

# **Trainer's Guide**

## ***Complementary Feeding Counselling a training course***



**World Health Organization**

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# CHECKLIST OF TRAINING SKILLS

Practise using these skills when you are conducting sessions, and comment on these points when you give each other feedback.

## **Movements**

- Take centre stage - do not get stuck in a corner or behind a desk
- Face the audience – do not face the board or screen when speaking
- Make eye contact with people in all sections of the audience
- Use natural gestures and facial expression – (but try to avoid mannerisms)
- Move around the room – approach people to get their attention and response
- Avoid blocking the audience's view – watch for craning necks

## **Speech**

- Slow and clear, and loud enough for everyone to hear
- Natural and lively – varied
- Write difficult new words on the board, pronounce and explain them

## **Interaction**

- Try to interact with all participants – use names as appropriate
- Ask the questions suggested in the text – ask different participants
- Allow time for the participant to answer – don't give the answer too quickly – drop hints
- Respond encouragingly and positively to all answers – correct errors gently
- Involve all participants – include quiet ones – control talkative ones
- Avoid discussions that are off the point or distracting – postpone them if necessary
- Try to give satisfactory answers to questions from participants

## **Visual aids**

- Have the required aids and equipment ready – check and arrange them before the session
- Make sure that everyone can see clearly – arrange the room so that they can see
- Point to what you are talking about on the projector, or on the screen
- Cover, turn off, or remove aids that are not in use any more
- Let people handle aids that you use for demonstrations
- Write large and clear on the board – arrange words carefully so that there is enough room
- Put slides and overheads away tidily ready for next time, at end of session

## **Use of materials**

- Prepare thoroughly – read the text, and obtain any aids that you need before
- Prepare your helpers (eg for role-play) before the session – practise if possible
- Do not learn the session by heart – follow the Guide but talk in your own way
- Follow the session plan accurately and completely – use your Trainer's Guide
- Emphasize important points – do not leave important points out
- Do not introduce too much extra material – but give a few local examples
- Try to avoid repetition unless really useful
- If you find it necessary to read from the guide, look at the audience sometimes

## **Time management**

- Keep to time – not too fast or too slow; don't take too long with the early part of a session
- Don't lose time between sessions (e.g. going to Field Trip) – explain clearly what to do.

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## INTRODUCTION

### Why this course is needed

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

This can result in malnutrition of young children, which is an increasing problem in many countries. More than one-third of under-five children are malnourished – whether stunted, wasted, or deficient in vitamin A, iron or other micronutrients – and malnutrition contributes to more than half of the 10.5 million deaths each year among young children in developing countries.

Malnutrition increases the severity of and the risk of dying from common childhood diseases. Malnutrition causes delayed motor development, impairs cognitive functions and lowers school performance. Overweight is a problem in many regions and can contribute to ill-health.

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

Hence, there is a need to train health workers who are in contact with caregivers<sup>1</sup> of young children, in all countries, in the skills to support adequate feeding. This course sets out to improve feeding practices of children from six to 24 months old by ensuring sound and culture-specific nutrition counselling is available to health workers. These health workers are then able to provide caregivers of young children with accurate information and counselling to enable the caregivers to decide what is best in their own situation.

Complementary feeding should be timely, adequate, safe and responsively fed. The information provided in this course focuses on when to introduce foods in addition to breast milk, how to enhance home-prepared foods, the use of low-cost processed complementary foods and education to enhance feeding behaviours.

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<sup>1</sup> Caregiver is a term used to include mothers, fathers, other family members, institutional care workers and others with responsibility for the feeding and care of the young child.

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

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

The Global Strategy for Infant and Young Children<sup>2</sup> aims to improve through optimal feeding, the nutritional status, growth, psycho-social development, and health and thus the survival of infants and young children on a world-wide basis.

This course can build on local/national efforts and reinforce existing programmes for nutrition, child health and poverty reduction. The term "complementary feeding" is used to emphasize these foods complement breast milk rather than replace it. Effective complementary feeding programmes include continued breastfeeding, not just the addition of foods.

**The aims of this course are:**

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

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

The concept of 'counselling' can be difficult to translate. Some languages use the same word as advising. However counselling means more than simple advising. Often when you advise a person, you tell them what you think they should do. When you counsel, you listen to the person and help the person decide what is best for them from various options or suggestions, and you help them to have the confidence to carry out their decision. This course aims to give health workers basic counselling skills so they can help caregivers more effectively.

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<sup>2</sup> Global Strategy for Infant and Young Child Feeding, WHO, 2003



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

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

### **Before you hold this course:**

Course trainers and participants are expected already to have a basic knowledge of breastfeeding counselling, as in the *Breastfeeding Counselling: A Training Course (BFC)* or an equivalent level of knowledge and skills. Those who are not familiar with counselling and skills in the support of early initiation and exclusivity of breastfeeding in the first six months will need to acquire this knowledge first. Trainers for the *Complementary Feeding Counselling (CFC): a training course* need to do the complete BFC course, if possible as a trainer, to familiarize themselves with the basics of breastfeeding and of counselling skills.

## **The course and the materials**

### **Structure of the course**

The course is divided into 15 sessions, using a variety of teaching methods, including lectures, demonstrations, and work in smaller groups with discussion, practical work and exercises. The course can be used as a three-day course of seven contact hours each day.

#### *Order of sessions*

The sessions are in a suggested sequence (see Contents list) but the order may need to be adapted to suit local facilities. However, the theoretical information on complementary feeding needs to be given before the counselling skills can be practised.

### **Course materials**

#### *Director's Guide*

The Director's Guide contains all the information that the Course Director needs to plan and prepare for a course, and to select trainers and participants, starting several months before the actual training. It contains lists of the materials and equipment needed, examples of timetables, and copies of the forms that need to be photocopied before a course. It also describes the Director's role during the course itself.

### *The Trainer's Guide*

The Trainer's Guide contains what you, the trainer, need in order to lead participants through the course. The guide contains the information that you need, detailed instructions on how to conduct each session, the exercises that participants will carry out, together with answers, and the summary sheets, forms, checklists and stories used during the practical sessions of the course. This is your most essential tool as a trainer on the course. Write your name on it as soon as you receive it, and use it at all times. Add notes to it as you work. These notes will help you in future courses.

### *Overhead transparencies*

Overhead transparencies are provided for many sessions. The figures for the overhead transparencies are also available in the form of a flipchart, which you can use to show to participants if an overhead projector is not available.

### *Participants' Manual*

A copy is provided for each participant. This contains:

- summaries of information and overhead transparencies;
- copies of worksheets, checklists and Food Intake Tool from the practical sessions;
- texts for the demonstrations that participants help with;<sup>3</sup>
- exercises which participants will do during the course (without answers).

The manual can be used for reference after the course, so it is not essential for participants to take detailed notes.

### *Key Messages*

There are *key messages* and skills introduced throughout the course. These are displayed to participants and used as the base for discussions with caregivers. In the Appendix, there is a list of *key messages* and skills that need to be written on flip chart pages.

### **Training aids**

You will need a flipchart, and blackboard and chalk, or white board and suitable markers, for most sessions, and a means of fixing flipchart pages to the wall or notice board – such as masking tape.

### **Resource Materials**

As a trainer, you may wish to obtain the following reference materials to answer questions and provide additional information:

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<sup>3</sup> In the Appendix, there is a list of demonstrations where you can fill in the names of the participants you have asked to assist.

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***These can be downloaded from WHO web sites: [www.who.int/child-adolescent-health/publications](http://www.who.int/child-adolescent-health/publications) or [www.who.int/nut/publications](http://www.who.int/nut/publications).***

Also available from Marketing and Distribution of Information, WHO, Avenue Appia 20, 1211 Geneva 27, Switzerland, Fax: 41-22-791-4857; [bookorders@who.int](mailto:bookorders@who.int) or your local WHO Publication Stockists.

*Global Strategy for Infant and Young Child Feeding*, WHO 2003. ISBN 92 1 156221 8.

*Complementary Feeding – family foods for breastfed children*. WHO/NHD/00.1.

*Guiding Principles for Complementary Feeding of the Breastfed Child*. 2003, PAHO/WHO, Division of Health Promotion and Protection/Food and Nutrition Program, Washington, DC, USA.

*Complementary Feeding of Young Children in Developing Countries: a review of current scientific knowledge*. WHO/NUT/98.1.

*The optimal duration of exclusive breastfeeding: a systematic review*. WHO/NHD/01.08.

*Breastfeeding Counselling: a training course*. WHO/CDR/ 93.4; UNICEF/NUT/93.2.

*HIV and Infant Feeding Counselling: a training course* WHO/FCH/CAH/00.3.

*A critical link-interventions for physical growth and psychological development, a review*. WHO/CHS/CAH/99.3.

***Available from WHO, Department of Food Safety (FOS)*** [fos@who.int](mailto:fos@who.int)  
*Basic principal for the preparation of safe food for infants and young children*  
WHO/FNU/FOS/96.6 [www.who.int/fsf/Documents/brochure/basic.pdf](http://www.who.int/fsf/Documents/brochure/basic.pdf).

Adams M, & Motarjemi, Y. *Basic Food Safety for Health Workers*.  
WHO/SDE/PHE/FOS/99.1.

***Available from WHO Regional Office for Europe, Copenhagen, Denmark***  
Fleischer Michaelsen K, Weaver L, Branca F, Robertson A, *Feeding and nutrition of infants and young children – guidelines for the WHO European Region*. WHO Regional Publication, European Series, No 87, 2000.

***Available from UNICEF, Nutrition Section, Unicef House, 3 United Nations Plaza, New York NY 10017, USA:*** [wdemos@unicef.org](mailto:wdemos@unicef.org).

Engle P. *The Care Initiative: assessment, analysis and action to improve care for nutrition*. New York: UNICEF Nutrition Section, 1997.

***Available from Teaching Aids At Low Cost, PO Box 49, St Albans, Herts AL1 5TX, UK,***  
***Fax: +44-1727-846852*** [www.talcuk.org](http://www.talcuk.org)  
Savage-King, F & Burgess, A, *Nutrition for Developing Countries*, ELBS, Oxford University Press, 1995.

## **Teaching the course**

This section explains the teaching methodology used in the course. You should read it before you start conducting sessions.

### ***Forming groups***

Working in groups makes it possible for teaching to be more interactive and participatory, and it gives everybody more time to ask questions. Quieter participants have more chance to contribute.

As soon as possible after the introductory session, the Course Director and the trainers decide how the groups will be composed. Sometimes it is a good idea to make one participant who knows the others in the class responsible for arranging the groups. Group work starts from Session 2.

Each group should have at least one person who can speak the local language. It may be appropriate to balance professional groupings and geographic area.

Write the names of the trainer and participants in each group on a flipchart or board, and post it up where both trainers and participants can check to which group they belong.

**Ask participants to sit with their groups for all sessions, so that they can quickly turn and work with the group, without losing time rearranging their seats.**

The exercises are designed for groups of four people with a trainer. If there is a different number in the groups, small changes may have to be made to ensure that each participant has a turn to practise the skill in the group.

### ***Motivating participants***

#### ***Encourage interaction***

During the first day, interact at least once with every participant, and encourage them to interact with you. This will help them to overcome their shyness, and they will be more likely to interact with you for the remainder of the course.

Make an effort to learn participants' names early in the course, and use their names whenever it is appropriate. Use names when you ask participants to speak, or to answer questions, or when you refer to their comments, or thank them.

Be readily available at all times. Remain in the room, and look approachable. For example, do not read magazines or talk constantly with other trainers. Talk to participants rather than trainers during tea breaks, and be available after a session has finished.

Get to know the participants who will be in your group, and encourage them to come and talk to you at any time, to ask questions, or to discuss any difficulties, or even to tell you that they are interested and enjoying themselves.

Take care not to seem threatening. These techniques may help:

- be careful not to use facial expressions or comments that could make participants feel ridiculed;
- sit or bend down to be on the same level as a participant to whom you are talking;
- do not be in a hurry, whether you are asking or answering questions;
- show interest in what participants say. For example, say: “that is an interesting question/suggestion”.

Praise, or thank participants who make an effort. For example when they:

- try hard;
- ask for an explanation of a confusing point;
- do a good job on an exercise;
- participate in group discussion;
- help other participants (without distracting them by talking about something irrelevant).

You may notice that many of the counselling skills taught during the course are also important for communicating with participants. In particular, you will find it helpful to use appropriate non-verbal communication, to ask open questions, to praise them and help them to feel confident in their work with caregivers of young children.

### ***Be aware of language difficulties***

Try to identify participants who have difficulty understanding or speaking the language in which the course is conducted. Speak slowly and clearly so that you can be more easily understood. Encourage participants in their efforts to communicate.

If necessary, speak with a participant in her own language (or ask someone else to do so for you) to clarify a difficult point.

Discuss with the Course Director any language problems that seriously hinder the ability of a participant to understand the material. It may be possible to arrange help for the participant, or for her/him to do some of the exercises in a different way.

## **Using your Trainer's Guide**

### **Before you lead any session:**

- Look at your guide and read the ‘Objectives’ and the ‘Outline’, to find out what kind of session it will be, and what your responsibilities are.

- Read the 'Before the session' box at the beginning of the text, so that you know what you have to do in advance to prepare for the session, and what training aids (and other kind of help) you need.
- Read the text for the session, so that you are clear about what you will have to do. The text includes detailed point by point instruction about how to conduct the session.
- Consider splitting the session between two or more trainers, particularly if the session is long. Trainers can also work together with one trainer writing on the flip chart or assisting with a demonstration while the other trainer is conducting the session.

### WHAT THE SIGNS USED IN THE GUIDE INDICATE

- an instruction to you, the trainer;
  - what you, the trainer, say to the participants;
  - ➔ that you write on the flipchart or overhead.
- Shaded text** indicates local adaptation may be needed

### When you lead a session

Keep your Trainer's Guide with you and use it all the time. You do not need to try to memorize what you have to do. It is extremely difficult to do so. Use the Guide as your session notes, and follow it carefully.

The Course Director may explain at the beginning of the course that using the Trainer's Guide is the correct method for this kind of teaching, in the same way that participants need to use their manual. You may wish to copy the necessary pages of the guide, to use as your notes during the session. This will not be so bulky as carrying the whole guide.

Remember that even the authors of the materials find it necessary to follow the Guide when they teach the course. If they do not, they find it difficult to keep to the planned sequence of teaching, and they miss out important steps.

If the participants seem tired or their attention is wandering, pause for a short break. Encourage everyone to stretch and take some deep breaths. Perhaps a short activity song, such as children sing, may revive them.

### Preparing to give a presentation

#### *Study the material*

Before you give one of the lecture presentations, read the notes through carefully, and study the overheads that go with it.

You do not have to give the lecture exactly as it is written. It is preferable not to read it out, though this is acceptable if you feel that there is no other way you can do it. However, it is important that you are thoroughly familiar with the contents of the lecture, and with the order of ideas in the presentation. This is necessary even if you are an experienced trainer, and knowledgeable about infant feeding.

Go through the text, mark it and add your own notes to remind you about points to emphasize, or points of special local importance. Try to think of ways to present the information naturally in your own way.

Read the footnote sections. They give extra information about topics that are covered only briefly in the main text. You should not present them with the main presentation, but they may help to answer questions that arise in the course of discussion.

### ***Prepare your overheads and flipcharts***

Make sure that you have all the overheads for the session, and arrange them in the correct order. If flipcharts need to be written beforehand, do this in plenty of time. During the session when you are asking for responses from participants, another trainer can write items on the flipchart, thus allowing you to keep eye contact with the participants.

Shortly before the session, make sure that the audience will be able to see the images - that the room is dark enough, that the screen is well placed, and that the chairs are arranged appropriately. You do not have to accept the arrangements from the previous session - it can be an advantage to move an audience around, and present material in a new way. It may help to keep their attention.

## **Giving a lecture**

### ***Talk in a natural and lively way***

- Present the information as in a conversation, instead of reading it.
- Speak clearly and try to vary the pitch and pace of your voice.
- Move around the room, and use natural hand gestures.

### ***Explain the overheads carefully***

Remember that overheads do not do the teaching for you. They are *aids* to help you to teach and to help participants to learn. Do not expect participants to learn from them without your help.

Explain to the audience exactly what each overhead shows, and tell them clearly the main points that they should learn from it. As you explain the information in the text, point out on the overhead where it shows what you are talking about, by either pointing to the screen, or pointing out the place on the overhead itself on the projector. Do not assume that they automatically see what you want them to look at.

Remember to face the audience as you explain - do not keep looking at the screen yourself. Do not turn your back on the audience for more than a short time. Keep looking at them, and maintain eye contact, so that they feel that you are talking to them personally.

Be careful not to block participants' view of the screen. Either stand to the side, or sit down, and check that they can see clearly. Look out for participants bending to see the screen or demonstration because you are in the way. Stop and adjust your position before you continue.

When you are familiar with the material, and you have taught it a few times, you will be able to explain in your own way. You will be able to make it appropriate for the participants, and answer their questions in the way that is most helpful for them.

### ***Involve the participants***

You will have to give much of the information in lecture form. This is necessary to cover enough material in the limited time available.

It is also helpful during lectures and other sessions to ask questions, to check that participants understand, and to keep them thinking. This interactive technique helps to keep participants interested and involved, and is usually a more effective way of learning.

Ask open questions, (which you have learned about in sessions on counselling skills) so that participants have to give an answer that is more than a “yes” or “no”.

A number of questions are indicated in the text. The questions are asked in a way so that participants should be able to decide the answer either by looking at the figure that is displayed, or from their own experience, or from what has been covered previously in the course, without requiring new information that they may not have.

Sometimes you may want to give participants a hint to help them to answer. Sometimes asking the question again, in another way, can help. However, do not help them or give them the answer too quickly. It is important to wait, and to give them a genuine chance to think of the answer themselves.

Ask participants to keep their manuals closed while answering discussion questions so that they think about possible answers rather than read the information from their manual.

Do not get involved in discussions which are distracting, and which waste a lot of time.

Encourage participants to make a few suggestions; discuss their suggestions; and then continue with the section. You do not have to wait until they have given all the answers listed in the text. Notes are included with many of the questions to guide you.



Acknowledge all participants' responses, to encourage them to try again. Comment briefly on their answer, or say “Thank you”, or “Yes”. If participants give an incorrect answer, do not say “No - that is wrong!” or some may hesitate to make other suggestions. Accept all answers, and say something non-committal, such as “That is an interesting idea” or “I haven't heard that one before”. Ask them to say more to clarify the idea, or say, “What does anyone else think?” or ask for other suggestions. Make participants feel that it is good to make a suggestion, even if it is not the “correct” answer. Then clarify the information so that participants have the correct information.

When someone answers correctly, ‘hold onto’ their answer; expand it if necessary, and make sure that everyone else has understood.

Do not let several participants talk at once. If this occurs, stop the talkers, and give them an order to speak in. For example, say “Let's hear Mary's comment first, then Anastasia's, then Siti's”. People will usually not interrupt if they know that they will have a turn to talk.

Do not let the same one or two people answer all the questions. If a talkative participant tries to answer several questions, ask her to wait for a minute, or move away and focus attention on others. Try to encourage quieter participants to talk. Name someone who has not spoken to answer, or walk towards someone to bring attention toward her, and make her feel that she is being asked to talk.

Thank participants whose answers are short and to the point.

### **Preparing to give a demonstration**

Some sessions include a number of short demonstrations of counselling techniques, and other skills.

#### ***Study the instructions and collect the equipment***

Some time before you give the demonstration, read through the instructions carefully, so that you are familiar with them and you do not forget any important steps. This is necessary even if you have already seen someone else give the demonstration. Make sure that you have the equipment that you need.

#### ***Prepare your assistant***

You may need someone to help you to give the demonstration, for example, someone to pretend to be a caregiver. It is usually a good idea to ask a participant to help you. This can be a good learning experience for her/him. It increases her/his involvement, and helps her/him to learn about teaching methods. Ask for help the day before a demonstration, so that helpers have time to prepare themselves and discuss what you want them to do.

If you feel that participants are not ready to demonstrate the counselling skills, do the demonstrations yourself with another trainer. This helps participants to understand what playing the part is about, and they can see that making mistakes does not matter, so they may feel more confident to try themselves next time.

### ***Practise the demonstration***

Practise giving the demonstration, by yourself, with your assistant, or with another trainer, so that you know how long it takes, what can go wrong, and if there is anything else that you need, such as an extra table or chairs. This will make the demonstration much more convincing, and it is a good idea even if you have done it before.

### ***Giving the demonstration***

- Make sure that all the equipment is ready and together, and prepare the place where you will give the demonstration. Arrange tables and chairs as you will need them.
- Make sure that you can use a board or flipchart to write things on, or an overhead projector if you need to show a transparency as part of the demonstration, without having to rearrange everything.
- Demonstrate slowly, step-by-step, and make sure that the audience is able to see what you do. If necessary, ask them to move closer to you so that they can all see and hear clearly; or you can move closer to them, going to each part of the audience in turn.
- As you give the demonstration, take every opportunity to let participants handle and examine the equipment that you use, and themselves practise what you demonstrate. They will learn more if they try things out, than if they just see you doing them.

### **At the end of a lecture or demonstration**

Leave time for participants to ask questions, and do your best to answer them. You do not need to know the answer to every question. Other participants may be able to offer information or you can refer them to a local source of further information.

Ask participants to find the summary notes for the session in their manuals. Ask them to read the notes later on the same day. Tell them about any recommended reading from the reference material.

### **Conducting discussions**

Some discussions consist of simple questions that you ask the group, encouraging participants to suggest answers, and to give their ideas, in a way similar to that described for asking questions in lectures. It may help to write the main question and the main points of answers on a flipchart.

Do not let a few talkative participants dominate the discussion. Encourage everyone to participate. If necessary, ask individuals in the group by name to suggest answers in turn. Encourage quieter members to say what they think, before you allow the talkative ones to speak.

To keep participants discussing the questions, from time to time summarize what has been said and restate the question in another way. When participants give an incomplete answer, ask them to try to clarify and complete what they are trying to say. Add any necessary explanation, and make sure that it is clear to all participants.

Give participants time to ask their own questions. Answer the questions willingly. In general, encourage participants to ask at the time that they have a question, and not to hold it for a later time. However, if they ask too many questions, and it interferes with the session, you may have to ask them to wait.

### **Reading in groups**

In some sessions, you ask participants to read a section of text aloud. Each participant takes it in turn to read one sentence or section of the text. You can discuss the ideas and ask questions after each point.

### **Facilitating individual written exercises**

Make sure participants have found the correct page in their manual. Explain that they should read the questions and write the answers in their manuals. They should use pencil so they can change their answer if needed.

Try to arrange for participants to sit a little away from each other, so they do not see or hear other people's answers. Circulate, looking over their shoulders to see how they are getting on. Talk to each participant individually, and as confidentially as possible. Try not to let other participants overhear what you are saying. Compare their answers with the suggested answers in your guide. Praise them if they have a good answer. If an answer is incorrect, do not make them feel ridiculed. Ask them if they have any other ideas, and give them a chance to correct the answer. If they cannot do so, help them to decide the correct answer, and explain how they went wrong. Try not to give the answer too easily. If a question causes difficulty for several participants, discuss it afterwards with the group together.

At the end of the time, if there are unfinished questions in the exercise, suggest they finish them in their own time and ask a trainer later to review the answers.

### **Conducting small group sessions**

The sessions in which participants practise their counselling skills and carry out some discussion are conducted in small groups with four participants and one trainer.

Each trainer has a set of story cards. For these sessions, select the most appropriate stories, and give one to each participant before the session so that they have time to study it. They should not show it to their colleagues.

During the session, participants work in pairs within the group to practise using the counselling skills. One of the pair plays the mother, following the story on her card. The other plays the counsellor. This is called 'pair practice'. The other two members of the group may form another pair, or may be observers.

You follow from the Trainer's Guide, which contains both the story and short comments to help you to guide the participants and make sure that they learn what is intended. Guide the group to discuss the practice, and help the counsellor to improve her skills. More detailed instructions are given in the notes for the session.

### **Checklist of training skills**

Inside the front cover of this Guide is a summary CHECKLIST OF TRAINING SKILLS. The Course Director may decide to demonstrate these skills at the time of preparing the trainers before a course, or you may be asked to study them for yourself. Refer to the list from time to time to remind you how to make your session effective.

## Course Opening

### **Objectives:**

At the end of this session, participants should:

- have their course materials;
- understand the aims and structure of the course;
- have introduced themselves.

### **Outline:**

**Total time - 30 minutes**

I. Introduce the course	5 minutes
II. Introduce the course materials and arrangements	10 minutes
III. Introduce the trainers and participants	15 minutes

*Additional time will be needed if there is an opening speech by an invited person.*

### **Before the session**

Give each participant:

*Participants' Manual*

Course Timetable

Course Evaluation Questionnaire

Notebook or pad of paper

Pen, pencil

You will need: **Overheads O/1, O/2**

List of participants divided into groups of four with one trainer

Shaded areas indicate points that may need local adaptation

**There may be an opening speech by an invited person. Listen carefully to this and link the following introduction to the opening speech where possible.**

**I. Introduce the course**

5 minutes

- ☐ Welcome participants to the course. Introduce yourself and write your name on the board. Explain how you would like to be addressed.
- ☐ Make these points:
  - Active promotion of exclusive breastfeeding for the first six months after birth has resulted in improvement in the health and development of young children.
  - However, the next period, from six months of age until two years, is also of critical importance in the child's growth and development.
  - In many countries, feeding of these young children does not receive emphasis within child health programmes. As a result, many health workers are unaware of the importance of this stage of growth, of the common problems that exist, or what recommendations to use when talking with families.
  - Children who are not growing well are at increased risk of illness and take longer to recover from illness than well-nourished children.
  - Children who are malnourished in their early years can have health problems through out their life. Children who are malnourished may not have optimal brain growth and development. Iron deficiency can restrict their development and energy levels. In addition, malnutrition in childhood can affect a female's later reproductive life.<sup>4</sup>
  - Malnourishment also includes the children who receive too much unsuitable food and are obese. Children who are overweight tend to grow to adults who are overweight. Overweight can result in long term health problems such as heart disease, diabetes, reproductive difficulties and difficulties with general activities.

*Ask: How many of you regularly see young children who are malnourished or have feeding concerns?*

Raise your hands.

- ☐ Mention any local data on feeding practices and underweight/overweight rates.

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<sup>4</sup> One effect of stunting may be a smaller pelvis resulting in birth problems. Undernourished women are more likely to give birth to a baby who is low weight for gestational age.

- Nutrition and feeding of young children is a large part of your work. You as health workers and your health facilities have an important role to help improve young child feeding practices and provide families with the correct information and skills they need to feed their young children well.
- Information on feeding young children comes from many sources - family beliefs, community practices, advertising by food manufacturers and information from health workers. Sometimes this information is confusing and conflicting.

- Show **Overhead O/1– Definition of Caregiver** and make the point that follows.

**Caregiver –  
the person who has the responsibility to provide  
food and care for the young child.**

- In this course, we use the term caregiver to refer to the variety of people who have the responsibility of providing food and care for the young child. The caregiver may be the mother, the father, a relative, a worker in a child care facility or another person.

- Show **Overhead O/2– Course Aims** and read the points that follow.

**Complementary Feeding Counselling  
Course Aims**

**To provide the knowledge and skills to enable you to:**

- have up-to-date knowledge,
- counsel caregivers of young children,
- contribute to activities in your health facility.

- As health workers who work with caregivers of young children from six to 24 months of age, this course will provide the knowledge and skills to enable you to:

- have up-to-date knowledge on the nutrition of young children and suitable feeding techniques for this age group;
  - counsel caregivers of young children about appropriate and effective complementary feeding practices;
  - contribute to the consistency of young child feeding messages given by health workers and to sustain young child feeding activities in your health facility.
- This course helps to prevent malnutrition, and through helping caregivers, assist optimum nutrition for their children.
  - In this course we will:
    - discuss when to introduce foods in addition to breast milk;
    - explore how to improve the nutritional quality of home-prepared foods, and;
    - learn how to counsel caregivers of young children about appropriate and effective complementary feeding practices.
  - The concept of ‘counselling’ can be difficult to translate. Some languages use the same word as advising. However counselling means more than simple advising. Often when you advise a person, you tell them what you think they should do. When you counsel, you listen to the person and help the person decide what is best for them from various options or suggestions and you help them to have the confidence to carry out their decision. This course aims to give you basic counselling skills so you can help caregivers more effectively.
  - This course builds on local/national efforts and reinforces existing programmes for nutrition, child health and poverty reduction. *(Mention how this links to local programmes such as IMCI, breastfeeding, BFHI, Global Strategy for Infant and Young Child Feeding, supplemental food programmes and soon.)*
  - This course does NOT prepare people to have responsibility for the nutritional care of young children with severe malnutrition or nutrition-related diseases such as diabetes or children with metabolic problems.

## II. Introduce the course materials and arrangements

10 minutes

- Make these points as you show the materials:
  - A *Participant’s Manual* is provided for each person.



This contains:

- summaries of information and overhead transparencies;
  - copies of Worksheets and Checklists from the practical sessions;
  - texts for the Demonstrations that you will help with exercises that you will do during the course.
- The *Participant's Manual* can be used for reference after the course, so it is not essential for you to take detailed notes.
  - The course trainers also have a guide. Their guide contains detailed instructions on how to conduct each session. The trainers will refer to their guide frequently. This ensures they are including all the information in a way that is consistent and co-ordinated.
  - In this course, we introduce a number of *key messages*. These are short points that are easy to remember. These *key messages* form the base for your discussions with caregivers.
  - The *key messages* are in the notes for each session and listed at the back of your Participants Manual.
  - If there are any locally produced materials that are being included, mention them.<sup>5</sup>
- Explain the purpose of the *Course Evaluation Questionnaire* and when to fill it in.
- The Course Evaluation Questionnaire looks for your ideas to make the course better in the future.
  - There is a part for general comments, to be filled in at the end of the course.
  - There is a part for each session. Fill this part in after each session or at least at the end of each day, while you can still remember the session.
  - If you provide a separate sheet for each day, ask participants to hand these in at the end of the day. These evaluations can then be discussed at the trainers meeting at the end of each day.
- Refer to *Course timetable* and make these points:

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<sup>5</sup> Check materials beforehand to ensure the information is consistent and not conflicting. For example, if they say to start complementary feeding earlier than six months.

- The course will run over **three full days**. During the course, you are expected to contribute to the learning of the whole group by sharing your ideas and comments.
  - Each day the course will start at **(time)** and finish at **(time)**. You are expected to be here on time and to stay for the whole course.
  - On both day two and day three, we will visit a site where you will talk with caregivers of young children. You will be given further information on these visits later.
- ☐ Check that participants have all their materials.
  - ☐ Indicate the facilities available such as toilets, drinking water, transport, and any safety issues. Explain what rooms will be used for the course and how to get there.

### III. Introduce the trainers and participants

15 minutes

- ☐ Divide into small groups.
  - You will work in small groups for most of the sessions. The list of the groups is *(read out list)*.
  - Please go, sit in your group, and stay with that group until the last session.
- ☐ Introduce each trainer briefly. Write their name on the blackboard and indicate how they would like to be addressed.
  - Ask each participant to introduce himself or herself giving their name, how they would like to be addressed, and a brief description of their work with infants and young children.
  - Introduce any organizers and facilitators and their role. For example, whom participants are to talk to about travel arrangements or reimbursements.
  - Ask if there are any questions on the overall course and arrangements.
- ☐ Introduce the trainer for the first session:
  - Now we will start the course. The first session is *The Importance of Complementary Feeding*. This session is conducted by *(Name)*.

## Session 1

### Importance of Complementary Feeding

#### **Objectives:**

At the end of this session, participants should be able to:

- discuss the importance of continuing breastfeeding;
- define complementary feeding;
- discuss the optimal age for children to start complementary feeding;
- list the *key messages* from this session;
- list their current complementary feeding activities.

#### **Session Outline:**

**Total time – 45 minutes**

I. Introduce the session	1 minute
II. Discuss sustaining breastfeeding	5 minutes
III. Define complementary feeding	2 minutes
IV. Discuss the optimal age to start complementary feeding	20 minutes
V. Examine the role of the health worker and the health facility	15 minutes
VI. Summarize the session	2 minutes

#### **Before the session**

You will need:

Overhead Transparencies: 1/1, 1/2, 1/3, 1/4, 1/5, 1/6, 1/7, 1/8

Flip chart and markers

To write the two *key messages* from this session on a page of flip chart paper:

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

Starting other foods in addition to breast milk at 6 months helps a child to grow well.

Arrange the words so the first message can be uncovered with the second message still covered. (*One way to do this is to have a sheet of blank flip chart paper with tape on each side at the top. Move this cover down as needed.*)

Leave space for the *key messages* from Session 2, if possible.

Tape or other means of fixing the page to the wall or board.

To change the names if necessary.

**I. Introduce the session**

2 minutes

- ☐ Make these points:
  - As mentioned in the last session, the period from six months of age until two years is of critical importance in the child's growth and development. You, as a health worker, have an important role in helping families during this time.
- ☐ Show **Overhead 1/1 – Session 1 Objectives**, and read out the objectives:

**Session One: Importance of Complementary Feeding**

In this session we will:

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

**II. Discuss sustaining breastfeeding<sup>6</sup>**

5 minutes

*Ask: Why is it important to continue breastfeeding after the early months?*

Wait for a few responses and then continue.

- ☐ Make these points:
  - Breast milk provides all the energy and nutrients a baby needs for healthy growth in the first six months. It also provides the baby with anti-infective factors, which protect against diarrhoea and other infections, and provides a social and psychological link between baby and mother.
  - Breast milk alone with no water, teas, juice or other liquids or foods, which is called *exclusive breastfeeding*, should continue for the first six months.

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<sup>6</sup> Encourage participants who have little knowledge and skill regarding how to support breastfeeding to attend the course *Breastfeeding Counselling: a training course. (WHO/UNICEF)*

- From six to 12 months, breastfeeding continues to provide half or more of the child's nutritional needs, and from 12 to 24 months, at least one-third of their nutritional needs. As well as nutrition, breastfeeding continues to provide protection from many illnesses for the child and provides closeness and contact that helps psychological development.
  - So, remember to include this key point when talking about the baby over six months old.
- Show **Overhead 1/2 – Key Message 1: Breastfeeding** and ask participants to read out the key message.

**Key Message 1:**

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

*Ask: Why do you think mothers breastfeed for longer in some communities than in others?*

Wait for a few responses and then continue.

- Mothers breastfeed for longer in some communities because there is support for breastfeeding and mothers.
- Breastfeeding is likely to continue longer if:
  - people think that it is natural, healthy and important;
  - people think that it is normal and good to breastfeed for two years or more;
  - it is acceptable to breastfeed in public;
  - children who will become parents see babies breastfeeding;
  - women who work outside the home receive support to continue to breastfeed.
- Some women stop breastfeeding early because they do not know what normal changes to expect when breastfeeding. For example:
  - softer breasts or no over fullness does not mean “the milk has gone”;
  - the frequency of the baby's stools decrease at about six weeks;
  - the let-down or milk ejection reflex may be less noticed after 12 weeks.

- These changes are normal and not a cause for supplement feeds or to stop breastfeeding. When women know what normal changes to expect and they are supported and have the skills to deal with common obstacles, they are more likely to continue breastfeeding.
- Health workers like you can do a lot to support and encourage women who want to breastfeed their babies. You can help to protect good practices in a community. If you do not actively support breastfeeding, you may hinder it by mistake.
- Every time you see a mother, try to build her confidence. Praise her for what she and her baby are doing right. Give relevant information, and suggest something appropriate.
- Some infants, for various reasons, receive no breast milk. These infants need to be given a substitute for breast milk in the first six months. It is useful if some type of milk is given as part of the child's diet for up to two years of age or more. If this is not available, extra family foods will be needed.

### III. Define complementary feeding

2 minutes

- ☐ Make these points:
  - However, an age is reached when breast milk alone is insufficient to meet the child's nutritional needs, and at this point *complementary foods* must be added. Let us examine what complementary feeding means.
- ☐ Show **Overhead 1/3 - Definition of Complementary Feeding** and read out the definition.

#### Definition of Complementary Feeding

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

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

- The term “complementary feeding” is used to emphasize that this feeding complements breast milk rather than replaces it. Effective complementary feeding programmes include support to continued breastfeeding.
- During the period of *complementary feeding*, the young child gradually becomes accustomed to eating family foods. Feeding includes more than just the foods provided. *How* the child is fed can be as important as *what* the child is fed.

#### IV. Discuss the optimal age to start complementary feeding

20 minutes

☐ Introduce the section:

- Now we will discuss when to start complementary feeding.

*Ask: In your area, at what age do families usually start to give foods to the infant - other than breast milk?*

Wait for a few responses and then continue.

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

*Ask: What are the reasons you hear as to why families start complementary food when they do?*

→ Write participants replies on the flip chart. Refer to these replies as you make the following points.

☐ Make these points:

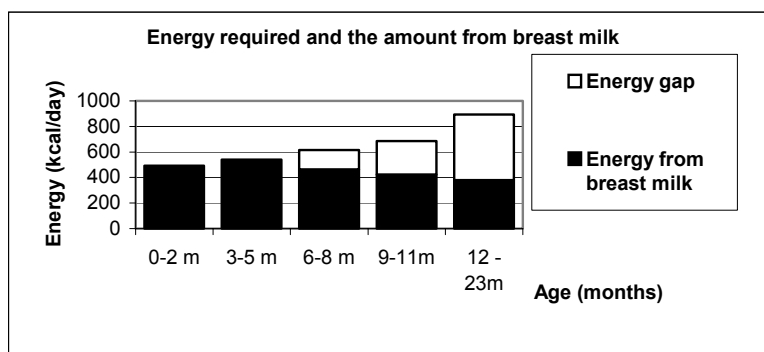
- Families may decide a young child is ready for complementary foods because they notice certain developmental signs such as reaching for food when others are eating or starting to get teeth.
- Families may decide the baby needs additional foods because the baby is showing what they believe to be signs of hunger. Signs such as the baby putting his/her hands to the mouth may be normal development not signs of hunger.

- Sometimes a family may decide to start complementary feeding because they believe that the baby will breastfeed less and the mother will be able to be away from the baby more.
- Complementary foods may be started because the baby is not gaining weight adequately.
- A family may be influenced by what other people say to them about starting complementary foods. They may listen to a neighbour, their mother, a health worker or even advertisements for baby food products.
- Knowing why families start complementary foods helps you to decide how to assist them. For example, a mother may give foods to a very young baby because she thinks she does not have enough breast milk. Once you understand her reason, you can give her appropriate information.
- Complementary feeding should be started when the baby can no longer get enough energy and nutrients from breast milk alone. For most babies this is six months of age.<sup>7</sup>

☐ Explain energy needs.

- Our body uses food for energy to keep alive, to grow, to fight infection, to move around and be active. Food is like the wood for the fire – if we do not have enough good wood, the fire does not provide good heat or energy. In the same way, if young children do not have enough good food, they will not have the energy to grow and be active.

☐ Show **Overhead 1/4 – Energy Gap** and make these points:<sup>8</sup>



<sup>7</sup> Six completed months – 180 days, not the start of the sixth month.

<sup>8</sup> This graph is slightly different from the graph in the book *Complementary Feeding: family foods for breastfed children*. Between publication of the book and development of the course, there were changes to the recommended energy requirements for young children.



- On this graph, each column represents the total energy needed at that age. The columns become taller to indicate that more energy is needed as the child becomes older, bigger and more active. The dark part shows how much of this energy is supplied by breast milk (*point to the dark area on the graph*).
- You can see that from about six months onwards there is a **gap** between the total energy needs and the energy provided by breast milk. The gap increases as the child gets bigger (*point to the patterned area on the graph*).
- This graph is an ‘average’ child and the nutrients supplied by breast milk from an ‘average’ mother. A few children may have higher needs and the energy gap would be larger. A few children may have smaller needs and thus a smaller gap.
- Therefore, for most babies, six months of age is a good time to start complementary foods. Complementary feeding from six months helps a child to grow well and be active and content.
- When you talk to families, make this key point:

- ☐ Show **Overhead 1/5 – Key Message 2: When to Start Complementary Feeding** and ask participants to read out the key message.

**Key Message 2:**

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

- After six months, babies need to learn to eat thick porridge, puree and mashed foods. These foods fill the energy gap more than liquids.
- At six months of age it becomes easier to feed thick porridge, puree and mashed food because babies:
  - show interest in other people eating and reach for food;
  - like to put things in their mouth;
  - can control their tongue better to move food around their mouth;
  - start to make up and down ‘munching’ movements with their jaws.
- In addition, at this age, babies’ digestive systems are mature enough to begin to digest a range of foods.

□ Continue with these points.

- Most babies do not need complementary foods before six months of age. The caregiver should only begin to offer complementary foods before the age of six months if the child is not gaining weight adequately. If the baby is less than six months old, counsel the mother on how to breastfeed exclusively in a way that helps the baby to get enough breast milk.<sup>9</sup>
- If the baby is not receiving breast milk, continue to use an adequate breastmilk substitute until six months of age rather than add complementary foods early.

*Ask: What might happen if complementary foods are started **too soon** (before six months)?*

→ Write participants replies on the flip chart. Refer to the points they made as you make the following points.

□ Show **Overhead 1/6: Adding foods too soon** and make the points that follow:

**Adding foods too soon may:**

Take the place of breast milk  
 Result in a low nutrient diet  
 Increase risk of illness  
 Less protective factors  
 Other foods not as clean  
 Difficult to digest foods  
 Increase mother's risk of pregnancy

- Adding complementary foods *too soon* may
  - take the place of breast milk, making it difficult to meet the child's nutritional needs
  - result in a diet that is low in nutrients if thin, watery soups and porridges are used
  - increase the risk of illness because less of the protective factors in breast milk are consumed
  - increase the risk of diarrhoea because the complementary foods may not be as clean or as easy to digest as breast milk

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<sup>9</sup> *Breastfeeding Counselling: A training course*, WHO/CDR/93.4; UNICEF/NUT/93.2 provides information and skills to assist breastfeeding.

- increase the risk of wheezing and other allergic conditions because the baby cannot yet digest and absorb other foods well
- increase the mother's risk of another pregnancy if breastfeeding is less frequent.

*Ask: What might happen to the child if complementary foods are started **too late** (older than six months)?*

→ Write participants replies on the flip chart. Refer to the points they made as you make the following points.

☐ Show **Overhead 1/7: Adding foods too late** and make the points that follow:

**Adding foods too late:**

Child does not received the nutrients needed  
Growth and development slows down or stops  
Risk of deficiencies and malnutrition

- Starting complementary foods *too late* is also a risk because the child:
  - does not receive the extra food required to meet his/her growing needs;
  - grows and develops slower;
  - might not receive the nutrients to avoid malnutrition and deficiencies such as anaemia from lack of iron.
- Most babies do not need complementary foods before six months of age. All babies older than six months of age should begin to receive complementary foods.

**V. Examine the role of the health worker and the health facility**

15 minutes

☐ Make these points:

- Parents of young children may receive information about feeding their child from many sources such as families, health facility personnel, and community members.

- Here is (Maria) and her mother. (Maria) is ten months old and has come to the health facility regularly for immunizations and health checks.

- Show **Overhead 1/8 – (Maria) and Mother** and introduce **WORKSHEET 1.1 ASSESS YOUR PRACTICES** with the points that follow:



- Now, let us make a list of feeding or nutrition-related activities that (Maria) or her mother could have found on their visit to you or your health facility.
  - Turn to page seven in your manual. Think about the health facility where you work. When a young child comes to your facility - both well and sick children, what activities occur related to nutrition?
  - Fill in the table with the activities that occur. You may add comments to help clarify your marks in the table. For example, if all children who attend the well baby clinic are weighed and measured but those who attend sick baby clinic are just weighed you can note this. For another example, if all children who see a nutritionist receive some nutrition counselling or discussion but children who do not see the nutritionist do not, you can note this.
- Trainers go around their group as they are writing to ensure that participants understand the exercise. Allow about 10 minutes for this exercise.
  - Return to the larger group. Make these points:
    - Keep the worksheet carefully. Near the end of the course, you will come back to it when you plan activities that you can do on your return to your work after this course.

- The nutritional status of a child affects overall health. Health is not only growth and development but also the ability to fight off illness, and recover from illness. This means the nutritional status of children is important to all health staff, and that all health staff should promote good feeding practices.
- Creating a health facility environment that gives importance to children's nutrition will go a long way in promoting healthy children.

### WORKSHEET 1.1 ASSESS YOUR PRACTICES

<b><i>Does this practice occur?</i></b>	<b><i>With all children</i></b>	<b><i>With some children</i></b>	<b><i>Does not occur</i></b>	<b><i>Comments</i></b>
<i>Weigh child</i>				
<i>Measure child's length</i>				
<i>Look at child's growth chart</i>				
<i>Discuss how the child is feeding<sup>10</sup></i>				
<i>Note on child's chart that feeding was discussed</i>				
<i>Carry out demonstrations of young children's preparations and feeding techniques</i>				
<i>Make home visits to assess foods and feeding practices</i>				
<i>Other Activities</i>				

Most frequent activities occurring in your health facility

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Least frequent activities occurring in your health facility

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<sup>10</sup> This discussion would include offering nutrition information verbally and perhaps written plus discussing how this information relates to this individual child.

**V. Summarize the session**

10 minutes

- Make these points:
  - In this session, we discussed the importance of adequate and timely complementary feeding. The way a child is fed from six months of age to two years is very important for their health and development.
  - We had two *key messages*.
- Display the flip chart pages with the *key messages* from this session and ask participants to read them out. Keep these messages displayed throughout the course.
  - All health workers who see young children have a role in supporting good feeding practices.

*Ask: If a co-worker said to you, “What do we say about breastfeeding when the infant starts complementary feeding?” What would you tell them?*

Let participants reply. Praise them for good answers and reinforce the key message.

- The key message about continuing to breastfeed is:

**Key Message 1:**

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

*Ask: If a caregiver asked you, “When should I start giving my baby other foods in addition to breast milk?” What would you say?*

Let participants reply. Praise them for good answers and reinforce the key message.

**Key Message 2:**

**Starting other foods in addition to breast milk at 6 months  
helps a child to grow well.**

- ❑ Ask participants if they have any questions or if there are points, you can make clearer.
- ❑ Introduce the next session:
  - In this session, we saw there was a gap for energy and that complementary feeding could fill this gap. In the next session, we will look at the foods that can help to fill this gap.
  - (*Name*) will conduct the next session.





## Session 2

### Foods to Fill the Energy Gap

#### **Objectives:**

At the end of this session, participants should be able to:

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

#### **Outline:**

**Total time - 30 minutes**

I. Introduce the session	2 minutes
II. Outline foods that can fill the energy gap	10 minutes
III. Demonstrate using a thick consistency of food	10 minutes
IV. Discuss ways to enrich foods	5 minutes
V. Summarize the session	3 minutes

#### **Before the session**

You will need:

Overhead transparencies **2/1, 2/2, 2/3, 2/4** plus **1/4** from the previous session

Flip chart and markers

To write the key message from this session on the page of flip chart paper:

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

Tape or other means of fixing the page to the wall or board

A bowl or plate that would be used when feeding a young child

To find out if germinated flours or fermented porridge is used in the area.

If so, include the relevant section.

To adapt lists of foods to reflect those available locally

Give the child in the example a name (boy)

Food demonstration equipment as described in **BOX 2.1**

**BOX 2.1 CONSISTENCY DEMONSTRATION EQUIPMENT**

Extra table or tray in case of porridge spills

Two empty see-through containers that will each hold 200 ml when filled to the top for the “stomach”. This could be a drinking glass, or a plastic container such as a soft drink bottle, cut to the right size. Sharp scissors or knife to cut the soft drink bottles, if needed.

Measuring jug or other means to measure 200 ml

300 ml made-up porridge/gruel from a suitable local staple. Make up to a thick consistency so that it stays easily in the spoon when the spoon is tilted.

Divide the cooked porridge into two even portions:

- One portion put in a bowl or container that holds at least 500 ml. Later you will stir water into this portion.
- The other portion you will use undiluted. The container size does not matter.

Extra water (about 100 ml) to dilute porridge

A large eating spoon

Cleaning materials to tidy-up afterwards, including hand washing facilities

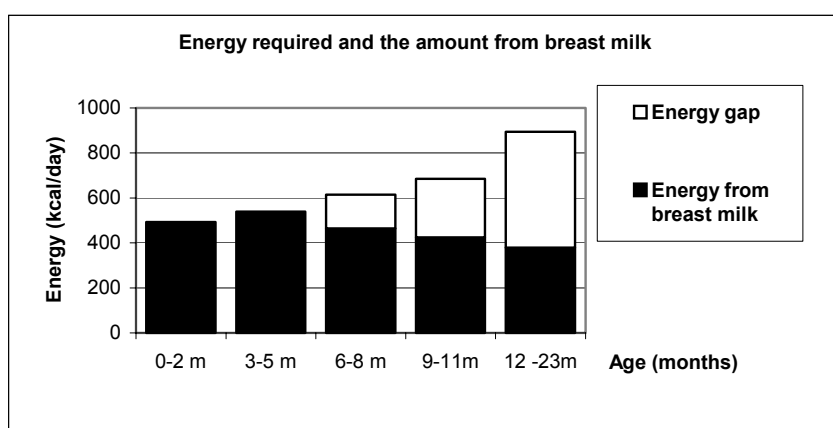
This session can be conducted with a second trainer carrying out the demonstration while the first trainer speaks.

Practise this demonstration to ensure the quantities of porridge are right for the ‘stomach’. The first portion should be about twice as much (after diluted) as the stomach size. The second portion should all fit in with none left over and the stomach full.

**I. Introduce the session**

2 minutes

- ☐ Make these points:
  - We talked earlier that as a baby grows and becomes more active, an age is reached when breast milk alone is not sufficient to meet the child's needs. This is when complementary foods are needed. In the previous session, we saw this graph of the energy needed by the growing child and how much is provided by effective breastfeeding.
- ☐ Show **Overhead 1/4 – Energy Gap** again and ask the question.



*Ask: Why do you think the gap (point to white space) becomes bigger as the child is older?*

Wait for a few replies and then continue.

- As the young child gets older, breast milk continues to provide energy, however the child's energy needs has increased as the child grows.
- If these gaps are not filled, the child will stop growing or grow only at a slow rate. The child who is not growing well may also be more likely to become ill or to recover less quickly from an illness.
- As health workers, you have an important role to help families use good complementary foods and feeding techniques to fill the gaps.

- ☐ Show **Overhead 2/1 – Session 2 Objectives**, and read out the objectives:

### Session Two : Foods to Fill the Energy Gap

In this session we will:

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

## II. Outline foods than can fill the energy gap

10 minutes

- ☐ Make these points:

- Think of the child's bowl or plate (*hold up the child's bowl*).
- The first food we may think of to put in the bowl is the family *staple*. Every community has at least one *staple* or main food. The staple may be:
  - cereals, such as rice, wheat, maize/corn, oats or millet;<sup>11</sup>
  - starchy roots such as cassava, yam, or potato; and
  - starchy fruits such as plantain and breadfruit.

*Ask: What are the main staples eaten in your community?*

→ Write participants replies on the flip chart.

- All foods provide some energy. However, people generally eat large amounts of these staples and they provide much of the energy needed. Staples also provide some protein and other nutrients, but they cannot provide all the nutrients needed on their own. The staple must be eaten with other foods for a child to get enough nutrients.
- Staples generally need preparation before eating. They may just need to be cleaned and boiled or they may be milled into flour or grated and then cooked to make bread or porridge.

<sup>11</sup> Adapt list to reflect local foods

- Sometimes staple foods are specially prepared for young children, for example, wheat may be the staple and bread dipped in soup is the way it is used for young children. It is important that you know what are the main staples that families eat in your area. Then you can help them to use these foods for feeding their young children.

□ Look again at the list of staples that you made on the flip chart.

*Ask: Are any of these staples NOT given to young children?*

→ Mark which staples are given to children

*Ask: How are the staples that are given prepared for young children?*

→ Write examples of how they are prepared.

□ Make these points:

- In rural areas, families often spend much of their time growing, harvesting, storing and processing the staple food. In urban areas, the staple is often bought, and the choice depends on cost and availability.

*Ask: Does the staple used in this community depend on where you live or on the time of the year?*

Wait for a few replies and then continue.

- Preparing the staple may take a lot of the caregiver's time. Sometimes a family will use a more expensive staple that requires less preparation or less fuel for cooking rather than use a cheaper staple.

### III. Demonstrate using a thick consistency of food

10 minutes

□ Introduce the next section with these points:

- We have the staple in the child's bowl. Let us say this child will have (give local example, potato, rice ...). The food may be thin and runny or it may be thick and stay on the spoon.
- Often families are afraid that thick foods will be difficult to swallow, be stuck in the baby's throat, or give the baby constipation. Therefore, they add extra liquid to the foods to make it easier for the young child to eat. Sometimes extra liquid is added so that it will take less time to feed the baby.

- It is important for you to help families understand the importance of using a thick consistency in foods for young children.

- Show **Overhead 2/2 – Stomach size** and make these points:



- This is (*boy's name*). He is eight months old. At this age, (*name's*) stomach can hold about 200 ml at one time. This is the amount that fits into this container.

- Show the empty see-through container that holds 200 ml.

- (*Boy's name's*) mother makes his porridge from **maize flour**. His mother is afraid (*name*) will not be able to swallow the porridge, so she adds extra water.

- Use one portion of the made-up porridge and dilute this portion of porridge to at least twice the volume and show to participants.

- Now the porridge looks like this (thin and watery).

*Ask: Can all this thin porridge fit in his stomach?*

Spoon or pour the porridge into the see-through container “stomach” as you ask the question. Wait for a response and then continue.

- No, it cannot all fit in his stomach, there is still porridge left in the bowl. (*Name's*) stomach would be full before he had finished the bowlful. So (*name*) would not get all the energy he needs to grow.
- (*Name's*) mother has talked with you, the health worker, and you have suggested that she gives thick porridge. The mother makes the porridge using the same amount of **maize** but does not add extra water. The porridge looks like this (thick).

- Use the other portion of the made-up porridge but do not dilute it. Show the participants how thick it is. Spoon all the porridge into the see-through container “stomach” as you ask the question.

*Ask: Can all this thick porridge fit in (name's) stomach?*


Wait for a response and then continue.

- Yes. (*name*) can eat a bowlful, which will help meet his energy needs.
- Now, use a spoon to demonstrate the consistency of the porridge.
    - Look at the consistency of the porridge on the spoon. This is a good way to show families how thick the food preparation should be. The food should be thick enough to stay easily on the spoon without running off when the spoon is tilted.
    - If families use a blender to prepare the baby's foods this may need extra fluid to work. It may be better to mash the baby's food instead so that less fluid is added.
    - Porridge or food mixtures that are so thin that they can be feed from a feeding bottle, or poured from the hand or that the child can drink from a cup, do not provide enough energy or nutrients.
    - The consistency or thickness of foods makes a big difference to how well that food meets the young child's energy needs. Foods of a thick consistency help to fill the energy gap.
    - So when you are talking with families, give this key message:
  - Show **Overhead 2/3 – Key Message 3: Thick Foods** and ask participants to read out the Key Message:

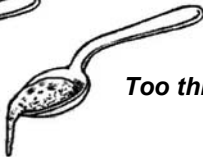
**Key Message 3:**

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

**Just right**



**Too thin**



*Ask: If a caregiver asked you, “Why should I give my baby foods that are thick?” What would you say?*

Let participants reply. Praise them for good answers and reinforce the key message.

#### IV. Discuss ways to enrich foods

5 minutes

- Continue with these points:
  - Similar to the porridge, when soups or stews are given to young children they may be thin and dilute and fill the child's stomach. There may be good foods in the soup pot, but little of the food ingredients are given to the child. It is mostly the watery part of the soup that is given.

*Ask: How could families make the young child's food more energy rich?*

Wait for a few responses and then continue.

- Ask participants to turn to page 10 in their manual and in turn, read out the points in **Box 2.1**.

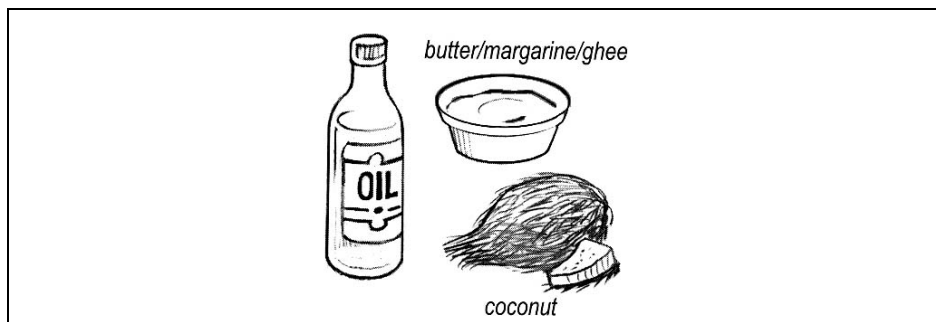
#### **BOX 2.1 Ways to enrich a child's foods**

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

- For a porridge or other staple
  - Use with less water and make a thicker porridge as we just saw. Do not make the food thin and runny.
  - Toast cereal grains before grinding them into flour. Toasted flour does not thicken so much, so less water is needed to make porridge.
- For a soup or stew
  - Take out a mixture of the solid pieces in the soup or stew such as beans, vegetables, meat and the staple. Mash this to a thick puree and feed to the child instead of the liquid part of the soup.
- Add energy or nutrient rich food to the porridge, soup or stew to enrich it. This enriching is particularly important if the soup is mostly liquid with few beans, vegetable or other foods in it.
  - Replace some (or all) of the cooking water with fresh or soured milk, coconut milk, or cream.
  - Add a spoonful of milk powder after cooking.
  - Mix legume, pulse or bean flour with the staple flour before cooking.
  - Stir in a paste made from nuts or seeds such as groundnut paste (peanut butter) or sesame seed paste (tahini/sim sim).
  - Add a spoonful of margarine, ghee or oil.



- Show **Overhead 2/4 – Fats and Oils** and make the points that follow:



- Oils and fats are concentrated sources of energy. A little oil or fat, such as one-half teaspoonful, added to the child's bowl of food, gives extra energy in a small volume. The addition of fatty/oily foods also makes thick porridge or other staple softer and easier to eat.
- As well as mixed in during or after cooking, fats and oils can be used for frying foods, or spread on foods such as bread. The fat or oil should be fresh as it can go bad with poor storage.
- If a large amount of oil is added, the child may become full before they have eaten all the food. This means they may get the energy from the oil but less of the other nutrients because they eat less food overall.
- If the child is growing well, extra oil is usually not needed. The child who takes too much oil or fried foods can become overweight.
- Sugar, jaggery and honey are also energy rich and can be added to foods in small quantities to increase the energy concentration. However, these foods do not contain any other nutrients.
- Caregivers need to watch that sugary foods do not replace other foods in the diet. For example, sweets, sweet biscuits and sugary drinks used instead of a meal for a young child.

- Continue with these points:

*Ask: If they are not already preparing thick food that is energy rich for the young child, what could you do to encourage families to enrich porridge or soup?*

Wait for a few replies and then continue.

- If families are worried about giving thick foods to young children, find out what the family thinks. Reassure them that the child can eat thick foods without problems. Talking with the family helps give them confidence to try new ways of feeding.
- A demonstration to prepare and taste food where caregivers can see that their children can swallow thick foods, is a way of reassuring families.

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### **OPTIONAL**

*Discuss the use of fermented porridge or germination of grain for flour, if they are used in your area.*

#### *Fermented porridge<sup>12</sup>*

- Fermented porridge can be made in two ways - the grain<sup>13</sup> can be mixed with water and set to ferment overnight or longer before cooking, or the grain and water is cooked into porridge and then fermented. Sometimes some of a previous batch of the fermented porridge (starter) is added to speed up the process of fermentation. Porridge made from germinated grain can also be fermented.
- The advantages of using fermented porridge are:
  - it is less thick than plain porridge so more grain/flour can be used for the same amount of water. This means each cupful of porridge contains more energy and nutrients than plain (unfermented) porridge.
  - children may prefer the taste of 'sour' porridge and so eat more.
  - the absorption of iron and some other minerals is better from the soured porridge.
  - it is more difficult for harmful bacteria to grow in soured porridge, so it can be kept for a day or two.
- Grain is also fermented to make alcohol. However, the short fermentation talked about here to make fermented porridge will not make alcohol or make the child drunk!

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<sup>12</sup> Porridge may also be made sour and thinner by adding lemon or tamarind juice. However, this type of sour porridge does not keep longer than plain porridge.

<sup>13</sup> The grain may be milled to a meal or flour.

***Germinated or sprouted flour***

- Cereal or legume seeds are soaked in water and then left to sprout. The grains are then dried (sometimes toasted) and ground into flour. A family can do this at home but it is more common to buy flour already germinated.
- Mixed flours that include germinated (or malted) flour in addition to the main flour may be available in the store.
- If families in your area use germinated grain, the following ways can be used to make a thicker and more nutritious porridge:
  - Use this germinated flour to make porridge. This type of flour does not thicken much during cooking so less water can be used.
  - Add a pinch of the germinated flour to cooked thick porridge that has cooled a little bit. The porridge should be boiled again for a few minutes after adding the germinated flour. This addition will make the porridge softer and easier for the child to eat.
- Germination also helps more iron to be absorbed.

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**V. Summarize the session**

3 minutes

**□ Make these points:**

- In this session, we talked about the recommendation or key message to help fill the energy gap. We discussed how foods for young children could be enriched with other foods to provide more energy.
- When you counsel caregivers about complementary feeding, you are helping them to find ways to provide foods that fill this gap.
- All health workers need to find opportunities to give nutrition messages to caregivers and to give consistent information.

*Ask: If a caregiver said to you, “I give my baby foods that are easy to swallow like soup.” What would you say?*

Let participants reply. Praise them for good answers and reinforce the key message.

- ❑ Display the page with the key message from this session and ask participants to read it out. Keep this message displayed throughout the course.

***Key Message 3:***

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

- ❑ Ask participants if they have any questions or if there are points you can make clearer.
- ❑ Introduce the next session:
  - In this session, we discussed how foods with a thick consistency could help to fill the energy gap. In the next session, we will look at gaps for other nutrients and what foods can help to fill them.
  - (Name) will conduct the next session.

## Session 3

### Foods to Fill the Iron and Vitamin A Gaps

#### Objectives:

At the end of this session, participants should be able to:

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

#### Outline:

**Total time - 60 minutes**

I.	Introduce the session	2 minutes
II.	Outline foods that can fill these gaps – Iron	15 minutes
III.	Outline foods than can fill these gaps – Vitamin A	5 minutes
IV.	Discuss the use of processed complementary foods	15 minutes
V.	Discuss the fluid needs of the young child	5 minutes
VI.	Conduct Exercise 3/1: What is in the bowl?	15 minutes
VII.	Summarize the session	3 minutes

#### Before the session

You will need:

Overhead transparencies **3/1, 3/2, 3/3 (A or B), 3/4, 3/5, 3/6, 3/7**

Check shading is clear on graphs and colour with a marker if needed

Flip chart and markers

To write the three *key messages* from this session on a page of flip chart paper:

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

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

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

Tape or other means of fixing the page to the wall or board

A bowl or plate that would be used when feeding a young child

Examples of locally available processed complementary foods (empty packets are suitable). Have at least one example for each group of participants. A processed fruit drink could also be included if used locally.

To adapt lists of foods to reflect those available locally

To review the section on the use of animal foods and adapt it if necessary to the local situation

**WORKSHEET 3.1 : WHAT IS IN THE BOWL? – one copy for each group**

**I. Introduce the session**

2 minutes

- ☐ Make these points:
  - So now, our child has an energy rich, thick staple in their bowl to help fill the energy gap (*hold up the child's bowl*).
  - In a similar way, there are also gaps for iron and vitamin A.
- ☐ Show **Overhead 3/1 – Session 3 Objectives**, and read out the objectives:

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

In this session we will:

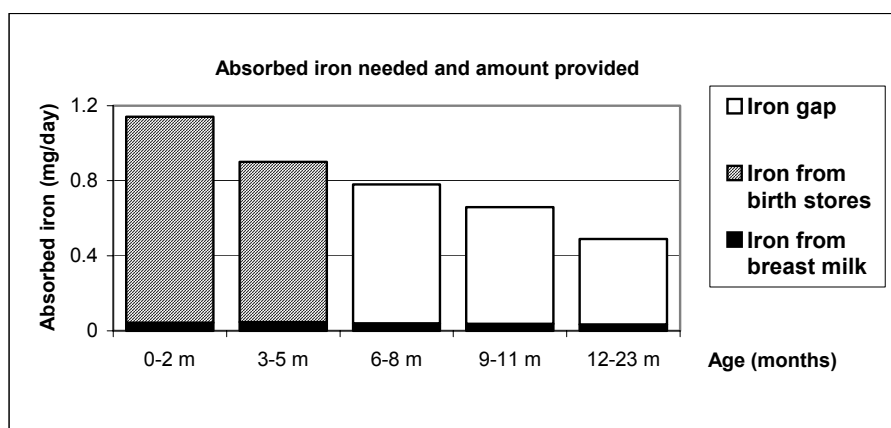
- discuss the local foods that can fill the nutrient gaps for iron and vitamin A;
- discuss the use of processed complementary foods;
- discuss the fluid needs of the young child;
- list the *key messages* of how to fill these gaps to discuss with caregivers.

**II. Outline foods that can fill these gaps - Iron**

15 minutes

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

- Show **Overhead 3/2 - Gap for iron**<sup>14</sup> and make these points:



- In this graph, the top of each column represents the amount of absorbed iron that is needed per day by the child. A full-term baby is born with good stores of iron to cover its' needs for the first six months<sup>15</sup> (*point to the striped/shaded area*).
- The black area along the bottom of the columns shows us that there is some iron provided by breast milk all the time breastfeeding continues (*point black area*).
- The young child grows faster in the first year than in the second year. This is why the need for iron is higher when the child is younger.
- However, the iron stores are gradually used up over the first six months. So, after that time we see a gap between the child's iron needs and what they receive from breast milk. This gap needs to be filled by complementary foods (*point to white area – this is the gap*).

- Check for any questions or points that need to be made clearer. Then continue.

*Ask: What happens if the child does not have enough intake of iron to fill this gap?*

Wait for a few replies and then continue.

<sup>14</sup> Absorbed iron – this is the iron that passes into the body after it has been released from food during digestion. Only a small proportion of the iron present in food is absorbed. The rest is excreted in the faeces.

<sup>15</sup> If the baby is born preterm or of low birth weight, these body stores will be less, so these babies will need iron supplements, usually iron drops, from about two months of age.

- If the child does not have enough iron, the child will become anaemic, will be more likely to get infections and to recover slowly from infections. The child will also grow and develop slowly.
- Zinc is another nutrient that helps children to grow and stay healthy. It is usually found in the same foods as iron, so we assume if they are eating foods rich in iron they are also receiving zinc.
- Your goals, as health workers, are:
  - to identify local foods and food preparations that are rich sources of iron; and
  - to assist families to use these iron rich foods to feed their young children.

*Omit this section if meat is not eaten in the area*

☐ Make these points:

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

*Ask: What foods from animals are eaten in your area?*

→ List the replies on the flip chart.

*Ask: Which of these foods are commonly given to children?*

→ Put a mark next to the foods commonly given. Refer to this list as you mention the foods below.

- The flesh and organs of animals, birds and fish (included shell fish and tinned fish), are the best sources of iron and zinc. Liver also provides vitamin A.
- Animal foods should be eaten daily or as often as possible.
- Some families do not give meat to their young children because they think it is too hard for the children to eat it, or they may be afraid there will be bones in the fish and that the child would choke.

*Ask: What are some ways of making these foods easier for the young child to eat?*

Wait for a few responses and then continue



- Some ways of making these foods easier to eat for young children are to:
  - cook chicken liver or other meat with rice or other staple, vegetables, and then mash it together;
  - scrape meat with a knife to make soft small pieces;
  - pound dried fish so bones are crushed to powder and then sieve before mixing with other foods. Pounded dried fish that includes the bones of the fish is also a good source of calcium.
- Animal foods may be expensive for families. However, to add even small amounts of an animal food to the meal adds nutrients. Organ meats such as liver or heart are often less expensive and have more iron than other meats.

*Ask: What could you suggest to make animal foods more available to families?*

Wait for a few replies and then continue.

- In some communities, they built a fishpond to make fish more available. Raising rabbits, guinea pigs, poultry, or other small animals may also be possible. In rural areas, small animals may be available in the wild.
- When families do have animal foods available, encourage them to give some of this food to the young child.

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End of meat section

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- Foods from animals such as milk<sup>16</sup> and eggs are good for children because they are high in protein and other nutrients. However, milk and milk products, such as cheese and yoghurt, are not good sources of iron.

*Ask: What milk products are given to children in the area?<sup>17</sup>*

→ List the replies on the flip chart.

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

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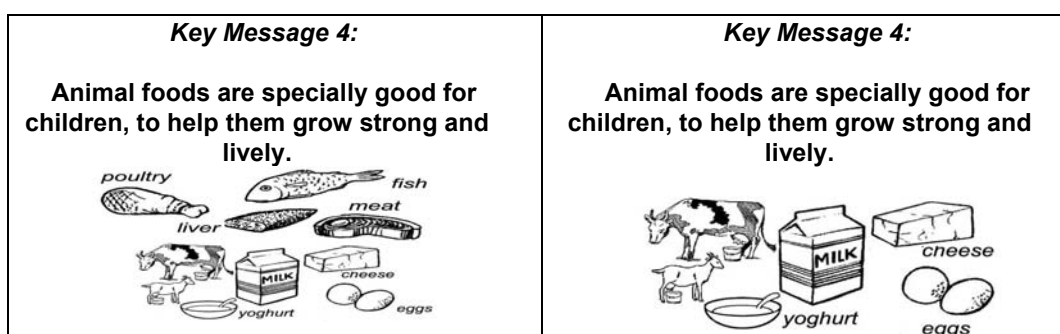
<sup>16</sup> Fresh liquid milk for young children should be boiled or pasteurized.

<sup>17</sup> This question may have been answered already in the meat section.

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- It can be hard for children to meet their iron needs without a variety of animal foods in their diet. Fortified or enriched foods such as fortified flours, pasta, cereals, or instant weaning foods, helps to meet these nutrient needs.
- Some children may need supplements<sup>18</sup> if they do not eat enough iron-containing foods or if they have particularly high needs for iron.<sup>19</sup>
- When talking with families, give this key message:

☐ Show **Overhead 3/3 (A or B) – Key Message 4: Animal Foods**<sup>20</sup> and say:



### ***Legumes - Pulses, nuts and seeds***<sup>21</sup>

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

☐ Show **Overhead 3/4 – Key Message 5: Legumes** and say:

- When talking with families, give this key message:

<sup>18</sup> It is very difficult, if not impossible, for young children to meet the recommended intake of iron and zinc from foods unless meats are eaten regularly. Ideally, daily or as frequently as possible. Organ meats are highest in iron. Mineral and vitamin supplements may be needed by children who do not have meat.

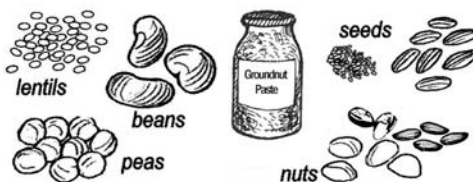
<sup>19</sup> Infants born prematurely have low iron stores and may need iron drops.

<sup>20</sup> Use the appropriate picture depending if meat is eaten or not.

<sup>21</sup> Use whatever word is commonly understood – pulses, legumes, beans and lentils.

**Key Message 5:**

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



*Ask: What types of peas, beans and lentils are used in the area?*

→ Write the replies on the flip chart.

*Ask: What types of nuts are used in the area?*

→ Write the replies on the flip chart.

*Ask: What types of seeds are used in the area?*

→ Write the replies on the flip chart.

*Ask: What are ways these legumes, nuts and seeds could be prepared in a way that would be easier for the child to eat and digest?*

Wait for a few replies and then continue. Refer to participants' replies as you make these points.

- Some ways these foods could be prepared in a way that would be easier for the child to eat and digest are:
  - soak beans before cooking and throw away the soaking water;
  - remove skins by soaking raw seeds and then rubbing the skins off before cooking;
  - boil beans then sieve to remove coarse skins;
  - toast or roast nuts and seeds and pound to a paste;
  - add beans/lentils to soups or stews;
  - mash cooked beans well.
- Eating a variety of foods at the same meal can improve the way the body uses the nutrients. For example, combining a cereal with a pulse (example rice and beans), or adding a milk product to a cereal or grain (maize meal with milk).

### *Iron absorption*

- As well as pulses, dark-green leaves are also a source of iron.
  - However, it is not enough that a food has iron in it; the iron must also be in a form that the child can absorb and use.
- Ask participants to open their manuals to page 16 and find **BOX 3.1 IRON ABSORPTION**. Ask a participant to read out the first point, the next participant reads the next point and so on.

#### **BOX 3.1 IRON ABSORPTION**

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

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

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

- foods rich in vitamin C such as tomato, broccoli, guava, mango, pineapple, papaya, orange, lemon and other citrus fruits,
- small amounts of the flesh or organs/offal of animals, birds, fish and other sea foods<sup>22</sup>.

Iron absorption is **increased** by

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

Iron absorption is **decreased** by

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

*Ask: If a co-worker said to you, “What can we say to families to help young children to have enough iron from complementary foods?” What would you tell them?*

Let participants reply. Praise them for good answers and reinforce the *key messages*.

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<sup>22</sup> Omit this line if meat and fish are not eaten in your area.

- ☐ Display the flip chart page with the *key messages* from this section and read them out. Keep these messages displayed throughout the course.
  - The *key messages* about iron are:

**Key Message 4:**

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

**Key Message 5:**

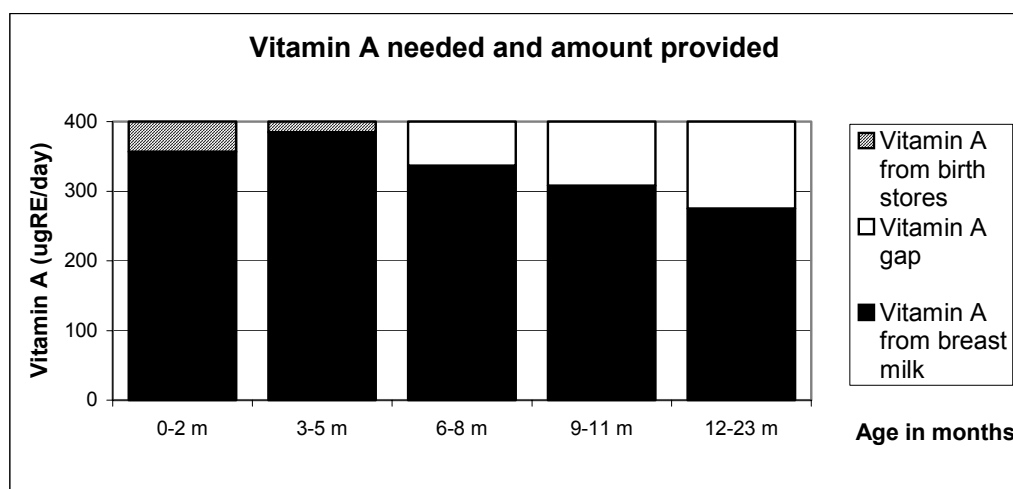
**Peas, beans, lentils, and nuts and seeds are good for children.**

- ☐ Ask participants if they have any questions or if there are points that you can make clearer.

### III. Outline foods that can fill these gaps – Vitamin A

5 minutes

- ☐ Make these points:
  - (*Show bowl*) We now have a staple in our child's bowl to fill the energy gap and foods that will help to fill the iron gap.
  - Another important nutrient is vitamin A, which is needed for healthy eyes and skin and to help the body fight infections.
- ☐ Show **Overhead 3/6 – Vitamin A gap** and make the points that follow:



- Again, on this graph the top of each column represents the amount of vitamin A that the child needs each day. Breast milk supplies a large part of the vitamin needed for all of the time breast milk is consumed.<sup>23</sup> As the young child grows, there is a gap for vitamin A that needs to be filled by complementary foods (*point to the white area – this is the gap to be filled*).

□ Check for any questions or points that need to be made clearer. Then continue.

- Good foods to fill this gap are dark green leaves and orange coloured vegetables and fruits.
- Other sources of vitamin A that we mentioned already were:
  - organ foods/offal (liver) from animals;<sup>24</sup>
  - milk and foods made from milk such as butter, cheese and yoghurt;
  - egg yolks;
  - as well as margarine, dried milk powder and other foods fortified with vitamin A.
- Unbleached red palm oil is also rich in vitamin A.<sup>25</sup>

*Ask: When are there times of the year when these vegetables and fruits are difficult to obtain?*

Wait for a few replies and then continue.

*Ask: (if there are times of unavailability) What are ways families can overcome this lack of availability?*

Wait for a few replies and then continue.

- Families may be able to improve availability of vegetables and fruits if they can:
  - ask an agricultural officer which dark-green leafy plants and orange coloured vegetables and fruits grow best in different seasons in their area;
  - fence in a small area near their house and plant fast growing vegetables;

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<sup>23</sup> If the mother was deficient in vitamin A during pregnancy, the baby will have lower stores at birth and there will be less vitamin A in the breast milk. Supplements may be used for pregnant and newly delivered mothers in areas where vitamin A deficiency is common.

<sup>24</sup> Omit if animal foods are not eaten in the area.

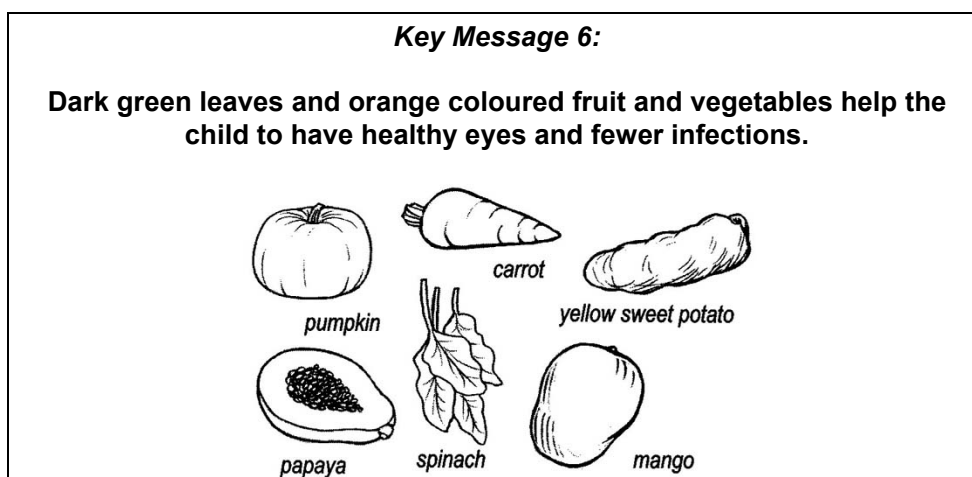
<sup>25</sup> Omit if red palm oil is not available in the area.

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- encourage local markets to sell vegetables and fruits all year;
  - dry foods to use later;
  - freeze foods to use later.
- Vitamin A can be stored in a child's body for a few months. Encourage families to feed foods rich in vitamin A as often as possible when these foods are available, ideally every day. A variety of vegetables and fruits in the child's diet help to meet many nutrient needs.

☐ Show **Overhead 3/7 – Key Message 6: Vitamin A foods** and say:

- When talking with caregivers, give this key message:

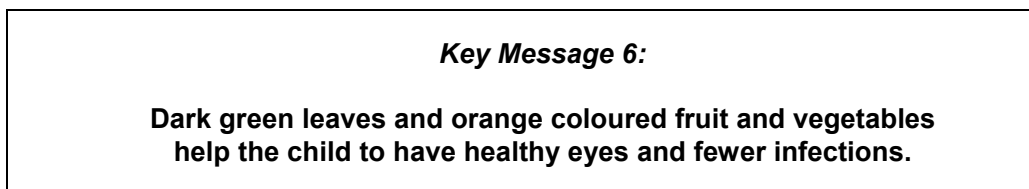


*Ask: If a caregiver said to you, “Why are dark green leaves and orange fruits so important?” What would you tell them?*

Let participants reply. Praise them for good answers and reinforce the key message.

☐ Display the flip chart page with the key message from this section and read it out. Keep these messages displayed throughout the course.

- The key message about vitamin A is:



☐ Ask participants if they have any questions or if there are points that you can make clearer.

**IV. Discuss the use of fortified complementary foods**

15 minutes

☐ Make these points:

- In some areas, there are fortified complementary foods available. For example, flour or a cereal product with added iron and zinc.

*Ask: What products do you see in your area that are fortified?*

Wait for a few replies, and then continue.

- Fortified processed complementary foods may be sold in packets, cans, jars, or from food stalls. These may be produced by international companies and imported or they may be made locally. They may also be available through food programmes for young children.

☐ Ask participants to open their manual to page 18 and find **BOX 3.2 FORTIFIED COMPLEMENTARY FOODS**. Ask participants to read out each question in turn.

**BOX 3.2 FORTIFIED COMPLEMENTARY FOODS**

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

***What are the main contents or ingredients?***

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

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

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

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

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

***What is the cost compared to similar home produced foods?***

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

***Does the label or other marketing imply that the product should be used before 6 months of age or as a breast milk substitute?***

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



- ❑ Divide examples of the foods among the groups and ask them to consider the four questions in **BOX 3.2**. Is the example of a food that they have a useful food that they would recommend or not useful? Allow 10 minutes for this small group discussion.
- ❑ Ask each group to report their findings to the large group. Ask them to show the food they examined and to tell what they found about it.
- ❑ When all the groups have reported, continue with these points.
  - The health worker needs to be aware of the products that are available in the area. If the health worker knows about the products, they can discuss with an individual family if these products are useful for their child or not.
  - In some countries, there are low priced processed complementary foods such as iron fortified flour and fortified baby cereals that are made locally. These are usually convenient and nutritious and families can be made aware of them.
  - If there are products that are poor sources of nutrients, poor quality or very expensive, inform parents they are not recommended.
  - If processed foods are the main food for the child, they may become so used to it that they find it difficult to eat the regular family food.
  - The use of donated processed complementary foods may create dependence, which is a problem if the supply is unreliable.
  - Be aware of how processed complementary foods are marketed and advertised to families. The marketing should not imply that to use a particular product is the only way to give the child adequate nutrients. Commercial manufacturers who give a sample packet of processed baby food to a mother do so to encourage families to buy that product - this is called a sales inducement. If you distribute sample packets for the companies, families may think that you are recommending that they use that product.
  - Fortified foods may also be useful for pregnant women and breastfeeding mothers. Improvement of the mother's diet is normally the first choice, but if this is insufficient, fortified products or vitamin-mineral supplements may be needed.

**V. Discuss the fluid needs of the young child**

5 minutes

□ Make these points:

- The baby who is exclusively breastfeeding receives all the liquid he/she needs in the breast milk. When other foods are added to the diet, the baby may need extra fluids.
- How much extra fluid to give depends on what foods are eaten, how much breast milk is taken and the child's activity and temperature. Offer fluids when the child seems thirsty.
- Extra fluid is needed if the child has a fever or diarrhoea.

*Ask: What types of drinks are given to young children between 6 and 24 months old?*

Wait for a few responses and then continue.

- Water is good for thirst. A variety of pure fruit juices can be used also. Too much fruit juice may cause diarrhoea and may reduce the child's appetite for foods.
- Drinks that contain a lot of sugar may actually make the child thirstier as the body has to deal with the extra sugar. If packaged juice drinks are available in your area, find out which ones are pure juices and which ones have added sugar.<sup>26</sup> Fizzy drinks (sodas) are not suitable for young children.
- Teas<sup>27</sup> and coffee reduce the iron that is absorbed from foods. If they are given, they should not be given at the same time as food or within two hours before or after food.
- Drinks for young children must be clean and safe. Water should be boiled and kept in a covered container. Ideally, the container should have a tap or a pouring spout, rather than a dipper.
- Cups, hands and dippers should not be put into the clean water. If the water is not used within 24 hours, it should be re-boiled for young children. Wash the outside of the fruit before making juice.
- Babies and young children may show they are thirsty by general signs such as irritability and crying. These general signs may be difficult for the family to interpret. Sometimes a child is thirsty during a meal, a small drink will satisfy the thirst, and they may then eat more of their meal.

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<sup>26</sup> Large quantities of artificial sweeteners such as saccharine or aspartame are not good for young children.

<sup>27</sup> This includes black tea, green tea and herbal or bush teas.

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

## VI. Conduct Exercise 3/1: What is in the bowl?

15 minutes

- Ask the participants to sit in their groups.

Give one copy of **WORKSHEET 3.1 - WHAT IS IN THE BOWL?** to each group.  
Explain the exercise:

- Now we will put these recommendations r *key messages* into foods. Each group has a picture that represents a child's bowl. In your group, think of the foods available to families in your area that could be used to form one meal for a young child (*assign each group a child's age – seven months, 10 months, 12 months, 15 months*).
- Although we talk about types of foods such as staples, legumes - beans, foods from animals, dark green leaves and orange coloured fruits and vegetables, and so on, it is easier and more natural for caregivers to think in terms of the meals they usually prepare or foods that taste good together.
- Families may give complementary foods that are:
  - specially prepared foods;
  - the usual family foods that are modified to make them easy to eat and provide enough nutrients.
- For example, a caregiver may specially prepare a porridge for the baby while the rest of the family eat **rice and bean stew**. Or, the caregiver may take some suitable foods out of the family meal and mash these foods to a soft consistency that is easy for the young child to eat.
- In this exercise, try to use foods that would be eaten in an average family meal in your area, not a rich family.
- At this time, focus on an example of foods a family could use. We will discuss the quantity of food to give later.
- You will describe your meal to the other groups and give the key messages connected with the foods you have chosen.

- ❑ Trainers sit with their group, helping as needed. Aim to get foods listed that reflect the *key messages*. If unsuitable foods are listed, gently discuss why these foods might be considered and if others might be used instead. Allow seven minutes to decide on the meal and why they choose each food.
- ❑ Go back to the whole group. Ask one person from each group to present their meal. Ask the whole group if the 'bowl' includes foods that match the *key messages*. If there is a key message not included, ask the group to suggest a way to include that key message.

Thank participants at the end for their meal suggestions. Display the worksheets so the groups can see them.

### WORKSHEET 3.1 - WHAT IS IN THE BOWL?



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

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

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**VII. Summarize the session**

5 minutes

☐ Make these points:

- In the last two sessions, we talked about the recommendations or key messages about foods for young children.
- The most difficult gaps to fill are usually for:
  - Energy
  - Iron and zinc
  - Vitamin A
- When you counsel caregivers about complementary feeding, you are helping them to find ways to provide foods that fill these gaps.
- All health workers need to find opportunities to give nutrition messages to caregivers and to give consistent information.
- In the previous sessions, we saw the *key messages (point to where they are displayed)*:

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

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

Foods that are thick enough to stay in the spoon give more energy to the child.
- In this session, there were three new *key messages* to use with families to discuss ways to fill the gaps for iron and vitamin A.

*Ask: What are the three key messages from this session?*

☐ Let participants reply. Praise them for good answers and reinforce the *key messages*.

- The *key messages* in this section were:

- ☐ Point to flip chart page with the messages and ask participants to read them out.

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

**Legumes – peas, beans, lentils and nuts – are also good for children.**

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

- ☐ Ask participants if they have any questions or if there are points that you can make clearer.
- ☐ Introduce the next session:
  - In this session, we discussed what foods could help to fill the nutrient gaps. In the next session, we will look at the amounts of foods to offer and how often to offer food.
  - (Name) will conduct the next session.

## Session 4

### Quantity, Variety and Frequency of Feeding

#### **Objectives:**

At the end of this session, participants should be able to:

- discuss the importance of using a variety of foods;
- discuss the frequency of feeding complementary foods;
- outline the quantity of complementary food to be offered;
- state the *key messages* to use when explaining these feeding practices.

#### **Outline:**

**Total time - 45 minutes**

I.	Introduce the session	2 minutes
II.	Discuss the importance of using a variety of foods	10 minutes
III.	Discuss the frequency of feeding complementary foods	10 minutes
IV.	Outline the quantity of complementary food to be offered	10 minutes
V.	Conduct Exercise 4/1: Amounts to give	10 minutes
VI.	Summarize the session	3 minutes

#### **Before the session**

You will need:

Overheads transparencies **4/1, 4/2, 4/3, 4/4, 4/5, 4/6, 4/7, 4/8, 4/8**

Check shading is clear on graphs and colour with a marker if needed

Determine the local measures to use in **Box 4.1**. Show approximate amounts using common local cup, bowl or other containers.

Flip chart and markers

Means of fixing flip chart page to the wall

Write the *key messages* for this session on a flip chart page. Keep covered until later in the session.

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

A growing child needs increasing amounts of food.

To give the child in the example a name

## I. Introduce the session

2 minutes

☐ Make these points:

- We discussed what types of food help to fill the gaps. However, just offering suggestions for the types of food is not enough information for the caregivers.

*Ask: What other questions are caregivers likely to have about feeding young children?*

Wait for a few replies and then continue.

- Caregivers need to know what amount of food to give and how often to give it.<sup>28</sup>

☐ Show **Overhead 4/1 – Session 4 Objectives**, and read out the objectives:

### **Session Four: Quantity, Variety and Frequency of Feeding**

**In this session we will discuss:**

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

## II. Discuss the importance of using a variety of foods

10 minutes

☐ Make these points:

- Most adults and older children eat a mixture or variety of foods at mealtimes. In the same way, it is important for young children to eat a mix of good complementary foods. Often the food preparations of the family meals include all or most of the good complementary foods that young children need.
- When you build on the usual food preparations in a household, it is easier for families to feed their young children a diet with good complementary foods.

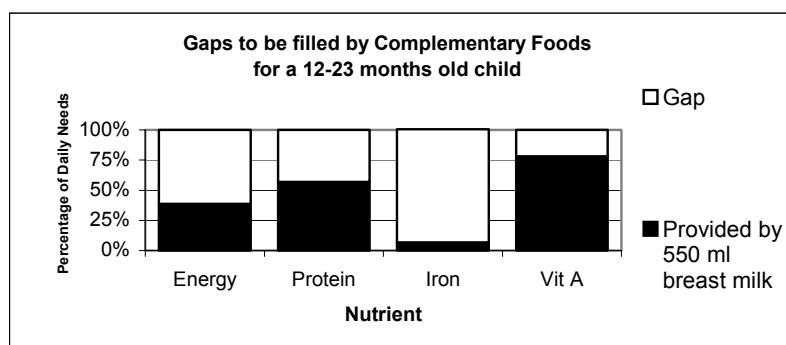
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<sup>28</sup> They may also ask about how to feed a child who does not want to eat. How to feed will be discussed in a later session.



- Earlier we looked at the difference between the young children's needs and first the amount of energy and then the amount of iron supplied by breast milk. If we put the day's needs onto one graph it looks like this:

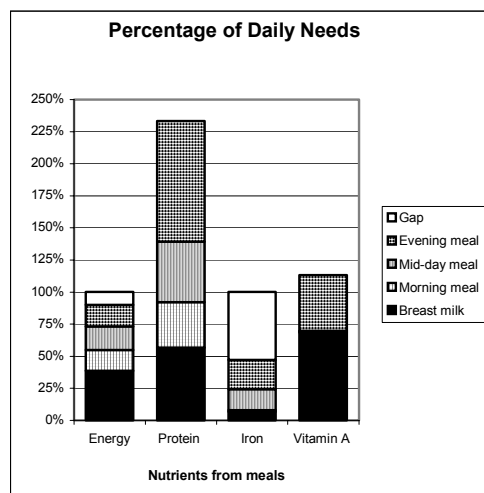
- Show **Overhead 4/2 – Gaps to be Filled by Complementary Foods - 12-23 month old child** and make the points that follow:



- The top line represents how much energy, protein, iron and vitamin A are needed by an 'average' child aged 12-23 months. The dark section in each column indicates how much breast milk is supplied at this age if the child is breastfeeding frequently.
- Notice that:
  - breast milk provides important amounts of energy and nutrients even in the second year;
  - none of the columns are full. There are gaps to be filled by complementary foods;
  - the biggest gaps are for iron and energy.
- Now we will look at an example of a day's food for a young child.

- Show **Overhead 4/3 – Percentage of Needs (1)**. Make the points that follow and show how each meal builds on the graph.

- This is (*child's name*) who is 15 months old. The daily needs for this age of child is shown by the line at 100%.



- (Name) continues breastfeeding<sup>29</sup> as well as eating complementary foods. The breast milk gives energy, protein, some iron and vitamin A (show where breastmilk is on graph-dark area at bottom).
- This is what she/he has to eat in a day **in addition** to breastfeeding:
  - Morning: Full bowl of thick porridge, with milk and a small spoon of sugar (show where this meal is on graph).
  - Midday: A full bowl of food - three big spoonfuls of rice, one spoon of beans, and half an orange. The vitamin C in the orange helps the iron in the beans to be absorbed (show where this meal is on graph).
  - Evening: A full bowl of food - three big spoons of rice, one spoon of fish, one spoon of green leaves (show where this meal is on graph).
- (Name's) family give her/him a variety of good foods and a good quantity at each meal. She/He has a staple plus some animal foods, beans, a dark green vegetable and a citrus fruit.

Ask: What do you see from the graph? Are these foods filling the gaps?

Wait for a few replies and then continue.

- The protein and vitamin A gaps are more than filled, however these meals do not fill this child's needs for iron or energy.

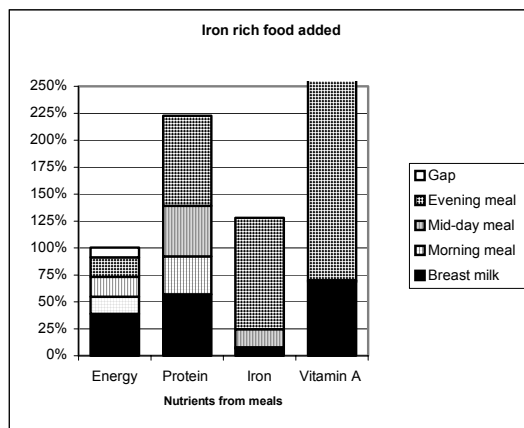
<sup>29</sup> Approximately 550 ml breast milk per day

*Ask: How could this child get more iron?*

Wait for a few replies and then continue.

- **If meat is eaten in the area.** (Name) could get more iron if she/he ate an animal food high in iron such as liver or other organ meal. Animal foods are special foods for children. These foods should be eaten every day or as often as possible.
- If foods fortified with iron were available, these could be used to help fill the iron gap.<sup>30</sup>
- If an iron rich food was not available, you as the health worker may need to recommend using a micronutrient supplement to ensure she/he got sufficient iron.
- **If meat is eaten in the area.** (Name's) family give her/him a spoonful of liver instead of the fish. This fills her/his iron gap.

☐ Show **Overhead 4/4 Iron rich food added.**



- However, the energy gap is still not filled. Next, we will look at ways of filling this gap.

<sup>30</sup> Remind participants of iron fortified foods if discussed in the previous session.

### III. Discuss the frequency of feeding complementary foods

10 minutes

□ Make these points:

- (Name) is already eating a full bowl of food at each meal. There is no space in her/his stomach for more food at mealtimes.

*Ask: What can you suggest to (name's) family to help fill the energy gap?*

Wait for a few replies and then continue.

- (Name's) family can give her/him some food more often. They do not need to cook more meals. They can give some extra foods between meals that are easy to prepare. These extra foods are in addition to the meals – they should not replace them.
- These extra foods are often called *snacks*. However, they should not be confused with foods such as sweets, crisps or other processed foods,<sup>31</sup> which may include the term snack foods in their name.
- These extra foods may be easy to give, however, the child still needs to be helped and supervised while eating to ensure the extra foods or snacks are eaten.

*Ask: What kind of snacks would be easy to feed this child?*

→ Write replies on the flip chart. Refer to these suggestions as you make the following points.

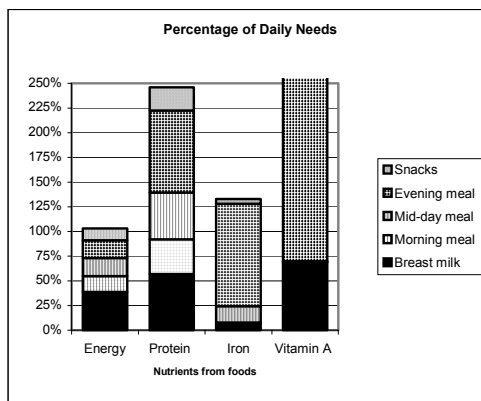
- Good snacks provide both energy and nutrients. Yoghurt and other milk products; bread or biscuits spread with butter, margarine, nut paste or honey; fruit; bean cakes; cooked potatoes,<sup>32</sup> are all good snacks.
- Poor value snacks are ones that are high in sugar but low in nutrients. Examples of these are fizzy drinks (sodas), sweet fruit drinks, sweets/candy, ice lollies, and sweet biscuits.
- These snacks may be easy to give, however the child still needs to be helped and supervised while eating to ensure the snacks are eaten.

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<sup>31</sup> Give examples of local processed foods that might be called snack foods.

<sup>32</sup> Cooked moist foods (such as potatoes) should not be kept more than one hour if there is no refrigeration.

- Show **Overhead 4/5 – Percentage of needs with snacks**<sup>33</sup> and make the points that follow:



- (Name) has two snacks added in the day – some banana in the mid-morning and a piece of bread in the mid-afternoon. These snacks help to fill his energy gap so he can grow well. Now all the gaps are filled.
- In the last two sessions we discussed the variety of foods needed to meet the child's needs. Suggest that families try each day to give a dark green vegetable or orange coloured fruit or vegetable and an animal food in addition to the staple food.
- When you are talking with caregivers, give this key message:

- Show **Overhead 4/6 – Key Message 7: Frequency of Feeding** and read out the key message:

**Key Message 7:**

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

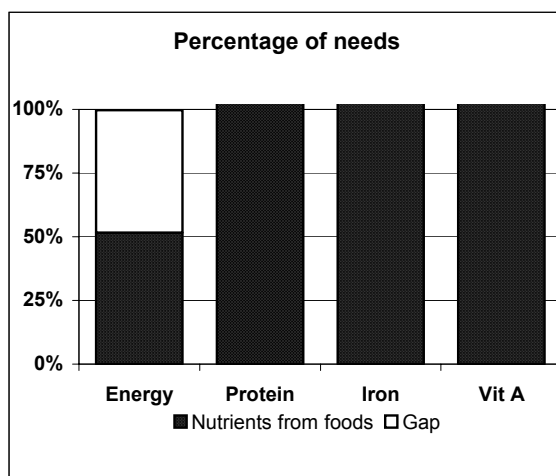
<sup>33</sup> Liver instead of fish in evening meal.

- When you are talking with a family about feeding their young child more frequently, suggest some options for them to consider. It can be difficult to feed a child frequently if the caregiver has many other duties and if additional foods are expensive or hard to obtain. Other family members can often help. Assist the family to find solutions that fit their situation.

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**OPTIONAL** for use where breastfeeding is not practised

- ☐ Show **Overhead 4/7 – Snacks and liver no breast milk** and make these points:



- If the child is not taking any breast milk and is eating the foods listed earlier, including the snacks and liver, the chart would look like this.
- There is still a very large gap for energy. One way to increase the energy intake is to give this child 500 mls (four half-cups) of full fat cow's milk (or milk from another animal)<sup>34</sup> plus a small spoon of margarine or oil added to each meal.
- A child who does not have breast milk needs special attention to ensure they receive sufficient food.

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<sup>34</sup> Or infant formula if affordable, acceptable and available.

**IV. Outline the quantity of complementary food to be offered**

10 minutes

- ☐ Make these points:
- When a child starts to eat complementary foods, he/she needs time to get accustomed to the new taste and texture of the foods. A child needs to earn the skill of eating. Encourage families to start with 2 to 3 spoonfuls of the food twice a day.
  - Gradually increase the amount and the variety of foods as the child gets older. By 12 months of age, a child can eat a small bowl or full cup of mixed foods at each meal as well as two snacks between meals. Children vary in their appetite – these are guidelines.
  - As the child develops and learns the skills of eating, he/she progresses from very soft, mashed food, to foods with some lumps that need chewing, and to family foods. Some family foods may need to be chopped for longer if the child finds them difficult to eat.

*Ask: What amounts of food do the families in the area give to their young children?*

Wait for a few replies and then continue.

- ☐ Ask participants to turn to page 22 of their manual where there is **BOX 4.1** showing the age, texture of the food offered and the amount needed. Ask a participant to read out the first age group. Then ask another participant to read out the next age group until all the age groups are read out.

**BOX 4.1 AMOUNTS OF FOODS TO OFFER**

Age	Texture	Frequency	Amount at each meal <sup>35</sup>
from 6 months	Soft porridge, well mashed vegetable, meat, fruit	two times per day plus frequent breastfeeds	2 to 3 tablespoonfuls
7 to 8 months	Mashed foods	three times per day plus frequent breastfeeds	increasing gradually to 2/3 of a 250 ml cup at each meal
9 to 11 months	Finely chopped or mashed foods, and foods that baby can pick up	three meals plus one snack between meals plus breastfeeds	3/4 of a 250 ml cup/bowl
12 to 24 months	Family foods, chopped or mashed if necessary	three meals plus two snacks between meals plus breastfeeds	A full 250 ml cup/bowl

<sup>35</sup> Adapt the chart to use a suitable local cup/bowl to show the amount.

*Ask: What barriers might families find to giving the recommended amounts?*

Briefly, discuss possible barriers.

- ☐ Continue with these points:
  - As you can see in this chart, as the child gets older, the amount of food offered increases. Give as much as the child will eat with active encouragement.<sup>36</sup>
  - When you are talking with families, give this key message:
- ☐ Show **Overhead 4/8 – Key Message 8: Amount of Food** and read out the key message:

**Key Message 8:**

A growing child needs increasing amounts of food.

#### IV. Conduct Exercise 4/1: Amounts to give

10 minutes

- ☐ Make these points:
  - As you talk with caregivers, a frequent question you are asked may be how much and how often to give food. To practise these amounts, we will now do a drill. A drill is not a test. It is a way to help you learn to recall the amounts with speed and confidence.
  - I will say an age of a child. The first person I call on will say how often to feed and how much food to give at the main meal.
  - If the person cannot answer or answers incorrectly, we go to the next person. When the correct answer is given, I say a different age of child and we continue.
- ☐ Keep the pace lively and the mood cheerful. Congratulate participants as they improve in their ability to answer correctly or more quickly. Participants can keep their manuals open to **BOX 4.1** on page 22, but they should be able to answer without looking by the end of the drill.<sup>37</sup>

<sup>36</sup> Active encouragement of feeding is discussed in Session 9.

<sup>37</sup> The drill is also on page 23 in the Participants' Manual if they wish to fill in the blank spaces.



If the group is very large, this drill can be conducted in the smaller groups with the trainer for each group asking the questions.

Age of child	Frequency	Amount
6 months	Two times per day	2 to 3 tablespoonfuls
22 months	Three meals plus two snacks	Full cup
8 months	Three times per day	2/3 of a cup
12 months	Three meals plus two snacks	Full cup
7 months	Three times per day	2/3 of a cup
15 months	Three meals plus two snacks	Full cup
9 months	Three meals plus one snack	3/4 of a cup
13 months	Three meals plus two snacks	Full cup
19 months	Three meals plus two snacks	Full cup
11 months	Three meals plus one snack	3/4 of a cup
21 months	Three meals plus two snacks	Full cup
3 months	A trick question!	Only breastfeeding

- ☐ The drill ends when all the participants have had an opportunity to answer and when you feel they are answering with confidence. You can repeat the ages if needed to give everyone enough opportunities to practice. Thank participants for their participation.

- ☐ Show **Overhead 4/9 – Amounts of Foods to Offer** and make the point that follows:

Age	Frequency	Amount at each meal <sup>38</sup>
7 to 8 months	three times per day plus frequent breastfeeds	increasing gradually to 2/3 of a 250 ml cup at each meal
9 to 11 months	three meals plus one snack between meals plus breastfeeds	3/4 of a 250 ml cup/bowl
12 to 24 months	three meals plus two snacks between meals plus breastfeeds	A full 250 ml cup/bowl

- There are really only three categories to remember for frequency and amounts.

<sup>38</sup> Adapt the chart to use a suitable local cup/bowl to show the amount.

**V. Summarize the session**

3 minutes

☐ Make these points:

- In this session, we talked about how much to feed a young child and how often to feed.

*Ask: If a parent asked you, “How often should I give some food to my fifteen-month old child?” What would you say?*

Let participants reply.

*Ask: If a parent asked you, “What amount of food should I give to my nine-month old child at each meal?” What would you say?*

Let participants reply. Praise them for good answers and reinforce the key messages:

☐ Point to the flip chart page and read out the two *key messages*:

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

**A growing child needs increasing amounts of food.**

☐ Ask participants if they have any questions or if there are points that you can make clearer.

☐ Introduce the next session:

- In this session, we discussed the amounts of foods to offer and how often to offer. In the next session, we will look at skills of listening and learning.
- (Name) will conduct the next session.

## Session 5

### Listening and Learning Skills

#### Objectives:

At the end of this session, participants should be able to:

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

#### Outline:

**Total time - 35 minutes**

I.	Introduce the session	2 minutes
II.	Discuss listening and learning skills	20 minutes
III.	Conduct Exercise 5/1 in groups	10 minutes
IV.	Summarize the session	3 minutes

#### Before the session

Review Session 5 “Listening and learning” from *Breastfeeding Counselling: a training course* (Trainer’s Guide).

You will need:

Overhead transparencies **5/1, 5/2**

To prepare a flipchart with the list of **Listening and learning skills**, as in **BOX 5.1** on page 78. Keep it covered until needed. You will need this list for later sessions also.

To ask participants to assist with Demonstrations:

Two participants to assist with **DEMONSTRATION 5/1**

Two participants to assist with **DEMONSTRATION 5/2**

Two participants to assist with **DEMONSTRATION 5/3**

Show them where the text is in their Manuals. Ask them to read through and to practise with their colleague. They need to choose a name for themselves and their child.

Two chairs that can be brought to the front of the room for the demonstrations.

You may need to translate the judging words into the local language for **Exercise 5.1**. These words may have been translated for *Breastfeeding Counselling: a training course* if already conducted in your area.

**BOX 5.1 COUNSELLING SKILLS****Listening and Learning Skills**

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

*Participants can find this list on the inside back cover of their Manuals*

## I. Introduce the session

2 minutes

- ☐ Make these points:
  - Counselling is a way of working with people to help them to decide what they think is best to do in the situation. Effective counselling is talking with caregivers and discussing together what practices are possible to change. It means increasing caregiver's confidence so they can carry out these new practices to help their children to grow healthy.
  - In this course, we focus on nutrition counselling. We will discuss how to find out about the current complementary feeding practices; how to praise practices we want to encourage; how to offer information and how to suggest changes they could consider if changes are needed.
  - The counselling skills we discuss are useful in other situations also. You may find them useful in other areas of your work as well as helpful with your family and friends. Practise some of the techniques with them – you may find the results surprising and helpful.
- ☐ Show **Overhead 5/1 – Session 5 Objectives**, and read out the objectives:

### Session Five: Listening and Learning Skills

#### In this session we will discuss:

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

- If you have done the *Breastfeeding Counselling Course* or the *HIV and Infant Feeding Course*, you may recognize these skills as the skills that were used in those courses.

## II. Discuss Listening and Learning Skills

20 minutes

- ☐ Uncover the prepared flipchart list of “Listening and Learning Skills”. Leave the other list covered. Make these points:
  - The first skill is: **Use helpful non-verbal communication.**
  - Non-verbal communication shows you are interested in the caregiver and helps her/him to feel comfortable.

*Ask: Can you think of some examples of non-verbal communication you use?*

Wait for a few replies and then continue.

- Non-verbal communication can include such communication as your facial expression, the level of your head and body relative to the caregiver, eye contact, removing barriers such as a desk between you, and taking time.
- Actions that may hinder communication include standing over the caregiver, looking at something else while the caregiver is talking, or showing impatience.

□ Now, point to the second skill on the list and make these points:

- The second skill is: **Ask open questions.**
- To start a discussion with a caregiver or to gather information on feeding practices, you need to ask some questions.
- It is important to ask questions in a way that encourages the caregiver to talk to you and to give you information. This saves you from asking too many questions, and enables you to learn more in the time available.
- Open questions are usually the most helpful. Open questions usually start with “what”, “why”, “who”, “when”, “where” or “how”.
- Closed questions are less helpful. These are questions where the caregiver answers with just a “Yes” or “No”. For example, if you ask “Do you feed your child frequently?”, the caregiver may reply “yes” but you do not know how often the caregiver considers frequently. This type of question usually starts with words like “Do you?” “Are you?”, “Has he?” If the caregiver replies with short yes or no answers, you can become quite frustrated and think the caregiver is not willing to give you information.

*Ask: What is an example of a closed question?*

Let two or three participants give examples, and then continue.

For example: “Do you give your child fruit frequently?”

*Ask: How could you change your closed question into an open question?*

Let participants (or other participants) change their examples.

For example, “How often does your child eat some fruit?”

- ☐ Ask the two participants whom you prepared to give **DEMONSTRATION 5/1**. The trainer makes the comment after each example.

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

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**DEMONSTRATION 5/1: Closed and Open Questions**

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

*Ask: What information did the health worker learn from asking these closed questions?*

Wait for a few responses.

*Comment: The health worker got “yes” and “no” for answers and did not learn much. It can be difficult to continue the conversation from this point.*

Let us see this again using open questions.

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

*Ask: What information did the health worker learn from asking these open questions?*

Wait for a few responses.

*Comment: The mother could not answer “yes” and “no” to these open questions, and she had to give some information. The health worker learnt much more with these questions.*

Thank participants for their help.

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- Continue with these points:
  - A very general open question is useful to *start* a conversation. This gives the caregiver an opportunity to say what is important to her/him. For example: “How is your child eating?”
  - Sometimes, a general question like this receives an answer such as, “Oh, it is going well”. So then, you need to ask another question to *continue* the conversation. For example, “what did your child eat yesterday for the main meal?”
  - You may need to ask a closed question if you need a specific answer, for example, “Are you giving your child any other food or drink?”
- Now point to the next three skills on the flipchart and make these points:
  - The next three skills are:
    - Use responses and gestures which show interest;
    - Reflect back what the caregiver says; and
    - Empathize – show that you understand how the caregiver feels.
  - We can use our **responses** to show we are listening and interested. This includes non-verbal communication such as nodding and phrases such as “Go on ..”, “Oh, dear”, “Eehh...”

*Ask: What responses do people use locally?*

Let participants give some examples of useful responses.

- Another way to show you are listening is by **reflecting back** what the person is saying. This encourages the caregiver to continue talking. It is best to use slightly different words so it does not sound as though you are copying them.
- For example, if a caregiver says:  
“I don’t know what to feed the child, she refuses everything.”  
You could reflect back: “Your child refuses all the foods you offer?”
- This reflecting back can help to clarify the person’s statement. They may say, “Oh no, it isn’t like that – she does eat some things.” You do not need to reflect back every statement the caregiver makes. You can use other responses such as “Oh really?” or an open question as appropriate.



- Another way to encourage a caregiver to talk is to **empathize** with her or him. This means you respond to the caregiver in a way that shows you have heard what was said and you understand his or her concerns and how the caregiver is feeling *from their point of view*.
  - Now we will see a demonstration of one of these skills. We see the health worker and the caregiver talking. As you watch, look for empathy – is the health worker showing she/he understands the caregiver’s point of view.
- ☐ Ask the two participants whom you prepared to give **DEMONSTRATION 5/2**. The trainer makes the comment after each example.

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

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#### DEMONSTRATION 5/2: EMPATHIZE

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

*Comment:* Here the focus has moved from the caregiver to the health worker. This was not empathy – it did not focus on the caregiver.

Let us see another way of doing this.

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

*Comment:* In this second version, the caregiver is the focus of the conversation. This health worker showed empathy with the caregiver.

It is important to remember the caregiver’s feelings and concerns about the situation. When you acknowledge her/his feelings, you show you are interested in her/him.

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- ☐ Thank the two participants for their assistance. They can return to their seats. Introduce the next demonstration.
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- Now we will see another demonstration. Watch to see if the health worker is really listening to the mother.

- ☐ Ask the two participants whom you have prepared to give **DEMONSTRATION 5/3**. The trainer makes the comment after each example.

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

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### DEMONSTRATION 5/3: CONTINUING TO ASK FOR FACTS

<b>Health worker</b>	Good morning. How are you and ( <i>child's name</i> ) today?
<b>Mother</b>	( <i>Name</i> ) is refusing to breastfeed since he/she started eating porridge and other foods last week – he/she just pulls away from me and doesn't want me!
<b>Health worker</b>	How old is ( <i>name</i> ) now?
<b>Mother</b>	( <i>Name</i> ) is six months old
<b>Health worker</b>	And how much porridge does he/she eat during a day?
<b>Mother</b>	He/she eats a few spoonfuls in the morning and a few spoonfuls in the evening.
<b>Health worker</b>	That is good. Have you tried other foods such as foods from animals – meat, fish, eggs and milk?
<b>Mother</b>	No, no. He/she has only been eating food from a spoon for a few days. And now he/she won't breastfeed.
<b>Health worker</b>	Do you have ( <i>name's</i> ) weight chart?

*Comment:* The health worker asks about facts and ignored the mother's feelings. The information the health worker learned did not help the health worker to assist the mother with her worry that the baby won't breastfeed since other foods were offered.

*Ask:* Would this mother want to come back to this health worker again?

Wait for a few replies and then continue.

- Let us look at this conversation again. Watch for the listening skills.

<b>Health worker</b>	Good morning. How are you and ( <i>child's name</i> ) today?
<b>Mother (upset)</b>	( <i>Name</i> ) is refusing to breastfeed since he/she started eating porridge and other foods last week – he/she just pulls away from me and doesn't want me!
<b>Health worker</b>	Oh dear. It upsets you when he/she doesn't want to breastfeed.
<b>Mother</b>	Yes, it does upset me.
<b>Health worker</b>	How much porridge does he/she eat during a day?

<b>Mother</b>	He/she eats a few spoonfuls in the morning and a few spoonfuls in the evening.
<b>Health worker</b>	That is good. That amount of food helps ( <i>child's name</i> ) to learn about eating and leaves room for breast milk. Can we talk about some other reasons that ( <i>child's name</i> ) may not want to breastfeed?
<b>Mother</b>	Oh yes. I want ( <i>child's name</i> ) to continue breastfeeding for many more months.
<b>Health worker</b>	Yes, breastfeeding is still important to the baby after he/she starts other foods.

*Comment:* In this second version, the mother's feeling are listened to at the beginning. Then the health worker is able to focus on what the mother sees as the problem.

Generally, all of us prefer to talk to people who we feel are listening to us. If we feel they are interested, we will talk more.

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- ☐ Thank the two participants for their assistance. They can return to their seats. Continue with these points:
    - The last skill in this group is to **avoid words that sound judging** when you are asking questions. These are words such as: right, wrong, bad, good, properly, enough. If you use these words when you ask a caregiver about feeding their child, the caregiver may feel she/he is wrong or there is something wrong with the child.
    - For example: Do not say, "Are you feeding your child *properly*? Do you give him *enough* meals?"

Instead, you could say something like: "How are you feeding your child? How often does he eat?"

- ☐ Show **Overhead 5/2: Judging Questions**. Uncover the first question.

**Ask these questions without using a judging word**

*"Are you giving porridge the right way – so it is thick?"*

*"Is your child gaining weight well?"*

- ☐ Let participants give suggestions for ways to ask the first question. One way is to ask – "How is the porridge you give – is it thick or thin?"
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- Then uncover the next question:

Let participants give suggestions.

One way is to ask – “How is your baby’s weight since the last visit?”

- Now we will practise the skills of asking open questions, reflecting back and avoiding judging words.

### III. Conduct Exercise 5/1

10 minutes

- Explain the exercise

- Turn to page 29 in your manual. There are some exercises for you to do. In the first exercise, you will write two open questions you could ask the caregiver in each situation.

In the second exercise, you will decide which response reflects back each statement from the caregiver to show you are listening and to clarify what was said.

In the third exercise, change the judging question into a non-judging question. Often a judging question is a closed question and a non-judging question is an open question. You will do this individually.

- Trainers give individual feedback (quietly) to the participants in their group. The example answers (*in italics*) are not in the participants’ manual. Allow 10 minutes for the exercise. Then thank participants and praise them for their efforts.

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#### Judging Words

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

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*(If needed) In the small group, discuss words that are used in the local language. What non-judging words can be used?* <sup>39</sup>

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<sup>39</sup> Use list of judging words obtained before the session.

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

#### Section A : Asking open questions

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

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

Possible questions that participants may suggest include:<sup>40</sup>

*What kinds of foods does Sara like to eat?*  
*How do you offer foods to Sara?*  
*How does Sara react when you offer thick foods?*

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

Possible questions that participants may suggest include:

*How are you feeding Mika?*  
*What does Mika eat?*  
*How has Mika's health been in the last few months?*

#### Section B : Reflecting back

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

- a. Do you think you are giving him enough food?
- b. She says that you are not giving him enough?<sup>41</sup>
- c. Why does she think that?

Answer b reflects the caregiver's words.

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

*My child is refusing to eat*

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

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<sup>40</sup> Possible answers are only in Trainer's Guide, not in the Participant's Manual

<sup>41</sup> A judging word may be used if it reflects the caregiver's words.

*She does not want to eat vegetables.*

- a. Does she eat any vegetables?
- b. How long has she been refusing vegetables?
- c. **She seems to refuse to eat vegetables when you give them?**

### **Section C : Avoiding judging words**

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

#### **Judging question**

Do you give good food to your baby?  
Is his weight gain normal?  
Does she eat enough at each meal?  
Do you have problems getting your child to eat?

#### **Possible non-judging question**

*What foods do you give your baby?  
How much weight did he gain this month?  
How much food would she eat at a meal?  
How does your child eat?*

## **IV. Summarize the session**

3 minutes

- ☐ Point to the skills flip chart page and make these points:
  - We saw how these skills could be used to listen and learn about feeding practices from a caregiver.
- ☐ Ask a participant to read out the first skill. Then ask another participant to read out the next skill. Continue until all six skills are read out.
  - When you talk with caregivers, try to use these listening and learning skills. These skills can help you to assist the caregiver.
- ☐ Ask participants if they have any questions or if there are points you can make clearer.
- ☐ Introduce the next session:
  - In the next session, we will look at skills of building confidence.
  - (Name) will conduct the next session.

## Session 6

### Building Confidence Skills

#### Objectives:

At the end of this session, participants should be able to:

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

#### Outline:

**Total time - 45 minutes**

I. Introduce the session	2 minutes
II. Discuss building confidence and giving support skills	20 minutes
III. Practise counselling skills	20 minutes
IV. Summarize the session	3 minutes

#### Before the session

Review Session 11 “Building confidence and giving support” from *Breastfeeding Counselling: a training course* (Trainer’s Guide).

You will need:

Overhead transparencies **6/1, 6/2**

To prepare a flipchart with the list of Building confidence and giving support skills, as in **BOX 6.1** on page 90. Keep it covered until needed. You will show only the first two skills in this session. You will also need this list for later sessions.

To ask participants to assist with Demonstrations:

Two participants to assist with DEMONSTRATION 6/1

Two participants to assist with DEMONSTRATION 6/2

Show them where the text is in their Manuals. Ask them to read through and to practise with their colleague. They need to choose a name for themselves and their child.

Two chairs that can be brought to the front of the room for the demonstrations.

For each group, one copy of Counselling Stories 1-4 on pages 100-101, cut as shown.

**BOX 6.1 COUNSELLING SKILLS (2)****Building Confidence and Giving Support Skills**

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

*Participants can find this list on the inside back cover of their Manuals*



**I. Introduce the session**

2 minutes

- ☐ Make these points:
  - In the last session, we looked at the skill of listening and techniques that encourage caregivers to talk without asking too many questions.
  - In this session, we will continue with some more counselling skills.

- ☐ Show **Overhead 6/1 – Session 6 Objectives**, and read out the objectives:

**Session Six: Building Confidence Skills****In this session we will discuss:**

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

**II. Discuss building confidence and giving support skills** 20 minutes

- ☐ Make these points:
  - Building a caregiver's confidence helps them to make their own decisions about feeding their young child and to carry out those decisions. If the caregiver has confidence in her/his decisions it also helps to resist pressure from other people.
  - Showing your support gives a caregiver confidence in what she/he is doing and it can help her/him to continue good complementary feeding practices.
- ☐ Uncover the first two skills on the list of "Building confidence and giving support skills". Keep the other points covered at this time.
  - The first skill of this group is **Accept what the caregiver thinks and feels**. Sometimes a caregiver may say something that you do not agree with.
  - Let us look at an example. Listen to hear if the health worker is accepting what the caregiver is saying.

- Ask the participants whom you prepared to give **DEMONSTRATION 6/1**.  
Introduce the demonstration:

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

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**DEMONSTRATION 6/1: Acceptance**

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

*Ask: How do you think this caregiver feels when she hears this reply?*

Wait for a few responses, and then continue.

- The caregiver might feel unhappy, upset and annoyed that the health worker did not listen to what he/she was saying and made the caregiver feel she/he was wrong. It might reduce the caregiver's confidence and they might not want to say any more to this health worker.
- Therefore, it is important not to *disagree* with what the caregiver is saying.
- However, it is important not to *agree* with a mistaken idea. It can be difficult to suggest something quite different if you agreed with the caregiver's idea.
- Let us look at another way of responding to this caregiver.

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

*Ask: How do you think this caregiver feels?*

Wait for a few replies and then continue.


- This caregiver may feel that the health worker listens to her/him. They were not told they were wrong. The health worker reflected the caregiver's statement without agreeing or disagreeing.
  - ❑ Thank participants for assisting with the demonstration. They can return to their seats.
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- ❑ Continue with these points:
  - It is important that you do not disagree or criticize what the caregiver says. You accept what they say. Accepting what the person says means responding in a neutral way, and not agreeing or disagreeing with their thought, concern or feeling.
  - Reflecting back and simple responses are useful ways to show acceptance. Later in the discussion, you can give information to correct a mistaken idea.
  - In a similar way, empathizing can show acceptance of the caregiver's feelings. If the caregiver is worried or upset, and you say something like, "Oh, don't be upset, it is nothing to worry about," the caregiver may feel they were wrong to be upset. This reduces the caregiver's confidence in their ability to make their own decisions.
  - Another skill is to **recognize and praise what is right**.

*Ask: How does it feel if someone praises what you have done?*

Wait for a few responses, and then continue.

- It builds your confidence. You feel that you can try other things and that they will work.
  - As health workers, we are trained *to look for problems*. This means we may only see what caregivers do that we think is wrong and then we try to correct it. However, we also need to see what is right and praise caregivers in their good practices.
  - ❑ Uncover the picture side of **Overhead 6/2: Recognize and Praise**, and read out the explanation:
    - This nine-month old baby and her mother have come to see you. You saw them last month and discussed complementary feeding. When you weigh the baby and fill in the growth chart this is what you see:
-



**Which of these remarks would help build the caregiver's confidence?**

***“Your baby did not gain enough weight since last month.”***

***“It does not look like you followed the feeding suggestions we discussed.”***

***“Your baby gained some weight since last month.”***

- ☐ Uncover the other side of **Overhead 6/2 – Recognize and Praise**, and read out the remarks.

*Ask: Which of these remarks would help build the mother's confidence?*

Wait for a few responses and then continue.

- The baby has gained some weight. It may not be as much weight as we might want, but it was a weight gain. In most situations, we can find something that we can praise. The caregiver came to see you and this shows concern for the baby's well being, so this is something you can praise also.
- Look for something to praise first before you offer any suggestions for changes.
- *Accepting* what a caregiver does, thinks and feels, plus *recognizing and praising* good practice, *builds the confidence* of the caregiver. This encourages the caregiver to continue good practices.
- In addition, if a caregiver feels that you accept their ideas and recognize good practices, they are more likely to accept any suggestions that you make.
- Earlier we said that avoiding judging words when asking questions was very important. However, you may need to use positive words when giving praise. For example, telling a caregiver “You have made good foods for your baby.”

- Now let us look at all these two new skills and the listening and learning skills from the last session in use. Turn to page 32 of your manuals and find **DEMONSTRATION 6/2**. Here the caregiver and the health worker are talking together.
  - Notice that there are spaces beside each remark by the health worker. Listen to the demonstration and notice what listening and learning skills are used. (*Point to the list of skills on the flip chart page*). After the demonstration, write the skills used into the space beside what was said. (*Skills are filled in for the Trainer's Guide*)
- ☐ Ask the participants whom you prepared to give **DEMONSTRATION 6/2**.  
Room setting: Caregiver and health worker sitting facing each other with no desk in between.
- ☐ Trainer read out the introduction:
- (*Caregiver name*) has come to the health centre with her/his first child, (*name*) who is 10 months old.

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**DEMONSTRATION 6/2: USING THE COUNSELLING SKILLS**

<b>Health worker</b> Non-verbal communication Open question	(offers caregiver a seat) Good morning, ( <i>caregiver name</i> ). What can I do for you today?
<b>Caregiver</b>	Good morning. I wanted to talk to you because I am wondering if ( <i>child's name</i> ) is eating enough.
<b>Health worker</b> Respond showing interest Reflect back Open question	Mmm, (nods, smiles) You want to talk about ( <i>name's</i> ) eating. Tell me about how ( <i>name</i> ) eats?
<b>Caregiver</b>	Well, my neighbour's child seems to eat much more and he is growing much bigger. So, I must not be giving my child enough food.
<b>Health worker</b> Accept / reflect Empathize Open question	Your neighbour's child eats more and you feel unsure if your child is getting enough to eat. What kinds of foods does ( <i>name</i> ) eat in a usual day?
<b>Caregiver</b>	She/he eats some porridge every morning, some mashed banana after her/his sleep and some meat and vegetables from what we have for our meal in the evening.

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<b>Health worker</b> Praise Open question	Those are good foods to give your child. How often does ( <i>name</i> ) breastfeed?
<b>Caregiver</b>	Oh, she/he breastfeeds often.
<b>Health worker</b> Non-verbal communication Praise  Open question	(Nod, smile) It is good he/she is continuing to breastfeed as well as eating other foods such as porridge, fruit and some of the meal that you eat yourself. How big a bowl of food does ( <i>name</i> ) eat?

- The discussion would continue with the health worker learning more about the child's feeding such as the consistency of the food and the variety of foods eaten. Using the listening and learning skills and building the caregiver's confidence helps the discussion to be useful.

Thank participants who assisted with the demonstration. They may return to their seats.

- 
- ☐ Give the participants about five minutes to write the skill in the space in their manual. All trainers circulate to give individual feedback to participants on their answers.
  - ☐ When the participants have had time to fill in the spaces, make these points:
    - In the demonstration we saw, the health worker used non-verbal communication to show the caregiver she was interested that she/he had come.
    - The health worker used an open question to get the caregiver's thoughts on how the child eats. This shows the health worker values the caregiver's views.
    - The skills of responding showing interest and reflecting back were used to encourage the caregiver to say more.
    - The health worker accepted what caregiver said about her/his neighbour's child and did not say she/he was wrong or right – the health worker just accepted the idea and empathized with the caregiver.
    - The caregiver was giving some food three times during the day as well as child was breastfeeding frequently, so the health worker praised these good feeding practices. This encourages the caregiver to continue these practices.
-

- Notice that the health worker did not ask many questions all at once and did not rush in and start telling the caregiver what to do. After the health worker has listened and learned what the situation is, then the health worker can offer information and suggestions. We will discuss these other counselling skills later in the course.

### III. Practising counselling skills

20 minutes

- Give each group a copy of Counselling Stories 1-4. Each group of four participants should have a set of four stories, so that each participant can have a different story with which to practise.<sup>42</sup> Explain what the participants will do:
  - You will now use role-play to practise “Listening and Learning Skills” and the first two “Building Confidence and Giving Support Skills”. The skills are listed inside the back cover of your Manuals and displayed on the wall (point to where they are displayed).
  - You will work in groups of four, taking turns to be a ‘caregiver’ or a ‘counsellor’ or observers. When you are the ‘caregiver’, use the story on your card. The ‘counsellor’ listens and learns from you about your situation. The other participants in the group observe.
  - **Each role-play is very short, only two to three sentences from each person and just shows the ‘counsellor’ listening and giving support. The ‘counsellor’ does not give information at this time.**
- Explain how to do the role play:
  - When you are the ‘counsellor’:
    - Greet the ‘caregiver’ and introduce yourself. Ask for her/his name and the child’s name, and use them.
    - Ask one or two open questions to start the conversation and to find out why she/he has come to see you.
    - Use each of the counselling skills to encourage him/her to talk to you.
    - Do not offer information or try to solve the caregiver’s problem at this time.

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<sup>42</sup> Check the stories for gender suitability. For example, if a male participant is playing the part of the caregiver, Story 2 is not suitable unless it is adapted.

- When you are the ‘caregiver’:
    - Give yourself and your child names and tell them to your ‘counsellor’.
    - Answer the counsellor’s questions from your story. Do not give all the information at once.
    - If your counsellor uses good listening and learning skills, and makes you feel that she/he is interested, you can tell her/him more.
  - When you are observing:
    - Use your Counselling Skills list, which you can find on page 31 of your Participants’ Manual. Observe which skills the counsellor uses, which he/she does not use, and which he/she uses incorrectly. Mark your observations on your list in pencil.
    - After the role-play, praise what the counsellor does right, and suggest what they could do to improve their counselling skills.
- Allow 15 minutes for the role plays. Trainers each sit with one group of four participants. At the beginning of the exercise, give participants a few minutes to read their stories.<sup>43</sup>

Make sure that the participants understand the exercise and do it as intended – and that the ‘caregiver’ does not give all the story information at once. The ‘counsellor’ is practising their skills of listening and learning as well as building confidence and support by acceptance and praise. The counsellor does not give information at this time.

**Each interaction should be very brief. Remember to praise good practices.**

After each role-play, the trainer in the group leads a brief discussion.

- Ask the ‘caregiver’ did she/he feel that she/he was encouraged to talk and was listened to with her/his feelings responded to.
- Ask the ‘counsellor’ how she/he felt about the role-play. Was it difficult to not give information, to just listen and respond?
- Ask ‘observers’ what counselling skills they noticed being used – listening, suitable questions, praise... Was information given? (No information should be given at this time).
- Ask for any suggestions to improve the counselling if the role-play was done again.

Then change roles and move on to the next story.

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<sup>43</sup> If participants find it difficult to read the stories quickly, the trainer can play the part of the caregiver and the participants in turn can practise their counselling skills by listening and supporting her/him. The other participants observe.



When everyone has had a turn, thank participants and praise them for their efforts.

#### IV. Summarize the session

3 minutes

- ☐ Point to the six skills uncovered on the first flip chart page and the two skills uncovered on the second page (leave other skills still covered) and make these points:
  - We saw how the skills in these two sessions could be used to build the confidence of the caregiver. The two skills we added in this session are:
- ☐ Ask a participant to read out the first skill from the second page. Then ask another participant to read out the next skill.
  - Now you have some more skills to use to help you to assist the caregiver.
- ☐ Ask participants if they have any questions or if there are points you can make clearer.
- ☐ Introduce the next session:
  - In the next session, we will look at skills of gathering information on feeding practices so that you can praise good practices and offer relevant suggestions.
  - (Name) will conduct the next session.

## Counselling Story 1

Your baby is six months old and growing well. This is your second baby. You have come to the health facility with a question about feeding your baby.

Some of your friends tell you that your baby should learn to use a bottle so that you can give diluted foods in the bottle and your baby can feed him/herself the bottle.

You are **unsure** if it is a good idea to use the bottle for foods.

Statement you might use:

"I am thinking of giving my baby thin porridge from the bottle, so he/she can feed her/himself."

✂ -----

## Counselling Story 2:

You have come to the health facility because you think your baby is not growing well and is frequently ill. Your baby is eight months old. This is your first baby.

You are very **confused** by all the conflicting information you hear. You do not know who to listen to. You make few decisions for yourself and do what your husband or mother-in-law tell you.

You do not give any meat or mashed vegetables because you think the baby is too young for these foods.

Statement you might use:

"I don't give the baby mashed vegetables or meat - mother-in-law tells me it is not good to give them to the baby this young."

### Counselling Story 3:

You are at the health centre for a routine weight check. Your baby is 18 months old and is growing very little. You are ***very worried, frightened and upset***. This is your first child.

You offer your baby many different foods (porridge, mashed fruits, vegetables, beans) but he/she only eats a few mouthfuls each time then cries and pulls away. You offer foods frequently during the day. Your baby does breastfeed.

Statements you might use: (upset and crying)

“My baby is not gaining weight – why?”

“I try to feed him/her but he/she doesn’t like it.”

“What am I to do – tell me how to make my baby eat.”



### Counselling Story 4:

Your baby is seven months old. This is your first baby. Your friend told you to go to the health facility to talk about complementary feeding. This came as a surprise to you – you thought babies did not need complementary foods until they were a year old.

Your baby is growing well on breastfeeding only. You are ***not concerned, just curious and interested***.

Statement you might use:

“I hadn’t thought about starting foods yet. Babies don’t need food until they are a year old, do they?”

**COUNSELLING SKILLS CHECKLIST 1****Listening and Learning Skills**

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

**Building Confidence and Giving Support Skills**

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

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**Building Confidence and Giving Support Skills**

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

## Session 7

### Gathering Information on Complementary Feeding Practices

#### Objectives:

At the end of this session, participants should be able to gather information on complementary feeding practices by:

- observing the child and caregiver;
- recognizing growth patterns on a growth chart;
- using counselling skills and a Food Intake tool.

#### Outline:

**Total time - 90 minutes**

I. Introduce the session	2 minutes
II. Discuss the importance of observation	5 minutes
III. Outline the use of growth charts in assessment of feeding practices	15 minutes
IV. Demonstrate gathering information on feeding practices	25 minutes
V. Practise gathering information using the Food Intake Tool	40 minutes
VI. Summarize the session	3 minutes

#### Before the session

You will need:

Overhead transparencies **7/1, 7/2, 7/3, 7/4, 7/5, 7/6**

Thin point marker to write on overhead transparency (non-permanent if possible)

Ruler or straight piece of card

Flip chart and marker

Examples of growth charts used locally. If growth charts are not commonly used in the area, decide if the section will be omitted or if more time will be allowed to explain their use in more detail.

To give children's names in the examples, if needed

Counselling Skills charts from Session 5 and 6. Uncover only the first two skills of the Building Confidence and Giving Support list.

Ask two participants or a trainer and a participant, to assist with

**DEMONSTRATION 7.1** Show them the text and forms. Ask them to read through it and to practise. The consistency pictures, a Food Intake Tool, a bowl will be needed plus the growth chart.

*A typical bowl that a young child would use - one set for each group*

*Copies of the Food Intake Tools for the pair practice - one copy for each participant*

*Pictures of different consistencies of foods - one set for each group*

One set of stories for each group for Food Intake Practice. Cut as shown. Keep the growth chart with the relevant story. Choose names for the people in the stories.

**I. Introduce the session**

2 minutes

- ☐ Make these points:
  - National or regional health departments may collect information on nutrition. This may include data on growth, breastfeeding rates, as well as rates of malnutrition, anaemia and other nutrition-related diseases. It may include household surveys of food purchases or in-depth discussions with community members. In general, this data gives a picture of the average person in the country or area.
  - As a health worker, you will want to know how effective are the complementary feeding practices regarding a *particular* child.
  - You can gather information by means of listening to the caregiver; by observing practices and by using tools such a growth chart and a Food Intake Tool.
- ☐ Show **Overhead 7/1 – Session 7 Objectives**, and read out the objectives:

**Session Seven: Gathering Information**

**In this session we will look at:**

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

**II. Discuss the importance of observation**

5 minutes

- ☐ Make these points:
  - Observing is an important part of your assessment of a child's health and well-being. You can learn a lot about a young child by just observing, before you ask any questions.

*Ask: When you first see a caregiver and child, what do you notice?*

Encourage participants to make some suggestions about what they may notice. Then continue.

- You may notice a number of things about the *caregiver*:
  - The caregiver's age, general health and nutrition. This may give some clue about their general life situation and whether it is easy for them to take care of the child.
  - The caregiver's expression, which may tell you something about how he/she feels: if she/he is happy with the child or miserable and uninterested.
    - Is the caregiver talking to the child, making eye contact and touching?
    - Or is the caregiver ignoring the child?
    - Or handling the child roughly and telling the child to stop moving about?
    - The caregiver may be carrying food if she/he is coming from the market – what does it include?
- You may also notice if other children or family members are present and how they react to each other and their general health.
- You may notice a number of things about the *child*:
  - general health, nutrition, alertness and development;
  - any signs of conditions that could interfere with feeding or with growth and development: blocked nose, cough, and neurological or physical problems;
  - how the child responds to the caregiver:
    - calm and relaxed, responding to the caregiver
    - crying and pulling away?
  - If the child is breastfeeding or eating any snacks;
  - if the caregiver (or child) is carrying a feeding bottle or soother/pacifier.
- So just by observing you may learn a lot about the child's well being. Observation can also be done with any charts or records available.

*Ask: What might you be able to learn from looking at the child's record or chart?*

→ Write responses on the flip chart. Refer to these responses as you make the following points:

- By looking at the child's record, you may see:
  - if the child attended regularly for well-baby visits;
  - if there were frequent sick-child visits;
  - any referrals for additional treatment;

- reaching of developmental milestones;
  - as well as information such as the child's age, number of siblings and other details.
- Much of the information on the chart you can see with a quick glance. You do not need a lot of time to study the chart. By using your skills of observation well, you can use your time to discuss feeding practices with the caregiver rather than going over existing information.

- **Outline use of growth charts in assessment of feeding practices<sup>44</sup>**

15 minutes

☐ Make these points:

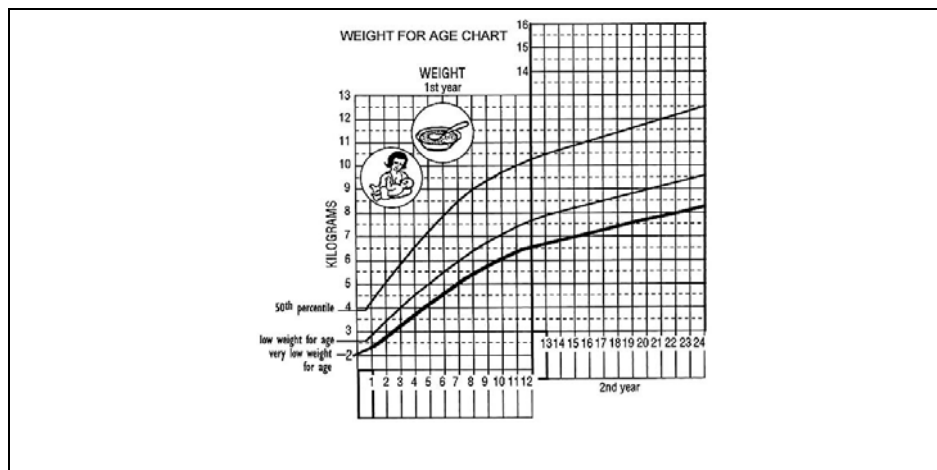
- Growth charts are one tool to give us information. In the first session of this course, we saw that a child's faltering growth curve, alerted us to a possible feeding problem. Growth charts can reflect past and present conditions including food intake and health status.
- As well as weight, another measurement you may use is length or height. As you know, length/height changes slowly and can reflect a child who is undernourished for a long time. This is referred to as stunting or very short height for age.
- A shorter child weighs less than a taller child of the same age and so they may be on different lines on the growth chart for weight. This is normal. What is most important is to see that both of their curves are heading upward, not flat or downward.
- Good complementary feeding practices can help prevent the growth faltering of both weight and length/height and keep the curves for both of these continuing upward.
- Now, let us look at some growth charts of young children.

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<sup>44</sup> Adapt this session to local growth charts if these are very different from the text here.



- Show **Overhead 7/2 – Blank Weight Chart** and make the points:



- Here is a common weight chart.

*Ask: Where do we find the child's age on a growth chart?*

Wait for a correct response and then continue.

- The child's age in months is along the bottom of the growth chart.

*Ask: Where do we find the child's weight on a growth chart?*

Wait for a correct response and then continue.

- The child's weight is up the side of the chart (point this out on the overhead).
- There are three curves on this chart. The upper curve shows the middle or median weight for healthy children of that age. It is also called the 50<sup>th</sup> percentile because the weights of 50 percent of healthy children are below it and 50 percent are above it.
- Most healthy children are near this 50<sup>th</sup> percentile curve, a little either above or below it. Only children whose weight is *very* far above this line are likely to be overweight.
- The next lower curve is the 3<sup>rd</sup> percentile curve – the weights of 3 percent of healthy children are below this curve. It is around the bottom limit of normal growing children. A generically or naturally small child may be near this curve but still growing well.

- The bottom line indicates very low weight for age. A child near this line is not healthy and needs attention (point this out on the overhead).
- In some places, the charts have more lines on them or use colour bands to show the ranges (show local growth charts and point out similar features).
- Here we have the growth chart of Maria who is 15 months old. When she came today to the health facility, her weight chart was not available and you do not know Maria. You mark her weight for today.
- Each time the child is weighed, the column for the age is followed up and the line for the weight is followed across to find the place to mark the dot (show this using an ruler/straight edge to make it easier to see where the lines cross. Show how you find her age and her weight and mark at 8.5 kg).

*Ask: What does Maria's weight today tell you?*

Wait for a few replies and then continue.

- One weight on its own does not tell you much information. Maria's weight seems a little low for her age but you do not know if she is a naturally small child who has grown steadily or a child who has lost weight. You need a pattern of marks before you can judge the tendency of growth.
- You will need to talk to Maria's caregiver to find out more about her eating and health. You will also observe Maria to see if she looks wasted or ill, or if she is active and healthy.
- Document Maria's weight in the health centre's chart. Assuming Maria is healthy and you are not concerned about her weight or eating, encourage Maria's caregiver to bring her back in a month for another weight check.
- Connecting the dots for each visit forms the *growth line* for that individual child. The overall *shape* or trend of the growth line should be similar to the *shape* or trend of the reference line printed on the chart, that is, children should always be heading upward on the curve, not flat or downward. This is the most important feature of the growth curve.
- The main point to remember about using growth charts is: Look at the shape of the growth curve of the child: Is the child growing?

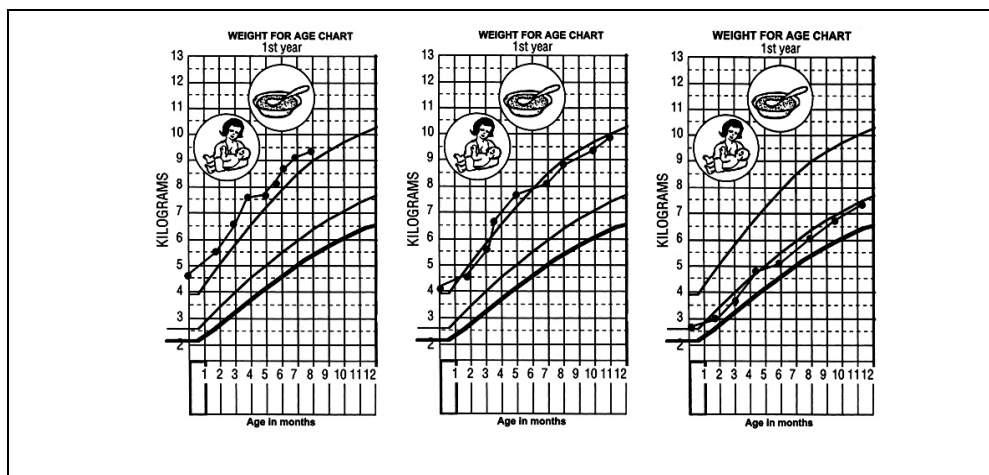
- Show **Overhead 7/3 –Growth Chart** and read it out:

### **Growth Chart**

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

- Show **Overhead 7/4 – Individual Paths** and make the points:

- Here we have the growth charts for three children who were weighed regularly.

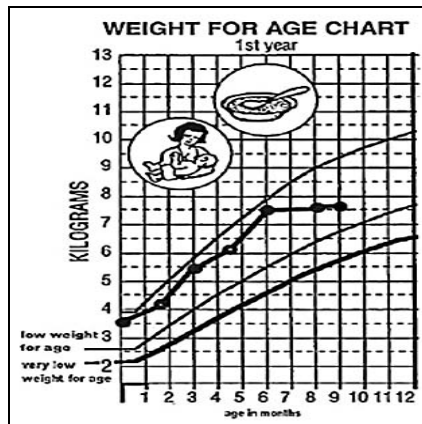


*Ask: What can you tell from looking at these charts?*

Wait for few responses and then continue.

- The growth charts of these three children all show a similar shape to the reference curve. However, each is growing along their individual path. One may be the child of large parents, one may be more average size and the third may be from a family of smaller size.
- A child may grow more at one time than other, so there may be small ups and downs in the line. The general shape or trend is important to look for.

- Show Overhead 7/5 – Weight Chart – static and make the points:



- Here we have a growth chart for Manuel who is nine months old.

Ask: What do you think of Manuel's growth?

Wait for a few replies and then continue.

- Manuel grew well for the first few months but has not grown at all in the last three months.

Ask: What would you want to ask Manuel's caregiver?

Wait for a few replies and then continue.

- You would want to know
  - if Manuel was well or if he had any symptoms of illness;
  - what foods Manuel received and the consistency;
  - how many times a day he was fed;
  - how much food he received each time; and
  - his general eating behaviour.
- Therefore, looking at a weight chart may give you some information on the pattern of the child's growth. However, you will still need to talk with the caregiver about the actual feeding practices.

#### IV. Demonstrate gathering information on feeding practices

25 minutes

- ❑ Make these points:
  - A useful way to find out what a child eats is to ask the caregiver what the child ate yesterday. This information can be used to praise the good feeding practices that are there already and to identify any feeding difficulties that may need more discussion.
  - The Food Intake Tool is a tool to use to find out what the child normally eats. We will ask about one day – yesterday. This usually tells us what is the child's typical daily intake. This specific focus on yesterday can help the caregiver to give precise information.
  - The caregiver is asked to recall everything the child consumed the previous day. This includes all foods, snacks, drinks, breastfeeds and any vitamin or mineral supplements. The information is recorded on the form. Listening to the caregiver is important in order to get this information.
- ❑ Ask participants to turn to page 40 in their manual and look at the Food Intake Tool (at end of this session in Trainer's Guide). Point to the sections of the form and make these points:
  - As you can see, the first column has questions about feeding practices. As you listen to the caregiver, put a tick mark ✓ in the column to mark if the practice occurred the previous day.
- ❑ Distribute the consistency pictures to the participants (if not on the back of the Food Intake Reference Tool). Point out how the pictures are different.
  - If you ask a caregiver about the consistency of the food – if it was thin or thick, there might be some confusion about how thick you mean. Therefore, here are pictures to show a thick and a thin consistency. You show the food consistency pictures to the caregiver and asks which drawing is most like the food she/he gave to the child.
  - After you have listened to find out what the feeding practices are, you can praise some of the practices you wish to reinforce. Then there is a column to indicate which items you discussed more and gave a Key Message. Put your initials by the Key Message you gave. This will help for follow-up visits.

*Ask: Why is it important to chose just 2-3 key messages to give the caregiver?*

Wait for a few replies and then continue.

- It is important to choose just 2 to 3 *key messages* at a visit so the caregiver is not overwhelmed. Discuss the *key messages* you think are most important at this time and that the caregiver thinks that they can do.
  - There are spaces on this form to record four discussions and initial that *key messages* were given. Then when you or another health worker sees the child again, you can ask how the new practices worked, praise achievements, and as needed, discuss another key message.
  - This Food Intake Tool is designed to be part of the child's record. In addition, there is a card for the health worker with more details of the recommended feeding practices and the key message to give the caregiver. This card can be put in a plastic sleeve or laminated so it is easy to use by the health worker.
- Ask participants to turn to page 41 and the Food Intake Reference Tool. Ask one participant to read the first feeding practice question, the recommended practice and the Key Message, then another participant to read the next practice. Answer questions as needed about the practices (make sure the participants notice the differences between the recording form and the reference form). Feeding techniques to assist the child to learn to eat will be discussed in Session 9. We will discuss feeding the child who is ill in a later session. The other *key messages* have already been introduced.
- On page 42 in your manual, there are instructions how to use the Food Intake Tool (ask participants to take turns to read the instructions).

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### INSTRUCTIONS TO COMPLETE FOOD INTAKE TOOL

1. Greet the caregiver. Explain that you want to talk about the child's feeding.
  2. Fill out the child's name, birth date, age at present and today's date.
  3. Ask to see the growth chart and observe the pattern of the growth.
  4. Start with: "(Caregiver's name) \_\_\_\_\_, let us talk about what (child's name) ate yesterday."
  5. Continue with: "As we go through yesterday, tell me all (name) ate or drank, meals, other foods, water or breastfeeds".  
 "What was the first thing you gave (name) after he/she woke up yesterday?"  
 "Did (child's name) eat or drink anything else at that time or breastfeed?"
-

6. Mark on the Food Intake Tool the practices that are present. If appropriate, show the caregiver the pictures of thin and thick consistency (for porridge and mixed foods). Ask her/him which drawing is most like the food she/he gave the child. Was it thick, stayed in the spoon and held a shape on the plate, or thin, flowed off the spoon and did not hold its shape on the plate?
7. If the caregiver mentions a preparation, such as a porridge or stew, ask her/him for the ingredients in the porridge or stew.
8. Then continue with:  
*"What was the next food or drink or breastfeed (child's name) had yesterday?"*  
*"Did (child's name) eat/drink anything else at that time?"*
9. Remember to "walk" through yesterday's events with the caregiver to help her/him remember all the food/drinks/breastfeeds that the child had.
10. Continue to remind the caregiver you are interested in what the child ate/drank yesterday (caregivers may talk about what the child eats/drinks in general).
11. Clarify any points or ask for further information as needed.
12. Praise practices you wish to encourage. Offer 2 to 3 *Key Messages* as needed and discuss how the caregiver might use this information.
13. If the child is ill on that day and not eating, give the Key Message :
14. Encourage the child to drink and eat during illness and provide extra food after illness to help them recover quickly. See the child another day and use the Food Intake Tool when the child is eating again.

- 
- Now we see this Food Intake Tool in use. During the demonstration, you can follow the filled in Food Intake Tool on page 46 of your manual. Later, you will use a Food Intake Tool with caregivers in the community practice.
  - In this demonstration listen for open questions and other listening and learning skills that we discussed in the earlier session (indicate where the Counselling skills list is posted).
- ☐ Ask the two participants whom you prepared to assist. One person is the caregiver and one is the Health Worker who fills in the Food Intake Tool.
-

**DEMONSTRATION 7/1: Learning what a child eats**

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

- Find out the caregiver and child's 'names', then read out the introduction:
- (*Name*) is 11 months old. (*Caregiver's name*) has brought her/him to the health centre for immunization. While she/he is there the health worker notices that (*name's*) weight line is only rising slowly though she/he is generally healthy. So the Health Worker asks (*caregiver's name*) to talk to her/him about how (*name*) is eating.

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

<b>Health worker</b> (show growth chart)	Thank you for coming today. Now ( <i>caregiver's name</i> ), your child's weight line is going upwards. Because ( <i>child's name</i> ) lost some weight when he/she was ill, the line needs to rise some more. Could we talk about what ( <i>child's name</i> ) ate yesterday?
<b>Caregiver</b>	Yes
<b>Health worker</b>	As we go though yesterday, can you tell me all that ( <i>child's name</i> ) ate or drank, - meals, other foods, water and breastfeeds?
<b>Caregiver</b>	Yes, I can tell you about that.
<b>Health worker</b>	What was the first thing you gave ( <i>child's name</i> ) after he/she woke up yesterday?
<b>Caregiver</b>	First thing, the baby breastfed. Then about one hour later the baby had a small amount of bread with butter, and several pieces of an orange, about half an orange.
<b>Health worker</b>	Breastfeeding, then bread, butter and some pieces of orange. That is a good start to the day. What was the next food or drink or breastfeed that ( <i>child's name</i> ) had yesterday?
<b>Caregiver</b>	At mid-morning, the baby had some porridge with milk and sugar.
<b>Health worker</b> (show 2 consistency pictures)	Can you tell me which of these drawings is most like the consistency of the porridge you gave to the baby?
<b>Caregiver</b>	Like that one (points to the thick consistency).
<b>Health worker</b>	A thick porridge helps the baby to grow well. After the porridge mid-morning, what was the next food/drink/breastfeed the baby had?
<b>Caregiver</b>	Let's see, in the middle of the day, he/she had soup with vegetables and beans.



<b>Health worker</b>	How did the baby eat the vegetables and beans?
<b>Caregiver</b>	I mashed them all together and added the liquid of the soup so he/she could eat it.
<b>Health worker</b> (show 2 consistency pictures)	Which picture is most like the consistency of the food that you fed the baby yesterday in the middle of the day?
<b>Caregiver</b>	This one (points to the thin consistency) .
<b>Health worker</b>	Did ( <i>child's name</i> ) have any other foods/drinks/breastfeeds at mid-day yesterday?
<b>Caregiver</b>	Oh yes, he/she had a small glass of fruit juice.
<b>Health worker</b>	Fruit juice with a meal helps the iron to be used by the body. After this meal at mid-day, what was the next thing the baby ate?
<b>Caregiver</b>	Let's see, he/she didn't eat anything more until we all ate our evening meal. He/she breastfed a few times in the afternoon. In the evening, he/she ate some rice, a spoonful of mashed greens, and some mashed fish.
<b>Health worker</b> (show 2 consistency pictures)	Which of these pictures looks most like the food the baby ate in the evening?
<b>Caregiver</b>	(Points to the thick drawing) I mashed up the foods together and it looked like that.
<b>Health worker</b>	Did ( <i>child's name</i> ) eat or drink anything more for the evening meal yesterday?
<b>Caregiver</b>	No, nothing else.
<b>Health worker</b>	After that or during the night, did the baby have any other food, drinks or breastfeed?
<b>Caregiver</b>	( <i>Child's name</i> ) breastfeeds during the night but he/she had no more foods.
<b>Health worker</b> (show typical bowl)	Using this bowl, can you show me about how much food the baby ate at his/her main meal yesterday?
<b>Caregiver</b>	(Points to bowl) – about half of that bowl.
<b>Health worker</b>	Thank you. Does anyone give him/her help and encouragement with eating or does ( <i>child's name</i> ) eat by him/herself?
<b>Caregiver</b>	Oh, yes. ( <i>Child's name</i> ) needs help. Usually I help him/her, but sometimes if my mother or sister is there, they will help also.
<b>Health worker</b>	Is ( <i>child's name</i> ) taking any vitamins or minerals?
<b>Caregiver</b>	No, not now.
<b>Health worker</b>	Thank you for telling me so much about what ( <i>child's name</i> ) eats.

☐ Thank the participants for their assistance. They can return to their own seats.

- We pause while the health worker checks that he/she has the information needed. As you can see from the example form on page 46 in your manual, the health worker has gathered information on the foods the child ate in the previous day and filled in the first column.

- Let us go through the questions:

*Is the growth curve heading upwards?*

Yes, however it is only very slowly going upwards.

*Child receives breast milk?*

Answer: Yes, frequently. A practice to praise.

*Three foods of thick consistency?*

Answer: 2, the porridge and the evening meal of rice, mashed greens, and fish. However, the soup given at lunch time was thin, so this might be something to discuss with the caregiver.

- The variety of foods eaten is looked at next.

*Ate an animal product yesterday?*

Answer: Yes, fish in the evening.

*Ate a dairy product?*

Yes, there was milk on the porridge.

*Ate pulses or nuts yesterday?*

Answer: Yes, beans at mid-day. And the child had juice with the meal, which helps iron absorption.

*Ate a dark green or orange vegetable or orange fruit yesterday?*

Answer: Yes, some pieces of orange in the morning, some green vegetables in the evening, maybe some green or orange vegetables in the pot at mid-day. If you need to, you can ask for more information about the kinds of vegetables. However, do not ask many questions about details if the answers are not important. In this example, you have learnt by listening that the child had some green vegetables and an orange fruit so has met the recommendation. You do not need to ask more questions about types of vegetables.

- Then we check the frequency of meals and the amount of food.

*Number of meals and snacks:*

Answer: 3 meals and 1 snack.

*Ask: Is 3 meals and 1 snack adequate for this child aged 11 months?*

Wait for a few replies.

Yes, it is adequate.

*Was the quantity of food eaten at the main meal adequate for the child's age?*

Answer: No, the child is 11 months old and received about half of a bowl. At this age, about 3/4 of a cup should be offered. So this is a point to discuss with the caregiver.

*Caregiver assist with eating?*

Answer: Yes.

*Any vitamins or mineral supplements?*

Not at this time. There is no key message about vitamins or mineral supplements. However, if the child is not eating animal foods and is not likely to eat them, they may need an iron supplement.

*Was the child healthy and eating?*

Yes.

- This summary helps you to pick out the practices to praise and specific *key messages* to give to this caregiver. If the caregiver has not mentioned that the child has received some of the food items or practices listed in the column then the health worker should ask the caregiver directly. If an answer is unclear, you can ask for more information.
- Now the health worker needs to choose which practices to praise and 2 to 3 *key messages* to discuss.

*Ask: What practices of this caregiver could you praise and support to continue?*

→ Write the points that participants suggest on the flip chart. Refer to these responses as you make the following points.

- This caregiver had many good practices you could praise and support:
  - continuing breastfeeding;
  - frequent meals and snacks;
  - variety of foods used including staple, some animal foods, fruit and vegetables;

- thick consistency for some meals;
- assistance with eating.

*Ask: What are the main items to offer information on and a key message to this caregiver?*

Wait for a few replies and then continue.

- After you had praised the practices, you would then discuss:
    - the amount of food in each meal – suggest increasing so that by 12 months the child had a full bowl;
    - to make the food a thick consistency at each meal (remember the bean and vegetable meal was thin).
  - For this particular child, the growth curve was only rising very slowly. Therefore, the amount of food at each meal and giving a thick consistency are particularly important suggestions to discuss.
  - The health worker put their initials by the *key messages* they discussed. The next time the child is seen, the health worker can ask how these areas are.
  - At the moment, we are focusing on listening and learning about the child's eating and building confidence by praising good practices. We will come back to the skills of offering information and suggestions later.
  - You will have an opportunity to practise how to gather information on feeding practices with actual caregivers later in the course, now we will practise with each other.
- Ask if there are any point the participants would like made clearer or any questions.

**V. Practise gathering information on feeding practices**

40 minutes

- ❑ Sit in the small groups of four participants and one trainer. Explain what they will do:
  - You will now use role-play to practise gathering information to assess complementary feeding practices.
  - You will work in pairs, taking turns to be a ‘caregiver’ or a ‘health worker’. When you are the ‘caregiver’, play the part of the story on your card. The ‘health worker’ gathers information about your child’s feeding. The other participants in the group observe.
- ❑ Give each participant one of the Food Intake Stories 1-6 (pages 126-127). Each group of four participants should have a set of four stories plus growth charts, so that each participant can have a different one to practise. There are extra stories if the group is larger than four or if there is extra time available.  
Give each participant a blank Food Intake Tool.  
Make sure each group has a set of the consistency pictures and a child’s bowl.
- ❑ Ask participants to read through their own story to themselves. Allow two minutes, and then continue with the explanation:
  - You are the only one in your group with that story. Do not let the others see it. Look only at your own story.
  - When you are the ‘caregiver’:
    - Give yourself and your child's name and tell them to your ‘health worker’.
    - Answer the health worker’s questions from your story. Do not give all the information at once.
    - If the information to answer a question is not in your story, make up information to fit with the history.
    - If your health worker uses good listening and learning skills, and makes you feel that she/he is interested, you can tell her/him more.
  - When you are the ‘health worker’:
    - Greet the ‘caregiver’ and introduce yourself. Ask for her/his name and her/his baby’s name, and use them.
    - Ask one or two open questions to start the conversation and to find out in general how is the child.
    - Explain that you would like to learn about how her/his child is eating. Ask the caregiver to tell you about the child’s eating in the previous day. Prompt as needed. Fill out the Food Intake Tool as you listen.

- **Do not offer *key messages* or try to change practices at this time.**  
We will look at the forms in a later session and discuss what information would be useful to this caregiver.
- When you are observing:
  - Follow the pair practice with the Food Intake Tool and observe if the ‘health worker’ gathers useful information.
  - Notice which counselling skills the health worker uses and which she/he does not use.
  - After the role-play, be prepared to praise what the health worker does right, and suggest what they could do better.
- Trainers each sit with one group of four participants. Make sure that the participants understand the exercise and do it as intended – and that the ‘caregiver’ does not give all the information at once. The ‘health worker’ does not discuss changing practices at this time.

Ask one pair to sit together slightly separate from the group. Ask them to practise gathering information.

Follow the story in your Trainer’s Guide. If the pair is doing well, let them go on until they finish. If they make many mistakes, or get confused, stop them, and give them a chance to correct themselves. Ask them how they feel they are doing, and what they think they could do differently.

- Discuss the role-play briefly in each small group.
  - Ask the caregiver how did he/she feel, did she/he say all she/he wanted to, or did she/he feel restricted?
  - Ask the other participants in the group to say what they observed.
  - Then say what you think. Praise what the pair did right and then comment on how well the ‘health worker’ gathered information.
  - Ask the ‘health worker’ what are the points to praise and a maximum of 2 to 3 *key messages* they would focus on.

If necessary, let the pair try again, at least for a short time. Try to finish the exercise with participants doing some things well. Thank the pair and congratulate them for their efforts.

Ask another pair to practise. Make sure each member of the group has a chance to be a ‘health worker’ at least once.

Allow 30 minutes for these role-plays – about five minutes to do each of the four role-plays and a few minutes between each role-play to discuss it.

Remind participants to keep the completed Food Intake Tools for discussion at a later session.

- ☐ Summarize the session in the small group or return to the large group for this.

## VI. Summarize the session

3 minutes

- ☐ Make these points:
  - In this session, we looked at various ways of gathering information on complementary feeding practices. This included observation, growth charts, listening, and asking questions.

*Ask: If your colleague asked you how they could gather information about a child's feeding practices, what four techniques could you mention?*

Wait for a few replies. Praise useful responses. Reinforce the main points:

- ☐ Show **Overhead 7/6 – Gathering Information on Complementary Feeding Practices** and read it through.

### Gathering information on complementary feeding practices

Observe the child and the caregiver

Look at the growth chart, if available – is the child growing?

Use counselling skills to encourage the caregiver to tell you about feeding practices

Complete the Food Intake Tool

- ☐ Ask participants if they have any questions or if there are points you can make clearer.
- ☐ Introduce the next session:
  - In this session, we looked at skills of gathering information on feeding practices so that you can praise good practices and choose relevant suggestions. In the next session, you will have an opportunity to practise your skills when we visit a community health facility
  - (Name) will explain the visit.

**FOOD INTAKE TOOL**

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

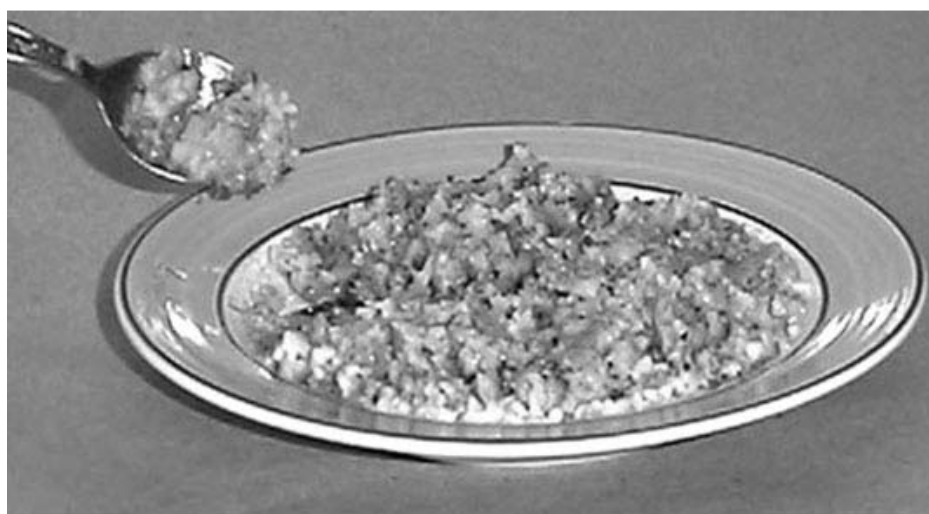
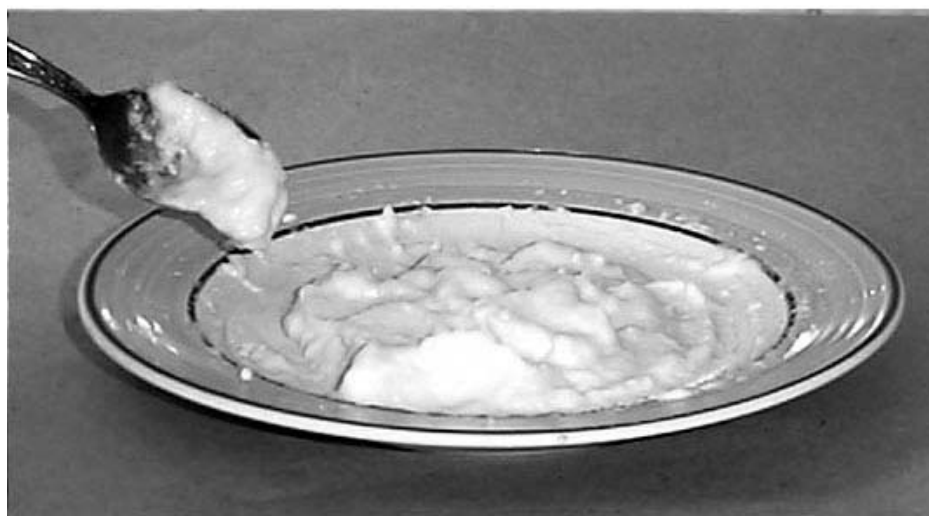
Enter your initials if a message is given (see Food Intake Reference Tool for the message)

<b>Child's Name:</b>					<b>Date of Birth:</b>			
<b>Date of visit:</b>								
<b>Age of child at visit:</b>								
Is the growth curve heading upwards? (Yes/No)								
<b>Feeding Practice</b>	<b>Yes</b>	<b>Message given</b>	<b>Yes</b>	<b>Message given</b>	<b>Yes</b>	<b>Message given</b>	<b>Yes</b>	<b>Message given</b>
Does child receive breast milk?								
Did child eat three meals of thick consistency yesterday? (use consistency photos as needed)								
Did child eat an animal product yesterday? (meat/fish/offal/bird/eggs)?								
Did child eat a dairy product yesterday?								
Did child eat pulses, nuts or seeds yesterday?								
Did child eat a dark green or orange vegetable or orange fruit yesterday?								
Did child eat sufficient number of meals and snacks yesterday, for his/her age?								
Was the quantity of food eaten at main meal yesterday appropriate for child's age?								
Does caregiver assist the child at meals times?								
Does child take any vitamin or mineral supplements?								
Is the child ill or recovering from an illness?								



**FOOD INTAKE REFERENCE TOOL**

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



**FOOD INTAKE TOOL - Example**

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

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

<b>Child's Name:</b> <i>Baba, son of Moda</i>					<b>Date of Birth:</b> <i>January 6, 2003</i>			
<b>Date of visit:</b>	<i>Oct 10, 2003</i>							
<b>Age of child at visit:</b>	<i>11 months</i>							
Is the growth curve heading upwards?	<i>slowly</i>							
<b>Feeding Practice</b>	<b>Yes</b>	<b>Message given</b>	<b>Yes</b>	<b>Message given</b>	<b>Yes</b>	<b>Message given</b>	<b>Yes</b>	<b>Message given</b>
Does child receive breast milk?	✓							
Did child eat three meals of thick consistency yesterday? (use consistency photos as needed)	2	<i>initial</i>						
Did child eat an animal product yesterday? (meat/fish/offal/bird/eggs)?	✓							
Did child eat a dairy product yesterday?	✓							
Did child eat a dark green or orange vegetable or orange fruit yesterday?	✓							
Did child eat pulses, nuts or seeds yesterday?	✓							
Did child eat sufficient number of meals and snacks yesterday, for his/her age?	✓							
Was quantity of food eaten at main meal yesterday appropriate for child's age?		<i>initial</i>						
Does caregiver sit with/assist the child at meals times?	✓							
Does child take any vitamin or mineral supplements?	-							

## Stories for Food Intake Practice

### Story 1:

Child is 15 months old. Healthy, growing well and eating normally. Breastfeeds frequently

Early morning: Breastfeed, half a bowlful of thick porridge, milk and small spoon of sugar.

Mid-morning: Small piece of bread with nothing on it, breastfeed.

Mid-day: Three large spoons of rice, one spoon of mashed beans, pieces of mango, a drink of water.

Mid-afternoon: Breastfeed, one small biscuit/cookie.

Evening: Two large spoons of rice, one large spoon of mashed fish, one large spoon of greens, drink of water.

Bedtime: Breastfeed.

During night: Breastfeed.

✂ -----

### Story 2:

Child is nine months old. Not ill at present. Growing slowly. Not difficult to feed. Not breastfeeding.

Early morning: Half cup of cow's milk, half a bowl of thin porridge, spoon of sugar.

Mid-morning: Half a mashed banana, small drink of fruit drink.

Mid-day: Half a bowl of thin soup, one spoon of rice, and one spoon of mashed beans, drink of water.

Mid-afternoon: Sweet biscuit, half a cup of cow's milk.

Evening: One spoon of rice, one spoon of mashed meat and vegetable from family meal, drink of water.

Bedtime: Piece of bread with no spread, half a cup cow's milk.

During the night: a drink of water.

✂ -----

### Story 3:

Child is 18 months old. Not ill at present. Growing slowly. Not difficult to feed. Breastfeeds.

Early morning: Full bowl of porridge with sugar, breastfeed,

Mid-morning: Cup of diluted fruit drink.

Mid-day: Three spoons of rice, three spoons of mashed beans and vegetables from the family meal, cup of diluted fruit drink .

Mid-afternoon: Large piece of bread with jam, breastfeed.

Evening: Whole mashed banana, one sweet biscuit, cup of diluted fruit drink.

Bedtime: Breastfeed.

During the night: Breastfeed.

**Story 4:**

Child is 12 months old. Growing very slowly.

Early morning: Breastfeed. Half a bowl of thin porridge.

Mid-morning: Two small spoons of mashed banana, breastfeed.

Mid-day: Four spoons of thin soup, one spoon of mashed meat/vegetables/potato from the soup, breastfeed.

Mid-afternoon: Breastfeed, two spoons mashed mango.

Evening: Two spoons of mashed meat/vegetable/potato from family meal, breastfeed.

Bedtime: Breastfeed, sweet biscuit mashed in cow's milk, three spoons.

During the night: Breastfeed.

✂ -----

**Story 5:**

Child is six months old and healthy. Growing well. Easy to feed.

Early morning: Breastfeeds.

Mid-morning : Three spoons of thin porridge with milk, breastfeeds.

Mid-day: breastfeeds.

Mid-afternoon : breastfeeds.

Evening : Three spoons of mashed family meal – potato, fish, carrots. Thick consistency.

Bedtime: Breastfeed.

During night : Breastfeeds.

✂ -----

**Story 6:**

Child is eight months old and growing slowly. Not ill. Does not show much interest in eating.

Early morning : Breastfeed, three spoons of thin porridge with milk and sugar.

Mid-morning : Breastfeed.

Mid-day : One spoon of rice, one spoon of mashed beans, small piece of egg, one spoon of mashed greens, from the family meal. A drink of water.

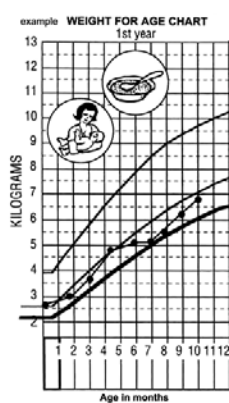
Mid-afternoon: One sweet biscuit, Breastfeed.

Evening: One piece of bread with some butter, breastfeed.

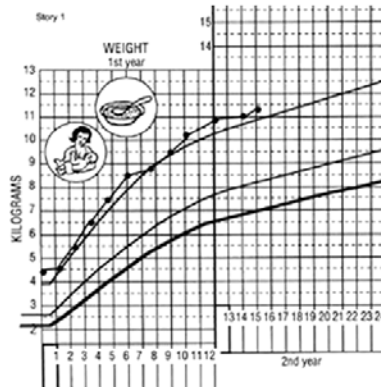
Bedtime: Breastfeed.

During the night : Breastfeed.

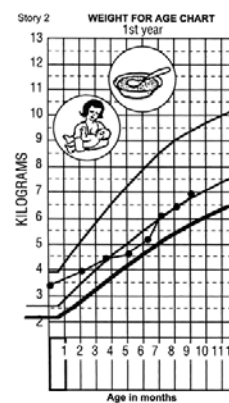
## WEIGHT CHARTS FOR SESSION 7



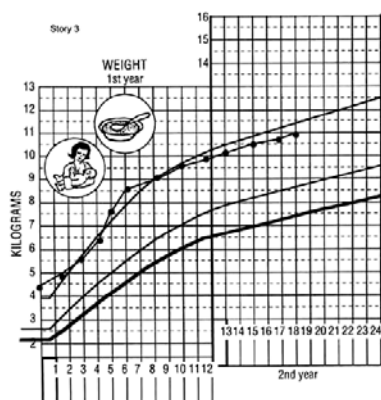
Demonstration 7/1



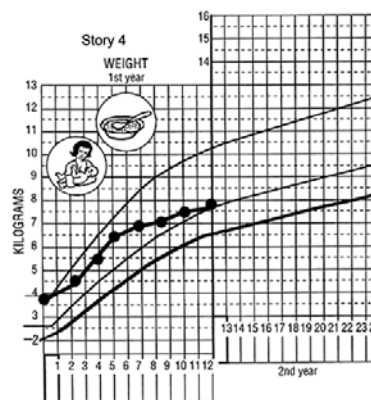
Story 1



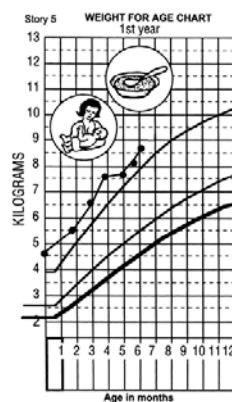
Story 2



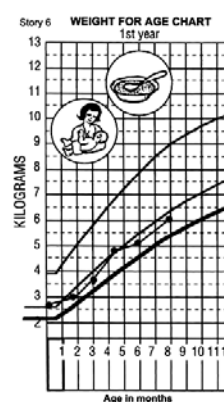
Story 3



Story 4



Story 5



Story 6

## Session 8

### Field Trip 1

#### **Objectives:**

At the end of this session, participants should be able to:

- practise their counselling skills to gather information about complementary feeding;
- practise gathering information using the Food Intake Tool;
- build a picture of local feeding practices.

#### **Outline:**

**Total time - 120 minutes**

I. Prepare the participants for the field trip	5 minutes
II. Conduct the field practice	60 minutes
III. Discuss the field practice in groups	35 minutes
IV. Discuss the findings as a whole group	20 minutes

#### **Before the session**

Ensure you know exactly where the practice will be held and what times you are expected there.

Arrange transport to the field test site, if needed

You will need:

Overhead transparency **8/1**

Copies of the Food Intake Tool – two for each participant plus a few extra

Copies of the Counselling Skills Checklist (1) – two for each participant

Pictures of food consistencies - one set for each participant

A typical bowl that a young child would use – one set for each pair

**Worksheet 8.1 Summary of Small Group's Food Intake Tools**– one copy for each group

Draw the **Worksheet 8.1 Summary of Small Group's Food Intake Tools** on a sheet of flip chart paper for the feedback

Ask another trainer to assist you when taking the feedback with the whole group.

Counselling Skills lists and *Key Messages* sheets attached to the wall.

If the travel to the field test site is more than 15-20 minutes, try to have small groups travel together and use this time to discuss the field practice.

**I. Prepare the participants for the field trip**

5 minutes

- ☐ Show **Overhead 8/1 – Session 8 Objectives**, and read out the objectives:

**Session Eight: Field Trip 1****In this session you will:**

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

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

- ☐ Explain what the participants should take with them:

- You do not need to bring many items on the field trip. Carrying many things can be a barrier between you and the caregiver you are talking with. Take with you:
  - Your Participants Manual, which contains instruction on what to do during the Field Trip on page 49 and the Food Intake Reference Tool.
  - Pencil.
  - Two copies of the Counselling Skills Checklist (1).
  - Two copies of the Food Intake Tool and the picture of the thick and thin consistency.
  - Common bowl used to feed a young child - between each pair of participants.

- ☐ Distribute two blank copies to each person of the Counselling Skills Checklist (1), the Food Intake Tool and consistency pictures.

- ☐ Explain how the participants will work:

- You will work in your groups of four and each group will have one trainer. Divide into pairs and each pair will talk with one caregiver at a time. One participant talks with the caregiver, filling in the Tool at the same time. Talk with caregivers of children over 6 months of age and under 24 months. The partner observes and fills in the counselling checklist.



- When you talk with a caregiver:
    - introduce yourself to the caregiver and ask permission to talk with her/him. Introduce your partner and explain you are interested in learning about feeding young children in general. You may wish to say you are on a course;
    - try to find a chair or stool to sit on, so you are at the same level as the caregiver;
    - practise as many of the counselling skills as possible as you gather information from the caregiver using the Food Intake Tool. Listen to what the caregiver is saying and try not to ask a question if you already have been told the information;
    - be careful not to give advice. You are just practising your skills of gathering information;
    - if the caregiver has any question about feeding her/his child, encourage them to discuss it with their health worker or health facility.
  - The participant that is observing can mark a ✓ on the Counselling Skills Checklist for every skill that she/he observes her/his partner practising. Remember to observe what your partner is doing rather than thinking about what you would say if you were talking to the caregiver. The observer does not ask the caregiver any questions.
  - When you have finished talking with a caregiver(s), thank them and move away. Briefly, discuss with your partner and trainer what you did and what you learnt and clarify any questions you may have about conducting the exercise.
  - Find another caregiver and repeat the exercise with the participants swapping roles. Continue the sequence until all participants have conducted the exercise with at least one caregiver. Remember to use your listening and learning skills throughout.
  - The trainer circulates between the pairs. If possible, the exercise should be conducted in an area where other caretakers are not listening, so as not to influence subsequent responses.
- ☐ Encourage participants to notice feeding practices such as:
- if the child eats any food or has any drinks while there;
  - whether children are given a bottle or soother/pacifier while waiting;
  - general interaction between caregivers and children;
  - any posters or other information on feeding in the area.
- ☐ Discuss arrangements for travel (if needed) and any other details of the field trip and whether the discussions will be done at the site or back at the classroom.

**II. Conduct the practice**

60 minutes

- ☐ Take your group to the working area and introduce your group to the person in charge. Listen to any directions that this contact person gives. This may include suitable areas to use as well as children and caregivers not to talk with. Divide into pairs. Circulate between the pairs as necessary to observe, comment and help.
- ☐ Tell participants when and where they are to meet after the practice. Remind the participants only to talk with caregivers of children over six months of age.

About 10 minutes before the end of the time, remind the groups to start finishing up.

**III. Discuss the field practice in small groups**

35 minutes

- ☐ In the small groups, the trainer and the participants discuss the practice. This may be done at the field practice site, during transportation or back at the classroom depending on the local situation.

*General Questions*

How did your field practice go? What did you do well? What difficulties did you have?

Was the caregiver willing to talk? Did he/she seem to enjoy talking with you?

Did the caregiver ask any questions? How did you respond?

What was the most interesting thing that you learnt from the caregiver?

Was there any special difficulty or situation that helped you to learn?

*Listening and Learning Skills*

- ☐ Ask both the participant and the observer for comments.  
How many of the listening and learning skills were you able to use/your partner use?  
Were some skills difficult to use? Did you ask many questions?  
Did using the skills encourage the caregiver to talk?

### Food Intake Tool

- Ask the participants to take out the Food Intake Tools they completed.  
Explain the exercise:
  - Now we are going to look at the feeding practices of the caregivers you talked with and compare them with the recommendations or *key messages* we discussed in earlier sessions. As each recommendation is read out, report if the caregivers you met followed this recommendation.
  - As well as gathering information on the practices of the individual caregivers, this summary will give us information generally about practices in the community. This information helps you to know which are practices that you need to pay most attention to in your work. It also helps you to learn about differences in practice between caregivers in your community.

- ☐ Complete the **WORKSHEET 8.1 Summary of Small Group's Food Intake Tools**.

Read out each recommendation. Mark the appropriate column for each practice using the answers of the participants.

**WORKSHEET 8.1: Summary of Small Groups' Food Intake Tools - EXAMPLE**

Caregivers Practices	Yes – practice exists	No – practice does not exist
Growth curve heading upwards?	/// 3	/ 1
Child receives breast milk?	// 2	// 2
Child eats three meals of thick consistency yesterday?	// 2	// 2
Child ate an animal product yesterday? (meat/fish/offal/bird/eggs)?	/ 1	/// 3
Child ate a dairy product yesterday?	//// 4	- 0
Child ate pulses or nuts yesterday?	/// 3	/ 1
Child ate a dark green or orange vegetable or orange fruit yesterday?	// 2	// 2
Child eats sufficient number of meals and snacks yesterday, for his/her age?	/ 1	/// 3
Quantity of food eaten at main meal yesterday appropriate for child's age?	/ 1	/// 3
Caregiver assists the child at meals times?	/ 1	/// 3
Child takes any vitamin or mineral supplements?	- 0	//// 4

Total the numbers for each box / practice.

- ☐ Ask each group to hand up their summary sheet to the trainer assisting with this session. This trainer will fill in the large summary worksheet that you have drawn on the flip chart page with the results from each group, while you discuss the findings.

#### IV. Discuss the findings as a whole group

20 minutes

- ❑ Return to the whole class group. Discuss what the participants learnt from listening to the caregivers and from the summary sheets.

*Ask: What did you observe in general looking around the health centre?*<sup>45</sup>

Wait for a few replies. Prompt if needed – posters, leaflets, food for sale, children with food/bottles/soothers?

- Now look at the summary of practices for the whole group. What do you see?
  - What practices are caregivers doing that you could praise and encourage?
  - What areas need improvement?
  - Do caregivers in your area have similar practices or do you see many differences between caregivers' practices?
  - Where are the practices that you found and what you expected to find?
  - What does this mean to you as health workers in your practice?

- ❑ Make the points that are relevant to the summary table.
  - Several patterns may exist in the summary table. They may include: many practices occur which you can praise and encourage, many practices occur that you would like to change, a mixture of practices within one recommendation.
  - These patterns may be quite clear and indicate which practices that you need to pay most attention to in your work.
  - Or, there may be little pattern (for example, numbers may be spread across the boxes). This spread may indicate that there are differences between caregivers in your area and that you may need more assessment to identify practices to focus on.

*Ask: In this field trip, did you use skills to gather information from the caregivers?*

What are three skills of Listening and Learning that are useful in this activity?

Wait for a few responses. Point to the flip page on the wall of the skills and comment on the skills the participants mentioned.

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<sup>45</sup> Refer to whatever venue the field trip went to visit.

- ☐ Ask participants if they have any questions or if there are points you can make clearer.
- ☐ Introduce the next session:
  - In the next session, we will discuss feeding techniques and strategies for encouraging young children to eat.
  - *(Name)* will conduct the next session.

### WORKSHEET 8.1: Summary of Groups' Food Intake Tools

Caregivers Practices	Yes – practice exists	No – practice does not exist
Growth curve heading upwards?		
Child receives breast milk?		
Child eats three meals of thick consistency yesterday?		
Child ate an animal product yesterday (meat/fish/offal/bird/eggs)?		
Child ate a dairy product yesterday?		
Child ate pulses or nuts yesterday?		
Child ate a dark green or orange vegetable or orange fruit yesterday?		
Child eats sufficient number of meals and snacks yesterday, for his/her age?		
Quantity of food eaten at main meal yesterday appropriate for child's age?		
Caregiver assists the child at meals times?		
Child takes any vitamin or mineral supplements?		

Total the numbers for each box / practice.

## Session 9

### Feeding Techniques and Strategies

#### **Objectives:**

At the end of this session, participants should be able to:

- describe feeding practices and their effect on the child's intake;
- discuss with families specific techniques to encourage young children to eat;
- explain ways of assisting clean and safe feeding;
- discuss with families how to put these recommendations into action.

#### **Outline:**

**Total time - 60 minutes**

I. Introduce the session	7 minutes
II. Describe feeding care practices and their effect on intake	25 minutes
III. Explain the requirements for clean and safe feeding	10 minutes
IV. Discuss how to put these recommendations into action	15 minutes
V. Summarize the session	3 minutes

#### **Before the session**

You will need:

Overhead transparencies **9/1, 9/2, 9/3, 9/4, 9/5**

Flip chart and markers

Copies of **WORKSHEET 9.1: IS IT CLEAN AND SAFE?** - one for each group

To ask two participants to assist with the **DEMONSTRATIONS 9/1, 9/2, 9/3.**

For demonstrations you will need a spoon, a feeding bowl with some mashed food in it, a biscuit or piece of bread or other finger food, a cloth to use as a bib and a basin, water, soap and towel for hand washing. You will also need a mat or chairs to sit on while feeding the child; whatever is common in your area.

To prepare a flipchart with the list of Responsive Feeding Practices. Keep it covered until needed.

Responsive Feeding Practices

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

Feed slowly and patiently, encourage but do not force

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

To write the *Key Messages* from this session on a page of flip chart paper:

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

## I. Introduce the session

7 minutes

□ Make these points:

- Health workers like you frequently give information to caregivers about feeding their young child. Think about the recommendations and suggestions that you give.

*Ask: Write down the most frequent recommendation or information that **you** give to caregivers about feeding young children?<sup>46</sup>*

After participants have written on any piece of scrap paper, make two columns on the flip chart. Do not write the headings until they have written their recommendations.

→ Write WHAT TO FEED at the top of one column and HOW TO FEED at the top of the other.

□ Ask participants to read out their recommendations, one by one. Put a tick mark ✓ in the column that relates to the recommendation. For example, the recommendation “Give fruits” or “Give animal foods” or “Feed frequently”, “Give more food” goes in the WHAT column; the recommendation “Pay attention to the child while feeding” or “Wash your hands before feeding the child” goes in the HOW column.

*Ask: What do you see? Which type of information do you give most often?*

Which column has the most tick marks ✓ in it?

It is probably the WHAT column.

- Often health workers talk about *what* foods to give the child. Yet, when we listen to families, they say, “my child does not eat enough” or “my child is very difficult to feed”.
- Imagine a young child first eating. What comes to mind? When a child is learning to eat, she/he often eats slowly and is messy. She/he may be easily distracted. She/he may make a face, spit some food out, and play with the food. This is because the child is learning to eat.
- A child needs to learn how to eat, to try new food tastes and textures. A child needs to learn to chew, move food around the mouth and to swallow food. The child needs to learn how to get food effectively into the mouth, how to use a spoon and how to drink from a cup.

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<sup>46</sup> Encourage the participants to write their recommendation quickly. It does not need to be a full sentence or to use one of the key points from this course.



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

- ☐ Show **Overhead 9/1 – Session 9 Objectives**, and read out the objectives:

**Session Nine: Feeding Techniques and Strategies**

**In this session we will look at:**

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

**II. Describe feeding care practices and their effect on intake** 25 minutes

- ☐ Make these points:

- A child needs food, health and care to grow and develop. Even when food and health care are limited, good care can help make best use of these limited resources.
- Care refers to the behaviours and practices of the caregivers and family that provide the food, health care, stimulation and emotional support necessary for the child's healthy growth and development.
- An important time to use good care practices is at mealtimes – when helping young children to eat.

- ☐ Uncover the first **Responsive Feeding Practices** on the flip chart list, and make these points:

- The first Responsive Feeding Practice to look at is :  
***Assist children to eat, being sensitive to their cues or signals.***
- Children need to learn to eat. Eating solid foods is a new skill and, at first, the child will eat slowly and may make a mess. It takes lots of patience to teach children to eat.

- The child needs help and time to develop this new skill, to learn how to eat, to try new food tastes and textures.
- At first, the young child may push food out of the mouth. This is because he/she does not have the skill of moving it to the back of his/her mouth to swallow it. Caregivers may think that this pushing out of food means the child does not want to eat. Talk with them about children needing time to learn to eat, just as they need time to learn to walk and to learn other skills.

*Ask: At what age do caregivers in your community expect young children to be able to eat by themselves?*

Wait for a few responses, and then continue.

- A child's ability to pick up a piece of solid food, hold a spoon, or handle a cup increases with age and practice. Children under two years of age need assistance with feeding.
- However, this assistance needs to adapt so that the child has opportunities to feed him/herself, as they are able. A child may eat more if they are allowed to pick up foods with their newly learned finger skills - from about 9 to 10 months of age.
- The child may be at least 15 months old before they can eat a sufficient amount of food by self-feeding. At this age, they are still learning to use utensils and will still need assistance.
- Families tend to feed their young children in one of three different ways.
  - One way is *high control* of the feeding by the caregiver who decides when and how much the child eats. This may include force-feeding.
  - Another feeding style is that the *children are left to feed themselves*. The caregiver believes that the child will eat if hungry. The caregiver may also believe when the child stops eating that they have had enough to eat.
  - The third style is feeding *in response to the child's cues* or signals using encouragement and praise.
- The easiest way to see the difference in these three feeding styles is to demonstrate them.

- Introduce the three **DEMONSTRATIONS 9/1, 9/2, 9/3.**
  - Now we see demonstrations of three ways to feed a young child. After the demonstration, we will discuss what it shows.
- Ask the two participants whom you prepared to give **DEMONSTRATION 9/1.** One participant plays the part of a child aged about 18 months and another participant is the 'caregiver'. Have the items for the demonstration ready (listed at the start of this session).

### **DEMONSTRATION 9/1: Controlled feeding**

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

The caregiver spoons food into the child's mouth.

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

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

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

*Ask: What style of feeding did we see here?*

Wait for a few replies.

- This is an example of controlled feeding. The child may not learn to regulate their intake, which may lead to obesity and food refusal later.

*Ask: How do you think this child feels about eating?*

Wait for a few replies and also ask the 'child' how he felt.

The 'child' may feel eating is very frightening, uncomfortable, feel scared.

- Now we see another way of feeding a young child.

### **DEMONSTRATION 9/2: Leave it to themselves**

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

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

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

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

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

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

*Ask: What style of feeding did we see here?*

Wait for a few replies.

- This is an example of feeding by leaving the child to do it themselves. If the child has a poor appetite or is too young to manage the skills of eating, this can result in malnutrition.

*Ask: How do you think this child feels about eating?*

Wait for a few replies and also ask the 'child' how she felt.  
The 'child' may feel eating is very difficult, may be hungry, sad....

- Now we see a third way of feeding a young child.

### **DEMONSTRATION 9/3: Responsive feeding**

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

Caregiver praises child and makes pleasant comments – "Aren't you a good boy/girl", "Here is lovely dinner" while feeding slowly.  
Child stops taking food by shutting mouth or turning away. Caregiver tries once - "Another spoonful of lovely dinner?" Child refuses and caregiver stops feeding.

Caregiver offers a piece of food that child can hold - bread crust, biscuit or something similar. "Would you like to feed yourself?" Child takes it, smiles and sucks/munches it. Caregiver encourages "You want to feed yourself, do you?"  
After a minute, the caregiver offers a bit more from the bowl. Child starts taking spoonfuls again.

*Ask: How did the child feel this time about feeding?*

Wait for a few replies. Ask the 'child' too.

The child may feel happy about eating, like the contact and the praise, enjoy feeding him/herself...

*Ask: What style of feeding did we see in the last demonstration?*

Wait for a few replies.

- In this last demonstration, the caregiver was feeding the child in response to the child's cues. The child's cue or signal that they are hungry may include restlessness, reaching for food, or crying. Cues or signals that they do not want to eat more may include turning away, spitting out food or crying.
  - Caregivers need to be aware of their child's cues, interpret them accurately, and respond to them promptly, appropriately and consistently.
- ☐ Thank the participants for their help.
- ☐ Uncover the second **Responsive Feeding Practices** on the flip chart list.
- Now we have another Responsive Feeding practice: ***Feed slowly and patiently, encourage but do not force.***

*Ask: What good practices did we see in the last demonstration that we could encourage?*

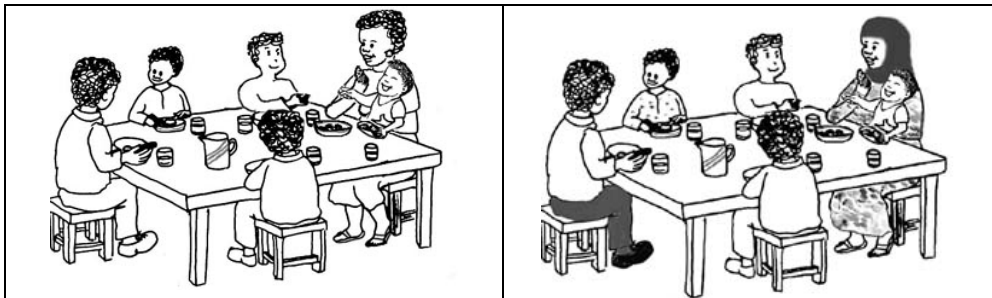
→ Write participants' responses on the flip chart and then continue.

- We could encourage many good responsive feeding practices here. When you are talking with caregivers notice what practices they are doing that you can praise. Offer a few suggestions for other practices they could try.
  - Some practices you can suggest are listed in your manual.
- ☐ Ask participants to turn to page 53 of their manual and find **BOX 9.1: RESPONSIVE FEEDING TECHNIQUES**.  
Ask participants to read out the points in turn.

#### **BOX 9.1: RESPONSIVE FEEDING TECHNIQUES**

Respond positively to the child with smiles, eye contact and encouraging words  
Feed the child slowly and patiently with good humour  
Try different food combinations, tastes and textures to encourage eating  
Wait when the child stops eating and then offer again  
Give finger foods that the child can feed him/herself  
Minimize distractions if the child loses interest easily  
Stay with the child through the meal and be attentive

- ❑ Uncover the third **Responsive Feeding Practices** on the flip chart list, and make these points:
  - The third **Responsive Feeding Practices** to encourage is: ***Talk to children during feeding with eye to eye contact.***
  - Feeding times are periods of learning and love. Children may eat better if feeding times are happy. Feed when the child is alert and happy. If the child is sleepy or over-hungry and upset, he/she may not eat well. Regular mealtimes and the focus on eating without distractions, may also help a child learn to eat.
  - When you talk with a caregiver, ask who feeds the child. Children are more likely to eat well if they like the person feeding them. Give positive attention for eating not just attention when eating poorly.
  - Older siblings may help with feeding but may still need adult supervision to ensure the young child is actively encouraged to eat and that the sibling does not take their food.
  
- ❑ Show **Overhead 9/2 Feeding Situation** and ask the question:




Ask: *What can we see in this feeding situation that could encourage the young child to eat?*

- Write participants' responses on the flip chart and then continue. Refer to the responses as you make these points:
  - The overall feeding environment may also affect food intake. This includes to:
    - sit with the family or other children at mealtimes so the child sees them eating;
    - sit with others eating to provide an opportunity to offer extra food to the young child;

- use a separate bowl for the child so the caregiver can see the amount eaten;
  - talk with children and use eye to eye contact;
  - all the family can help with responsive feeding practices.
- In this section we saw three Responsive Feeding Practices to encourage (point to list):
    - Assist children to eat, being sensitive to their cues or signals.
    - Feed slowly and patiently, encourage but do not force.
    - Talk to children during feeding with eye-to-eye contact.

□ Show **Overhead 9/3: Responsive Feeding Key Message** and say:

- Therefore, another *key message* to share with families is: A young child needs to learn to eat: encourage and give help...with lots of patience.

<p style="text-align: center;"><b>Key Message 9:</b></p> <p><b>A young child needs to learn to eat: encourage and give help ...with lots of patience.</b></p>	
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### III. Explain the requirements for clean and safe feeding

10 minutes

□ Make these points:

- A young child is at increased risk of illness for three reasons:
  - the immunity they received from their mother has declined;
  - their own immune system is not yet fully developed;
  - they are increasingly exposed to organisms that cause disease, such as bacteria, viruses, and parasites.
- Clean, safe preparation and feeding of complementary foods are essential to reduce the risk of contamination and the illnesses that it causes.

- ❑ Ask participants to sit in their small groups. Give each group a copy of **WORKSHEET 9/1 Is it clean and safe?**

Ask each group to circle practices that would help in the providing clean and safe food. Put an X mark next to practices that might be a risk of contamination and illness. Allow 5 minutes.

- ❑ Show **Overhead 9/4 Is it clean and safe?**

Ask one group to say one practice they would encourage and one practice they would discourage. Point to each item as it is mentioned. Discuss if necessary. Emphasize the need to find a practice to praise first before a practice to discourage.

Then ask another group for one practice in a similar manner. Continue until most practices are mentioned, ensuring that all groups get an opportunity to contribute.

- Practices to recommend in this situation include:
  - Using soapy water for washing dishes.
  - Sugar and flour are in covered containers.
  - Woman is scrubbing chopping board with soapy water.
  - Water is in a covered container.
  - Food bowl is covered with a plate and jug is covered - away from hot sun.
  - Kitchen is a sunny room with air circulation.
- Practices to discourage in this situation include:
  - Poisons kept near food.
  - Food in hot sunlight.
  - Food uncovered and left out.
  - Refuse uncovered, near food and needs disposal.
  - Feeding bottle used and also on the floor.
  - Child hands and face needs to be washed before eating.

- ❑ Make these points:

- The main points to remember for clean and safe preparation of foods are:
  - Clean hands.
  - Clean utensils.
  - Safe water and food.
  - Safe storage.



- Discuss with the caregiver how the household routine works. Who prepares the food, where they get water, what food storage facilities they have, and how often the family cooks, are some topics to discuss.
  - Help families to find ways of preparing the child's food in a clean and safe way.
  - In your manual on page 56 there are the **Five Keys to Safer Food**. You can read these at another time.
- Show locally used material on foods safety/hygiene, if available.

#### IV. Discuss how to put these recommendations into action

15 minutes

- Make these points:
- We have talked about ways that caregivers can help their children learn to eat, and the need to provide safe clean foods.
- Ask: If we just tell families that they should use these practices, what happens?*
- Wait for a few replies, and then continue.
- Usually, telling the caregivers the practices that they could or *should* do is not enough.
  - We need to discuss with caregivers their home situation and talk about the resources *they* have available. When we have listened and learned from them we are better able to offer suggestions that the family may be willing to try.

*Ask: What are some of the difficulties families have to put these feeding strategies into action?<sup>47</sup>*

→ Write up responses on the flip chart. List the difficulties on one side of the page to leave space for the suggestions next to them.

*Ask: What suggestions could you offer to overcome some of these difficulties?*

→ Write up responses on the flip chart with the suggestion next to the barrier. Discuss the barriers and solutions.

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<sup>47</sup> Difficulties may include limited water or fuel, caregiver has many duties and little time or energy for helping children eat, caregiver may have limited knowledge of responsive feeding practices, etc.

- ☐ Show **Overhead 9/5: Resources for care** and make the points that follow:

**Resources for Care**

Knowledge  
Health  
Economic resources and time  
Emotional support

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

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

## V. Summarize the session

3 minutes

- ☐ Make these points:
- In this session, we discussed the importance of feeding and care practices to assist in feeding a young child. At the beginning of the session, we saw that we were more likely to tell caregivers about *what* to feed and not as likely to talk about *how* to feed the young child.

*Ask: If a caregiver said to you, "My child doesn't want to eat, mealtimes are difficult, what can I do?", what would you say?*

Let participants reply. Praise them for good answers and reinforce the key points:

- ☐ Show flip chart page with **Key Message 9**

**Key Message 9:**

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

- ☐ Ask participants if they have any questions or if there are points that you can make clearer.
- ☐ Introduce the next session:
  - In this session, we looked at the importance of *how* young children are fed. In the next session, we look at skills of giving information.
  - *(Name)* will conduct the next session.

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***Five Keys to Safer Food***<sup>48</sup>**Keep clean**

Wash your hands before handling food and often during food preparation.

Wash your hands after going to the toilet, changing the baby or in contact with animals.

Wash very clean all surfaces and equipment used for food preparation or serving.

Protect kitchen areas and food from insects, pests and other animals.

**Separate raw and cooked foods**

Separate raw meat, poultry and seafood from other foods.

Use separate equipment and utensils such as knives and cutting boards for handling raw foods.

Store foods in covered containers to avoid contact between raw and prepared foods.

**Cook thoroughly**

Cook food thoroughly, especially meat, poultry, eggs and seafood.

Bring foods like soups and stews to boiling point. For meat and poultry, make sure juices are clear not pink.

Reheat cooked food thoroughly. Bring to the boil or heat until too hot to touch.

Stir while re-heating.

**Keep food at safe temperatures**

Do not leave cooked food at room temperature for more than two hours.

Do not store food too long, even in a refrigerator.

Do not thaw frozen food at room temperature.

Food for infants and young children should ideally be freshly prepared and not stored at all after cooking.

**Use safe water and raw materials**

Use safe water or treat it to make it safe.

Choose fresh and wholesome foods.

Use pasteurised milk.

Wash fruits and vegetables in safe water, especially if eaten raw.

Do not use food beyond its expiry date.

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<sup>48</sup> Adapted from Food Safety Unit, WHO, Geneva 2001 WHO/SDE/PHE/FOS/01.1

## Is it Clean and Safe?



**Clean hands**

**Clean Utensils**

**Safe water and food**

**Safe storage**



## Session 10

### Skills of Giving Information (1)

#### **Objectives:**

At the end of this session, participants should be able to:

- use counselling skills to offer information to caregivers.

#### **Outline:**

**Total time - 45 minutes**

I.	Introduce the session	2 minutes
II.	Review remaining counselling skills	20 minutes
III.	Facilitate written exercise using <b>WORKSHEET 10/1</b>	20 minutes
IV.	Summarize the session	3 minutes

#### **Before the session**

You will need:

Overhead transparency **10/1**  
Flip chart and markers

The two flipcharts with the lists of Counselling Skills from Sessions 5 & 6, one with a list of Listening and learning skills, the other with a list of Building confidence and giving support skills. Cover the new skills until introduced.

Ask participants to assist with demonstrations.

Two participants to assist with **DEMONSTRATION 10/1**  
Two participants to assist with **DEMONSTRATION 10/2**

Show them where the text is in their Manuals. Ask them to read it through and to practise with their colleague. Choose names as needed.

**I. Introduce the session**

2 minutes

- ☐ Make these points:
  - The earlier session reviewed some of the skills that are useful in counselling mothers about complementary feeding. We discussed the skills “Listening and Learning”, and some of the skills of “Building Confidence and Giving Support”(point to where displayed).
  - You used these skills to *gather* information about feeding practices from mothers. The way in which you *give* information is also important.
  - A person may lack information or misunderstand the information they have. Part of your job as a health worker is to provide information that is correct and in a way that the mother can understand.
  - The remaining four “Building Confidence and Giving Support Skills” are for giving relevant information to mothers in the most helpful way.
  - Just giving more information or telling a family what they *should* do may not help them to change their practices. You need to listen to them and then discuss practices that they could use in their particular situation.
- ☐ Show **Overhead 10/1 – Session 10 Objectives**, and read out the objectives:

**Session Ten: Skills of Giving Information (1)**

**In this session we will:**

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

**II. Review the remaining counselling skills**

20 minutes

- ☐ Show the list of “Building Confidence and Giving Support Skills” with the two skills from the last session uncovered. Uncover each of the new skills as it is discussed (*two skills remain covered until the next session*). Make these points:
  - A support skill that you may have heard of is **Give practical help**. One way to give practical help is to show a caregiver new skills to prepare foods or new ways of feeding the young child.



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

*Ask: What do you need to do before you give new information?*

Wait for a few replies, and then continue.

- In order to provide *relevant* information, you need to listen to what the person is saying, think about their situation, and decide what specific information will be most useful at this time. You did this when you listened to the mother during the practice. When you give a benefit or reason for the new practice that is relevant, the mother is more likely to adopt the new practice.
  - So, the next skill listed here is **Give a little relevant information**.
  - Try to *limit your information* to two or three things at a time so that the person is not overwhelmed. If a caregiver is tired, ill, or stressed, she/he may not be able to take in a lot of information.
  - Sometimes health workers know so much information that they think they need to tell it all to the caregiver. It is a skill to be able to listen to the caregiver and choose just two or three pieces of the most relevant information to give at this time.
  - The next skill is to **Use simple language**. Give information in a way that is *easy for a person to understand*. Use simple, everyday words that she/he already knows. The *key messages* in this course can help to give simple information that is easy to understand.
  - Give information in a *positive way*, so that it does not sound critical, or make the caregiver think that she/he has been doing something wrong.
  - For example, instead of saying, “Thin porridge is not good for your baby”, you could say, “Thick foods help the baby to grow”.
- Demonstrate these Building Confidence and Giving Support skills.
- Now, we will demonstrate using the Building Confidence and Giving Support skills when giving information to a mother. Listen for the skills.

- Ask the two participants whom you prepared to give **DEMONSTRATION 10/1**. One person is the health worker and one is the caregiver (*name*). After each point is demonstrated, the trainer asks the participants for their opinion, and gives the comments.

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**Demonstration 10/1: Giving Information A**

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

<b>Health worker:</b>	Good morning ( <i>caregiver's name</i> ). What can I do for you today?
<b>Caregiver:</b>	I wanted some information on what foods to give my baby, now that she/he is six months old.
<b>Health worker:</b>	I'm glad that you asked. Well now, the situation is this. Most children need more nutrients than breast milk alone when they are six months old because breast milk has less than one milligram of absorbable iron and breast milk only has about 550 calories, so less than the 700 calories that are needed. The vitamin A needs are higher than are provided by breast milk and also the zinc and other micronutrients.
<b>Health worker:</b> (continued)	However, if you add foods that aren't prepared in a clean way it can increase the risk of diarrhoea and if you give too many poor quality foods the child won't get enough calories to grow well.

**Discuss** – Ask participants what they observed.

They should reply that the health worker is not showing the listening skills. Health worker is providing too much information. It is not relevant to the caregiver at this time. She/he is using words that are unlikely to be familiar. Some information is given in a negative way and sounds critical, as though accusing the caregiver.

- Ask the participants to continue the demonstration.

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

**Discuss** – Ask participants what they observed.

The health worker is talking about too many options, but without explaining them. Continue.

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

**Discuss** – Ask participants what they observed.  
This information is unclear, and not helpful. Continue.

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

**Discuss** – Ask participants what they observed.  
The health worker is critical of the caregiver, and is blaming her/him, and giving advice to her/him what to do from the health worker's viewpoint rather than helping the caregiver to make her/his own decision.

- 
- ☐ Thank participants and let them return to their seats.
    - Now we will see another caregiver receiving information in different way. Again, listen for the skills listed (*point to flip chart with skills list*).
  - ☐ Ask the two participants whom you prepared to give **DEMONSTRATION 10/2**. One person is the caregiver (*name*), and the other person is a health worker.

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#### **Demonstration 10/2: Giving Information B**

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

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

**Discuss** - Ask participants what they observed.

The health worker empathizes, reflects the caregivers's concerns, and praises her/him for coming to discuss it. The health worker is not critical.

The caregiver wants to say more. There is no barrier of the desk.

<b>Health worker:</b>	Many families do use thin soups. However, as you noticed the baby doesn't grow well. Foods that are thick enough to stay easily on the spoon, such as a thick porridge or some of the family foods mashed, give the baby more to grow on.
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**Discuss** - Ask participants what they observed.

Health worker *accepts* that some families use thin soups, but neither agrees or disagrees with this action. The health worker provides a small amount of clear information in a positive way. Continue.

<b>Caregiver:</b>	I will try to give those thick foods for my baby. I want my baby to grow big and fat.
<b>Health worker:</b>	You want your baby to grow well - not too fat and not too thin. We can start by looking at the different foods you might feed your baby and some suggestions on how to feed them. Would that help you?

**Discuss** - Ask participants what they observed.

They should have noticed that the health worker accepted what the caregiver had said about wanting a fat baby (but did not agree that a fat baby was necessarily a good goal), and reflecting back the general idea of a baby who grew well.

The health worker used simple language and offered to talk more.

☐ Thank participants and let them return to their seats.

*Ask: Which way of giving information – the first demonstration or the second demonstration - would be more helpful to a mother to enable them to decide what to do?*

Wait for a few replies, and then continue.

- In this second demonstration, the health worker used listening and learning skills. Then the health worker gave a little relevant information in simple language that the mother could understand. This way shows respect for the caregiver, and helps her/him to feel confident and supported.
- Ensure that the information you offer is accurate, up-to-date and consistent. Differentiate between your personal opinion and fact. If you do not have the information, say so and offer to find out.

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

*Ask: For example, how could you change this command to a suggestion?*

“You should feed your baby more often.” (Command)

Wait for a few responses.

A possible response is:

“Is it possible to offer your baby some food more often? ” (Suggestion)

- You can link your suggestion to a piece of information. So you might say: “Animal foods are specially good for children, to help them grow strong and lively. Are there some animal foods you could give?”  
“Some families find their child eats better when the whole family eats together. Do you think that might work for you?”
- After you have given a caregiver some information and suggestions give her/him time to think about what you have said. Offer her/him another time to talk with you or refer her/him to someone with more experience if necessary.

### III. Facilitate written exercise using WORKSHEET 10.1

20 minutes

- ☐ Introduce **WORKSHEET 10.1** with these points:
  - Turn to page 62 in your manuals, and find **BOX 10.1 Make suggestions, not commands.**
- ☐ Ask a participant to read out the points.

**BOX 10.1 : Make suggestions, not commands**

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

**Suggestions** include:

Have you considered.....?

Would it be possible....?

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

Would you be able to?

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

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

It may suit you, some families ..., a few families...

Perhaps.... might work.

Usually .... Sometimes .... Often....

- ☐ Then introduce the exercise.
  - Now look at **WORKSHEET 10.1, Make suggestions, not commands** on the next page of your manual. This exercise will give you more practice in using this skill. Change each command listed to give a piece of information and a suggestion. Link to a *key message* if possible. Use the language normally used with mothers.
- ☐ Let participants work individually on the exercise for about 15 minutes. If there are examples they have not completed, they can do them in their own time and review them later with their trainer.
- ☐ Ask the trainers each to sit with their group of four participants to make sure that they understand the written exercise, and to give individual feedback.
- ☐ After the exercise is completed, go back into the large group for the next section.

**WORKSHEET 10.1: Make suggestions, not commands****How to do the exercise**

**Below are five commands that someone might want to give to a mother about complementary feeding. In the space below each command, change it to give a piece of information and a suggestion.**

*Each sample suggestion in italics is only one of many possibilities.*

1. You must start complementary foods when your baby is six months old.  
*Starting other foods in addition to breast milk at six months helps a child to grow well. Could you start some foods in addition to breastfeeding now that your baby is six months old?*
  
2. Vegetables are very important. Give them every day.  
*Dark green leaves and orange coloured fruits and vegetables help the child to have healthy eyes and fewer infections. Would it be possible to give some of these foods to your child?*
  
3. You must use thick foods.  
*Foods that are thick enough to stay in the spoon give more energy to the child. Would you be able to use thicker foods?*
  
4. You should give your child animal foods.  
*Animal foods are specially good for children, to help them grow strong and lively. Have you tried giving animal foods to your child?*
  
5. Your child should be eating a full bowl of food by one year of age.  
*A growing child needs increasing amounts of food. Could you give your child a full bowl of food at mealtimes?*

**IV. Summarize the session**

3 minutes

- ☐ Make these points:
  - In this worksheet, you practised the skills of giving some relevant information and then offering a suggestion rather than a command. You can practise this skill in many areas of your life and work.
  - In this session, we discussed four more skills of building confidence and giving support, which were skills you could use when giving information.

*Ask: When you are talking with a caregiver, what are the counselling skills that you can use?*

Let participants reply. Praise them for good answers that include the skills listed.

- ☐ Point to the list of the counselling skills from this session on the flip chart and read them out.
- ☐ Ask participants if they have any questions or if there are points that you can make clearer.
- ☐ Introduce the next session:
  - In the next session, we will look at more skills that are useful when giving information.
  - (Name) will conduct the next session.



## Session 11

### Skills of Giving Information (2)

#### **Objectives:**

At the end of this session, participants should be able to:

- use counselling skills to give information to caregivers.

#### **Outline:**

**Total time - 45 minutes**

I. Introduce the session	2 minutes
II. Review the skills of checking understanding and arranging follow-up	10 minutes
III. Demonstrate skills of giving information	10 minutes
IV. Practise skills of giving information	20 minutes
V. Summarize the session	3 minutes

#### **Before the session**

You will need:

Overhead transparencies **11/1, 11/2**

Flip chart and markers

The two flipcharts with the lists of Counselling Skills from Sessions 5 and 6, one with a list of Listening and learning skills, the other with a list of Building confidence and giving support skills.

Write the two new counselling skills on another sheet on the flipchart:

Check understanding

Arrange for follow-up or referral

Ask participants to assist with demonstrations.

Two participants to assist with **DEMONSTRATION 11/1**

Two participants to assist with **DEMONSTRATION 11/2**

Show them where the text is in their Manuals. Ask them to read it through and to practise with their colleague. Choose names as needed.

Participants need their completed Food Intake Tools from the practice during Session 7 and from the Field Trip.

**I. Introduce the session**

2 minutes

- ☐ Make these points:
  - Listening and learning from the caregiver, offering praise, information and suggestions are still not enough. You need to discuss the suggestions with the caregiver so he/she can decide on a course of action. Your suggestion does not automatically become what the caregiver will do.
- ☐ Show **Overhead 11/1 – Session 11 Objectives**, and read out the objectives:

**Session Eleven: Skills of Giving Information (2)****In this session we will:**

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

**II. Review the skills of checking understanding and arranging follow-up**

10 minutes

- ☐ Make these points:
  - The first skill to look at in this session is **Check understanding** (*point to the flip chart where this skill is written*).
  - Often you need to check the caregiver understands a practice or action they plan to carry out. For example, if you have talked about feeding frequently, you may need to check the understanding of the term “frequently”.
  - It is not enough to ask the caregiver if they understand, because he/she may not realize that he/she understood incorrectly.
  - Ask open questions to find out if further explanation is needed. Avoid asking closed questions, because they suggest the answer and can be answered with a simple yes or no. They do not tell you if the caregiver really understands.
  - Checking understanding also helps to summarize what you have talked about.

- We will now see a demonstration of the need for using the skill of checking understanding. We have a caregiver and health worker coming to the end of a discussion about feeding a twelve-month old baby. The health worker has already listened and learned, offered relevant information and suggestions.
- Ask the two participants you have prepared before the session to give **DEMONSTRATION 11/1**. The trainer makes the comment indicated after each demonstration.

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**DEMONSTRATION 11/1 Checking questions**

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

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

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

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

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<b>Health worker:</b>	You've chosen well. Young children need to eat often. Would you come back to see me in two weeks to see how the feeding is going?
<b>Caregiver:</b>	Yes, ok.

**Comment:** What did you observe this time? This time the health worker checked the caregiver's understanding and found that the caregiver knew what to do. She/he also asked the caregiver to come back for follow-up. The health worker did not try to talk about every *key message* at this time. At the next visit, you can talk some more.

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

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☐ Thank participants and let them return to their seats.

☐ Make these points:

- The next skill to discuss is **Arrange follow-up or referral** (*point to the flip chart where this skill is written*).
- All children should receive regular visits to check their general health and feeding. If a child has a problem that you are unable to help with, you may need to refer him or her for more specialized care.
- Follow-up is especially important if there has been any difficulty with feeding or any major change in the feeding methods. Ask the caregiver to visit the health facility within two weeks for follow-up.
- This follow-up includes checking what foods are used and how they are given, checking the child's weight, general development and care.
- The follow-up visits also give an opportunity to praise and reinforce practices thus building the caregiver's confidence, to offer relevant information and to discuss suggestions as needed.

☐ Show flipchart sheet with the two new skills. Ask participants to read these two skills aloud.

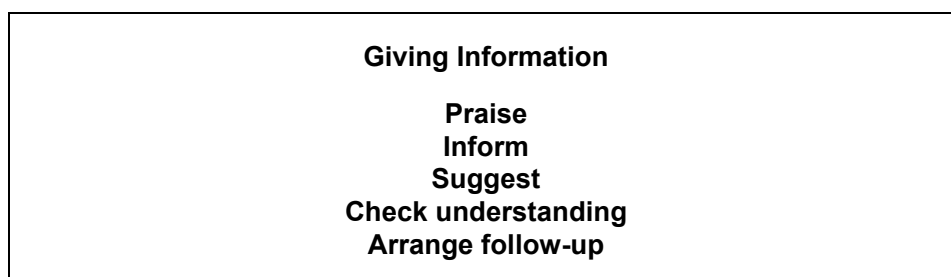
- We now have two more skills for our list:
    - **Check that the caregiver understands** the information you have given, answer any questions; and explain further if necessary.
    - **Arrange for follow-up or referral** as needed.
-

### III. Demonstrate the skills of giving information

10 minutes

- Give these instructions:
  - First, you gather information on an individual child's feeding practices by listening and learning. The next stage is to decide what practices you could praise and what relevant suggestions you could make to the caregiver.
  - Start by praising something, give a small amount of relevant information and then offer a suggestion. The caregiver may accept the suggestion or say she/he does not like it or thinks it will not work. If the caregiver does not accept the suggestion, use your counselling skills to discuss a way to modify the suggestion or offer another suggestion.
  - Aim to get the caregiver to accept at least one relevant suggestion to try. Do not offer more than two suggestions for the caregiver to take home. When the caregiver has decided on a practice to try, check understanding and arrange follow-up as needed.
  - Now we will see a demonstration of giving information. The health worker has listened to the caregiver (*name*) and completed a Food Intake Tool. Now we see the next stage of the visit. Listen for these skills during the demonstration:

- Show **Overhead 11/2 - Giving Information** and read out the skills:



- Ask two participants whom you have prepared to give **DEMONSTRATION 11/2** while the other participants observe.

**DEMONSTRATION 11/2: GIVING INFORMATION**

<b>Health worker</b>  <b>Praise</b> <b>Inform</b> <b>Suggest</b>	Thank you ( <i>name</i> ) for telling me about ( <i>child's name</i> ) eating. You give him/her a good variety of foods – fruit, some meat, green leafy vegetables and rice. Those foods will help ( <i>child name</i> ) grow well. Now that ( <i>child name</i> ) is nearly a year old, he/she needs to eat more food at each mealtime. If you gave ( <i>child name</i> ) a few more spoons of the meat, vegetables and rice, enough to make a full bowl, do you think he/she would eat it?
<b>Caregiver</b>	I'm not sure. It seems a lot of food to give a young child. Does he/she really need that much food?
<b>Health worker</b> (reflect) Inform Suggest	It seems to you like a lot of food for a young child. ( <i>Child's name</i> ) is growing very fast at this age. To grow well, children need plenty of food. Could you try giving a full bowl of food three times a day to ( <i>child's name</i> )?
<b>Caregiver</b>	But what if he/she didn't eat it all? I don't have extra food to waste.
<b>Health worker</b> (reflect/empathize) Suggest	You are worried about wasting the food if it is not eaten. What about increasing the amount slowly – adding one or two extra spoonfuls each day until it is a full bowl?
<b>Caregiver</b>	I could try that. Then I would see if he/she ate it without wasting it.
<b>Health worker</b> Praise Check understanding	That's a good idea. So what would you put in the bowl each time?
<b>Caregiver</b>	I'll put a bit more food in each day until he/she is eating a full bowl three times a day.
<b>Health worker</b> Praise Arrange Follow-up	Exactly. Can you try it for two weeks and then come back and tell me how it went?
<b>Caregiver</b>	Ok, I'll do that.

- ☐ Thank participants and let them return to their seats.
- ☐ Discuss the demonstration.
  - What practices did the health worker praise?
  - How relevant were the suggestions to this caregiver?
  - What did the caregiver think about the suggestions? Were they possible – if not were those suggestions or other suggestions discussed?
  - Were suggestions limited so as not to overwhelm the caregiver?

#### IV. Practise skills of giving information

20 minutes

- During the field trip you gathered information on an individual child's feeding practices. Now we use those Food Intake Tool to practise the skills of giving information.
  - Take out those forms and pick one form to start with. Divide into pairs, with one person taking the part of the caregiver who gave the information on the Food Intake Tool during the field trip<sup>49</sup> and the other person being the health worker. Use the information gathered by the Tool as the 'story' for this practice. The 'health worker' decides what information and *key messages* to give. The 'caregiver' can accept the suggestions or say that they will not work. Discuss the suggestions until you come to a conclusion.
  - During the practice and the field trip, you marked the helpful practices that the caregiver did. You will decide no more than two suggestions to offer to this caregiver at this time that would help improve feeding practices for this child.
  - Normally, you would listen and learn information, praise helpful practices, offer information and suggestions all in one discussion. For this practice, assume the earlier discussion is still going on.
  - Practise how you would give information. Use actual words to the caregiver, rather than just discuss what you could say.
  - These skills help you to give information to a caregiver in a way that encourages the caregiver to use the information. You will use these skills when you go on the next field trip.
- The trainers circulate to observe. Ensure the participants are actually carrying out the counselling not just discussing what could be suggested. Ensure both participants in the pair get an opportunity to play each role.

At the end of 20 minutes practice, thank the participants.

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<sup>49</sup> The completed Food Intake Tool from the practice in Session 7 can also be used in this practice.

**IV. Summarize the session**

3 minutes

☐ Make these points:

- In this session, we looked at some skills of giving information.

*Ask: After you have given information with praise, information and suggestions, what do you still need to do before you are finished?*

Let participants reply. Praise them for good answers.

☐ Point to the flip chart with the two skills from this session and say:

- Before you are finished, you need to check the caregiver understands and arrange follow-up.

☐ Ask participants if they have any questions or if there are points that you can make clearer.☐ Introduce the next session:

- In the last two sessions, we looked at skills giving information on feeding practices. In the next session, you will have an opportunity to practise these skills when we visit a community health facility.
- (Name) will explain the visit.



## Session 12

### Field Trip 2

#### **Objectives:**

At the end of this session, participants should be able to:

- practise their counselling skills to gather and give information and suggestions about complementary feeding.

#### **Outline:**

**Total time - 120 minutes**

I.	Prepare the participants for the field trip	5 minutes
II.	Conduct the field practice	60 minutes
III.	Discuss the field practice in small groups	35 minutes
IV.	Discuss the findings as a whole group	20 minutes

#### **Before the session**

Ensure you know exactly where the practice will be held and what times you are expected there.

Make sure you are clear how this field trip and practice differs from Field Trip 1.

You will need:

Overhead transparency **12/1**

Copies of the Food Intake Tool – two for each participant plus a few extra

Copies of the Counselling Skills Checklist (2) – two for each participant

Pictures of food consistencies - one set for each participant

A typical bowl that a young child would use – one set for each pair

**WORKSHEET 12.1 Food Intake and Counselling for each group** – one copy per group

Draw **WORKSHEET 12.2 Summary of Groups' Food Intakes and Counselling** on a sheet of flip chart paper for the feedback

Ask another trainer to assist you when taking the feedback with the whole group.

Counselling Skills charts and *Key Messages* sheets attached to the wall.

If the travel to the field test site is more than 15-20 minutes, try to have the small groups travel together and use this time to discuss the field practice.

## I. Prepare the participants for the field trip

5 minutes

- ☐ Show **Overhead 12/1 – Session 12 Objectives**, and read out the objectives:

### Session Twelve : Field Trip 2

#### In this session you will:

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

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

- ☐ Explain what the participants should take with them:

- You do not need to bring many items on the field trip. Carrying many things can be a barrier between you and the caregiver you are talking with. Take with you:
  - Your Participants Manual, which contains instruction on what to do during the Field Trip on page 69 and the Food Intake Reference Tool on page 71;
  - Pencil;
  - Two copies of the Counselling Skills Checklist (2);
  - Two copies of the Food Intake Tool and the picture of the thick and thin consistency;
  - Common bowl used to feed a young child - between each pair of participants.

- ☐ Distribute two blank copies to each person of the Food Intake Tool and the Counselling Skills checklist (2).

- ☐ Explain how the participants will work:

- You will work in groups of four and each group will have one trainer. Similar to the Field Trip 1, when you actually talk with the caregivers, you will work in pairs, taking turns to be the observer or talking to the caregiver.

- If you meet a child who is ill or has a major feeding difficulty, encourage the caregiver to bring the child to the local health centre. Do not offer suggestions for treatment of an ill child.
- When you talk with a caregiver
  - Introduce yourself to the caregiver and ask permission to talk with her/him. Introduce your partner.
  - Try to find a chair or stool to sit on, so you are at the same level as the caregiver.
  - Practise as many of the counselling skills as possible as you gather information from the caregiver using the Food Intake Tool. Listen to what the caregiver is saying and try not to ask a question if you already have been told the information. Fill out the Food Intake Tool as you listen and learn from the caregiver.
  - Use the information you have gathered and then:
    - try to **praise** two things that are going well;
    - offer the caregiver two or three pieces of relevant **information**;
    - offer two or three **suggestions** that are useful at this time.
  - Be careful not to give a lot of advice.
  - Answer any questions the caregiver may ask as best you can. Ask your trainer for assistance if necessary.
- The participant that is observing can mark a ✓ on the Counselling Skills Checklist (2) for every skill that she/he observes her/his partner practising. Remember to observe what your partner is doing rather than thinking about what you would say if you were talking to the caregiver. The observer does not ask any questions or offer any information.
- When you have finished talking with a caregiver, move away and briefly discuss with your partner and trainer what you did and what you learnt – what practices you praised, what feeding problems you noticed, information and suggestions that you offered, and counselling skills used.
- Then find another caregiver and repeat the exercise swapping roles with your partner.
- While you are there, notice feeding practices such as:
  - if the child eats any food or has any drinks while there;
  - whether children are given a bottle or soother/pacifier while waiting;

- general interaction between caregivers and children;
  - any posters or other information on feeding in the area.
- 
- ☐ Discuss any difficulties that occurred during Field Trip 1. Discuss especially things that the participants found difficult or forgot to do in Field Trip 1.
  - ☐ Discuss arrangements for travel (if needed) and any other details of the field trip.

## **II. Conduct the practice**

60 minutes

- ☐ Take your group to the working area and introduce your group to the person in charge. Listen to any directions that this contact person gives. This may include suitable areas to use as well as children and caregivers not to talk with. Ask your group to divide into pairs and start the practice. Circulate between the pairs as necessary to observe, comment and help.
- ☐ Tell participants when and where they are to meet after the practice. Remind the participants only to talk with caregivers of children over six months of age.

About 10 minutes before the end of the time, remind the groups to start finishing up.

## **III. Discuss the field practice in small groups**

35 minutes

- ☐ In the small groups, the trainer and the participants discuss the practice. You may conduct this discussion at the field test site, during transportation or in the classroom on return, depending on the local situation.

### **General Questions**

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

*Counselling Skills*

- ❑ Ask both the participant and the observer for comments.
  - How many of the counselling skills were you able to use (especially praise two things and give two pieces of relevant information)?
  - Were some skills difficult to use?
  - What was the caregiver's reaction? How did she/he participate? What was the caregiver's response to your suggestions?
  - How did the process of praise, inform, suggest work? Was it hard to remember not to give a command or tell the caregiver what she/he *should* do?
- ❑ Complete the **WORKSHEET 12.1 Summary of Group's Food Intakes and Counselling**. Make these points:
  - Similar to the first field trip, we will now review the practices in place that you encouraged by praise and the new practices you suggested.
- ❑ Mark the appropriate column for each practice with the answers of the participants. What practices were already in place that were praised? What practices did participants suggest to caregivers?  
Note if participants seem to have suggested many practices that a caregiver could do. If many suggestions were given, remind participants that two to three relevant specific suggestions may be more valuable than offering many general suggestions.
- ❑ Total the numbers in each box. Mark the two most frequent recommendations that they found in place and the two recommendations that they gave information and suggestions on most frequently.
- ❑ Give your group summary sheet to the trainer assisting with this session.

**WORKSHEET 12.1 Food Intakes and Counselling for each Group**

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

Total the numbers for each box/practice.

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

#### IV. Discuss the findings as a whole group

20 minutes

- ☐ Return to the whole class group. The trainer assisting with this session will fill in the large **Summary Worksheet 12.2** drawn on the flip chart page with the results handed in from each group, while you discuss the findings.
- ☐ Discuss the following points:
  - What differences did you find between using your skills to offer a suggestion and maybe a previous practice to tell the caregiver what they should do?
  - Which were the practices which were most praised with the caregivers?
  - Which were the practices for which most suggestions for improvement were given?

- ☐ Choose an example from the flip chart of a practice that was suggested. Use the following question to discuss making a suggestion that is relevant and useful to the specific situation.

*Would the caregiver find (the example practice) easy to do?*

*Would it be acceptable to her/him?*

*Would she/he have the resources to carry out this suggestion – knowledge, time, food, and support available?*

*What nutritional benefit or effect would this suggestion have for the child?*

- ☐ Ask participants if they have any questions or if there are points that you can make clearer.
- ☐ Introduce the next session:
  - In this session, you will practise your skills of both gathering information and giving praise, information and suggestions on complementary feeding practices. In the next session, we will discuss feeding the young child during illness and recovery.
  - (Name) will conduct the next session.

**WORKSHEET 12.2 Summary of Groups' Food Intake Tools<sup>50</sup>**

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

Total the numbers for each box/practice.

<sup>50</sup> Draw on flip chart for feedback.



**COUNSELLING SKILLS CHECKLIST 2****Listening and Learning Skills**

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

**Building Confidence and Giving Support Skills**

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

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- ☐ Avoid words that sound judging

**Building Confidence and Giving Support Skills**

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



## Session 13

### Feeding During Illness and Recovery

#### **Objectives:**

At the end of this session, participants should be able to:

- explain why children need to continue to eat during illness;
- describe appropriate feeding during illness and recovery;
- counsel families about young child feeding during and after illness.

#### **Outline:**

**Total time - 45 minutes**

I.	Introduce the session	3 minutes
II.	Explain why children need to continue to eat during illness	5 minutes
III.	Describe appropriate feeding during illness	15 minutes
IV.	Describe appropriate feeding during recovery	10 minutes
V.	Outline counselling about feeding during and after illness	5 minutes
VI.	Discuss feeding issues for children who are HIV-infected	5 minutes
VII.	Summarize the session	2 minutes

#### **Before the session**

You will need:

Overhead transparencies **13/1, 13/2, 13/3, 13/4, 13/5, 13/6, 13/7**

Flip chart and markers

Write the *Key Messages* for this session on a flip chart page. Keep covered until later in the session

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

**Worksheet 13.1: Suggestions for Feeding During Illness** – one copy per group

**Worksheet 13.2: Feeding Care for Children Who Are HIV-Infected** - one copy per group

Flip chart list of Responsive Feeding Practices from Session 9

To display *Key Messages* from earlier sessions

To choose child's name as needed

**I. Introduce the session**

3 minutes

- ☐ Make these points:
- Some of the children you see for complementary feeding counselling may be ill or in recovery from an illness.
  - Children who are ill may lose weight because they have little appetite or their families may believe that ill children cannot tolerate much food.
  - If a child is ill frequently, he or she may become malnourished and therefore at higher risk of more illness. Children recover more quickly from illness and lose less weight if they are helped to eat when they are ill.
  - Children who eat good complementary foods when healthy are less likely to falter in growth from an illness and more likely to recover faster; they are better protected.
- ☐ Show **Overhead 13/1 – Session 13 Objectives**, and read out the objectives:

**Session Thirteen : Feeding During Illness and Recovery**

**In this session we will look at:**

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

**II. Explain why children need to continue to eat during illness**

5 minutes

*Ask: How do families in your community feed a young child during illness? Do they use special foods? Give different amounts of food?*

- Write participants' replies on the flip chart. Refer to their responses as you make these points:

- Some families may feed the young child in a different way during illness.

They may:

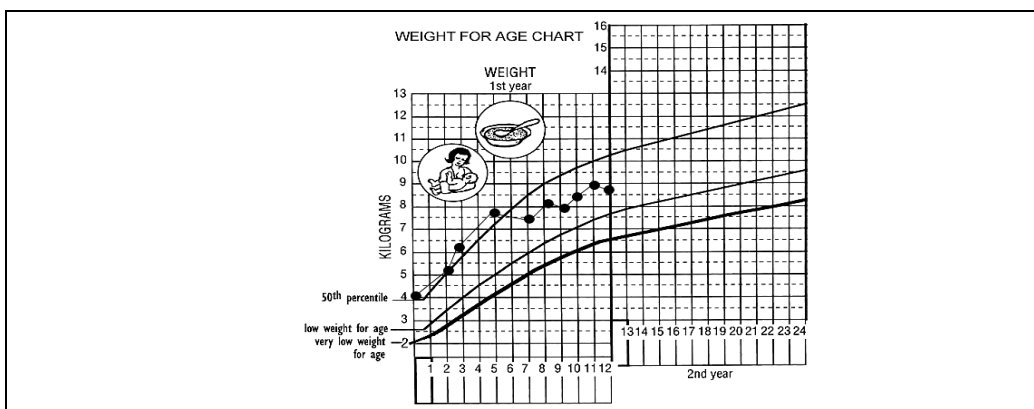
- think food will harm a sick child and so give less food, or none at all;
  - give only thin, watery foods with little nutritional value;
  - give special foods believed to help recover from the illness;
  - offer more high quality foods;
  - encourage the child to eat more.
- A child who is ill may have little interest in eating.

*Ask: Why might a young child eat less during illness?*

→ Write participants' replies on the flip chart. Refer to their responses as you make these points:

- A child may eat less during illness because:
  - the child does not feel hungry, is weak and lethargic;
  - the child is vomiting or the child's mouth or throat is sore;
  - caregivers withhold food thinking that this is best during illness;
  - there are no suitable foods available in the household;
  - the child is hard to feed and the caregiver is not patient.

□ Show **Overhead 13/2 – Weight chart of ill child** and make these points:



- This is the growth chart of *(name)* who is 12 months old.

*Ask: What do you think of the growth of (name)?*

Wait for a few replies and then continue.

- *(Name)* grew well for the first five months, then his/her growth started to falter. He/she was ill and lost weight. He/she recovered some weight but then became ill again and lost more. After each illness, he/she did not get back to his/her previous growth curve and is heading towards malnourished.
- During infections, the child needs more energy and nutrients to fight the infection. If they do not get extra food, their fat and muscle tissue is used as fuel. This is why they lose weight, look thin and stop growing.

- ☐ Show **Overhead 13/3 – Key Message 10 : Feeding during and after illness** and read it out. Then make the points that follow.

**Key Message 10**

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

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

### III. Describe appropriate feeding during illness

15 minutes

- ☐ Make these points:
- First, let us look at feeding during illness.
  - Sick children often need extra drinks and food during illness - for example if they have fever or diarrhoea. A sick child may prefer breastfeeding to eating other foods. Do not withhold food from a sick child.
- ☐ Ask participants to open their manuals to page 76 and find **WORKSHEET 13.1**. Divide the illnesses between the groups. Ask participants in their small group, to write a suggestion<sup>51</sup> or a piece of information for the condition that they could offer the caregiver – not a command. Allow 10 minutes for this exercise.

<sup>51</sup> The suggestion does not need to be one of the *key messages*.

### ❑ WORKSHEET 13.1 SUGGESTIONS FOR FEEDING DURING ILLNESS

Illness/ Condition	Information/ Suggestion – possible replies
Child's mouth or throat is sore	<i>Sour fruits, very sweet foods or spicy foods may irritate the mouth. Could you give soft or smooth foods? It might help to drink through a straw.</i>
Child has a blocked nose	<i>It often helps to clear the nose before feeding. Could you try to feed slowly as this would give time to breathe?</i>
Child has fever	<i>Extra fluids/breastfeeds are good during a fever. Have you tried frequent small amounts of food?</i>
Child has chest infection or cough	<i>What about sitting the child upright and slowly giving small amounts?</i>
Child has diarrhoea	<i>Continuing to give some foods during diarrhoea helps the child to avoid losing weight. Extra fluids/breastfeeds are important. Some families give bananas, mashed fruits, soft rice and porridge during diarrhoea. Would you like to try this? If diarrhoea is severe, oral rehydration solution is needed.</i>
Child is vomiting	<i>Could you give very frequent fluids/breastfeeds in small amounts?</i>
Child is sleepy	<i>Could you watch for times child is alert and feed then?</i>

- ❑ Bring the participants back to the large group. Say the first condition on the list and ask one group for one suggestion. Ask if others groups have more suggestions. Continue through the list. Watch for participants who are writing down the additional suggestions, and allow time for this as needed.
- ❑ Show **Overhead 13/4 - Feeding the child who is ill** and make the points that follow:

#### ***Feeding the child who is ill***

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

- When you talk with caregivers about feeding during illness include this information as relevant to the situation.
  - If the child is ill, he/she may need extra encouragement to drink and to eat. Offer drinks and foods with lots of patience and encouragement.
  - Have a person that the child likes help with feeding.
  - Make the child comfortable before feeding – wash, rinse out his/her mouth, and position comfortably.
  - Offer smaller amounts of food than usual but give food more frequently during the day. Suggest that the caregiver looks for signs that the child might accept some food whenever possible, for example, if he/she has just woken up or if the child's fever is down.
  - Give foods that the child likes to eat. Give as much variety as possible.
  - Feed the child nutrient-rich complementary foods if he/she will eat them. Offer the child foods of a thick consistency as well as the thinner foods that the child may prefer when ill. Semi-liquid foods or smoother foods may help if the child has a sore throat, sore mouth or vomits with coughing.
  - Encourage the child to take extra fluids.
  - Increase the amount of breastfeeding. Breastfeeding will provide fluid, nutrients, and protective factors to help combat infection as well as comfort. Small frequent breastfeeds may be easier for the child to manage.

□ Make these points:

- Sometimes a child, who is difficult to feed, may be suffering from a physical illness.

*Ask: What signs of illness should caregivers watch for and seek early treatment?*

→ Write participants responses on the flip chart

- Signs to watch for and seek early treatment include:
  - sick and not feeding and refusing drinks;
  - repeated vomiting;
  - very frequent loose watery stools that do not respond to home treatment;
  - marked thirst, dry lips, no tears, dehydration;
  - blood in the stools;
  - fast or difficult breathing;



- very sleepy, difficult to wake;
  - not getting better from any illness or home care;
  - weight loss that is not corrected by attention to feeding practices.
- If it is not part of your job to treat an ill child, know where to refer a child for treatment.

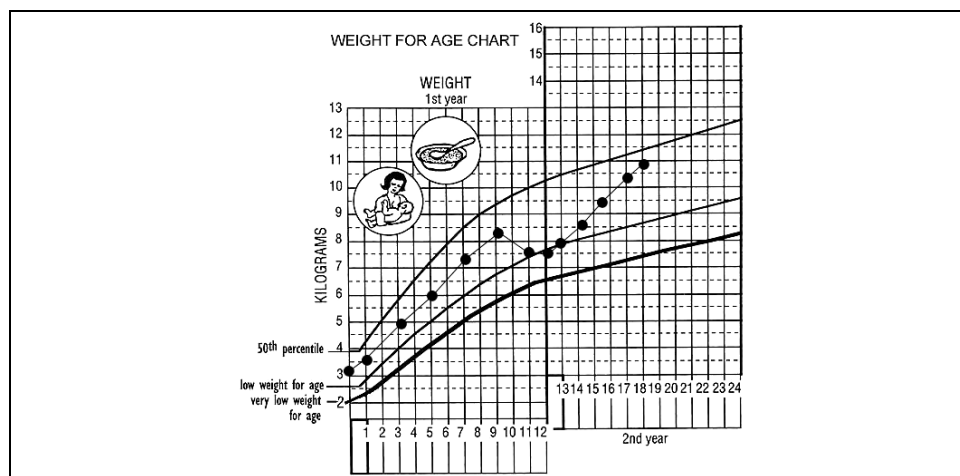
#### IV. Describe appropriate feeding during recovery

10 minutes

☐ Make these points:

- A child's appetite may be poor during illness. Even with encouragement to eat, the child may not eat well. The child's appetite usually increases after the illness so it is important to continue to give extra attention to feeding after the illness. This is a good time for families to give extra food so that lost weight is quickly regained. This allows 'catch-up' growth.
- Young children need extra food until they have regained all their lost weight and are growing at a healthy rate.

☐ Show **Overhead 13/5 – Weight chart: recovery** and ask the question:



*Ask: What can you tell from this weight chart?*

Wait for a few replies and then continue.

- This child grew well until about nine months old. Then, the child lost weight, perhaps due to illness. However, continuing to feed during the illness and during recovery meant the child had ‘catch-up growth’. The child is now growing along the line he/she had before illness.
- The child recovering from an illness needs good mixed foods to replace the nutrients such as iron and vitamin A that they lost from their body stores.

*Ask: What are some of the ways families may give a child extra food during recovery?*

Wait for a few replies and then continue.

- ☐ Show **Overhead 13/6 – Feeding during recovery** and make the points that follow:

#### **Feeding during Recovery**

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

- Talk with the family about ways that these extra needs can fit in best with their household. You can suggest:
  - feed more frequently, give an *extra meal* or nutritious food between meals;
  - give an *extra amount* at each meal if the child’s appetite is good;
  - use foods that are *extra rich* in energy and nutrients such as animal products, fruits and margarine or oil;
  - encourage the child to eat using *extra patience and love*;
  - continue to breastfeed and give *extra breastfeeds* if the child is not eating.

**V. Outline counselling about feeding during and after illness**

5 minutes

□ Make these points:

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

*Ask: How can you find out what children are eating and drinking?*

Wait for a few responses and then continue.

- You can use your listening and learning skills to find out what the child is eating and drinking during the illness. The Food Intake Tool can help you to gather information on feeding practices during illness.
- The main information you need is (*examples of how to gather this information*):
  - Breastfeed?  
*How many times during the day does your child breastfeed?*  
*Does the child also breastfeed at night?*
  - Take any other foods or fluids yesterday?  
*What foods did your child take yesterday?*  
*How many times during the day did he/she eat some food?*  
*How much did he/she eat of these foods?*  
*What fluids/drinks did your child take yesterday?*  
*How many times did he/she have a drink?*
  - Different types of foods?  
*Were the foods you gave him/her thinner or thicker than usual?*
  - Feeding techniques?  
*Can you tell me about the feeding of your child? Who feeds the child?*  
*How does your child eat?*
  - During this illness, has the child's feeding changed? If yes, how?  
*Can you tell me if your child's feeding has changed during this illness?*

*Ask: What can you say to families about helpful practices they are using?*

Wait for a few responses, and then continue.

- You can praise and encourage helpful practices the family are using.

*Ask: What type of information can you give to families when their child is ill?*

Wait for a few responses, and then continue.

- Limit the information you give to what is relevant at this time. Families may be over-tired and stressed if their child is ill. It may be difficult for them to take in large amounts of information.
- Discuss what foods the child can eat and drink. If the child can only eat small amounts, suggest foods that can be prepared easily and are both nutrient-rich and easy for the child to eat.
- A child who is ill or malnourished may not respond to his/her caregiver and the caregiver may find it difficult to continue giving care without response. Show that you understand that it can be difficult to feed an ill child. Praise the caregiver for continuing to try the various feeding techniques.
- After the child is past an acute stage of the illness, you can talk in more detail with the caregiver about how the child eats.

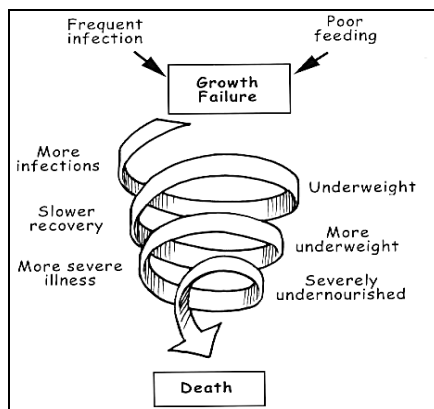
## **VI. Discuss feeding issues for children who are HIV-infected**

5 minutes

☐ Make these points:

- Any infectious disease will have an affect on a child's nutritional status. In addition, nutritional deficiency will reduce the ability to fight infection.
- In a healthy child, the immune system protects the child from damage by the infections that are generally around us. The child who is HIV-infected has a suppressed immune system and thus has difficulty in resisting infections.

- Show **Overhead 13/7 : Cycle of Malnutrition** and make the points that follow:



- The child with HIV-infection can get into a cycle of poor eating leading to nutritional deficiencies. This results in more stress on the body, increasing illness and disease progression. Then there is further reduced food intake and poor absorption and so the cycle continues.

*Ask: How often do you see this cycle happening with children who are ill?*

Wait for a few responses and then continue.

- At the stage where the child does not have symptoms of HIV and is generally well, there are four main areas to focus on when providing nutritional care for children with HIV/AIDS. These are to:
  - improve feeding practices,
  - build-up body stores of nutrients,
  - prevent or slow weight loss,
  - prevent food-borne illness.

- Ask participants to turn to page 80 in their manual where they will find **WORKSHEET 13.2 Feeding Care for Children who are HIV-infected**. Give these directions:

- In the first column, is a list of aims for feeding care at this stage. Now, fill in the blank column with a Key Message that would help meet each of these aims.

- Allow about three minutes for participants to fill in the suggestions.

### WORKSHEET 13.2 Feeding Care for Children who are HIV-infected

Aim	Message – examples
improve feeding practices	<i>encourage and give help...with lots of patience. Encourage the child to eat and drink during illness</i>
build-up body stores of nutrients	<i>animal foods are specially good for children, peas, beans and lentils are good for children dark green leaves and orange coloured fruits and vegetables help the child to have fewer infections</i>
prevent or slow weight loss	<i>Foods that are thick enough to stay in the spoon give more energy to the child</i>
prevent food-borne illness	<i>Keep food safe and clean<sup>52</sup></i>

- ☐ Then ask one person in the first group for a suggestion they would give for the first aim. Then a person from the second group for a suggestion for the next aim. Continue until there are some suggestions for each aim.
- ☐ Continue with these points:
  - Good care and treatment can improve the quality of life for children with HIV.
  - In the next stage, the symptomatic stage, care includes managing feeding problems associated with:
    - on-going loss of appetite and nausea;
    - sore mouth or throat;
    - recurrent acute infections;
    - diarrhoea and poor absorption of fat and other nutrients;<sup>53</sup> and
    - extra feeding during periods when the child is feeling well.
  - When secondary infections become chronic, muscle and organ breakdown occurs with wasting-related symptoms. Further treatment of the illness may not be possible. At this stage, nutrition care and support is used to ease symptoms and make the child comfortable in the final stages of the disease.

<sup>52</sup> Not a Key Message, be useful to remember.

<sup>53</sup> For example, vitamin A is fat-soluble, therefore it will not be well absorbed if there is poor fat absorption.

- Children of mothers who are HIV-infected are at high risk of malnutrition and illness.<sup>54</sup> These children may be HIV-infected themselves or have parents whose own health is poor and thus they are able to give less care to the child.
- It is particularly important to monitor the feeding practices and growth of babies who are not breastfeeding. Failure to gain weight may be a sign of HIV-infection or other health problems, or it could reflect poor feeding practices.

## VII. Summarize the session

3 minutes

- ☐ Make these points:

- In this session, we discussed the importance of adequate feeding during illness and recovery and practised counselling families in this situation.

*Ask: What is the key message you could give to families about feeding young children who are ill or recovering?*

Let participants reply. Praise them for good answers and reinforce the key point.

- ☐ Point to the flip chart page and read out the key message:

### **Key Message 10**

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

- ☐ Ask participants if they have any questions or if there are points you can make clearer.

<sup>54</sup> Further information is available in: *HIV and Infant Feeding Counselling: a training course* Geneva WHO/FCH/CAH/00.3, *HIV and Infant Feeding – a guide for health care managers and supervisors*. WHO/FRH/NUT/CHD/98.2; UNAIDS/98.4; UNICEF /PD/NUT/(J) 98-2.  
Nutritional Care and Support for People Living with HIV/AIDS - a WHO/FAO course

- Introduce the next session:
  - In this session, we look at feeding the child who was ill or recovery from an illness. In the next session, we look at some practical ways of teaching caregivers skills of preparing food for young children.
  - (*Name*) will conduct the next session.



## Session 14

### Food Demonstration

#### **Objectives:**

At the end of this session, participants should be able to:

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

#### **Outline:**

#### **Total time - 45 minutes**

I. Introduce the exercise	2 minutes
II. Prepare a plate of food	10 minutes
III. Discuss the meals prepared	10 minutes
IV. Role play of a demonstration for caregivers	20 minutes
V. Summarize the session	3 minutes

#### **Before the session**

You will need:

Overhead transparency **14/1**

**WORKSHEET 14.1 Prepare a young child's meal** - one copy for each group

To display all the Counselling Skills and *Key Messages* from previous sessions.

To prepare the plate of food:

A room in which you can bring food

A table for each group to work at

Variety of common foods (cooked if needed) that young children would eat enough to make a child size bowlful for each group, from the kitchen at the course facilities or elsewhere. Include some inappropriate food, if possible.

Do not divide the food for the groups. Cover the food until you are ready to use it.

One plate, knife, fork and eating spoon for each group.

A local measure that holds 250 ml as used in Session 4, marked at  $\frac{2}{3}$  and  $\frac{3}{4}$  full.

*Do not distribute this until after the plate of food is prepared by the group.*

Facilities for washing hands before and after preparing food

Waste container and materials for cleaning up afterwards

Ask one participant and one trainer to assist you in **DEMONSTRATION 14/1**.

Choose names for the people in the story. Adapt foods in the story as needed.

You will need a small amount of food and a set of equipment similar to the plate of food exercise above for **DEMONSTRATION 14/1**.

Adapt the text to suit the food you have available.

## I. Introduce the session

2 minutes

- ☐ Make these points:

*Ask: In your experience, what is the best way to teach a caregiver a new skill or behaviour? For example, teaching a caregiver to prepare a new food recipe?*

Wait for a few responses, and then continue.

- To teach a new skill or behaviour, you could:
  - tell the caregiver how to do it - this is good, but the caregiver might not understand all you say or remember it;
  - have the caregiver watch while you talk and prepare the food - this is better, because the caregiver is seeing and hearing together.
  - help the caregiver(s) to actually prepare the food themselves - this is the BEST method, because the caregiver is doing the activity, so will understand more.

- ☐ Show **Overhead 14/1 – Session 14 Objectives**, and read out the objectives:

### Session Fourteen: Food Demonstration

**In this session you will:**

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

- In the first part of this session, each group will prepare a bowl or plate of food suitable for the age of the child they are assigned: 6½ month old, 8-month old, 10-month old, 15-month old. Give your child a name and describe the family setting, for example that they live in the town, or have many children in the family.
- In the second part of this session, in a similar way to this exercise, you can organize a demonstration to prepare food for young children. This demonstration can be done with an individual caregiver in their home or for a group of caregivers at your own health facility or in your community.

- However, in a demonstration for a group of caregivers, you would make a larger amount of food so that all infants older than six months and their caregivers could taste the preparation.
- Assign an age to each group. Add other ages as needed for more groups. It is best to use younger ages, between 6½ months and 15 months. Give these directions:
  - A selection of foods is provided. Each group will choose suitable foods, and decide on the amount and consistency to make up the meal. You are a caregiver with a large family to feed – do not take more food than you need for the one child. Also, keep in mind what foods local caregivers give to young children.
  - You are a busy caregiver. Do this task quickly.
  - Be prepared afterwards to say why your group chose those particular foods and if there are any additional foods you would include that are not available here.
  - Decide on one or two *key messages* you would give if you were preparing this food in a demonstration for caregivers to explain the importance of adequate complementary feeding. Choose only one or two key messages that are relevant to the child for whom you are preparing the meal.

## II. Prepare a plate of food

10 minutes

- Trainers observe their group and assist as needed.

First, the group should discuss the foods and agree on choices rather than taking spoonfuls of all of the different foods and then deciding what they will use.

Allow 10 minutes to choose and prepare the meal.

Keep to the time, a caregiver would do this very quickly.

## III. Discuss the meals prepared

10 minutes

- Gather all the groups together with their finished plates of food. Distribute **WORKSHEET 14.1 Preparing a Young Child's Meal** to each group. Ask each group to score their own meal using the worksheet. Allow two minutes for the group to fill in the worksheet.

- ☐ Ask each group in turn to explain their meal:
  - 1) Why they chose those foods?
  - 2) Why they prepared it in the way they did (mashed finely, chopped, etc)?
  - 3) How thick is the consistency (for a young child) – test with a spoon?
  - 4) Any additional foods they would include that are not available.
  - 5) The one or two *key messages* they would use in a demonstration for caregivers.
  - 6) Why they gave that amount?
- ☐ Except for the group with the baby of 6½ months,<sup>55</sup> give the group the 250 ml container to measure the amount of food they prepared for their child.

They are not allowed to ‘test’ the size of the meal during preparation. They must wait until they have finished to see if they have judged correctly. See **BOX 14.1**

- Is it the correct amount for a child of that age?
- How many meals of this size does a child of this age need each day?

*Ask the whole group: Were all the recommendations contained in the meal?*

*Any suggestions you could give this group?*

- ☐ Repeat so each group has the opportunity to explain and discuss their meal.

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

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

- ☐ Discuss overall experiences with the whole group.

<sup>55</sup> The baby of 6½ months would have 2 to 3 spoonfuls.

*Ask: What challenges or difficulties did you find when preparing the meal?*

To choose suitable foods, the number of foods and variety?

To decide on the consistency?

To judge the correct amount for the child's age?

Note if participants washed hands before preparing the foods or not and praise or point this out.

□ Thank the participants for preparing the plates of food. Then make this point:

- In this exercise, you prepared the plate of food yourself. A caregiver or group of caregivers could watch you do this and learn from watching.

*Ask: Where could you carry out a demonstration for a group of caregivers?*

Wait for a few responses. Prompt if needed:

- Is there a place in the health facility?
- What about in the community?
- Are there community organizations, schools, or mothers' groups where a food demonstration could be held?
- Turn to page 87 in the participant's manual. There is a guide for planning and conducting a group demonstration in your health facility and examples of a clear recipe format. You can refer to this guide when planning a demonstration in your health facility.

### Worksheet 14.1 Preparing a Young Child's Meal

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

#### Key Messages:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

#### IV. How to help a caregiver learn to prepare a suitable meal

15 minutes

- Make these points:
  - Watching a demonstration is useful. However, it is easier to remember a new skill if the caregiver actually prepares the food her/himself. For example, you could assist a caregiver to choose foods from what is in the family food pot that day to prepare a suitable meal for their child.
  - How you assist the caregiver to learn is important. Your counselling can also be used when helping a caregiver to learn a new skill (*point to the list of Counselling Skills*).
  - You can use your skills to:
    - use open questions to find out if the caregiver understands;
    - avoid judging words and sounding critical, and praise the caregiver;
    - explain things in a simple and suitable way to help her/him understand.
  - Now we will see a demonstration of helping a caregiver to learn in a supportive way. Listen for supportive ways of giving information.
- Ask the participant and the trainer whom you prepared to give **DEMONSTRATION 14/1**. They should both stand at the same side of the table facing the rest of the group. A small selection of food and the equipment listed is on the table or beside it. Have the food and equipment clean and covered with a clean cloth.

#### DEMONSTRATION 14/ 1: SUPPORTIVE TEACHING<sup>56</sup>

- The trainer introduces the story:
 

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

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

<sup>56</sup> Adapt foods as needed to reflect local foods used.

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

<b>Health worker:</b>	Good morning ( <i>caregiver name</i> ). How are you and ( <i>child's name</i> ) today?
<b>Caregiver:</b>	We are well, thank you.
<b>Health worker:</b>	A few days ago, we talked about feeding ( <i>child's name</i> ) and you decided you would try to offer ( <i>child's name</i> ) some food more often. How is that going?
<b>Caregiver:</b>	It is good. One time she/he had about a half of a banana. Another time she/he had a piece of bread with some butter on it.
<b>Health worker:</b>	Those are good foods to give her/him between meals to help him/her grow. Now, today we wanted to talk about how much food to give ( <i>child's name</i> ) at each meal.
<b>Caregiver:</b>	Yes, it is hard to picture the amount you suggested without seeing the real food we have.
<b>Health worker:</b>	It can be hard. Do you use a particular bowl to feed ( <i>child's name</i> )?
<b>Caregiver:</b>	We usually use this bowl (shows a bowl – about 250 ml size). <sup>57</sup>
<b>Health worker:</b>	So, if you use this size bowl, you would need to fill it at least $\frac{3}{4}$ full at each meal.
<b>Caregiver:</b>	Oh, that is a lot more than he/she is eating at the moment.
<b>Health worker:</b>	( <i>Child's name</i> ) is growing very fast at this age so he/she needs increasing amounts of food.
<b>Caregiver:</b>	What foods do I use?
<b>Health worker:</b>	You have some of the food here from the family today. Let us see what foods we could choose that would help ( <i>child's name</i> ) to grow (uncovers food). ( <i>Child's name</i> ) will eat the food when he/she wakes up from his/her sleep. Therefore, we need to be clean with the preparation.

<sup>57</sup> If a different size cup or bowl is used, adjust the text according. If a smaller cup is used, it will need to be a full cup. If a larger cup is used, it may only need to be a  $\frac{1}{2}$  or  $\frac{3}{4}$  full. See amounts in **Box 14.1**.



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

<b>Health worker:</b>	Those are good foods to give between meals as extra foods. <i>(Child's name)</i> needs at least $\frac{3}{4}$ full bowl of food three times a day as well.
<b>Caregiver:</b>	Oh, I don't know what else to give him/her.
<b>Health worker:</b>	Your family has a meal in the middle of the day. What do you eat in the evening?
<b>Caregiver:</b>	Usually there is a pot of soup with some beans and vegetables in it. Could I give him/her that?
<b>Health worker:</b>	Thick foods help him/her to grow better than thin foods like soup. Could you take out a few spoons of the beans and vegetables and mash them for <i>(child's name)</i> ?
<b>Caregiver:</b>	Yes, I could do that easy enough. And maybe soak some bread in the soup if she/he wanted more to eat?
<b>Health worker:</b>	Yes, those are very good ideas. So, how much will you put in <i>(child's name)</i> bowl for each meal?
<b>Caregiver:</b>	I will fill it at least $\frac{3}{4}$ full.
<b>Health worker:</b>	Very good. And how often each day will you give him/her some food?
<b>Caregiver:</b>	Three times in the day, I will give a bowlful of food and also some extra food between meals.
<b>Health worker:</b>	Exactly. You know how to feed <i>(child's name)</i> well. Will you bring <i>(child's name)</i> back to the health centre in two weeks so we can look at his/her weight?
<b>Caregiver:</b>	Yes, I will. With all this food, I know he/she will grow very well.

- ☐ Thank the participant and trainer in the demonstration and let them return to their seats.

*Ask: What did you observe about how the health worker taught this caregiver?*

Wait for a few replies, which should include the following points:

- The health worker let the caregiver prepare the food.
- The health worker explained points carefully.
- The health worker used the *key messages* so the information was familiar.
- The health worker used counselling skills (*point to Counselling Skills list*).

‘Listening and learning’ skills: open questions, empathy, and no judging words.

‘Building confidence and giving support’ skills: praise, she/he did not criticize mistakes, and used simple language.

Offered information and suggestions rather than giving commands.  
The health worker checked the caregiver’s understanding and arranged follow-up.

Explain any points that the participants did not mention.

*Ask: How will this caregiver manage with preparing food for her/his child?*

Wait for a few replies.

- This caregiver probably will be able to prepare foods well.

☐ Continue the discussion with the following points:

- Remember to use the counselling skills when you teach a caregiver. This *supportive teaching* can help to build her/his confidence as well as making it easier for her/him to learn.
- Whenever possible, let the caregiver prepare the food her/himself, with the support of the health worker, until she/he is confident and competent. Watching a health worker prepare foods is not enough, particularly if there is a problem with the child’s weight gain or feeding.
- The health worker in our demonstration could also stay and observe *how* the caregiver feeds the child.

*Ask: What practices would the health worker look for when the child was being Fed?*<sup>58</sup>

Wait for a few replies and then continue.

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<sup>58</sup> Prompt is needed by pointing to the Responsive Feeding

- The health worker would be looking for techniques such as:
  - Assist children to eat, being sensitive to their cues or signals.
  - Feed slowly and patiently, encourage but do not force.
  - Talk to children during feeding with eye-to-eye contact.
- We discussed these responsive feeding practices in Session 9.

## V. Summarize the session

3 minutes

- ☐ Make these points:
  - In this session, we discussed helping a caregiver to learn feeding and care practices.
  - To be effective, teaching should be supportive, using counselling skills.
  - In addition to watching a demonstration, caregivers may need to practise new skills under the gentle supervision of the teacher, until they are competent and confident.
  - When possible, supportive family members or community groups should be involved in helping caregivers to learn skills of preparing suitable foods and feeding young children.
  - Food demonstrations can be carried out individually or in groups in the community. A group demonstration reaches more families and can help to reinforce *key messages* on feeding.
- ☐ Ask participants if they have any questions or if there are points that you can make clearer.
- ☐ Introduce the next session:
  - We have nearly finished the course. In the next session, we will look at ways to put the skills and knowledge from this course into practice when you return to your workplace.
  - (Name) will conduct the next session.

## **Planning Guide for a Group Demonstration of the Preparation of Young Children's Food**

### **Gather the Equipment and Materials**

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

### **Review Objectives of the Demonstration**

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

### **Decide the Key Messages**

Select 1 to 3 *key messages* to say to caregivers (see Key Messages, inside back cover)  
Follow each message with a checking question (a question that you cannot answer with a simple yes or no).

*For example:*

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

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

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

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

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

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

### **Give the Participatory Demonstration**

*Thank the caregivers for coming.*

Present the recipe that will be prepared.

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

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

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

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

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

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

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

### **Offer Food Preparations to Taste**

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

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

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

### **Ask Checking Questions**

What are the foods used in this recipe? Wait for responses.

Then the health worker reads out the list of the foods again.

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

You may repeat the *key messages* and checking questions again.

### **Conclude Demonstration**

Thank the caregivers for coming and participating.

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

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

**Recipes for Food Demonstration** - fill in the food and the amount needed**Recipe 1****Family food for a 10 months old child's main course (about  $\frac{3}{4}$  cupful).<sup>59</sup>**

Staple: \_\_\_\_\_

Meat or fish or beans: \_\_\_\_\_

If using beans or egg instead of meat, include a source of Vitamin C to help iron absorption: \_\_\_\_\_

Dark green or orange vegetable: \_\_\_\_\_

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

Wash hands and use clean surface, utensils and plates.

Take the cooked foods and mash them together.

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

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

**Recipe 2****Family food for a 15 months old child's main course (at least a full cup)**

Staple: \_\_\_\_\_

Meat or fish or beans: \_\_\_\_\_

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

Dark green or orange vegetable: \_\_\_\_\_

Wash hands and use clean surface, plates and utensils.

Take the cooked foods cut them into small pieces or slightly mash them together (depending on the child's age).

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<sup>59</sup> Using a cup/bowl that holds 250 ml.





## Session 15

### Introduce Sustainable Practices in Your Health Facility

#### **Objectives:**

At the end of this session, participants should be able to:

- discuss the stages of change;
- outline the steps in planning a change;
- discuss the value of sustaining practices in your health service;
- develop a plan for introducing a new practice in your health service.

#### **Outline:**

**Total time - 120 minutes**

I. Introduce the session	2 minutes
II. Discuss stages of change	8 minutes
III. Describe planning for change	40 minutes
IV. Exercise to develop an action plan	40 minutes
V. Conclude the session	30 minutes

#### **Before the session**

You will need:

Overhead transparencies: **15/1, 15/2, 15/3, 15/4, 15/5, 15/6, 15/7, 15/8, 15/9, 15/10, 15/11**

Flipchart plus extra flip chart pages for each group and markers

Ask participants to assist with **DEMONSTRATION 15/1, 15/2, 15/3, 15/4**

Three participants assist in all the four demonstrations, plus two extra persons for the first demonstration. Place five chairs at the front of the group to use in the demonstration.

For the exercise in the second half of the session, divide participants into small groups of four to five according to their work setting. If several participants are from the same health facility or area, ask them to work together. Write the names of the participants in the different groups on a flip chart page, so they can all see the group to which they belong. Assign a trainer to each group. Make this list well before the session, so not to use session time writing it.

Two copies of **WORKSHEET 15.1 DEVELOPING AN ACTION PLAN** for each group plus a few spare copies.

## I. Introduce the session

2 minutes

☐ Make these points:

- During this course, you learned about complementary feeding and practised your skills in order to effectively counsel caregivers of young children.
- When you return to your health service you will want to put your knowledge and skills into practice. Often this is the most difficult part of training - transferring what you have learnt in a course into your daily routine and fitting the new skills into an already busy schedule.
- Usually, when people return to their workplace from a course, they are full of new ideas. After a while, this energy reduces and some of the new practices fade away.

☐ Show **Overhead 15/1 - Sustain** and make the points that follow:

**Sustain** – to keep something going into the future.

- The term ‘sustain’ or ‘*sustainability*’ means to keep the practice continuing into the future.
- Sustainable practices are a way to maintain the energy and continue to apply the new ideas in the health service. When health workers work together on the new practices this assists in providing consistent messages to the community.

☐ Show **Overhead 15/2 : Session 15 Objectives** and read out the objectives:

### Session Fifteen : Introduce Sustainable Practices

**In this session we will look at:**

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

## II. Discuss stages of change

8 minutes

- When faced with a new idea or practice, we, and those we work with, may go through stages of resistance and doubt before we change.

- Show **Overhead 15/3 – Stages of change**<sup>60</sup> (1) stage by stage. Uncover just Stage 1 and ask the group to read it out. Then make the points:

Stages of Change (1)	
People may say:	
Stage 1.	“There is no problem.”
Stage 2.	“There is a problem, but it is not my responsibility.”
Stage 3.	“There is a problem, but I have doubts about...”
	Myself
	Other people
	Change itself
Stage 4.	“There is a problem, but I am afraid of the risk.”

- The first step to making a change is the recognition that a change is needed. Therefore, you may need to raise the awareness of the problem with the people you work with in your health facility and the families of young children in your area.
  - For example, in your health facility, some health workers may not think feeding practices need attention. If families do not see the importance of growth monitoring, they may not bring their children for monitoring. Or, if fathers or grandmothers do not see the value of a feeding practice, they may make it difficult for the mother to use that practice.
  - Activities to address this stage may include collecting information to show the size of the problem and to provide information to raise awareness.
- Uncover Stages 2, 3, and 4 and ask the group to read them out.
  - Sometimes people may be aware of the need to change but do not think it is their responsibility, or they do not believe the change is possible, or they are afraid of the risks the changes may involve.

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<sup>60</sup> Lyra Srinivasan, SARAR International and World Neighbours in Action and adapted in Armstrong H, Training Guide for Lactation Management, IBFAN/UNICEF, New York 1992.

- Now we will see a meeting of some health workers. One person (Stasha) has just returned from this course and wants to put the new knowledge into action.
- Ask the five participants whom you have prepared to do the demonstration. They are seated in a semi-circle as if at a meeting.

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**DEMONSTRATION 15/1 : Early Stages of Change**

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

Thank participants and let them sit back in their seats.

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*Ask: What stages of change do you see in this demonstration?*

Wait for a few replies and then continue.

- In this demonstration, we saw the individuals at various stages of change. It is likely to be similar in your health facility. At different times, individuals may move both forward and backward through these stages. When you can recognize what stage you or another person is at, then you can select approaches to address that stage of change.
- This is similar to listening to the caregiver and choosing a small amount of specific and relevant information to meet the need at that time. Here you are listening to your colleagues' needs at the time.

- ☐ Uncover just Stage 5 of **Overhead 15/4– Stages of change**<sup>61</sup> (2) and ask the group to read it out:

### Stages of Change (2)

**People may say:**

- Stage 5.** “I see the problem. I want to try to find possible solutions. “  
**Stage 6.** “We believe we can do it.”  
**Stage 7.** “We can do it, and obstacles will not stop us.”  
**Stage 8.** “We were successful. Now we want to show the results to others.”

- ☐ Continue with this point:
- In our demonstration here, one person at least sees the problem and wants to find a solution. However, to make a difference she/he may need help.
- ☐ Uncover Stage 6 and ask the group to read it out.

*Ask: What do you notice that is different at this stage 6 from the earlier stages?*

Wait for a few replies and then continue.

- The word ‘we’ appears. It is difficult to make changes on one’s own. Allies and support help us in looking for change.
- ☐ Uncover Stage 7 and ask the group to read it out.
- Once this stage of working together is reached, obstacles are identified and ways to overcome them are generated.
- ☐ Uncover Stage 8 and ask the group to read it out.
- Then the stage is reached where the group is proud of their achievements and they want to share their results with others.
  - So, change involves first to recognize the need for the change and then to become involved. Next, we look at taking action to make changes.

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<sup>61</sup> Lyra Srinivasan, SARAR International and World Neighbours in Action and adapted in Armstrong H, Training Guide for Lactation Management, IBFAN/UNICEF, New York 1992.


### III. Describe planning for change

40 minutes

- ☐ Make these points:
  - Commitment to making a change is necessary. However, a practical aspect that is sometimes neglected is to make a plan to carry out the action that will result in the change.
  - A plan helps to focus the project activities towards the goal. It can form a timetable to keep the project moving forward. It can also assist in setting a budget and to obtain funding.
  - Now, we will go through the steps in planning, look at an example and then you will develop your own plans.
  - When you develop a plan, you are working towards the new change becoming a sustainable practice.
- ☐ Show **Overhead 15/5 Developing a Plan – Step 1** and make the following points:

**Developing a Plan – Step One**

***Where are we now?***



- The first step is – ***Where are we now?***
- You need to know what is the current situation in your health service regarding information and support for complementary feeding practices. In Session One of this course, you examined the different complementary feeding activities and filled out a chart as to whether they were present in your health service. You can fill out this same chart again in discussion with members of your health centre who have contact with families of young children.
- You may also have other information available such as rates of malnutrition and numbers of stunted or overweight children in your area, which will help you to see the current situation.
- List any barriers or difficulties to health workers or families in adopting appropriate complementary feeding practices.

- Remember to make a note of activities that are going well and that can be reinforced in your plan.
- Now we see our group moving further along in their planning. They are looking at where they are at present.

- ☐ Ask the three participants whom you have prepared to continue the demonstration. They are seated in a semi-circle as if at a meeting.

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#### DEMONSTRATION 15/2 : Where are we now?

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

- ☐ Thank participants. They will continue the demonstration in a few minutes.
-

*Ask: What were the problems that the group found when they looked at where they were now?*

Wait for a few replies, and then continue.

- The group we see here found:
  - that all health workers do not talk to caregivers about feeding;
  - that the health workers do not give the same information or messages;
  - that the suggestions given are often very general and not specific to the individual family.

*Ask: What did our group decide to do?*

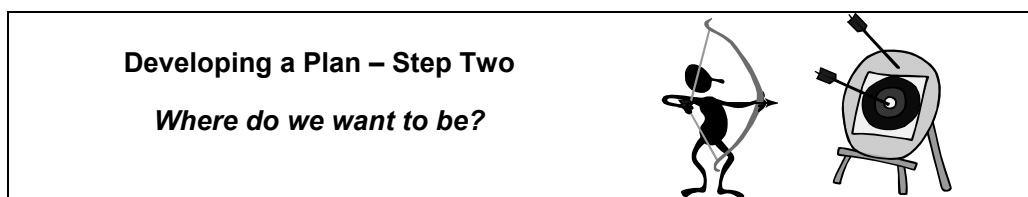
Wait for a few replies, and then continue.

- They decided that they needed to look at *what* was said and *how* it was said so that the information was useful, consistent and did not conflict.
- They also decided to include other people who were not present at the meeting.

☐ Make this point:

- Therefore, by talking about their current activities, the group can establish where they are at present.

☐ Show **Overhead 15/6 Developing a Plan – Step Two** as you make the following points:



- The next step is **Step Two: Where do we want to be?**
- This step involves setting your goals or targets. Set a target that is specific, measurable, achievable, relevant and with a time limit.



- If the target is too easy, some people may sit back and do nothing because they feel it will happen anyway. If it is too difficult or the target seems not relevant to them, people may decide they can never achieve it and so they will not try. Aim for something that is realistic to achieve within the period.
- Here we have two targets that a health centre might set.

☐ Show **Overhead 15/7– Measurable targets** and ask the question that follows:

**Are these targets specific and measurable?**

**Target A:**

**To improve complementary feeding practices in the area**

**Target B:**

**That in six months from now, 50% of caregivers of young children attending the health centre will receive specific and consistent complementary feeding counselling.**

*Ask: Compare these two targets. Which is specific and measurable?*

Wait for a few replies and then continue.

- Target A is not specific and is very difficult to measure.  
Target B is specific and its achievement can be measured.
- ☐ Check that participants are following the points. Ask if there are any points that you can make clearer.
- ☐ Ask the same participants to continue the demonstration. Link this demonstration to the earlier by saying:
- Now, we see our health centre staff talking a week later.

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

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

- ☐ Thank participants. The role-play will continue shortly.

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*Ask: What goals did our group set for themselves?*

Wait for a few replies, and then continue.

- ☐ Show **Overhead 15/7 – Example goals** and make the following points:


<p style="text-align: center;"><b>Somewhere Health Centre</b></p> <p style="text-align: center;"><b>Complementary Feeding Project Goals Stage One</b></p> <ul style="list-style-type: none"> <li>- One month from now, all health workers will know two <i>key messages</i></li> <li>- Three months from now, health workers will have discussed these two messages with 50% of caregivers.</li> </ul>
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- They decided to set their goals
  - to pick just two *key messages* to focus on;
  - that all the health workers would know these two messages in one month; and
  - to talk with 50% of the caregivers using these *messages* by three months from now.

*Ask: Do you think these targets are achievable? And measurable?*

Wait for a few replies. If participants do not agree they are achievable and measurable, discuss further. If they agree, continue.

- ☐ Show **Overhead 15/8 – Developing a Plan – Step Three** as you make the following points:

<p><b>Developing a Plan – Step Three</b></p> <p><b><i>How will we get there?</i></b></p>	
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- The next step is ***Step Three: How will we get there?***
- When you have decided on your goals or targets, you then need to decide the best actions to reach those goals. For example:
  - how to share your knowledge and skills from this course with the other health workers in your service;
  - how to keep records of counselling contacts with families;
  - how to train all new health staff that joins the service so that everyone is giving consistent information and in a counselling manner.
- Many different activities can be done. What you choose depends on the needs of the service, the resources available and the ability to implement and sustain it. There is no one best activity for every setting.
- It is important to assign a person responsible for each goal or action who will check on progress towards reaching that goal. Large goals can be broken down into smaller goals and divided among a number of people. One person does not need to do it all.
- Plan ways to involve your co-workers, the families you serve and the community leaders in setting and achieving the goals. For example, you may want to have a demonstration of recipes for good complementary foods but you are a very busy health worker with no time to set this up.

Consider if some of the people in the community could arrange the place, invite the caregivers and provide the foods and you just come to do the demonstration. This would involve the community in ownership of the project as well as saving your time.

- When you are working on this step, also consider what resources are needed to carry out the actions.
  - Our group discussed the *key messages*. They decided that they would concentrate on two messages at this time - on increasing the frequency of feeding and the size of the portion given to young children. They decided that these problems seemed to be more common in their area than problems with the actual type of foods given. These practices were also practices that could be changed in a short time.
- Ask the same participants to continue the demonstration. Link this demonstration to the earlier by saying:
- Now, we see our health centre staff continuing their planning discussion.

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#### DEMONSTRATION 15/4 : How will we get there?

<b>Stasha</b>	First, we need to make sure the staff are all saying the same thing. It will be my task to hold a session with all the clinic staff to explain the project and the two <i>key messages</i> that we are starting with. I'll schedule a meeting for next week. Tuesday afternoon seems best.
<b>Simon</b>	I will be responsible to organize the posters with the <i>key messages</i> to be put up on the walls in the clinic. I will do them this week so we can show them at the staff meeting and then put them on the walls.
<b>Liz</b>	And I will take responsibility to ask all the health workers to see if they know the two <i>key messages</i> . I was thinking of asking them two weeks after the meeting and then at the end of the month.
<b>Stasha</b>	That sounds good. So, is that everything we need to do for the first step?
<b>Simon</b>	Yes, we have a person for each job and a date so they do not get pushed further away when we are busy. Let's go tell the others about the meeting and make the <i>key message</i> posters.
<b>Liz</b>	Wait. We also have to discuss the way the health workers talk with the caregivers. It is not enough that they just tell the caregivers what they should do. They need to talk about the <i>key message</i> to see how the caregiver can put it into practice.

<b>Stasha</b>	Yes, that is a good point. We will need to schedule some smaller sessions with the health workers to practise their counselling skills. Simon, could you talk with the manager and set some dates for those sessions? We are lucky we have someone here that can help us with the counselling training.
<b>Simon</b>	I'll arrange those sessions and make sure people know when their session is.
<b>Stasha</b>	We've done great work in our planning. Let's put it into action!
<b>Liz</b>	Can we meet each Monday at 4pm to see how things are going?

- ☐ Thank participants. Their demonstration is finished now.

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*Ask: What did our group decide to do in order to reach their goals?*

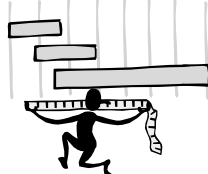
Wait for a few replies, and then continue.

- The group decided to:
  - first, hold an education session for the health workers so they understood the project and the two *key messages* that they were starting with, and then to check that the health workers did know *what* were the messages;
  - hold some smaller sessions so the health workers could practice their counselling skills and *how* to talk with the caregivers;
  - make posters of the two *key messages* for the health centre walls.

- ☐ Show **Overhead 15/9 : Developing a Plan – Step Four** as you make the following points:

**Developing a Plan – Step Four**

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



- The next step is : ***Step Four: How will we know if we are there?***  
Have you achieved your target or goal?
- If your targets and activities are specific and measurable, it is easier to know you have reached them. Our group in the example have set the goals that all the staff would know two *key messages* and that 50% of caregivers are counselled about those two messages.

- The activities they decided on were:
  - to explain the project to all staff and the two *key messages*;
  - to hold small training sessions to help staff practise the skills of using these messages in a counselling manner – to ask caregivers about feeding frequency and portion size, praise for good practices, give the two feeding messages, and discuss suggestions;
  - to put up posters in the clinic with the two messages;
  - to meet weekly to check progress.

□ Re-show **Overhead 15/7 – Example goals** and ask the question.

*Ask: How could they measure if these goals were reached?*

Wait for a few replies and then continue.

- They had mentioned asking each of the health workers the two messages in two weeks and again at the end of the month. If they had a list of the health workers and marked off those who knew the two *messages*, they would know if they had reached the goal.
- Then they would need a way of measuring if the health worker and the caregiver were actually discussing the *key messages*.

*Ask: How could they measure if the complementary feeding discussions were taking place?*

→ Write up replies on the flip chart and then continue. Refer to the participants' ideas as you make these points:

- There are a number of ways they could measure if they have reached their goal. They might have a child health record card where the discussion could be noted. Or they might pick one specific day, and one person observes how many of the caregivers had a discussion on complementary feeding during their visit. They might ask a group of caregivers if they remembered having the discussion.
- This step is also called *evaluation*. Evaluation can be carried out during a project or activity to check the activity is going in the right direction. For example, by asking if the health workers knew the messages after two weeks, they could see how the project was going. If many did not know the messages, the group might need to think again about at this activity.

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

- Show **Overhead 15/10 – Developing a Plan – Step Five** as you make the following points:



- Our final step is : ***Step Five: How will we sustain it?***
- At the start of this session, we said the word “*sustain*” means to keep something going into the future.
- Complementary feeding counselling practices that are sustainable and become part of your regular practice brings benefits to you, your health service and the community you serve.

*Ask: Is sustainability or sustaining practices a term you are familiar with? Can you give an example of a new practice that was introduced and that is sustained in your area<sup>62</sup>?*

Wait for a few replies. Answers will vary.

- Sustained practices are achieved by making the new practice a part of the regular service rather than a special activity. For example, all caregivers are offered an opportunity to discuss feeding their child at each visit to the health facility. Also, to make a space to record the feeding discussion on the child record helps to ensure the discussion takes place.
- In your planning, try to find a way to connect each new activity to an existing activity or process. It is often easier to expand an existing activity than to start a totally new activity.
- However, sustainability will not come by your work alone. Sustainability involves your whole health service.

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<sup>62</sup> Try to find an example yourself beforehand. It might be use of growth charts, or IMCI, or BFHI or other programmes and practices that were introduced and continued.

☐ Reshow **Overhead 15/4 – Stages of change (2)**

- Stage 6 in the Stages of Change – “We believe we can do it,” is an important stage – moving from you alone to working with others for change.
- When you return to your work, aim to get others involved in the activities to improve complementary feeding.
- Turn to page 93 in your manual.<sup>63</sup> Here we have an example of an activity in a health facility. In this example, the same steps are followed that we saw in the demonstrations:
  - Where are we now?
  - Where do we want to be?
  - How will we get there?
  - How will we know we are there?
  - How will we sustain it?
- You have about five minutes to read the example by yourself.

☐ Answer any questions that arise.

## V. Exercise to develop an action plan

40 minutes

- ☐ Ask participants to divide into the groups according to the list you made earlier. Explain what the exercise is about:
- Most health services involve a team of people working together. This means sharing your knowledge and skills and working together to put complementary feeding counselling into action. We will practise this team approach in the following exercise so you will be ready to carry out the same exercise with your own health service.
  - In Session One, you filled in a Worksheet. In this, you reviewed the practices in your own health facility, or other working situation, and considered which practices are done well and which need to change to better support optimal complementary feeding of young children. This is the step of knowing where you are now.

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<sup>63</sup> See page 228 in this Trainer’s Guide.



- Now choose one area that you would like to work on as a group to develop a plan for these areas that is achievable. Do not try to change everything in one plan. Choose one activity that will help improve the practice of counselling caregivers about complementary feeding.
  - There will be things that you are not able to change, so start on those things that you can change. Discuss in your group what are the real barriers and what are possible solutions.
  - Then work through the steps listed to make a plan to move forward. Write your plan on the loose copy of the worksheet provided to hand into the course organizers. If you wish to keep a copy for yourself, copy the plan into the worksheet in your manual.
- ❑ Give each group a loose copy of the **Worksheet 15.1 Developing an Action Plan**.
- You have about 30 minutes to work on the plans. At the end of the time, be prepared to tell the large group about your target and plan.
- ❑ Trainers act as resources to their group but let the groups work by themselves as much as possible. You can help to start the discussion or help to keep a group working on the topic. However, you should not lead the group. Encourage them to pick a small activity to plan rather than large-scale changes.

If the group has not settled the problem to address within about two minutes, point out how difficult this can be with many different viewpoints. Assist them to settle on one topic as an exercise to practise the skills of planning.

If needed, you can suggest a topic such as:

- Hold a group session and food demonstration for caregivers to talk about how to use a thick consistency for foods.
  - Allocate time to counsel all caregivers individually if the child is not growing well.
  - Hold a session for health facility staff on the difference between offering suggestions and giving commands.
- ❑ Allow 35 minutes for this exercise. Remind groups five minutes before the end of the time to prepare to present their plans.

Distribute the flip chart pages and markers to each group so they can write up the main points of their plan.

## VI. Conclude the session

40 minutes

- Ask one participant from each group to give a brief report on the development of their plan using the headings on the form.

Go through check questions at the bottom of the Action Plan form.

*Is your target realistic and measurable?*  
*Are there dates for each action?*  
*Who is responsible for seeing the activities occur?*  
*Are there an interim evaluation and a completion date?*  
*Do you know what resources are needed?*

- You can ask the other groups to comment. Remind them to find something to praise in each plan rather than only criticize or judge. For example,

“Your targets are measurable”, or  
 “You remembered to put a time on each activity”.

Offer any comments as suggestions rather than commands:

“Would you consider ...”  
 “What if ..., would that work?”

- Summarize the main points that have been made by the groups in their plans, and then conclude with these points:
  - Developing a plan with the other health workers in their facility and relevant community members can assist a new practice to become sustainable.
  - Use your ideas to implement practices that support optimal complementary feeding whenever you have the opportunity to do so.
- Ask participants if they have any questions or if there are points that you can make clearer.
  - You have worked very hard over the last few days. The course sessions are now finished. We will go into the last part and (name) will conclude the course.

### Worksheet 15.1 Developing an Action Plan - Example

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

#### Check:

Is your target realistic and measurable?

Who is responsible for seeing the activities occur?

Do you know what resources are needed?

Are there dates for each action?

Are there an interim evaluation and a completion date?

**Worksheet 15.1 Developing an Action Plan**

<b>Where are we now?</b>	
<b>Where to we want to be?</b>	
<b>How will we get there?</b>	
<b>How will we know we are there?</b>	
<b>How will we sustain it?</b>	

**Check:**

Is your target realistic and measurable?  
Who is responsible for seeing the activities occur?  
Do you know what resources are needed?

Are there dates for each action?  
Are there an interim evaluation and a completion date?

## Course Closing

**Objectives:**

At the end of this session, participants should:

- have any remaining questions discussed;
- understand the course follow-up activities;
- complete their course evaluation forms.

**Outline:****Total time - 30 minutes**

I. Discuss any remaining questions	10 minutes
II. Explain the course follow-up activities	10 minutes
III. Complete the course evaluation forms	10 minutes
IV. Close the course	variable

*Additional time will be needed if there is a closing speech by an invited person and a certificate presentation ceremony.*

**Before the session**

Find out what course follow-up activities are planned.  
Put this follow-up information on a handout sheet for participants.

Have a few extra course evaluation forms available if participants have lost their original forms.

There may be a closing speech by an invited person. Link that speech with your closing remarks, if possible, to avoid repetition.

**I. Discuss any remaining questions**

10 minutes

☐ Make these points:

- During this course, we discussed the important role you as health workers and your health facilities have to help improve young child feeding practices.
- The aims of this course were to provide the knowledge and skills for you as health workers who work with caregivers of young children to enable you to:
  - have up-to-date knowledge on the nutrition of young children and suitable feeding techniques for this age group;
  - counsel caregivers of young children about appropriate and effective complementary feeding practices;
  - contribute to the consistency of young child feeding messages between health worker and sustainability of activities in their health facility.
- We discussed *Key Messages* that you could share with your co-workers and with the families you assist. Using these *key messages* can help the information you give to be consistent and avoid conflicting information.

☐ Indicate the flip chart pages with the *key messages* and read them through together.

- *How* you give information is as important as *what* information you give. In this course, we reviewed counselling skills that can be used to gather information about feeding practices and to offer relevant suggestions to caregivers.

☐ Indicate the flip chart pages with the Counselling Skills and read them through together.

- The Food Intake Tool was used as a tool to assist you in gathering information on feeding practices in a way that is consistent.
- Change does not happen on its own, so you looked at how to plan for changes.

*Ask: How well do you think you can go back to work and apply what you have learned? Do you have questions that are unanswered?*

Discuss any questions remaining. If the questions are very specific to one participant, arrange to discuss them later.

**II. Course follow-up activities<sup>64</sup>**

10 minutes

- ☐ Make these points:
  - Your participation in this course has gained you new ideas and skills. The next stage is to return to your work place and begin using Complementary Feeding Counselling practices
  - You may also wish to stay in touch with each other to share experience as you put your skills and knowledge into practice

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Adapt this section depending on local plans, which may include:

- In a few weeks, you will be contacted/visited in your workplace. This visit will be an opportunity to discuss which skills you have been able to use. If you encounter difficulties, this follow-up visit will be an opportunity to obtain help in solving those difficulties that prevent you from using your knowledge and skills.
- This course is a part of the overall Strategy for Infant and Young Child Feeding. As part of that Strategy, the follow-up involves ....
- Further contact and on-going support will be provided by ....
- When you go back and put your skills and knowledge into practice, you will be in contact with ....

Put this follow-up information on a handout sheet for the participants.

**III. Complete Course Evaluation forms**

10 minutes

- ☐ Remind participants of the purpose of the *Course Evaluation Questionnaire* and how to fill it in.
  - At the start of this course, you received a Course Evaluation Questionnaire. This evaluation looks for your ideas to make the course better in the future.
  - There are sections for each individual session. These sections you may have filled in already. There is a part for general comments on the course overall, which you can fill in now
- ☐ Allow 10 minutes to finish filling in forms.

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<sup>64</sup> Adapt this section to the specific follow-up plans in your area.

**IV. Close the course**

Congratulate participants and facilitators on their hard work during the course.  
Present them with their course certificates.

Thank the people who helped with the organization and other aspects of the course.

Say good-bye.



## Flip chart pages to prepare

Write Key Messages or Counselling Skills on each sheet of flip chart paper as indicated below. Cover the writing in a way that you can uncover the *key messages* or *counselling skills* one by one. One way to do this is to have a sheet of blank flip chart paper with tape and the top corners.

Uncover the Key Messages or Counselling Skills as directed in the text.

Once uncovered, leave Key Messages or Counselling Skills displayed for the rest of the course.

### **Key Messages**

#### ***Uncover during Session 1***

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

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

#### ***Uncover during Session 2***

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

#### ***Uncover during Session 3***

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

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

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

#### ***Uncover during Session 4***

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

A growing child needs increasing amounts of food.

#### ***Uncover during Session 9***

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

#### ***Uncover during Session 13***

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

**Counselling Skills*****Uncover during Session 5*****Listening and Learning Skills**

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

**Building Confidence and Giving Support Skills*****Uncover during Session 6***

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

***Uncover during Session 10***

- Give practical help
- Give a little relevant information
- Use simple language
- Make one or two suggestions, not commands

***Uncover during Session 11***

- Check understanding
- Arrange for follow-up or referral

***Uncover during Session 9*****Responsive Feeding Practices**

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

**Draw Worksheet 8.1 (Session 8) and Worksheet 12.2 (Session 12) on flip chart sheets.**

## List of Demonstrations

Throughout the course, there are learning points that are demonstrated by a two or more participants acting out the points. This shows the skills in practice and also provides a different teaching method. It can be a lively break from just listening to presentations.

The demonstrations are listed below. Aim to assign every participant to act in at least one demonstration. Use this central list so individual trainers do not ask the same people all the time. The demonstrations that are very short could be assigned to participants who are very shy or who are less confident in the language used for the course. The demonstrations that are indicated as long should be assigned to participants that are more confident or perhaps a trainer.

Assign the demonstration early so participants have an opportunity to prepare for them and practise with the other person(s) in the demonstration. Indicate where they will find the demonstration in their manual. Check they understand their role, the point they are demonstrating, and that they have any equipment they need. Remind participants that they do not have to learn off the words, they can read from their manual.

*\*These demonstrations in Session 9 may be amusing. Ensure the participants acting in them are prepared to be laughed at.*

Demonstration Number	Roles	Names
5/1 - short	Health worker Caregiver	
5/2 - short	Health worker Caregiver	
5/3 - moderate	Health worker Mother	
6/1 – short	Health worker Caregiver	
6/2 - moderate	Health worker Caregiver	
7/1 – long	Health worker Caregiver	
9/1* – short, no speaking	Caregiver Child	
9/2* – short, no speaking	Caregiver Child	
9/3* – short, minimal speaking	Caregiver Child	

10/1 - moderate	Health worker Caregiver	
10/2 - moderate	Health worker Caregiver	
11/1 - moderate	Health worker Caregiver	
11/2 – moderate	Health worker Caregiver	
14/1 – long	Health worker Caregiver	
15/1 - short	5 health workers	
15/2, 15/3, 15/4 – moderate	3 of the people from 15/1	

## KEY MESSAGES FOR COMPLEMENTARY FEEDING

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

## COUNSELLING SKILLS

### Listening and Learning Skills

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

### Building Confidence and Giving Support Skills

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