



Islamic Republic of Afghanistan
Ministry of Public Health
G.D Preventive Medicine
Public Nutrition Directorate

Community Based Nutrition Programme

END MALNUTRITION LET EVERY CHILD BLOOM

A Flip Book for Community Health Workers
o Infant and Maternal Nutrition



ACKNOWLEDGMENT

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Finally, the PND fully acknowledges that the work of developing an effective community-based nutrition program does not end with this package. The CBNP will be used to guide implementing partners to deliver quality community-based nutrition through BPHS to the people of Afghanistan. Continuous monitoring, analysis, feedback and documentation of the strategic actions will be conducted towards improvement of this package based on practical experiences and lessons learned. In this way all of the partners and stakeholders who contributed to this CBNP will continue to participate in strengthening the practical approaches of reaching our communities with nutrition intervention towards achieving our joint vision “Optimal Nutritional Status for All Citizens to reach their full Potential.”

Dr. Mohammad Humayoun “Ludin”, Acting Director
Public Nutrition Department
Islamic Republic of Afghanistan



FOREWORD

The Public Nutrition Directorate (PND) of Ministry of Public Health (MoPH), together with nutrition partners has harmonized and standardized the Community Based Nutrition Programme (CBNP) package with intent of strengthening the community-based nutrition programming in Afghanistan. The CBNP will help in engaging target communities in the process of nutrition programme planning and implementation at village level, thereby increasing coverage and awareness of communities in order to respond to high rate of stunting in Afghanistan as shown by the National Nutrition Survey (NNS) 2013. Nutrition is a foundation of human health, physical and cognitive development as well as social and economic productivity and nutritional status is the most important outcome indicator to measure progress against poverty and malnutrition. There is overwhelming evidence that children who are well nourished in early childhood especially their first 1,000 days (from conception to the age of two years) escape stunting and are likely to be more developed and have better life chances, they live longer and healthier, they do better in school, and they grow into more productive adults and pass-on good practices on to future generations and become more responsible parents to their children. At the country level, reductions in stunting have the potential to increase overall economic productivity.

In Afghanistan, majority of children will not reach to their full potential if opportunities and investment are not explored and executed to improve their nutritional status. The NNS result shows that %40.9 of children under five years old are stunted implying that 4 out of 10 children may not reach full mental or physical capacity. These children most likely already have irreversible physical, mental, and social development damage that will reduce school achievement, lower economic productivity and poorer maternal reproductive outcomes in adulthood. In addition, %9.5 are wasted, and %24.6 are underweight putting them at greater risk of diseases and death. %9.2 of women in reproductive age are undernourished while on the other hand the rate of obesity among women is increasing. Institution of breastfeeding within the first hour of life is estimated at %69 and only %58 of children 6-0 months are exclusively breastfed. Only %22 of children of 23-6 months receive complementary food with minimum accepted quality and frequency. Despite the increased use of micronutrients, %26 of children and %24 of women are still iron deficient and remains a “very high public health concern”. Afghanistan also faces a huge challenge of persistent high levels of micronutrient deficiency- iron, iodine, zinc and vitamin A which are vital for health and development in women and children. It is estimated that half of the burden of anemia in women



is due to iron deficiency.

The Islamic Republic of Afghanistan is committed to end maternal and child malnutrition in the country and recognizes the need for a comprehensive multi-sectoral response mechanism with technical, financial and political support at all levels including community level. In this context PND - MOPH started the process that has led to the development of this CBNP package. The process started with review and analysis of existing programmes, materials and methodologies. Field visits were conducted and subsequently analysis of lessons learnt to inform the harmonization and standardization of CBNP. The purpose of this CBNP is to contribute to strengthening community-based nutrition programmes to support the ability of communities to address not only the immediate causes of malnutrition but also the underlying factors if the country has to achieve nutritional well-being and promote the optimal growth and development of children and mothers to reach their optimal functional and productive potential. The CBNP has been tried out, field tested and validated by government departments and nutrition partners in Afghanistan.

The CBNP has two distinct parts:

- Part I:** To guide the community based health facilitators from MOPH, Basic Package of Health Service (BPHS) implementers as well as Community Health Supervisors (CHS), CLTs facilitators, agricultural extension officers, select Shura members and resource persons, called the Mobilizing Team, to conduct periodic two day community process that would mobilize communities to come together and assess and analyze the nutritional status of children within their communities and develop and implement an Action Plan to manage and prevent malnutrition. Community participation is essential because it is a key prerequisite for empowerment and sustainability.

- Part II:** Gives detailed guidelines on implementing the activities under the **Village Nutrition Plan**. It recognizes that community health workers (CHW) have a key role in implementation of the plan and describes the roles and responsibilities of the existing committees such as health shura and CHWs and volunteers. Every activity that needs to be undertaken at the village level is explained in details. Activities such as monthly community based growth monitoring and promotion, active case identification of malnourished children for referral and



follow up, cooking demonstration, home visits for follow up of malnourished children and routine for pregnant women and mothers with children under two are described in details.

It is hoped that the manuals will be of great help to all implementers of the Community Based Nutrition Program in the field to sustain improvement in the nutritional status of the people of Afghanistan, particularly infants, young children and women of reproductive age. Hopefully it will also stimulate the development of a strong mindset that supports community-based activities that promotes self-reliance and empowerment of families and communities by advocating for and enabling adoption of healthy nutritional practices.

The guide can also be used by food and nutrition program planners and implementers for community based nutrition planning and implementation. Ultimately, the MOPH call upon nutrition partners and donor community support community based nutrition programs to aim to adapt this harmonized and standardized CBNP across the country with the primary objective of implementing comprehensive, national community-based programme with measurable and acceptable indicators.

Best regards,

Dr. Feda Mohammad “Paikan”

Deputy Minister for Health Care Services Provision

Islamic Republic of Afghanistan



INTRODUCTION

The Government of Afghanistan is committed to end malnutrition. The Afghanistan Community Based Nutrition Programme (CBNP) aims at promoting optimal growth and development of children through community based activities linked to social and behavior change to improve parents and care givers knowledge and practices on nutrition and caring practices. The CBNP also aims at strengthening the capacity and motivation of parents, families and communities to adopt appropriate and healthy practices that would ensure results in improved nutritional status of infants and young children.


The CBNP employs a two-pronged strategy:

A participatory approach engaging communities in decision-making, planning and monitoring; initiated through community led and community driven process that draws upon available local resources while being responsive to local needs and sensitivities and

Community Health Workers (CHW) and volunteers conduct a pre-set routine along with periodic community nutrition activities as per the Basic Primary Health Services (BPHS) in coordination with Community Based Health Care (CBHC) department and the implementing partners contracted by the government to manage the programme.

The nutrition activities at community level are also linked to the health facility level nutrition services. Severely malnourished children and vulnerable pregnant and lactating mothers who are identified through active screening are referred and followed up. This provides the opportunity for continuously addressing the more urgent, life-threatening concerns of individual malnutrition cases, linking both prevention and treatment.

The CBNP in government is led and coordinated by PND-MOPH at central level. The CBNP is designed in such away that it promotes inter- sectoral collaborations with MNCH, CLTs, Agriculture and local government that ultimately contribute to nutrition or nutrition-related objectives whilst sharing technical support and resources. Involvement of the various existing structures, community groups and leadership (community health workers, health shuras, CLTS facilitators, CDC, agriculture extension workers) at community level for mobilization and monitoring of nutrition activities with frequent



review and feedback meetings is key to the success of the programme. The main aim is to enhance the chances of institutionalizing the CBNP activities, community ownership and that ultimately ensures sustainability.

Capacity building and sensitization on CBNP is conducted at all level, especially for community-level workers, to maintain sustainable quality throughout the program. Strong programme management which includes a standard guide for planning, prioritization of nutrition action, good supportive supervision along with a monitoring and evaluation system that includes participatory monitoring is also developed to ensure coordination and quality assurance. A built-in and funded system of social recognition of the achievements and contributions of the volunteers is important for motivation, to strengthen the link with central level and to demonstrate Government support for the programme.

Impact on nutrition will only be achieved if the community is thoroughly engaged in the programme, hence promoting community participation and ownership is also an essential objective of the CBNP.

Flip Book is part of the CBNP package of manuals and materials and will the Community Health Workers and the Volunteers to counsel parents and care givers on all important aspects of feeding and caring of children. The flip book covers all topics related to care during pregnancy, maternal nutrition, breast feeding (including early initiation, exclusive breast feeding and other important aspects), feeding during illness, hygiene and cleanliness, all aspects of complementary feeding of children between six months and two years, growth monitoring and promotion, VIt. A administration and early childhood stimulation and development.

The book clearly spells out what key messages have to be communicated to parents and care givers and how this could be done effectively using the Flip Book. The two day training of the CHWs and the Village Volunteers is tailored to enhance their counseling skills in using this book with mothers and caregivers. The book could be used for both individual counseling during home visits as well as counseling small groups of mothers and care givers.

We hope that this flip book will be an asset to all those working in the field of child nutrition.

Dr. Najibullah Safi
Director General of Preventive Medicines
Islamic Republic of Afghanistan

NOTE FOR THE: COMMUNITY HEALTH WORKERS AND VOLUNTEERS

The key challenge for you as Community Health Workers and Volunteers is to successfully support and monitor the implementation of the Village Nutrition Plan developed during the two day community mobilization and nutrition planning process. As you would have already realized the key to the success of the plan is to ensure that every family with pregnant women or children below two years adopt and practice the feeding and caring practices that contribute to good nutrition and well-being of children.

Brining about behaviour change is not simple. Families and communities have to be repeatedly engaged in sustained dialogue on key issues related to malnutrition and motivated to adopt the right practices. The two day Community Mobilization and Nutrition planning process marked a good beginning towards making families and communities aware of the nutritional status of their children, the reasons for malnutrition and what needs to be done to manage and prevent malnutrition.

The monthly weighing of all children below two years as well as the cooking demonstration and feeding sessions are repeated opportunities to interact with parents and communities, both individually and in groups, to further discuss issues related to specific problems and influence parents and families adopt the right practices. Similarly planned home visits to the families especially with children in the yellow and red zones of malnutrition and those with pregnant women are yet another opportunity for counselling families.

Under the circumstances it is critical that the CHWs and Volunteers acquire and enhance their counselling skills so that they are able to effectively bring about the desired changes within families and communities. This flip book will greatly help you in your sessions with women both during home visits and during group meetings like the Nutrition Education Sessions as well as the cooking demonstration and feeding sessions. Depending on the context you could pull out any of the topics and discuss with the women. There is no need to follow any sequence.

It is absolutely important that a good rapport is established between you and the families. Good rapport builds mutual trust resulting in free and frank discussions. The women and members of her family will be more ready to follow your advice that could lead to better nutrition of their children.

Follow the guidelines provided in the flip book. Use the flip book as often as needed. Best wishes in your fight against malnutrition. "End Malnutrition; Let every child bloom".



MATERNAL NUTRITION AND CARE

CARE DURING PREGNANCY

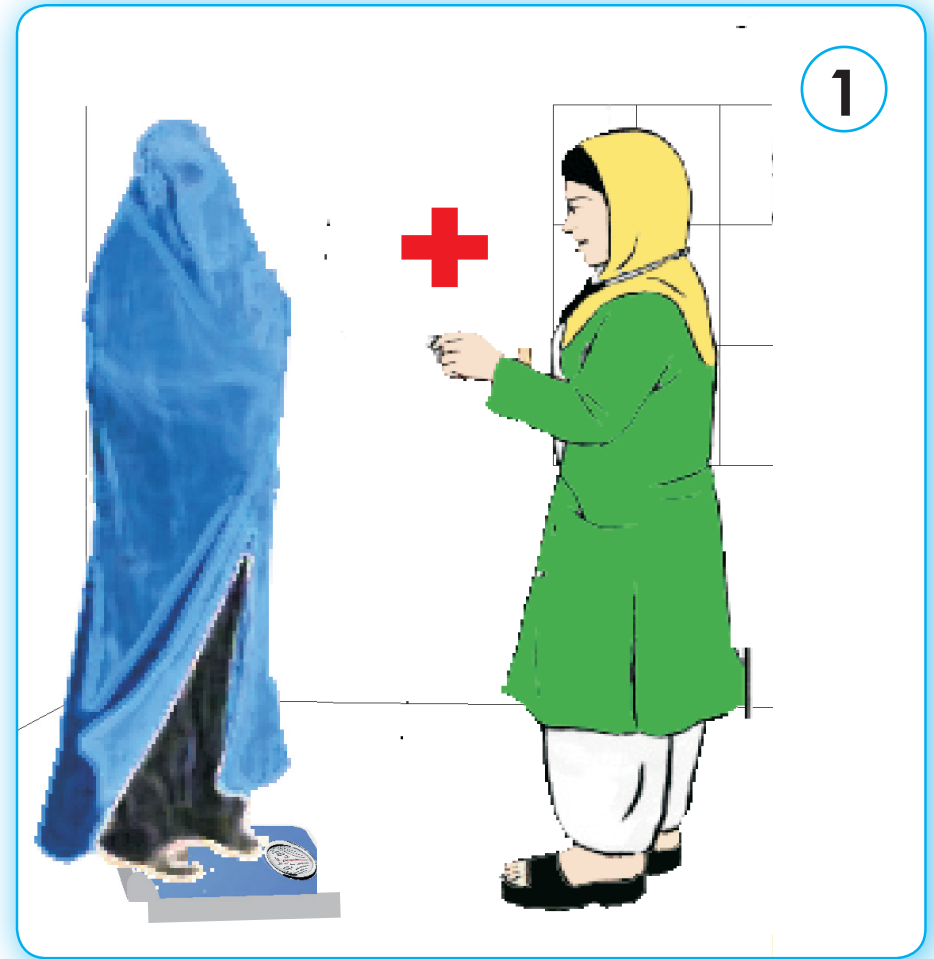
KEY MESSAGES:

- Visit the Health Clinic every month for Health Check ups to ensure that both you and your baby are doing well.
- Consume IFA tablets as prescribed by the health worker to prevent anemia in order to deliver a healthy baby.
- Continue with routine household work but avoid heavy and strenuous work. Also take adequate rest.

USING THE FLIP CHART:

- Show the picture and ask the following questions:
What do you see in the pictures?"
"Who are the two people in the first picture and what are they discussing". "What is in the second picture and what is being handed over?"
- Generate a good discussion. After a few minutes into the discussions ask:
"What should a pregnant woman do to ensure that she delivers a healthy baby?"
- As the discussions proceed highlight the key three messages given above. Ensure that the woman/women understand the messages and are able to repeat them.

CARE DURING PREGNANCY



NUTRITION FOR PREGNANT AND LACTATING WOMEN

KEY MESSAGES:

- Eat three meals through the day and at least two snacks (like fruits, nuts, eggs, bread and other home-made snacks) in between meals.
- Eat food from all seven food groups every day and at least from four food groups during each meal for you to gain adequate weight and to meet the nutritional needs of the growing baby. A mixed food (cereals, pulses, nuts, vegetable, fruits, meat/ fish/ chicken/eggs/ beef, oil and dairy products) is the best food.
- Wash all food items before cooking; Ensure food is cooked thoroughly before eating. Ensure utensils (pots, bowls, spoons, forks, plates, jugs, glasses, cups) are washed and dried before use; Store food in a covered vessel protected from sunlight.
- Drink clean and safe water from piped water or protected bore wells or spring or treated water or boiled at all times.
- Avoid drinking tea or coffee with food as it hinders the absorption of iron.
- Consume IFA tablets daily.

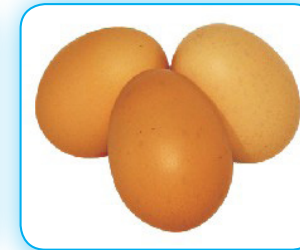
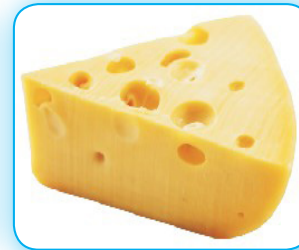
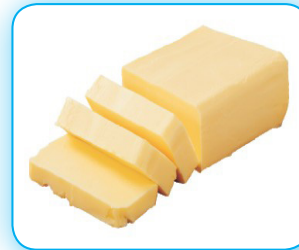
USING THE FLIP CHART:

- Show the picture and ask "What is seen in the picture?"
"What are the different foods that she is eating?" "Why does she have to eat all these different foods?"
"How many times should she eat during the day and why?"
- Generate a good discussion by encouraging them to answer the questions.
- Ask, "How many times have you eaten yesterday and what kind of food did you eat? Was it enough for you to deliver a well-nourished baby?"
- During the discussions highlight the key messages mentioned above and at the end of the discussions make the women recall these messages



USE THE PIE WHEEL TO DISCUSS THE FUNCTIONS OF FOOD AS WELL AS THE SEVEN FOOD GROUPS

NUTRITION FOR PREGNANT AND LACTATING WOMEN





NUTRITION AND CARE OF THE BABY FROM BIRTH TO SIX MONTHS

EARLY INITIATION OF BREAST FEEDING

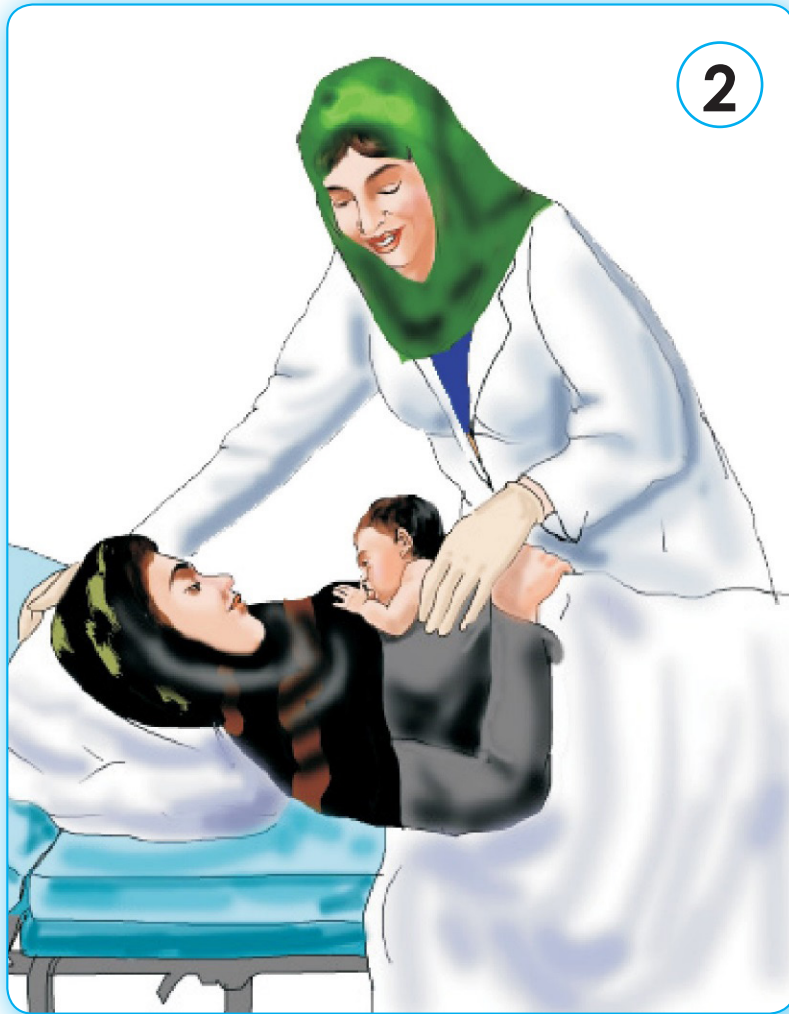
KEY MESSAGES:

- Initiate breast feeding within one hour of delivery.
- Give the baby the yellowish liquid flowing from the mothers breasts in the first two to three days. Colostrum or (Fila) is vital to the baby as it protects the child from illnesses and helps easy passage of stool.
- Early initiating helps you to produce sufficient milk for the baby. Any delay reduces your capacity to produce milk.
- Early initiation helps you bond with your baby providing comfort and secure feeling to the baby.
- Do not give the new born baby any other substance like oil, breast milk substitutes, water etc. as these could harm the baby and cause diseases.

USING THE FLIP CHART:

- Show the pictures and ask the following questions;
“What do you see in the first picture? Who are the two women and what would they be talking about?” (The nurse is counseling the mother on early initiation of breast feeding)
“What do you see in the second picture?” (A new born baby is put on to the mothers breasts within one hour of its birth)
“When should a new born baby be given her first breast feed?”
- Encourage the women to talk and share their thoughts as well as the current practices within the community.
- As the discussion proceeds discuss the key messages listed above and highlight the importance of early initiation of breast feeding.

EARLY INITIATION OF BREAST FEEDING



ATTACHMENT AND POSITIONING

KEY MESSAGES:

- Attaching the baby to your breast and holding the baby in the right position is critical to successful breast feeding. Its best when there is skin to skin contact
- Poor attachment and positioning could lead to lactation failure.
- Both you and the child should be in a very comfortable position.
- You should establish an emotional bond with the baby and should closely observe and respond to the child's cues and signs.

USING THE FLIP CHART:

- Show the pictures and ask the mother/s what they see in the picture. Ask them what are the different things that a mother should keep in mind to ensure that she is breast feeding the baby correctly and that the baby is fully comfortable.
- Generate a discussion and use opportunities to discuss the four key messages listed above.
- Highlight the fact that breast feeding, not only fulfills the nutritional needs of the child but also contributes to the psycho-social development of the child in the early stages of its life.

ATTACHMENT AND POSITIONING



FREQUENCY OF BREAST FEEDING

KEY MESSAGES:

- Frequent breast feeding will help you to produce more milk. The more the baby sucks the more milk you will produce.
- Breast feed your baby 12 times during the day - eight times between sun rise and sun set and four times during the night.
- Empty one breast before putting the baby on the other breast. This will help you to produce optimal milk.
- Frequent breast feeding protects you from painful breast engorgement.

USING THE FLIP CHART:

- Show the picture and ask, "What do you see in the picture?" Encourage them to speak.
- Ask: "why is there partial sun in the first two pictures as well as the 7th and 8th pictures? Why are the moon and stars shown in the last four pictures?" Establish that ideally the mother should breast feed the baby eight times from sun rise to sunset and four times during the day.
- Discuss the other messages with the mothers and have them repeat the key messages. If there are mothers within the community who have been following the right breast feeding practices, use them as examples. They could also be invited to share their experiences.

FREQUENCY OF BREAST FEEDING



EXCLUSIVE BREAST FEEDING FOR SIX MONTHS

KEY MESSAGES:

- Give the baby only breast milk for the first six months. Do not give breast milk substitutes or even water to the baby
- Breast milk is sufficient to meet the nutritional needs of the child for the first six months.
- Breast milk protects the child from illnesses and keeps the baby healthy. Any other food given before could cause diseases.
- Feeding bottles and pacifiers should never be used; they could cause diarrhoea and other diseases that could even be fatal.

USING THE FLIP CHART:

- Show the picture and ask,
 - “What do you see in the picture?” “What is the mother doing?”
 - “ Who is sitting next to her?”
 - “ What is the lady bringing in the tray?” “ What could they be telling the lady?”
 - “ Why is there a red cross on the pacifier, feeding bottle and a bowl of food”
- Encourage the mothers to speak and discuss the points that are being made. As the discussions are going on highlight the key messages listed above.

EXCLUSIVE BREAST FEEDING FOR SIX MONTHS



BREAST FEEDING A CHILD DURING ILLNESS

KEY MESSAGES:

- ➔ Continue breast feeding the baby as usual. Do not stop breast feeding.
- ➔ A sick baby needs breast milk as any other child.

Breast milk not only provides the necessary nutrition to the baby, it also helps in fighting the illness.
- ➔ Give small frequent breast feeds at least 10 times a day. Neither water nor any other feed should be given to the baby before six months.
- ➔ Frequent breast feeding during illness will help you in maintaining milk production.

Give medicines to a child only if prescribed by the doctor.

USING THE FLIP CHART:

- ➔ Show the picture and ask, “what do you see in the pictures? What is the status of the two children? Are they sick? Should a mother be breast feeding a sick child? What should they be feeding the baby?”
- ➔ Encourage mothers to speak from their experience. Generate a lively discussion. Use the opportunity to highlight the key messages listed above.
- ➔ Highlight the fact that the mother should continue breast feeding a sick child. The child should not be given anything else but breast milk unless advised by the doctor. Medicines should be given to the child as prescribed by the doctor.

BREAST FEEDING A CHILD DURING ILLNESS



EXPRESSING BREAST MILK AND CUP FEEDING

There are occasions when a baby may not be able to suckle such as low birth weight baby or when the baby is sick or when the baby is having some discomfort. There are also times when a working mother is away from the baby for several hours. In all the cases it is still critical that the baby gets its full nutrition from breast milk.

KEY MESSAGES:

- ➔ Prepare a container for expressing breast milk
 - Choose a cup, glass, jug or jar with a wide mouth and wash with soap and water
 - Pour in boiling water and leave for a few minutes to kill most of the germs
 - Pour the water out of the container when ready to express milk.
- ➔ Wash hands thoroughly, with soap and running water
- ➔ Sit or stand comfortably, and hold the container near the breast
- ➔ Put your thumb on the breast above the nipple and first finger below the nipple, opposite the thumb and support the breast with other fingers
- ➔ Press and release; press and release the thumb and first finger slightly inwards towards the chest wall and release. At first no milk may come, but after pressing a few times, milk starts to drip out.
- ➔ Express one breast for 5-3 minutes until the flow slows then express the other side and then repeat both sides. Expressing breast milk adequately takes 30-20 minutes. It is important not to try to express in a shorter time.
- ➔ Feed the expressed milk to the baby by cup and as shown in the picture.
- ➔ Expressed milk can be stored up to six to eight hours in normal temperature. Store the milk away from sunlight. Express milk as many times as possible so that milk production does not get affected.

USING THE FLIP CHART:

- ➔ Show the picture and ask, "What do you see in the picture?". Point to picture 1 and ask, "Is the child drinking breast milk? If not, why? Are there times when the baby refuses to drink? How and what is such a baby fed? How does one feed a baby when the baby is separated from the mother for several hours (mother has to go out to work)?"
- ➔ Generate a good discussion. Encourage mothers to speak. Ask them about their personal experiences.
- ➔ Discuss pictures 3, 2 and 4 - "What is the mother doing?" Highlight the point that the mother could express her milk into a clean container and that the milk could be fed to the baby with a spoon. If the mother is away, another caretaker could feed the baby.
- ➔ Help the mothers to practice how to express breast milk and feed their children.



**EXPRESSING
BREAST MILK
AND CUP
FEEDING**



NUTRITION AND CARE FOR THE BABY (FROM SIX TO ELEVEN MONTHS)

NUTRITIONAL NEEDS OF CHILDREN UNDER TWO YEARS

KEY MESSAGES:

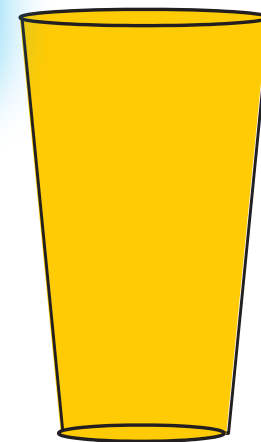
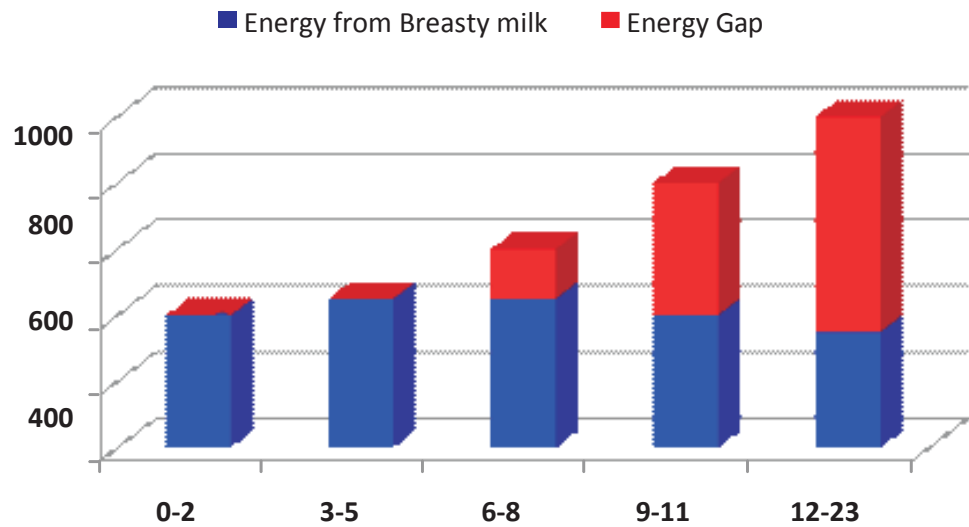
- ➔ Breast milk provides for all the 'nutritional needs' of a child between 0 to 5 months; the baby does not need any additional food or even water.
- ➔ Breast milk alone is not enough to provide the nutritional needs of children above six months. Breast milk should be complemented with additional food.
- ➔ Half of the nutritional needs of a child between 6 to 11 months and Two thirds of the nutritional needs of a child between 12 to 24 months should be met through complementary feeding.

USING THE FLIP CHART:

- ➔ Show the picture of the three glasses and ask, "what do you see in the picture?" One glass is full, the other is half full and the third is one third full.
- ➔ Ask, "what would be the nutritional needs of a child between 0 to 5 months, another child between 6 to 11 months and the third between 12 to 24 months? How much of this need can breast milk provide for?" Generate a good discussion.
- ➔ Conclude the discussions by highlighting the three key messages listed above.
- ➔ Emphasize the point that the child requires additional food from the sixth month onwards and that it is ideal to introduce complementary feeding from the sixth month.

NUTRITIONAL NEEDS OF CHILDREN UNDER TWO YEARS

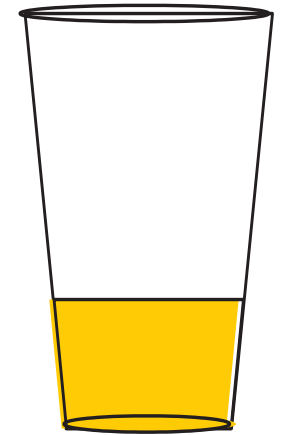
Energy Required and amount provided by Breast Milk



0 to 5 months



6 to 11 months



12 to 24 months

COMPLEMENTARY FEEDING A SIX TO ELEVEN MONTH OLD CHILD

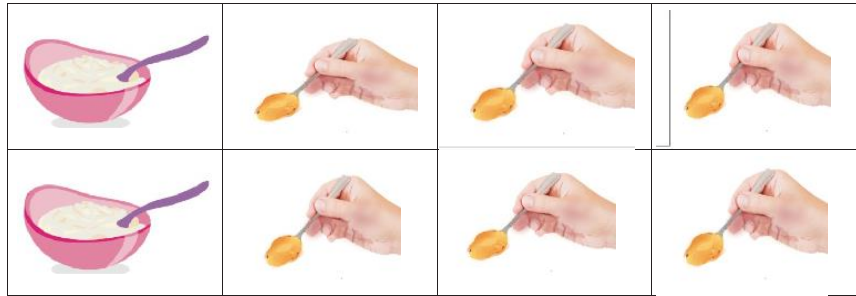
KEY MESSAGES:

- Initiate complementary feeding from the sixth month using cereals, pulses, eggs, oil and vegetables. Make a porridge of rice/millet, a little pulse, three drops of oil and vegetables like carrot or spinach; cook well and mash the food into a paste.
- Give one to two small spoons of this porridge twice a day in the first week while you continue breast feeding, slowly increasing the quantity up to three to four spoons as the child gets used to the food.
- Increase the feed to four or five spoons twice a day or as much as the baby wants as the child grows older. Add small quantities of eggs, meat etc. to the food as the child is in the 8th month. As the child gets its teeth the texture of food can be changed from semi solid to solid form, ensuring that the food given is cooked well and is soft.
- Wash the food items, vessels and spoons in clean water. Store the food in a covered container. Wash hands before feeding the baby.

USING THE FLIP CHART:

- Show the picture and ask the following questions:
 - “What do you see in the picture?”
 - “When should complementary feeding be initiated?”
 - “What food should be given to a baby? How should the food be cooked?”
 - “What should be the texture and consistency of the food? How much should be given?”
- Encourage mothers to share their views and experiences. Discuss with them the six key messages listed above and have them repeat these messages.
- If possible prepare food along with the mother/s and feed the baby/babies so that the mother and others understand how to prepare the food and feed.

COMPLEMENTARY FEEDING A SIX TO ELEVEN MONTH OLD CHILD



COMPLEMENTARY FEEDING A CHILD BETWEEN 12 AND 24 MONTHS

KEY MESSAGES:

- Continue breast feeding your baby on demand both day and night, two years and beyond. This will maintain his or her health and strength.
- Ensure the following;
 - Feed your young child 5 times a day (3 meals and 2 snack).
 - Give your baby 4/3 of a bowl (of approximately 320 ml) at each feed. The child can eat family foods. Ensure that food is cut into small pieces so that the child can easily chew and swallow without choking.
 - Give the baby foods from the seven food groups shown in the Pie Wheel.
 - Add a few spoons of mashed pieces of egg, fruit or fresh fruit juice to the food. Be patient and actively encourage your baby to eat.
 - Practice good hygiene to avoid diarrhoea and other illnesses.









USING THE FLIP CHART:

- Show the picture and ask the following questions:
 - “What all do you see in the picture?
What is the mother feeding the child?
What are the foods to be given to a child during 13 to 24 months of its life?”
- Encourage mothers to share what they see and what they make out of it. Also ask them to share their own experiences.
- Use the opportunity to once again highlight the seven indicators of complementary feeding and make sure that the women discuss and are in agreement with them. Make sure that any mother present there is following at least most of the principles shares her experiences.
- Finally get the women to list down the messages.

COMPLEMENTARY FEEDING A CHILD BETWEEN 12 AND 24 MONTHS



COMPLEMENTARY FEEDING CHART

Age of the baby	What to feed	Details
		<p>10 to 12 breast feeds a day; no other feed, not even water.</p>
		<p>10 to 12 breast feeds + two to three spoons of porridge made of cereals, pulses, oil and vegetables twice a day. Do not use water in food; use only milk or fruit juices to make the food</p>
		<p>8 to 10 breast feeds a day + three feeds of porridge with soft well-cooked pieces of potatoes/ vegetables/ meet/ eggs/fish etc. cut into very small pieces + one snack either in the morning or afternoon.</p>
		<p>Continue breast feeding on demand, day and night. Three feeds a day ($\frac{3}{4}$ cup per feed) + two snacks in between. The child can eat family food but vegetables, fruits and meat should all be cut into small pieces, cooked well so that the baby can swallow.</p>

COMPLEMENTARY FEEDING CHART

VITAMIN A SUPPLEMENTATION

KEY MESSAGES:

- Ensure your children 6 months to 5 years receive vitamin A along with polio National Immunization Days (NIDs) twice a year at 6 months interval
- BLUE is only for children 6 to 11 months old; RED is only for children 1 to 5 years old children
- Lack of vitamin A can cause blindness including night blindness (inability to see clearly in early evening)
- Vitamin A is given orally to the children and should not be put into children's eyes
- Vitamin A strengthen your child's immunity and protects your child from life threatening diseases.

USING THE FLIP CHART:

- Show the picture and ask: "What do you see in the picture?" Allow the women to tell you what they see. Some of them may say they see the administration of polio drops.
- Keep probing... Ask: "Has any of you given any of your children Vitamin A drops at the Health Centre?" Some may recall. Ask them, "When was it given? Was it given only once?".
- Generate a good discussion and explain the four messages listed above.
- Make sure you have a sample of Vitamin A with you so that you can show them what it is. Ensure that at the end of the session mothers can list down the four messages.

VITAMIN A SUPPLEMENTATION



HYGIENE AND CLEANLINESS

KEY :

- Wash your hands with soap or ash in running water before preparing food, eating, and feeding young children.
- Wash your hands with soap or ash and water after using the latrine or cleaning the baby's bottom.
- Feed your baby using clean hands, clean utensils, clean cups and spoons.
- DO NOT use bottles, teats or spouted cups. They are difficult to clean and can cause your baby to become sick.
- Keep food in a covered container in a clean, cool and dry place.

USING THE FLIP CHART:

- Show the picture and ask, "what do you see in the picture?"
- Give them time to say what they see. Ask, "what does the picture tell you?"
- Discuss the various aspects of hygiene. Ask, "when do they have to wash their hands?" Explain each of the messages listed above and its importance.
- Ask, "Where do you collect water from? How do you store water?" Discuss the need to collect safe water and to store it safely in a covered pitcher and the use of a ladle to take water out of it.

HYGIENE AND CLEANLINESS



10 Wipe/ Dry hands thoroughly

9 Rub both wrists and Rinse with

8 Rub fingertips on palm for both

7 Rub thumbs in a rotating manner

6 Interlock fingers and rub back of fingers

5 Interlace fingers and rub together

4 Rub the back of both hands

3 Rub both palms together







2 Apply soap or ash

1 Rinse hands with water

MONTHLY GROWTH MONITORING AND PROMOTION

KEY MESSAGES:

- ➔ Every child should gain adequate weight every month.
- ➔ It is critical that every child is weighed every month so that the growth of the child is monitored by plotting the weight of the child on its nutrition chart.
- ➔ If child has not gained adequate weight, necessary corrective actions could be taken to ensure that the child grows as it should.
- ➔ A child in the **green zone** is growing well; a child in the **yellow zone** is under nourished and need special care and attention; a child in the **red zone** is severely malnourished and may need medical health in addition to special food and care.
- ➔ The nutrition chart of the child with its weight marked every month is an important record that parents should be keep safely.

Three Possibilities	What is seen in the chart	
The child has gained weight during the		
The child has not gained during the month		
The child has lost weight during the month		

- ➔ Show the picture and ask the following questions:
 - “What do you see in the picture:”
 - “Why do we need to weigh the child? How often should a child be weighed? What do we do after weighing?”
 - “What do we do if the child has not gained weight? What do we do if the child has lost weight? “What is the Nutrition Chart? Why are there three colours in it?”
- ➔ Ensure that the women have a good discussion on each questions. While the discussions are going on explain the five messages listed above. Make the care givers reflect on these messages and list them down at the end of the discussions.

USING THE FLIP CHART

MONTHLY GROWTH MONITORING AND PROMOTION

