



Maternal, Infant, and Young Child Nutrition in Malawi



Community Nutrition Workers

COUNSELING CARDS

This document was produced through support provided by the United States Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the United States Agency for International Development.

Acknowledgements

The Office of the President and Cabinet-- Department of Nutrition, HIV and AIDS (OPC-DNHA) would like to sincerely thank USAID's Infant and Young Child Nutrition (IYCN) project for the technical lead and financial support which was so essential for the development and printing of the Malawi Maternal Infant and Young Child Nutrition Counselling Cards for Community-based Workers.

Sincere gratitude is extended to all development partners and members of the Infant and Young Child Feeding Technical Working Group who participated in the multiple technical working group and review sessions, and to the national IEC harmonization workshop participants, for their contributions from the cards' inception through the final stages. These individuals are: Dr. Mary Shawa (PS Nutrition, HIV and AIDS), Catherine Mkangama (Director Nutrition HIV and AIDS, OPC), Felix Phiri (Deputy Director for Nutrition, HIV and AIDS, OPC), Dalitso Kang'ombe (Chief Nutritionist, Ministry of Health), Maggie Lwanda (Deputy Director for Nutrition, Ministry of Agriculture), Violet Orchardson (Nutritionist, USAID/Malawi), Piyali Mustaphi and Benson Kazembe (UNICEF), Tapiwa Ngulube (MoH), Margaret Khonje (BASICS), Phindire Chitsulo (CAS), Regina Mandere and Humphrey Kalepa (World Vision), Lucy Maseko (Feed the Children), Stacia Nordin (GIZ), Beatrice Mtimuni and Edwin Siyame (Bunda College), Kanji Mkangama (WALA), Ruth Ayowade (Irish Aid), Linely Hauya (CHAI), Marcia Griffiths (IYCN), Janet Guta, Martin Tembo, Osbourne Sibande (IYCN/Malawi), and many others who invested substantial time and resources in developing these cards. The process was intensive and the development of these cards would not have been possible if it were not for the untiring efforts and commitment of these individuals and the support of their organizations.

These cards were adapted from the Malawi facility level-based counselling cards originally developed by Ministry of Health with support from UNICEF/Malawi, UNICEF/New York, URC/CHS (the Center for Human Services), and Nutrition Policy Practice.

Dr Mary Shawa, PS, OPC DNHA

Maternal, Infant and Young Child Feeding- National Counselling Cards for Community-based Activities

In Malawi, malnutrition rates among infants and young children, pregnant and lactating mothers have consistently remained high. The Government of Malawi recognizes the immediate and long term social and economic repercussions of malnutrition among infants and young children and in response developed the Infant and Young Child Feeding Policy, which was revised in 2008.

These materials are part of an integrated package of job aides aimed to support community workers in their job of counselling pregnant and lactating women and mothers and other caregivers of children from birth to 24 months of age. The content of these materials is guided by the Infant and Young Child Feeding Policy and Guidelines, Essential Nutrition Actions manuals and the research done in households across Malawi and reported in *Consulting with Caregivers* (TIPs).

This material is intended for use by community workers who have completed the Maternal, Infant and Young Child Nutrition Course. If a community worker encounters a situation he or she cannot manage, the

worker is advised to refer the mother or caregiver to a health facility, a specialized Infant Feeding Counsellor or to a health facility designated by the Ministry of Health as “Baby Friendly”.

This integrated set of Maternal, Infant and Young Child Feeding National Counselling Cards for Community-based Workers was designed for use by all community level workers, both from Government and from various stakeholders in their efforts to talk with mothers and other caregivers in the context of the community or home. The OPC-DNHA therefore invites all players in the area of Infant and Young Child Feeding to embrace and utilise these counselling materials. They are an important quality improvement tool for reducing child malnutrition. Their use will contribute to the achievement of the Malawi Growth and Development Strategy and the Millennium Development Goals.

Office of The President and Cabinet-DNHA

How to use these cards

This set of cards is for use by community health workers—and others who counsel mothers one-on-one. The cards are illustrated on one side and have questions and discussion points on the other side. The discussion points are a guide to the conversation and help counsellors offer technically sound advice while allowing them the opportunity to modify the advice to meet a caregiver's situation or current practices. The illustrations allow the caregiver to visualize key behaviors.

There are 20 cards plus 4 recipe cards in the set. The cards are organized for use with pregnant and lactating women and with caregivers according to the age of their child (0 – 24 months). There are additional cards for special feeding situations such as when the child is sick or with a poor appetite. Also, there are cards devoted to hygiene practices, important routine health actions and emergency situations that indicate when to take the child to a health facility.

The steps that should be followed in using the cards are:

1. Determine the person's situation: For example, Are they pregnant? How old is the child? Is the child sick?
 2. Look at the Card Selection Table (see below). To find which card or cards should be used.
 3. Select the appropriate card or cards to use during the counselling session, depending on what is indicated in the Card Selection Table below.
(Note: several cards, like card 18 on hygiene practices, may be used multiple times for caregivers.)
 4. Hold the card so that the mother can see the drawings and you can read the text on the back and point to the drawings on the front of the card.
 5. Begin at the top of the counselling guide by asking the caregiver how the child is doing, and allow her to talk about the child. If necessary, follow the actions indicated at the top of the guide prior to asking about feeding. For example, if the child is severely ill help the caregiver seek medical care immediately. If there is no special situation proceed with the content of the card.
 6. Ask the caregiver the first questions listed in the left-hand column and proceed through the card using the positive counselling skills found below.
 7. Always end by making an agreement with the woman or caregiver for exactly what she or he is going to do and have her describe the action in her own words using the pictures on the card if she wants.
 8. Continue with any additional cards such as the hygiene card or recipe card that should be used in the session as indicated by the Card Selection Table.
 9. Tell the woman or caregiver that she can return for advice from you and that you would like to know if she is successful or has problems with the new practices.
-

Card Selection Table

WHO WILL BE COUNSELLED	GENERAL SITUATION CARD	SPECIFIC SITUATION CARD	FOR EVERYONE CARD
Pregnant Woman	Any month 1A 1B	Last trimester 2	Sample meal 21
Lactating Mother	First 3 months 1A 1B	Poor Attachment 3	Sample meal 21
		Poor Positioning 4	How to increase your breast milk supply 7
	Months 4 to 6 1A	Working 9	How to Express Milk 8
Caregiver with Infant 0-6 months	Baby is healthy 5 6		Routine Health Action 19
	Baby is sick 14 6	HIV-exposed 17	How to increase your breast milk supply 7 Hygiene 18 Health Facility 20
Caregiver with Infant 6 up to 9 months	Baby is healthy: 6months 10		Hygiene 18 Recipes 22 Routine Health Actions 19
	Baby is healthy: 7 to 9 months 11		
	Baby is sick 15 11	HIV-exposed 17	Hygiene 18
	Baby has poor appetite 16		Health Facility 20
Caregiver with Infant 9 up to 12 months	Baby is healthy 12		Recipe 23 Routine Health Actions 19
	Baby is sick 15 12	HIV-exposed 17	Hygiene 18 Health Facility 20
	Baby has poor appetite 16		
Caregiver with Young Child 12up to 24 months	Child is healthy 13		Recipe 19 Routine Health Actions 24
	Child is sick 15 13	HIV-exposed 17	Hygiene 18
	Child has poor appetite 16		Health Facility 20

Positive counselling skills

Positive counselling skills are important for all community workers.

The side of the card with text is designed to help you with counselling using the steps of **ALIDRA: Ask, Listen, Discuss, Recommend and Agree, make an Appointment to follow up the agreed actions.**

When counselling a mother or other caregiver :

- 1) Organize your cards before the session.
- 2) Greet the woman or caregiver warmly and make him or her feel comfortable.
- 3) Keep your head level with hers or his and pay attention to what she or he says.
- 4) Select the card that matches the woman's or caregiver's situation (see the guide on the previous page).
- 5) **ASK** open ended questions that allow the woman or caregiver to talk and express their questions or concerns.
- 6) **LISTEN** to the answers or concerns of the caregiver.
- 7) **DISCUSS** the answers or concerns by offering guidance on correct practices, and **praising** what the caregiver is doing correctly. Also, **identify feeding difficulties**, and try to find the causes of the difficulties, asking the caregiver to explain why they are following a certain practice. **Observe** the baby and the caregiver: if it is possible discuss with the caregiver different feasible options to overcome difficulties or to reach a better practice that is more protective of good nutrition.
- 8) **RECOMMEND** specific actions for the woman or caregiver based on what you have learned from her or him. It is important that the recommendations be technically correct, but they also need to be feasible; shaped to fit the person's means and abilities.
- 9) **AGREE** by reviewing your recommendations for the caregiver and ask which ones she or he will try in order to improve her or his feeding practices or diet. Help the person select one or two practices that are feasible for their situation that they agree to practice.
- 10) Have the caregiver repeat what she or he is going to try to do and make sure that it is clear and they feel comfortable. If there are other members of the household who need to be included in the decision, talk with them, if possible.
- 11) Make an **APPOINTMENT** to follow up with the caregiver on the agreed actions



A healthy diet for pregnant and lactating women

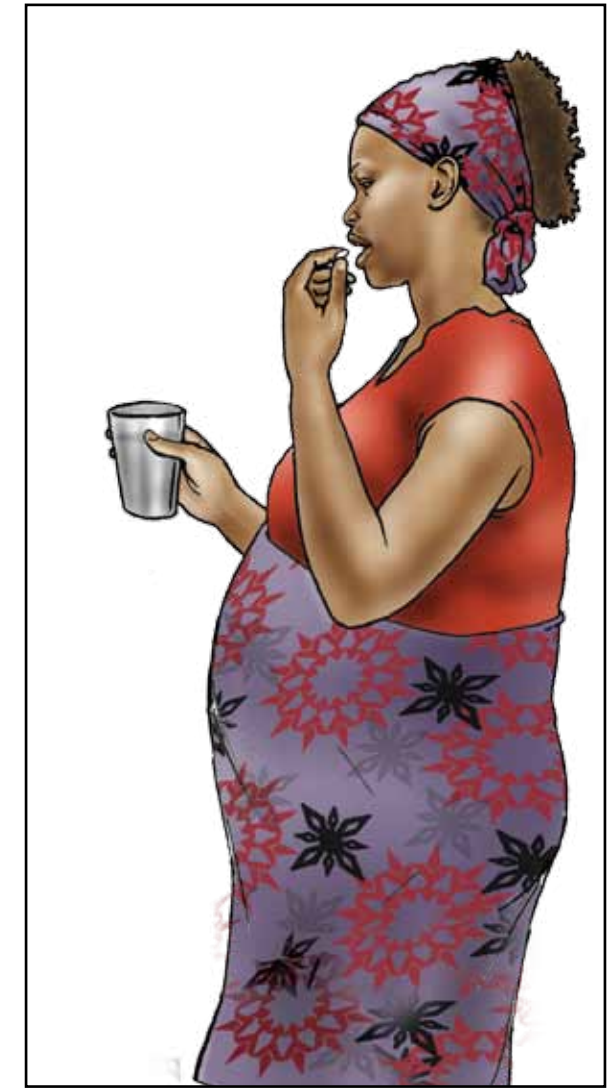
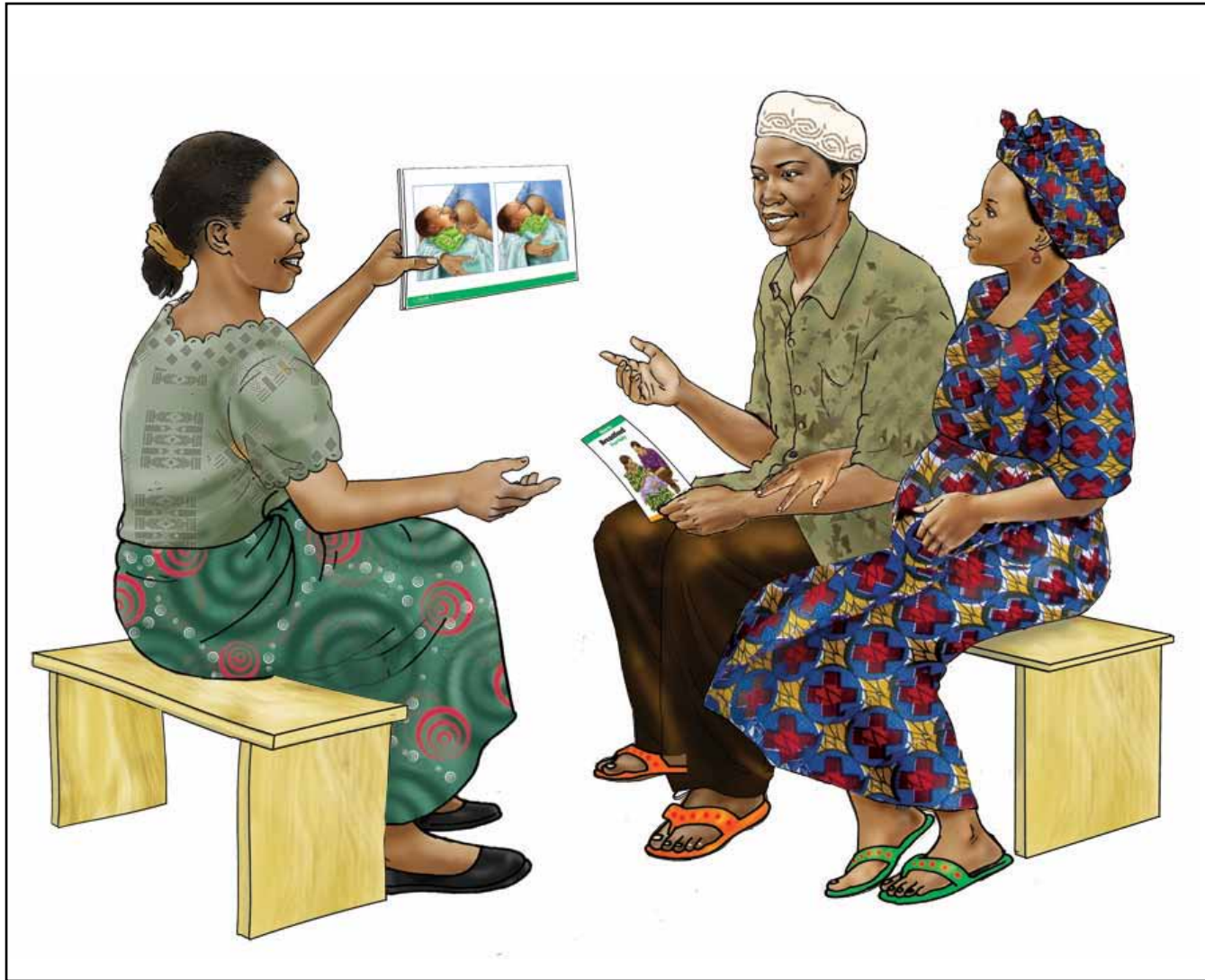


A healthy diet for pregnant and lactating women

ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
Can you tell me about how you are eating?	✓ Eating three times a day and snacks	Congratulate the pregnant woman or new mother because she is doing a good job of eating enough for her health and her developing child.	She will continue to eat for herself and her child.
How many times did you eat yesterday: both meals and food between meals?	Three or four times a day and snacks Not eating extra times	<ul style="list-style-type: none"> ▶ Pregnant and lactating women must eat three or four main meals each day and additional small meals or snacks: One snack for pregnant women and two for lactating women to maintain their strength and to support the developing child. ▶ Examples of snacks: sweet potatoes, banana, chitumbuwa or groundnuts. ▶ If the pregnant woman says that she feels nauseous or not hungry she should eat small meals, but more frequently, 5 or 6 times a day. 	The woman and her family agree to try to make more food available to her.
What are you drinking?	✓ Drinking more water	Congratulate the woman. Especially the lactating woman needs to drink more water. Avoiding tea and coffee helps with the absorption of nutrients.	
	Doesn't drink more or only drinks tea/coffee	▶ Drink more water. Especially the lactating woman should drink whenever she is thirsty. However, avoid tea and coffee since they interfere with the absorption of iron. It is preferable to have clean, safe drinking water available.	The woman and her family agree to make clean, safe water available.
Can you tell me about your meals / what you have been eating? What did you eat yesterday?	✓ Eating a variety of foods	Congratulate the woman for choosing a variety of available foods.	
	Not eating a variety of foods: vegetables, animal foods, nsinjiro or beans, fruit	<ul style="list-style-type: none"> ▶ Each day your meals must be nutritious: include vegetables and fish, egg or meat with your nsima. Make a special effort to eat these foods (see the food groups pictured on the card). They are important for your health and your baby's. ▶ Every day include a food like fish, egg, milk, or beans. If you can't eat these every day try 4 times per week. ▶ Every day include a vegetable or fruit. 	<p>What can you add to improve your diet today? Tomorrow?</p> <p>The woman and her family find foods to add each day.</p>
Are you aware of iodized salt? Do you use iodized salt in your food at home?	✓ Family uses iodized salt	Congratulate the mother for using iodized salt; she is protecting her family's health.	
	Not using iodized salt and/or unaware of iodized salt	<ul style="list-style-type: none"> ▶ All family members should use iodized salt, but it is especially important for the pregnant woman in order to avoid developmental problems in their baby. ▶ The salt is sold in shops and says "iodized." 	She will seek out iodized salt or ask a family member to buy it

NOTE: Immediately after delivery, or within 8 weeks of delivery, the mother needs to take a vitamin A capsule. She will get this from the health clinic. All pregnant and lactating women **MUST** avoid alcohol, narcotics and tobacco products. They are harmful to them and their child.

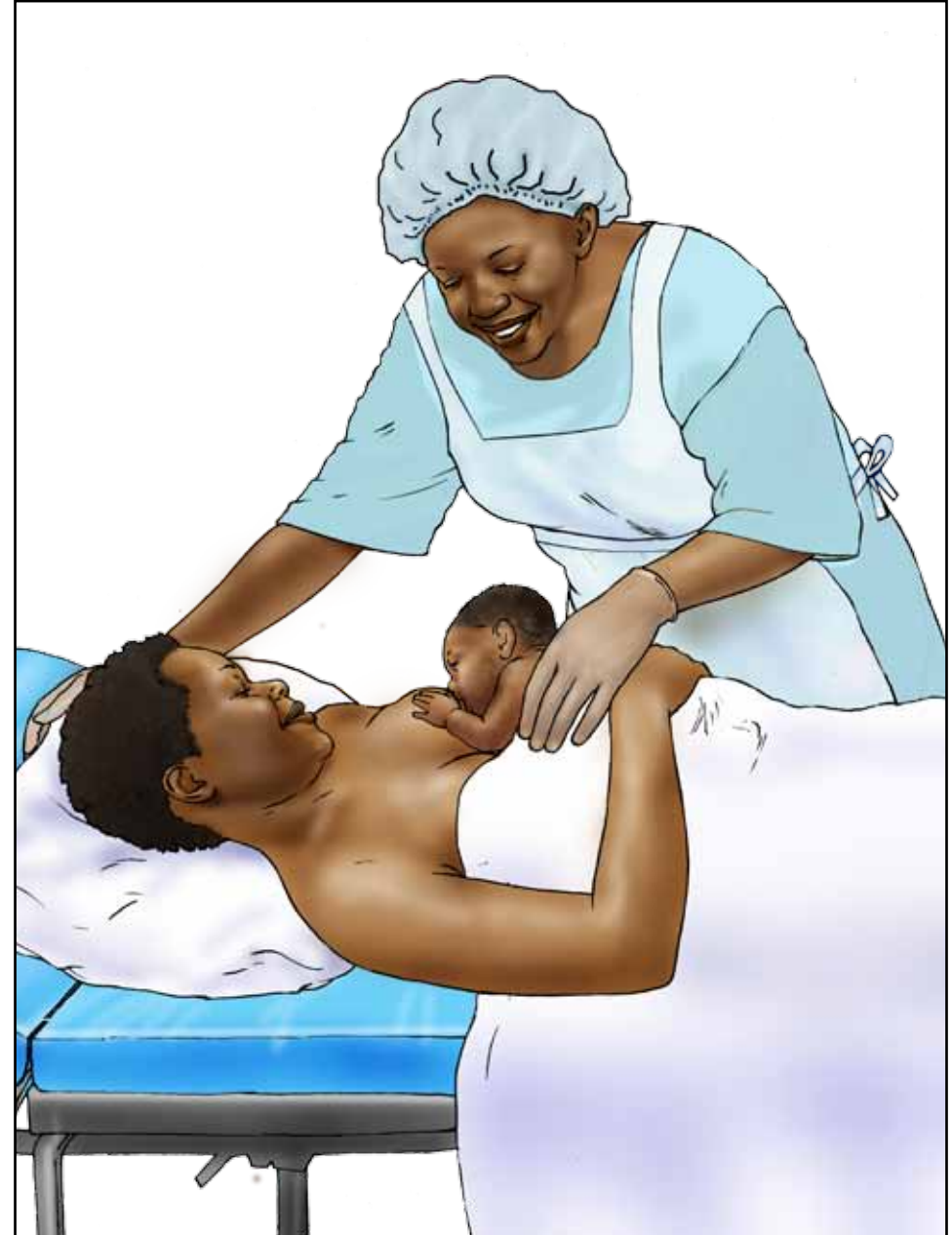
Antenatal Care & Anemia Control



Antenatal Care & Anemia Control

ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
<p>Have you been to the Health Center for your prenatal checks?</p> <p>When was the last time you went?</p>	<p>✓ Attending clinics per schedule</p>	<p>Congratulate the woman, she is doing a good job of ensuring that her pregnancy is safe and that she gets the proper care.</p>	<p>Remind woman of when her next visit occurs.</p>
	<p>Attending, but infrequently—find out why</p>	<ul style="list-style-type: none"> ▶ During pregnancy four checks at the health clinic are recommended (within the first 4 months and during months 5, 7 and 9) to ensure that the woman gets the care she needs such as tetanus vaccinations, malaria care and iron tablets, and to prepare properly for the birth. 	<p>The woman will go to the clinic during the week to get back on schedule.</p>
	<p>Not attending prenatal clinics—find out why</p>	<ul style="list-style-type: none"> ▶ Health professionals at the health clinic will confirm your pregnancy and how it is progressing. ▶ They will give you your tetanus vaccine , iron tablets, malaria and deworming tablets to protect you and your baby. ▶ They will help you ensure that you are prepared for the birth. 	<p>The woman will talk with family members and get assistance to go to the clinic for antenatal care. You will follow-up.</p>
<p>Are you taking iron-folate tablets?</p> <p>(1 Tablet daily during pregnancy and for first 3 months after birth)</p>	<p>✓ Taking her tablets everyday</p>	<p>Congratulate the woman; she is doing a good job of ensuring that she stays strong and healthy during her pregnancy / for the first months following her delivery.</p>	<p>Confirm that she knows where to get a resupply of tablets</p>
	<p>Took the tablets, but has stopped because of side-effects or feeling better or ran out of tablets</p>	<ul style="list-style-type: none"> ▶ Take an iron-folate tablet every day during pregnancy and everyday for 3 months after your baby is born. ▶ Even if you feel better, don't stop. Return to the clinic for a resupply. ▶ Sometimes women don't like the taste of the tablets. Take them with food like a banana or before bed to avoid the unpleasant feeling or taste. ▶ If you see that you have dark stools, it is a sign the tablets are working. ▶ Ask the nurse at the health center for iron tablets or to refill your supply. 	<p>Confirm that the mother will try to take iron-folate tablets again by seeking a resupply or trying the suggestions to avoid side-effects.</p>
	<p>Never taken the tablets—why?</p>	<ul style="list-style-type: none"> ▶ During pregnancy women need extra iron to maintain their strength. Iron-folate tablets are essential. They will prevent anemia which is often called "tired blood". 	<p>Woman will seek iron-folate tablets and try them for a month.</p>
<p>Do you have an insecticide treated mosquito net?</p> <p>How often do you sleep under the net?</p>	<p>✓ Sleeping under a net every night</p>	<p>Congratulate the woman, she is doing a good job of protecting herself from malaria</p>	
	<p>Not sleeping under a net –Why?</p>	<ul style="list-style-type: none"> ▶ Using a mosquito net is the best way to prevent malaria, critical for the pregnant woman and woman with a newborn. ▶ Discuss where and how to obtain a net. 	<p>The woman and/or family members will seek out a net</p>

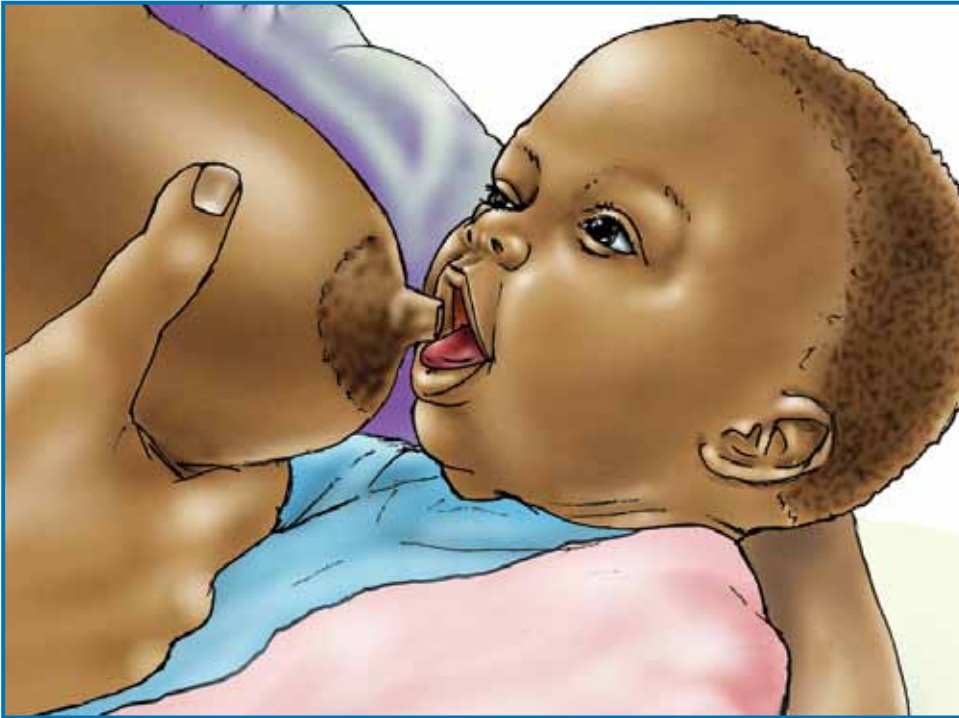
Early initiation of breastfeeding



Early initiation of breastfeeding

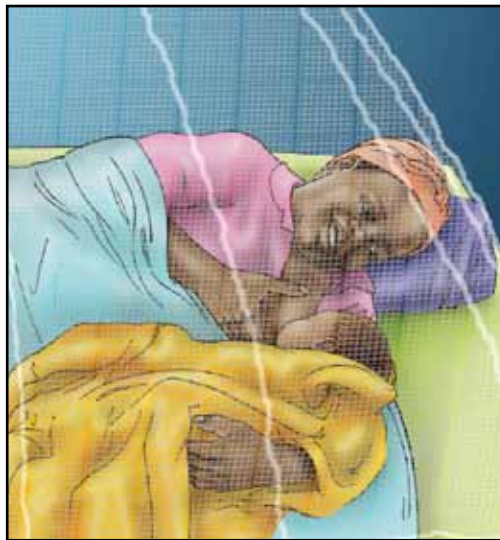
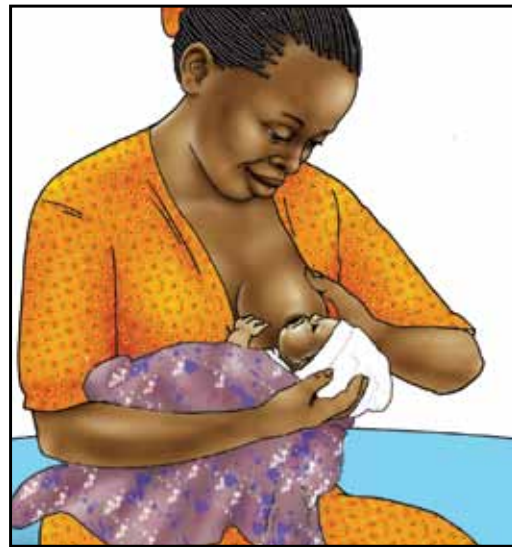
ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
Where do you plan to deliver your baby?	✓ Deliver in a health facility	Congratulate the woman for her plan to deliver in a facility. She is doing the best thing to ensure a safe delivery.	
	Deliver at home with skilled attendant or At home unattended	<ul style="list-style-type: none"> ▶ The pregnant woman and her family should make plans for the baby's birth. This should be discussed with a health professional at the health center. ▶ The woman should plan to deliver in a facility. ▶ If the woman will deliver at home she should have someone who is trained in modern birthing methods to accompany her. She should never be alone. 	The pregnant woman and her family will talk with health professionals and plan for an assisted birth or one in the maternity.
<p>NOTE: If the woman does not know her HIV status she should go to the health center for testing. There are many precautions she can take to prevent her baby from getting infected. If she knows that she is HIV positive she must seek the care of a health professional for the birth of her child and for counselling on child feeding.</p>			
Will you follow the maternity practice to keep the baby with you and feed immediately after delivery?	✓ Will place the newborn on her chest and feed breast milk immediately	Congratulate the pregnant woman. Feeding the baby breast milk within the first hour of birth is a good way to ensure that the baby gets the best start in life. (See cards 3 and 4 on good attachment and good positioning)	
	Will not place the baby with her and will wait to feed. Why?	<ul style="list-style-type: none"> ▶ The baby should be placed on the mother's chest immediately after birth. This position provides warmth, helps breathing and promotes bonding. Ask that the newborn be placed between your breasts and covered lightly. ▶ Begin breastfeeding within the first hour of birth. (See cards 3 and 4 on good attachment and good positioning) ▶ Early breastfeeding helps expel the placenta and reduce bleeding. ▶ Colostrum, the thick yellowish milk, is good, protecting the baby from illness. 	The mother and other family members will try this way of caring for the newborn and beginning breastfeeding. Encourage them to talk with a health professional if they have questions.
What will you give your baby to eat/drink right after birth?	✓ Breast milk	Congratulate the woman. Breast milk, including the colostrum, is the best food for the newborn.	
	Feed pre-lacteals such as water, dawale, thin porridge, herbs	<ul style="list-style-type: none"> ▶ The first milk, called the colostrum, is good for your baby, offers protection from illness and will work to clean the intestine. ▶ Do not offer the baby water, dawale or herbs or any other drink or substance at birth. These drinks can cause stomach pains and harm the baby. ▶ Newborns will cry. Breast milk is the best thing to calm them. 	The mother and other family members agree to allow the newborn to breastfeed only.
	Bottle feed milk	<ul style="list-style-type: none"> ▶ Offering any milks, other liquids or foods besides breast milk to the newborn is dangerous. These foods and drinks can cause your newborn to become very sick. 	Encourage this woman and family to talk with a health care professional.

Attachment



- Correct positioning and attachment help to ensure that the baby suckles well and that the mother produces a good supply of breast milk.
- Correct positioning and attachment help to prevent sore and cracked nipples.
- When you first begin to breastfeed, you may need to help the baby attach well to the breast to avoid hurting your nipples.
- Touch the baby's lips with your nipple. When the baby's mouth opens wide, move the baby quickly onto the breast, aiming the lower lip slightly below the nipple.
- The baby's tongue should be over the bottom gums. If the baby is in a poor position, or if you feel any pain, then gently take the baby off the breast and start again.
- Check that your baby is feeding well by seeing that the baby's
 - mouth is wide open and has most of the darker skin (areola) in his or her mouth
 - lower lip is turned outward
 - chin is touching the mother's breast
 - cheeks are rounded
 - taking slow deep sucks, sometimes pausing
- Let your baby empty one breast first and come off the breast on his or her own. This will ensure that your baby gets the most nutritious and satisfying milk. Then give your baby the other breast.

Positioning



- Correct positioning and attachment help to ensure that the baby suckles well and the mother produces a good supply of breast milk.
- Correct positioning and attachment help to prevent sore and cracked nipples.
- Ensure that your baby is well-positioned by:
 - baby's tummy facing your tummy
 - baby's head and body in line
 - baby's whole body supported
 - baby's head being supported on the elbow joint
 - baby's nose facing the nipple
- Your baby should be able to look up at your face. The baby should not be held flat to the mother's chest or abdomen.
- You should hold your breast with your fingers in a "C shape", the thumb being above the dark part of the breast (areola) and the other fingers below.
- Fingers should not be in "scissor hold" because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth.
- There are different ways to position your baby:
 - cradle position (most commonly used)
 - cross cradle position (suitable for small infants)
 - side-lying position (can be used right after delivery, to rest while breastfeeding or at night)
 - under-arm position (best used after a caesarean section, when the nipples are painful and to breastfeed twins or small infants)

There are many advantages to exclusive breastfeeding during the first six months



=



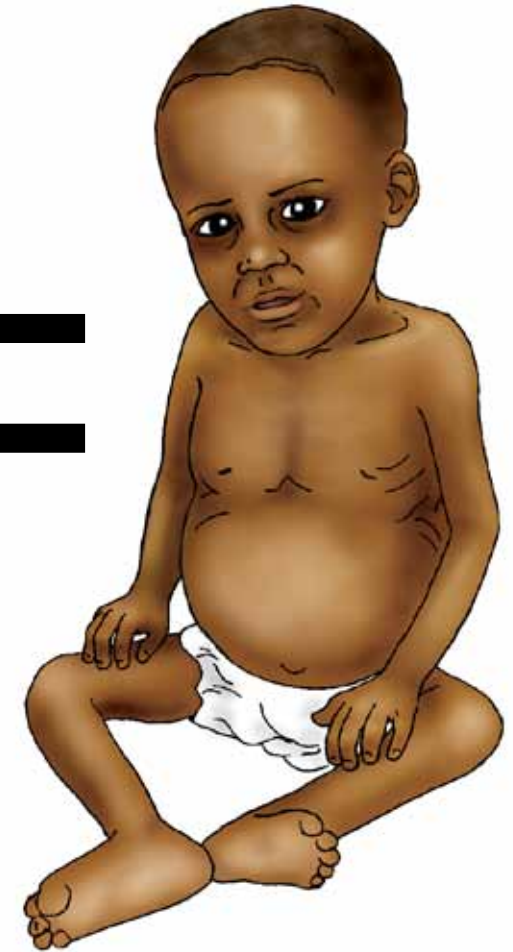
+



+



=



There are many advantages to exclusive breastfeeding during the first six months

Exclusive breastfeeding

- Exclusive breastfeeding means feeding your baby ONLY breast milk for the first 6 months.
- Breast milk provides all the food and water that a baby needs during the first 6 months of life.
- Do not give anything else, NOT even water, sobo, phala or gripe water.
- Breastfeeding protects your baby from diarrhoea and respiratory infections.
- It also greatly reduces the chance of passing HIV to your baby compared to mixed feeding.

Mixed feeding

- Mixed feeding means feeding your baby both breast milk and any other milks or foods including water, sobo, phala or gripe water.
- Mixed feeding is very dangerous.
- Mixed feeding increases the chance of your baby suffering from illnesses such as diarrhoea and pneumonia because he or she is not protected through breast milk.
- A baby less than 6 months has immature intestines. Other food or drinks than breast milk can cause damage to the baby's intestines (causing "small holes"), which makes it easier for diseases, including HIV, to pass to your baby.
- If you mixed feed before your baby is six months old, you are denying your baby all the benefits he or she can get from breast milk.

Exclusive breastfeeding for the first 6 months

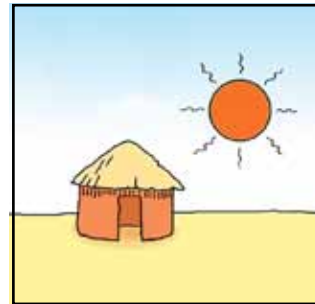
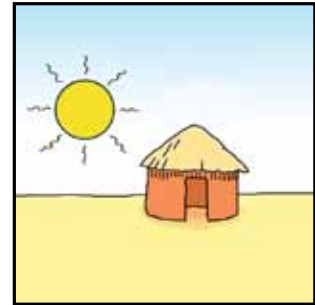


Exclusive breastfeeding for the first 6 months

ASK how the baby is doing. If the baby is sick, use Card 14.

ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
How is breastfeeding going? Any problems? Let's look at the baby breastfeeding	<p>✓ Attachment and position are good</p> <p>Problems for either mother or baby</p>	<p>Congratulate the mother that she is able to breastfeed so successfully.</p> <p>▶ To avoid sore nipples the baby must take the dark part of nipple, not just the teat, in its mouth. (see card 3).</p> <p>▶ If the mother is uncomfortable show her other ways to hold the baby (see card 4).</p> <p>▶ If the mother complains that she doesn't have enough milk, refer to card 7.</p>	<p>Help the mother achieve good attachment and positioning. The mother will try new techniques.</p>
How long does each feeding last? Are you emptying both your breast at each feeding?	<p>✓ Spending at least 20 minutes each feed and using both breasts</p> <p>Not using both breasts/ Feeds quickly (while working)</p>	<p>Congratulate the mother. Taking the time to breastfeed her baby is the best way to ensure that her baby will stay healthy, protecting him / her from diarrhea and pneumonia.</p> <p>▶ To satisfy the child and to produce more breast milk, the mother should breastfeed from each breast until each breast is empty, approximately 20 minutes.</p> <p>▶ If a child is crying it is not a sign that she / he needs other liquids or foods, but rather that the mother should take time from her chores, sit down and breastfeed</p>	<p>The mother will try to spend more time and will use both breasts as often as possible.</p>
How many times during the day and night are you breastfeeding?	<p>✓ Feeds at least 8-12 times/ 24 hours</p> <p>Feeds fewer than 10 times/ 24 hours</p>	<p>Congratulate the mother. Feeding the baby frequently, day and night is the best way to ensure a good milk supply.</p> <p>▶ The newborn needs to be breastfeed frequently from 8-12 times in 24 hours.</p> <p>▶ If the baby is not crying or demanding feeding, offer breast milk every 2-3 hours.</p> <p>▶ The more frequently you breastfeed, the more milk you produce. (See card 7)</p>	<p>The mother will increase the number of times she feeds by 1 -2 per day.</p>
Are family members supportive of breastfeeding and helping with daily chores?	<p>✓ The family supports exclusive breastfeeding and helps with chores</p> <p>The family encourages other food and drink and does not help with chores</p>	<p>Congratulate the family for becoming good partners in the care of the baby, ensuring his / her good growth and development by their support of breastfeeding and helping with household chores.</p> <p>▶ Do not give anything to the baby in the first 6 months, NOT even water, sobo, phala or gripe water. Even in hot weather, breast milk will satisfy the baby's thirst.</p> <p>▶ Mothers with newborns need to rest and to spend time breastfeeding and caring for the baby. Help from family members ensures that the baby gets a good start in life.</p>	<p>Talk with other family members about waiting to give the baby foods or drinks until 6 months and helping the mother.</p>

How to increase your breast milk supply



How to increase your breast milk supply

Note for the health worker:

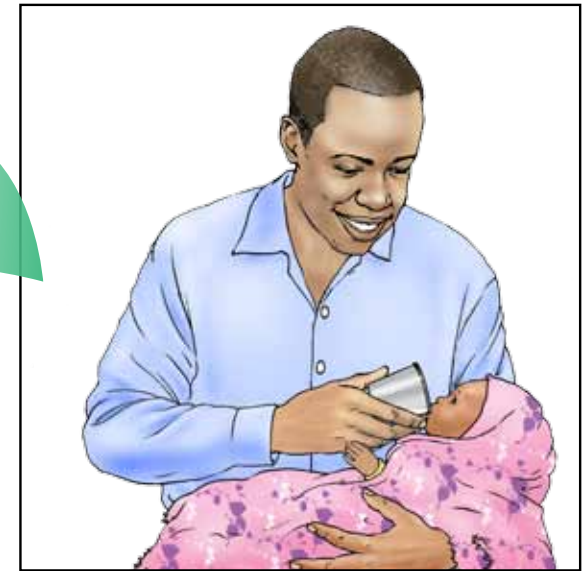
- If a mother is complaining about lack of breast milk, ask her questions to find out the following:
 - Is the baby gaining insufficient weight?
 - Is the baby having fewer than 6 wets a day?
 - Is the baby acting like he or she is dissatisfied (frustrated and crying all the time)?
 - Is the baby receiving anything else than breast milk?

Ask the mother to do the following:

- Breastfeed frequently, upto 12 times a day if the baby wants.
 - (If the baby has been receiving other foods:) Stop giving the other foods. This will make your baby suckle more and increase your milk production.
- Breastfeed day and night.
- Encourage longer breastfeeds.
- If the baby is ill or sleepy, encourage the mother to wake him or her and offer the breast often.
- Encourage the mother to give the breast for comfort.

- Observe positioning and attachment of the baby and correct accordingly (Refer to Cards 3 and 4).
- Encourage support from the family to perform household chores.
- DO NOT use bottles, teats or spouted cups. They are difficult to clean and can cause your baby to become sick.

How to express breast milk by hand



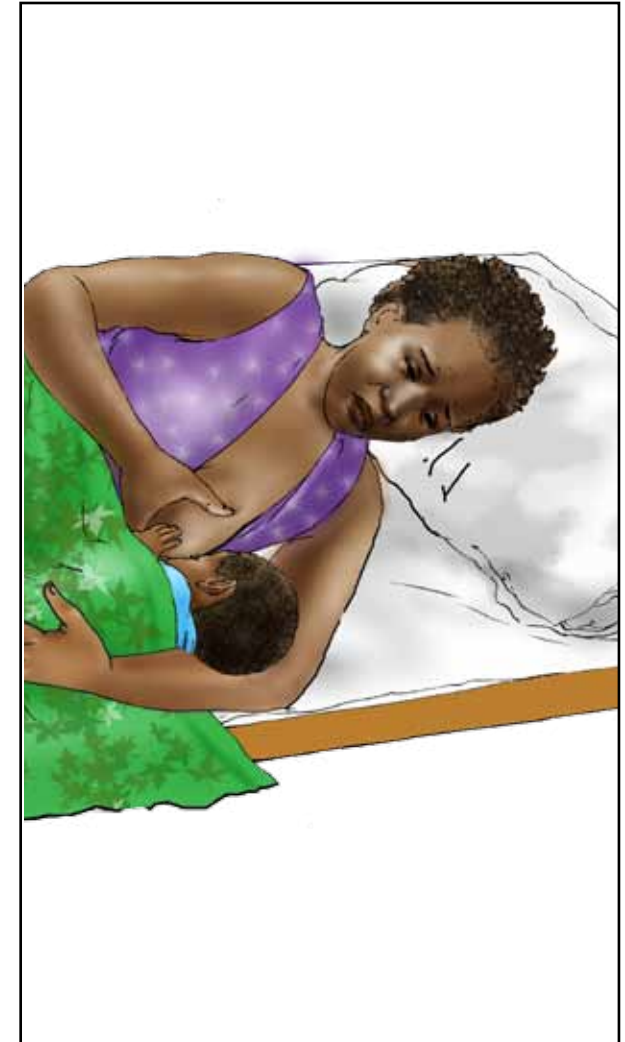
How to express breast milk by hand

- Wash your hands with soap and running water.
- Make sure the container you will use to express your breast milk is clean and boiled.
- Sit or stand in a comfortable position, in a quiet place.
- Use any hand for either breast. Put your thumb on the breast above the dark area around the nipple (areola). Place your first finger below the nipple and the dark area. Support your breast with your remaining fingers.
- Compress the breast with your thumb and first finger while the other fingers support your breast, while moving your hand away from the chest wall towards the dark area. This should not hurt. If it does, then you are not doing it right.
- Press the same way on each side of the dark area around the nipple in order to empty all parts of the breast. Do not squeeze the nipple itself or rub your fingers over the skin.
- Express one breast for 3 to 5 minutes until the flow slows down and then switch to the other breast. Then do each breast again. Change your hands when the one hand gets tired. It usually takes 20 to 30 minutes to express all of the milk.
- If your milk does not come easily, massage your breasts. A warm cloth, a back massage or thinking about your baby might also help.
- Store your expressed breast milk in a clean covered container until you are ready to feed your baby. Expressed milk can be stored for up to 8 hours in a cool place.
- Always feed the baby using a clean open cup. Even a newborn baby learns quickly how to drink from a cup. **DO NOT** use bottles, teats or spouted cups. They are difficult to clean and can cause your baby to become sick.
- The person feeding the baby should pour just enough breast milk from the clean covered container into the feeding cup. He or she can always add more from the container if the baby is not satisfied. Do not give the baby leftover breast milk from the feeding cup. This can cause the baby to become sick.

Working mother



Sick mother



Working mother and sick mother

Working Mother

Note for a working mother with formal employment:

According to the Malawian law, a mother has the right to paid maternity leave of 90 days. Get your employer's consent for:

- breast feeding breaks and flexible working hours
- safe storage provision of expressed breast milk

Note for all working mothers:

If work causes you to be separated from your baby, these are some things you can do to continue to provide breast milk to your baby:

- Express breast milk to be fed to the baby from a clean open cup while you are away.
- Express breast milk at work to keep the milk flowing and prevent breast swelling
- If possible, carry the baby to the place of work or have someone bring the baby when you have a break
- Take extra time for the feeds before leaving for work and when you come back from work
- Increase the number of feeds while you are around; e.g. increase night and weekend feedings
- Get extra support

Breastfeeding mothers need to:

- Eat two extra meals a day in addition to regular meals
- Eat plenty of fruits and vegetables with every meal
- Drink enough liquids every day (8 glasses or 1.5 litres)
- Avoid taking tea or coffee with meals because they interfere with iron absorption and may contribute to anaemia. It is better to drink tea or coffee an hour before or after a meal.

Sick Mother

- It is very important for the baby to continue to breastfeed for the baby's health and to prevent breast problems.
- It is important that you continue to eat, even when you do not have appetite.
- During illness you have an increased need for nutrients. You also need extra food to produce breast milk. Therefore take extra care in what you eat and how it is prepared.

The following nutrition advice can be given to a sick mother:

- Eat a variety of favourite foods
- Eat small frequent meals
- Make sure you take plenty of liquids (e.g. water, juice, porridge, soup)
- Avoid fatty, fried or strong smelling foods
- Prepare foods in other ways than usual (e.g. mashed foods, more soups)
- Avoid foods that cause stomach discomfort
- Continue eating, even when you have diarrhoea
- Get extra support
- Make sure that the person preparing the food washes his or her hands before food preparation

Start complementary feeding at 6 months

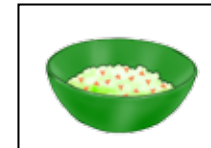
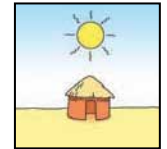
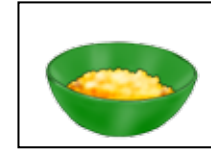
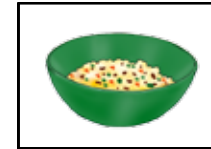


Start complementary feeding at 6 months

ASK how the baby is doing. If the baby is sick, use Card 15.

ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
Are you are breastfeeding? If yes, how frequently do you breastfeed? If no, ask about feeding.	✓ Breastfeeds at least 8 times/day	Congratulations. It is very positive that you are breastfeeding your baby so frequently to keep a good milk supply and your baby healthy.	
	Mother is breastfeeding less than 8 times a day	<ul style="list-style-type: none"> ▶ Feed your baby using both breasts at each feeding ▶ Continue breastfeeding at least 8-10 times, day and night. ▶ Your baby will be more satisfied and will be less fussy. 	Mother will breastfeed her baby 1 -2 more times each day.
Do you give your baby any food besides breast milk?	✓ Feeds soft foods	Congratulations on having begun to give food along with breast milk. Let's talk about how you are feeding your baby.	
	Not begun food	▶ This is the age to begin teaching your baby to eat. They are ready and need other nutritious foods in addition to breast milk.	Mother will try to introduce soft food gradually
These are the characteristics of good child feeding. Help the caregiver think of these characteristics as she describes how she is feeding her child: FADDUAH (F= frequency; A = amount; D = density or the consistency of the food; D = different kinds of foods; U = utilization; A = active feeding; H = hygiene.			
How many times do you feed food (F)? How much food do you give each time (A)?	✓ Mother feeds food 2 times / day; 2-3 tablespoonfuls	Congratulations. You are feeding your baby in a good way. They do not need a lot of additional food, but they need to get used to eating so twice a day and a few tablespoonfuls each time is correct.	
	Mother feeds too little or too much food	▶ Babies at 6 months do not need a lot of food because they should still be getting a lot of breast milk, but they need to be introduced to foods, with small amounts until they are being fed 2 times a day, 2-3 tablespoonfuls each time.	Mother will feed small amounts of food.
What foods have you given? Are they liquids or soft foods? (D and D)	✓ Feeds soft porridge and fruit	Congratulations. You are feeding your baby in a good way. They need soft food that is thick enough to feed by hand.	
	Feeds a liquid porridge	<ul style="list-style-type: none"> ▶ Porridges made from refined flour (ufa woyera) with a lot of water are too thin. They will not help your baby grow and will not prevent hunger. ▶ Start with porridge from whole corn flour (mgaiwa) and mash it or soften it with a tablespoonful of vegetables like pumpkin or green leaves from family food. ▶ Feed mashed fruits like paw-paw and banana. 	Mother will switch from liquid porridge to thicker soft porridge mixed with family foods or fruit.
Describe how you are feeding your baby and your hygiene practices. (U, A, H)	✓ Mother feeds with patience and washes hands before cooking and eating	Congratulations. You are feeding your baby properly and helping him/her avoid illness.	
	Mother is not patient, and/or does not wash her hands.	<ul style="list-style-type: none"> ▶ Be patient when feeding: At first baby may need time to get used to eating foods. If they spit out their food they are not vomiting. Try the food again. ▶ Washing mother's and baby's hands with soap and water before eating prevents illness like diarrhea. (See card 18 for more advice on hygiene. 	Mother will wash hands and use patience when feeding the child or get a family member to help

Complementary feeding from 7 up to 9 months

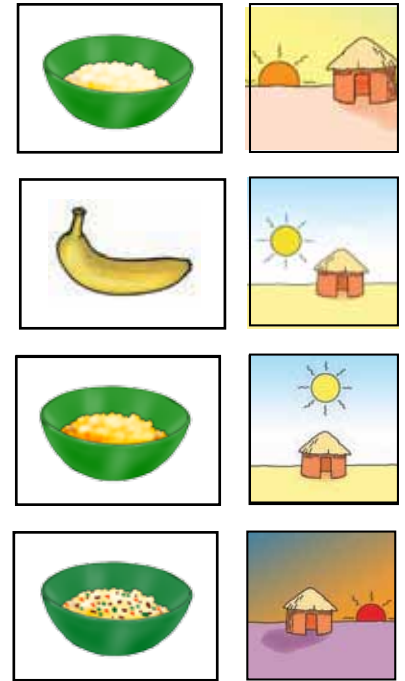


Complementary feeding from 7 up to 9 months

ASK how the baby is doing. If the baby is sick, use Card 15.

ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
Are you breastfeeding? If yes, how frequently? If no, ask about feeding.	✓ Breastfeeds at least 6 times day	Congratulations. It is very positive that you are breastfeeding your baby so frequently to keep a good milk supply and your baby healthy.	
	Breastfeeding less than 6 times a day	<ul style="list-style-type: none"> ▶ To satisfy your baby, feed your baby using both breasts at each feeding. ▶ Continue breastfeeding at least 6 times, day and night. 	Mother will breastfeed her baby 1 -2 more times/day.
These are the characteristics of good child feeding. Help the caregiver think of each characteristic as she describes how she feeds her child: FADDAH (F= frequency; A = amount; D = density or the consistency of the food; D = different kinds of foods; U = utilization; A = active feeding; H = hygiene.)			
How many times do you feed food (F)? How much food do you give each time (A)?	✓ Mother feeds food 3 times/ day; 8 tablespoonfuls or ½ cup (see mug)	Congratulations. You are feeding your baby in a good way. During this period babies need to start eating the three main meals and a half cup each time--an amount that meets their needs for growth and development.	
	Mother feeds food 2 or fewer times and less than ½ cup (120ml.)	<ul style="list-style-type: none"> ▶ During this period caregivers need to increase the frequency of feeding from 2 to 3 times a day—the three main meals. ▶ At each meal the baby should get about a ½ cup (8 Tablespoons) of food. <p>NOTE: The cup or mug shown on the card is 320ml.</p>	Caregiver will give an additional meal; add about 2 Tablespoons of food each meal- to reach a ½ cup
What foods have you fed your baby? Describe the porridge you make? Do you mix it with anything(D and D)?	✓ Feeds thick porridge and a variety of foods	Congratulations. You are feeding your baby in a good way. They need thick porridge and can begin to eat a variety of family foods from each grouping of foods on the front of the card.	
	Feeds a liquid porridge	<ul style="list-style-type: none"> ▶ Porridges made from refined flour (ufa woyera) are too thin. They will not help your baby grow and will not prevent hunger. ▶ Make the porridge thick using whole corn flour (mgaiwa). Serve it soon after cooking mixed with other foods to make a soft, not liquid, food. ▶ For example: Mash 3 tablespoons of thick porridge with 2 tablespoons of the family vegetable (not just the broth). "Enrich" the porridge by adding nsinjiro. ▶ Feed mashed fruits like paw-paw, banana or avocado, not sweets or tea. <p>See recipe suggestions on card 23.</p>	Caregiver will switch from liquid porridge to thicker soft porridge and mix with family foods or fruit.
Describe how you are feeding your baby and your hygiene practices. (U, A, H)	✓ Feeds patiently, washes hands & uses separate bowl	Congratulations. You are feeding your baby properly and helping him / her develop in a healthy way.	
	Not patient, or does not wash her hands, or does not use separate bowl	<ul style="list-style-type: none"> ▶ Be patient: At first baby needs time and help to finish his / her food. If they spit out their food they are not vomiting. Try the food again. ▶ Separate the child's food in her or his own small plate or bowl so you can see how much and what is eaten. ▶ Washing mother's and baby's hands with soap and water before eating prevents illness like diarrhea. (See card 18 for more advice on hygiene.) 	Mother will wash hands; use patience when feeding or get a family member to help; separate child bowl

Complementary feeding from 9 up to 12 months

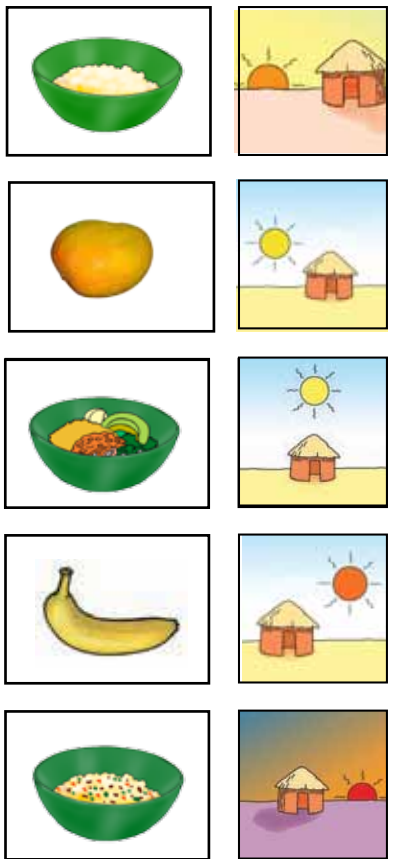


Complementary feeding from 9 up to 12 months

ASK how the baby is doing. If the baby is sick, use Card 15.

ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
Are you breastfeeding? If yes, how frequently? If no, ask about feeding.	<ul style="list-style-type: none"> ✓ Breastfeeds at least 6 times/day Breastfeeding less than 6 times a day 	<p>Congratulations. It is very positive that you are breastfeeding your baby to maintain his / her health and strength.</p> <ul style="list-style-type: none"> ▶ To satisfy your baby, feed your baby using both breasts at each feeding. ▶ Continue breastfeeding at least 6 times, day and night. 	<p>Will breastfeed baby 1-2 more times/day.</p>
<p>These are the characteristics of good child feeding. Help the caregiver think of each characteristic as she describes how she feeds her child: FADDAH (F= frequency; A = amount; D = density or the consistency of the food; D = different kinds of foods; U = utilization; A = active feeding; H = hygiene.)</p>			
How many times do you feed food (F)? How much food do you give each time (A)?	<ul style="list-style-type: none"> ✓ Caregiver feeds food 3 times/day; ½ cup each time + 1 snack by 12 months. Caregiver feeds food 2 or fewer times; no snack; less than ½ cup 	<p>Congratulations. You are feeding your baby in a good way. During this period, babies need the three main meals plus a snack each day. Give them at least half cup each time--an amount that meets their needs for growth and development.</p> <ul style="list-style-type: none"> ▶ During this period caregivers need to increase the frequency of feeding from 2 to 3 times a day and offer one snack by 12 months to meet the needs of the growing child. ▶ At each meal the baby should get a ½ - 2/3 cup (8-10 Tablespoons or 120-150ml.) of food. 	<p>Caregiver will give an additional meal; add about 2 Tablespoons of food each meal- to reach a ½ cup</p>
<p>NOTE: The cup or mug shown on the card is 320ml. Snacks are extra, nutritious foods between meals, not replacing meals.</p>			
What foods have you fed your baby? Describe the porridge you make? Do you mix it with anything(D and D)?	<ul style="list-style-type: none"> ✓ Feeds thick porridge /nsima and food variety Feeds a liquid porridge (ufa woyera) and / or only a few other foods Gives non-nutritious snacks: kamba, sobo, biscuits 	<p>Congratulations. You are feeding your baby well. Babies need thick porridge and a variety of family foods. They should eat foods from each grouping on the front of the card including egg, fish powder, beans, peas and green vegetables</p> <ul style="list-style-type: none"> ▶ Porridges made from refined flour (ufa woyera) are too thin. Make the porridge thick using whole corn flour (mgaiwa). If feeding nsima soften it with pounded vegetables, mashed legumes, egg or products locally available (ngumbi, phalabungu) ▶ For example: Mash 4 tablespoons of thick porridge with 3 tablespoons of the family vegetable (not just the broth) and a half egg or mashed beans or well mashed fish. ▶ Feed snacks such as: paw-paw, banana, avocado, chikondamoyo, chigumu, chimimina, thobwa. Do not give sweets, puffs and fizzy drinks. See recipe suggestions on card 23. 	<p>Caregiver will switch from liquid porridge to thicker porridge or softened nsima and with all family foods.</p> <p>Feeds or changes to nutritious snacks</p>
Describe how you are feeding your baby and your hygiene practices. (U, A, H)	<ul style="list-style-type: none"> ✓ Feeds patiently, washes hands & uses separate bowl Not patient, or does not wash hands, or use separate bowl 	<p>Congratulations. You are feeding your baby properly and helping him / her develop in a healthy way.</p> <ul style="list-style-type: none"> ▶ Be patient: Babies need time to eat. Help your baby to finish his / her food. If they spit out their food they are not vomiting. Try the food again. ▶ Separate the child's food in her or his own small plate or bowl so you can see how much and what is eaten. ▶ Washing mother's and baby's hands with soap and water before eating prevents illness like diarrhea. (See card 18 for more advice on hygiene.) 	<p>Mother will wash hands; use patience when feeding or get a family member to help; use a separate child bowl</p>

Complementary feeding from 12 up to 24 months



Complementary feeding from 12 up to 24 months

ASK how the baby is doing. If the baby is sick, use Card 15.

ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
Are you breastfeeding? If yes, how frequently? If no, ask about feeding.	✓ Breastfeeds at least 5 times/day	Congratulations. It is very positive that you are breastfeeding your baby to maintain his / her health and strength. Toddlers should be breastfed until at least 24 months.	
	Breastfeeding less than 5 times a day	<ul style="list-style-type: none"> ▶ Breastfeed at least 5 times, day and night to maintain your child's health. ▶ Continue breastfeeding until the toddler is at least 24 months. 	Will breastfeed baby 1-2 more times/day.
<p>These are the characteristics of good child feeding. Help the caregiver think of each characteristic as she describes how she feeds her child: FADDUAH (F= frequency; A = amount; D = density or the consistency of the food; D = different kinds of foods; U = utilization; A = active feeding; H = hygiene.)</p>			
How many times do you feed food (F)?	✓ Caregiver offers food 3 times / day; 3/4 cup + 2 snacks	Congratulations. You are feeding your baby in a good way. During this period, babies need the three main meals plus snacks each day. Give them at least ¾ cup each time--an amount that meets their needs for growth and development.	
How much food do you give each time (A)?	Caregiver feeds food 2 or fewer times; 1 or fewer snacks; less than ¾ cup of food/meal	<ul style="list-style-type: none"> ▶ During this period give the toddler food 3 times a day and offer 2 snacks. The child's food needs are large, but their stomach is small so they need to eat more often. ▶ At each meal the young child should get at least ¾ cup to one cup(12 Tablespoons) of food. 	Caregiver will give an additional meal; offer a snack or add 3-4 Tablespoons of food each time - for ¾ - 1 cup of food.
		<p>NOTE: The cup or mug shown on the card is 320ml.</p> <p>NOTE: Snacks are extra, nutritious foods between meals, not replacing meals.</p>	
What foods have you fed your child?	✓ Feeds thick porridge /nsima and food variety	Congratulations. You are feeding your baby well. Babies need thick porridge and a variety of family foods. They should eat foods from each grouping on the front of the card including egg, fish, chicken, beans, peas, green vegetables and fruit.	
Is your child getting all of the foods the family is eating? (D and D)	Feeds the child limited foods—mostly porridge.	<ul style="list-style-type: none"> ▶ The young child should eat all foods that the family eats. Mix foods with the porridge or add to the nsima: foods from the groups on the card: pounded vegetables, mashed legumes, egg, fish or meat even if only 4 times a week, and add oil. ▶ For example: Mash 3 tablespoons of the family vegetable (not just the broth) with 1/3 cup of thick porridge, a half egg or mashed beans or well mashed fish. Add a small amount of oil. ▶ Feed snacks: banana, avocado, chikondamoyo, chigumu, chimimina, thobwa. ▶ Do not give sweets, puffs and sweet tea or fizzy drinks. See recipe suggestions on card 24 	Caregiver will soften nsima with all family foods;
	Gives non-nutritious snack		Will feed animal-source foods not used before like fish.
Describe how you are feeding your baby and your hygiene practices (U, A, H).	✓ Feeds patiently, washes hands & uses separate bowl	Congratulations. You are feeding your child properly and helping him / her develop in a healthy way.	
	Not patient, or does not wash hands, nor use separate bowl	<ul style="list-style-type: none"> ▶ Be patient: Sit with the child and encourage the child to eat or finish his/her food. ▶ Separate the child's food in her or his own small plate or bowl so you can see how much and what is eaten. ▶ Washing mother's and child's hands with soap and water before eating prevents illness like diarrhea. (See card 18 for more advice on hygiene.) 	Mother will wash hands; use patience when feeding or get help; use a separate child bowl

Feeding the sick child less than 6 months



Feeding the sick child less than 6 months

Feeding during illness

- Breastfeed more frequently during illness. This will help the baby to fight sickness, recover more quickly and not lose weight
- Breastfeeding also provides comfort to your sick baby.
- Give only breast milk and prescribed medicines from a health profession to your baby. Do not give the baby water, tea, or other food or drink.
- If the baby is too weak to suckle, express breast milk to give your baby, either by cup or by hand expressing directly into your baby's mouth. This will help you keep up your milk supply and prevent breast swelling. **(see card 8)**
- If you have started to give foods or other liquids, stop them. They may be the cause of the illness. Breastfeed your baby with more frequency; as often as the child wants.
- Practice exclusive breastfeeding from 0 - 6 months.

Feeding during recovery

- When a baby is recovering from an illness, he or she will breastfeed more than usual. The baby is replacing what he or she lost during illness. This can be tiresome for the mother, but important for the child's full recovery.
- After replacing what he or she lost, the baby will breastfeed as before.
- Take enough time to actively encourage your child to breastfeed more frequently when his or her appetite has returned
- If your baby has been very ill, you may need to re-establish exclusive breastfeeding. If your baby refuses to breastfeed, encourage your baby until he or she takes the breast again.
- If your baby does not seem to recover fully see a health worker.

Feeding the sick child more than 6 months



Feeding during illness

- The child's willingness to eat will depend on the severity of the illness. It is important to continue feeding and breastfeeding to maintain the child's strength and appetite. Although the type of food might change during the illness, continue feeding the child.
- The child will often want to breastfeed more frequently. It is good to give the child more breast milk. This will help the baby to fight sickness, recover more quickly, and not lose weight.
- DO NOT use bottles, teats, or spouted cups. They are difficult to clean and might be the cause of your baby's illness.
- Continue food. If your child won't eat his/her regular food, feed your child foods he or she likes, not too thick and not too dry, in small quantities throughout the day. Offer the baby simple foods like porridge and fruits, even if he or she does not express interest in eating. Avoid spicy or fatty foods.
- Take time to patiently encourage your sick child to eat as his or her appetite may be decreased because of the illness.
- Assist your child by putting the food within his or her reach or by helping him or her to hold the cup or spoon. Offer verbal encouragement when the child eats something.

Feeding during recovery

- When a baby is recovering from an illness, he or she should breastfeed and eat more than usual. The baby is replacing what he or she lost during illness. This can be tiresome for the mother, but is important for the child's recovery.
- Give your baby one additional meal of solid food each day during the next two weeks after he or she has recovered. This will help him or her regain weight and strength lost during the illness.
- If the child won't eat an entire meal, begin with some special foods like nsinjiro, avocado, fish, egg, and chicken added to what the child will eat. Gradually increase the amount at each feeding.
- Take enough time to actively encourage your baby to eat this extra food and to breastfeed more frequently when his or her appetite has returned.
- After replacing what he or she lost, the baby will feed as before.

Child Fails to Gain Weight; Has Poor Appetite; Difficult Eater



Child Fails to Gain Weight; Has Poor Appetite; Difficult Eater

ASK: How is your child? If the child is showing signs of severe illness (see card 14 or 15 or card 20). Help the caregiver get medical help immediately.


ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
Does the child have mouth sores? Check child's mouth	<p>✓ No sores</p> <p>Sores or white patches present.</p>	<p>Tell the caregiver the mouth has no sores.</p> <ul style="list-style-type: none"> Show caregiver the sores. They require medical attention immediately. The child's eating will not improve if the sores are not treated. 	Caregiver will take child to health professional
Are you still breastfeeding? If yes, how frequently?	<p>✓ Yes, good practice</p> <p>Yes, but poor frequency</p> <p>Not breastfeeding</p>	<p>Congratulations. Breastfeeding is very important for this child.</p> <ul style="list-style-type: none"> Encourage the mother to continue with patience. Breast milk is critical for a child with a poor appetite or one with poor growth. Breastfeed the child on demand (See cards 7 and 8) for at least 20 minutes using both breasts at each feeding and increase the frequency of breastfeeding gradually if the mother is feeding less than the recommended amount for the age of the child. If the mother is not breastfeeding the child needs to eat an extra meal or snack/day. 	Mother will increase the frequency or duration of breastfeeding
What problem does your child have with eating? What are you doing to correct it? * Child eats but only a few foods	<p>✓ Feeds patiently, with favorite foods</p> <p>Foods offered are limited</p> <p>Foods offered are not appropriate</p>	<p>This is good. Keep trying. (See below)</p> <ul style="list-style-type: none"> Children need to learn to eat new foods. Be patient: spitting out food does not always mean the child doesn't like it. Sometimes children don't like foods that are bitter or mushy. Try soft foods they can pick up or that are slightly sweet like a piece of fruit or fried fritters, or foods that might be slightly salty, or sweet and sour like yogurt. Select and offer the foods the child likes. Introduce new foods one at a time to learn what is acceptable. 	Caregiver and other family members will offer new / different foods
* Child eats small amounts—loses interest in eating	<p>✓ Child is accompanied while eating.</p> <p>Child is allowed to feed self without support; eats with other children</p>	<p>Helping your child to eat is good but try ideas. (See below)</p> <ul style="list-style-type: none"> Especially during the 2nd year of life, children can go through periods when they seem to not want to eat. You need to be patient, but persistent and ensure that they eat. Other family members can help, but the caregiver should make sure the child eats the food. Coax the child and keep the focus on eating not distractions from other children. If the child eats smaller portions, feed the child more frequently. For example, offer 1 meal's food as a meal followed by a snack in an hour or two. Instead of three meals a day with a snack or two, this child might need to eat 6 times a day. 	Caregiver and family members will sit with child during meals and encourage the child to eat / finish food
* Child is refusing all food.	<p>✓ Child is coaxed, offered favorite foods and new flavors.</p> <p>Family not patient, not coaxing child, not changing taste of food</p>	<p>This is the best way to feed this child but try other ideas. (See below).</p> <ul style="list-style-type: none"> Seek medical attention if the family has tried and child still refuses to eat It is a critical situation when the child shows no interest in eating. Loss of appetite occurs after the child is allowed to get extremely hungry or has a medical problem. This child should be offered small amounts of any favorite foods like fruit or soft porridge with groundnut flour (nsinjiro) and coaxed to eat with patience. A child's appetite can be stimulated by adding a pinch of salt or making a food sweet and sour. When sugar and something sour like yogurt or a few drops of lemon juice are added to a food (rice or a soft porridge) it becomes sweet and sour. 	Caregiver and family members will offer favorite foods and will try sweet and sour food to stimulate appetite.

HIV - Exposed Infant/Young Child

Card 22

If a woman is HIV infected...

What is the risk of HIV passing to her baby if both take ARVs and practise exclusive breastfeeding during the first 6 months?





Out of 100 babies born to HIV infected women who take ARVs:

- The majority of babies (95 or more) are not infected with HIV.
- Most of these babies (less than 2) become infected with HIV during pregnancy, labour and birth.
- Breastfeeding babies (less than 3) can become infected. Exclusive and safe breastfeeding reduces the risk.



Protect your baby – get tested and know your HIV status!

Exclusively Breastfeed and Take ARVs

Only Breast Milk

Use expressed breast milk when away from baby

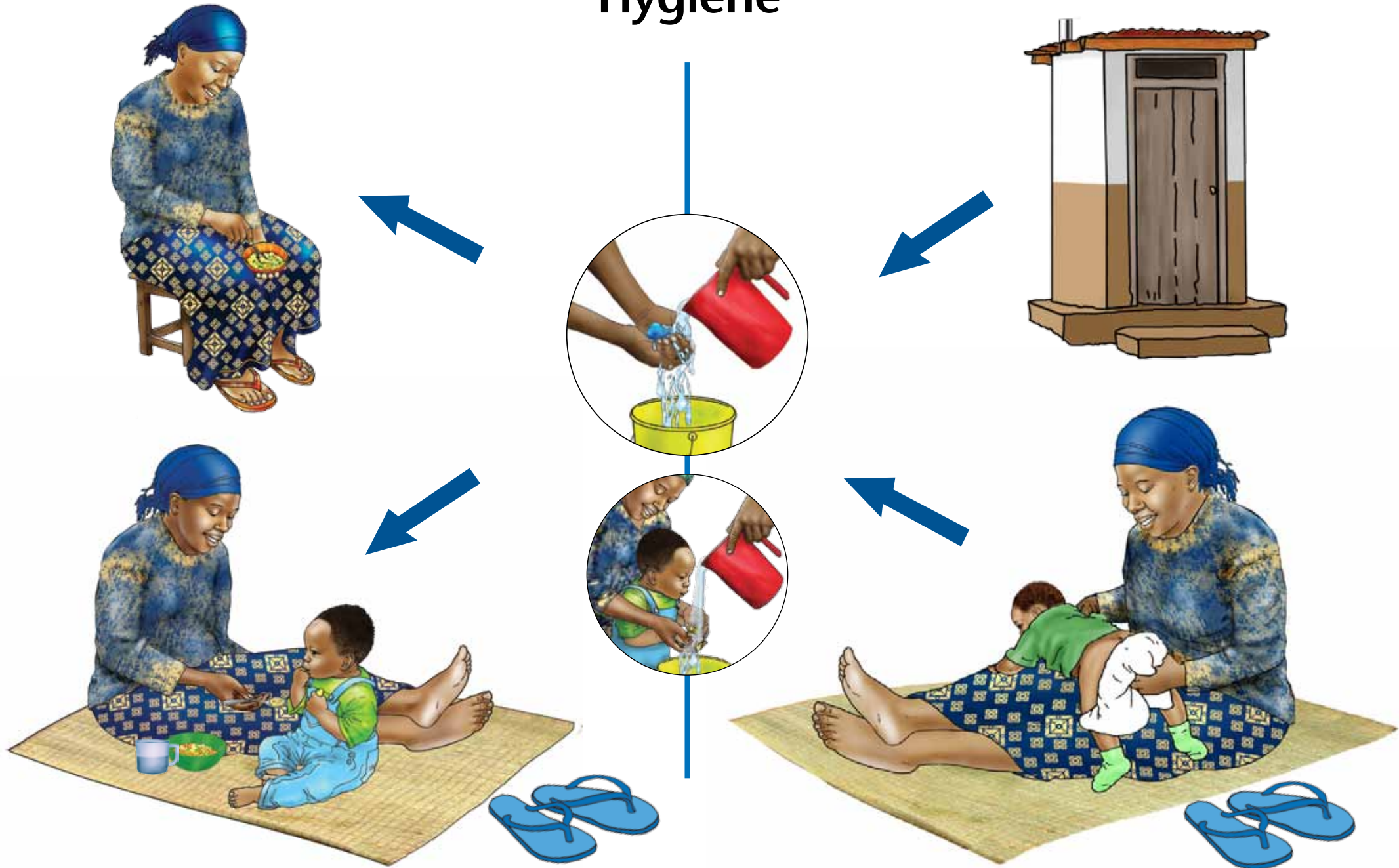



Card 23 Do not give any other liquids (even water) or foods to breastfeeding babies before 6 months

HIV - Exposed Infant/ Young Child

ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
Are you tested for HIV?	✓ Has been tested	This is very good. You are able to protect yourself and child.	
	▶ Is not tested—needs guidance	▶ Women should be tested for HIV even if they believe they are negative. They can receive care and keep their babies protected from HIV or its serious consequences.	Mother agrees to speak with a health professional about testing
For HIV-infected mothers, have you discussed infant feeding options with a health professional? * Baby is less than 6 months.	✓ Mother has received guidance on feeding her baby and testing baby	You have done the right thing to seek help. But let us review. (See below)	Mother will seek care and guidance for her situation.
	▶ Has received no guidance	<ul style="list-style-type: none"> ▶ Not all babies born to women with HIV become infected with HIV. ▶ The choice about how the baby will be fed can make a difference. Whether HIV infected or not, all mothers should give their babies breastmilk only while taking ARVs. Mixing breastfeeding and offering other foods such as other milks, water, phala almost doubles the chance of your baby becoming infected when compared to breastfeeding only. ▶ To be sure that both mother and baby get the most optimal care, consult a health professional. At 6 – 10 weeks of age the mother can have her baby tested to know if he or she is infected with HIV. (Tell the mother the nearest facility with care and support for her and her baby) 	
* Child is more than 6 months old.	✓ Mother has guidance on feeding her baby	You have done the right thing to seek help. But let us review. (See below)	Mother will seek care and guidance for her situation.
	▶ Has received no guidance	<ul style="list-style-type: none"> ▶ It is advisable for the HIV positive mother to continue to get advice and support on feeding her child since at this time the baby needs to be introduced to foods. The introduction to complementary foods is the same as for the child of the non-HIV positive mother (see card 10). ▶ However, if the mother decides to stop breastfeeding, her baby has increased needs for food and should receive at least 1 ½ cups of animal milk per day and an extra meal. ▶ Consult a health care professional about whether this is advisable and how to manage weaning the child. 	
How are you (the caregiver) feeling?	✓ Mother feels good and receives family support	This is good. It is important that you maintain your health.	Mother will seek a medical consult for her health
	<ul style="list-style-type: none"> ▶ Mother is not feeling well ▶ Mother is overwhelmed 	<ul style="list-style-type: none"> ▶ HIV positive mothers should seek medical care on a continuing basis to be sure they are receiving what is optimal for their status. ▶ HIV positive mothers need good family and neighborhood support so they can get needed rest, eat well, practice good hygiene and care for the baby. 	Family members will do more to protect the health of the mother

Hygiene

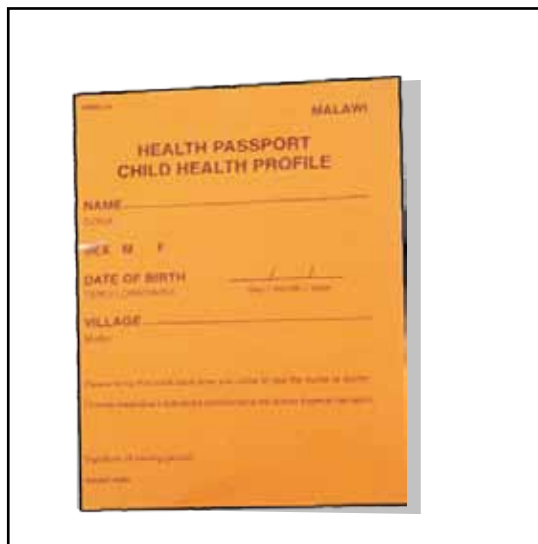


Hygiene

Use this card with all caregivers and their families with healthy children to remind them of critical preventive health actions.

ASK	LISTEN	DISCUSS AND RECOMMEND	AGREE
<p>When do you wash your hands? Do you use soap? Do you have soap now?</p>	<p>✓ Washes hands with soap before contact with food and after using the latrine ▶ Washes hands occasionally/does not use soap</p>	<p>▶ Dirt or contamination from animal or human feces can easily get on your hands and will cause diarrhea and other illnesses. ▶ Wash hands after using the latrine or cleaning your baby's bottom and before preparing food and eating or feeding your children.. ▶ Use soap or ash. Water alone will not get rid of all the dirt. ▶ Always rinse your hands under running water.</p>	<p>Caregiver or family will wash hands routinely and will establish a hand washing station with soap and water.</p>
<p>When do you wash your baby's or child's hands?</p>	<p>✓ Washes child's hands with soap before eating ▶ Child's hands are washed, but without soap or are seldom washed.</p>	<p>▶ Young children's hands can also get dirty or contaminated and give them diarrhea. ▶ Teach children to wash their hands after they defecate and before they eat. ▶ Teach them to use soap and rinse their hands under running water (water being poured from a pitcher).</p>	<p>Caregiver or family member agrees to wash the baby's / child's hands.</p>
<p>What water do you use for drinking? How is it stored?</p>	<p>✓ Treats and covers all drinking water. ▶ Water for drinking is un-treated. ▶ Stored water is uncovered.</p>	<p>▶ Water for the family must be treated so that it is clean and safe and will not cause diarrhea. ▶ To ensure that water is safe to drink bring water to a boil <u>for one minute after large bubbles appear.</u> ▶ Always keep the treated water covered.</p>	<p>Caregiver or family member will be sure that all water for the young child is treated and properly stored.</p>
<p>Is your home and yard free of animal feces?</p>	<p>✓ Sweeps yard and home regularly ▶ Home and yard are not swept</p>	<p>▶ Young children pick up things from the ground and put them in their mouths. It is critical to keep home and yard free of feces. ▶ A clean yard will mean that adults don't bring feces into the house on their shoes.</p>	<p>Caregiver or family member will keep the house and patio swept</p>
<p>How do you dispose of your baby's feces?</p>	<p>✓ Baby's feces are contained and deposited in latrine or buried. ▶ Child's feces are not put in a latrine or buried.</p>	<p>▶ A child's feces can spread illness just like other feces. ▶ Before a child is old enough to use a latrine, you need to throw his/her feces into the latrine or bury them.</p>	<p>Caregiver will ensure that all baby feces are contained and disposed of properly.</p>
<p>What utensils do you use for feeding?</p>	<p>✓ Uses none ▶ Uses a bottle or teats or spouted cup</p>	<p>▶ Feeding babies does not require bottles or spouted cups. Babies should be breastfed. Bottles and spouted cups are sources of diarrhea causing contamination because they cannot be cleaned thoroughly. ▶ All spoons, plates and cups for the baby must be washed thoroughly.</p>	<p>Caregiver will quit using a bottle / spouted cup</p>

Routine Health Actions-Reminders

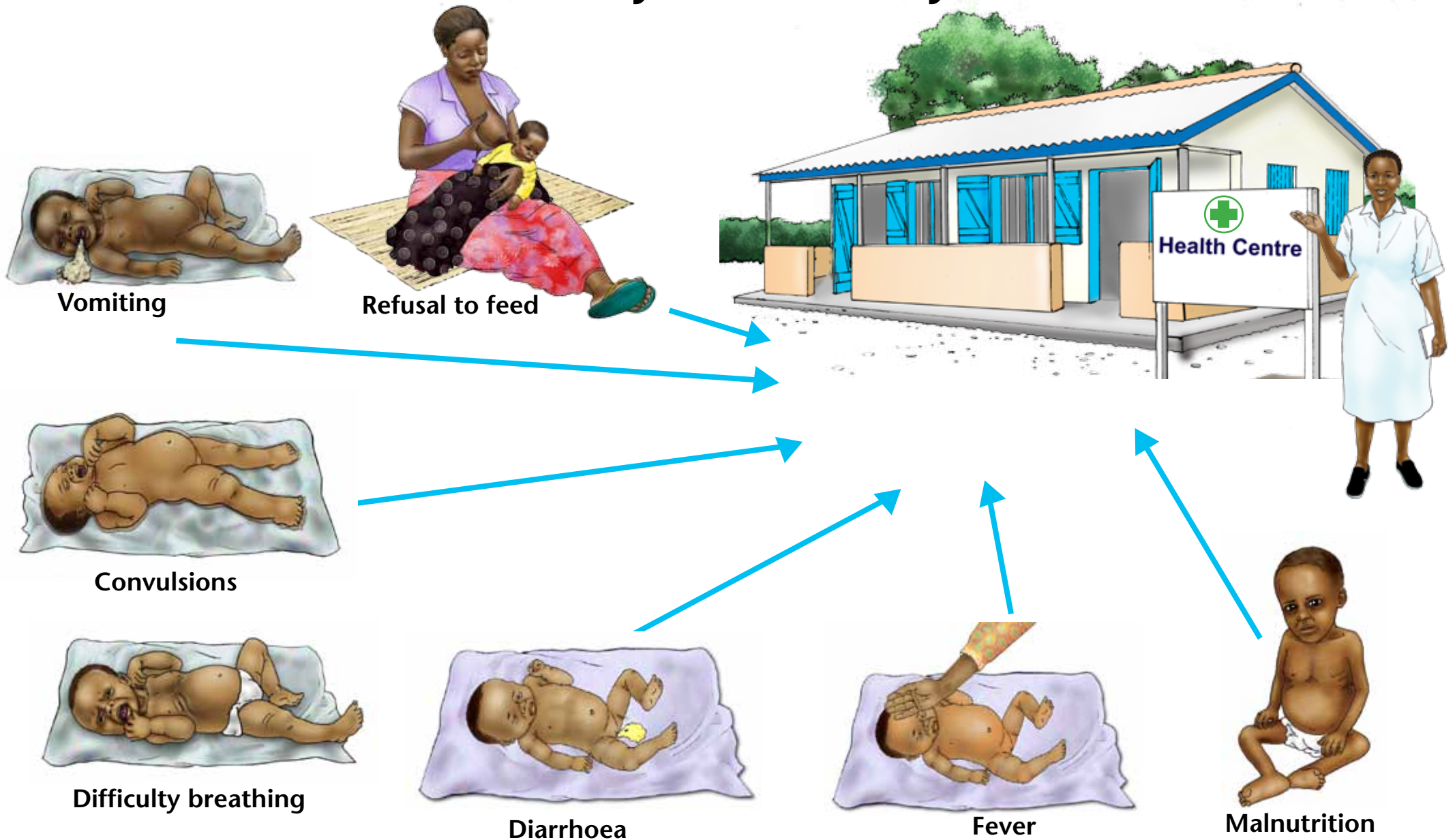


Routine Health Actions-Reminders

Use this card with all caregivers and their families with healthy children to remind them of critical preventive health actions.

AGE OF CHILD	ACTIONS				
Birth – immediate post –partum up to month 2	Mother needs postpartum vitamin A—within the first 8 weeks of delivery	Mother needs resupply of iron for 3 months post partum	Mother should receive counseling on family planning and when to start modern methods	Baby needs immunizations per schedule	Mother and baby need to sleep under a treated bednet.
2 up to 6 months	Mother should receive counseling on family planning and when to start modern methods as the child nears the time to introduce complementary foods.		Baby needs immunizations per schedule		Mother and baby need to sleep under a treated bednet.
6 up to 12 months	Mother should receive counseling on modern family planning methods and be encouraged to practice.	Baby needs immunizations per schedule	Baby should receive first dose of vitamin A	Monthly growth monitoring	Mother and baby need to sleep under a treated bednet.
12 up to 18 months	Mother should practice modern family planning or receive counselling.	Young child needs immunizations per schedule	Baby should receive second dose of vitamin A	Monthly growth monitoring	Mother and baby need to sleep under a treated bednets.
18 up to 24 months	Mother should practice modern family planning or receive counselling.	Child needs to complete any missing immunizations per schedule	Child should receive third dose of vitamin A	Monthly growth monitoring	Mother and baby need to sleep under treated bednets.

Danger signs - When the child needs to go to the health facility immediately



Danger signs - When the child needs to go to the health facility immediately

Use this card with all caregivers and their families with sick children to remind them of the danger signs that indicate the need for immediate attention and for the family to bring the child to the health facility without delay.

Babies and young children can become sick suddenly or have a mild illness can quickly become severe. There are a few situations that you need to know because they are danger signs and an indication that you need to get your child to a health worker or facility urgently.

If you see any of the following signs do not delay to seek care from a health worker or at the nearest health facility. These are DANGEROUS situations for the life of your child.

- Convulsions (rapid and repeated contractions of the body, shaking)
- Extreme lethargy (young child is not alert and is very weak)
- Refusal to feed and weakness
- Vomiting (cannot keep any food down)
- Chest infection (fast and difficult breathing)
- Diarrhoea (more than 3 loose stools a day for two days or more and / or blood in the stool, sunken eyes)
- Fever (possible risk of malaria)
- Malnutrition (rapid weight loss or swelling of the body, especially around the ankles)

If your child has been sick and is not getting any better or gets worse you should seek care from the health worker or the health facility.

Ask for help from family members and from neighbors to get the child to a health worker.

Sample Foods for Pregnant or Lactating Woman



Sample Foods for Pregnant or Lactating Woman

Use this card when you use card 1A. These are suggestions for nutritious additions to pregnant and lactating women's normal diets.

Pounded Cowpea Relish

Ingredients

- 1 cup cow pea grits
- ½ cup ground nut flour
- 1 onion (other vegetables if available)
- 3 cups water
- Salt to taste

Method

1. Put water into a pot and boil it
2. Add the cowpea grits and boil for 10 – 15 minutes
3. Add ground nut flour and cook for another 5 – 10 minutes
4. Chop onion and other vegetables, if available
5. Add chopped onion (and other vegetables) to the cowpea grits in the pot
6. Cook for another 5 minutes

Serve

Ground nut biscuits

Ingredients

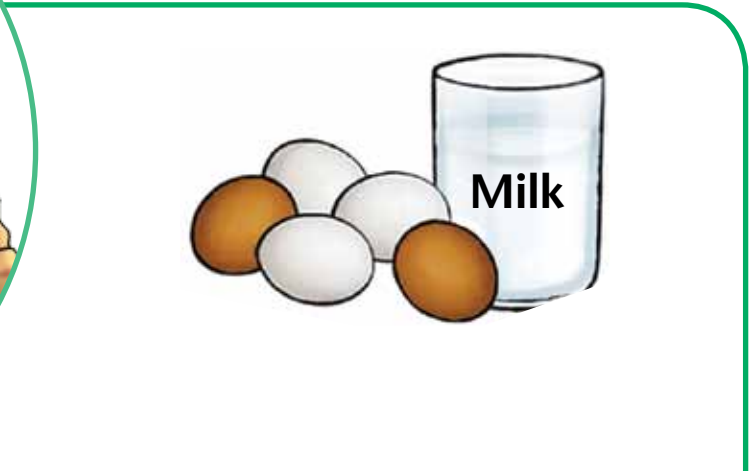
- 1 cup wheat flour
- 2 tablespoons ground nut flour
- 1 egg
- 1 teaspoon baking powder
- 1 teaspoon cooking oil
- 1 teaspoon sugar

Method

1. Sieve flour and baking powder into a bowl
2. Add sugar and ground nut flour
3. Rub-in oil in the mixture
4. Break egg into a cup and beat it
5. Put the beaten egg into flour mixture and make a dough
6. Roll out the mixture and make shapes as desired
7. Place the shapes on baking sheet
8. Bake in hot oven for 10 – 15 minutes

Serve

Complementary foods for the 6 up to 9 month old



Complementary foods for the 6 up to 9 month old

Use this card when you use either card 10 or 11. These recipes are examples of the type of special, nutritious foods that babies need to complement breast milk.

Banana sorghum porridge

Ingredients

- 1/4 cup popped sorghum and soy flour
- ½ cup cow or goat milk
- 1 small banana
- 1 tsp sugar

Method

1. Combine the sorghum/soy flour with the half cup of milk
2. Bring to the boil at medium heat, and let it boil slowly for 5 minutes, stir occasionally
3. Mash the banana
4. Combine banana and flour porridge mixtures
5. Bring to the boil and immediately take off the heat
6. Let the porridge cool to eating temperature and serve

Yield: about half cup

Mashed sweet potatoes with milk

Ingredients

- 2 cups water
- 1 medium orange flesh sweet potato, peeled and cubed
- 1/3 cup cow or goat milk
- 1 tea spoon peanut butter (nsinjiro)

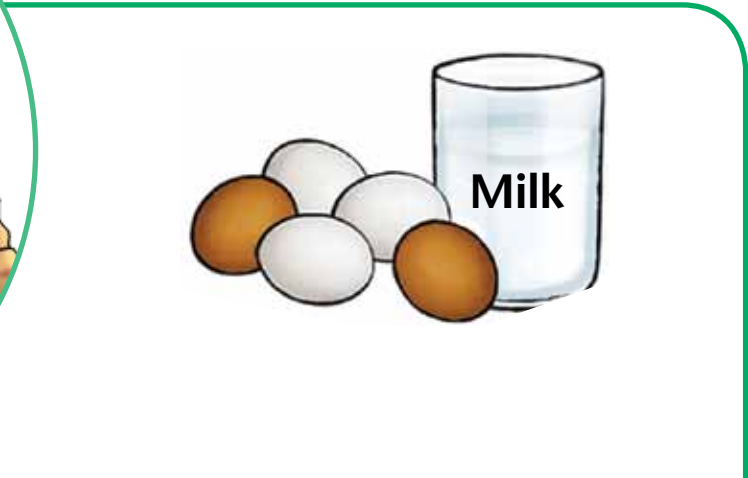
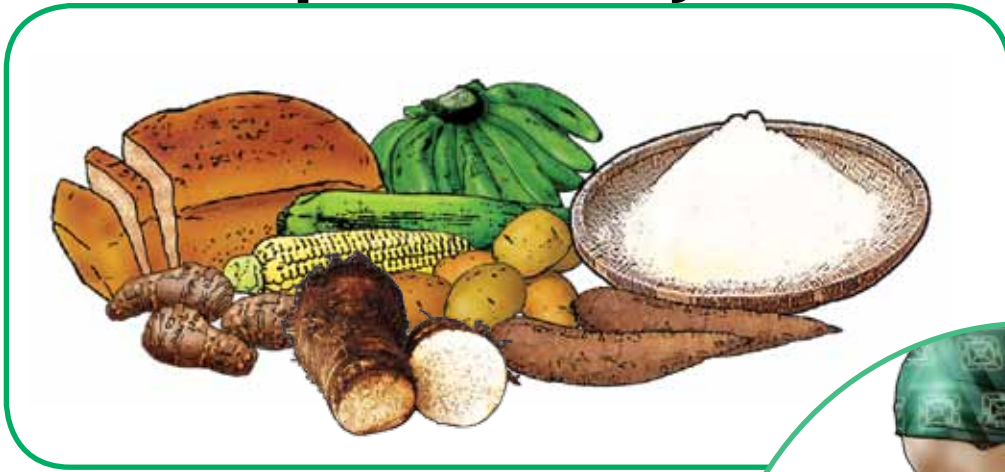
NB: Use orange flesh sweet potatoes such as Zondeni or Kamchiputu to increase the Vitamin A content of the dish.

Method

1. Boil the potato until well cooked
2. Mash the well cooked sweet potato in a clean bowl
3. Add milk and nsinjiro until well mixed
4. Feed the child while still warm

Yield: about one cup

Complementary foods for the 9 up to 12 month old



Complementary foods for the 9 up to 12 month old

Use this card when you use card 12. These recipes are examples of the type of special, nutritious foods that babies need to complement breast milk.

Maize, fish and vegetable porridge

Ingredients

- 3/4 cup water
- 2 Tablespoons whole maize flour
- 1 Tablespoon pounded fish
- 1/2 cup milk
- 1 tea spoon pounded green vegetables

Method

1. Mix the flour and pounded fish with cold water in a pot
2. Put the pot on the fire and stir until the mixture starts boiling
3. Allow the porridge to boil on low heat for 5 minutes.
4. Add milk and pounded green vegetables and allow the porridge to cook for two to three minutes
5. Feed the child while the porridge is still warm, but not hot

Yield: 2 /3 cup

Meat and vegetable mash

Ingredients

- 1/2 cup sweet potato, peeled, diced
- 1/2 cup green peas or fresh beans/cowpeas
- 1/4 cup liver or pounded meat

Method

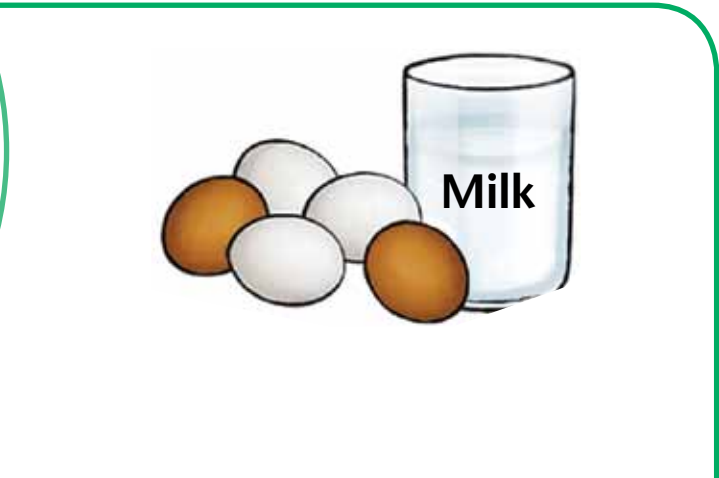
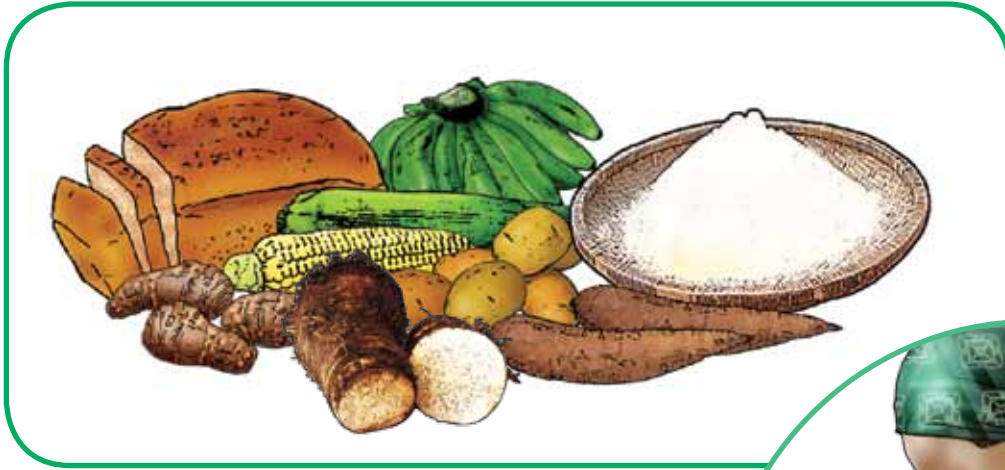
1. Combine sweet potato, meat and vegetables in a small pot.
2. Add enough water just to cover the mixture.
3. Cook until tender, reserving liquid.
4. Mash to the desired consistency for smaller babies, or chop as needed for the older/toddler child.
5. Feed the child while the food is still warm.

Yield: One cup

Suggestions for snacks:

- 1 boiled orange flesh sweet potato cut into 4 or 6 pieces lengthwise.
- Cut up small pieces of fruit such as paw-paw, banana or mango
- Cut up small pieces of avocado or mash avocado and mix with a small amount of milk

Complementary foods for the 12 up to 24 month old



Complementary foods for the 12 up to 24 month old

Use this card when you use card 13. These recipes are examples of the type of special, nutritious meals and snacks that young children need in addition to breast milk.

Rice, carrot, groundnut flour and milk mash

Ingredients

- 1 cup water
- 2 Tablespoons milk
- 3 Tablespoons rice
- 1 Tablespoon groundnut flour
- 1 medium sized cooked carrot, or 2 Tablespoons of cooked family vegetables
- Small pinch of salt

Method

1. Cook the rice until done, add groundnut flour and milk
2. Cook carrot until done (10 minutes) and cut into small pieces; or add 2 Tablespoons full of cooked family vegetable
3. Mix the rice-groundnut mixture with mashed carrot or vegetable and add a very small pinch of salt
4. Serve warm, but not hot .

Yield: 1 cup

Suggestions for combining foods from the “family pot”

- On a plate for the child take warm nsima and soften it with liquid from the vegetable; add 2 Tablespoons of the family’s cooked vegetable as well; cut a boiled egg, add into pieces on top of nsima.
- On a plate for the child take warm nsima and soften it with 2 Tablespoons of the family cooked vegetable; take a piece on top of fish and mash it well to be sure the bones are gone and add it to the child’s plate, mixing it with the nsima.
- Soya flour porridge mixed with fish powder and a spoonful of cooked, mashed green vegetable.

Suggestions for snacks:

- 1 boiled orange flesh sweet potato cut into 4 or 6 pieces lengthwise.
- Cut up small pieces of fruit such as paw-paw, banana or mango
- Cut up small pieces of avocado or mash avocado and mix with a small amount of milk