

Republic of Kenya



Ministry of Health

Maternal Infant and Young Child Nutrition



National counselling card



Acknowledgement

The Ministry of Health would like to very sincerely thank the United Nations Children's Fund (UNICEF) and Feed the Children for the technical and financial support which was so essential for the development, printing and dissemination of these National Counseling Cards and other elements of the set of infant and young child feeding counseling materials.

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. Non-governmental organisations including Action Against Hunger (ACF), Food and Agricultural Organization (FAO), Save the Children Kenya, International Medical Corps (IMC), African Population for Health Research Centre (APHRC), Concern worldwide, NHP PLUS, Feed the Children, global Alliance for Improved Nutrition (GAIN), Kenyatta University, World Vision Kenya (WVK) PS Kenya, Ministry of Agriculture, Maternal Child Survival Programme (MCSP) and many others who invested substantial time and resources.

Special recognition is made to the Nutrition and Dietetic Unit and the Unit of Neonatal, Child and Adolescent, 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 counselling cards materials. 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, 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.

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 materials in this card are based on the WHO recommendations regarding MIYCN and the material developed under MIYCN programme in Kenya

Positive counselling 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 counselling 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 Counselling Card(s) or Take-Home Brochure(s).
- Make one or two suggestions, not commands.

Counselling

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 Counselling Cards or Take home Brochures 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 Counselling covers key messages for counselling pregnant and lactating mothers covering the first 1000 days. 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 counselling tools, aimed to support health workers and community health volunteers in counselling 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 Counselling Training Course and/ or the 2 day Orientation on the Effective Use of Infant and Young Child Counselling Tools.

Besides counselling cards there is also a series of take-home. These leaflets are intended to be given to mothers or caregivers as part of a counselling 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 counselled and the child. Following leaflets were developed:

- Brochure on Nutrition in pregnancy
- Brochure on MNPs and other Micronutrients How to Hand Express Breast Milk
- 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

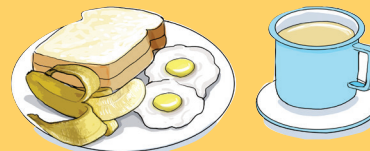
Maternal Nutrition

Nutrition for pregnant women



3 meals and 2 snack

Breakfast



Lunch



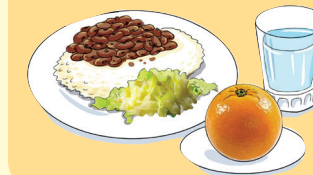
Dinner



Snack



Extra meal



Card 1: Nutrition for pregnant women

- Pre-pregnancy nutrition influences a woman's ability to conceive and determines the fetal growth and development. 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 fetus. Examples of snacks may be a sweet potatoe, a banana or ground nuts.
- 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 muscles.
- Cereals, roots and tubers, provide your body with energy.
- Vegetables and fruits contain a variety of vitamins and minerals which protects you and your baby from diseases.
- Eat whole meal cereals as they are healthy and contains more nutrients.
- 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 miscarriages.
- Eat adequate vitamin C e.g. fruits and vegetables so that they help the utilization of iron from other foods.
- 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.
- Use iodized salt for optimum brain development and to prevent delivering a baby of short stature. Lack of iodine during pregnancy can lead to miscarriage or still births.
- You are encouraged to reduce your activity level to conserve your energy.
- Increase your food intake to support your nutrition and that of your unborn baby. Adolescent girls have increased nutritional needs especially for iron compared to older women of reproductive age; they need closer care by a healthcare provider.
- Before the age of 18 your body is still growing. Adolescent girls have increased nutritional needs especially for iron compared to older women of reproductive age because of her own immaturity and growth needs to those imposed on her by the pregnancy; they need close care by a health care provider.

Nutrition for pregnant women

Card 1

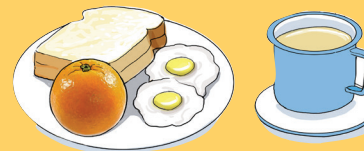


Nutrition for breastfeeding mothers



3 meals, 2 snacks and 2 extra meals

Breakfast



Snack



Lunch



Extra meal



Dinner

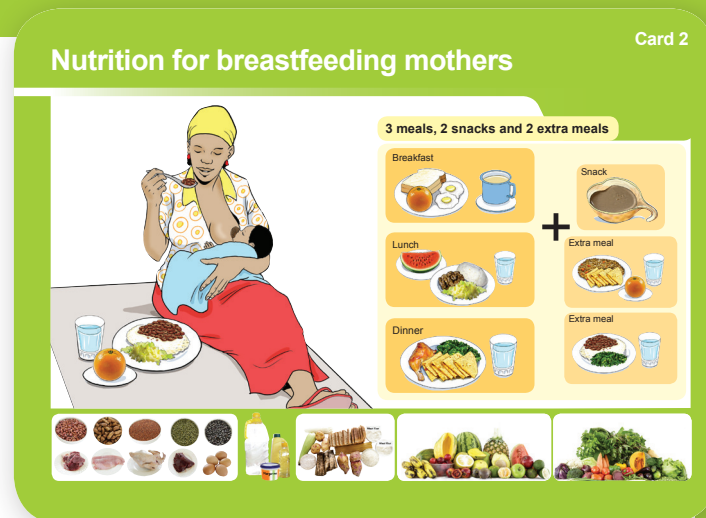


Extra meal

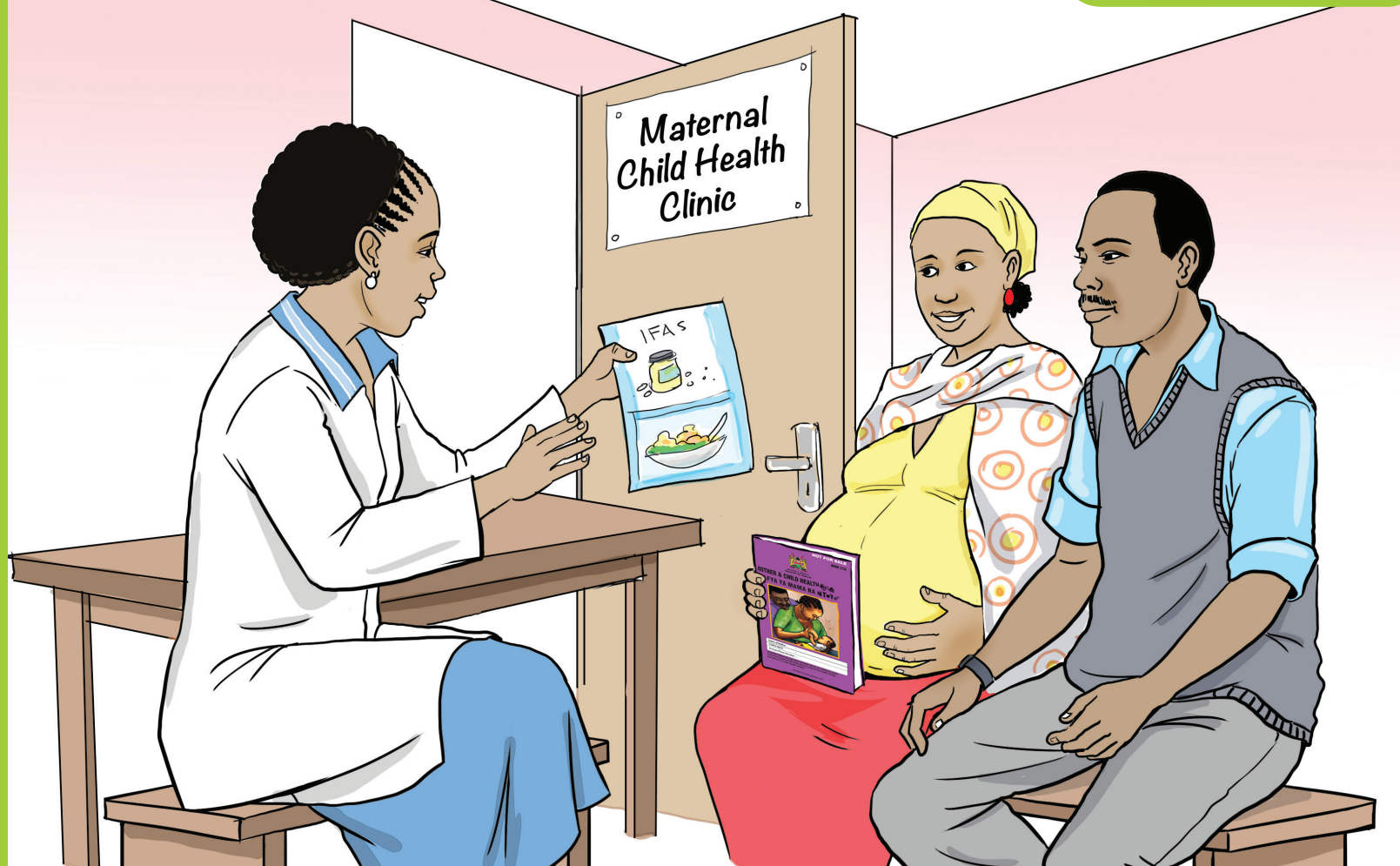
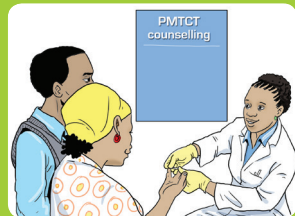
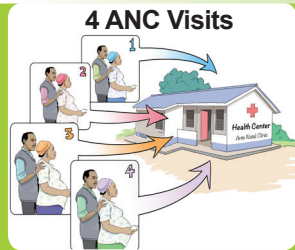


Card 2: Nutrition for breastfeeding mothers

- 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.
- Vegetables and fruits contain a variety of vitamins and minerals which protects you and your baby from diseases.
- Eat whole meal cereals as they are healthy and contains more nutrients.
- Take lots of nutritious fluids like 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. It is better to drink tea or coffee an hour before or after a meal. Take small frequent meals.
- You are encouraged to reduce your activity level to conserve your energy while at the same time engaging in some form of physical activities to stay healthy.



Care during pregnancy



Card 3: Care during pregnancy

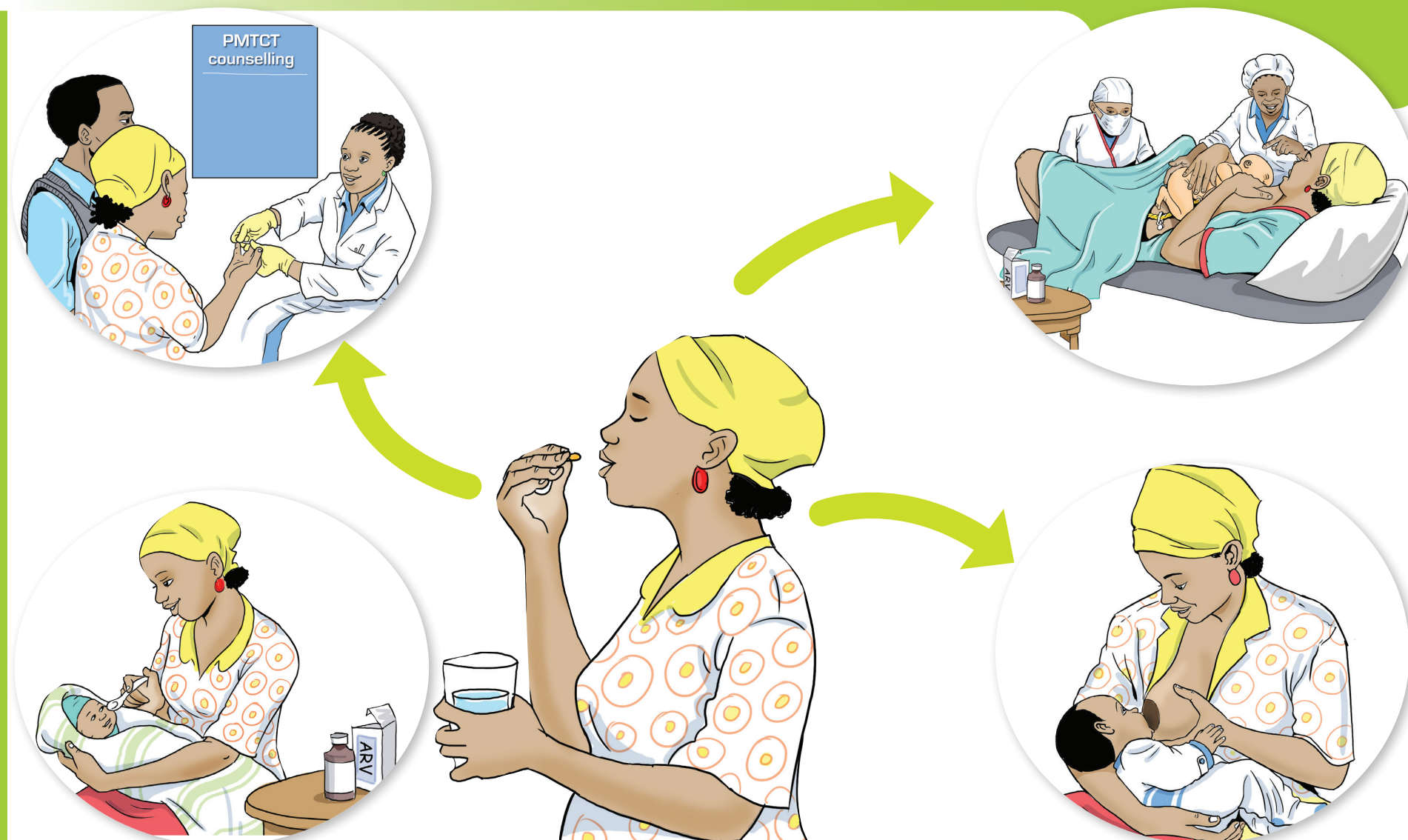
- As soon as you are pregnant you are encouraged to attend your first ANC visit within the first three months and make at least four ANC visits during your pregnancy for check ups.
 - It is important that your partner accompanies you to the health facility so that he can be counseled on how to support you in your entire period of pregnancy.
 - At the facility, you will be;
 - Counseled 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 counseled 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 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 reduce your activity level to conserve your energy.
 - Take de-worming tablets as prescribed to treat worms and to prevent anemia.
- Do not use alcohol, narcotics or tobacco products.

Care during pregnancy

Card 3



Protecting your baby from HIV

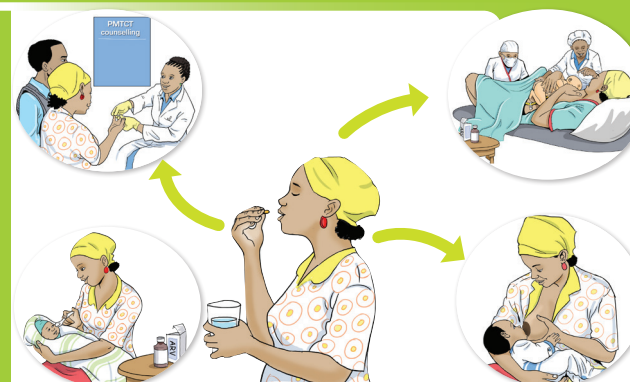


Card 4: Protecting your baby from HIV

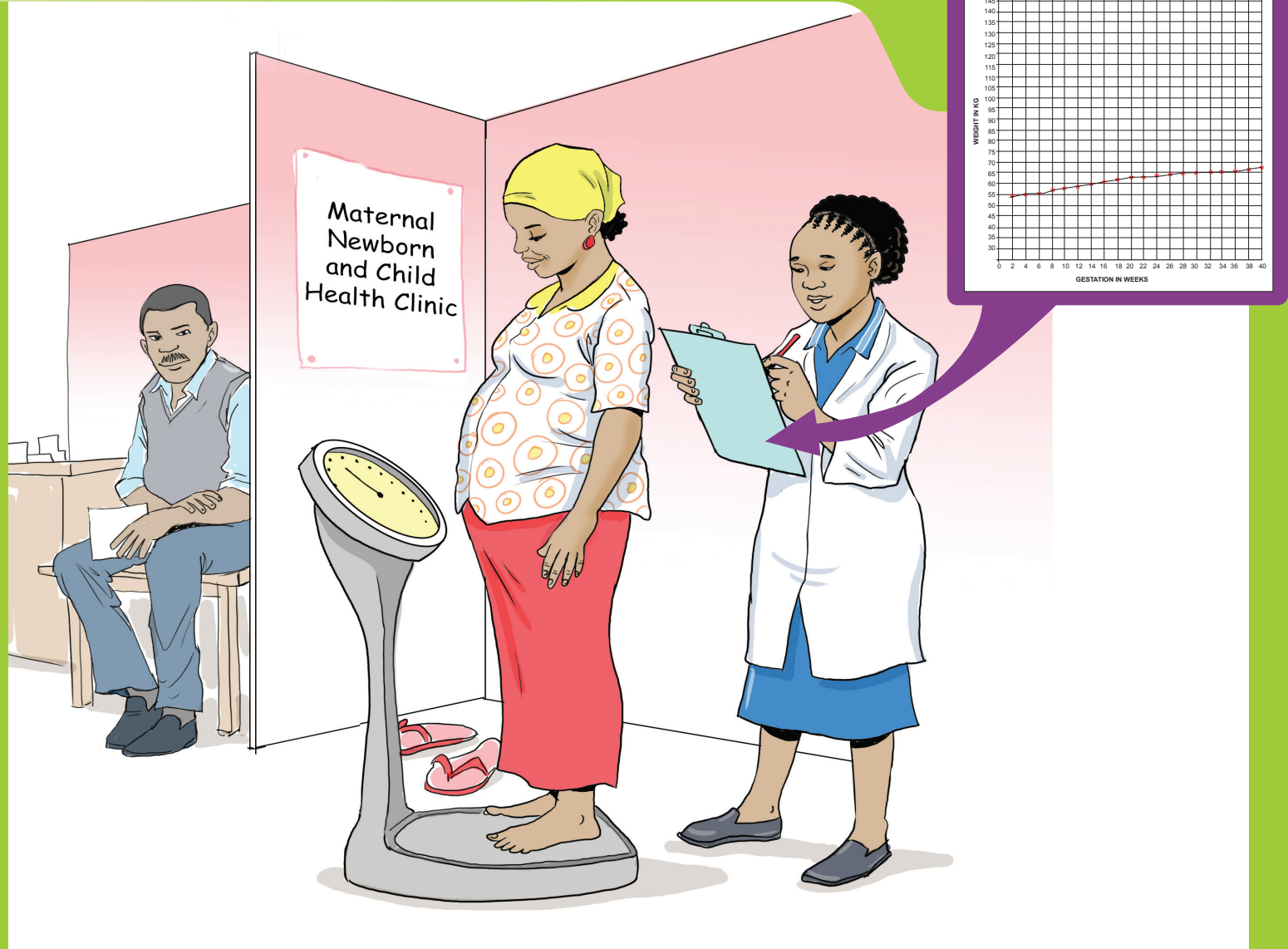
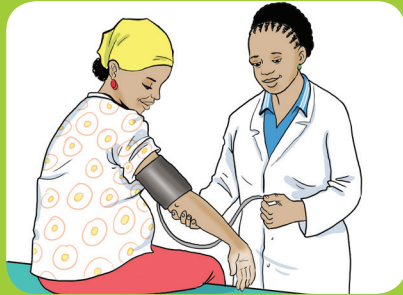
- It is important to protect yourself and your baby from HIV.
- HIV virus can be transmitted from you to your baby during
 - Pregnancy
 - Delivery
 - Breastfeeding
- Some important points to note when you are HIV positive.
- Use ART during pregnancy, labour, delivery and during breastfeeding as per the 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.

Protecting your baby from HIV

Card 4



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.
- You are encouraged to reduce your activity level to conserve your energy.
- If you report one of the following problems, your health care worker will counsel you to do the following:

1. Morning sickness

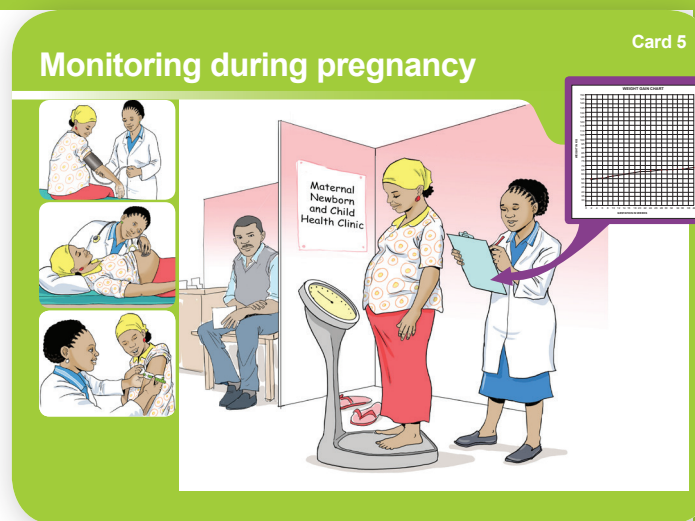
Eat small but frequent meals (with about 2 hour intervals), avoid smells and foods that make your sickness worse, eat more nutritious carbohydrate foods: try dry toasts or crackers, breakfast cereals, fruits and vegetable salads at any time during the day, eat less fatty and sugary foods

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

Backache



Severe headache



Vaginal bleeding



Fever



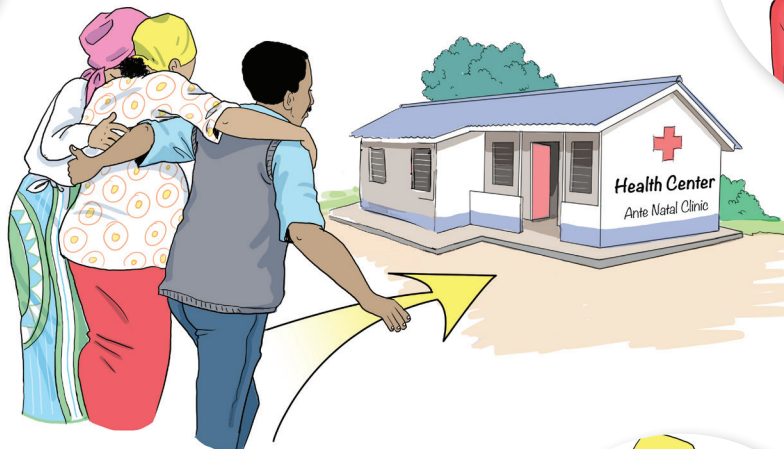
Severe abdominal pain



Convulsions



Reduced or no movement of the unborn baby



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 healthy 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

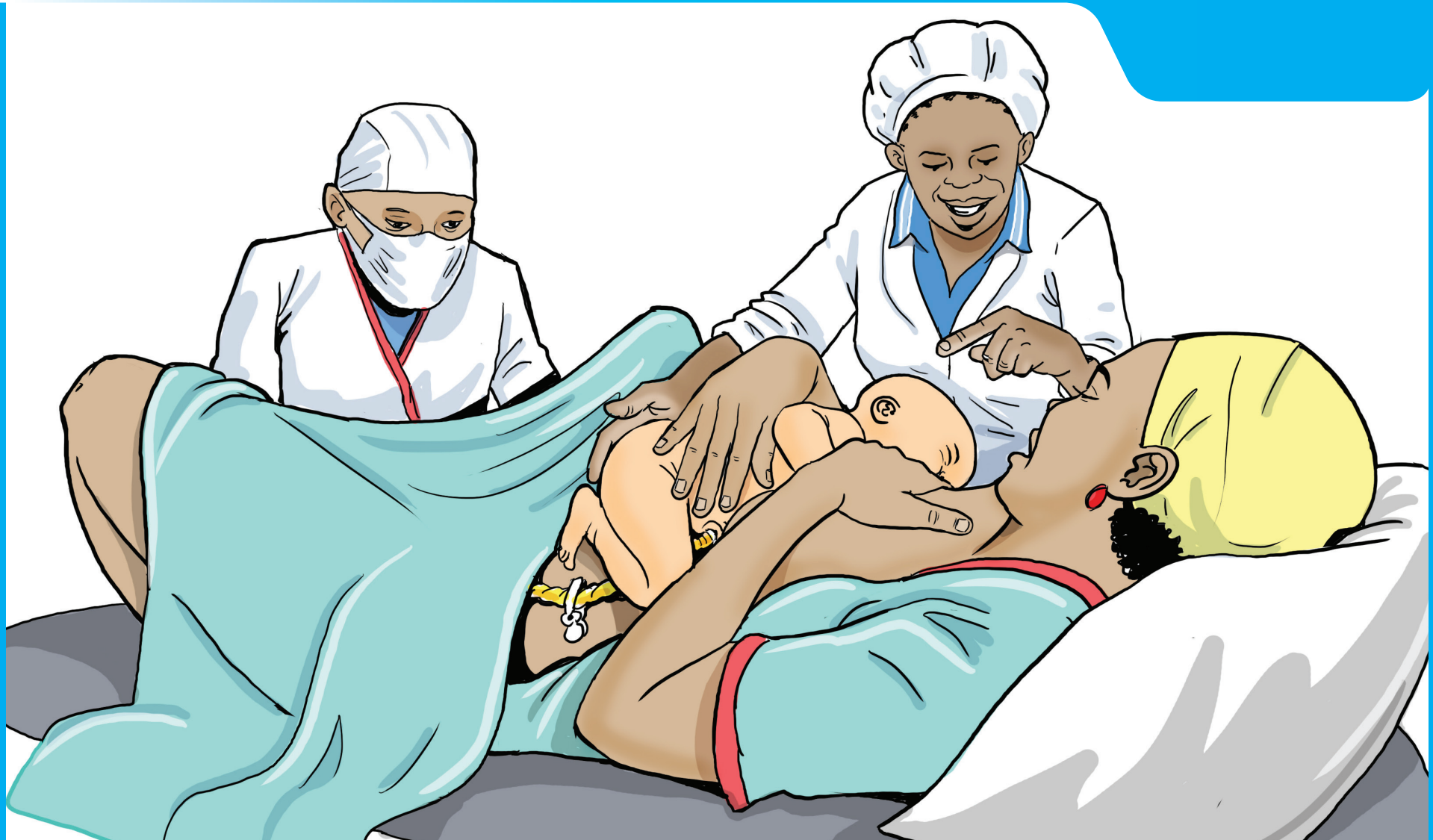
Danger signs during pregnancy

Card 6



Feeding infants 0-6 months

Early Initiation



Card 7: Early initiation

- Hold your baby skin to skin immediately after delivery for atleast 1 hour to help your baby stay warm and breathe well, establish a strong bond and help your baby to start breastfeeding as soon as possible.
- The health care worker will give sometime before cutting the cord to allow iron stores to the baby body.
- Begin breastfeeding immediately after delivery as it:
 - o Helps your baby to develop the sucking reflexes
 - o Helps to increase your milk production
 - o Provides your baby with the first milk – colostrum – which:-
 - Protects your baby from illnesses and allergies. It is like the first immunization and protects your baby from illnesses such as(allergies, intolerance and infections e.g. Diarrhea, Respiratory infections)Clears meconium (first dark stool) thus preventing yellowing of your baby's skin.
 - Has factors that help your baby's intestines to mature.

Early Initiation

Card 8



Exclusive breastfeeding 0-6 months



Card 8: 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 food 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 mixed feeding can all 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.

Crying baby:

- 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

Exclusive breastfeeding 0-6 months

Card 8



Card 8: Exclusive breastfeeding 0-6 months

(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.

Refusal to breastfeed:

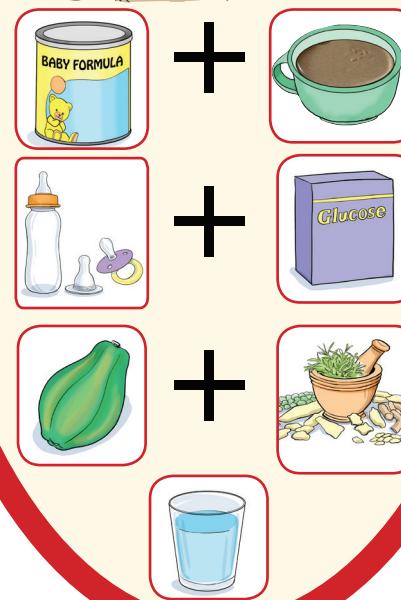
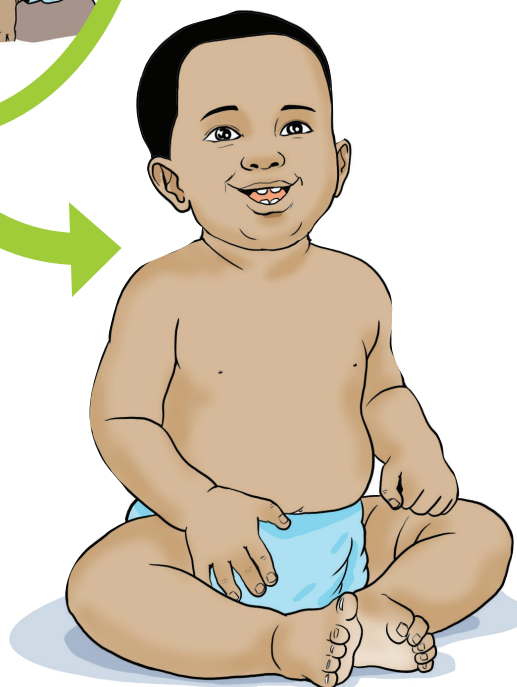
- This should not lead to complete ceasation as it can often be overcome
- Your baby may appear to refuse to breastfeed incase of sickness, sudden changes that upset him/her, or due to developmental milestones like distraction – 4-8 months or self weaning – 1 year and above
- Keeping your baby close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

Exclusive breastfeeding 0-6 months

Card 8



Dangers of mixed feeding



Card 9: 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

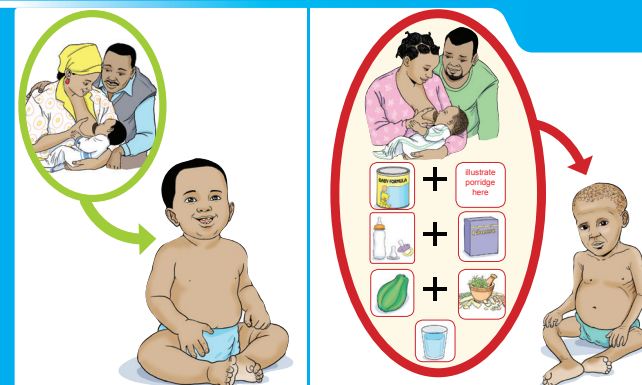
Mixed feeding (feeding baby both breast milk and any other food or liquids including infant formula, animal milks, or water before 6 months is the most dangerous way to feed the baby. A baby younger than 6 months has a premature system. Food or drinks will damage the baby's stomach and also replace the protective factor of breast milk. Dangers of mixed feeding include:-

Dangers of mixed feeding include:-

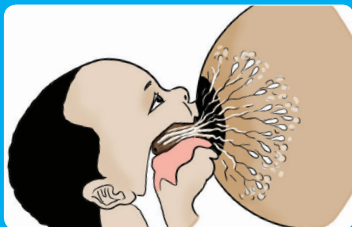
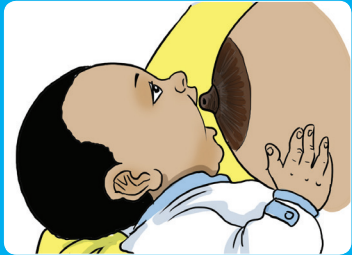
- Increased risk of childhood illnesses like diarrhoea and respiratory infections
- Increased risk of your child developing chronic diseases such as obesity, heart disease later in life
- Interference with bonding
- May lower your baby's score on intelligence tests
- Increased risk of you developing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

Dangers of mixed feeding

Card 10



Attachment, positioning and suckling



Card 10: 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
- Support your baby's whole body, not just head or neck
- Ensure that your baby's head and body is in a straight line
- Ensure that your baby is close to you, facing you and can get to the breast without turning their neck

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

Attachment, positioning and suckling

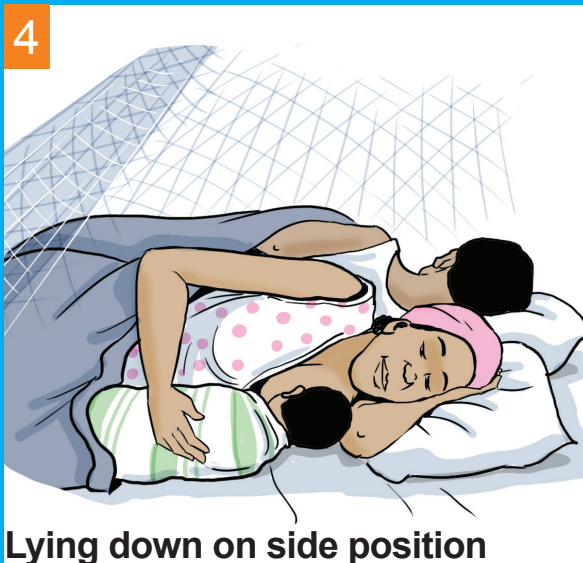
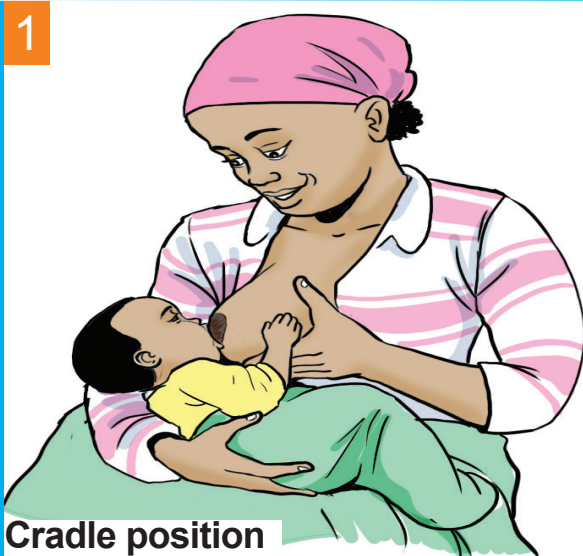
Card 11



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 11: 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:

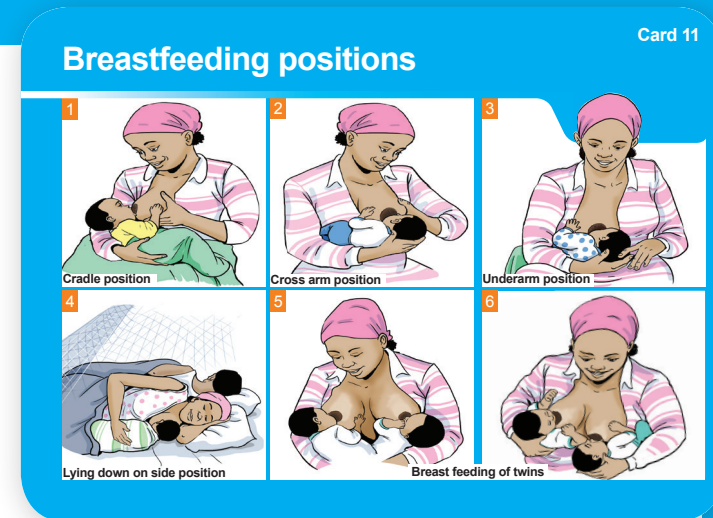
- For small or ill babies.
- You have good control of baby's head and body, so helpful when a baby is learning to breastfeed.

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 12: 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) away from you, wake him/her to offer the breast.
- You know your baby wants to breastfeed if he/she is:
 - Restless
 - Putting tongue in and out
 - Opening mouth and turning head from side-to-side
 - 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.

Breastfeeding on demand

Card 13



Expressing breast milk



Card 13: 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.

Expressing breast milk

Card 13



Storing and warming breast milk



Card 14: 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 upto 24 hours in a refrigerator, 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:

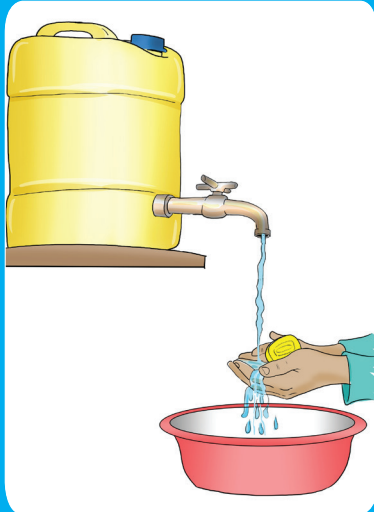
- Boil water
- Place the expressed milk in the boiled water
- Allow the milk to rest for sometime until it is at the right temperature for your baby

Storing and warming breast milk

Card 14



Cup feeding



Card 15: 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 cupg:

- 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 16: 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.

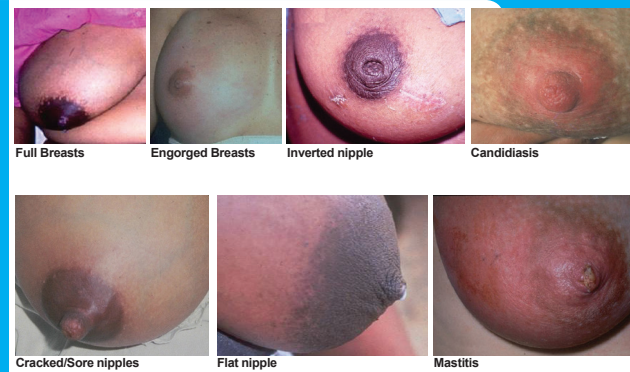
Mastitis:

The breast oozes with milk that is mixed with pus

- 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)

Card 17

Breast conditions related to breastfeeding



- Rest adequately as it is key for treatment

Sore/cracked nipples:

The nipple is damaged or cracked and painful

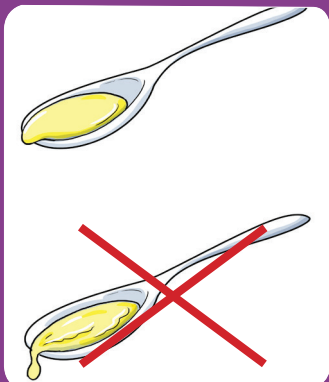
- Caused by poor positioning and attachment
- Rub a little expressed milk over your nipple and areola with your fingers to promote healing

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

Introduction to complementary foods at 6 months





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



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



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



The diagram illustrates the three types of meals: Morning, Day, and Evening. Each meal is represented by a colored square with a sun icon and a bowl of food. Morning is orange with a bowl of porridge. Day is yellow with a bowl of porridge. Evening is purple with a bowl of porridge. A banana is also shown next to the Day meal.

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

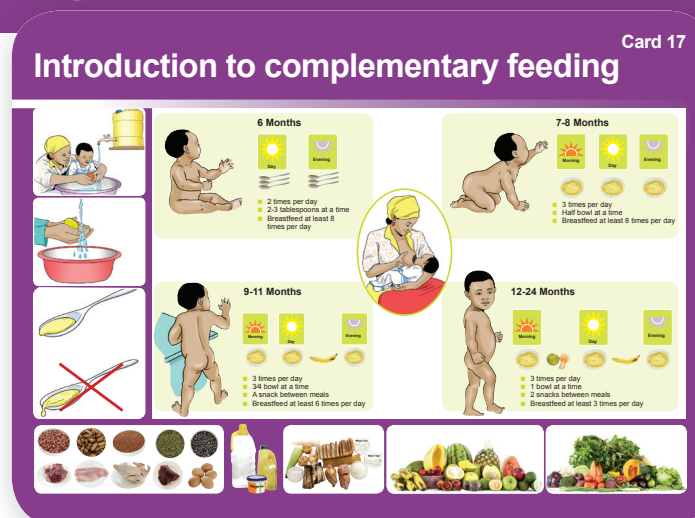


Card 17: Introduction to complementary feeding

- 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 1 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



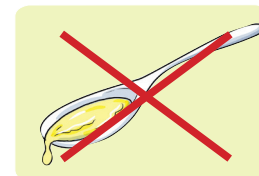
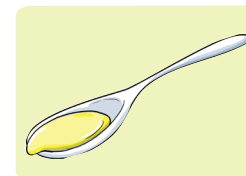
At 6 completed months

Card 18



Week 1-2

Week 3-4



Card 18: At 6 completed 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

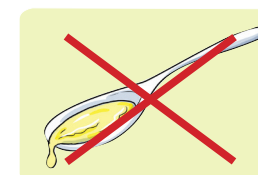
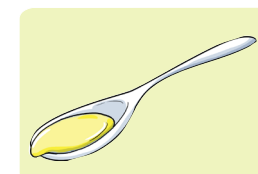
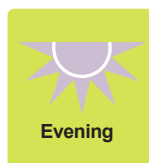
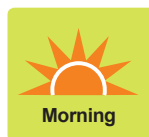
Responsive feeding: Don't force your baby to eat.

- Give the child small sips of safe drinking water



7 – 8 months

Card 19



Card 19: 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

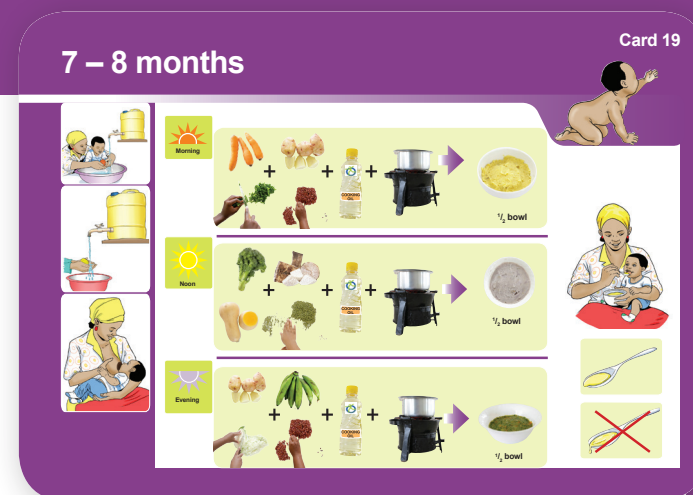
Amount: Increase amount gradually to half ($\frac{1}{2}$) cup (250 ml cup). Use a separate plate to make sure young child eats all the food given.

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

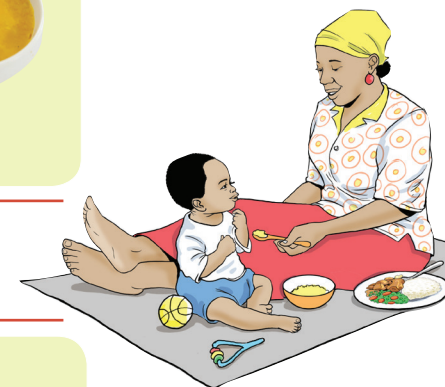
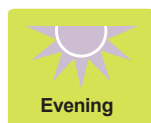
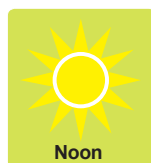
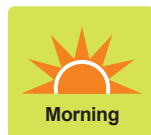
Variety: Include at least one food from each food group (animal source, staple, legumes and seeds, vitamin A rich fruit and vegetables. Animal source foods are especially good for children to help them grow strong and healthy.

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 locally available foods e.g. avocado, peanut paste.
- Giving a child soup of the food is not the same as giving the food itself.



9 -11 months



Card 20: 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.

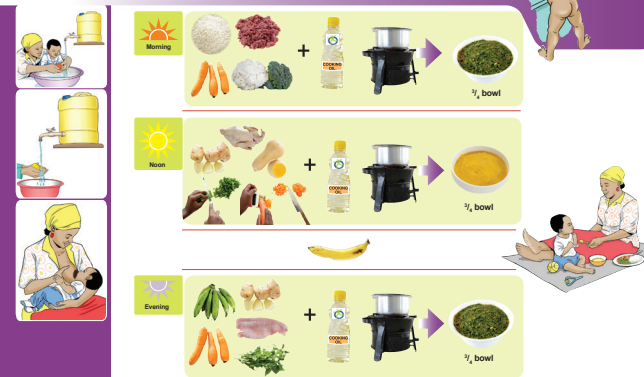
Variety: Give a variety of foods, Include at least one food from each food group (animal source, staple, legumes and seeds, vitamin A rich fruit and vegetables).

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

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

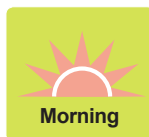
9 -11 months

Card 20



12 -23 months

Card 21



Morning



Full bowl



Mid morning



Noon



Full bowl



Mid afternoon



Evening



Full bowl



Card 21: 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 make sure young child eats all the food given.

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

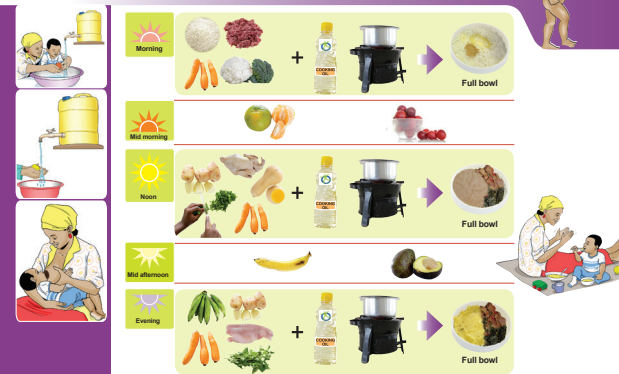
Variety: Include at least one food from each food group (animal source, staple, legumes and seeds, vitamin A rich fruit and vegetables).

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.

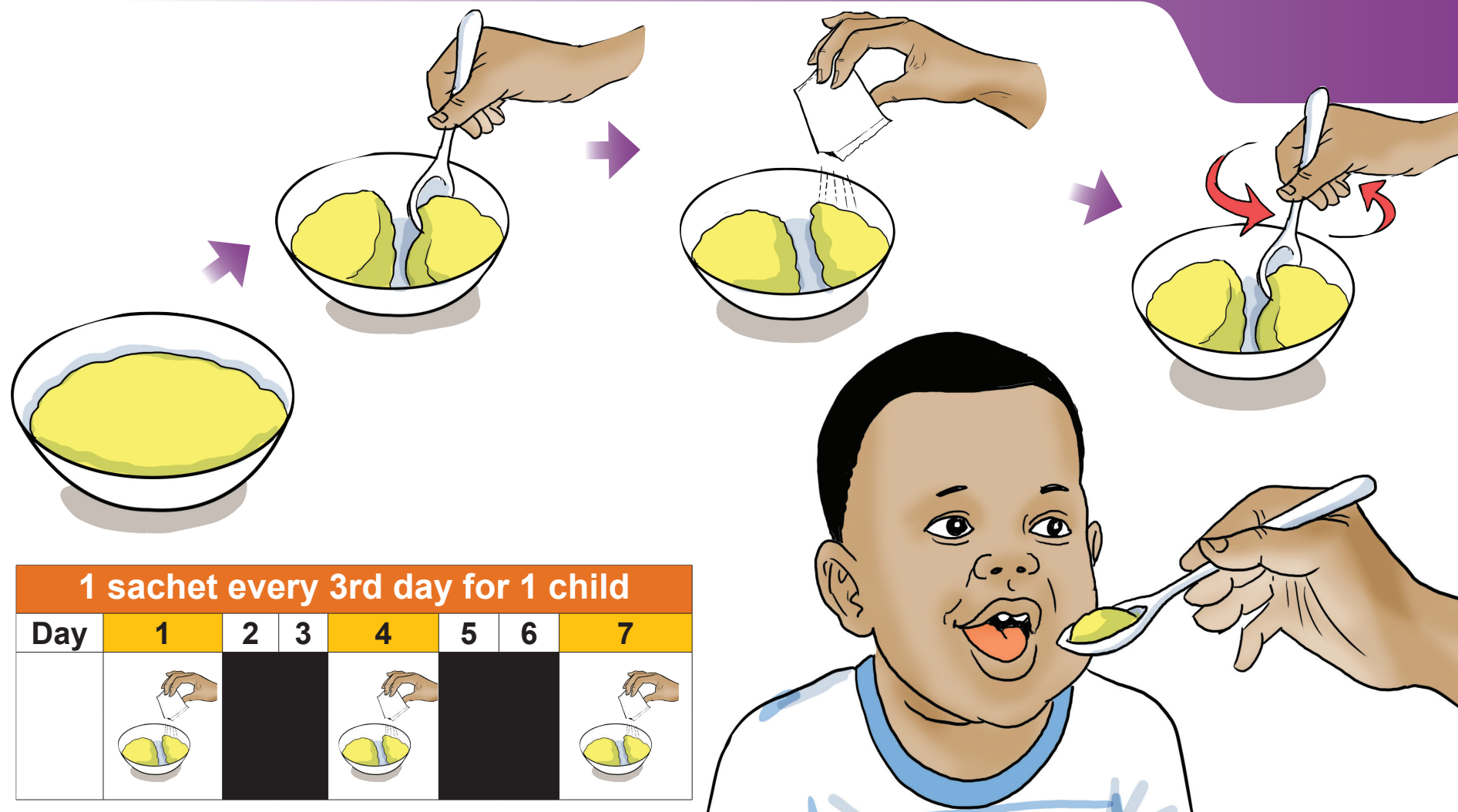
- Give your child 2-3 cups (250 mls cup) of milk
- Add small amounts of iodized salt
- Provide your child with safe drinking water
- Enrich the baby's food by adding locally available foods e.g. avocado, peanut paste

12 -23 months

Card 21



Adding Micronutrient Powders (MNPs) to complementary foods



Card 22: 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.

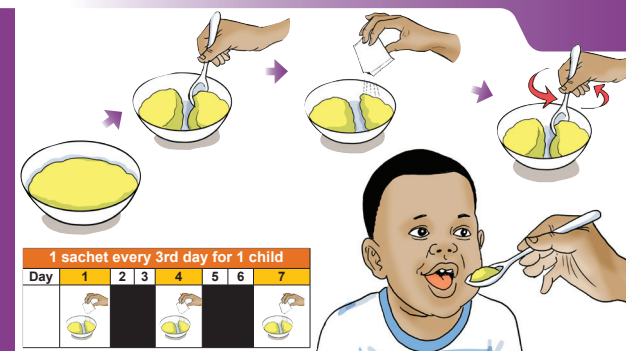
How to use the Micronutrient powder

- 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.

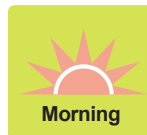
Adding Micronutrient Powders (MNPs) to complementary foods

Card 22



24-59 months

Card 23



Card 23: 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

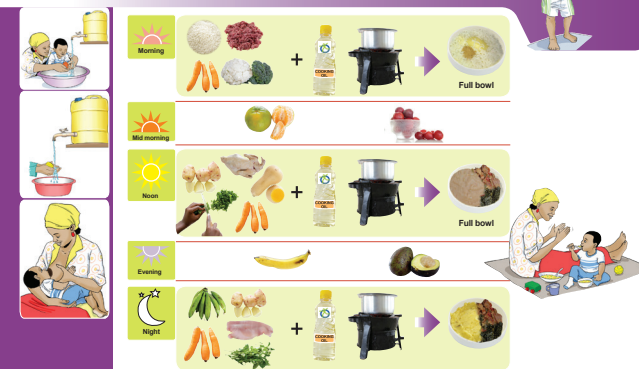
Variety: Include at least one food from each food group (animal source, staple, legumes and seeds, vitamin A rich fruit and vegetables

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.

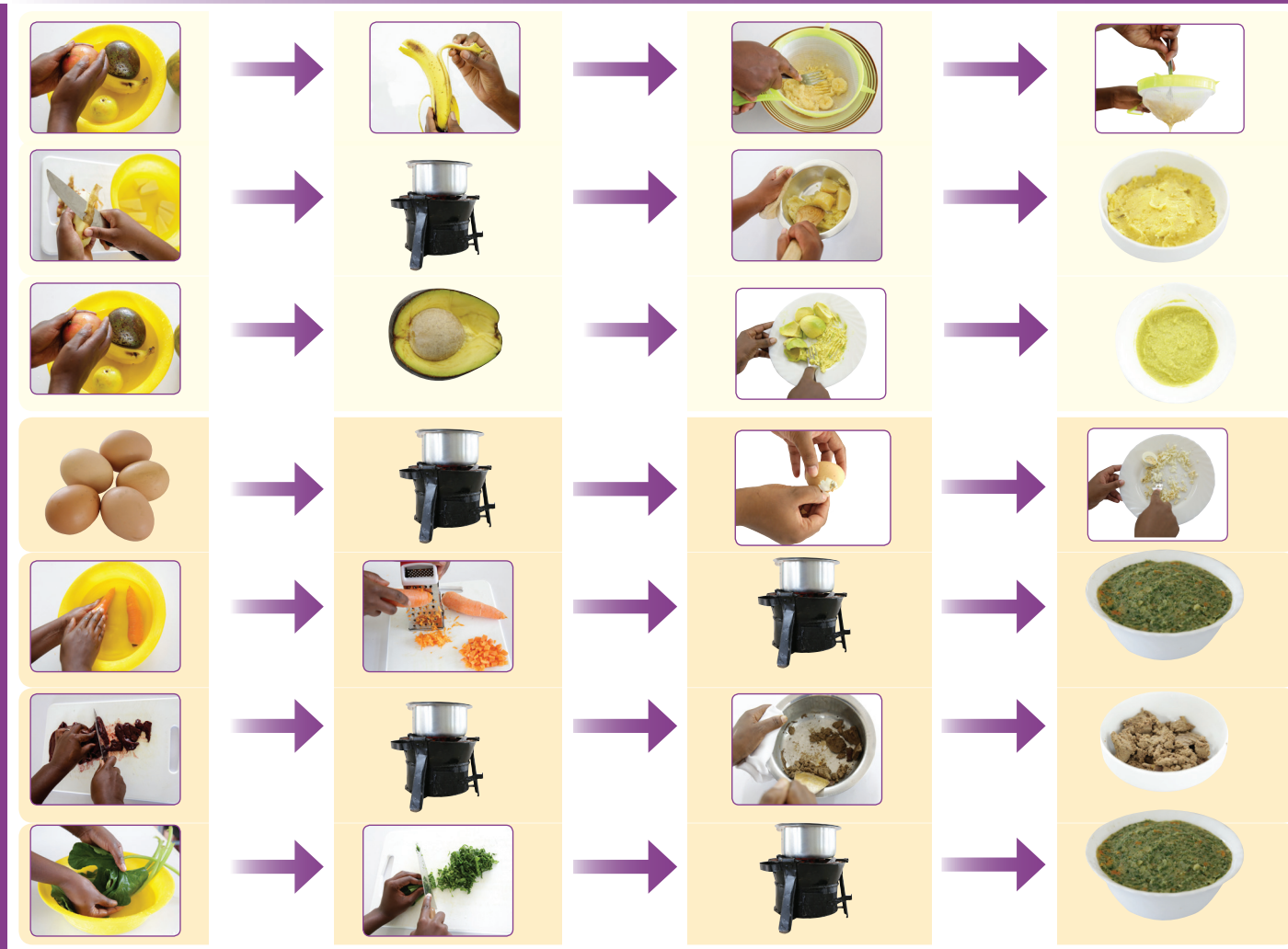
- Give your child 2-3 cups of milk
- Add small amounts of salt and oil
- Provide your child with safe drinking water
- Encourage physical health

24-59 months

Card 23



Modification of complementary foods 6-12 months



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

Card 24: Modification of complementary foods 6-12 months

- Making your own baby food is a simple, nutritious 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

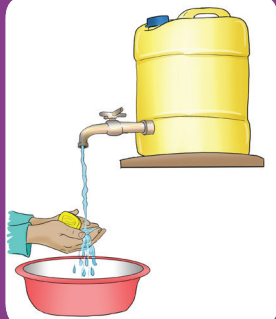
Increase and vary food textures to help baby develop. Babies adapt quickly moving from pureed and finely mashed foods to lumpy foods.

Modification of complementary foods 6-12 months

Card 24

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

Responsive feeding



Card 25: 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.
- Avoid giving your child water 30 minutes before and after feeding or during the child's meal as they eat less.
- Avoid force feeding & negative reinforcement

Responsive feeding

Card 25



Feeding in special circumstances

4

Feeding of low birth weight baby



Card 26: Feeding of low birth weight baby

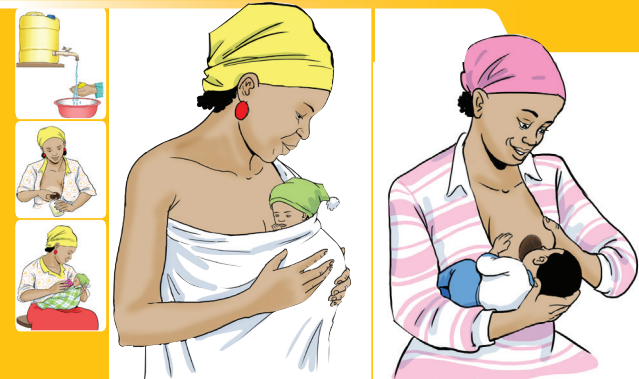
- Low birth weight babies as well as for babies (<2500kg) who have no problem of breast feeding should be initiated on the breast within the first hour of birth.
- A Low Birth Weight baby needs special care. He health worker will assess and determine appropriate feeding route whether by oral, nasogastric 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

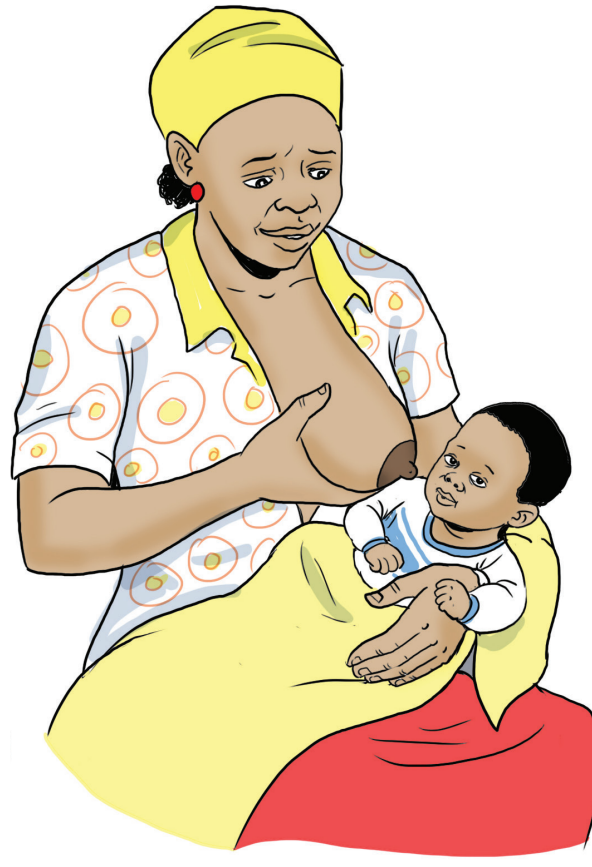
- KMC is used for premature and LBW babies.
- Warmth is needed keep the baby skin-to-skin contact, this method can save your baby.
- KMC enables the baby to breast feed, improves growth and development and prevents the baby from infections. Kangaroo can start immediately the baby is born.
- **Position:** 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 breathe 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 low birth weight baby

Card 26



Feeding sick children less than 6 months



Card 27: Feeding sick children less than 6 months

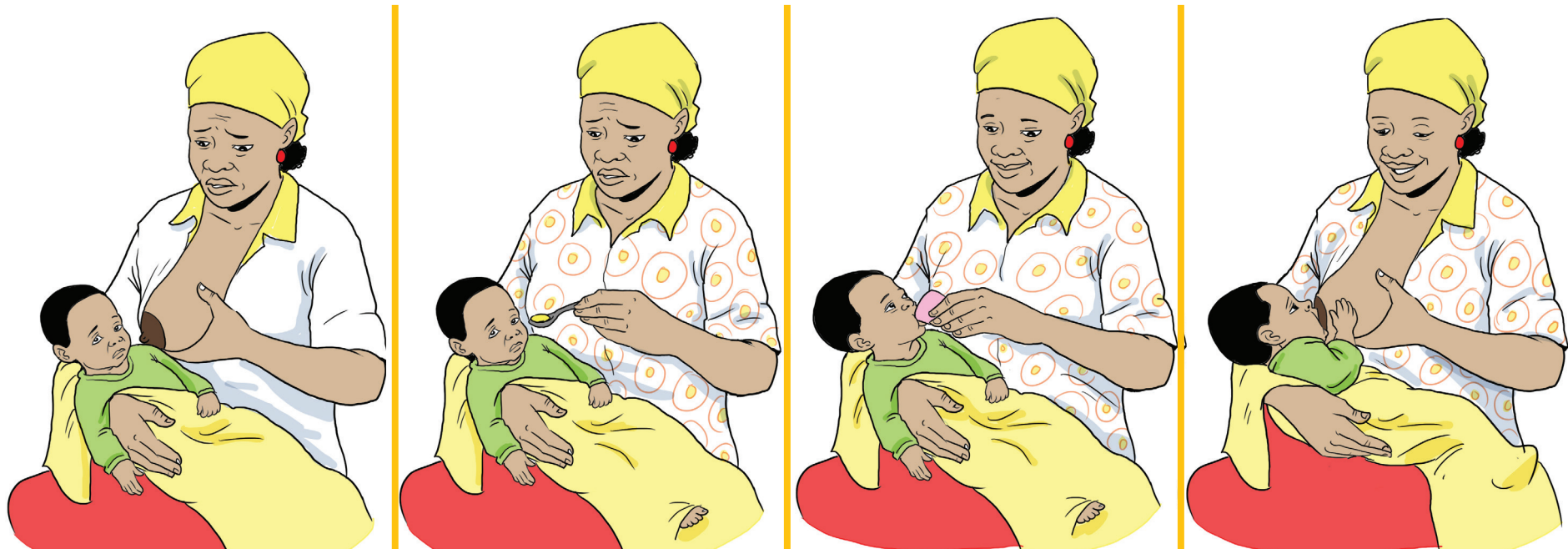
- Frequent breastfeeding during illness helps your baby to fight sickness, recover more quickly and not lose weight.
- If your baby refuses to breastfeed, continue to encourage your baby until he or she takes the breast again.
- If the baby is too weak to suckle, express breast milk to give the baby 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.

Card 27

Feeding sick children less than 6 months



Feeding sick children more than 6 months



Card 28: Feeding sick children more than 6 months

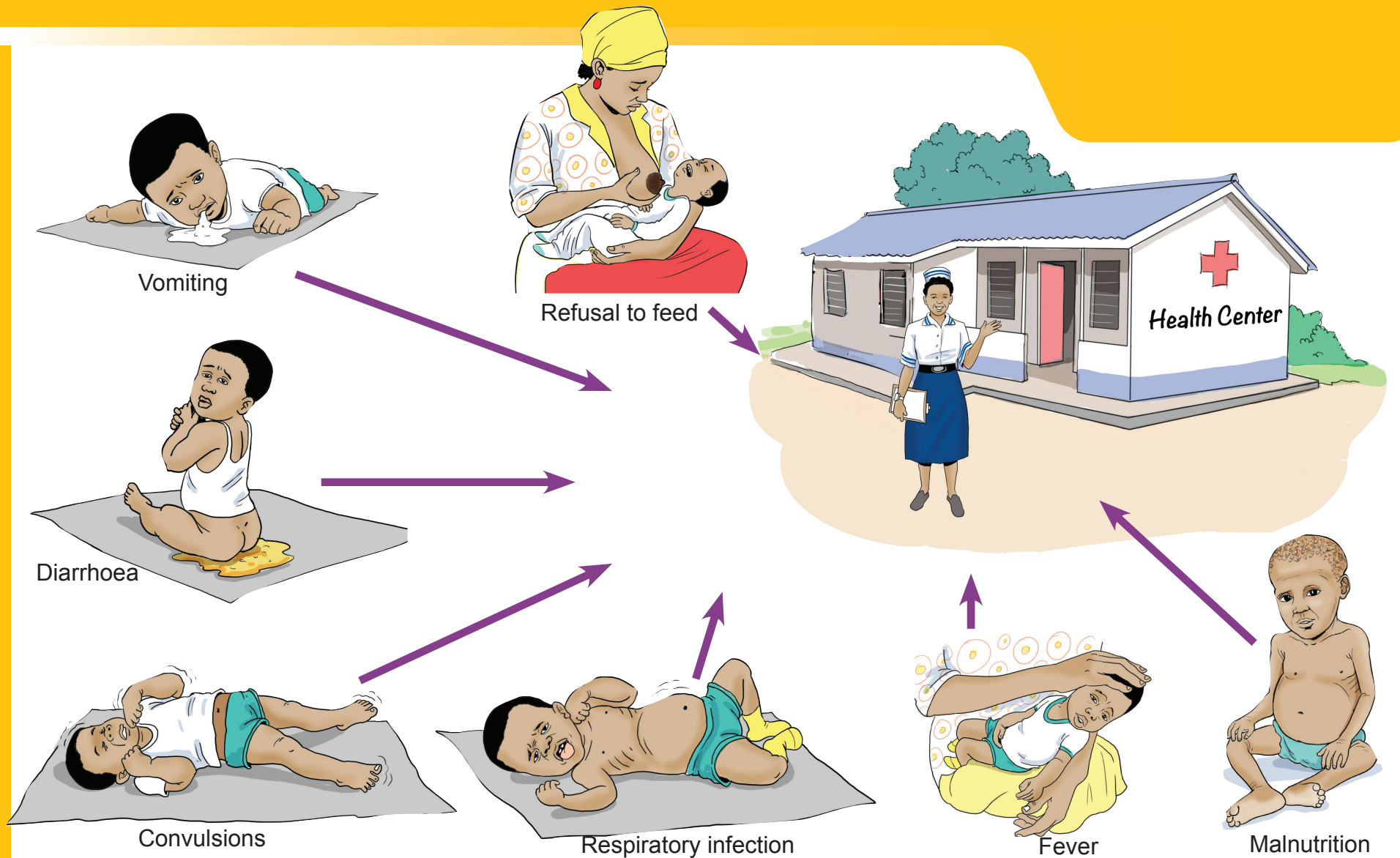
- Increase the frequency of breastfeeding and offer additional food to your child to maintain his or her strength, reduce weight loss and to recover faster.
- Patiently encourage your sick child to eat as his or her appetite may be decreased because of the illness.
- Give your child small frequent meals 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.

Feeding sick children more than 6 months

Card 28



Danger signs



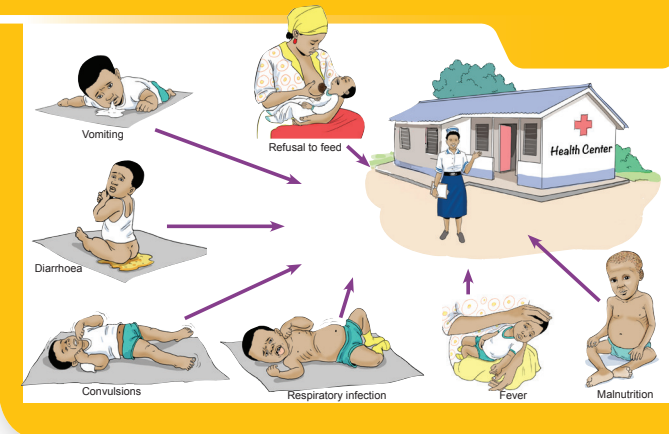
Card 29: Danger signs

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

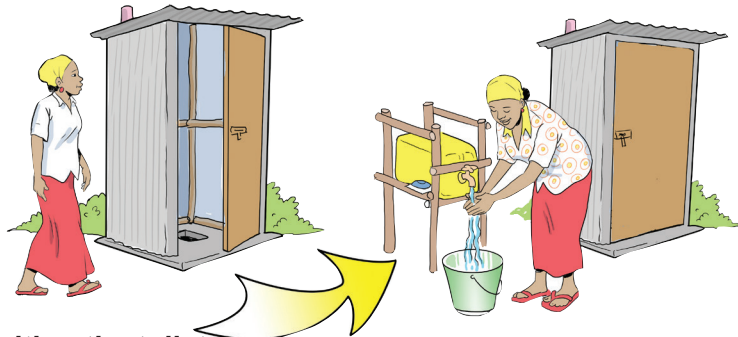
- Refusal to feed and being very weak.
- Vomiting (cannot keep anything down).
- Diarrhoea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes).
- Convulsions (rapid and repeated contractions of the body, shaking).
- The lower part of the chest sucks in when the 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).

Danger signs

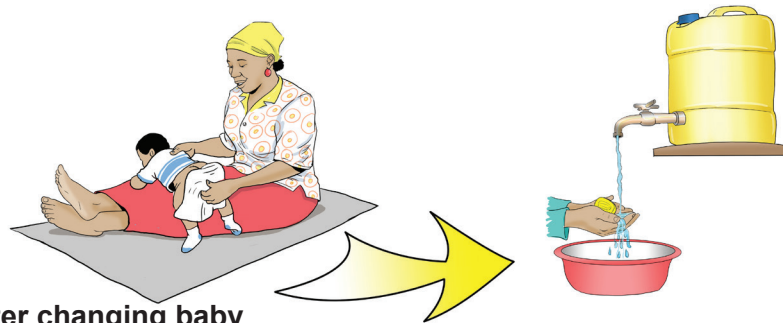
Card 29



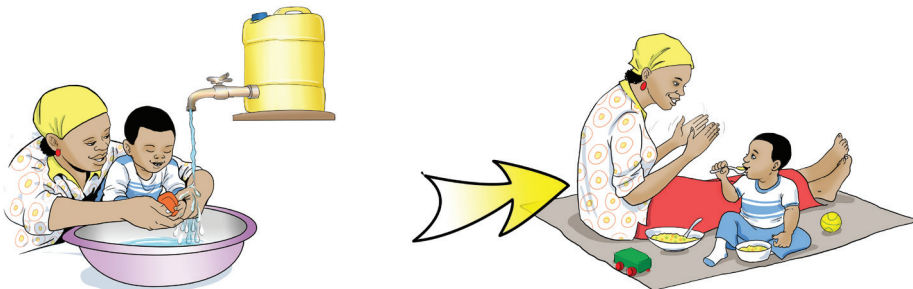
Handwashing at 5 critical times to prevent illness



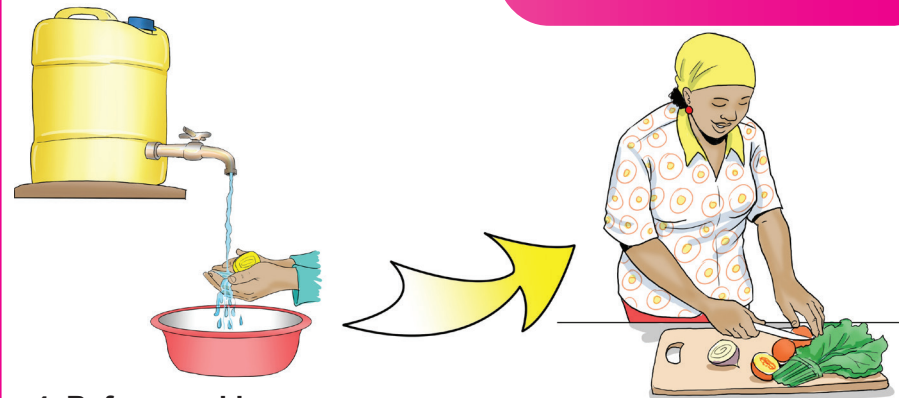
1. After visiting the toilet



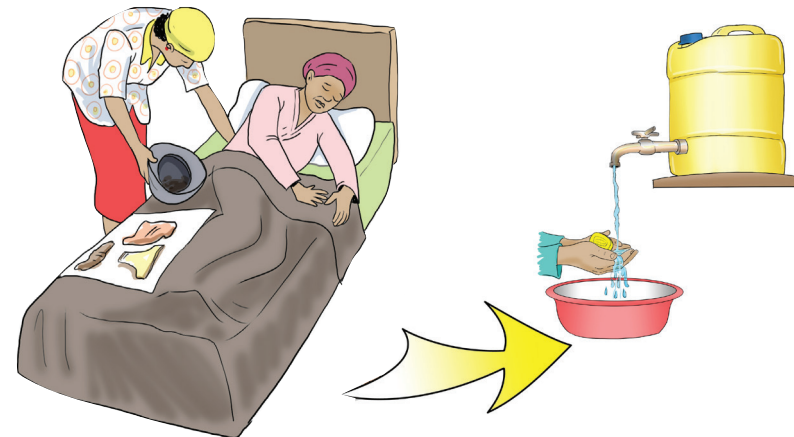
2. After changing baby



3. Before eating or breast feeding baby



4. Before cooking



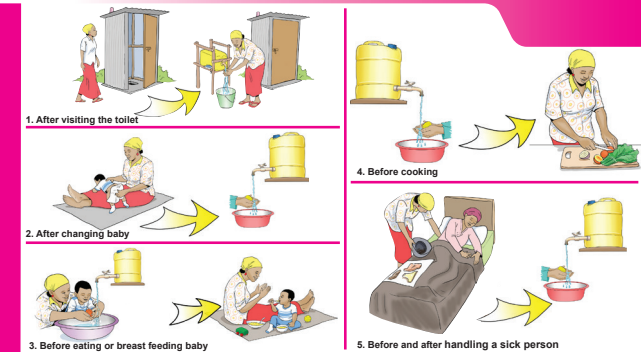
5. Before and after handling a sick person

Card 30: Wash your hands with soap and water during 4 critical times to prevent illness

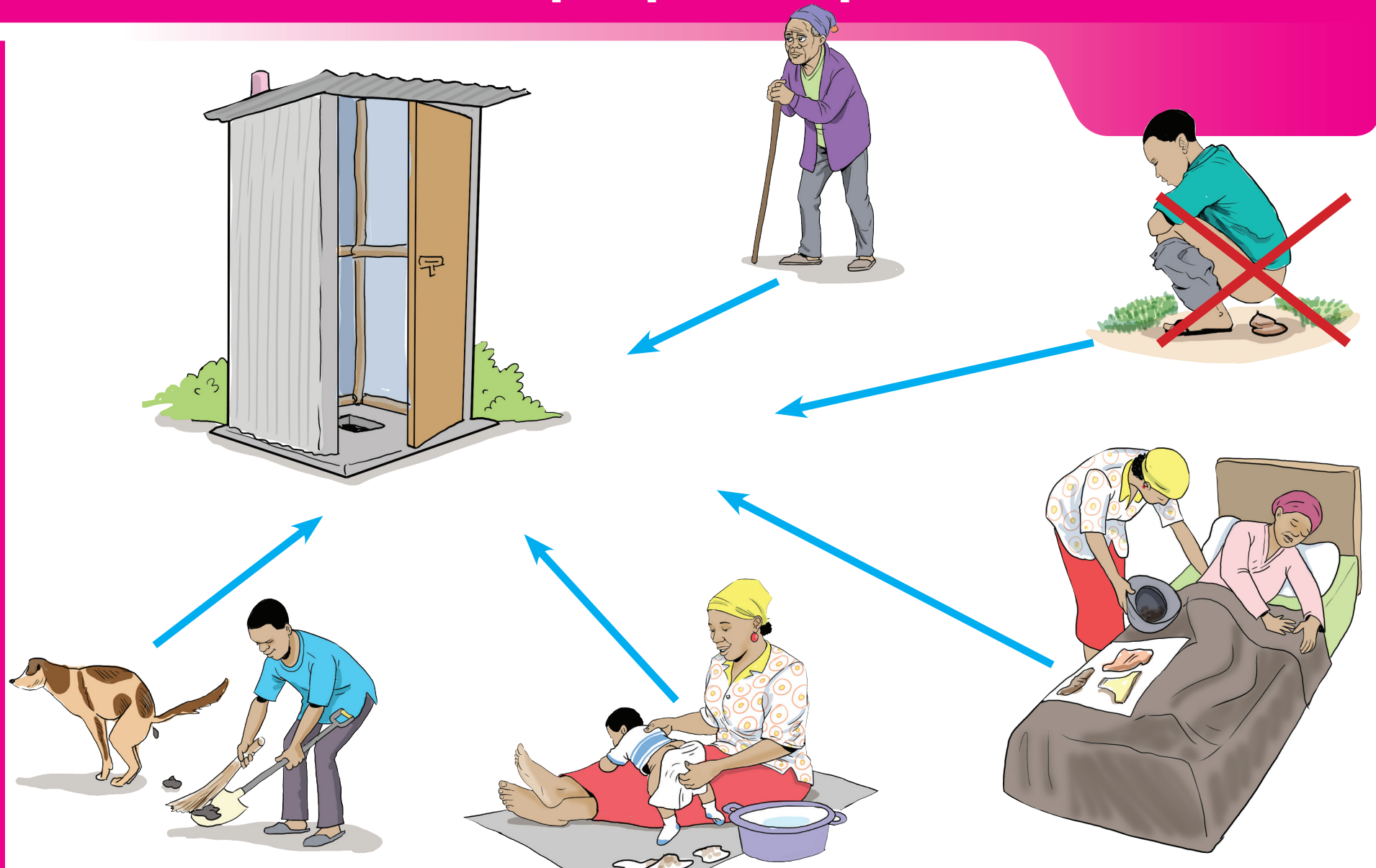
- Handwashing with soap and water prevents most illnesses like diarrhea and pneumonia.
- Wash your hands with soap and water at the following critical times.
 - After visiting the toilet.
 - After changing the baby's diapers.
 - Before eating or breast feeding.
 - Before cooking.
 - Before and after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

Handwashing at 5 critical times to prevent illness

Card 30

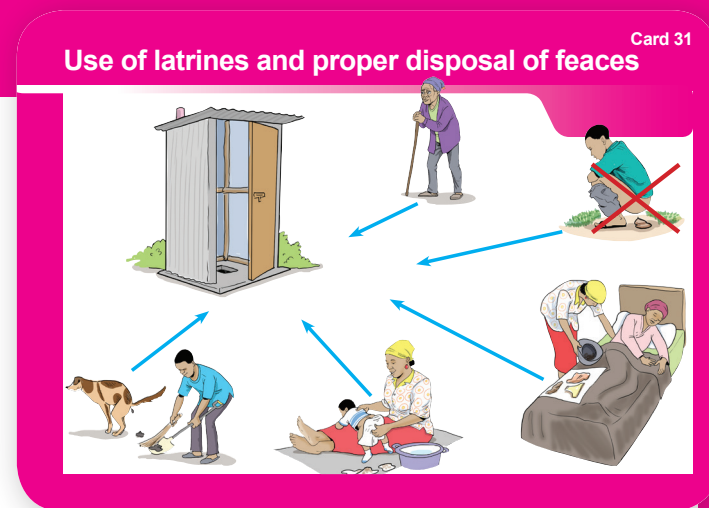


Use of latrines and proper disposal of faeces



Card 31: Use of latrines and proper disposal of faeces

- 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 faeces and diapers in a latrine.
- Wash the container with soap and water after the faeces 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 32: 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.

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

Food safety and hygiene

Card 32



Healthy play areas/Environment



Card 33: 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.

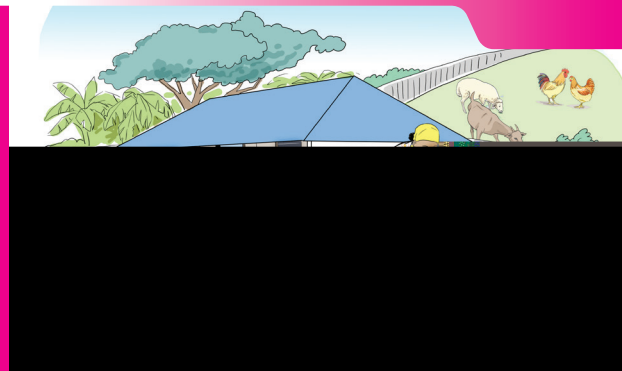
Encourage the care takers to clean and sanitize toys and other items that babies frequently stick in their mouths at least two or three times per week:

- 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

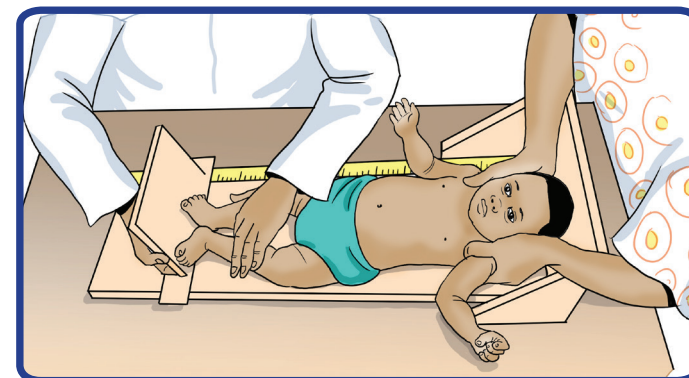
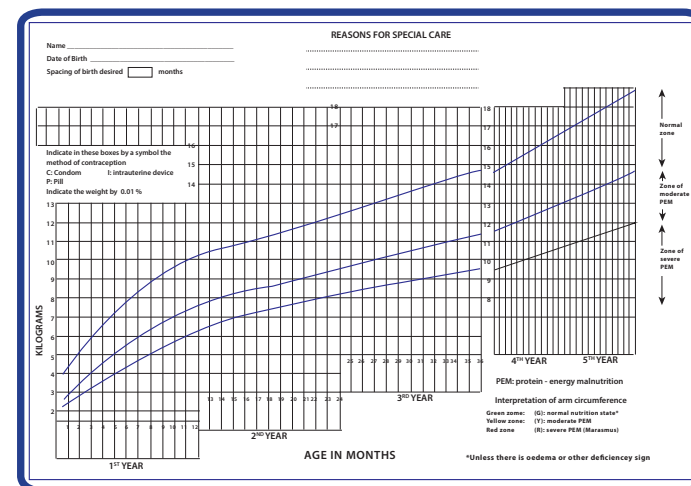
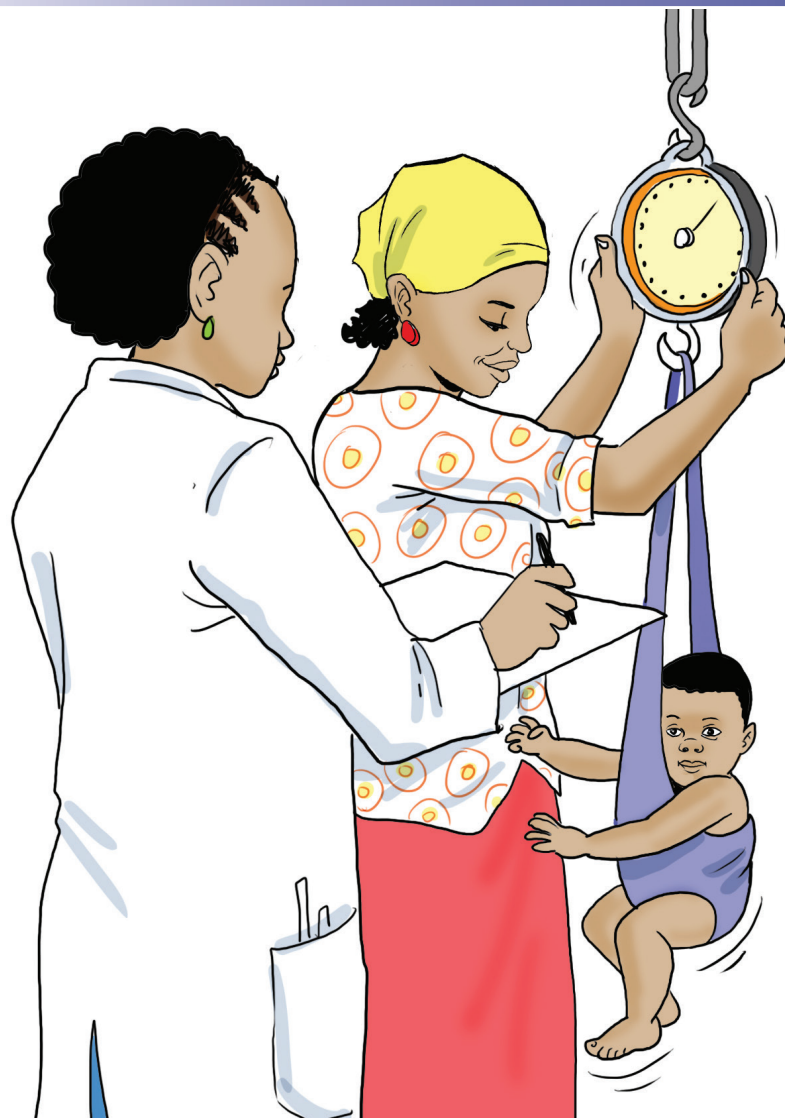
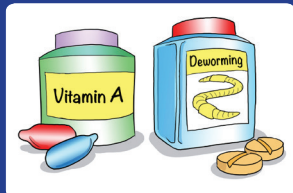
Card 33



Growth monitoring & promotion

5

Growth monitoring and promotion

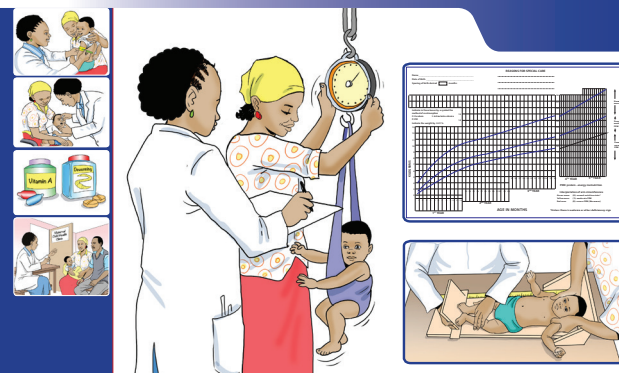


Card 34: Growth monitoring & promotion

- 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.

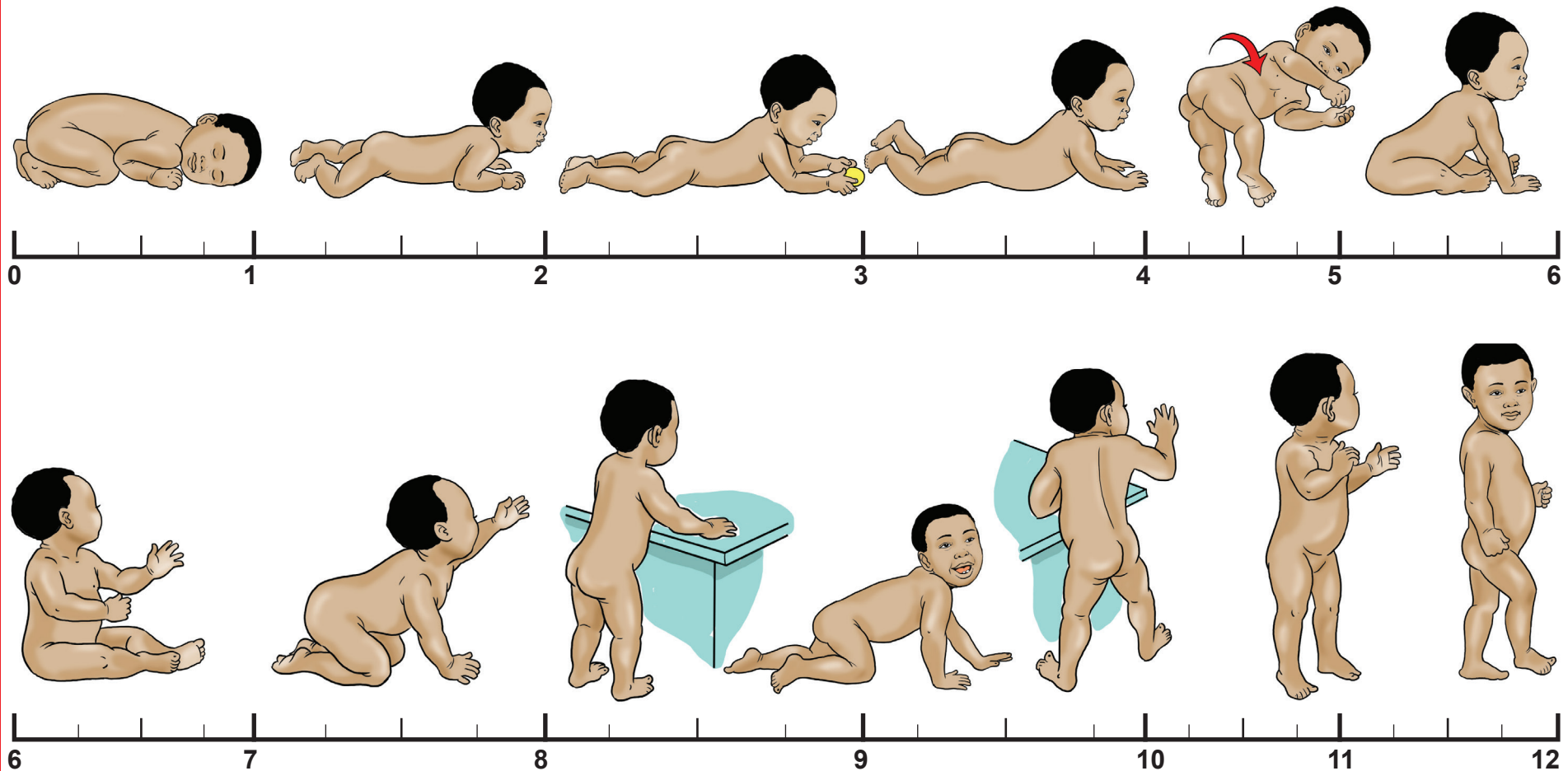
Growth monitoring and promotion

Card 34



Developmental milestones

Developmental milestones



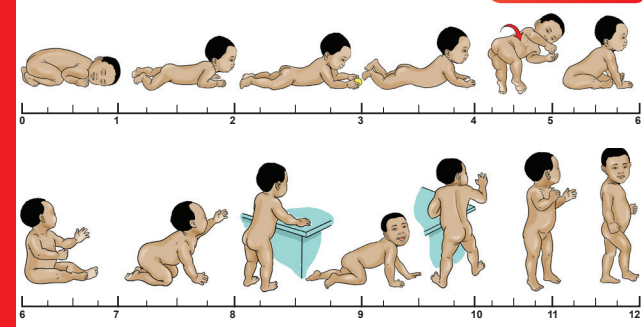
Card 35: Developmental milestones

- 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

Developmental milestones

Card 35



Stimulation



Card 36: Stimulation

- Give your child Care and affection during the earliest years as it will help your child to thrive.
- Mental and psychosocial support is essential for positive child development it sets the stage for knowledge, emotional, and social development later in life
- Early detection of the delayed mile stone will help address the problem before it's too late.
- Early health care seeking for treatment/management minimize the effects of the problem

Stimulation

Card 36

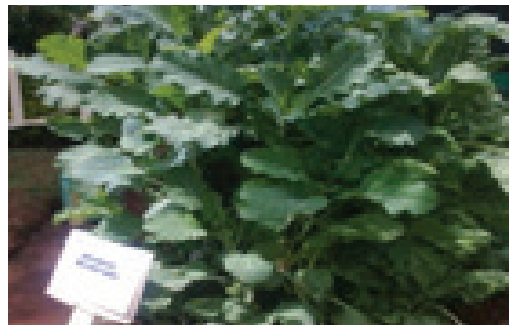


Household food and nutrition security 6

How to create a kitchen garden



Raised moist bed garden



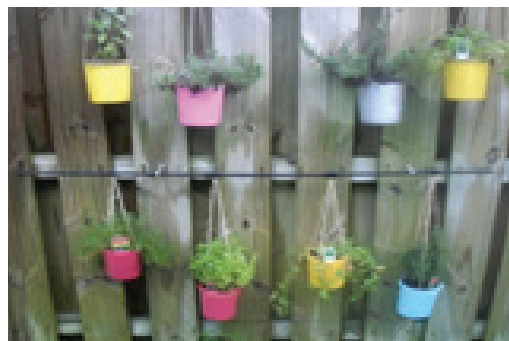
Hanging garden



Tyre gardens



Sunken moist bed garden



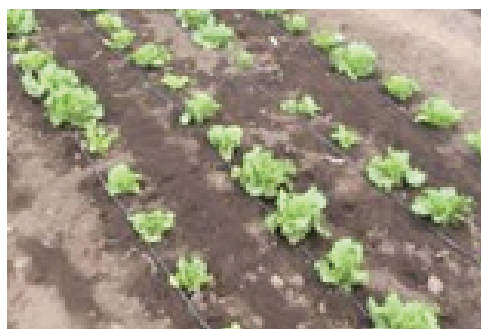
Wall mounted hanging garden



Staircase garden



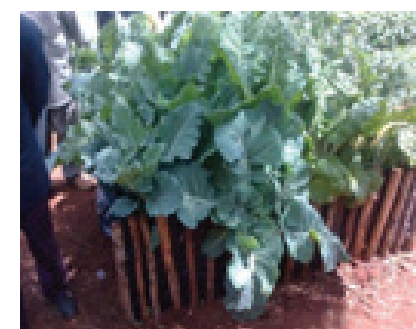
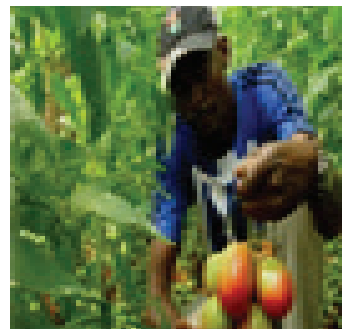
Container garden in soda bottles



Drip irrigation



Green House farming



Raised Moist Garden

Card 37: How to create a kitchen garden

Keynote: Having a kitchen garden and small livestock can assist mothers to have access to food that supplements the childrens diet and cut down on cost while improving dietary diversity.

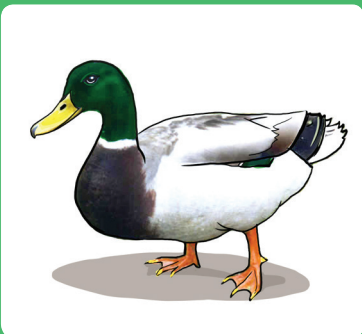
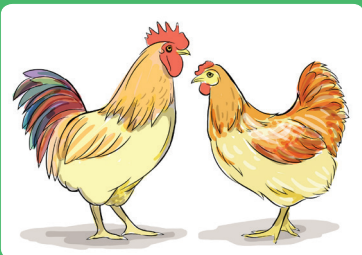
- Create a kitchen garden where you can grow different vegetables;
- If space allows, it is best to have at least three different kitchen gardens that you plant at different times of the year, taking advantage of the different growing seasons.
- In urban areas vegetables can be grown in hanging gardens, 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 are rich in and their trees are a wonderful financial investment for the future.

How to create a kitchen garden

Card 37



Small animal breeding



Card 38: Small animal breeding

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

Small animal breeding

Card 38



