



Ministry of Health and Family Welfare
Government of India



INFANT AND YOUNG CHILD FEEDING

One Day Sensitization Module



August 2016





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One Day Sensitization Module







भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011

Government of India
Ministry of Health and Family Welfare
Nirman Bhavan, New Delhi - 110011



सी.के.मिश्रा
सचिव

C.K. Mishra
Secretary

Tel: 011-23061863, Fax: 011-23061252
E-mail: secyhfw@gmail.com

Preface

Delivering quality healthcare in a timely manner through public health facilities is one of the main goals of the National Health Mission (NHM). For this to happen, it is of paramount importance to augment the knowledge and skills of health professionals to deliver quality services in essential maternal and newborn healthcare practices.

Infant and Young Child Feeding (IYCF) is a set of well-known, common and scientific recommendations for appropriate feeding of newborn and children under two years. The first two years of life provide a critical window of opportunity for ensuring children's optimal growth and development through adoption of correct infant and child feeding practices. It is a known fact that stunting among Indian children attains peak at 24 months of age. This high burden of undernutrition in early childhood clearly shows the need for accentuating efforts towards attainment of improved rates of optimal Infant and Young Child Feeding practices in the country. The importance of support to the mother, within the families and through skilled service providers at health facilities, is essential for achieving higher rates of breastfeeding.

Thus, a year long, nationwide programme named 'MAA' (Mothers' Absolute Affection) has been designed, to be implemented across States/UTs, starting from August 2016. During the programme, focused activities would be undertaken for promotion of breastfeeding through the year. Skill building of health workers is an important pre-requisite for successful implementation of this programme.

I am delighted that the Child Health Division, with support from Norway India Partnership Initiative (NIPI) & UNICEF, has developed a one day sensitization module on Infant and Young Child Feeding. I am sure that this module will provide comprehensive information on breastfeeding and child feeding and improve the delivery of service at health facilities for the 'MAA' programme.

C K Mishra





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वन्दना गुरनानी, भा.प्र.से.
संयुक्त सचिव
Vandana Gurnani, IAS
Joint Secretary
Tel: 011-23061706
E-mail: vandana.g@ias.nic.in

Foreword

Breastfeeding is an important child survival intervention. Breastfeeding within an hour of birth could prevent 20 per cent of newborn deaths. Babies, who are exclusively breastfed in the first six months of age, are 11 times less likely to die from diarrhoea and 15 times less likely to die from pneumonia, which are the two leading causes of death in children under-five years of age. However in India, as per recent survey, only 44.6 per cent mothers initiate breastfeeding within one hour of birth, despite the fact that about 78.7 per cent deliver in institutions. Further, 64.9 per cent babies are exclusively breastfed in the first six months of birth and 50% initiate complementary feeding at 6 months.

The National Health Mission provides a valuable opportunity to bring greater attention and commitment to promote IYCF interventions through the health system, both at the health facility and community outreach levels. ASHA has been the frontrunner for taking messages to the communities, and thus has also contributed towards improvement in rates of breastfeeding. Counsellors have also been deployed at all high case load facilities for counselling on Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) issues.

Given the overwhelming evidence available on the impact of early breastfeeding on reduction of neonatal mortality as well as exclusive breastfeeding on reduction of infant mortality, it is imperative to accelerate efforts towards improving breastfeeding practices. Thus, a yearlong programme named – 'MAA' (Mothers' Absolute Affection) programme, has been designed, to be implemented across States/UTs, starting from August 2016.

Along with ongoing efforts of skill building, a one day sensitization training will be provided to all frontline workers during the 'MAA' programme. I congratulate Child Health Division for developing this one day sensitization module through consultations with Norway India Partnership Initiative (NIPI) and UNICEF. I am confident that this sensitization module would be helpful as a refresher capsule and will be used by doctors, nurses, and other service providers for taking forward the 'MAA' (Mothers' Absolute Affection) – a nationwide breastfeeding programme.

Vandana Gurnani





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Nirman Bhavan, New Delhi - 110011



Dr. Ajay Khera

M.B.B.S., D.G.O., M.D. (Public Health)
Deputy Commissioner
Child Health In-charge
Telefax : 91-11-23061281
E-mail : dcmch-mohfw@nic.in,
ajaykheramch@gmail.com

Acknowledgement

Capacity building of community level health workers is very critical in improving breast-feeding practices among pregnant and lactating women. Under National Health Mission, a yearlong 'MAA' (Mothers Absolute Affection) programme has been launched all over the country from August 2016. One day sensitization module aims to provide a brief orientation to all frontline workers including AHSAs, ANMs, Nurses and doctors on essential knowledge of successful breastfeeding.

A one-day sensitization training program for community level health workers including ASHAs has been designed with support from various stakeholders. The contribution of Dr Harish Kumar from Norway India Project (NIPI), Dr M.M.A Faridi , Professor and Head of Department of Paediatrics , University College of Medical Sciences, Delhi, Dr. Satinder Aneja, Lady Hardinge Medical College, Delhi, Dr J.P. Dadhich and Dr Shoba Suri from Breast-feeding Promotion Network of India (BPNI) and Dr Gayatri Singh and Ms Rachana Sharma from UNICEF is gratefully acknowledged. The efforts of Dr Sila Deb, Deputy Commissioner and Dr Ruchika Arora, Consultant Child Health Division of Ministry of Health and Family welfare are also highly appreciated.

Dr. Ajay Khera



Module Content

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5.	Continued Breastfeeding	30 minutes	24
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19 1/2

List of Contributors

Shri. C.K. Mishra, IAS	Secretary	Ministry of Health and Family Welfare
Ms. Vandana Gurnani, IAS	Joint Secretary, RCH	Ministry of Health and Family Welfare
Dr. Ajay Khera	DC (CH)-In-charge	Ministry of Health and Family Welfare
Dr. Sila Deb	DC (CH)-1	Ministry of Health and Family Welfare
Dr. Ruchika Arora	Consultant Child Health Division	Ministry of Health and Family Welfare
Dr. Harish Kumar	Project Director	NIPi Newborn Project
Dr. M.M.A. Faridi	Professor and Head of Department Paediatrics	University College of Medical Sciences, New Delhi
Dr. Gayatri Singh	Child Development Specialist	UNICEF
Ms. Rachana Sharma	Communication for Development Specialist	UNICEF
Dr. Satinder Aneja	Professor Pediatrics	Lady Hardinge Medical College
Dr. J.P. Dadhich, MD, FNNF	National Coordinator	BPNI
Dr. Shoba Suri	Policy and Programme Coordinator	BPNI





Child Nutrition




Must Know Facts

1. Good nutrition before birth, through the mother's good health, and in the first years of life improves the child's growth and the child's ability to learn. Also, good nutrition helps prevent illness.
2. Poorly nourished children do not grow well. They are shorter than other children of the same age. They are less interested in eating food and are often quite fussy. They are less active when they play and have less interest in exploring and learning.
3. Also, poorly nourished children are often sick. And illness is a special challenge for a body that is already weak from poor nutrition.
4. Nearly half of the children who die from common childhood illness, diarrhoea, pneumonia, malaria, measles, and other infections—are poorly nourished. Helping young children get better nutrition helps prevent early deaths.

Session 1



Early initiation of breastfeeding

-  **Objective** Understand and counsel mothers and family to start early initiation of breastfeeding
-  **Time** 1 hour
-  **Methodology** Facilitator to read and understand the 'Must Know Facts' before the training. Key points from the facts to be numbered and written on a flipchart in big bold letters. Each point to be explained to ASHAs using simple language.

Must Know Facts:

1. Why should breastfeeding be initiated early after the birth of the baby

Breastfeeding should be started as soon as the baby and the mother are ready usually within the first 60 minutes after the birth and not later than one hour. If the baby cannot be put to breast after early, even skin to skin contact with the mother helps the milk to flow. The baby is alert around this time. The family can see that the baby is ready for breastfeeding when he/she opens the mouth, turns the head as if searching for the nipple or sucks on fingers or hands. Starting breastfeeding early is one of the best actions that the mother can do to help her baby be healthy it many advantages for the baby and the mother. The baby gets all the benefits of the first milk which is like the baby's first vaccination and protects the baby from illness. It also helps to act as a purgative, clear meconium, and prevent jaundice. It is very rich in vitamin A which is important for the eyes.

Early suckling helps make more milk, encourages the flow of breastmilk, prevents

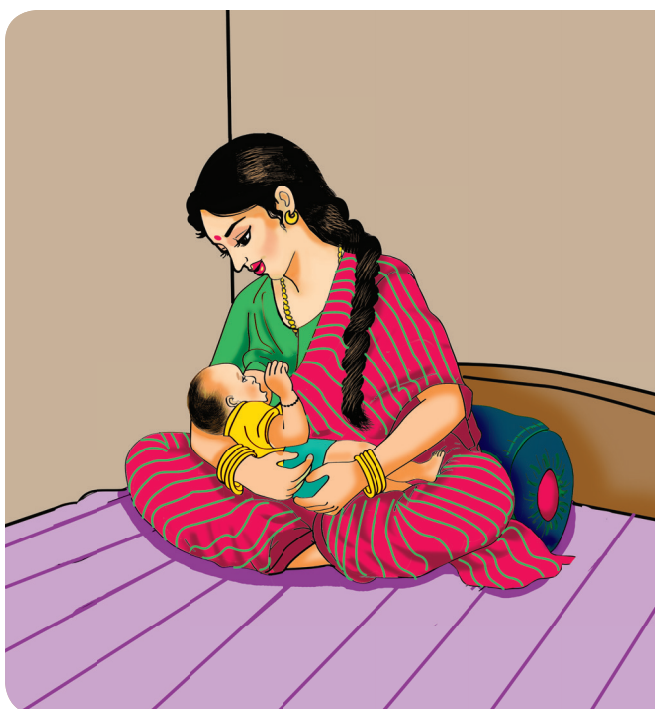
early problems with breastfeeding, helps keep the baby warm, promotes the bonding between the mother and the baby. It has various advantages for the mother also. It is useful in expulsion of the placenta, reduction of bleeding in the mother, prevents breast engorgement and makes mothers feel comfortable.

2. The importance of breastfeeding the young infant and child

Breastfeeding is important for the healthy growth of the young child.

Breastfeeding also strengthens the relationship between mother and child. A close, loving relationship is a foundation for the mother's important caring role from the child's birth and as the child grows.

Through breastfeeding the mother and her baby learn early how to communicate with each other—to be sensitive to each other's signals and respond appropriately. Their satisfaction helps sustain the care the child will continue to need for healthy survival and social development.



Breastfeeding helps a mother and her baby develop a close, loving relationship. Helping the mother succeed and gain confidence is important for her and for her child.

Closing the session

Review the importance of early initiation of breastfeeding

Why should breastfeeding be initiated early after the birth of the baby?

What are the advantages of early initiation of breastfeeding?

What is the importance of giving colostrum to the newborn baby?

What are important reasons to breastfeed a child?

Methodology




The facilitator will play a ball game with the participants. The facilitator will explain how the game is to be played and the rules to be observed. The ball is thrown to one of the participants and the participant is expected to make one short statement as an answer for the question. The participant can say pass if he/she does not know the answer or is reluctant to give the answer. In that case the ball will be thrown to another participant. The facilitator will ask each question separately and summarize before proceeding to the next question.



Session 2



Exclusive Breastfeeding

-  **Objective** To counsel mothers and family to exclusively breastfeed the young infant and child (up to age 6 months)—how much, how often, and how to responsively breastfeed the child on demand.
-  **Time** 1.5 hours
-  **Methodology** Facilitator to read and understand the ‘Must Know Facts’ before the training. Key points from the facts to be numbered and written on a flipchart in big bold letters. Each point to be explained to ASHAs using simple language

Must Know Facts:

1. **Feeding only breastmilk is best for young infants and children up to age 6 months.**

Exclusive breastfeeding means that the child takes no additional food, water, or other fluids, starting at birth. (The child can take medicine and vitamins, if needed on medical advice).

2. **Exclusive breastfeeding gives an infant the best chance to grow and stay healthy.**

- ▶ It promotes production of more milk. Giving other food or fluids reduces the amount of breastmilk the child takes and, as a result, the amount of breastmilk the mother produces too is reduced.
- ▶ It decreases the transmission of germs from the environment. Water, feeding bottles, and utensils can pass germs to the young infant, even when they appear “clean”. The infant can become sick from the germs.
- ▶ It ensures that the milk the child gets is nutritious. Breastmilk contains all the nutrients that a baby needs during the first 6 months of life. Other foods or fluids may be too diluted or thin and can be contaminated.
- ▶ It provides enough iron. Iron contributes to the development of the brain, and helps the child focus attention. Iron from breastmilk is absorbed better.

- ▶ Young infants often have difficulty digesting animal milk.
- ▶ Animal milk may cause diarrhoea, rashes, or other allergies. Diarrhoea may continue and become persistent, leading to undernutrition.

The community health worker helps the mother learn when and how often to breastfeed. Together they can solve common problems that mothers face when breastfeeding. The support of the community health worker and the family helps the mother succeed in her goal to exclusively breastfeed.

3. **Breastfeed as often as the baby wants—on demand**

A mother is encouraged to put her newborn to her breast as soon as possible after birth, but not later than 1 hour. It is not necessary to wait until the baby has been cleaned or the milk begins to come. Suckling helps the breastmilk to come.

The baby’s stomach is small. Therefore the baby should be fed frequently on demand—at least 8 — 12 times in 24 hours, day and night—in order to be adequately nourished.

Breastfeeding helps the mother and baby to form a close loving relationship which makes mothers feel deeply satisfied emotionally.



A father supports his breastfeeding wife. His support can be key to sustaining exclusive breastfeeding.

Feeding the baby more than 8 times in the day and night provides a unique opportunity for the mother and the baby to be in close touch, enjoy each other's company, stimulate each other and respond to each other's needs. Low birth weight babies can learn to suckle if the mother strokes their sides of the lips and the upper part of the chin before feeding them several times in the day. Feeding and stimulation together will help the development of the brain of the baby and promote bonding between the mother and the baby. It also helps the mother to overcome her depression during the first few weeks after delivery.

A mother learns to recognize the baby's way of

communicating hunger. The baby might rub the mouth with a fist, start to fuss, or open the mouth wide towards the breast. These are indications that the baby is ready for breastfeeding. The mother does not need to wait until the baby cries before she recognizes hunger and gives the baby her breast. The mother should not wait for the baby to cry before feeding it. Crying is a late sign of hunger.

If the mother is aware of the signals of hunger, she is able to interpret them correctly, this is sensitivity. If the mother understands the signal in time and feeds the baby it indicates responsiveness.

Closing the session

Review the importance of exclusive breastfeeding

- What is exclusive breastfeeding?
- What are the benefits of exclusive breastfeeding?
- How often should the baby be breastfed?

Methodology

The facilitator will play a ball game with the participants. The facilitator will explain how the game is to be played and the rules to be observed. The ball is thrown to one of the participants and the participant is expected to make one short statement as an answer for the question. The participant can say pass if he/she does not know the answer or is reluctant to give the answer. In that case the ball will be thrown to another participant. The facilitator will ask each question separately and summarize before proceeding to the next question.



Session 3



Positioning and attachment for breastfeeding

- Objective** To help the mother to hold the child in a good position and attach the child effectively to the breast.
- Time** 1.5 hours
- Methodology** Facilitator to read and understand the 'Must Know Facts' Key points from the facts to be numbered and written on a flipchart in big bold letters. Each point to be explained to ASHAs using simple language. There by use the demonstration and role play method as described in the session below.

✓ Must Know Facts:

Positioning and attachment are important in the success of breastfeeding. These are important for mothers to learn and practice.

1. Help the mother position the baby well

The community health worker can help the mother position her baby so that it is easier for the baby to attach to the breast and suckle effectively.

First, help the mother sit comfortably with her back supported. Resting her arm on a pillow may help her hold the baby more easily and longer without discomfort.

Then, without touching the baby, guide the mother to position her baby well for breastfeeding:

- ▶ Hold baby close to her.
- ▶ Face the baby to the breast.
- ▶ Hold the baby's body in a straight line with the head.
- ▶ Support the baby's whole body.
- ▶ Make sure that the baby is well-attached to the breast.

There are other positions in which the mothers can breastfeed their babies comfortably. The mother can feed the baby in lying down position or in underarm position. Mothers who have had a C section may find the position to be more comfortable.

2. Demonstration and Practice: Improve position of baby

Part 1. Identify a good position for breastfeeding.

The position of the baby in the picture on the left is good for effective breastfeeding. What makes it a good position?



Good position



Poor position

Without touching the baby, help the mother position her newborn well.

If the newborn still has difficulty feeding, or the mother has a problem with her breast, refer her for care to the nearest health facility (or to a trained breastfeeding counsellor).

Part 2. Role play practice

The facilitator will divide the group into groups of 3 participants each. Take your chair, your manual, and one doll for your small group. Decide which participant will play the following roles:

- ▶ Community health worker—help the mother improve the position of the breastfeeding child.
- ▶ Mother—breastfeed your child (the doll). Start with the child in a poor position.
- ▶ Observer—observe how the community health worker counsels the mother and helps her breastfeed more effectively.
 - » What difficulty did the mother have breastfeeding?
 - » How did the community health worker help the mother?
 - » What could the community health worker do differently?

3. Make sure that the baby is well-attached to the breast

For the baby to suckle well, make sure that the baby is attached well to the breast. A well-attached baby suckles with the mouth wide open, chin close and touching the breast, the lower lip turned outward, and with more areola seen above the baby's mouth than below. The four components of good attachment can be remembered by the community health worker by thinking about the acronym CALM.

- C** Chin touching the breast
- A** More areola seen above the breast and less below the breast
- L** Lower lip is turned outward
- M** Mouth is wide open

When the baby suckles, you may hear a sound indicating that the baby is suckling effectively. The baby may pause during sucking, because the baby is swallowing. The mother should not get worried.

4. Assess attachment to the breast

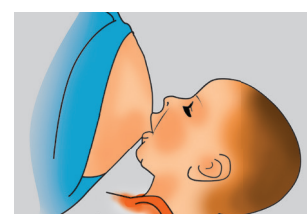
Part 1. Identify the four points of attachment

In the picture on the left the child is well-attached to the breast.

With the facilitator, identify the four points of good attachment in the picture on the left. In the picture on the right, the child is poorly attached to the breast. Identify the poor attachment at each of the four points.



Good attachment



Bad attachment

Part 2. Assess attachment

With a partner, identify the four points of attachment of the breastfeeding baby in each of the following pictures. Decide whether the baby is well-attached or poorly-attached to the breast.



Child 1



Child 2

Closing the session

Review breastfeeding positioning and attachment

Why is a good position important for effective breastfeeding?

What is good attachment to breast?




Methodology

The facilitator will play a ball game with the participants. The facilitator will explain how the game is to be played and the rules to be observed. The ball is thrown to one of the participants and the participant is expected to make one short statement as an answer for the question. The participant can say pass if he/she does not know the answer or is reluctant to give the answer. In that case the ball will be thrown to another participant. The facilitator will ask each question separately and summarize before proceeding to the next question.

Session 4



Expression of breastmilk

-  **Objective** To provide skills in expression of breastmilk
-  **Time** 45 minutes
-  **Methodology** Facilitator to read and understand the 'Must Know Facts' especially the box item before the training. Key points from the facts to be numbered and written on a flipchart in big bold letters. Each point to be explained to ASHAs using simple language and real life examples.

Must Know Facts:

1. **There are many situations early in life when breastmilk may have to be expressed.** This has to be done to relieve the engorgement (fullness and pain) of the breasts, or if the mother has inverted nipples, or while feeding a baby who has difficulty in suckling e.g. a low birth weight or a premature baby or a sick baby. Expression of breastmilk is also needed if the mother is sick or in situations when mother has to go out for work and cannot take the baby along with her.

The community health worker should know how to help the mother to express the breastmilk. If the community health worker is not confident, a person who is skilled in expressing the breastmilk should be approached for help.

The key steps in expressing the breastmilk are summarized in the box.

Key steps for expressing the breastmilk

- » Mother should express the breastmilk herself
- » She should wash her hands well before expressing the milk and sit comfortably and hold a clean katori near her breast
- » She should put her thumb above the nipple and areola on the breast and her first finger below the nipple and areola. After this she should support her breast with other fingers.
- » The mother should then press the thumb and first finger towards the chest wall. She should press her breast behind the nipple and areola between her finger and thumb. Then she should press and release alternately. This should not hurt.
- » The milk may take some time to flow so do not be alarmed. After pressing several times the milk will begin to flow. The milk may come out in streams. Avoid squeezing the nipple since this may hurt.
- » Express one breast for about five minutes and wait for the milk flow to slow down. Then express the other side and then repeat both.

It takes about 20-30 minutes to express the breastmilk especially during the first few days since only little milk may be produced.

2. Feeding a young infant too weak to attach well

Most newborns and young infants are strong enough to begin suckling right away. However, a baby may be low weight or for other reasons too weak to take enough milk. It may be necessary to express milk from the breast, and give it to the baby in small sips with a spoon or a small katori.

Discourage the use of a feeding bottle. The use of the nipple on the feeding bottle will interfere with the newborn's suckling on the breast.

This makes it more difficult for the newborn to breastfeed effectively. Also, a bottle and nipple are more difficult to clean well than a katori.



If the mother has difficulty feeding her baby, refer her to the health facility. The health worker can counsel the mother to help her feed a low weight or weak baby.

Closing the session

Review Expression of breastmilk

How should breastmilk be expressed?

In what situation should breastmilk be expressed for use?

Why use of bottles should be discouraged for feeding expressed milk?




Methodology

The facilitator will play a ball game with the participants. The facilitator will explain how the game is to be played and the rules to be observed. The ball is thrown to one of the participants and the participant is expected to make one short statement as an answer for the question. The participant can say pass if he/she does not know the answer or is reluctant to give the answer. In that case the ball will be thrown to another participant. The facilitator will ask each question separately and summarize before proceeding to the next question.

Session 5



Continued breastfeeding

-  **Objective** To promote continued breastfeeding after 6 months
-  **Time** 30 minutes
-  **Methodology** Facilitator to read and understand the 'Must Know Facts' before the training. Key points from the facts to be numbered and written on a flipchart in big bold letters. Each point to be explained to ASHAs using simple language and examples.

Must Know Facts:

1. **Continue to breastfeed the child older than 6 months**

Children older than 6 months still benefit a lot from breastfeeding. From age 6 upto 12 months, breastmilk provides half of the child's nutritional needs. From 12 months upto 2 years, it continues to provide one-third of a child's needs.

Breastmilk also continues to protect the child from many illnesses, and helps the child grow. Therefore, a mother should continue to breastfeed as often as the child wants.

From age 6 upto 12 months, breastmilk provides half of the child's nutritional needs. From 12 months upto 2 years, it continues to provide one-third of a child's needs.

Closing the session

Conclude the session by asking

Why breastfeeding should be continued for children above 6 months?

Session 6



Feed the child (age 6 months to two years)

Objective

Participants will counsel mothers on how to feed their children age 6 months up to 2 years.

Participants will identify:

- Nutritious complementary foods for a young child.
- When to introduce complementary foods and how to prepare them
- How much and how often to offer food to children.
- How to offer foods and encourage children to eat them.

Time

2 hours

Methodology

- Facilitator to read and understand the must know facts. Key points from the facts to be numbered and written on a flipchart in big bold letters. Each point to be explained to the ASHAs using simple language and real life examples.
- Thereafter, use the matrix on page 28 to identify and assess foods available locally.
- In the end, use the demonstration and role play exercise as described on page 29.

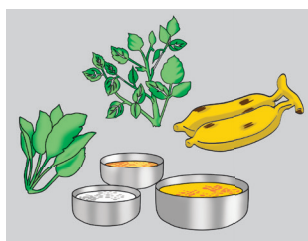
✓ Must Know Facts:

1. Introduce complementary foods at age 6 months

Complementary foods are foods that are given to the young child in addition to breastmilk, since the breastmilk is not sufficient to meet the needs of the child. Without additional food to complement the breastmilk, children can lose weight and falter during this critical period. The amount and the variety of foods that children need will increase as the child grows.

2. **Good complementary foods are nutrient-rich, energy-rich, and locally available.** Help the family introduce and then increase the amount and variety of complementary foods to give a child. Foods should be safe and hygienically prepared. They should be prepared in a consistency that is nutritionally rich and acceptable for the young child to eat.

3. **A nutrition-rich diet requires a variety of foods.** Iron, vitamin A and iodine are very important for development of the brain as well as for child's growth. Zinc helps to prevent illness (See the box for sources of important nutrients for a child's early growth and development.)



For child, age 6 upto 12 months



For child, age 2 upto 3 years

As the child grows, the child needs a greater amount and variety of foods.

A variety helps to provide the energy and nutrients the child needs.

Sources of important micronutrients

Best sources for iron: animal meat and organ foods (for example, liver), egg and fish. Among vegetarian foods, soya beans and other pulses, drumstick, coriander, fenugreek, curry leaves, mint, beet root and turnip leaves, dry dates, raisins, dry mango powder, water melon and whole wheat flour.

Zinc helps to prevent illness.

Best sources for zinc: same as iron.

Vitamin A contributes to healthy eyes and brain development, and prevents illness. Best sources are animal foods, fish, liver, egg, milk and milk products. In a vegetarian diet the foods rich in vitamin A are sweet potatoes, carrot, yellow pumpkin, spinach, fenugreek, sarson (mustard), parwal, papaya, musk melon, orange, sweet lime and mango

Iodine is available in iodized salt. It is very important for brain development.

4. **To be an energy-rich food, the food should also be prepared thick—so it stays on a spoon.** Thin soups and cereals fill the stomach but do not provide enough energy for a growing child.

Consistency for energy-rich complementary food



Just right - stays on spoon



Too thin - drips easily off spoon

Introducing foods to a child who has been exclusively breastfed may be difficult at first. Advise families to start by giving 2-3 sponns of well mashed food, as 2 to 3 meals each day. Gradually encourage—but do not force—the child to eat more.

The following chart summarizes the changes in the feeding advice as the child grows. The information kit on breastfeeding and complementary feeding summarize these messages for children age 6 months and older.

Meeting nutritional needs as the child grows				
	6 months upto 9 months	9 months upto 12 months	1 year upto 2 years	2 years upto 5 years
Food	Thick porridge; fruit and dark green vegetables, rich in vitamin A and iron; and animal source foods (meat, fish, eggs, and curd or other dairy products)	Fruit and dark green vegetables, rich in vitamin A and iron; and animal source foods	Greater variety of fruit and dark green vegetables, rich in vitamin A and iron; and animal source foods	Greater variety of family foods, including fruit and dark green vegetables, rich in vitamin A and iron ; and animal source foods
Quantity, how much at each meal	Start with 2-3 spoons increase to 1/2 Katori of food	1/2 katori	3/4 katori	1 katori
Frequency, how often Meals	2 to 3 meals each day	3 or 4 meals each day	3 or 4 meals each day	3 or 4 meals each day
Snacks	1 or 2 snacks	1 or 2 snacks	1 or 2 snacks	1 or 2 snacks
Consistency, how it is prepared for child to eat	Mashed, thick consistency that stays on spoon	Mashed or finely chopped; some chewable items that the child can hold	Mashed or chopped; some items the child can hold	Prepared as the family eats (with own serving)

- 5. Snacks are ready to eat foods banana, and other fruits) or especially prepared for the child (like panjeeri, laddoo, halwa, upma, idli, poha etc).** Family foods can also be given as snacks in small quantities. These are given in between meals. Snacks are not a replacement of meals.

Complementary foods as meals are those that are especially prepared for the child. These are soft, easy to digest in a semi solid form and nutritious. These can also be family foods that are made suitable for the consumption by the young child. Examples include dal with rice or crushed bread (chapati), boiled vegetables with butter or ghee as thick soup, or mixed with

crushed bread (chapati). There should be no spices in the child's food and additional oil is put for making it rich, tasty and easy to swallow.

6. Identify good complementary foods

Discuss with the participants: What complementary foods are available locally? List the local foods in the left column of the chart below.

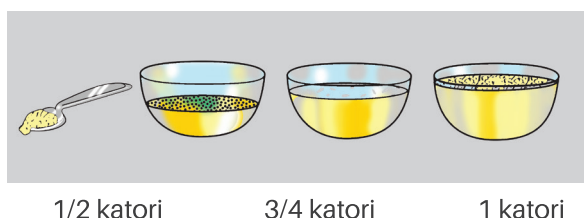
Then, evaluate the foods. Tick [✓] the characteristics that best describe the food. Decide whether the food is a good complementary food for a growing child [Yes or No]. Start in the group with the example of ground nuts. Note that a good complementary food might not meet all the qualities listed.

List the local complementary foods as meals:	Energy- or nutrient-rich?	Widely available at low cost?	Easy to prepare in a soft form?	Liked by children?	Can be a snack?	Culturally acceptable	A good complementary food? (circle)	
Ground nuts							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No

Continue to evaluate the remaining foods by yourself. You will discuss the decisions when everyone has finished.

List the local complementary foods as snacks (home made):	Energy- or nutrient-rich?	Widely available at low cost?	Easy to prepare in a soft form?	Liked by children?	Can be a meal?	Culturally acceptable	A good complementary food? (circle)	
							Yes	No
							Yes	No
List the local complementary foods as snacks (purchased from the market):							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No

7. **A common feeding problem is that the family thinks that they are giving the child enough food.** The quantity may be difficult for a family to imagine correctly. With the child's cup or bowl, it is helpful to demonstrate how much is 1/2, 3/4, and a full katori. The size of karchi and katoris can vary in size and shape. Community health workers should try to standardize with one standard measure and explain to the family in terms of common household utensils that are used in the family for serving food. One katori equals about 250 ml (the volume can vary).



Identify the quantity of food a child needs

Part 1. Demonstration

Your facilitator will demonstrate the quantity of food a child needs and its consistency.

Part 2. Role play practice

Work with a partner to practise helping a mother learn the quantity and consistency of complementary food her child needs. Follow the example in the demonstration. Decide on the roles.

- ▶ **Community health worker**—Gather items that you will need to demonstrate the quantity and consistency of food the child needs (for example, common bowls, measuring item with water, a small funnel).
- ▶ **Mother**—Your child is age six months. You would like to know how much to feed him.

Change roles when finished with the first role play. For the second role play, the child is 3 years old.

8. Feed the child responsively

Breastfeeding on “demand” requires the mother to be sensitive to the signs that her child is hungry and to be responsive. The mother should recognize the signs of hunger for semi solid foods also and respond as soon as possible. As the child grows, these basic caregiving skills—sensitivity and responsiveness—continue to be important to meet the child's nutritional needs.

Children need help to eat. They eat slowly and are easily distracted. It is difficult to give enough food to them. Help the family to be patient during meals and gently encourage the child to eat. (Read the box on Responsive Feeding.)

Responsive feeding means gently encouraging—not forcing—the child to eat. Showing interest, smiling, or offering an extra bit encourages the child to eat. A parent also can play games to help the child to eat enough food and to encourage the child to try new foods. For example: “Open wide for the bird to come inside.” OR “I will take a bite first. Yum. Yum. Now it is your turn to take a bite.” Both the caregiver and the child feel encouraged and happy when the child eats well.

Responsive feeding

- Feed infants directly and help older children when they feed themselves. Feed slowly and patiently. Encourage children to eat, but do not force them.
- If children refuse many foods, experiment with different food combinations, tastes, textures, and methods of encouragement.
- Minimize distractions during meals, if the child loses interest easily.
- Remember that feeding times are periods of learning and affection – talk to children during feeding, with eye to eye contact.



Discuss with the facilitator: What local games do parents use to encourage their children to eat?



Threatening or showing anger at children who refuse to eat should be discouraged. These actions usually result in children eating less.

Adults need to provide adequate servings of food, and to watch how much their children actually eat. They should ensure that other children or pets do not eat the child's food. The child should have a separate bowl or plate so that it is possible to know how much the child has eaten. The feeding should be active. This means enough food for the child is served in a separate plate and katori so that at the end of the meal some food is left. This indicates that the child has taken enough food.

Responsive feeding is especially important when a child is sick or when a child is malnourished. During illness, children may not want to eat much. Gentle encouragement and patience are needed. The appetite of children during recovery from illness is increased. This should be recognized by the mother and she should encourage the child to eat more during this period.

If the child breastfeeds, the mother should offer the breast more often and for longer when the child is sick. If the child takes complementary foods, encourage the family to offer the child's

favourite food, more frequently and, if necessary, in smaller amounts. During illness, soft foods may be easier to eat than hard, uncooked food. These recommendations also apply to malnourished children. The appetite will improve as the child gets better.

Malnourished and sick children are fussy and do not eat food well. The mother should be more patient with them. She should do gentle massage of the hands and feet and try to increase the muscle strength of the child. A sponge may be a useful way to gently massage the child's limbs. This may be done several times in a day to gradually build the muscle strength.

After illness, good feeding helps make up for the weight lost and helps prevent malnutrition. When children are well, good feeding helps prevent future illness.

An adult needs to sit with a child to make sure that the child eats nutritious food and eats enough while learning to feed him or herself.

As poorly nourished and sick children become weaker, they demand less. They need even more encouragement to eat.

Closing the session

Review complementary feeding

Why should complementary feeding be started from 6 months?
What are the sources of micronutrients in food ?
What is responsive feeding

Methodology

The facilitator will play a ball game with the participants. The facilitator will explain how the game is to be played and the rules to be observed. The ball is thrown to one of the participants and the participant is expected to make one short statement as an answer for the question. The participant can say pass if he/she does not know the answer or is reluctant to give the answer. In that case the ball will be thrown to another participant. The facilitator will ask each question separately and summarize before proceeding to the next question.



Closing Session (30 minutes)

The sensitization module can be closed by summarizing two key learnings from each of the session. The participants can be divided into 6 groups to align with the 6 sessions transacted above. Each group to discuss for 5 minutes and report to plenary two key learning from the session assigned to them.

The facilitator to thank the participants and encourage/motivate them to promote and support breastfeeding and complementary feeding in their work area.





NOTES



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Ruled area for notes with horizontal dotted lines.





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Handwriting practice lines consisting of 20 horizontal dotted lines.





