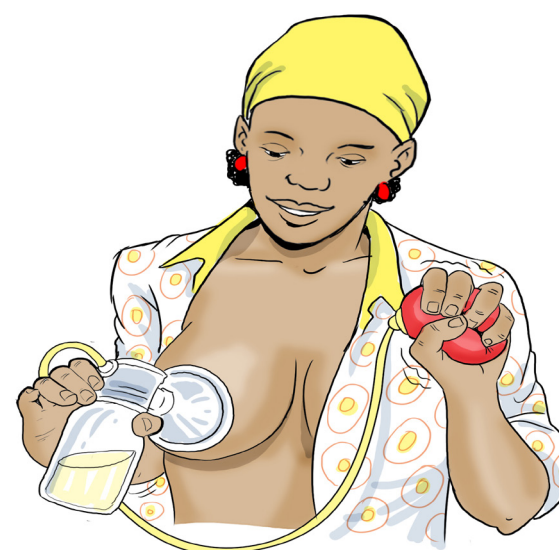
Expressing breast milk

Card
16

Hand expressing



Using electrical breast pump



Using manual breast pump

Card 16: Expressing breast milk

Expressing breastmilk while you are away from your baby will help maintain milk flow and prevent breast conditions.

You should express as often as your baby would breastfeed (every 2-3 hrs).

When to express:

- You may express breast milk when you go to work, your baby cannot breastfeed, e.g. very low birth weight babies, sick babies, your breasts are too full, in case of breast conditions like cracked nipples, engorgement, mastitis, etc.

Different ways of expressing breast milk to enable you initiate and/or continue breastfeeding.

Hand expression:

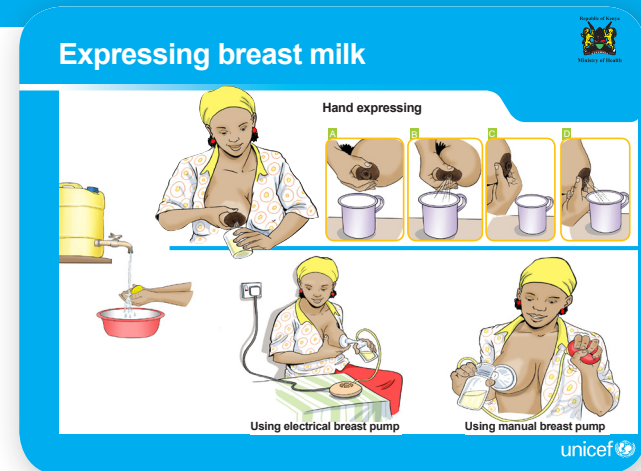
- Most common way to express milk as it needs no appliance and can be done anywhere at any time.

A mother should:

- Wash hands
- Prepare a sterile/clean container
- Gently massage breasts in a circular motion with her fingers
- Position thumb on the upper edge of the areola and the first two fingers on the underside of the breast behind the areola
- Press behind the nipple and areola between the finger and thumb
- Compress and release the breast with the fingers and the thumb a few times
- Press from all the sides to empty all segments
- If no milk is expressed, move thumb and fingers towards or further away from the nipple and try again
- Repeat compressing and releasing rhythmically
- Rotate the thumb and finger positions
- to remove milk from other parts of the breast
- Avoid squeezing the breast, pulling out the nipple and breast, and sliding the finger along the skin
- Some mothers find that pressing in towards the chest wall at the same time as compressing helps the milk to flow. Use the following rhythm: position, push, press; position, push, press.

Manual pump or Electric pump:

- You can also use a manual or electric pump as long as it is comfortable for you.
- A pump is easier to use when the breasts are full.



Storing and warming breast milk

Card
17



Card 17: Storing and warming breast milk

Proper storage and warming of expressed breastmilk will maintain its quality

Storage:

- Ensure proper hygiene
- Keep the milk covered
- Before refrigeration, ensure proper labeling so that the first to be put in will be used first
- You can store expressed breast milk for about 8 hours at room temperature, up to 24 hours in a refrigerator, up to 2 weeks in a freezer compartment with one door, 3-6 months in a freezer compartment with separate doors and 6-12 months in a deep freezer.

Warming expressed breast milk:

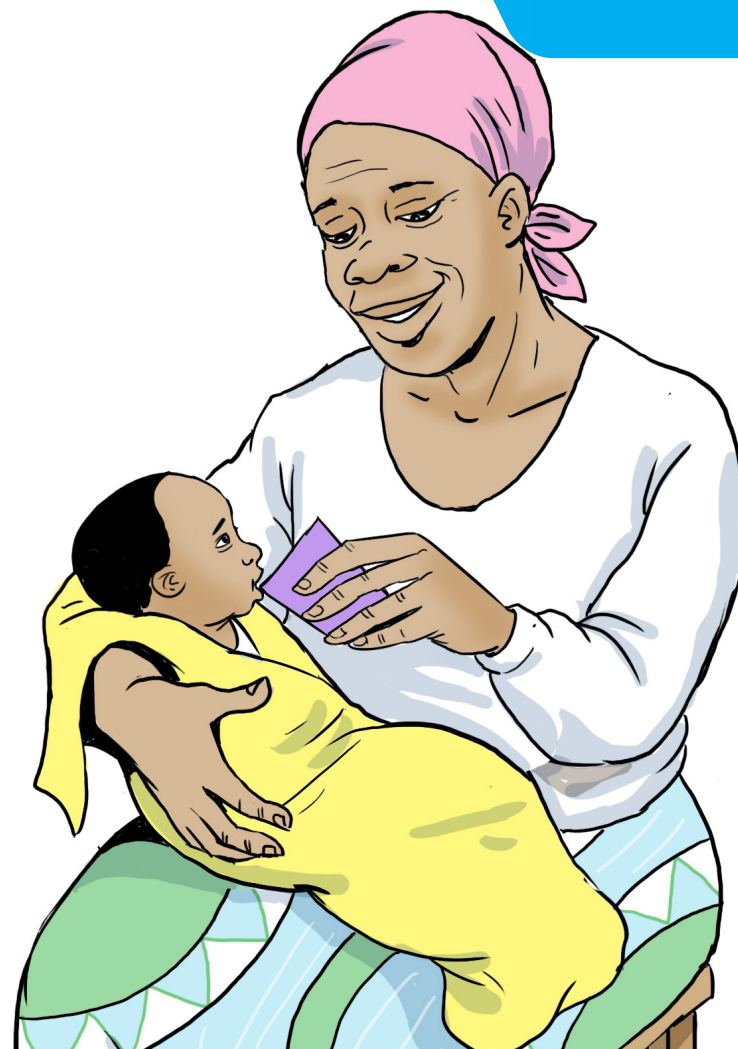
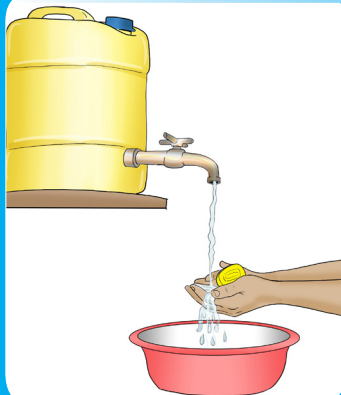
- Boil water
- Place the expressed breastmilk in a container in the hot water
- Allow the milk to rest in the container for sometime until it is at the right temperature for your baby

Storing and warming breast milk



Cup feeding

Card
18



Card 18: Cup feeding

Feeding your baby using a cup is safer and better than using a bottle.

Why a cup and not a bottle:

- Cups are easy to clean with soap and water
- It is less likely than bottles to be carried around for a long time giving bacteria time to breed.
- It is associated with less risk of diarrhoea, ear infections and tooth decay.
- A cup cannot be left beside a baby to feed himself. The person who feeds a baby by cup has to hold the baby and look at him/her giving the attention he/she needs.
- It does not interfere with suckling at the breast.
- It enables a baby to control his own intake.

How to feed a baby by cup:

- Wash your hands.
- Put the estimated amount of milk for one feed into the cup.
- Hold your baby sitting upright or semi-upright on your lap.



- Hold the small cup of milk to your baby's lips.
- Tip the cup so that the milk just reaches your baby's lips and it rests lightly on your baby's lower lip,
- Your baby becomes alert, and opens his mouth and eyes.
- Hold the cup to his/her lips and let him/her take it themselves.
- **DO NOT POUR** the milk into your baby's mouth!

Breast conditions related to breastfeeding



Full Breasts



Engorged Breasts



Inverted nipple



Candidiasis



Cracked/Sore nipples



Flat nipple



Mastitis

Card 19: Breast conditions related to breastfeeding

Timely identification and management of breast conditions will help you succeed with exclusive breastfeeding.

Management of breast conditions

Flat nipple:

- Antenatal treatment is not helpful
- Just before a breastfeed, roll and pull your nipple then bring the baby to the breast immediately
- Your nipple will be well formed after a while to support
- Express your milk and feed it to your baby by cup if it is difficult in the first 1-2 weeks while you continue putting the baby to the breast
- DO NOT feed using a bottle as this will prevent your baby from learning how to suckle your breast

Inverted nipples:

- Antenatal treatment is not helpful
- One minute before a breastfeed, pull your nipple using a simply prepared clean syringe then bring the baby to the breast immediately
- If the baby cannot feed well express your milk to feed your baby by cup

Full/Engorged breasts:

- DO NOT REST the breast. It is essential to remove milk.
- Expressing will help relieve the pain and make it easy for your baby to suckle
- After a feed, put a cold compress on your breasts to help reduce swelling and pain.

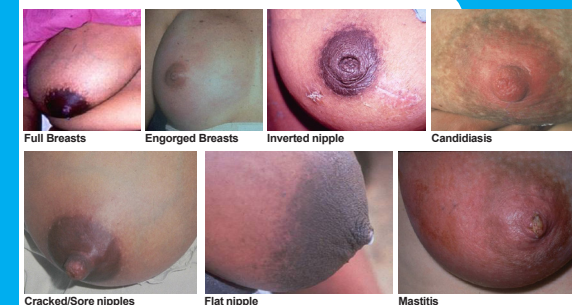
Candidiasis

Candidiasis has a burning or stinging which continues after a feed. Sometimes the pain shoots deep into the breast. The skin may look red, shiny and flaky. Sometimes the nipple looks normal. Suspect Candida if sore nipples persist, even when the baby's attachment is good. The baby may have white patches inside his cheeks or on his tongue, or he may have a rash on his bottom. Treat both mother and baby with nystatin. Advise the mother to stop using pacifiers, teats and nipple shields.

Mastitis:

The breast oozes with milk that is mixed with pus.

Breast conditions related to breastfeeding



- Be sure to remove all milk by breastfeeding frequently
- Apply warm and cold compresses to ease the swelling and the pain
- Visit your health provider for medication (antibiotics, analgesics)
- Rest adequately as it is key for treatment

Sore/cracked nipples:

The nipple is damaged or cracked and painful

- Caused by poor positioning and attachment
- Rub a little expressed milk over your nipple and areola with your fingers to promote healing.

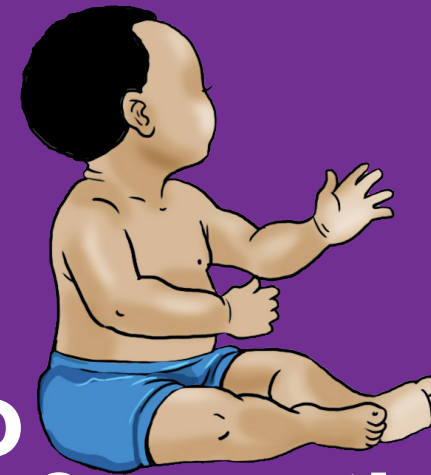
Do not:

- Wash your breasts more than once a day
- Use soap
- Rub hard with cloth or towel
- Use medicated lotion or ointment as they can irritate the skin.

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Introduction to complementary foods at 6 months

3



Introduction to complementary feeding

Card
20



6 Months



- 2 times per day
- 2-3 tablespoons at a time
- Breastfeed at least 8 times per day



9-11 Months



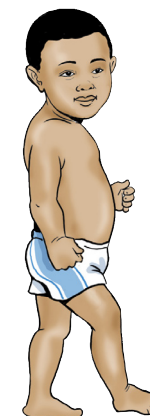
- 3 times per day
- 3/4 bowl at a time
- A snack between meals
- Breastfeed at least 6 times per day



7-8 Months



- 3 times per day
- Half bowl at a time
- Breastfeed at least 8 times per day



12-24 Months



- 3 times per day
- 1 bowl at a time
- 2 snacks between meals
- Breastfeed at least 3 times per day

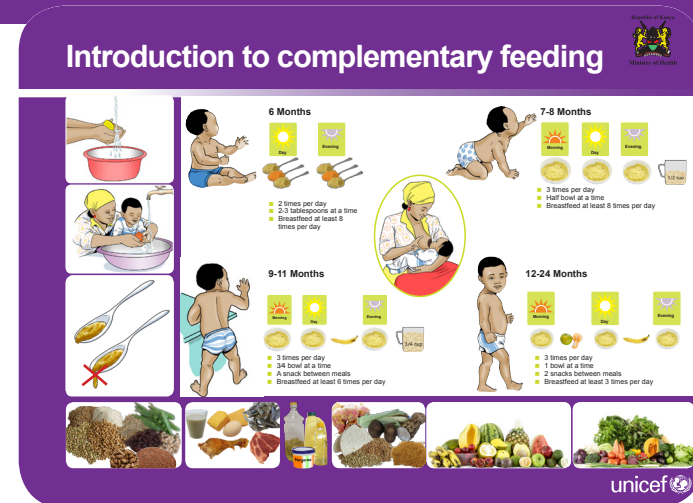


Card 20: Introduction to complementary feeding

- After 6 months breast milk is not enough. Starting other foods in addition to breast milk at 6 complete months helps a child to grow well. Breast milk continues to be an important part of the diet and provides half of the child nutritional requirement upto 12 months, a quarter upto 18 months and a third upto 2 year.
- Practicing **good food safety and personal hygiene** is important for preparing safe and healthy complementary foods and feeding children. It helps to prevent child illnesses, especially diarrhea. Therefore wash hands with soap (or ash) and clean water
- Gradually increase food consistency and variety as the infant grows older, adapting to the infant's requirements and abilities.
- Start at 6 months of age with small amounts of food and increase the quantity as the child gets older, while maintaining frequent breastfeeding.
- Feed a variety of nutrient-rich foods to ensure that all nutrient needs are met.
- Increase the number of times that the child is fed complementary foods as the child gets older.

Use fortified complementary foods or vitamin-mineral supplements for the infant, as needed

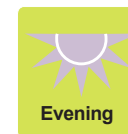
THINK ! Hygiene, Frequency, Amount, Thickness, Variety, and Responsive feeding



Complementary feeding at 6 months



Card
21



Week 1-2



Week 3-4



Card 21: Complementary feeding at 6 months

- Breast milk continues to be the most important part of your baby's diet. Breastfeed before giving other foods and continue breastfeeding on demand both day and night.

THINK! Hygiene, Frequency, Amount, Thickness, Variety, and Responsive feeding

Hygiene: Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses. Wash with soap and water at all critical times

Frequency: Feed 2 times a day, use a separate bowl to feed the baby to make sure he/she eats all the food given

Amount: Start with 2 tablespoon at each feed and increase to 3 tablespoon in the 3rd to 4th week baby needs time to get used to new food

Thickness: Should be thick enough not to run off the spoon

Variety: Begin with the staple foods like porridge (corn, wheat, rice, millet, sorghum), pureed banana or potato. When making porridge only mix 2 cereals not more

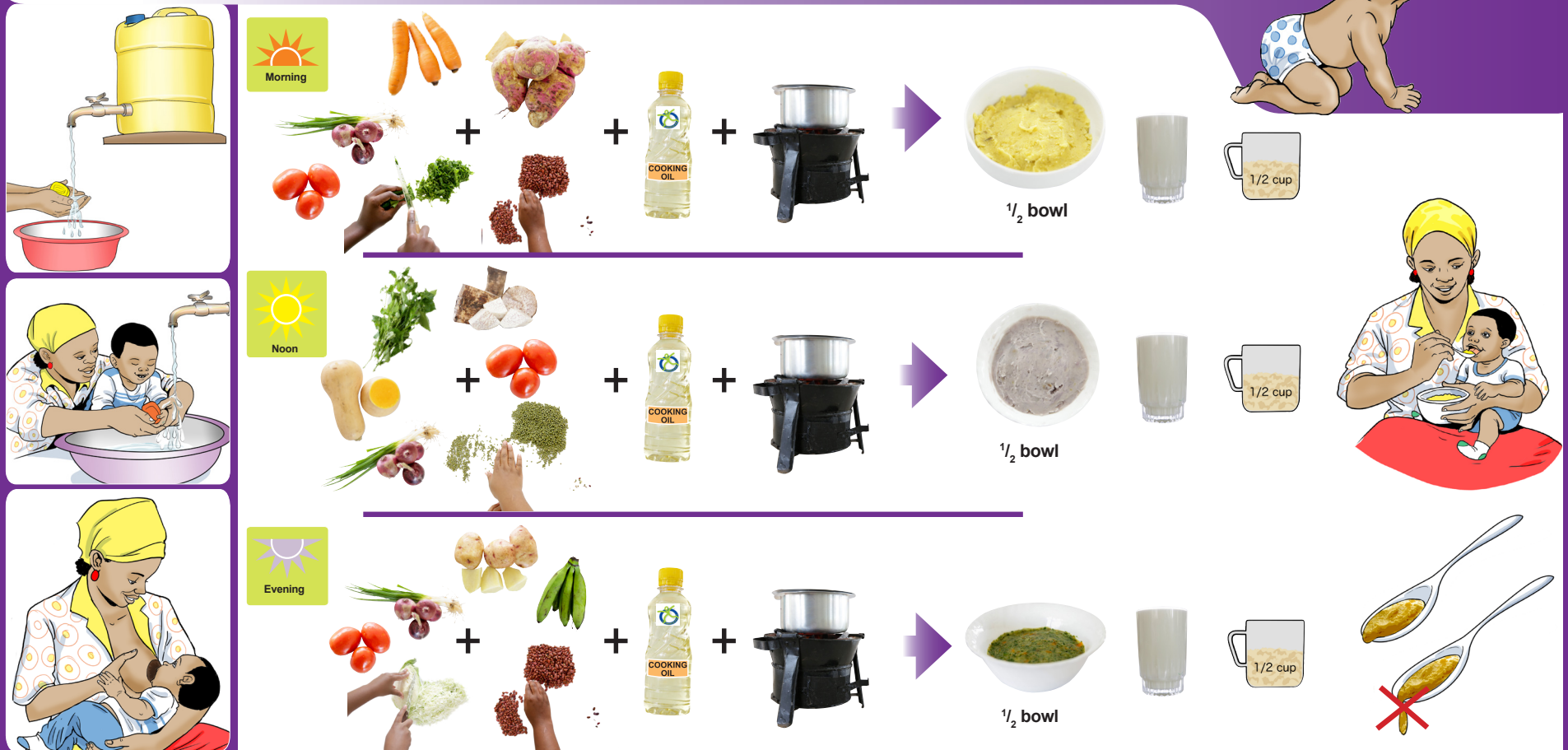
Responsive feeding: Don't force your baby to eat.

Give the child small sips of safe drinking water



Complementary feeding for 7–8 months

Card
22



Card 22: Complementary feeding for 7–8 months

- Breast milk continues to be the most important part of your baby's diet and it provides half of a child's nutritional needs. Breastfeed before giving other foods and continue breastfeeding on demand both day and night.

When giving complementary foods to your baby;

THINK! Hygiene, Frequency, Amount, Thickness, Variety, and Responsive feeding

Hygiene: Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.

Frequency: 3 times a day

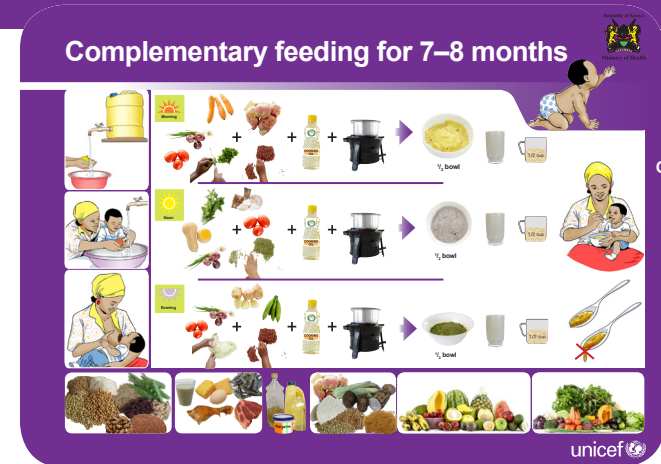
Amount: Increase amount gradually to half ($\frac{1}{2}$) cup (250ml cup). Use a separate plate to make sure young child eats all the food given.

Thickness: Mashed/pureed family foods, by 8 months your baby can begin eating finger foods. Thicken your baby's food as the baby grows older.

Variety: Include at least one food from each food group (animal source, staple, legumes and seeds, vitamin A rich fruit and vegetables). Animal source foods are especially good for children to help them grow strong and healthy.

Responsive feeding: Be patient and actively encourage your baby to eat.

- Add small amounts of oil to your baby's food.
- Give your child some safe drinking water.
- Enrich the baby's food by adding milk and locally available foods e.g. avocado, peanut paste.
- Giving a child soup of the food is not the same as giving the food itself.



Complementary feeding for 9-11 months



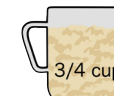
Card
23



+



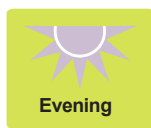
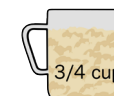
$\frac{3}{4}$ bowl



+



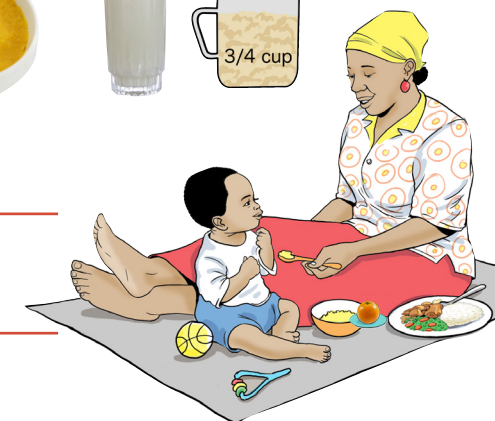
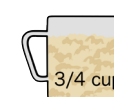
$\frac{3}{4}$ bowl



+



$\frac{3}{4}$ bowl



Card 23: Complementary feeding for 9 -11 months

- Continue breastfeeding your baby on demand both day and night. Milk supplies half ($\frac{1}{2}$) of baby's need. Breastfeeding should take place before meals

When giving complementary foods to your baby;

THINK! Hygiene, Frequency, Amount, Thickness, Variety, and Responsive feeding

Hygiene: Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.

Frequency: Feed your baby complementary foods 4 times a day (3 meals and 1 snack) snacks may be, ripe banana, mango, boiled potato etc.

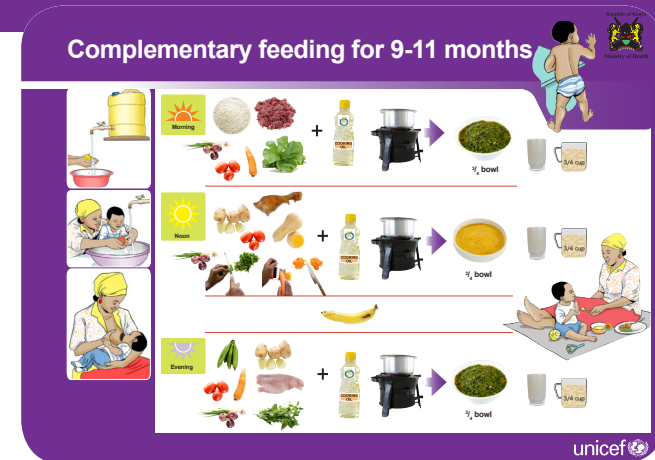
Amount: As the child grows increase the amount of food. Give half ($\frac{1}{2}$) cup (250 ml cup) daily family food. Use a separate plate to serve the baby's food.

Thickness: Give finely chopped family foods, finger foods, sliced foods.

Variety: Give a variety of foods, include milk, crops such as sorghum, millets, pigeonpeas, groundnuts, cowpeas and green grams, orange fleshed sweet potatoes.

Responsive feeding: Make meal times a relaxed and happy time for the child while encouraging and not forcing them, for example clap your hands, make funny faces, and demonstrate opening your own mouth very wide, say encouraging words

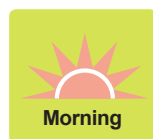
- Add small amounts of oil to your baby's food.
- Give your child some safe drinking water.
- Enrich the baby's food by adding milk and locally available foods e.g. avocado, peanut paste.



Complementary feeding for 12-23 months



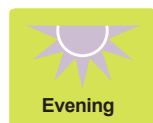
Card
24



Full bowl



Full bowl



Full bowl



Card 24: Complementary feeding for 12 -23 months

- Continue breastfeeding your baby on demand both day and night milk supplies a third (1/3) of baby's need. Breastfeeding should take place before meals
- A young child needs to learn to eat: encourage and give help with lots of patience

When giving complementary foods to your baby;

THINK! Hygiene, Frequency, Amount, Thickness, Variety, and Responsive feeding

Hygiene: Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.

Frequency: Feed your baby complementary foods 5 times a day (3 meals and 2 snack) snacks may be, ripe banana, mango, boiled potato etc

Amount: Give your child $\frac{3}{4}$ to 1 cup of 250ml cup. Use a separate plate to to serve babies food to make sure the young child eats all the food given.

Thickness: Cut food into small, soft pieces so that your child can pick, chew and swallow comfortably.

Variety: Include at least one food from each food group (animal source, staple, legumes and seeds, vitamin A rich fruit and vegetables).

Responsive feeding: Make meal times a relaxed and happy time for the child, encourage and not force them to feed. For example clap your hands, make funny faces, and demonstrate opening your own mouth very wide, use encouraging words.

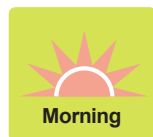
- Give your child 2-3 cups (250 mls cup) of milk
- Add small amounts of iodized salt
- Provide your child with safe drinking water
- Enrich the baby's food by adding locally available foods e.g. avocado, peanut paste



Feeding children 24-59 months



Card
25



+



Full bowl



+



Full bowl



+



Card 25: 24-59 months

- The child has increased energy needs and nutrient requirements. A growing child needs 2-4 meals a day plus 1-2 snacks if hungry: give a variety of foods encourage physical activity

THINK! Hygiene, Frequency, Amount, Thickness, Variety, and Responsive feeding

Hygiene: Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.

Frequency: Feed your child 5 times (3 meals and 2 snacks) snacks may be, ripe banana, mango, boiled potato etc.

Amount: Give your child at least 1 ½ -2 cups 250ml of food.

Variety: Include at least one food from each food group (animal source, staple, legumes and seeds, vitamin A rich fruit and vegetables).

Responsive feeding: Make meal times a relaxed and happy time for the child while encouraging and not forcing them, for example clap your hands, make funny faces, and demonstrate opening your own mouth very wide, say encouraging words.

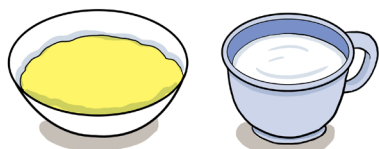
- Give your child 2-3 cups of milk
- Add small amounts of salt and oil
- Provide your child with safe drinking water
- Encourage physical health



Non-breastfed children from 6-23 months

Card
26

6 up to 8
months



Each day add:



9 up to 11
months



Each day add:



12 up to 23
months



Each day add:



Card 26: Non-breastfed children from 6-23 months

- Non breast fed babies requires extra meals and milk in order for them to continue growing stronger and healthy. Milk continues to be a very important part of the baby's diet.

THINK! **Hygiene, Frequency, Amount, Thickness, Variety and Responsive feeding**

Hygiene: Good hygiene is important to avoid diarrhea and other illnesses. Wash with soap and water at all critical times.

Frequency: Feed 2 times a day for babies, use a separate bowl to serve babies/child food.

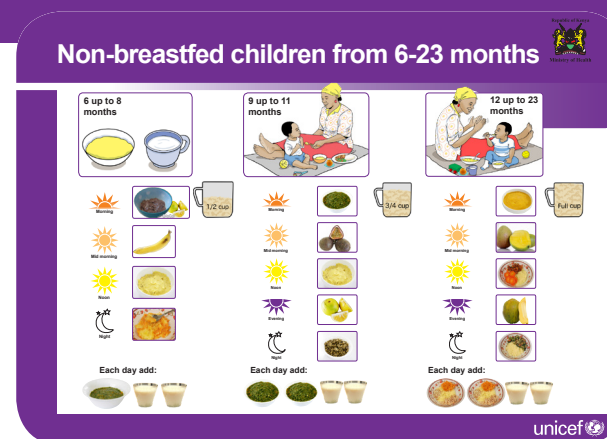
- Amount:**
- At 6 months start with 2 tablespoon at each feed and increase to 3 tablespoons in the 3rd to 4th week. Baby needs time to get used to new food, give 3-4 cups of milk.
 - 6-8 months feed the baby 3 times a day, add one snack depending on appetite, one extra meal and 1-2 cups of milk.
 - 9-11 months feed the baby 3 meals, 2 snacks provide 1-2 extra meals and 1-2 cups of milk depending on the baby's appetite
 - 12-23 months feed baby with 3 meals, 2 snacks and an extra 1-2 meals and 1-2 cups of milk.

Thickness: Should be thick enough not to run off the spoon at 6 months of age, as the child gets older modify the foods same way as the breastfed child

Variety: Begin with the staple foods like porridge (corn, wheat, rice, millet, sorghum), pureed banana or potato. When making porridge only mix 2 cereals not more. Include more variety as the child gets older same way as the breastfed child.

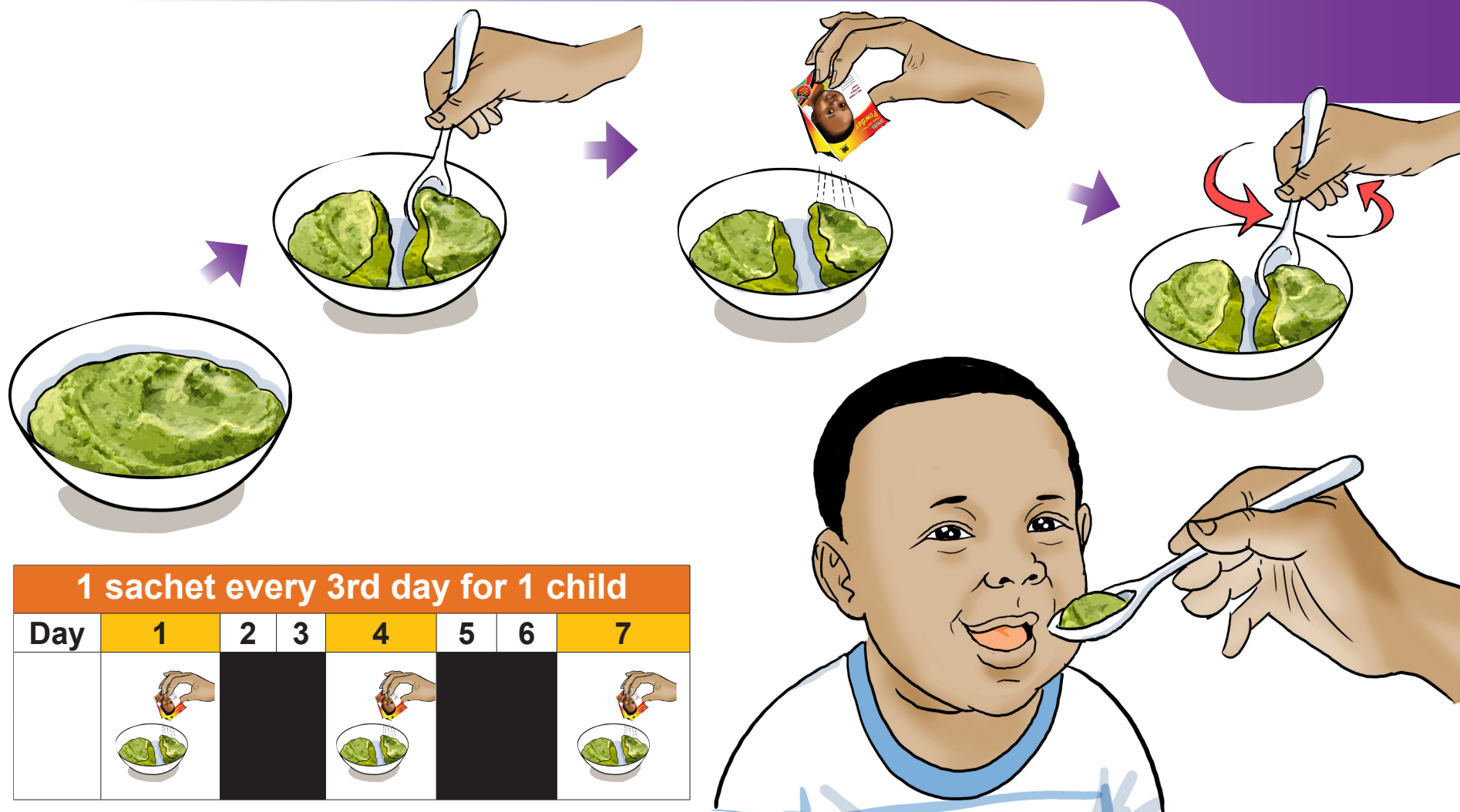
Responsive feeding: Don't force your baby to eat, rather encourage the child to eat with lots of patience.

Give the child small sips of safe drinking water, as the child gets older offer 2-3 cups of safe drinking water in temperate climate and 4-6 cups in hot climate.





Adding Micronutrient Powders (MNPs) to complementary foods

Card
27



1 sachet every 3rd day for 1 child

Day	1	2	3	4	5	6	7
							

Card 27: Adding Micronutrient Powders (MNPs) to complementary foods

Use of MNP's for home fortification have been shown to have an impact on the micronutrient status of children 6-23 months.

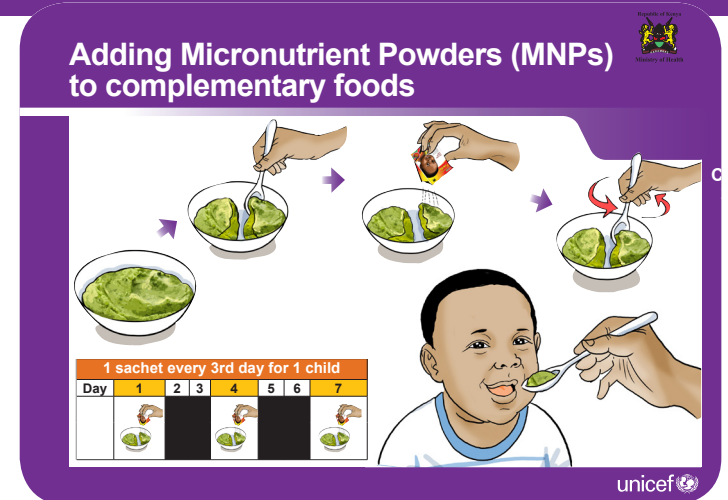
Micronutrient Powder helps:

- Improve the body's immune system.
- Improve a child's appetite.
- Improves a child's ability to learn and develop.
- Makes children healthy, strong and active.
- Prevent vitamin and mineral deficiencies.

How to use the Micronutrient powder

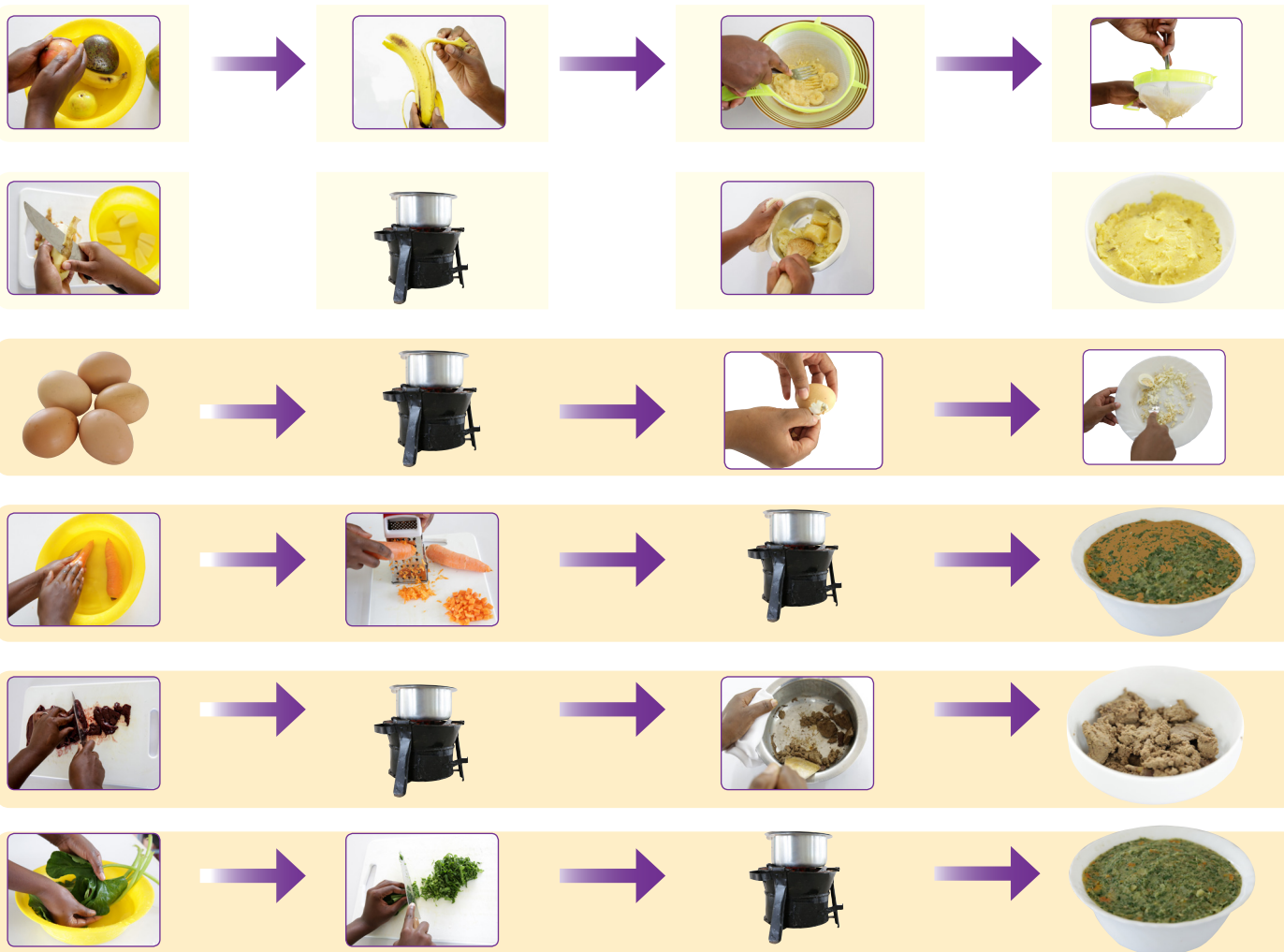
- One sachet of MNP for one child should be mixed with food, every third day, not more than 1 sachet per day.
- Mix in warm semi-solid foods.
- Put the baby's food in a bowl, pull a side a portion of the food (2-3 tablespoons) add the MNP powder and mix into that portion only, the baby should be fed on that portion first. MNP should be added at the meal the child likes the most.
- MNPs powder should not be added in hot or liquid foods.
- MNPs should not be shared with other children.
- Do not keep the food beyond 30 minutes after mixing.

Do not give MNPs to children who are receiving Ready to Use Therapeutic Food and other supplementary foods.



Modification of complementary foods 6-12 months

Card
28



Method of cooking	Age
Strained	6 months
Mashed	7 months
Mashing a protein	8 months
Grated	8 months
Dicing and mincing	9 months
Chopping	9 months

Card 28: Modification of complementary foods 6-12 months

- Making your own baby food is a simple and inexpensive way to feed the baby. It allows you to offer textures that are just right for baby's needs and abilities.
- Modify the texture of the child's food, as the child grows. Cook foods until very soft and allow them to cool before cutting them into small chunks to purée or mash.
- Start with pureed texture. Baby needs pureed food only for a short time. Between 6 and 7 months, baby can progress from purees to well-mashed and soft-cooked finger foods.
- Use foods from the family's daily menu whenever possible. Most foods texture can be changed to minced, mashed, soft or finely grated form.
- It is important for baby to try different textures as he/she grows. This helps baby learn to chew, swallow and enjoy the same food the family is eating. Introducing more textured foods reduces the risk of speech problems and fussy eating.
- Shred meat into smaller pieces using a chopping board.
- Use clean hands to mash fish.
- Use a fork or spoon to mash eggs.

Increase and vary food textures to help baby develop. Babies adapt quickly moving from pureed and finely mashed foods to lumpy foods.



Method of cooking	Age
Strained	6 months
Puree	↓
Smooth	
Mashed	
Grated	7 months
Minced	↓
Lumpy	
Diced	
Cut up	8 months
Feeds self with finger foods	9 months
Finely chopped foods that softens or dissoles in mouth. Examples are dry, toasted-oat cereal and unsalted whole wheat crackers.	10 months
	↓
	12 months

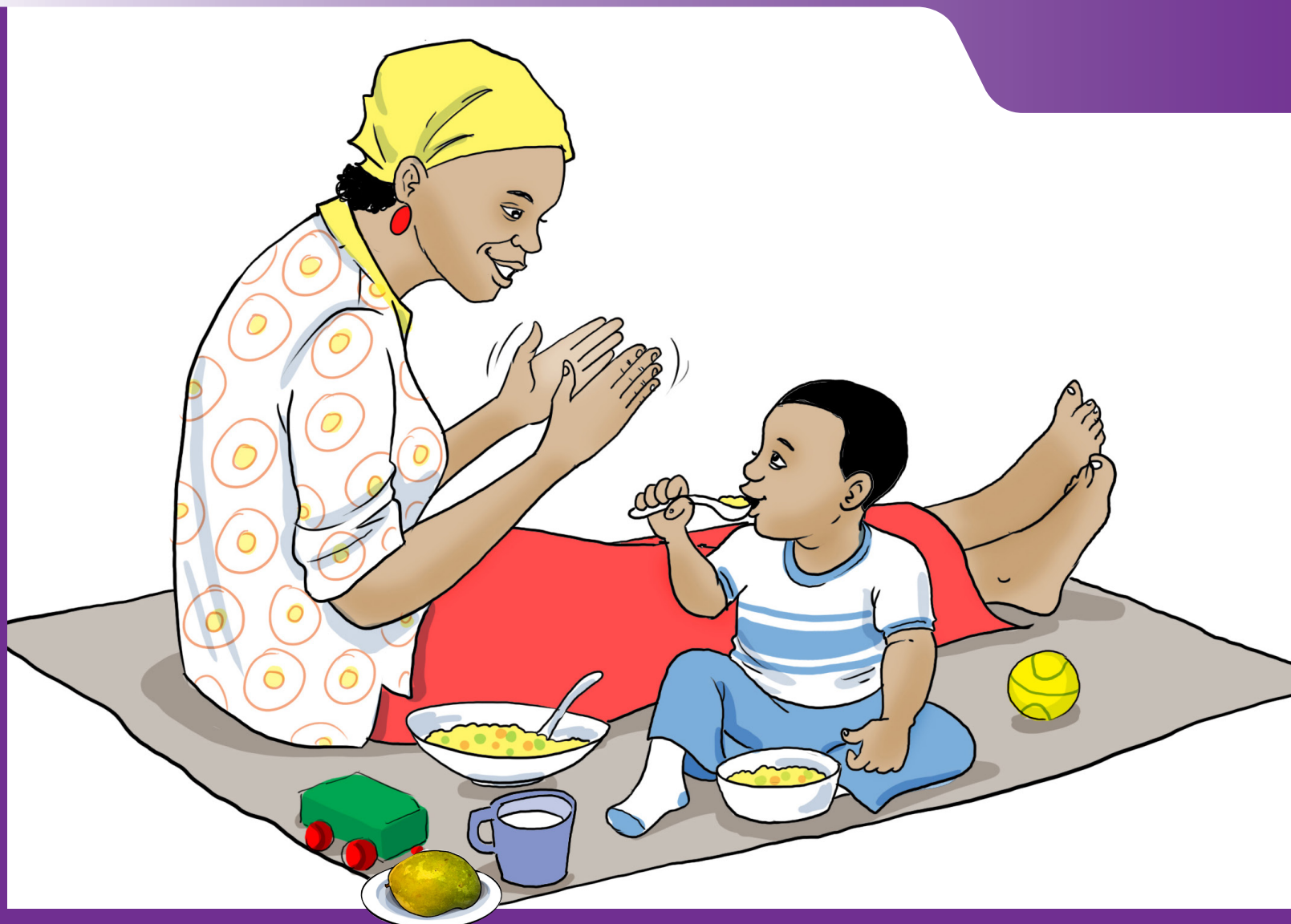
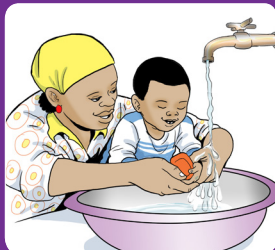
Responsive feeding

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Card
29



Card 29: Responsive feeding

- Respond positively to the child with smiles, eye contact and encouraging words.
- Do not feed a child when he/she is sleepy or too tired.
- Make the baby's food appealing to the eye (color, texture)
- Try different food combinations, tastes and textures to encourage eating.
- Serve the child in his or her own bowl.
- Wait when the child stops eating and then offer again.
- Give finger foods that the child can feed himself/herself.
- Minimize distractions if the child loses interest easily.
- Stay with the child through the meal and be attentive.
- Water should not be given during the child's meal as they make the child eat less.
- Avoid force feeding & negative reinforcement.



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Feeding in special circumstances

4



Feeding of a low birth weight baby



Card
30



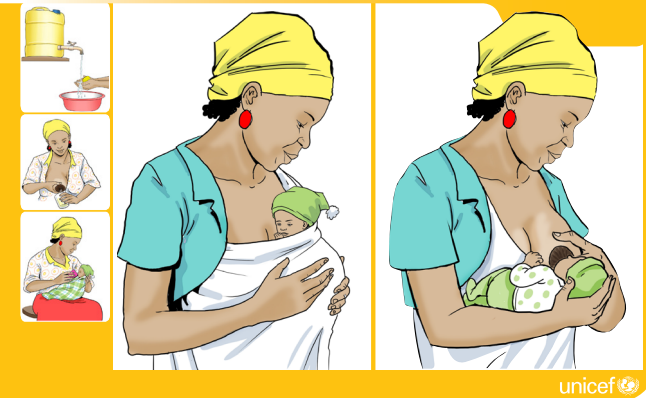
Card 30: Feeding of a low birth weight baby

- Low Birth Weight (LBW) babies as well as for babies (<2500kg) who have no problem of breast feeding should be initiated on the breast within the first hour of birth.
- A Low Birth Weight baby needs special care. The health worker will assess and determine appropriate feeding route whether by oral, nasogastric or orogastric.
- Cup feeding is used for those whose swallowing reflex has not developed.
- Premature and LBW babies should be fed very slowly to reduce the risk of getting an intestinal infection (necrotizing enterocolitis).
- For preterm well babies, start breast milk feeding immediately. Babies with difficulties in attachment and sucking should be given additional expressed breast milk in a open cup. If expressing breast milk for feeding ensure that you empty the breast completely to get the hind milk.
- Good positions for correct attachment: the cross cradle and underarm positions.

Kangaroo Mother Care

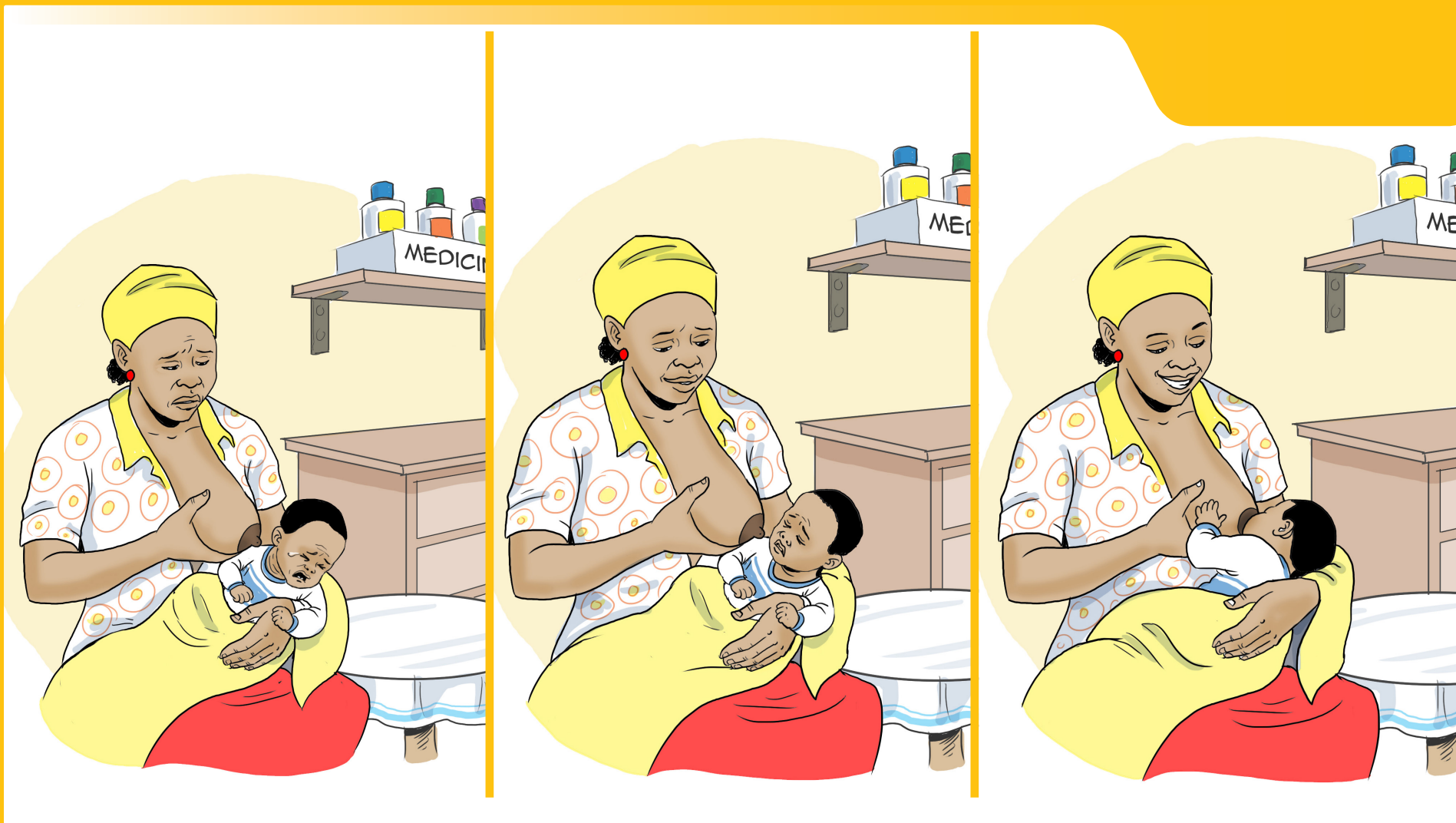
- KMC is used for premature and LBW babies.
 - Warmth is needed keep the baby skin-to-skin contact, this method can save your baby.
 - KMC enables the baby to breast feed, improves growth and development and prevents the baby from infections.
- Kangaroo can start immediately the baby is born.
- **Position:** Place the naked baby on the mother/caretaker's naked chest with his or her legs flexed, turn the head slightly so that the baby can breath and you are able to see the face. Put the legs to stay in a frog position and secure the baby in a cloth that passes just under the infant's ears and is tied around the caretaker's chest.
 - The father can support the Kangaroo
 - Kangaroo should not be less than one hour.
 - Wash your hands with soap and running water to prevent infections.

Feeding of a low birth weight baby



Feeding sick children less than 6 months

Card
31



Card 31: Feeding sick children less than 6 months

- Frequent breastfeeding during illness helps your baby to fight sickness, recover more quickly and not lose weight.
- If your baby refuses to breastfeed, continue to encourage your baby until he or she takes the breast again.
- If the baby is too weak to suckle, express breast milk to give the baby by cup.
- Give **ONLY** breast milk and prescribed medicines to your baby.
- If your baby has been very ill, you may need support to re-establish exclusive breastfeeding.



Feeding sick children more than 6 months

Card
32



Card 32: Feeding sick children more than 6 months

- Increase the frequency of breastfeeding and offer additional food to your child to maintain his or her strength, reduce weight loss and to recover faster.
- Patiently encourage your sick child to eat as his or her appetite may be decreased because of the illness.
- Give your child small frequent meals that he or she likes throughout the day to stimulate their appetite.
- Offer your child simple foods like porridge and fruits, even if he or she does not express interest in eating.
- Avoid spicy or fatty foods.
- DO NOT use bottles, teats or spouted cups, since these are difficult to clean.
- If your child has fever or diarrhoea, give extra fluids as much as possible such as, safe drinking water, soup. During diarrhoea give:
 - ORS.
 - Give your child zinc as advised by the health worker.
 - Breastfeed more frequently.



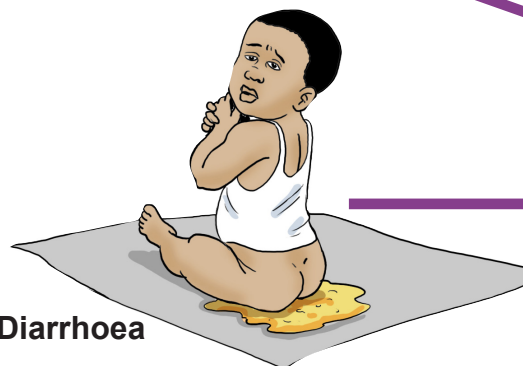
Danger signs



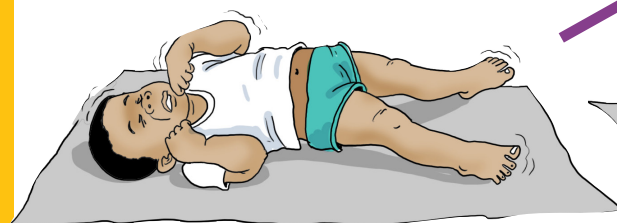
Vomiting



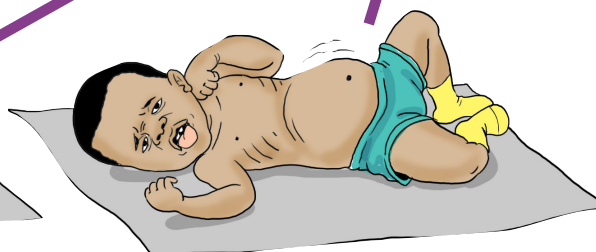
Baby stops to breastfeed



Diarrhoea



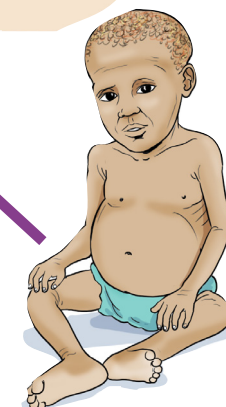
Convulsions



Difficult or fast breathing



Baby feels hot or unusually cold



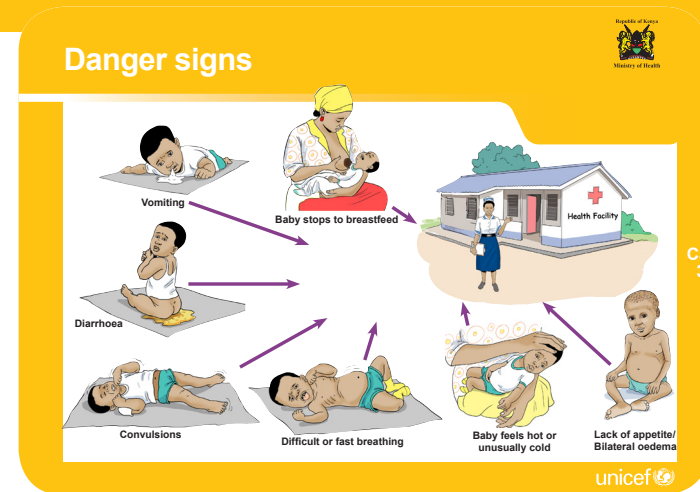
Lack of appetite/
Bilateral oedema

Card
33

Card 33: Danger signs

Take your child immediately to a trained health worker or clinic if any of the following symptoms are present:

- Refusal to feed and being very weak.
- Vomiting (cannot keep anything down).
- Diarrhoea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes).
- Convulsions (rapid and repeated contractions of the body, shaking).
- The lower part of the chest sucks in when the child breathes in, or it looks as though the stomach is moving up and down (respiratory infection).
- Fever (possible risk of malaria).
- Malnutrition (loss of weight or swelling of the body).



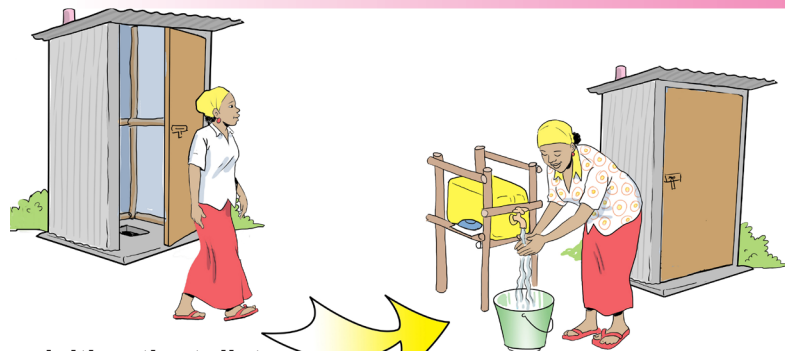


Essential hygiene actions

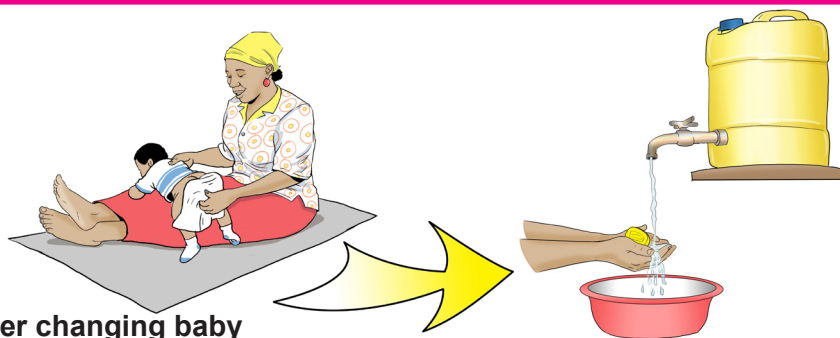
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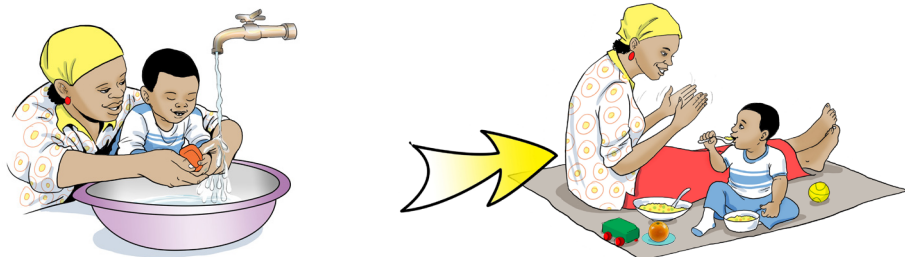
Handwashing at 5 critical times to prevent illness



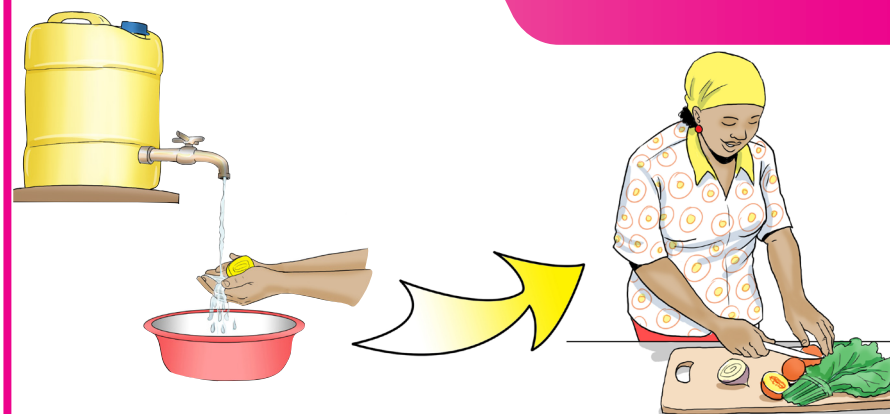
1. After visiting the toilet



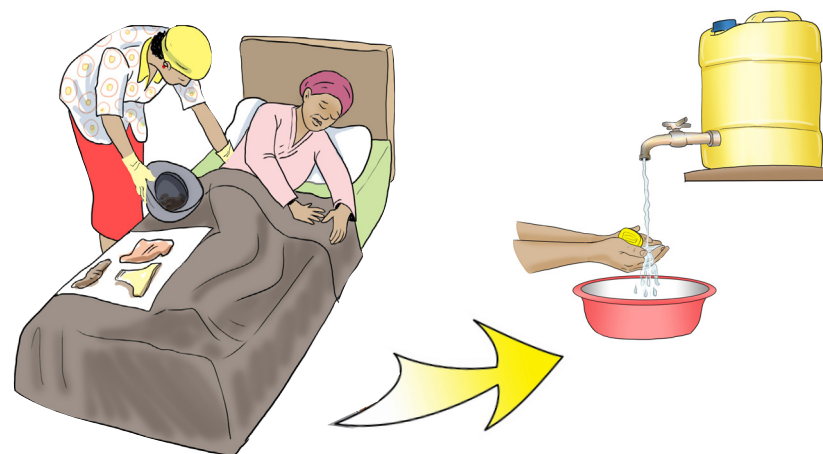
2. After changing baby



3. Before eating or breast feeding baby



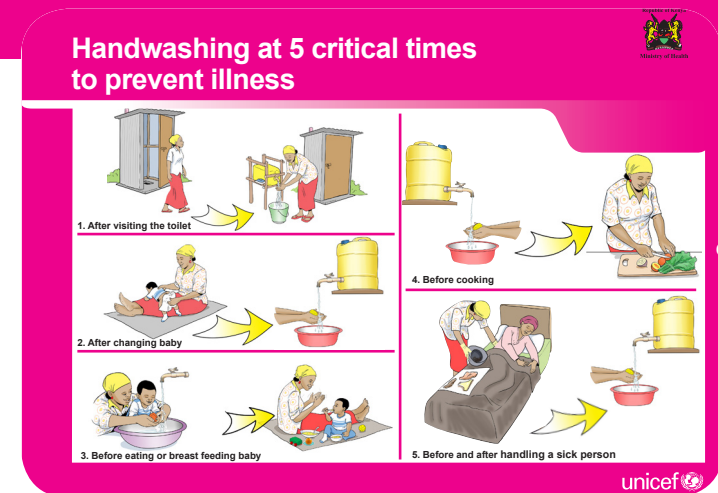
4. Before cooking



5. Before and after handling a sick person

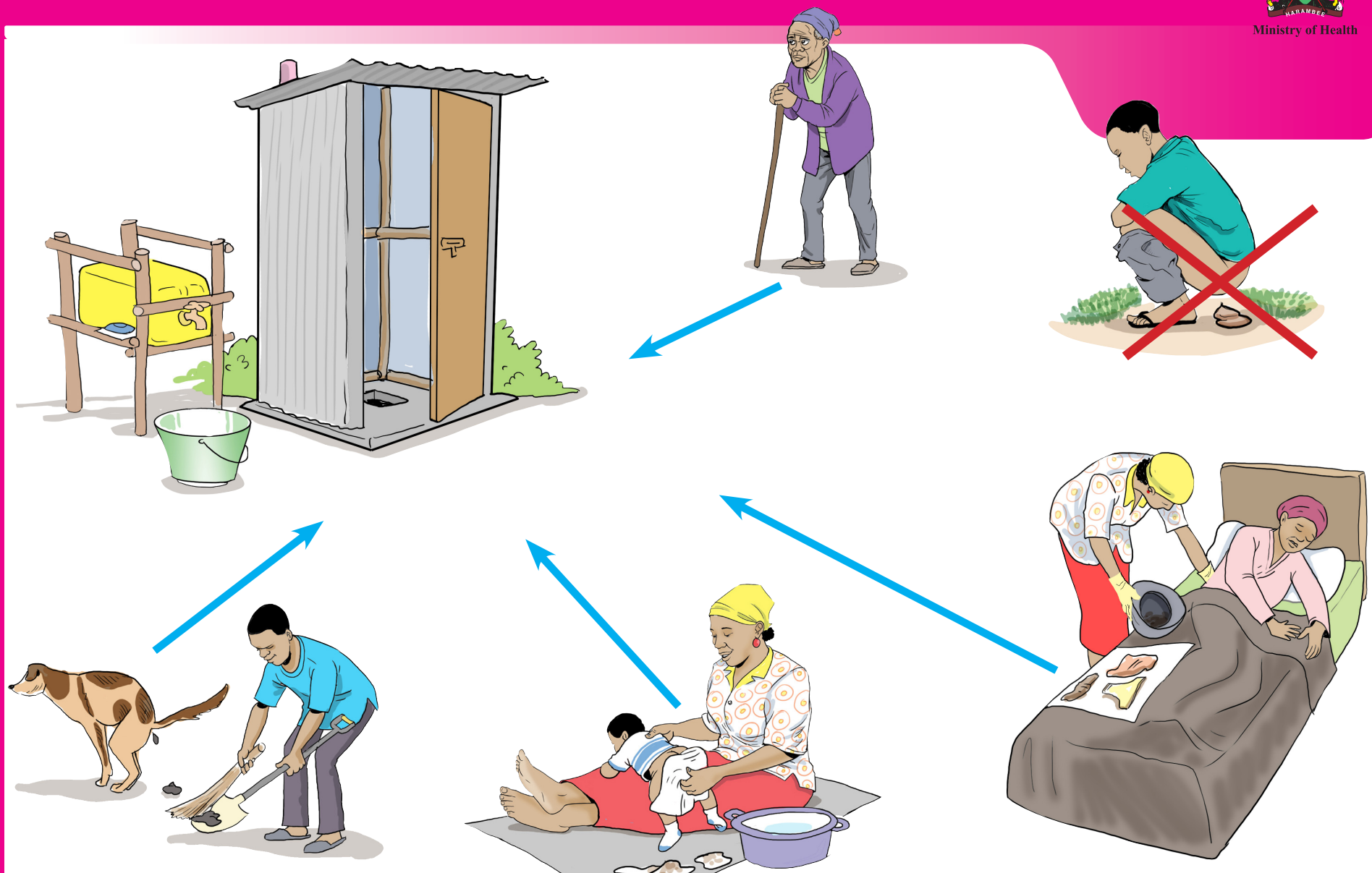
Card 34: Handwashing at 5 critical times to prevent illness

- Handwashing with soap and water prevents most illnesses like diarrhea and pneumonia.
- Wash your hands with soap and water at the following critical times.
 - After visiting the toilet.
 - After changing the baby's diapers.
 - Before eating or breast feeding.
 - Before cooking.
 - Before and after handling a sick person.



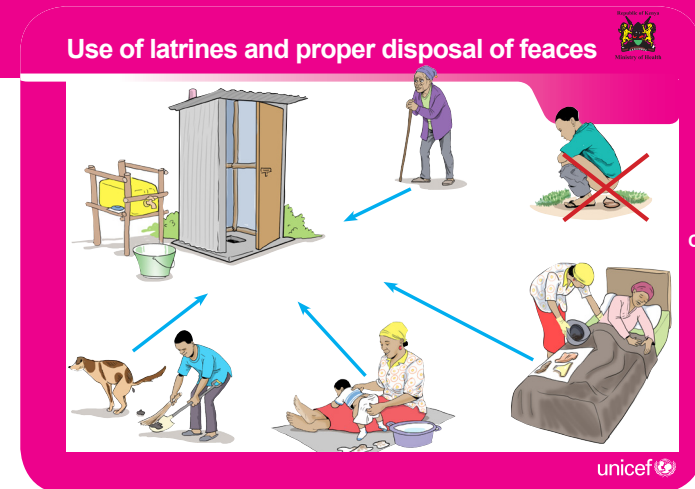
Use of latrines and proper disposal of faeces

Card
35



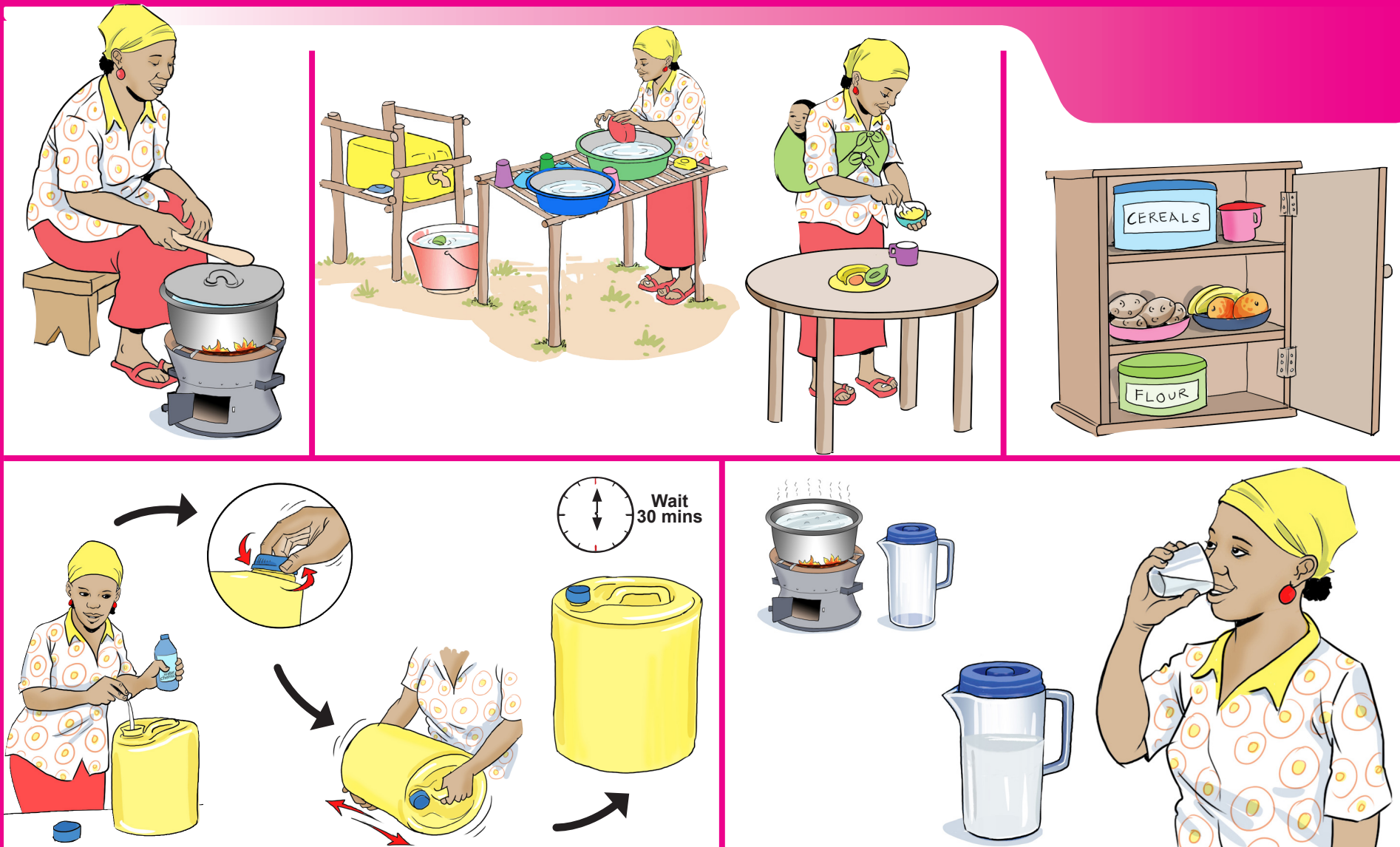
Card 35: Use of latrines and proper disposal of feaces

- Always defecate in a latrine and encourage other family members to do so as well.
- Have young child defecate into a container (potty) if it is not practical to use the latrine.
- Dispose child feaces and diapers in a latrine.
- Wash the container with soap and water after the feaces are disposed.
- Immediately wash the child's hands with soap and running water after the child defecates or uses the latrine.
- Wash your hands with soap and running water for 20 seconds immediately after defecating or after helping a small child to defecate



Food safety and hygiene

Card
36



Card 36: Food safety and hygiene

Ensure minimal contamination of complementary food items.

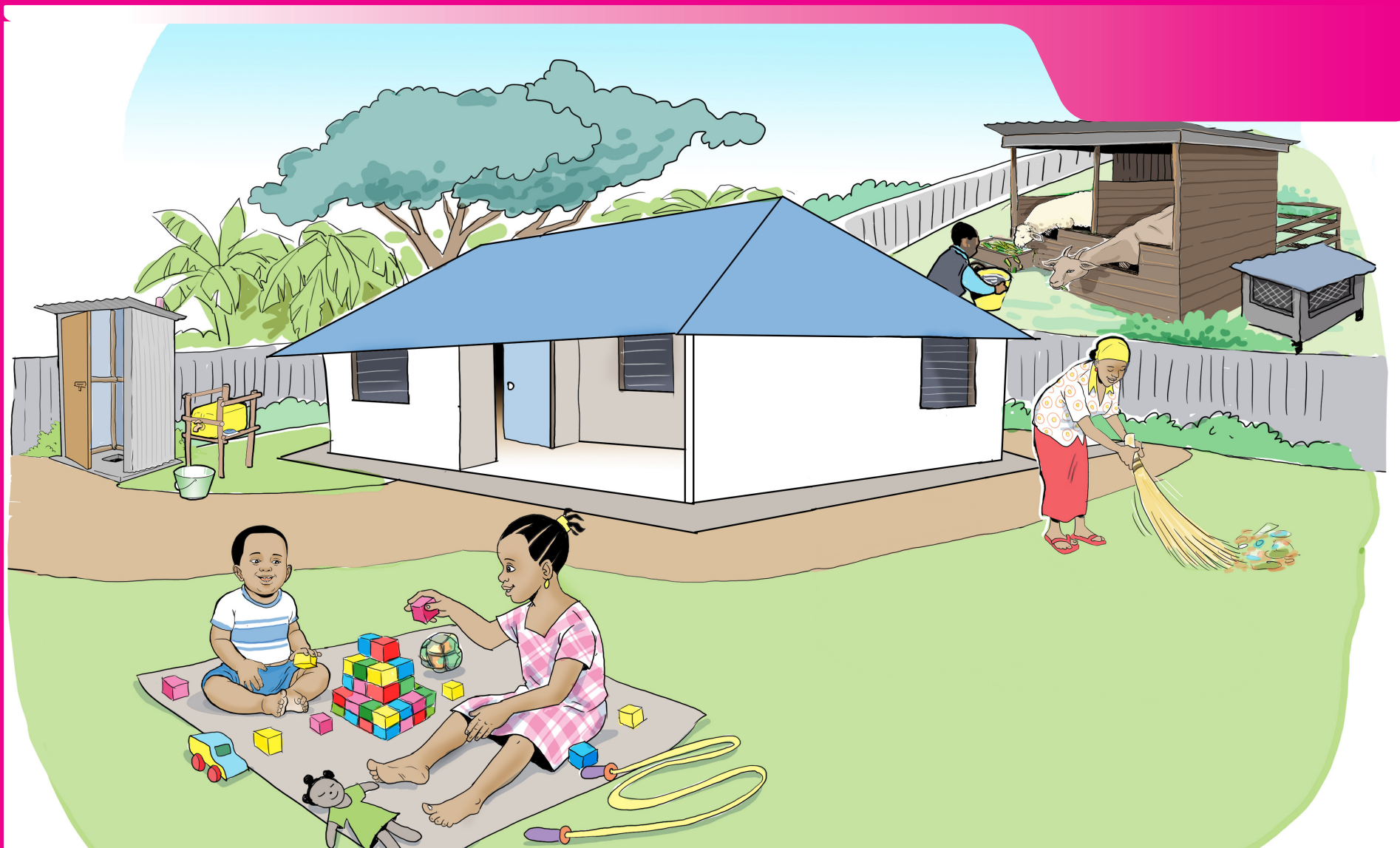
- Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.
- Cover food while cooking.
- Wash utensils.
- Cook meat, fish and eggs until they are well cooked.
- Wash vegetables, cook immediately for a short time and eat immediately to preserve nutrients.
- Dry utensils in a clean dish rack.
- Prepare baby's food in a clean surface.
- Use clean utensils and store foods in a clean place.
- Wash raw fruits and vegetables before eating.
- Treat drinking water with either boiling, or use of chlorine, so that it's safe and does not cause diarrhoea.
- Wait for 30 minutes after water chemical treatment before drinking the water.

Avoid consumption of mouldy grains, nuts and other food items by; proper drying, sorting and storage.



Healthy play areas/Environment

Card
37



Card 37: Healthy play areas/Environment

Provide a play space for children under two years old that has a clean mat for children to play on to prevent them from eating soil or faeces.

Clean and sanitize the play mat once a week and whenever it is soiled with food or dirt.

Encourage the care takers to clean and sanitize toys and other items that babies frequently stick in their mouths at least two or three times per week:

- Each time you notice that they are soiled with food or dirt;
- When the baby is recovering from an illness;
- When other children have put the items in their mouth

Keep household livestock (such as chickens or rabbits) in pens or cages to keep animal faeces away from children

Healthy play areas/Environment



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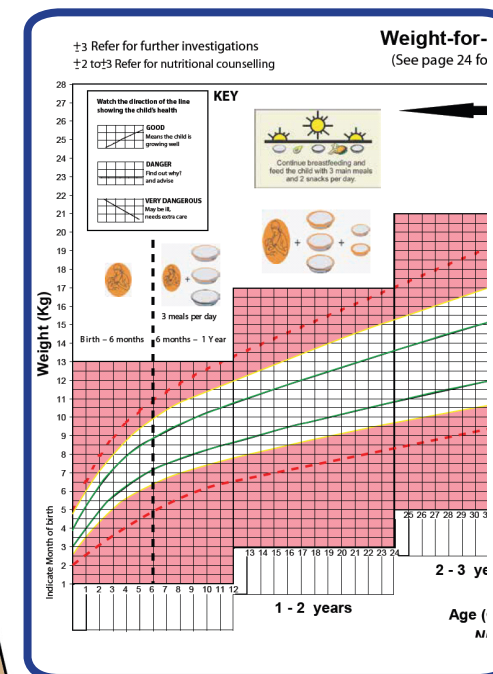
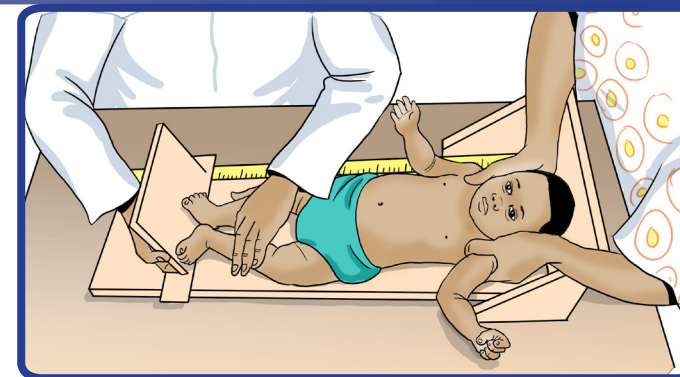
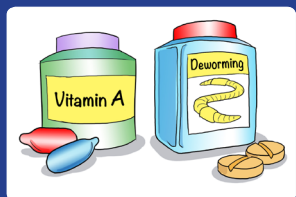
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Growth monitoring & promotion

6

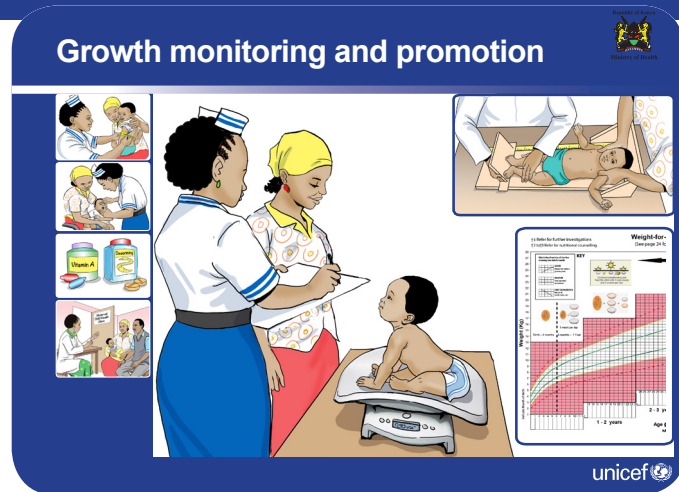


Growth monitoring and promotion



Card 38: Growth monitoring & promotion

- Monthly growth monitoring and promotion sessions (GMP) for children <5 years helps to monitor your child's growth and development.
- A healthy child who is growing well always gains a certain amount of weight every month
- During growth monitoring, your child will be weighed and the length measured. This will be compared with set standards to see if your child is growing well.
- You can ask questions about your child's growth, health and nutrition.
- Ask about your child's immunization schedule as immunization protects babies against several diseases.
- Every child below 5 years should receive a dose of Vitamin A every 6 months to ensure child survival.
- Every child above 1 year should be dewormed every 6 months.
- Ask your healthcare provider about an appropriate method of family planning.
- Caregivers to remember to bring their child as scheduled for the next GMP.



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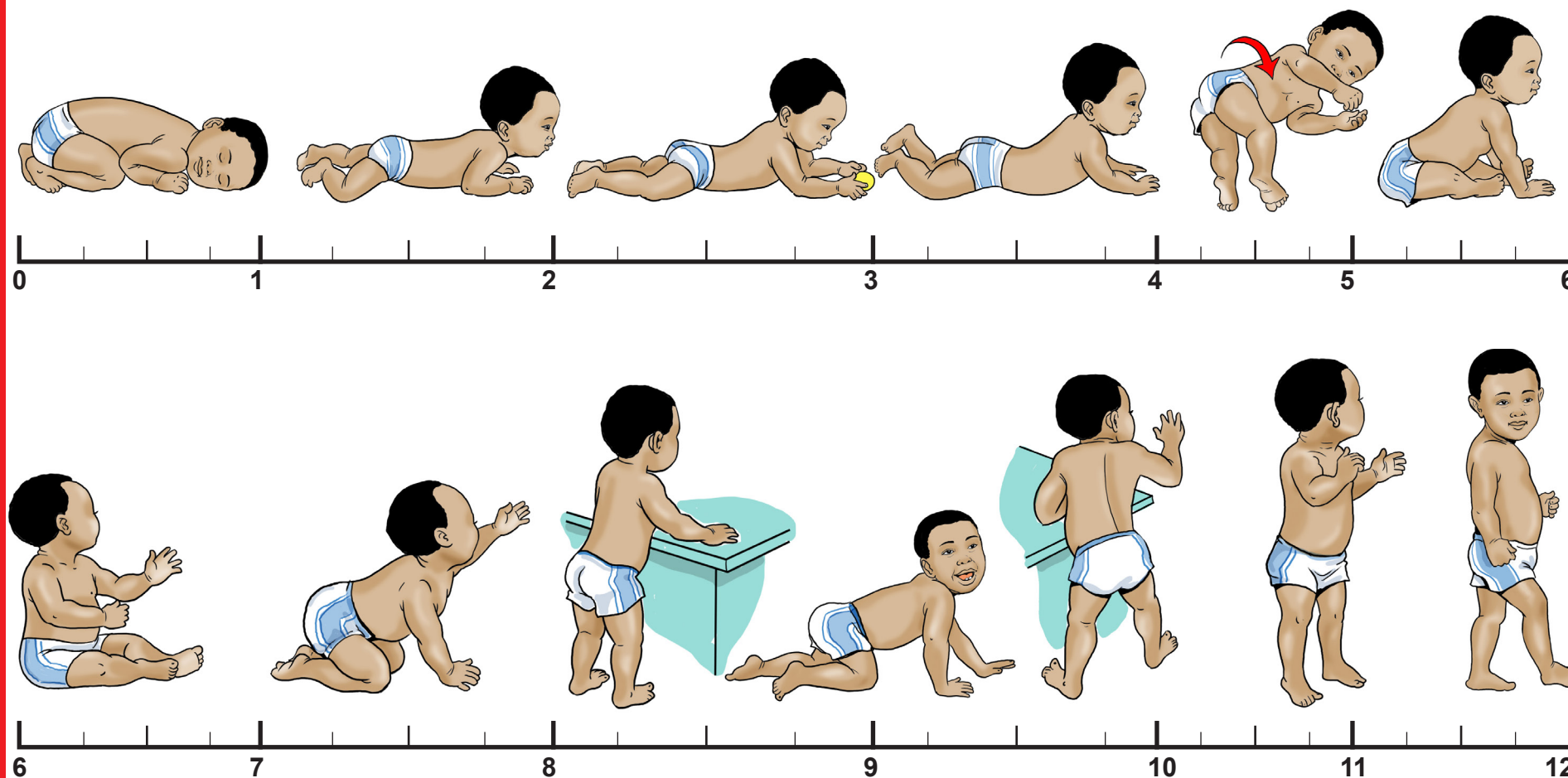


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Developmental milestones



Developmental milestones

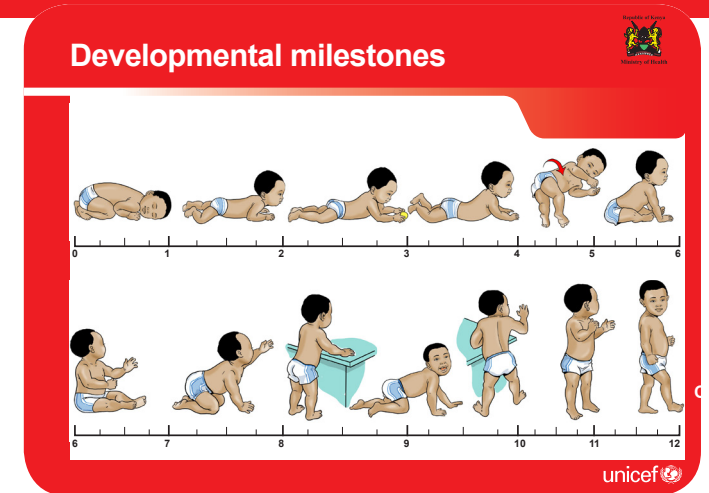


Card
39

Card 39: Developmental milestones

- Most children grow the same but the rate of development varies from child to child.
- Early detection of the delayed mile stone will help address the problem before it's too late.
- Seek guidance from the health care provider if you observe delays in your child's growth and development.

Developmental milestone	Child's age
Social Smile	4-6 weeks
Head Holding / control	1-3 months
Turns toward the origin of sound	2-3 months
Extends hand to grasp a toy	2-3 months
Sitting	5-9 months
Standing	7- 13 months
Walking	12- 18 months
Talking	9-24 months



Stimulation



Card 40: Stimulation

Additional activities that can be provided as a guide for the CHV's as they provide counselling)

Newborn–1 week

- Songs and lullabies.
- Encouraging child to grasp fingers (development of motor skills).
- Playing the tongue game (i.e. stick out the tongue as baby watches).
- Smiling.
- Whistling.



1 week–6 months

- Giving toys of different textures, so that children can feel them.
- Reading books and telling stories (important, even if the parent feels the child cannot understand).
- Showing pictures/photos.
- Massage.
- Songs and sounds.



- Tickling.
- Making faces.
- Holding objects away from their reach and having them reach out to grasp.

6–9 months

- Using bathing time to play with child (e.g., splashing water)
- Picture reading.
- Clapping – sounds and movement.
- Encouraging children to roll over.
- Playing with ball.



9–12 months

- Sand and water play.
- Encouraging children to stand and walk by placing attractive objects.



12–24 months

- Scribbling.
- Coloring.
- Dancing.
- High five, blowing kisses, bye bye.



Stimulation



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- Aiming for target objects (to develop fine-motor skills and hand-eye coordination).
- Jumping.
- Stacking objects

2 years and older

- Running, playing catch, football.
- Jumping ropes.
- Reading.
- Role playing and telling stories.
- Sorting objects.
- Playing with others.
- Role plays and asking children to tell stories.
- Giving children simple choices/decisions.



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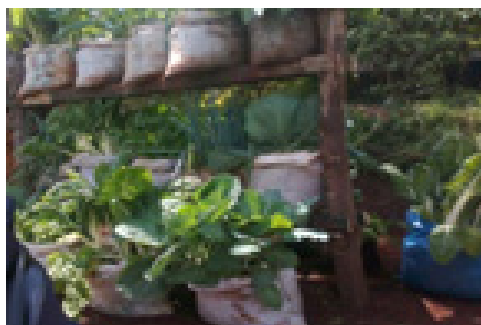


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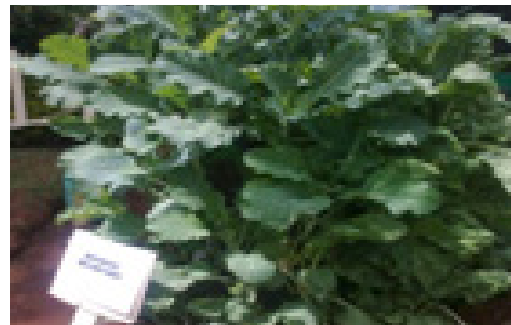
Household food and nutrition security



How to create a kitchen garden



Raised moist bed garden



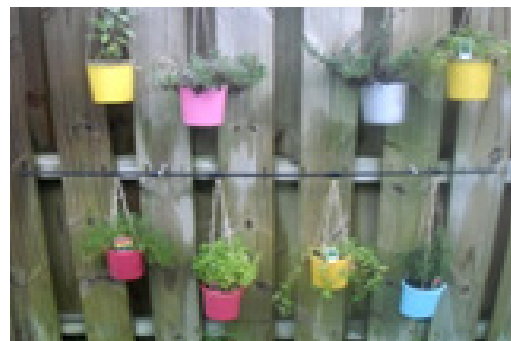
Hanging garden



Tyre gardens



Sunken moist bed garden



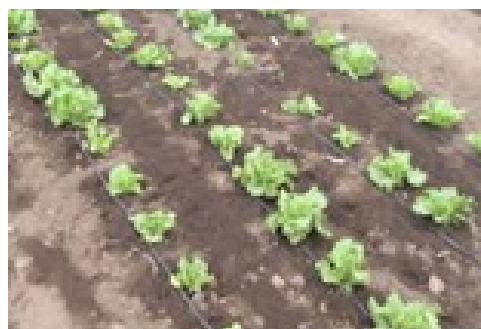
Wall mounted hanging garden



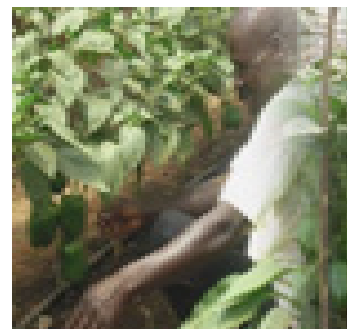
Staircase garden



Container garden in soda bottles



Drip irrigation



Green House farming



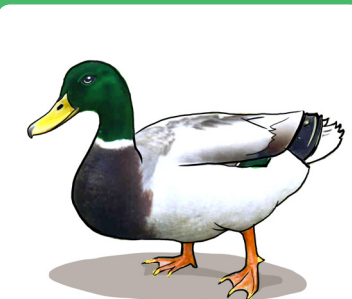
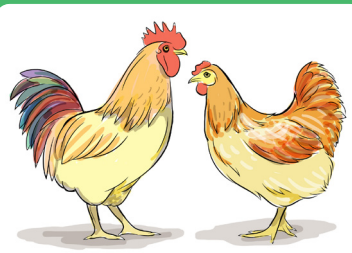
Raised Moist Garden

Card 41: How to create a kitchen garden

- Having a kitchen garden and small livestock can assist mothers to have access to food that supplements the children's diet and cut down on cost while improving dietary diversity.
- Create a kitchen garden where you can grow different vegetables.
- If space allows, it is best to have at least three different kitchen gardens that you plant at different times of the year, taking advantage of the different growing seasons.
- In urban areas vegetables can be grown in hanging gardens, tyres, containers and gunny bags.
- This will allow you to harvest fresh vegetables regularly.
- Gardens can be created with simple tools and materials, and minimal work.
- They will need to be weeded, watered and cared for regularly.
- Plant fruit trees such as banana, mango, papaya and citrus. They are rich in vitamins and minerals.



Small animal breeding



Card 42: Small animal breeding

- Breeding small, inexpensive animals such as hens, rabbits and guinea pigs can provide you and your young children with an important source of protein for body building and other important nutrients.
- Goats and sheep are also excellent animals to breed, although they require more space.
- Keeping pigs can boost the household income because they produce many piglets that can be sold for money.
- If possible, breeding cows that produce milk will provide your children with protein for body building and many other important nutrients.
- The extra meat, eggs and milk that you get from your animals can also be sold to buy other kinds of food that your family needs.



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