

I. BOOKLET ON KEY ENA MESSAGES



ESSENTIAL NUTRITION ACTIONS FRAMEWORK 2011



The 1,000 Days Effort to Reduce Child Undernutrition



What is 1,000 Days?

1,000 Days is a global effort to jumpstart the implementation of the Scaling Up Nutrition (SUN) Framework and Roadmap for addressing undernutrition during pregnancy and early childhood. On September 21, 2010, on the margins of the Millennium Development Goals summit, Secretary of State Hillary Clinton and Irish Foreign Minister Micheál Martin hosted an event to launch the effort, which was endorsed by more than a dozen ministers and heads of organizations. But *1,000 Days* is more than a single event. It is the start of a larger movement to focus attention, align and increase resources, and build partnerships to alleviate the suffering caused by undernutrition among millions of people around the world, especially pregnant women and children under 2 years of age.

What Are the Scaling Up Nutrition (SUN) Framework and Roadmap?

The SUN Framework guides the international community in efforts to combat undernutrition and builds on the Paris-Accra principle of supporting country-led strategies. The Framework is endorsed by more than 100 partners, including international organizations, national governments, civil society, and the private sector. The SUN Framework and Roadmap are grounded in the at scale implementation of the Lancet-endorsed nutrition actions that are evidence-based, cost-effective interventions that could have enormous impact on reducing undernutrition.

Why 1,000 Days?

1,000 Days refers to the time from the start of a mother's pregnancy until a child is two years old. Children suffering from undernutrition face physical stunting, mental impairment, higher susceptibility to disease, increased risk of mortality, poorer performance in school, and lower future incomes. *1,000 Days* also refers to a window of opportunity for the international community to take action to combat undernutrition.

How to Support the 1,000 Days?

To jump-start the *1,000 Days* in countries, the **Core Group** highly encourages its members to adopt such '*tested and proven*' field tools as the **Essential Nutrition Actions (ENA) Framework Trilogy** training and communication materials. Not only does the ENA Framework focus on the first 1,000 days of life, but it emphasizes targeting "action oriented" nutrition messages and support -through multiple communication channels- to reach under-twos and their mothers when they need it the most. The **Core Group** believes that having many different field groups using these same ENA tools will lead to harmonized field approaches that result in greater progress, synergies and nutritional impact. Such harmonization is extremely critical as resources are scarce and the task ahead is enormous.

Where Can I Get More Information on the 1,000 Days?

Please visit www.thousanddays.org.

ESSENTIAL NUTRITION ACTIONS FRAMEWORK

I. Booklet on Key ENA Messages
2011

Preface

The Essential Nutrition Actions (ENA) framework was developed with the support of USAID and has been implemented across Africa and Asia since 1997. It is an operational framework for managing the advocacy, planning and delivery of an integrated package of preventive nutrition actions encompassing infant and young child feeding (IYCF), micronutrients and women's nutrition. Using multiple contact points, it targets health services and behavior change communication support (BCC) to women and young children during the first 1,000 days of life - from conception through the first two years of life - when nutrient requirements are increased, the risks of undernutrition are great, and the consequences of deficiencies most likely to be irreversible. All these actions have been proven to improve nutritional status and reduce mortality.¹

The ENA framework promotes a “nutrition through the life cycle” approach, addressing women’s nutrition during pregnancy and lactation, optimal IYCF (breastfeeding and complementary feeding), nutritional care of sick and malnourished children (including zinc, vitamin A and ready to use therapeutic foods), and the control of anemia, vitamin A and iodine deficiencies. The ENA framework emphasizes that multiple program contact points at health facilities and beyond be used to reach mothers and children in order to give and re-enforce ENA messages. For example, such contact points could include educational settings (e.g. primary and secondary schools as well as pre-service education courses), agriculture extension services (e.g. to support nutrition relevant aspects of availability, access and utilization of nutritious and diverse foods), as well as a variety of program platforms at the community level including primary health care outreach, child health days, community-based volunteer groups, and water and sanitation programs. The intent is to maximize these multiple program opportunities and communication channels to deliver life cycle-appropriate nutrition messages at every opportunity possible to pregnant women and mothers with children under two years at very broad scale, in addition to other key child caregivers and influential family members.

The training component for the implementation of the ENA framework at both the health facility and community levels comprises **a trilogy of materials** as follows:

- I. The ***Booklet on Key ENA messages*** illustrates the key ENA messages and can be used by those implementing and supporting health, nutrition, and food security programs for improving nutrition practices among pregnant and lactating mothers and children under two. It can be a resource for training community or facility-based workers or for promoting behavior change at the household level. The goal of this booklet is to make available an harmonized set of messages across all implementing partners working across various programs and regions in a targeted country. The booklet summarizes *the “key actions”* that mothers and caretakers can take (with support from other family and community members) to improve nutrition and feeding practices, thereby preventing malnutrition. Each message states:
 - Who should do the action...
 - What the action is...
 - What the benefits of the action are...

¹ Bhutta Z, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, Haider B, Kirkwood B, Morris S, Satchev HPS, Shekar M. (2008) What works? Interventions for maternal and child undernutrition and survival. *Maternal and Child Undernutrition Series. Lancet*; 371:417–40.

- Ila and IIb. The **ENA Framework Training Guide for Health Workers and Handouts** equips health service providers with the technical, action-oriented nutrition knowledge and counseling skills needed to support pregnant women, mothers with children under two years of age, and other key family members to adopt optimal nutrition practices. This course translates up-to-date international guidelines into action-oriented nutrition practices. The negotiation/counseling techniques are adapted from the Trials for Improved Practices (TIPS) and go beyond just conveying messages to providing support for the adoption of optimal behaviors. Infant feeding in the context of HIV and nutrition of women living with HIV and AIDS are also addressed, but might need further development in countries with high HIV prevalence. Guidelines to link the prevention of malnutrition with treatment via the community-based management of acute malnutrition are also included. Training handouts are distributed to each participant at the beginning of the ENA training.
- III. The **ENA Framework Training Guide for Community Volunteers** equips semi-literate or illiterate Community Volunteers with the basic action-oriented nutrition knowledge and counseling skills needed to support pregnant women, mothers with children under two years and other key family members to adopt optimal nutrition practices. The course also covers basic skills for identifying children who are malnourished including appropriate referral. This course can be incorporated into any training at the community level, including on maternal & child health, community management of acute malnutrition, HIV/AIDS, agricultural production, food security, rural development, etc.

Country Adaptation

The generic versions of the above ENA Trilogy have been tested over time and are ready to be used in new settings and countries. However some adaptations are needed to ensure that these materials are country and situation specific. A guide to the key adaptation issues are as follows:

ENA Messages

- The specific actions recommended in the ENA messages don't need to be changed as they have been compiled from scientific research to support nutritional status. However, they may need to be adjusted somewhat to match national guidelines (e.g. age appropriate de-worming) or may need to be periodically updated to reflect new global technical guidance (e.g. infant feeding in the context of HIV).
- While the specific actions are universal, the concepts and language used to promote them through counseling sessions with mothers and other child caretakers must be adapted via formative research to ensure their suitability for different cultural contexts. If it is not possible to conduct formative research, it is still important to field-test both the messages and illustrations used in this booklet with a sample of mothers, fathers and other child-caretakers such as grandmothers to confirm their suitability.
- Further adaptation of the ENA messages may be needed to specify "who is doing the action" (e.g. mothers, fathers, grand-mothers, etc...) as well as the "benefits of the action" to ensure their relevance and resonance within the particular locality or setting. For example, what benefits will motivate mothers to practice exclusive breastfeeding? What types of local complementary foods (staple + nutrient-rich and/or enriched foods) are available? What local utensils (spoons, bowls, tea cups) will help illustrate the correct quantity of food the child needs?
- New illustrations aren't always needed as existing illustrations often can be easily adapted and used.

Training Guides Focusing on Counseling Skills and Practicum Sessions

- The two ENA Framework training guides are ready to be used and do not require further adaptation, except to include country-specific maternal and infant & young child feeding messages and protocols guiding micronutrient supplementation, the integrated management of newborn and childhood illness, and the management of acute malnutrition. They may need to be periodically updated to reflect new global technical guidance.
- Built into the ENA Framework Training Guides are sessions covering the techniques of negotiating with mothers to help them try and succeed with new nutrition-related practices, and exercises through which participants practice and begin to master these skills. This includes role plays in the “classroom” setting and site visits to villages where participants can hone their skills working with real mothers. It *cannot* be emphasized enough that these practical sessions are the heart of the training program and *should not* be removed as this would profoundly reduce the effectiveness of the ENA training as well as the impact of the overall ENA support to women and young children.

Acknowledgements

We would like to acknowledge that the *Booklet of Key ENA Messages* and the two *ENA Framework Training Guides* to support the implementation of the ENA framework would not have been possible without the effort and support over the past 15 years of many institutions and individuals.

In 1997, the USAID-funded BASICS project initiated the approach under the rubric *the Minimum Package for Nutrition* or “MinPak.” Subsequently the approach was renamed the *Essential Nutrition Actions (ENA)* and was expanded considerably to include training and IEC materials under the USAID-funded LINKAGES Project managed by the Academy for Educational Development (AED), where we were both involved in designing and implementing large scale ENA programs for Madagascar² and Ethiopia from 1999 to 2006.

The *Booklet of Key ENA messages* and its related *ENA Framework training guides* have been recently revised and tested within projects managed by John Snow Incorporated (JSI) in Ethiopia and Liberia, and by Helen Keller International (HKI) in a number of countries across Africa and the Asia-Pacific region. Much of the support for this work has come from USAID, UNICEF and the European Union.

Staff from many agencies also brought their expertise and are gratefully acknowledged for their contributions with support from USAID, including: the African Regional Center for the Quality of Health Care (RCQHC); the Africa’s Health in 2010 and FANTA Projects managed by AED; the West African Health Organization (WAHO); and the East Central and Southern Africa Health Community (ECSA-HC). UNICEF has also played a key role, especially in Liberia and Niger, as has the Carter Center in Ethiopia. National training partners in a number of countries have been central to the development of the ENA framework as well as related training and IEC materials.

Certain individuals were also instrumental in helping us to develop and test the original ENA training courses on which the present *Booklet of Key ENA messages* and its related *ENA Framework Training Guides* are based. These individuals include (by alphabetical order): Mesfin Beyero, Kristen Cashin, Serigne Diene, Tesfahiwoot Dillnessa, Mulu Gedhin, Peter Gottert, Nancy Keith, Adbulselem Jirga, Dorcas Lwanga, Robert Mwadime, Hana NekaTebbeb, Jennifer Nielsen, Alban Ramiandrisoa Ratsivalaka, Zo Rambelason, Voahirana Ravelojoana, Priscilla Ravonimanantsoa, Kinday Samba, Maryanne Stone-Jimenez and Catherine Temkangama.

² Guyon, AB, Quinn, VJ, Hainsworth, M, Ravonimanantsoa, P, Ravelojoana, V, Rambelason, Z and Martin, L, *Implementing an integrated nutrition package at large scale in Madagascar: The Essential Nutrition Actions Framework*. Food and Nutrition Bulletin. 30(3): 233-44. The United Nations University. 2009.

The Nutrition Working Group of CORE Group supported the efforts to update the tools and make them more widely available. CORE Group fosters collaborative action and learning to improve and expand community-focused public health practices. Established in 1997 in Washington D.C., CORE Group is an independent organization and home of the Community Health Network, which brings together CORE Group member organizations, scholars, advocates and donors to support the health of underserved mothers, children and communities around the world. These tools can be accessed at <http://www.coregroup.org>



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The illustrations were produced under the LINKAGES and Jereo Salama Isika (JSI) projects in Madagascar, the Essential Services for Health in Ethiopia (ESHE) and LINKAGES projects in Ethiopia, and UNICEF Liberia.

The *Booklet on Key ENA Messages*, the *ENA Training Guide for Health Workers*, and the *ENA Training Guide for Community Volunteers* can be duplicated if credit is properly given. Photos on cover page: Agnès Guyon, UNICEF Liberia and Victoria Quinn.

The recommended citations are as follows for these three ENA documents:

- Guyon, AB and Quinn, VJ. *Booklet on Key Essential Nutrition Actions Messages*. Core Group, Washington, D.C., January 2011
- Guyon, AB and Quinn, VJ. *Essential Nutrition Actions Framework Training Guide for Health Workers*. Core Group, Washington, D.C., January 2011
- Guyon, AB and Quinn, VJ. *Essential Nutrition Actions Framework Training Guide for Community Volunteers*. Core Group, Washington, D.C., January 2011

The Seven Essential Nutrition Actions: Background

The landmark *Lancet Series on Maternal and Child Undernutrition* published in early 2008 estimates that effective, targeted nutrition interventions to address maternal and child undernutrition exist and, if implemented at scale during the window of opportunity (conception and up to 24 months of age), could reduce nutrition-related mortality and disease burden by 25%. The **Essential Nutrition Actions framework** encompasses seven of these proven interventions targeting this window but also represents a **comprehensive strategy for reaching near universal coverage** (>90%) with these interventions in order to achieve public health impact. ENA programs are implemented through **health facilities and community groups**.

The approach includes ensuring that key messages and services pertaining to the seven action areas are **integrated into all existing health sector programs**, in particular those that reach mothers and children at critical contact points (maternal health and prenatal care; delivery and neonatal care; postpartum care for mothers and infants; family planning; immunizations; well child visits (including growth monitoring, promotion, and counseling); sick child visits (including Integrated Management of Newborn & Childhood Illnesses and Integrated Community Case Management); and Outpatient Therapeutic Care during Community-based Management of Acute Malnutrition).

The appropriate messages and services are also integrated to the greatest extent possible into programs **outside the health sector**, such as agriculture and food security contacts; education (pre-service, primary and secondary schools) and literacy; microcredit and livelihoods enhancement.

Implementing the ENA framework entails building **partnerships** with all groups supporting maternal and child health and nutrition programs so that messages are harmonized and all groups promote the same messages using the same job aids and IEC materials. Ideally partners are brought together at the regional and/or national levels to agree on these harmonized approaches and to **advocate** with policy leaders for the importance of nutrition to the nation's economic as well as social development.

Messages are crafted as “small do-able” actions and **behavior change communications** (BCC) techniques are used to promote adoption of these actions. Special emphasis is given to interpersonal communications (counseling of individual mothers) that are reinforced by mass media and community festivals and other mobilizing events. Health and community agents are trained to employ negotiations for behavior change, visiting mothers in their households or community meeting places (markets, chores, women groups meetings, etc...) and helping them anticipate and overcome barriers to carrying out new practices.

The capacity for promoting the essential nutrition actions using negotiations for behavior change can be strengthened with existing “generic” **training modules**³ for health workers and community agents. While the content remains generally fixed, the details should be adapted through formative research to specific country and regional contexts.

³ These two modules together with a booklet highlighting the key ENA messages can be downloaded from the CORE Group website on the Nutrition Working Group page.

The Seven Essential Nutrition Actions⁴

All are equally important. This ENA list is organized by a lifecycle approach.

1. Promotion of optimal nutrition for women
2. Promotion of adequate intake of iron and folic acid and prevention and control of anemia for women and children
3. Promotion of adequate intake of iodine by all members of the household
4. Promotion of optimal breastfeeding during the first six months
5. Promotion of optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond
6. Promotion of optimal nutritional care of sick and severely malnourished children
7. Prevention of vitamin A deficiency in women and children

⁴ CORE Group. Nutrition Working Group. Nutrition Program Design Assistant: A Tool for Program Planners, Washington, DC: 2010

Illustration 1: Nutrition of Pregnant Women

What do you see in this picture? In your community, do husbands advise their pregnant wives to eat additional food? Why? How can we help pregnant women to eat what they need? (Discussion)



MESSAGE

Husband, ensure that your pregnant wife has one additional meal every day to maintain her strength.

- Pregnant women need to eat a variety of foods, particularly animal products (meat, milk, eggs, etc), plus fruits & vegetables.
- Ripe papaya & mango, orange-fleshed sweet potatoes, carrot & pumpkin are especially good.
- Pregnant women need to eat more food than usual rather than decrease their intake.

Illustration 2: Iron supplementation during pregnancy

What do you see in this picture? In your community, do pregnant woman get iron supplementation and de-worming medicine from the health center?



MESSAGE

Pregnant woman: When you discover that you are pregnant, go to the health facility to get iron/folic acid pills to maintain your strength & health during the pregnancy and prevent anemia.

- Ask the Health Worker for iron/folic acid tablets to be given to your pregnant wife.
- The six-month course of iron/ folic acid tablets can be carried over even after the birth of the baby.
- Pregnant women have increased needs for iron.
- Iron/ folic acid pills are important to prevent anemia and will help to keep her and the new baby healthy.
- Liver is also a good food source of iron for pregnant women.

MESSAGE

Husband: Make sure your pregnant wife gets de-worming pills once in the second or third trimester of pregnancy.

- Ask the Health Worker for de-worming pills to be given once to your pregnant wife in the second or third trimester of pregnancy.
- Intestinal worms can cause anemia, which leads to tiredness and poor health.

MESSAGE

Husband: Make sure your pregnant wife receives her tetanus shots by going to the immunization site.

Illustration 3: Prevention of Malaria and Anemia

What do you see in this picture? Why is it important for pregnant/lactating woman and young children to sleep under an Insecticide Treated Net (ITN)

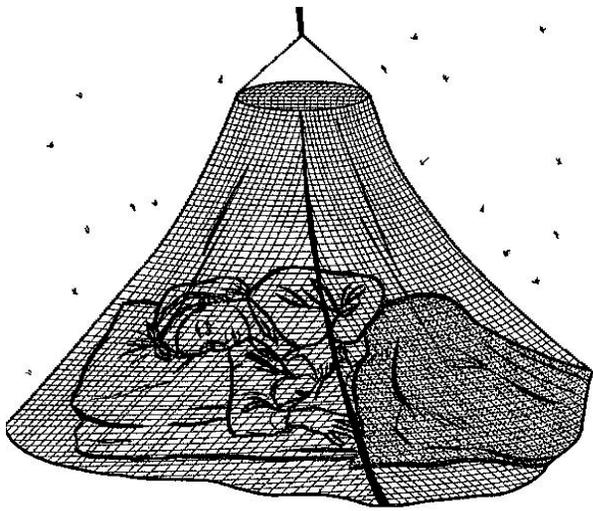
	<p>MESSAGE</p> <p>Father, ensure that your family sleeps under an insecticide treated net (ITN), especially pregnant women and children, to prevent malaria.</p>
	<ul style="list-style-type: none">• Malaria also causes anemia, which will make members of your family unwell and very tired.• Family members with fever need to be taken to a health facility for immediate treatment.
	<p>MESSAGE</p> <p>Mother, when you know you are pregnant, make sure you go to the ante-natal clinic to get IPT (malaria medicine) to keep you from getting malaria and keep your unborn baby healthy.</p> <p>Husband, make sure your pregnant wife attends antenatal clinic to get IPT to keep her from getting malaria and keep your unborn baby healthy.</p>

Illustration 4: Iodized Salt

What do you see on the picture? Why is it important to use iodized salt? Can you find it in your community?



Mother/Caretaker, ensure that all family food is cooked using iodized salt so that family members remain healthy.

- Iodized salt is not available everywhere, but should be used when available.
- Pregnant women need to use iodized salt to ensure the health of their new baby.
- Add the iodized salt at the end of the cooking.
- When you store iodized salt, make sure that it is covered properly.

Illustration 5: Early Initiation of Breastfeeding

What is happening in the picture? Do mothers in your community start breastfeeding immediately after birth, even before the expulsion of placenta? (Discussion)



MESSAGE

Put your baby on the breast immediately after birth, even before the placenta is expelled, to stimulate your production of milk.

- The first yellow milk (colostrum) helps to protect the infant from illness.
- The first yellow milk (colostrum) is the mother's natural butter and will help to expel your baby's first dark stool.
- Immediate breastfeeding within one hour of birth will help to expel the placenta and reduce post-partum bleeding.
- Pre-lacteal feeds such as sugar water, water, butter, are not necessary and may interfere with establishing good breastfeeding practices during the first days of the baby's life.

Illustration 6: Exclusive Breastfeeding to 6 Months of Age

What do you feed a baby less than 6 months of age? (Discussion)



MESSAGE

Feed your baby only breast milk for the first six months, not even giving water, for the baby to grow healthy and strong.

- Breast milk provides the best nourishment possible for the baby and will protect the baby from diarrhea and respiratory infections.
- Empty the first breast before you switch to the other for the baby to receive all nutrients and fat from the breast milk. If the baby takes water or other liquids, it sucks less on the breast leading to poor growth.
- Even during very hot weather, breast milk will satisfy the baby's thirst during the first six months. If the baby takes water and other liquids, the baby will get diarrhea.
- Never use a bottle to feed your baby, as these are hard to keep clean and will cause diarrhea.

Illustration 7: Frequency of Breastfeeding

What do you see in the picture? How many times an each day should you breastfeed your baby 0 to 6 months of age? (Discussion)

 <p>The illustration is divided into two parts. The top part shows a woman sitting up, holding a baby in her arms and breastfeeding. A sun icon is in the upper left corner, indicating daytime. The bottom part shows a woman lying in bed, breastfeeding her baby. A moon and stars icon is in the upper left corner, indicating nighttime.</p>	<p>MESSAGE</p> <p>Breastfeed your baby on demand, at least 10 times day and night, to produce enough milk and provide your baby enough food to grow healthy.</p> <ul style="list-style-type: none">• Frequent breastfeeding helps the milk to flow and ensures your baby grows well. If you think that you don't have enough milk, increase the breastfeeding frequency and be sure to empty the breast before switching to the other.• Exclusive breastfeeding until 6 months, if menses are not back, protects the mother from getting pregnant (Lactation Amenorrhea Method – LAM).• Ensure proper positioning and attachment so baby gets adequate breast milk and to avoid breast problems such as sore and cracked nipples.• Advise mothers with nipple and breast problems to seek immediate care from a Health Worker.• Breastfeeding increases bonding between mother and child.
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Illustration 8: Ensure Correct Positioning for Optimal Breastfeeding

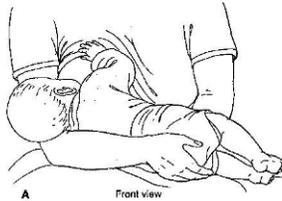


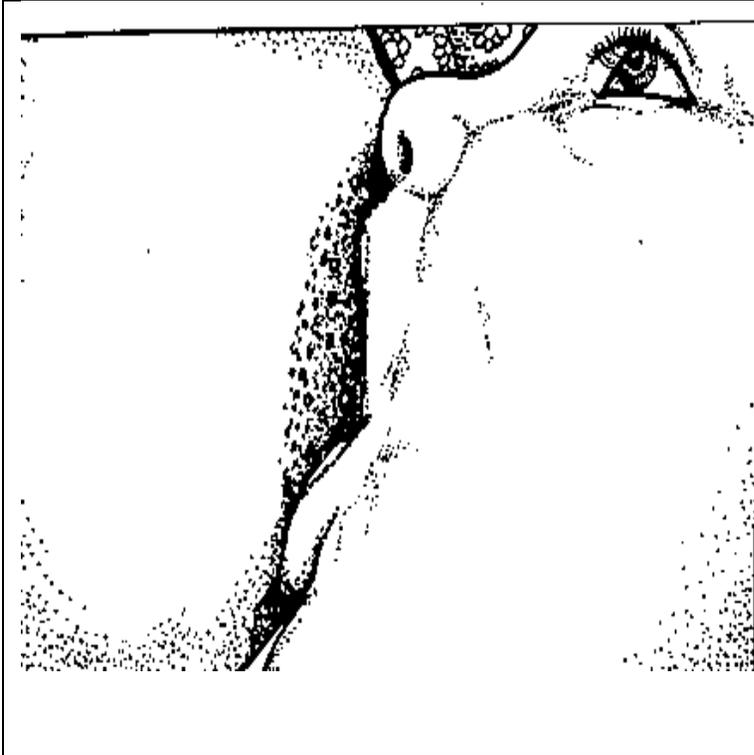
FIGURE 9-9. Madonna (cradle) position. A. Front view. B. Side view.



Mother, sit comfortably, draw the baby toward yourself and do not lean toward the infant.

- The infant should be able to look up at the mother's face, not be flat to her chest or abdomen.
- The infant's stomach should be against the mother's stomach.
- The infant's head, back, and buttocks are in a straight line.
- The infant needs to be close to the mother.
- The infant is brought to the breast.
- The baby's whole body should be supported, not just the head and shoulders.
- One arm of the baby is behind the mother's back.
- The mother should hold her breast with her 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 (two fingers on each side of the nipple) because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth.

Illustration 9: Ensure Proper Attachment for Optimal Breastfeeding



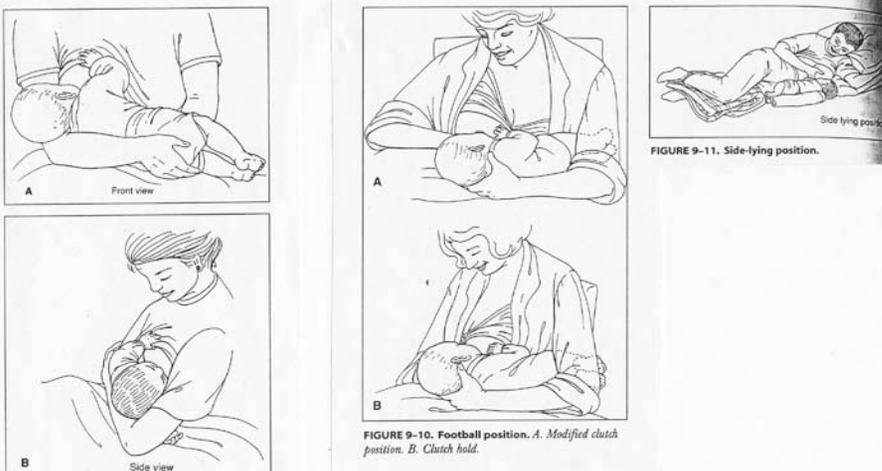
Signs of proper attachment

- Tease the infant's lower lip with the nipple, in order for the infant to open wide his/her mouth.
- The infant's mouth covers a large part of the areola (there is more areola showing above rather than below the nipple).
- The infant's chin touches the breast.
- Both lips are turned outwards.

Signs of efficient suckling

- Slow and regular sucking at the following rhythm: 2 sucks and one swallow.
- The infant takes slow deep sucks, sometimes pausing.
- Suckling is comfortable and pain free.
- The mother hears her baby swallowing.
- The breast is softer after the feed.

Illustration 10: Ensure Correct Positioning and Attachment for Optimal Breastfeeding



The illustration contains three sets of drawings. On the left, two drawings labeled 'A' and 'B' show a 'Madonna (cradle) position'. Drawing A is a 'Front view' showing the baby's head and body facing the mother. Drawing B is a 'Side view' showing the baby's head and body facing the mother from the side. In the center, two drawings labeled 'A' and 'B' show a 'Football position'. Drawing A is a 'Modified clutch position' where the baby is held under the mother's arm. Drawing B is a 'Clutch hold' where the baby is held in front of the mother. On the right, a single drawing labeled 'A' shows a 'Side-lying position' where both mother and baby are lying on their sides facing each other.

FIGURE 9-9. Madonna (cradle) position. *A. Front view. B. Side view.*

FIGURE 9-10. Football position. *A. Modified clutch position. B. Clutch hold.*

FIGURE 9-11. Side-lying position.

1. Sitting position

- Usual position of most mothers.
- Make sure the baby's and mother's stomachs are facing each other.

2. Side-Lying

- This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
- The mother and baby are both lying on their side and facing each other.

3. American Football

- This position is best used:
 - after a Caesarean section,
 - when the nipples are painful, or
 - to breastfeed twins.
- The mother is comfortably seated with the baby under her arm. The baby's body passes by the mother's side and his/her head is at the breast level.
- The mother supports the baby's head and body with her hand and forearm.

Illustration 11: Nutrition of Lactating Mother

What is happening in the picture? In your community do you give additional meals to mothers who are breastfeeding? (Discussion)

	<p>MESSAGE</p> <p>Husband, ensure that your wife who is breastfeeding has 2 extra meals a day to maintain her health and the health of the baby.</p> <ul style="list-style-type: none">• Breastfeeding women need to eat a wide variety of foods, particularly, animal products (meat, milk, eggs, etc), orange/red fruits and vegetables and green leafy vegetables.• Ripe papaya & mango, orange-fleshed sweet potatoes, carrot, and pumpkin are especially good for the breastfeeding mother.
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Illustration 12: Introducing Complementary Feeding

What is happening in the pictures? When should children start eating foods other than breast milk? What kind of foods should they start with? (Discussion)

 <p>The illustration shows a mother sitting and feeding a baby with a spoon. Below this, three spoons are shown to illustrate the correct consistency of porridge. The top spoon is labeled 'Too thick' and has a large clump of porridge on it. The middle spoon is labeled 'Good' and has a small, smooth amount of porridge. The bottom spoon is labeled 'Too watery' and has a thin, watery layer of porridge.</p>	<p>MESSAGE</p> <p>Mother, starting from 6 months of age, introduce complementary foods such as soft porridge 2-3 times a day for your baby to grow healthy and strong.</p> <ul style="list-style-type: none">• Porridge can be made from many different types of cereals (sorghum, maize, wheat) or tubers (e.g. potatoes).• Porridge is just right and good for the baby when it slowly falls off the spoon.• Thicken the porridge as the baby grows older, making sure the baby is still able to swallow easily without choking.• Thin gruels made with water are not healthy for your baby as they do not provide enough of the nutrients it needs to grow strong and healthy.• When possible use milk instead of water to cook the porridge.• Use iodized salt whenever possible to cook the porridge.• Foods given to the child must be stored in clean/hygienic conditions to avoid diarrhea and illness.• Continue breastfeeding to 24 months or older.
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Illustration 13: Continue Breastfeeding until 2 Years and Beyond

What do you see in the picture? Are children breastfed to 2 years of age in your community? (Discussion)

	<p>MESSAGE</p> <p>Continue to breastfeed your baby until two years and beyond to make it stay strong</p>
	<ul style="list-style-type: none">• During the first and second year of life, breast milk is still an important source of nutrients for your baby.• After 6 months of age, continue to breastfeed your child on demand, at least eight times day and night, until two years and beyond to maintain its strength.• Continuing breastfeeding will protect your child from diseases such as diarrhea.

Illustration 14: Feed a Variety of Foods

What do you see in this picture? How can you enrich your baby/child's food to prevent malnutrition? (Discussion)

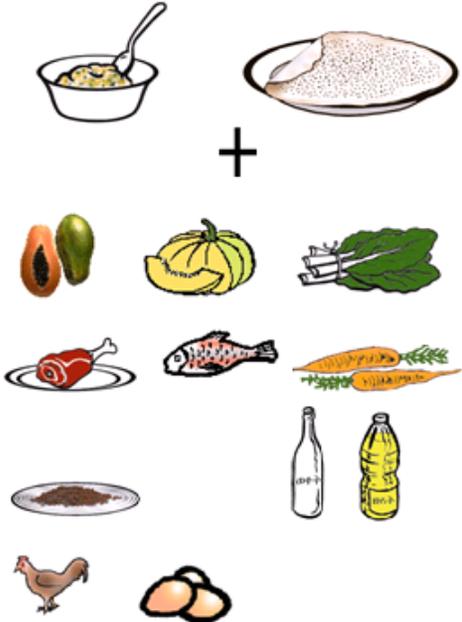
	<p>MESSAGE</p> <p>To help your baby grow and get strong, enrich your baby/child's food with 2 to 3 different types of foods (such as butter, oil, peanuts, meat, eggs, lentils, vegetables and fruits) at each meal.</p> <ul style="list-style-type: none">• Add colorful foods to enrich the food including orange/red vegetables and fruits (such as carrots, orange fleshed sweet potatoes, and ripe mango and papaya), green leafy vegetables (such as kale, chard), avocado, eggs, beans, peanuts, peas or lentils.• Add animal foods (meat, liver, chicken, fish) whenever available, as these make your baby/child grow healthy and strong. If this is not possible use beans, peanuts, peas or lentils.• Mash and soften the enrichment foods so your baby/child can easily chew and swallow the food.• Add butter and oil every time to the porridge.• Cow's milk can be offered to your child in addition to the enrichment foods given and can also be used to cook instead of water.• Continue breastfeeding until your child is 24 months or older whenever your child is hungry or thirsty.
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Illustration 15: Frequency of Feeding for 6-11 Months Old Children

What do you see in this picture? How many times do you feed your child when he/she is 6 to 11 months old? (Discussion)

	MESSAGE
	From 6 to 11 months of age, each day feed your baby 2 to 3 feedings of enriched porridge; also feed your baby 1 to 2 other semi-solid foods (snacks) each day to ensure healthy growth.
	<ul style="list-style-type: none">• Babies have small stomachs and can only eat small amounts at each meal so it is important to feed them frequently throughout the day.• By 8 months the baby should be able to begin eating finger foods such as pieces of red/orange fruits such as ripe mango & papaya, as well as avocado, banana, other fruits & vegetables, fresh & fried bread products, boiled potato, orange fleshed sweet potato, etc.• Feed these finger foods as snacks at least 1 to 2 times each day.• Foods given to the child must be handled (prepared) and stored in hygienic conditions to avoid diarrhea and illness.
<p>SNACKS</p> 	Avoid Bottle Feeding
	
	<ul style="list-style-type: none">• Feed your baby using a clean cup and never a bottle as this may cause your baby to get diarrhea.

Illustration 16: Amount of Food for 6 to 11 Month Old Child

What amount of food do you give a child between the ages of 6 to 11 months? Why?

	<p>MESSAGE</p> <p>Mother, if your child is 6 to 8 months, give 2 tablespoons of porridge mixed with 1 tablespoon of other foods.</p> <p>If your child is 9 to 11 months, give 4 tablespoons of porridge mixed with 2 tablespoons of other foods.</p>										
	<p>You can follow the following suggestion:</p>										
	<table border="1"> <tr> <td data-bbox="840 600 1302 682">Morning</td> <td data-bbox="1302 600 1974 682">Add 2 teaspoons of oil, 1 egg and, cow's milk instead of water if available</td> </tr> <tr> <td data-bbox="840 682 1302 730">Morning snack</td> <td data-bbox="1302 682 1974 730">Mashed papaya or mango</td> </tr> <tr> <td data-bbox="840 730 1302 828">Mid day - enriched porridge</td> <td data-bbox="1302 730 1974 828">Add 2 teaspoons oil, 2 teaspoons of bean flour or pea flour, 3 leaves of kale or leafy green vegetables</td> </tr> <tr> <td data-bbox="840 828 1302 925">Afternoon snack</td> <td data-bbox="1302 828 1974 925">1/2 mashed ripe mango and 1 piece of cooked sweet potato</td> </tr> <tr> <td data-bbox="840 925 1302 1055">Evening- enriched porridge</td> <td data-bbox="1302 925 1974 1055">Add 2 teaspoons oil, 2 teaspoons mashed liver, mashed vegetables from the sauce for the adults (carrots, onions, tomatoes, okra etc)</td> </tr> </table>	Morning	Add 2 teaspoons of oil, 1 egg and, cow's milk instead of water if available	Morning snack	Mashed papaya or mango	Mid day - enriched porridge	Add 2 teaspoons oil, 2 teaspoons of bean flour or pea flour, 3 leaves of kale or leafy green vegetables	Afternoon snack	1/2 mashed ripe mango and 1 piece of cooked sweet potato	Evening- enriched porridge	Add 2 teaspoons oil, 2 teaspoons mashed liver, mashed vegetables from the sauce for the adults (carrots, onions, tomatoes, okra etc)
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Evening- enriched porridge	Add 2 teaspoons oil, 2 teaspoons mashed liver, mashed vegetables from the sauce for the adults (carrots, onions, tomatoes, okra etc)										
	<ul style="list-style-type: none"> • Continue to breastfeed the baby during the day and at night, for a total of 8-10 times per day. • As the child grows, increase the amount of food the baby is eating. • Use iodized salt sold in the market or shops to prepare all meals. 										

Illustration 17: Frequency of Feeding for 12-24-Month-Old Child

What do you see in this picture? In your community how many meals are given to a child 12-24 months? Or how many times do you feed your child when she/he is from 12- 24 months old? (Discussion)

		<p>MESSAGE</p> <p>From 12 to 24 months of age, feed your child at least 3 to 4 times a day using family foods, along with 1 to 2 other solid foods (snacks) each day to ensure healthy growth. Put the child's food on his/her own individual plate separate from the family plate.</p>
	<p>SNACKS</p> 	
		
		

Illustration 18: Amount of Food for Children Aged 12 to 24 Months Old

What amount of food do you give a child between the ages of 12 to 24 months?

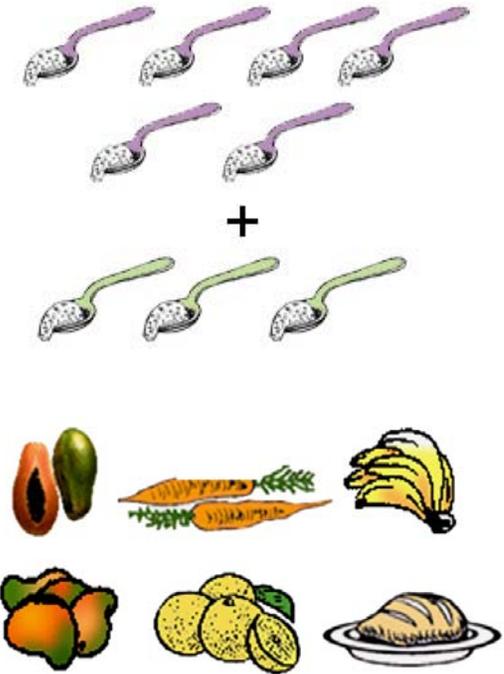
 <p>The illustration shows 6 purple spoons and 3 green spoons, with a plus sign between them. Below the spoons are several food items: two avocados, two carrots, a bunch of bananas, a bunch of oranges, several lemons, and a piece of fish on a plate.</p>	<p>MESSAGE</p> <p>Mother, at each meal, give 6 tablespoons of porridge mixed with 3 tablespoons of other foods.</p> <p>Mother, give your baby snacks 1 to 2 times every day between main meals.</p> <p>Additional Information</p> <ul style="list-style-type: none"> To ensure optimal growth and good health and prevent malnutrition add other foods in addition to the porridge. Example of a day's menu: <table border="1"> <tr> <td>Morning- Enriched porridge</td> <td>2 teaspoons oil, 1 banana and cow's milk</td> </tr> <tr> <td>Morning – snack</td> <td>½ a mango</td> </tr> <tr> <td>Mid day – family meal</td> <td>Family food placed served on the baby's own individual plate, add 2 teaspoons oil, fish</td> </tr> <tr> <td>Afternoon - Snack</td> <td>½ avocado</td> </tr> <tr> <td>Evening meal</td> <td>Cooked chicken with added oil, vegetables</td> </tr> </table> <ul style="list-style-type: none"> Continue to breastfeed the child during the day and night at least 8 times per day Increase the amount of food given to the baby to ensure adequate growth Use iodized salt bought from the market or shop in all food preparation. 	Morning- Enriched porridge	2 teaspoons oil, 1 banana and cow's milk	Morning – snack	½ a mango	Mid day – family meal	Family food placed served on the baby's own individual plate, add 2 teaspoons oil, fish	Afternoon - Snack	½ avocado	Evening meal	Cooked chicken with added oil, vegetables
Morning- Enriched porridge	2 teaspoons oil, 1 banana and cow's milk										
Morning – snack	½ a mango										
Mid day – family meal	Family food placed served on the baby's own individual plate, add 2 teaspoons oil, fish										
Afternoon - Snack	½ avocado										
Evening meal	Cooked chicken with added oil, vegetables										

Illustration 19: Feeding of the Sick Child during Illness

What do you see in this picture? What do you do when the babies and children get sick? (Discussion)



MESSAGE

During illness, increase the frequency of breastfeeding, and for older children 6 months and above, offer additional food to help him/her recover faster.

For all infants and young children 0 to 24 months:

- Increased breastfeeding during illness helps the baby to recover faster and not lose as much weight.
- Continue to breastfeed during diarrhea, even breastfeeding more frequently to replace the liquid lost.
- Breastfeeding during illness also gives comfort to the sick child.
- Sick mothers can continue to breastfeed their babies.

For infants 6 months and older:

- Take time to patiently encourage your sick child to eat as her/his appetite may be decreased because of the illness.
- It is easier for a sick child over 6 months to eat small frequent meals so feed the child foods it likes in small quantities throughout the day.
- It is important to keep feeding complementary foods to your child during illness to maintain child's strength and reduce the weight loss.

Illustration 20: Feeding of the Sick Child after Illness

What do you see in the picture? What do when your child gets sick? (Discussion)



MESSAGE

When your over-6-month-old child has recovered from illness, give him/her 1 additional meal of solid food each day during the 2 weeks that follow to help child recover quickly.

Additional Information

For all infants and young children 0 to 24 months:

- Increased breastfeeding after illness helps your child to recover faster and regain the weight lost.

For infants 6 months and older:

- After illness, take time to patiently encourage your child to eat as their appetite may still be decreased because of the illness.
- Giving extra food after illness will also help your child to recover faster as well as regain the weight lost.

Illustration 21: Nutritional Care of Infants and Children with Diarrhea

What do you see in the picture? Zinc helps the baby to recover much faster from diarrhea (Discussion)

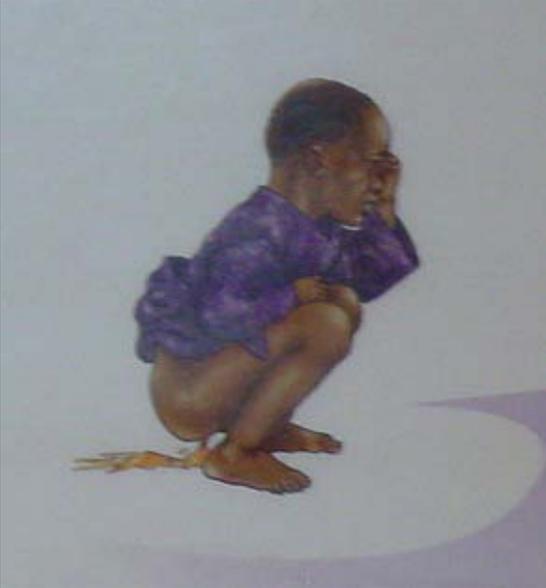
	MESSAGE Mothers and Fathers, if your child is suffering from severe diarrhea, take him/her to the nearest health center to get zinc. It will help the baby to get better faster.
	For all infants and children 0-24 months of age: <ul style="list-style-type: none">• Increase the frequency of breastfeeding during illness and ask your health worker to give you zinc for the baby to the baby recover faster.• Ensure that the infant does not get dehydrated. In order to prevent dehydration give the child an oral rehydration solution (ORS).• Follow the instructions given by the health worker on how to give the zinc to the baby: follow exactly the duration of treatment specified (10-14 days).• If the condition of the baby does not improve, take the baby to the nearest health center for examination.

Illustration 22: Nutritional Care of Infants and Children with Moderate Acute Malnutrition

What advice do you give a mother of a malnourished child? How to feed children that receive supplementary food? How do you feed children who receive supplementary food? (Discussion)

	<p>MESSAGE</p> <p>When your child older than 6 months has been identified as having moderate acute malnutrition, in addition to the supplementary food that the child receives, give 1 additional bowl of food each day to help your child to recover quickly and become strong and healthy again.</p> <p>Breastfeed more often.</p> <hr/> <p>Baby and young child 0 to 24 months:</p> <ul style="list-style-type: none">• Breastfeed often to make sure that your child gets foods and vitamins from the breast milk; it will get better quickly. <p>Baby older than 6 months:</p> <ul style="list-style-type: none">• If the baby is older than 6 months, give one extra bowl of food each day until it regains its weight and strength.• Take time to patiently encourage your sick/malnourished child to eat as it may lose appetite because of the illness.• It is easier for a sick/malnourished child to eat small frequent meals; feed your child foods it likes in small quantities throughout the day.
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Illustration 23: Importance of Vitamin A

What do you see on this picture? Where can you get Vitamin A in your community?



MESSAGE

Mother, take Vitamin A supplementation as soon as possible (within 45 days) after delivery for the baby's health and strength.

- Ask the Health Worker for Vitamin A supplementation after the birth of the baby.
- Taking a Vitamin A capsule will enrich your breast milk with important nutrients to keep the baby healthy and strong.

MESSAGE

Husbands, ensure that pregnant, lactating women, and children eat papaya, mango, and other yellow/orange fruits, orange fleshed sweet potatoes, dark green leafy vegetables, liver, milk to protect their health.



- Eating Vitamin A rich foods will enrich the mother's breast milk with important nutrients to keep the baby healthy and strong.

MESSAGE

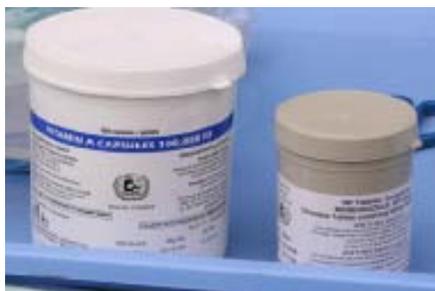
Mother/Father, when your baby is 6 months old, make sure it receives Vitamin A supplementation every six months to make it strong.



- Ask the health worker to give Vitamin A supplementation two times a year to your child between 6 to 59 months of age.
- Vitamin A is important for your child's eyesight and also help your child fight illness.
- Be sure to bring your child to Vitamin A supplementation sessions during child health days.
- Vitamin A is also offered during Health Days/campaigns.

Illustration 24: Preventing Anemia from Parasites

Where can you get your children de-worming medicine? How can you avoid getting malaria?



MESSAGE

Mother, when your child is one years old, it has to receive de-worming medicine every six months to maintain healthy growth.

- Intestinal parasites cause young children to become anemic, which will make them unwell and tired.
- Ask a health worker for de-worming medicine to be given two times a year to your child between the ages of 1 to 5 years.
- De-worming is also offered during Health Days / campaigns



MESSAGE

All members of the family, sleep under an insecticide treated mosquito net (ITN), especially pregnant women and young children to prevent getting malaria.

- Malaria also causes anemia, which will make family members of your family unwell and very tired.
- Family members with fever need to be taken to a health facility for immediate treatment.