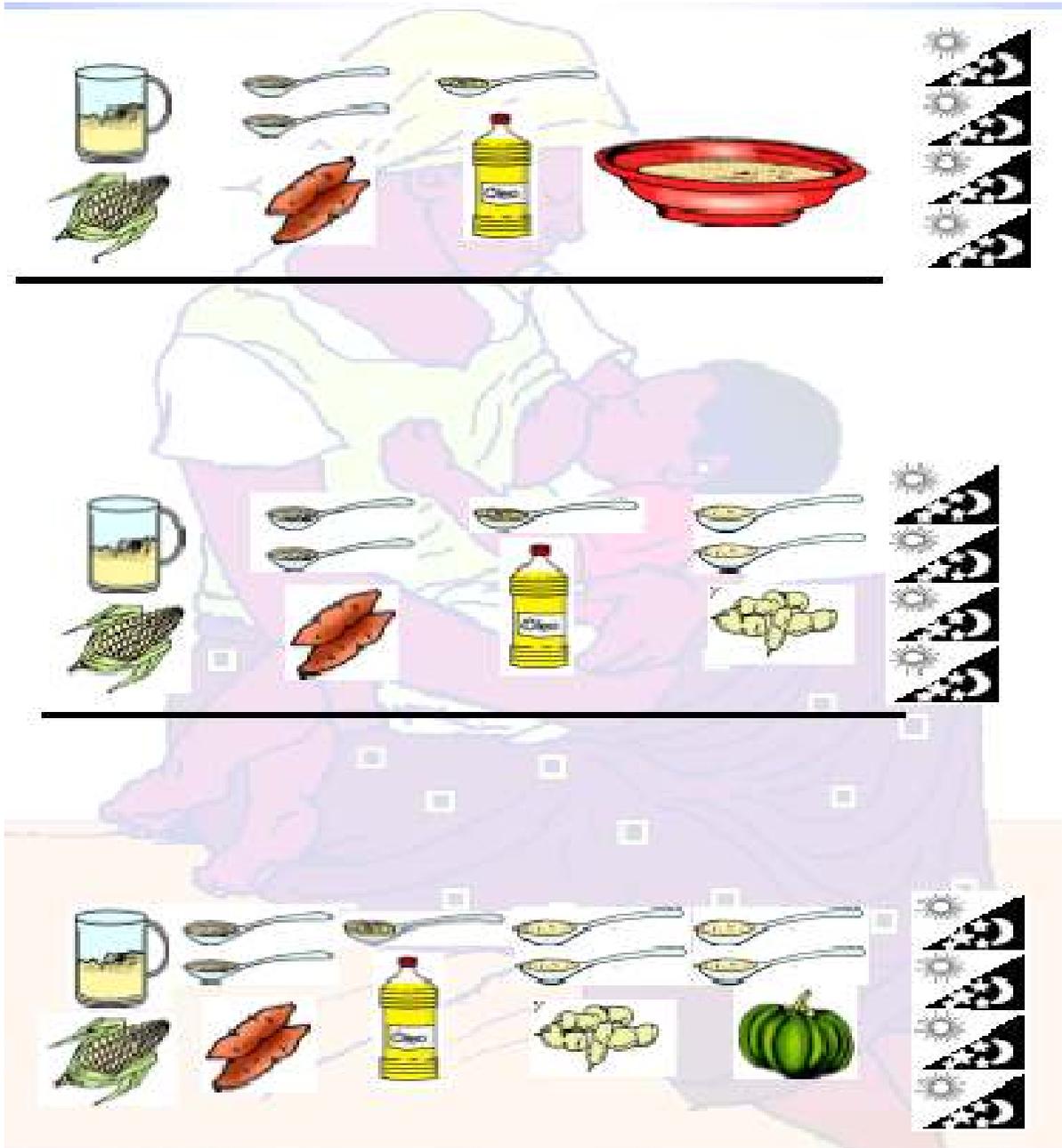


Complementary Feeding and Micronutrients

Promoter Flipcharts Module 2 of 6



Understanding the Lesson Plan



Each lesson begins with **objectives**. These are the behavior, knowledge and belief objectives that are covered in the lesson. Make sure that each of these objectives is reinforced during the lesson. There are four types of objectives. Each is described below.

Our main goal is for caregivers to **practice healthy behaviors**. For this reason, most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers to follow based on the key messages in the flipchart.

A few objectives are **knowledge** objectives. We want mothers to be able to name the danger signs as well as the five ways that diarrhea-causing germs are transmitted. These are things that the caregivers must memorize during the lesson, using the pictures as a reminder.

Each lesson contains one **belief** objective. We know that beliefs and attitudes affect our practices. Many times it is a person's inaccurate belief or worldview that hinders them from making a healthy behavior change. In this module we are reinforcing the belief that humans have been given dominion (authority) over all living creatures by God. Knowing this, participants understand that they are not meant to be overcome by sickness, illness and poor health. The dominion principle helps participants to be in right relationship with God and creation.

Each lesson contains one **behavioral determinant objective**. Behavioral determinants are reasons why people practice (or don't practice) a particular behavior. There are eight possible behavioral determinants as identified in the Barrier Analysis¹ surveys done in each region. The surveys identify the most important determinants for each behavior. By reinforcing the determinants that have helped the doers (caregivers in the community already practicing the new behavior) we are able to encourage the non-doers (caregivers who have not yet tried or been able to maintain the new practices). We also help non-doers (caregivers who are not practicing new behaviors) to overcome obstacles that have prevented them from trying or maintaining the practice in the past.

Under the objectives, all of the **materials** needed for the lesson are listed. The facilitator should make sure to bring all of these materials to the lesson. Materials marked with an asterisk (*) are required for the lesson's Activity. These materials will be organized by the Activity Leader. See below for more information.

Each exercise (section of the lesson plan) is identified by a **small picture**. Pictures are used to remind non-literate Mother Leaders of the order of the activities. For example when it's time to lead the game the lesson plan shows a picture of people laughing as if they are enjoying a game (see below). The

¹ See <http://barrieranalysis.fhi.net> for more information.

pictures in the lesson plan help to cue Mother Leaders of the next activity. Review the descriptions below for more information.



The first activity in each lesson is a **game**. Games help the participants to laugh, relax and prepare for the lesson. Some games review key messages that the participants have already learned. Some games promote the belief objectives.



Following the game is the **attendance and troubleshooting** section. All facilitators will take attendance. The troubleshooting questions only apply to facilitators (promoters) training others.² The promoter follows up with any difficulties that the Mother Leaders had teaching the previous lessons. Refer to the role play in Module 1, Lesson 1 for more information.

Next the facilitator opens the **flipchart to the first picture** of the lesson. He or she reads the story printed on the back of the flipchart, adding more details and descriptions as desired. The **story** reinforces a behavioral determinant or reason found to be important for behavior change in your region. Use the story, discussion and the following flipchart pages to reinforce the key determinant noted in the text.



The story in each lesson is followed by discussion questions. These questions help the facilitator to find out the caregivers current practices (related to the lesson). This section is marked by the **A (ask)** in the ASPIRE method.³ This section is meant for discussion, not for teaching. Be sure to let everyone voice their opinion.



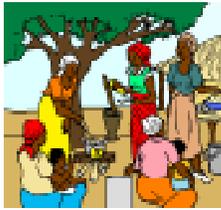
The second, third and fourth picture in each lesson are for teaching the key objectives of the lesson. After turning to the second flipchart page [the S (Show) - in ASPIRE], ask "What do you see in this picture?" Let the participants respond and describe what they think the flipchart pictures are telling them.

Next, explain the key messages written on the back of the flipchart. The key messages also appear as captions on the flipchart pages. Be sure to explain each picture using the additional bullets printed on the back of the flipchart (or in the lesson plan). The lesson plan also contains **additional information for the trainer**. For example, in Lesson 4 more information is given to about the different types of parasites and the symptoms for each. The additional

² In the Tubaramure program, paid staff are called promoters. The role of the promoters is to train Leader Mothers to facilitate lessons with their neighbors. A few exercises, noted above, are only for promoters and do not need to be used by the Leader Mothers when sharing with their neighbors.

³ For more information about the ASPIRE method review Lesson 2.

information does not need to be discussed during the lesson unless it directly relates to questions by the participants.



After the fourth picture of the lesson, is an **activity**. Activities are “hands-on” exercises to help the participants understand and apply what they have learned. Most of these activities require specific materials and preparations. The needed materials (those with an asterisk in the materials section) are the responsibility of the Activity Leader (see below). If no activity leader has been selected, the facilitator is responsible to bring these materials.

The **Activity Leader** meets with the facilitator ten minutes before **each lesson** to discuss the needed materials for the next lesson’s activity. The Activity Leader is responsible to talk with the others (Leader Mothers or neighbors) during the “Attendance and Troubleshooting” to organize the materials needed for the next meeting, asking mothers to volunteer to bring the items. The facilitator will lead the activity, but the Activity Leader will support her by organizing the volunteers and aiding the facilitator as needed during the activity. A new Activity Leader is elected for the next module during the fifth lesson.

After the activity, the facilitator completes the **P** and **I of the ASPIRE method**. The ASPIRE method is used to reinforce participatory methods of teaching. It is explained in detail in Module 1, Lesson 2.



In the **probe** section the facilitator asks if there are any obstacles that may prevent the caregivers from trying the new practices. They discuss these obstacles and then move to the next section.



The facilitator **informs** the caregivers of ways to overcome the concerns that are mentioned. The facilitator gives more information or a different perspective to help the caregivers understand how to move forward.

Next is **Practice and Coaching**. This section is required for the training of Mother Leaders. We want to make sure that they understand the material and can present it to others. In this activity, the promoter will observe Leader Mothers as they practice teaching with the person sitting next to them. The Promoter will coach those who are having difficulty.

Finally the facilitator completes the **R** and **E of the ASPIRE method**.



The facilitator **requests** a commitment from the Mother Leader (or caregivers) to begin practicing the new practices they have discussed. If they agree, the caregivers should make a verbal commitment. It is up to the caregivers to make a choice. They should not be forced to make a commitment if they are not rea



In the last section the facilitator **examines** (or requests an update on) the Mother Leaders' (or caregivers') commitments from the previous lesson. Were they able to keep their commitments? Have they been practicing the behaviors they learned at the last session? The facilitator offers support and encouragement to help them keep and maintain their commitments.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your care group. Lessons should not exceed two hours in length although some lessons may take longer than others. The suggested time for each section is listed below.

Section name	Time needed for this section
Game	10 minutes
Attendance and Troubleshooting	15 minutes
Story and Ask (picture 1)	10 minutes
Show and Explain (picture 2)	5 minutes
Show and Explain (picture 3)	5 minutes
Show and Explain (picture 4)	5 minutes
Activity	15 minutes
Probe	10 minutes
Inform	5 minutes
Practice and Coaching	20 minutes
Request	10 minutes
Examine	15 minutes
	2 hours

Acknowledgements

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Credits

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Lesson 1: First Foods (Complementary Feeding)



- Caregivers will adopt the best feeding practices for infants six to eleven months of age.
 - Begin to give small amounts of food to the infant at six months of age.
 - Increase the quantity and diversity of food as the infant gets older.
 - From six to eleven months always breastfeed before feeding the infant.
 - Continue to breastfeed as often as the infant wants until at least 24 months of age.
 - If caregivers feel the need to give other liquids, clean water (chlorinated or purified) can be given to an infant beginning at six months of age.
- Caregivers will introduce the right foods to an infant at the right time.
 - The first food is a thick porridge made with a single mashed or pureed staple, plus (fortified) oil or margarine to increase energy (and vitamin content).
 - The consistency should be such that of a mashed sweet banana or sweet potato; thick enough so that it is easy for the infant to swallow and provide the essential nutrients.
 - After four days of trying one food, add another single ingredient to make the food more nutritious.
- Caregivers will give the quantity of food the infant needs for growth.
 - At six months, begin with small spoonfuls that add up to two to four large spoonfuls at each feeding.
 - From six to eight months feed the infant three times per day.
 - Increase feeding to four times per day for infants nine to eleven months.
- Caregivers (or other caretakers) will be able to identify good feeding practices for infants.
 - Caretakers are patient and encourage the infant to eat in order to grow healthy, offering small quantities of food frequently.
 - Caretakers never force-feed infants.
 - If infants refuse some foods, caretakers will try other food combinations, textures or methods of encouragement.
 - Caretakers will use a separate cup and small spoon to feed the infant so they can monitor how much the infant eats at each feeding.
- Caregivers will believe: The things that I do can make a difference in how my infant grows.
- Caregivers will believe that they have the ability to feed their children at the right times with the right foods to overcome malnutrition (increased perceived self efficacy).

Materials

1. Attendance Registers

2. A small spoon, a cup (or bowl) to feed an infant, and a big spoon to measure heaping teaspoons.



1. Game: Showing My Emotions – 10 minutes

1. Ask a volunteer to leave the room (or stand at a distance from the rest of the group).
2. The group should secretly choose a descriptive word like happy, sad, patient, kind, angry, or joyful.
3. Ask the volunteer to return. The volunteer asks the Leader Mothers to do an activity such as brushing their teeth, tying their shoes, dancing, or eating.
4. Leader Mothers should do the action in the manner of the descriptive word. For example, if the Leader Mothers chose enthusiastic and breastfeeding, they should all pretend to breastfeed in a very enthusiastic manner.
5. The volunteer should observe the Leader Mothers and guess the descriptive word. She has three chances to guess.
6. Allow several Leader Mothers to be a volunteer. Use new descriptive words and activities for each volunteer.

? How can emotions affect our behaviors?

- The way we do things can affect our behaviors (they can help us do things or hinder us from doing things).
- We may be doing some helpful (like feeding an infant) but doing it in an angry or frustrated way that doesn't allow the infant to eat well.
- As mothers the way we talk and act in an encouraging way with our infants or children. Being encouraging and supportive will help them to grow well.



2. Attendance and Troubleshooting –15 minutes

1. Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
3. The Promoter (and other Leader Mothers) helps to solve the problems that are mentioned.
4. Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.

5. Promoter asks the group's Activity Leader⁴ to discuss the needed items for next week's activity and solicit volunteers.

Not Eating (Picture 1.1) – 5 minutes

3. Story:

- Read the story on page 2 of the flipchart.

Ruth followed the advice of Mary and started exclusively breastfeeding Hardship. She also went to the clinic at six weeks for a vitamin A capsule. Now both she and Hardship are much stronger. Now Hardship is older and [Caregiver B and Father B] are trying to encourage Hardship to eat foods. When Ruth tries this, the infant spits up and makes ugly faces. Her neighbors each have a piece of advice for Ruth telling her that she is doing it wrong. Ruth doesn't know what to do.⁵

4. Ask

- Read the questions on page 4 of the flipchart.
- Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas to the practices of Mother A."



- ? Is it normal for an infant to refuse new foods?
- ? When is the proper time to begin giving foods to an infant?

Breast Feeding (Picture 1.2)—5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 7.

⁴ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

⁵ This story emphasizes Ruth's lack of **self efficacy**, a behavior determinant found in Barrier Analysis. Although she desires to help her child eat, she doesn't know how to do it and is feeling discouraged. Use this story and discussion to show mothers how to give first foods to a child and increase the confidence in their ability to do it.



? What do you see in these pictures?

6. Explain:

- Share the key messages using flipchart pages 6 and 7.
- The last two questions should be answered this way:

- At six months of age, Mary begins giving foods to Of Great Worth to help her grow.
- She prepares porridge or well mashed foods in a small bowl and adds oil after she removes it from the fire or heat.
- Adding uncooked oil gives more nutrients and energy than cooked oil. [Fortified oil increases Vitamin A.]
- During the first week that she gives foods, she tries one or two spoonfuls of soft porridge once or twice a day after the infant has breastfed to help her get accustomed to new foods.
- Mary will breastfeed her infant [Of Great Worth] for 24 months or more.
- Breast milk is the most important food for infants.
- Always breastfeed before feeding and whenever the child asks for it.
- Breast milk protects the infant from sickness.

? If the infant refuses new foods, what should the mother do?

- Talk to the infant calmly encouraging the infant to eat.
- Try singing or making up songs to encourage eating.
- Feed slowly and patiently.
- Add breast milk to the cooked porridge. It helps the infant to adjust to the new food. It smells and tastes familiar.
- Don't force an infant to eat. The food may get into their lungs if they begin to cry and breathe in the food. Food in the lungs could cause death.
- If you find foods that the infant does like, continue to give them the foods they do like encouraging them to eat.

Adding New Foods (Picture 1.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 9.



? What do you see in these pictures?

8. Explain

- Share the key messages using pages 8 and 9.

- The first four days that she begins feeding Of Great Worth porridge, she begins with only a staple, and oil. After four days she adds maize.
- She could have chosen fish or beans or any new food to add to the porridge.
- It will take a few days for an infant to get accustomed to a new food.
- Then she adds peanut paste and waits four more days.
- Introduce new foods for four days to make sure that the infant can tolerate the food.
- If they can tolerate the new food after four days, then add another food to porridge to make it more nutritious.

? What foods could be added to make porridge more nutritious?

- Add butter, oil, and peanut paste to porridge.
- Add small pieces of ground meat, eggs, lentils, and vegetables.
- Add red and yellow vegetables to increase the infant's vitamin A.
- Add mashed fruits and vegetables such as sweet potato, leafy greens, pumpkin, carrots and tomatoes.

Quantity of Food for each feeding (Picture 1.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the pictures on page 11.



? What do you see in these pictures?

10. Explain:

- Share the key messages using flipchart pages 10 and 11.

- From six to eight months of age, she feeds her infant three times a day (morning, afternoon, and evening).
- From six to eight months of ages, she feeds her from a cup that contains four heaping tablespoons of nutrient-rich porridge.
- From nine to eleven months of age, she feeds her infant four times a day.
- From nine to eleven months of ages, she feeds her from a cup that is almost full (3/4 full).
- The mother begins giving the infant finger foods (or snacks) between meals.
- She is sitting with her infant and helping her to eat. She is focusing her attention on the infant.
- As the infant grows, Mary gradually increases the food and frequency of feeds.
- From nine to eleven months of age, Mary she gives infant finger foods that she can pick up with their hands. Finger sized pieces of soft food like ripe banana, avocado, ripe mangoes, papaya, and oranges.
- Continue to breastfeed as often as the infant wants until at least 24 months of age. Breastmilk alone should provide enough liquid to your child up to eleven months of age. If caregivers feel the need to give other liquids, clean water (chlorinated or purified) can be given to an infant beginning at six months of age.⁶
- A separate bowl or cup helps you to monitor how much the infant eats at each feeding.



11. Activity: Making the First Porridge — 15 minutes

Spoons and Bowls

1. Show the Leader Mothers the spoons and cup (250 ml) that you have.
2. Explain that the large spoon (15 ml tablespoon) is used to measure four heaping teaspoons of porridge for each feeding.

⁶ As long as the mother is breastfeeding on demand, and child's urine is clear (not concentrated) and feces are not hard or dry, breastfeeding alone is the only liquid needed until age 11 months of age.

3. *The small spoon (small enough to fit in the infant's mouth) is used to feed the infant from the cup or small bowl.*

Making the First Porridge

1. *Using local foods make a plain porridge in front of the staff using a common nutritious staple food.*
2. *Discuss the consistency. Adding water while cooking or breastmilk after the food is cooked as appropriate.*
3. *Show different ingredients that a mother could add one at a time, mixing it again until it is the right consistency (not too thin and not too thick).*
4. *Continue to add other nutrients discussing how a mother will give it to her child for four days before adding a new food.*
5. *When the final porridge is made, feed infants and children six months or older who have already shown tolerance to all of the foods which have been added to the porridge.*



12. Probe — 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these messages. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



13. Inform — 5 minutes

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

Possible concerns:

- No time to cook three or four meals every day.
 - Caregivers can cook one hot meal a day and store a second feeding in a cool place, with a cover for two to three hours.

14. Practice and Coaching – 20 minutes

1. Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.
1. One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.
2. Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.
3. The Leader Mothers sharing the message should try to help the women overcome this obstacle.
4. The Promoter should watch, correct, and help the Leader Mothers who are having trouble.
5. When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.



15. Request – 10 minutes

- ? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.



16. Examine – 15 minutes

Ask each Leader Mother one-on-one about her commitments.

- ? What was your commitment at the last lesson? Have you kept that commitment? How - what did you do?

Finally, ask each Leader Mother one-on-one about her practices in the last two weeks:

(If they have an infant under six months of age)

- *Are you exclusively breastfeeding?*
- *Do you breastfeed whenever the infant demands?*
- *When breastfeeding, do you empty one breast and then move to the next?*
- *(If they have had a sick infant in the last two weeks) Did you continue to breastfeed the infant even when the infant was sick?*

Lesson 2: Feeding during the second year (12-23 months)

Objectives

- Caregivers will adopt the best feeding practices for children 12-23 months of age.
 - Starting at age twelve months always give the child food before breastfeeding.
 - Continue to breastfeed as often as the child wants, day and night until at least 24 months.
 - Increase the quantity of food and the diversity of food as the child gets older.
 - Children who are malnourished may lose their appetite. Increase feeding when children are sick, trying new foods, textures, and methods of encouragement.
- Caregivers will give their child the quantity of food needed for growth.
 - Children ages 12 to 17 months should eat four times a day.
 - Children ages 12 to 17 should have almost a full cup of food at each feeding.
 - Children ages 18 to 24 months should eat five times a day.
 - Children ages 18 to 24 months should eat a heaping cup of food at each feeding.
- Caregivers will use nutrient rich foods and snacks when feeding their children.
- Caregivers will believe: Life is sacred.
- Caregivers will believe that they have the time and ability to make nutritious meals for their child (increased perceived self efficacy).

Materials

1. Attendance Registers
2. A small plate or bowl that a mother could use to feed a child (that fits approximately one cup of food).



1. Game: Rainstorm – 10 minutes

1. Ask the Leader Mothers to sit quietly in a circle with their eyes closed.
2. Their job is to listen to the sounds that are made by the woman sitting on their right. They should repeat the sound that they hear from the woman sitting on their right.
3. The facilitator begins by rubbing her palms together to create the sound of rain.

4. *The woman to her right makes this sound, and then the next woman until everyone in the circle is rubbing their palms together.*
5. *Once everyone is rubbing palms, the facilitator makes the rain sound louder by snapping her fingers.*
6. *The Leader Mother on her right repeats this sounds and the sound until one by one everyone is snapping their fingers.*
7. *Then the facilitator claps both hands together and the group joins in one by one.*
8. *Then the facilitator slaps her thighs and the group joins in one by one.*
9. *Then the facilitator stomps her feet, the rain becomes a hurricane.*
10. *To indicate the storm is stopping, the facilitator reverses the order, thigh slapping, then and clapping, finger snapping, and palm rubbing, ending in silence.*

This is a fun game to get us ready for today's lesson. It wakes up our bodies and minds.



2. Attendance and Troubleshooting – 15 minutes

1. *Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
2. *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
3. *The Promoter (and other Leader Mothers) helps to solve the problems that are mentioned.*
4. *Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader⁷ to discuss the needed items for next week's activity and solicit volunteers.*

Still Hungry (Picture 2.1) – 5 minutes

3. Story:

- Read the story on page 33 of the flipchart.

It is only a few hours after Hardship has eaten. He is already hungry. Ruth prepares large bowls of porridge for Hardship three times a day. He is never able to eat it all. Within a few hours Hardship is hungry again. Ruth is upset. She wants Hardship to eat more at each feeding so that

⁷ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

she doesn't have to feed him so often. She simply doesn't have time to cook five times a day.⁸

4. Ask:

- Read the questions on page 16 of the flipchart.
- We hope participants answer the first question in this way: Anger will not help Hardship to grow. Anger will not fill Hardship's stomach. Hardship may be small, but he is vulnerable to sickness without the nutrients that his body needs. His life is sacred and without proper care will not survive the first few years of life. His life is worth protecting. Ruth should find ways to solve the problem instead of acting angry towards Hardship.
- Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas to the practices of Mother A."



- ? Do you think Ruth has a right to be angry with Hardship?
- ? How often do you feed children between 12 and 23 months of age?
- ? How much do you give them at each feeding?

Feed First (Picture 2.2) – 5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 15.



- ? What do you see in these pictures?

6. Explain

- Share the key messages using flipchart pages 14 and 15.

- After 12 months of age, children get more energy from food than breast milk.

⁸ This story emphasizes Mother B's lack of **self efficacy**, a behavior determinant found in Barrier Analysis. Although she desires to feed her child enough; it is difficult to keep up and she is frustrated. Use this story and discussion to show mothers how to overcome the difficulties of feeding a child frequently. Give them ideas to lessen the cooking times and preparations. Increase their confidence in their ability to feed children frequently.

- After 12 months, Mary feeds first and then breastfeeds.
- Mary breastfeeds Hardship day and night as often as Hardship wants and will continue for at least 24 months.

Quantity and Frequency Increased (Picture 2.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 17.



? What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 16 and 17.

- From ages 12 to 24 she feeds Of Great Worth three times a day with family foods.
- She gives one snack when Of Great Worth is 12 to 17 months old. She gives two snacks when she is older.
- She continues to help and encourage Of Great Worth to eat.
- She increases the quantity of food and the diversity of food as the child ages.
- ? If Of Great Worth becomes sick, should Mary continue to feed her the same amounts of food?
- Mary should feed her the recommended amounts. She should add more fluids, breastfeeding more than usual.
- When children are malnourished (that is, not receiving enough nutrients over a long period) they may lose their appetite.
- Mary needs to encourage Of Great Worth to eat, trying new foods, textures, and methods of encouragement.
- During and after sickness, Mary will give more food than usual to help the child regain energy.

Daily Nutrients Needed (Picture 4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see on page 19.

	<p>? What do you see in these pictures?</p>
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10. Explain:

- Share the key messages using flipcharts pages 18 and 19.

- At each feeding Of Great Worth eats a cup worth of food (3/4 full or heaping depending on her age).
- There are several important things that infants 12 - 24 months eat every day or several times a week:

Point out the foods in each category on the flipchart.

- Vegetables like peas, beans, pumpkin and cabbage lentils, beans and green leafy vegetables
- Fruits like banana, orange, and mango
- Oils or margarine
- Meat products like organ meats, and egg, cow's milk or fish
- Red and yellow foods like orange sweet potato, carrots, pumpkin, mangoes, pawpaw and plantains
- Snacks between meals like Sam Sam, bread, groundnuts (crushed into a paste), or fruits
- Whole grains or maize

? What other nutritious snacks would you suggest for children 12 to 24 months?

- Mashed or sliced fruits (banana, papaya, orange, mango)
- Mashed or sliced vegetables (avocado or cooked potato)
- Store prepared snacks like Sam Sam,⁹ and yoghurt
- Boiled egg, small dried fish, young coconut flesh, bread with margarine or peanut paste
- Boiled or fried potato (chips) cassava, plantain, or yam¹⁰

⁹ A pre-grilled corn, peanut, and sugar mix. Only include if locally available.

¹⁰ Please adapt foods to locally available nutritious foods.



11. Activity: Hanging a Mosquito Net — 15 minutes

1. Fill a small plate or bowl with 1000ml of porridge. (You could also use small pebbles, or sand. Measure 1000ml (of sand or pebbles) into a bowl.
2. Explain that the 1000ml is the amount a child needs each day to be healthy.
3. Divide the porridge (or pebbles) into three portions.
4. Ask, "Can a child 12 to 24 months eat this much at one feeding?"
5. Explain that a child 12 to 24 months old has a stomach around the size of 200ml. Show a cup (250 ml) explaining that a full cup is too much for a small child with a stomach of 200 ml.
6. Ask, "How many cups of food (250 ml) are needed to feed the child each day?"
7. Encourage the Leader Mothers to divide the 1000ml into small portions that a child could eat.
8. Ask, "How many portions did you choose?"
9. Explain that the only way a child (with a 200ml stomach) can get enough nutrients and energy is if he eats five small meals a day.



12. Probe — 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



13. Inform — 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise

her and encourage other mothers to consider using this solution when they talk with others.

Possible concerns:

- No time to cook three or four meals every day.
 - Caregiver can cook one hot meal a day and store a second feeding in a cool place, with a cover for two to three hours.
 - Feed uncooked snacks between meals.

14. Practice and Coaching – 20 minutes

1. *Ask Leader Mothers to share the teachings they have learned today. They should share with another woman in the care group using the ASPIRE method.*
2. *One Leader Mother will share the teachings from the first two pages of the flipchart. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share the teachings from the third and fourth flipchart pages.*
3. *Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think this message would be difficult for them.*
4. *The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
5. *The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
6. *When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*



15. Request – 10 minutes

? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.



16. Examine — 10 minutes

Ask each mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How – what did you do?

*Finally, ask each mother one-on-one about her practices in the last two weeks:
(If her child is six to eleven months of age):*

- How many times is she feeding the child each day?
- When and how often does she breastfeed the child?
- Is she using a separate cup or bowl to feed the child?
- Has she taught others who feed the child to use a cup, and feed the child patiently?
- What foods did she use yesterday to prepare the porridge?
- What does she do if the child refuses some of the foods?

Lesson 3: Sanitary Food Preparation & Cleanup



- Caregivers will be able to describe how unsanitary food preparation and storage can bring malnutrition.
 - Germs on food can cause diarrhea
 - Germs on children’s hands or hands that prepare food can cause diarrhea
 - Dirty water used to wash dishes or used for cooking can cause diarrhea.
 - Worm eggs can easily get on fruits and vegetables.
 - Germs that cause diarrhea can grow on cooked food that cools and sits uncovered for three hours or more.¹¹
- Caregivers will prepare food in a clean and healthy manner.
 - Wash hands, utensils, and cooking surfaces with soap or ash before you prepare food.
 - Wash fruits and vegetables in clean water and soap and ash before you prepare them.
 - Cook food well so that any worm cysts die before eating.
- Caregivers will keep food properly (safe from spoilage) using the following guidelines:
 - Keep fresh food as cool as possible – in a clean container with a cover (cloth which is kept damp).
 - Store in an airy place where air can get to it, but where flies cannot reach it.
 - Reheat leftover foods before giving to a child.
 - Do not store leftover foods for longer than three hours for a child.
 - Don’t eat foods that smell or taste unusual after they have been sitting.
- Caregivers will be able to make or identify a proper food covering for storing foods.
- Caregivers will believe: Life is Sacred
- Caregivers will believe that malnutrition and diarrhea are serious problems that put their child at risk for severe illness and death (increased perceived severity).

Materials

1. Attendance Registers

¹¹ Please adapt the storage times and guidance as necessary based on climate and food storage options for those living in your region



1. Game: Mosquito Count – 10 minutes

1. Gather enough chairs (or mats) for each Leader Mother to sit. Put the chairs (or mats) in a circle. Then take away one chair (or mat) so that all of the mothers except one may sit down. That mother will be the volunteer.
2. The volunteer will begin the game by standing in the middle of the circle of Leader Mothers. The volunteer should say something that she has never done, but that she thinks others in the group have done. For example, "I have never been to the capital," or "I have never had a son," or "I have never been a grandmother."
3. All of the Leader Mothers who *HAVE* done what was said must stand and find a new seat. Leader Mothers cannot move to the seat right next to them but must move to a seat further away. The volunteer should also try sit in one of the open chairs.
4. One person will be left without a seat, and that person must stand in the middle and say something they have never done.
5. The object of the game is to move quickly into a seat so that you will not have to stand in the middle. The volunteer should also try to think of new things that many of the other mothers *HAVE* done, but she has not. The game works best when many mothers have to find a new seat at the same time.
6. Continue to play until everyone has a chance to stand in the middle.

Now that we are energized, let's begin our lesson.



2. Attendance and Troubleshooting – 15 minutes

1. Promoter fills out attendance sheets for each Leader Mother following the same model as shown in the role play from Module 1, Lesson 1.
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
3. The Promoter helps to solve the problems that they mention.
4. Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.
5. Ask the group's Activity Leader¹² to discuss the needed items for next week's activity and solicit volunteers.

Worms and Sickness (Picture 3.1) – 5 minutes

¹² The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

3. Story:

- Read the story on page 21 of the flipchart.

Ruth is trying hard to follow the new practices that she was learning. She prepares porridges, family foods and snacks for Hardship. But Hardship often gets sick and has been losing weight. Sometimes Hardship has diarrhea for many days and loses his appetite. Sometimes she sees worms in Hardship's feces. Ruth's mother-in-law (or other relative) tells Ruth not to worry. All children have sickness. Diarrhea is not very serious you should not worry yourself about these things.¹³

4. Ask:

- Read the questions on page 21 of the flipchart.
- Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas to the practices of Mary."



- ? What do you think about what Ruth's mother-in-law is saying?
- ? Do you believe that diarrhea is a serious problem?
- ? Do you see anything else in this picture that might give you clues to why Hardship is always sick?

Spoiled Foods and Hands (Picture 3.2) – 5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 23.



- ? What do you see in these pictures?

6. Explain:

¹³ This story emphasizes Ruth's **perceived severity**, a behavior determinant found in Barrier Analysis. Ruth's mother-in-law doesn't believe that diarrhea is a problem for children; she believes that all children have diarrhea and that it is nothing to be concerned about. Use this story and discussion to discuss how serious diarrhea can be for young children (increasing perceived severity). When a small child has diarrhea, they can become dehydrated quickly and die; Ruth should be concerned and find ways to help her child.

- Share the key messages using flipchart pages 22 and 23.

- There are many different ways a child can get sickness and diarrhea.
- The most common way is by the things that children put on their mouth.
- Eating uncovered, cold foods that have been sitting for more than three hours can cause sickness.
- Using dirty hands to eat can cause sickness. Using dirty hands to prepare food can also cause sickness.
- These things prevent a child from growing well and put the child at risk of malnutrition.
- The contaminants (or dirty things on the food and hands) give children diarrhea and sometimes worms.

? Do you think families should do something to stop their child from malnutrition? Why?

- The things that caregivers do can make a big difference in a child's life.
- Each life is sacred and has much value. The child's life is worth protecting from harm.

By taking care and adopting healthy practices, we can not only help them to withstand illness, but also help them to thrive

Preparing Hands, Foods and Utensils (Picture 3.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 25.

	<p>? What do you see in these pictures?</p>
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8. Explain:

- Share the key messages using flipchart pages 24 and 25.

- Washing with soap and water cleans dirt, worm eggs and things which bring sickness from the food and cooking materials.
- Water is not enough to clean hands; only soap kills the contaminants that bring sickness.

- Those who prepare food should wash hands with soap and water before preparing food or feeding a child.
- Caregivers (or those who help a child to eat) should wash the child's hands with soap and water before the child begins eating.
- All foods cooked or uncooked should be washed with soap and water before eating to kill worms eggs that may be on the foods.

Cook food well and cover (Picture 3.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the pictures on page 26.



? What do you see in these pictures?

10. Explain:

- Share the key message using flipchart pages 26 and 27.

- Food that is not cooked through (hot throughout) can contain worm eggs. Eggs are killed when the food is hot throughout (even the center of the foods).
- The family should eat cooked foods while they are still hot. Do not let liquid foods (like soup or porridge) become cold before eating.¹⁴
- Cover food until it is time to eat. After eating, cover leftover food with a cloth or lid so that flies cannot land on the food. Flies leave feces and dirt, too small for the eye to see on the food they touch.
- Keep the food in a cool place up off the ground. Covering food with a damp cloth will help to keep it cool.
- Always reheat stored foods until the center is hot (or the liquid is boiling) before eating.
- The tall cabinet is made from wood. Small tin cans containers are put on the bottom of each leg. Termites do not like metal and do not climb over the tins to get to the wood. This helps protect the cabinet.

¹⁴ Please adapt the storage times and guidance as necessary based on climate and food storage options for those living in your region. In warmer climates, bacteria forms quickly on foods, especially liquids (porridge, soup, and mashed foods with water or milk). These foods should always be reheated after sitting for three hours and discarded after three hours. Solid foods may be eaten cold (such as cooked potatoes) if covered and kept in a cool place for up to three hours. Adapt guidelines in the list above so that they match the conditions in your region.

? How long should we keep leftover foods?

- Discard food that is left at room temperature for longer than three hours.
- Reheat liquid foods such as porridge or soups that have been sitting. If liquids have been sitting for more than three hours, throw them away.
- Solid foods may be eaten cold (such as cooked potatoes) if covered and kept in a cool place for up to three hours. After three hours, they should be thrown away.



11. Activity: Food Covers – 15 minutes

1. Show different types of covers that women can use to cover food.
2. If appropriate, demonstrate how to make a lid frame from stiff straw or clay. A straw or wood frame can be covered with a cloth to keep flies out of the food. The cloth should lie on the frame, without touching the food beneath.
3. Adapt the activity based on what is most useful to the women in your region. You can also demonstrate how to make a small storage cabinet if needed.



12. Probe – 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



13. Inform — 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

Possible concerns:

- *Add possible concerns and solutions that might be common in your area.*

14. Practice and Coaching — 20 minutes

1. *Ask Leader Mothers to share the teachings they have learned today. They should share with another woman in the care group using the ASPIRE method.*
2. *One Leader Mother will share the teachings from the first two pages of the flipchart. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share the teachings from the third and fourth flipchart pages.*
3. *Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think this message would be difficult for them.*
4. *The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
5. *The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
6. *When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*



15. Request — 10 minutes

? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her



16. Examine – 15 minutes

Ask each Leader Mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How - what did you do?

Finally, ask each Leader Mother one-on-one about her practices in the last two weeks:

If she has a child between 12 and 18 months:

- *Has she increased feeding to almost a full cup (3/4) at each feeding?*
- *Is she feeding the child at least four times a day?*
- *When does she breastfeed the child?*
- *Ask about the foods that she fed the child yesterday. Did the meals include iron rich foods, porridge, snacks, and vitamin A rich foods?*

If she has a child between 18 and 23 months:

- *Has she increased feeding to one heaping cup at each feeding?*
- *Is she feeding the child at least five times a day?*
- *Ask about the foods that she fed the child yesterday. Did the meals include iron rich foods, porridge, snacks, and vitamin A rich foods, and fruits and vegetables?*

Lesson 4: Vitamin A



- Caregivers will be able to describe the purpose of vitamin A.
 - Vitamin A protects against infection and sickness; it also helps prevent blindness.
- Caregivers will take their children to receive vitamin A supplements at the proper time.
 - Caregivers should receive a vitamin A supplement from a health worker within 6 weeks of giving birth¹⁵.
 - At the age of six months, infants should receive their first vitamin A supplement. They should continue to receive Vitamin A every six months until at least age five.
 - If child has a severe infection, measles, or severe malnutrition, the child should receive a special treatment with vitamin A.
 - Give foods rich in vitamin A when the child is sick or suffers from measles, malnutrition, diarrhea, or any other severe infection (during and after the illness).¹⁶
- Caregivers will increase the amount of vitamin A foods in their own diet and the diet of their children.
 - Caregivers will increase the use of red palm oil (uncooked) if available.¹⁷
 - Caregivers will use fruits that are orange or yellow on the inside and outside. Fruits such as mango, papaya, carrots, and orange sweet potatoes.
 - Overcooking food reduces the amount of vitamin A they contain. Cook vegetables for only a short time before eating, or eat them raw (after cleaning).
 - Caregivers will use green leafy vegetables such as manioc leaves and spinach.
 - Caregivers will add liver, fish, and red meat to their meals as often as possible.
- Caregivers will be able to identify vitamin A foods at a market or vegetable stand.
- Caregivers will believe: What we do matters in the life of our children.
- Caregivers will believe that they have the money to make nutritious meals for their child (increased perceived self efficacy). They will learn how to buy more economic foods.

Materials

¹⁵ Recommendation is 6 weeks for non-breastfeed infants and 8 weeks for exclusively breastfed infants. We are using 6 weeks as a general recommendation.

¹⁶ Consider speaking with those at local health facilities to reinforce this important point so that they will also give this advice to those who come to the facilities with sick children. Vitamin A foods can help a child recover quickly and regain lost weight.

¹⁷ If red palm oil is NOT available or common, delete this objective from the country level objectives and all references to fortified oil.

1. Attendance Registers
2. A small ball. You can also make a ball out of waded up paper.

	<p>1. Game: Paper Toss — 10 minutes</p>
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1. Toss the ball to one Leader Mother and name a health topic from a previous lesson.
2. Possible topics include: exclusive breastfeeding, newborn care, maternal nutrition, complementary feeding, nutritious snacks, and anemia prevention.
3. When the Leader Mother catches the ball, she must say three messages that she has learned about this topic. After naming three things, she will toss the ball to another Leader Mother in the group.
4. This Leader Mother must say three new things related to the topic.
5. Continue tossing the ball until they run out new things to say about the topic. Then give a new topic and toss the ball.
6. For example, if the promoter tosses the ball and says breastfeeding, the first Leader Mother with the ball could say: (1) mothers should exclusively breastfeed their infants from birth to six months of age, (2) breastfeeding is always better than bottle feeding, and (3) mothers should always breastfeed before feeding infants six to eleven months old. Then she will toss the ball to another Leader Mother. That Leader Mother must think of three different messages related to breastfeeding.
7. Pass the ball for five minutes, or until every Leader Mother has had a chance to speak.

	<p>2. Attendance and Troubleshooting — 15 minutes</p>
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1. Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
3. The Promoter (and other Leader Mothers) helps to solve the problems that are mentioned.
4. Promoter thanks all of the mothers for their hard work and encourages them to continue.
5. Promoter asks the group's Activity Leader¹⁸ to discuss the needed items for next week's activity and solicit volunteers.

¹⁸ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

Too Expensive (Picture 4.1) – 5 minutes

3. Story

- Read the story on page 29 of the flipchart.

Ruth had heard from the care group that she should add different foods and foods of different colors to her meals. She finds a vendor who is selling red, orange and yellow foods. The vendor tells her that these foods help children to stay healthy. However as she looks at the foods she gets worried. She cannot afford to buy animal liver, carrots, mango and yellow squash every week - even if it will keep her child healthy. "I can't afford these foods," she says. She turns away from the vendor wishing she had more coins in her pocket.¹⁹

4. Ask:

- Read the questions on page 32 of the flipchart.
- Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let's see what Mary suggests."



- ? What do you think about Ruth's dilemma?
- ? Do you sometimes struggle with these choices?
- ? What would you advise Ruth to do?

Foods High in Vitamin A (Picture 4.2) – 5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 31.



- ? What do you see in this picture?

¹⁹ This story emphasizes Ruth's lack of **self efficacy**, a behavior determinant found in Barrier Analysis. Although she desires to keep her children healthy; she does not believe that she has enough money to purchase the foods that she needs. Use this story and lesson to show mothers how to use their money wisely in buying vitamin A foods. Point out highly nutritious low cost vitamin A foods that they can include regularly. Help them identify other foods that they could include weekly.

6. Explain:

- Share the key messages using flipchart pages 30 and 31.

- These foods help to keep children healthy.
- Different foods have different amounts of vitamin A.
- Animal liver, red meat, fish, sweet potato, and papaya have the highest amount of vitamin A.
- Red palm oil, plantain, peas, pumpkin and carrots have Vitamin A, but not as much as red meat, fish, sweet potato and papaya.
- Dark green leafy vegetables like manioc leaves and spinach have vitamin A but not as much as red meat, fish, sweet potato, papaya, palm oil, plantain, peas, pumpkin and carrot.
- Mango has vitamin A, but not as much as all of the other foods already mentioned.

? Which of the items with the highest amount of vitamin A is least expensive?

- All of these foods contain Vitamin A which protects against severe illness and sickness. Vitamin A keeps children healthy.
- Caregivers should try to include high vitamin A foods (from the first column) at least once a week. They have very high vitamin A and do not need to be eaten as often.
- Caregivers could also choose to purchase a food with lower concentration, but include it in the child's food every day or several times a week.
- Most foods high in vitamin A are orange or yellow on the inside and out.
- Vitamin A in vegetables is reduced by overcooking. Cook them only for a short time before eating.
- If it is possible to eat the vegetable raw without cooking, these will contain higher concentrations of vitamin A.
- Fruit that is overripe will also lose some vitamin A. Try to eat food before it begins to over ripen.

Night Blindness (Picture 4.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 33.



? What do you see in these pictures?

8. Explain:

- Share the key messages using flipchart pages 32 and 33.

- A symptom of vitamin A deficiency (not enough vitamin A in the body) is night blindness.
- If the vitamin A foods and vitamin A supplements are not given immediately to those with night blindness, their eyes may become damaged.
- Scales or white patches may form on the white parts of the eye.
- If vitamin A deficiency continues the child or adult may become permanently blind with scars changing the shape of the eye.
- Vitamin A prevents blindness and keeps the eyes healthy.
- Many children have a mild form of vitamin A deficiency. They do not show signs of night blindness or eye scaring, but are often sick with many different illnesses.

? Why is it important for caregivers to seek treatment for their child when they see any of these signs?

- Blindness from vitamin A deficiency is a sign that the body needs help.
- Without immediate care, they may permanently lose their sight.
- As caregivers, what we do can make a difference in our child's health and survival.

Vitamin A Supplements (Picture 4.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the pictures on page 35.



? What do you see in these pictures?

10. Explain:

- Share the key messages using flipchart pages 34 and 35.

- A mother should receive vitamin A at six weeks after birth from a health worker. This will help her own health and also to ensure that her breastmilk contains enough vitamin A for her child.
- At the six months of age, infants should receive their first vitamin A supplement and receive one every six months until at least age five.
- Children with measles, severe infection, or severe malnutrition should go to the health clinic for a special treatment of Vitamin A.
- Sick children should also continue to eat many vitamin A foods during and after illness to help them recover and regain lost weight.
- Vitamin A protects against severe illness and sickness. Vitamin also helps to shorten illness once it begins.



11. Activity: Identifying Vitamin A Foods – 15 minutes

1. Take a trip to a local market, local garden or vegetable stall. (If the market is too far away, ask each mother to bring in vegetables that she uses for cooking. Encourage the group to rank the vegetables, putting the ones highest in vitamin A at the top, and the lowest (or with no vitamin A) at the bottom.)
2. Identify the foods that are high in vitamin A.
3. Discuss cost of foods; helping the women to identify foods that are affordable – or higher priced foods that they could purchase less frequently.



12. Probe – 10 minutes

? What do you think about these ideas? Do you believe that parasites are dangerous for families, especially pregnant women and children? Is there anything that might stop you from believing this is true?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these messages. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



13. Inform — 5 minutes

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

14. Practice and Coaching — 20 minutes

1. Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.
2. One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.
3. Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.
4. The Leader Mothers sharing the message should try to help the women overcome this obstacle.
5. The Promoter should watch, correct, and help the Leader Mothers who are having trouble.
6. When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.



15. Request — 10 minutes

? Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.

	16. Examine – 15 minutes
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Ask each Leader Mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How - what did you do?

Finally, ask each Leader Mother one-on-one about her practices in the last two weeks:

- *Did she wash her hands with soap and water²⁰ before preparing the meals?*
- *Did she wash her children's hands with soap and water before giving the child food to eat?*
- *Did she wash the foods with soap and water before preparing the meal?*
- *Did she cover leftover foods?*
- *Did she reheat leftover foods until they boiled or became hot in the center of the food?*
- *In the last few weeks, has she thrown away foods that have been sitting for longer than three hours?*

²⁰ If washing with ash is recommended in your region, change all of the water and soap references to ash.

Lesson 5: Nutrient Rich Foods

Objectives



- Caregivers will know the importance of increased nutritional intake and iron supplements (if available) while breastfeeding.
- Caregivers will give children 12 to 23 months and beyond a variety of foods – at each meal and each day:
 - Add oil, butter or margarine to food – it provides energy.
 - Feed vitamin A rich foods at least several time a week, such as mango, papaya, orange sweet potato, carrots, dark green leafy vegetables such as spinach. Vitamin A protects children from illness.
 - Feed foods rich in iron, such as legumes (such as beans, lentils), organ meat, red meats, and dark green leafy vegetable such as spinach. Iron helps fight illness and helps children grow well.²¹
 - Feed fruits and vegetables such as oranges, lemons, jackfruit, tomatoes, okra, avocado, papaya, and mango each day. They have vitamin C which helps children use iron better.
 - Feed legumes (beans, lentils), nuts, split peas, eggs, meat, and poultry or fish as often as possible. They contain protein which helps the child to grow.
 - Use iodized salt in cooking, especially for children and pregnant women.
 - Iodine helps children’s brains to develop well so they do better in school.
 - Consume fresh marine products (saltwater fish) when they are available.
- Caregivers will avoid preparing foods for children that have no or low nutrient value.
 - Foods that keep the body from using iron, such as tea, coffee, cocoa, and sugary drinks that do not have many nutrients.
- Caregivers will be able to prepare a nutrient-rich food plan for their children.
- Caregivers will believe: Life is Sacred
- Caregivers will believe that making nutritious meals for their child prevent malnutrition; it works (increased perceived action efficacy).

Materials

1. Attendance Registers



1. Game: Memory – 10 minutes

1. Ask the women to stand in a circle.
2. Starting with one woman, she must make a statement and indicate part of her body.
3. The statement should not match the action that she doing. For example she says, "This is my nose," when pulling on her ear.
4. The woman standing next to her must repeat the phrase and action and then add another phrase and action of their own.
5. Continue going around the circle with each woman saying and doing the actions from everyone before them and adding a new one.
6. If someone forgets or does the wrong thing, they should sit down.
7. The last woman standing is the winner.

Now that we are energized, let's begin reviewing your work over the last two weeks.



2. Attendance and Troubleshooting – 15 minutes

1. Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
3. The Promoter (and other Leader Mothers) helps to solve the problems that are mentioned.
4. Promoter thanks all of the mothers for their hard work and encourages them to continue.
5. Promoter asks the group's Activity Leader²² to discuss the needed items for next week's activity and solicit volunteers.
6. Ask the group to select a new Activity Leader who will be responsible to coordinate the supplies and preparations for the activities in the next module of six lessons. She will make sure that each volunteer brings one or more of the needed items for the lesson's activities. She will come to each of the six meetings ten minutes early so the promoter can give her the list of needed items and explain the activity for the next lesson. The Activity Leader will then ask for volunteers who are willing to bring the needed items during the "Attendance and Troubleshooting" section. She will also assist the promoter during the day's activity. A new Activity Leader will be elected after she has completed six lessons.

Seeing is Believing (Picture 5.1) – 5 minutes

²² The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

3. Story:

- Read the story on page 37 of the flipchart.

Ruth's husband noticed that Ruth had been adding many new foods to family meals. Although at first he was opposed to these new foods, he began to see a change in his children. Hardship had really gained strength. He recovered quickly from illness and has remained healthy. In fact, all of the family members seem healthier with the new foods that they have been eating. "At first I was not convinced that these new foods would help the children, he said. But now I have seen the changes, and believe."²³

4. Ask

- Read the questions on page 40 of the flipchart.
- Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your thoughts with those of Mary."



- ? Have you seen positive changes in the health of your children? How has this encouraged you?
- ? What types of foods do you think should be included every week in your child's foods?

Malnutrition (Picture 5.2) – 5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 39.



- ? What do you see in these pictures?

²³ This story reinforces **perceived action efficacy**, a behavior determinant in Barrier Analysis. Perceived action efficacy is whether or not the person believes that the new practices actually work to prevent illness and malnutrition. Father B has seen the improvement in his children and now believes; he has high perceived action efficacy. Use this story and discussion to increase mothers' belief that the new practices actually work to prevent malnutrition. Ask for personal stories of the improvements that they have seen.

6. Explain:

- Share the key messages using flipchart pages 38 and 39.

- In the first picture we see that every meal is the same for the child. His food does not contain high-nutrient foods like beans, or peas or plantain. The sickness was brought on because his body was not strong enough to fight off sickness and disease.
- Nutrient poor foods made him more vulnerable to sickness.
- Sickness and disease make a child less hungry and eager to eat.
- The child begins to lose more weight. His body continues to have trouble fighting disease and illness. He continues to be sick and eat little.
- In the final stages he is extremely ill and in danger of death.
- Poor nutrition has caused him to lose so much weight and be in danger.

? Do you think the mother should change the way she feeds her children? Why?

- The child's life is of great value and worth.
- The actions that she takes can save his life from death.

Nutrient Rich Foods for Children Ages 12 to 23 Months (Picture 5.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 41.

	<p>? What do you see in these pictures?</p>
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8. Explain:

- Share the key messages using flipchart pages 40 and 41.

- Give children foods from EACH circle at family meal. If you can't use all

of the circles in one meal, add the missing foods in the snacks that you give. This will help keep your children healthy and well nourished.

- Foods that are in more than one circle have many ingredients. If you use one of these foods, you do not have to include other nutrients from this circle.
- For example, kidney is rich in vitamin A and iron. Fish are rich in protein, vitamin A and iron. Dark green leafy vegetables have vitamin A and iron. Mangos have vitamin A and vitamin C.

? Are there foods which have no value and should not be given to children?

- Children do not need sugary drinks like coffee, tea, soft drinks or cocoa.
- These drinks do not contain nutrients and should not be given to children.

Nutrient-Rich Meal Recipe (Picture 5.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the pictures on page 43.



? What do you see in these pictures?

10. Explain:

- Share the key messages using flipchart pages 42 and 43.

- *Ingredients high in iron in the meal.* These foods help children to prevent anemia and give children' strong blood.
- *Ingredients high in vitamin C.* These foods help the body to absorb iron.
- *Ingredients high in vitamin A.* These foods help to protect children from sickness and blindness.
- *Ingredients high in protein.* These foods help children's bodies to grow and recover after illness.
- Iodized salt to help prevent iodine deficiency. ²⁴
- Oils increase the child's energy.

²⁴ If saltwater fish are included no additional salt is needed.

? Is it important for lactating mothers to have a nutritious diet?

- Mothers' breastmilk is still an important source of nutrition.
- If the mother eats good nutritious foods and gets iron these will not only help her to stay healthy while breastfeeding, but also ensure that her breastmilk is full of nutrients.
- These extra nutrients also help the mother to stay healthy while breastfeeding.
- In addition to nutritious foods, mothers should breastfeed whenever the child demands for two years or more.



**11. Activity: Preparing a Day's Worth of Food—
– 15 minutes**

1. Ask each Leader Mother to plan three family meals and two snacks for a child of 18 to 23 months of age with the woman sitting next to them.
2. They should make each meal nutrient-rich and affordable. If certain foods are missing in the meal, they may add them as snacks or later in the day.
3. They have 10 minutes to talk and decide upon foods for a day.
4. After 10 minutes the Promoter should ask each group to report their meals.
5. Listen for foods with vitamin A, iron, vitamin C, and protein and nutritious snacks.



12. Probe — 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



13. Inform — 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

14. Practice and Coaching — 20 minutes

7. *Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.*
8. *One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.*
9. *Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.*
10. *The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
11. *The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
12. *When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*



15. Request — 10 minutes

? *Are you willing to make a commitment to the teachings you have heard today? What is your commitment?*

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.



16. Examine – 15 minutes

Ask each Leader Mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How - what did you do?

Finally, ask each Leader Mother one-on-one about the information learned in the last lesson:

- *How frequently does your child get a vitamin A supplement?*
- *What foods did you give to your child yesterday that contained vitamin A?*
- *(If the child has been ill) did you add more vitamin A rich foods to the child's meals during and after the illness?*
- *(If the child has had severe malnutrition or measles) did you go to a health clinic to get a special vitamin A treatment?*
- *(If she has given birth in the last six to eight weeks) did you receive a vitamin A supplement six weeks after you gave birth?*

Lesson 6: Growth Monitoring



- Caregivers will regularly take their child to a growth monitoring station.
 - A child from birth to 23 months should go to a growth monitoring station every month.
 - A child 24 to 60 months should go to a growth monitoring station every three months.
- Caregivers will be able to describe why it is important to take their child for growth monitoring:
 - To find answers to questions about the child's growth and child illnesses.
 - To receive other health services such as vaccinations, referrals for severe malnutrition, vitamin supplements, and deworming medicines from a professional health worker.
- Caregivers will be able to describe what happens at a growth monitoring station
 - The child is weighed and measured (height or length) and examined by a health worker
 - Vaccinations, vitamin A and deworming medication may be given to the child.
 - Families where a child is not growing well will be given more information (or a referral) about treating and helping the child to grow.
- Caregivers will be able to identify on a growth monitoring chart if their child is growing well.
 - If the line is going up that means the child is gaining weight.
 - If the child's weight stays the same for more than a month, or if the line goes down, the child is not gaining and the mother needs to take action quickly.
- Caregivers (or other family members) will know their role at the growth monitoring station:
 - Help the child get undressed; and distract the child without touching them while the health promoters are reading the weight.
 - Help hold the child on the height board; help reassure the child.
 - Ask the health worker questions
 - Listen carefully to the health worker's advice and put it in practice.
- Caregivers will believe: What we do matters in our children's life.
- Caregivers will believe that their faith teachings support and encourage the suggested care and feeding practices given in each module (increased perceived divine will).

Materials

1. Attendance Registers



1. Game: Silent Leader – 10 minutes

1. A volunteer leaves the room and a leader is picked.
2. The volunteer is called back into the room and the leader silently guides the group in different actions, like crossing their legs, scratching their ears, blinking eyes and tapping their food. Participants should not look directly at the leader so that it will be more difficult for the volunteer to guess who is leading them.
3. The volunteer has three guesses to identify the leader.
4. Another volunteer leaves the room and the game continues with a new leader.
5. Continue for with several new volunteers.

Now that we are energized, let's begin.



2. Attendance and Troubleshooting – 15 minutes

1. Promoter fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
3. The Promoter (and other Leader Mothers) helps to solve the problems that are mentioned.
4. Promoter thanks all of the mothers for their hard work and encourages them to continue.
5. Promoter asks the group's Activity Leader²⁵ to discuss the needed items for next week's activity and solicit volunteers.

Four Boys of the Same Age (Picture 6.1) – 5 minutes

3. Story

- Read the story on page 45 of the flipchart.

²⁵ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

In the afternoon some of the village children were playing together. One of the neighbors noticed that although all of the children were the same age, they had grown to be very different sizes. Of Great Worth was tall and stocky, the other children were smaller or thinner. Hardship looked healthy, but was much shorter than Of Great Worth. The neighbor turned to his friend and said, "See how God (or "the gods" or "Fate") has designed our children²⁶. Our children shall be forever short and thin. Only Ruth's husband's child shall be tall and strong."²⁷

4. Ask

- Read the questions on page 48 of the flipchart.
- We hope participants will answer the last question this way: Yes, what we do matters. what we do can either help or hinder the health of a child.
- Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas to the practices of Mother A."



- ? Why do you think the children are so different in size and weight?
- ? Do you believe that God (or the gods or Fate) made them this way?
- ? Do you think Hardship's father can make a difference in the life and health of his child?

Growth Monitoring Activities (Picture 6.2) – 5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 47.

²⁶ Based on the faith traditions in your region you may need to adapt the reference to the divine. Local traditions may teach multiple gods or "a divine fate." Adapt as needed. If the idea that God has designed children to be tall or short is not common in your area, change the story to reflect a faith teaching that hinders caregivers from preventing child deaths and disease. For example, "See how fate has determined our children's health."

²⁷ This story emphasizes Ruth's husband's **perceived divine will**, a behavior determinant found in Barrier Analysis. He believes that his actions don't matter, and that it is God, "the gods," or "fate" chooses who will be thin and who will be fat and who will be healthy, etc. Use this story and lesson to show how caregiver's actions can make a difference. Also discuss faith teachings that show that God wants all to be healthy. He gives us knowledge and insight so that we can to overcome malnutrition. Increase their confidence in God's desire to see all children grow and thrive in life.



? What do you see in these pictures?

6. Explain:

- Share the key messages using flipchart pages 46 and 47.

- Caregivers regularly go to the health post to monitor the growth of their children under age five.
- For children ages birth to 23 months, Mary takes them for growth monitoring every month.
- For children ages 24 to 60 months, Mary takes them for growth monitoring every three months.
- After the child is weighed and measured the health worker will tell the caregiver if the child is growing well.

The health worker gives Mary advice on things she should do and she asks questions so that she knows exactly what she should do.

Divine Will

- The nutrition of children during the first five years of life greatly affects their growth and health for the rest of their life.
- It is true that God/gods/fate creates people of different sizes and shapes. However, all children should make big changes in height and weight during the first five years of life. If the children stop growing or lose a lot of weight, then something is wrong.
- Caregivers can intervene when children become sick and do things to help them survive.
- Caregivers have been given the ability by God/gods/fate to make a difference in the lives of their children.

Growth Charts (Picture 6.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 49.



? What do you see in these pictures?

8. Explain:

- Share the key messages using flipchart pages 48 and 49.

- The growth of the child is monitored by the nurse on a chart.
- The nurse puts a dot on the chart for each measurement. After every month, the nurse draws a line between the dots showing the growth of the child.
- There is a road that shows how children should grow that stretches across the page.
- The lines for the children should stay within the road and move up each time the child is measured.
- If the line goes up this means the child is gaining weight.
- If the line stays the same for more than a month or if the line goes down, the child is not growing well and the mother needs to take action quickly.
- The three children at the bottom have lines that go down or are too far below the road. This shows their families that they are not growing well.
- When a child is not growing well, the nurse will give counsel as to how to increase growth and help the children improve.

? If your child is sick, or has an illness that you don't know how to treat, what should you do?

- Ask the health workers for advice. Health workers can give medicines and advice to improve the health of the child.
- Health workers can also help you to know which foods are best for feeding your child.
- Very sick children will be given a referral to a place where they can go to improve their health.
-

More Activities (Picture 6.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the pictures on page 51.



? What do you see in these pictures?

10. Explain:

- Share the key messages using the flipchart pages 50 and 51.

- Other health services are also available at the growth monitoring station.
 - If vaccinations are needed, the health worker will give the children the needed vaccinations.
 - If deworming medicines are needed, the health worker will give these pills.
 - If a woman is pregnant or breastfeeding the doctor is able to provide vitamin supplements.
 - The health worker will also talk to each mother about the growth of her children giving advice to help the mother improve the growth of her children.
- The doctors can also give advice to caregivers to help prevent child illness and care for sick children.

Our Responsibility (Picture 6.5) – 5 minutes

11. Show:

- Ask the caregivers to describe what they see in the pictures on page 53.



? What do you see in these pictures?

12. Explain:

- Share the key messages using the flipchart pages 52 and 53.

- This is your time to ask questions and find answers to questions you have about the health of your infants or children.

- It is important not only to ask questions, but to also listen to the advice that is given.
- By going regularly for the growth monitoring Caregivers are able to make sure that their growth is good compared to other children.
- If the children begin to falter, the health worker gives Mary advice on things she should do to improve.



13. Activity: Role Playing — 15 minutes

1. Set up height boards, length boards and weighing pants. (You may need to arrange a special trip to the health facility with the care group if height boards or weighing pants are not available).
2. Weigh and measure the children who are with their mothers in the meeting.
3. As you weigh and measure the children make sure that the mothers help distract the child, encourage the child and help with placement of the child on the length board.
4. Discuss questions that they might ask the health worker at a growth monitoring station.
5. Show some growth chart. Ask the Leader Mothers to evaluate the growth of the child. Correct any errors that they make.
6. Remind the Leader Mothers about the frequency of visits for child (every month ages 0 to 23) and every three months for children 24 to 60 months.



14. Probe — 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



15. Inform — 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

16. Practice and Coaching — 20 minutes

- 1. Ask Leader Mothers to share the teachings they have learned today. They will share with another woman in the care group using the ASPIRE method.*
- 2. One Leader Mother will share the teachings from the first two flipchart pages of the lesson. After ten minutes, the Leader Mothers will switch roles. The other Leader Mother will share teachings from the third and fourth flipchart pages of this lesson.*
- 3. Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think these messages would be difficult for them.*
- 4. The Leader Mothers sharing the message should try to help the women overcome this obstacle.*
- 5. The Promoter should watch, correct, and help the Leader Mothers who are having trouble.*
- 6. When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.*



17. Request — 10 minutes

? *Are you willing to make a commitment to the teachings you have heard today? What is your commitment?*

Ask each mother to say aloud a new commitment that she will make today. Each mother can choose the commitment that is most important to her.



18. Examine — 15 minutes

Ask each Leader Mother one-on-one about her commitments.

? What was your commitment at the last lesson? Have you kept that commitment? How - what did you do?

Finally, ask each Leader Mother one-on-one about her practices in the last two weeks:

- *Did she add oil or margarine to the meals?*
- *Did she include foods rich in protein?*
- *Did she include foods rich in iron?*
- *Did she include foods rich in vitamin A?*
- *Did she include foods rich in vitamin C?*
- *Did she add iodized salt to (or include saltwater fish in) the meals?*
- *Did she give foods such as tea, coffee, or cocoa to the child?*