Reading and Responding to Your Baby

Lesson Plan
Reading and Responding to Your Baby

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Lessons, stories, and activities in the Reading and Responding to Your Baby Lesson Plan complement the information provided in Reading and Responding to Your Baby Flipchart.

Understanding the Lesson Plan

Each lesson begins with objectives. These are the behavior, knowledge and belief objectives that are covered in the lesson. There are four types of objectives. Each is described below.

Behavior objectives: Most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers to follow based on the key messages in the flipchart.

Knowledge objectives: These objectives focus on what we want the caregiver to know by the end of the lesson.

Under the objectives, all of the materials needed for the lesson are listed. Materials with an asterisk (*) should be brought by the Activity Leader selected at the end of the last module, if one is selected. See below for more information.

Each exercise (section of the lesson plan) matches the other text in the lesson plan identified by a small picture. Pictures are used to remind non-literate Care Group Volunteers of the order of the activities. For example, when it’s time to lead the game, the lesson plan shows a picture of people laughing as if they are enjoying a game (see below). The pictures in the lesson plan cue Care Group Volunteers of the next activity. Review the descriptions below for more information.
The first activity in each lesson is a game or song. Games and songs help the participants to laugh, relax and prepare for the lesson. Some games review key messages that the participants have already learned.

Following the game, all facilitators will take attendance. Following attendance, the promoter follows up with any difficulties that the Care Group Volunteers had teaching the previous lessons.¹

When Care Group Volunteers are teaching neighbor circles, this is a good time to review key messages from the previous lesson and hear the success and challenges the neighbor mothers had when trying out new practices from the previous lesson.

Next the facilitator reads the story printed on the flipchart, using the images to share the story. The story in each lesson is followed by discussion questions.

Discussion questions are used to discuss the problems faced by the two main characters in the module (Dominga and Maria). Use the story and discussion questions to find out the current practices of the women in the group.

After turning to a new flipchart page ask, “What do you think these pictures mean?” After the participants respond, explain the captions and key messages written on the back of the flipchart.

The lesson plan also contains additional information for the trainer. The additional information does not need to be discussed during the lesson unless it relates to questions asked by the participants.

¹ Paid staff are called promoters. The role of the promoters is to train Care Group Volunteers to facilitate lessons with their neighbors.
Next is an activity. Activities are “hands-on” exercises to help the participants understand and apply what they have learned. Most of these activities require specific materials and preparations.

**Activity**

If an Activity leader is selected, she is responsible to organize materials for each lesson’s Activity. The Activity Leader meets with the facilitator ten minutes before each lesson to discuss the needed materials for the next lesson’s activity. The Activity Leader is responsible to talk with the others (Care Group Volunteers or neighbors) during the “Attendance and Troubleshooting” to organize the materials needed for the next meeting, asking them to volunteer to bring the items needed for the activity. The facilitator will lead the activity, but the Activity Leader will support her by organizing the volunteers and aiding the facilitator as needed during the activity.

The facilitator asks if there are any obstacles that prevent the caregivers from trying the new practices. Together with the other mothers in the group, the facilitator helps to solve problems and obstacles mentioned. The group may offer information, skills or tips to help mothers overcome obstacles.

**Discuss Barriers**

Next is Practice and Coaching. We want to make sure that each Cascade Group Volunteer understands the material and can present it to her neighbors. The promoter observes and coaches Volunteers as they practice teaching in pairs using the flipcharts.

When Volunteers teach their neighbors, they will repeat this activity asking each woman to share the key messages (and practices) that she has learned with the woman next to her. The Volunteer will go around and listen to each pair, making sure they understood the key messages correctly.
Finally, the facilitator requests a commitment from each of the women in the group. It is up to each woman to make a choice. Do not force anyone to make a commitment if they are not ready.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your group. Lessons should not exceed two hours in length although some lessons may take longer than others. The suggested time for each section is listed below.
<table>
<thead>
<tr>
<th>Section name</th>
<th>Time needed for this section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Game or Song</td>
<td>5 - 15 minutes</td>
</tr>
<tr>
<td>Attendance and Troubleshooting</td>
<td>5 - 15 minutes</td>
</tr>
<tr>
<td>Story (Picture 1)</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Ask about Current Practices</td>
<td>10 minutes</td>
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<tr>
<td>Share the Meaning of Picture 2</td>
<td>10 minutes</td>
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<tr>
<td>Share the Meaning of Picture 3</td>
<td>10 minutes</td>
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<tr>
<td>Share the Meaning of Picture 4</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Activity</td>
<td>15-30 minutes</td>
</tr>
<tr>
<td>Discuss Barriers</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Practice and Coaching</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Request Commitments</td>
<td>10 minutes</td>
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</tbody>
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2 – 2 ½ hours

Acknowledgements

Many thanks to the artists who have contributed to this module, including Paola Gutierrez. Mary DeCoster, Mitzi Hanold, and Jana Torrico are greatly appreciated for reviewing and editing the materials. The Carolina Global Breastfeeding Institute at the University of North Carolina at Chapel Hill is greatly appreciated for their expertise in the content development of this module.

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The following resources were used in the development of this module:

- Blencowe H et al. Clean birth and postnatal care practices to reduce neonatal death from sepsis and tetanus: a systematic review and Delphi


Lesson 1: Speaking With Love to Your Baby

- Immediately after birth, caregivers will ensure the newborn is placed skin-to-skin on the mother’s chest.
- Mothers will begin breastfeeding within one hour after birth so that 1) infants receive the first milk (colostrum) and 2) mothers will benefit from slowed bleeding and contraction of muscles, closing the womb.
- Mothers will begin bonding with their newborns by putting them skin-to-skin immediately after birth.
- Mothers will know that putting their newborn skin-to-skin is important for their child’s health.
- Mothers will begin to look for the three ways that their newborn communicates with them – using their faces, using their bodies or using their voices.
- Mothers will give only breast milk to infants less than six months of age, unless there is a medical reason to give a supplement.
- Mothers will believe: Children are a gift.

Materials:
1. Attendance Registers
2. Flipchart
3. 1 Grape, 1 cherry tomato, 1 strawberry, 1 lime (or other object of the same size.)

1. Game: People to People — 10 minutes

1. Ask each participant to stand beside another participant.
2. Explain that the leader will call out actions and each pair must touch these two body parts together.
3. For example, if the leader says, “back to back” each pair must stand with their backs touching. If the leader says, “hip to hip” each pair must stand with their hips touching. If the leader says, “knees to knees, each pair must stand with their knees touching. However, when the leader says, “people to people,” everyone must find a new participant to stand with.
4. Give many commands using different body parts.
5. Continue giving new commands using different body parts until the participants are laughing and having fun.

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

2. Attendance and Troubleshooting – 15 minutes

**When teaching Cascade Group Volunteers:**
1. Promoter fills out attendance sheets for each Cascade Group (CG) Volunteer and Neighbor Circle.
2. Promoter fills out vital events mentioned by each CG Volunteer (new births, new pregnancies, children missing growth monitoring sessions, and mother and child deaths).
3. Promoter asks if any of the CG Volunteers had problems meeting with their Neighbor Circle.
4. The Promoter helps to solve the problems mentioned.
5. The Promoter asks the CG Volunteers to review the key practices from the last lesson.
6. If applicable, the Promoter asks the CG Volunteers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

¿ What was your commitment at the last lesson? Have you kept that commitment?

¿ How – what did you do?
   - Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
   - What factors (people, events or chores) in your life made it difficult to keep your commitments?
   - How were you able to overcome these problems?

7. Promoter thanks all of the CG Volunteers for their hard work and encourages them to continue.
8. If applicable, the Promoter asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.

**When Cascade Group Volunteers teach the Neighbor Circles:**
1. CG Volunteers will take attendance.
2. **CG Volunteers will ask about new births, new pregnancies or illnesses in the families of those attending. CG Volunteers will refer those with severe illness to the local health facility.**

3. **CG Volunteers will ask the Neighbor Circle members to review the key practices from the last lesson.**

4. **CG Volunteers will ask about the circle members’ commitments from the last meeting and follow up with those who had difficulty trying out new practices.**

5. **CG Volunteer asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.**

**Maria’s Delivery (Picture 1.1) – 10 minutes**

### 3. Story
- Read the story on page 4 of the flipchart.

Maria delivered her baby boy, David, at home. Her labor was long and difficult. After David was born, he was taken away by Maria’s mother-in-law. “Maria, you are very weak from giving birth and need to rest. Don’t worry about anything, I’ll make sure the baby is fed with rice water. Besides, you won’t have any milk in your breasts yet anyway.” She took David, wrapped him up, and left the room to give him some rice water she had prepared.

### 4. Ask about Current Practices
- Read the questions on page 4 of the flipchart.

| ? | How did Maria’s mother-in-law care for David? Why? |
| ? | What do you think about this situation? Has this happened to you? |
| ? | Who held and cared for your last baby right after he or she was born? |

- The first question is to review the story.
  a. Maria’s mother-in-law wrapped David and left the room to feed him rice water.
- The second question is to find out what participants think about their birth experiences.
- The third question is to find out more about practices involving the newborn immediately after birth.
- **Encourage discussion. Don’t correct “wrong answers.”** Let everyone respond. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying; “Let’s compare your experiences with the messages on the following pages.”
Babies Communicate From Birth (Picture 1.2) - 5 minutes

5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 7.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 6 and 7.

Key Message:

What do you think these pictures mean?

Newborns begin communicating right after they are born.

- Babies are very smart and can let caregivers know exactly what they need. Their language is the use of their face, body and voices.
- Babies let mothers know they want to be close so they can feel Mama’s heartbeat, smell her skin, and find her breast for her first thick milk (colostrum). If babies are anywhere other than mother’s belly/chest after delivery, they may communicate their unhappiness by crying and searching for mama’s smell.
- Staying open and receptive to what our babies are telling us will help us learn their language.
- Start talking with your baby, so he or she feels loved and part of the family.
- Speaking with Love to your baby is a special communication between the two of you.

How do babies communicate with their mamas? What do they do?

Did your baby communicate with you after she was born? What did she say and how did she say it?

Additional Information for the Trainer

Infant Communication

- Babies communicate their needs in various ways. They cry, want mama’s smell, look away from mama if they need to rest, etc.
- Before babies express themselves with words, they interact with caregivers in other ways, producing facial expressions and considerable amounts of vocalization.
• There is considerable research to support the idea that infant intellect and emotions develop in substantial measure in the context of vocal and emotive interaction.
• Interacting with infants helps them learn that their expressions have a social response.

**Babies Want to Be Skin-to-Skin with Mama After Birth (Picture 1.3) - 5 minutes**

6. Share the Meaning of Each Picture

• Ask the caregivers to describe what they see in the pictures on page 9.
• Read the bold text on the back of the flipchart out loud.
• Share the meaning of each picture using flipchart pages 8 and 9.

**Key Message:**

? What do you think these pictures mean?

**Skin-to-skin with mama is the best place for newborns to be.**

- Wanting to be skin-to-skin is the first way your baby communicates with you.
- Skin-to-skin contact keeps the baby warm and healthy.
- It helps the baby adjust to the difficulty of being born.
- When the baby can smell you, it leads to immediate breastfeeding.

? What happened right after the birth of your children?

? Do mothers in this community hold their babies skin-to-skin right after they are born? Why or why not?

**Additional Information for the Trainer**

**Infant Body Heat**

• In the first 1-2 minutes of life, the exposed newborn may lose enough heat for his body temperature to fall 2 °C. Put the child skin-to-skin with their mother immediately after birth to prevent the newborn from losing too much heat.

**Kangaroo Care**

• This technique is a prolonged method of “skin-to-skin care” provided for infants born too small and who struggle to maintain body temperature. It is also good for all infants to encourage bonding, breastfeeding initiation and temperature regulation.
• It also helps make the adjustment easier after being born, and calms the infant. They stay warm more easily, cry less, have lower levels of stress hormones, and breastfeed sooner than newborns who are separated from their mothers.
• Kangaroo care also regulates an infant’s heart rate, respiratory rate and blood sugar levels.
• The longer and more often mothers and babies are skin-to-skin in the hours and days after the birth, the greater the benefit.
• Research suggests that women who hold their babies skin-to-skin following birth care for their babies with more confidence and recognize and respond to their babies' needs sooner than mothers who are separated from their babies.
• The infant is held, skin-to-skin, with an adult for 20 minutes to four hours a day. It is called Kangaroo Care because it is similar to the way a baby kangaroo is snuggled against its mother.
• In a study in Columbia, placing premature infants onto the mother’s chest after birth and for several hours each day (as compared to infants kept warm in incubators) decreased the death rate of premature infants from 70% to 30%.

Breast Milk is All Your Baby Needs from Day 1 to 6 months! (Picture 1.4) – 5 minutes

7. Share the Meaning of Each Picture

• Ask the caregivers to describe what they see in the pictures on page 11.
• Read the bold text on the back of the flipchart out loud.
• Share the meaning of each picture using flipchart pages 10 and 11.

Key Message:

? What do you think these pictures mean?

The first thick milk (colostrum) protects babies from illness and helps moms get well.

○ Good for Mom: Early breastfeeding lessens bleeding and helps the placenta to come out of the mother; Breastfeeding early and often encourages mothers’ mature, abundant milk to come.
○ Good for Baby: First milk is concentrated and contains many vitamins and nutrients that protect infants from getting sick; it also naturally cleans the stomach of the infant over the first 2 days of life by
expelling the first feces.
- Feeding liquids other than mothers’ milk can cause baby to become sick and weak. Do not feed your baby rice cereal, formula, cornstarch drink, chicory honey, chamomile and anise teas, coffee and any other food or liquids.
- So your baby will grow healthy and strong, feed only breast milk and nothing else until 6 months when they are ready for small portions of mashed up family foods after breastfeeding.
- Breastfeeding is best even when you are sick or your baby is sick.
- Breastfeeding is best even when you are pregnant!

? What do women in this community believe about the first thick milk?
? Did you feed your last child the first thick milk? Why or Why not?

Additional Information for the Trainer

Contractions
- Breastfeeding helps the mother’s muscles to contract (or shrink) and slow bleeding after delivery. It shrinks the womb (muscles which held the baby in the body) so they will return to their pre-pregnancy size.

Hand washing
- Encourage new mothers and fathers to wash their hands often when caring for and handling a newborn.
- A study showed that newborns where birth attendants and mothers washed hands with soap before handling them had a 41% lower illness rate compared to newborns where mother and birth attendant did not wash their hands.

Thick Concentrated Milk (Colostrum)
- Colostrum may be clear, bright yellow, white, orange, pink, green or light brown. Foods, vitamins and medicines swallowed by the mother affect the color of the colostrum.
  Giving infants something other than breast milk means that a mothers’ breasts are stimulated less often, which means she will produce less milk. A full milk supply is dependent on very frequent milk removal. Colostrum provides the perfect nutrition for newborn infants. It also provides complete hydration and is easily digestible by infants, unlike infant formula.

Protection
- Colostrum protects the infant from illness; it is like a natural vaccine for the baby.
- Babies who are not breastfed have a higher risk of developing many adverse health conditions, including ear infections, diarrhea, pneumonia, stomach problems, asthma, heart disease, allergies, obesity, childhood cancers, and Sudden Infant Death Syndrome.
- The mother’s antibodies (disease fighting cells) in breast milk help fight illness and prevent sickness in the infant.
- Offering other foods and liquids besides breast milk exposes infants to germs that cause infection and diarrhea.
Children are a Gift (Picture 1.5) – 5 minutes

8. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 11.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 10 and 11.

Key Message:

? What do you think these pictures mean?

All children are gifts.
- We have been entrusted with respecting them, listening to them, responding to their needs, and providing the best health for them.
- Exclusive breastfeeding with no other liquids is one way we can take care of this special gift.

? Do you believe that all children are gifts? Why or why not?

? How should this belief affect the way you care for an infant?

? Are some children in your community given less attention than others? Why?

9. Activity: Tummy Size of Newborns – 30 minutes

Find these foods or bring along small rocks, eggs or other objects that are the same size as the foods shown in the picture (or the balls in the 2nd image)

1. Ask the participants in the group:

? How big is an infant’s stomach when the child is born?
2. **Explain:** At birth, a newborn’s stomach is only the size of a knuckle on one of your fingers, or a small grape, or this small rock (show the item which represents Day 1).

? Do you think a mother has enough of the first thick milk on day one to fill a stomach this size? (The answer is yes.)

3. **Explain:** A mother may worry that she does not have enough milk at birth for the newborn. However, a newborn’s stomach is the size of this small grape/rock/knuckle. The mother can easily fill it with her first thick milk. She must give the milk often so the infant can fill and refill his stomach throughout the day.

? How big is an infant’s stomach when the child is three days old?

4. **Explain:** At three days old, the infant’s stomach is the size of a cherry tomato or this small rock (use the object which represents Day 3).

? Do you think a mother has enough thick milk on the third day to fill a stomach this size? (The answer is yes.)

5. **Explain:** A mother needs to feed an infant often. This is because the stomach is very small. An infant needs frequent feedings to fill the stomach.

? How big is an infant’s stomach when the child is seven days old?

6. **On the seventh day of life, the infant’s stomach is the size of this strawberry/rock (show the object which represents Day 7). By the seventh day the mother has a lot more milk. However she still needs to feed the infant often to fill the infant’s stomach,**

? How big is an infant’s stomach when the child is one month old?

7. **When the baby is one month old, his stomach is the size of this lime/rock (show the object which represents 1 month). By first month, the mother has a well-established milk supply. However she still needs to feed the infant often to fill the infant’s stomach.**
Answer questions. Pass the objects around so all the mothers can see.

10. Discuss Barriers – 15 minutes

? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman’s concern, praise her and encourage others to consider this solution.

Possible difficulties:

- Mother-in-law or other relative may have strong and differing opinions about first milk. Encourage mother-in-laws to attend the teachings to learn more about immediate breastfeeding. Ask the CGV to go with the mother to talk with the mother-in-law. Ask for testimonials from mothers-in-law who had positive experiences giving the first thick milk to their own babies.
- Healthcare provider who is helping with delivery may want to examine the baby away from the mother (but should be asked to do examination with baby skin-to-skin). Ask the health care provider to put the baby on the mother’s chest and examine the baby there.

11. Practice and Coaching – 20 minutes
For Cascade Group Volunteer Groups:
1. Ask each Cascade Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today’s lesson.
2. Each Volunteer will teach the person next to her in the same way that the promoter taught her.
3. After ten minutes, ask the women to switch roles. The other Volunteer will share the teachings from the third and fourth pages of the flipchart lesson.
4. The Promoter watches, corrects, and helps Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Volunteers have about today’s lesson.

For Neighbor Groups:
6. Ask each woman to review the key messages she has learned from today’s teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.

12. Request Commitments – 10 minutes

Based on today’s teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:
- I commit to place my infant skin-to-skin immediately after birth.
- I commit to giving the first thick milk to my newborn and nothing else.
- I commit to share this information with other pregnant moms in the community.
Lesson 2: Communicating With Your Baby During Breastfeeding and Mealtimes

- Mothers will talk and play with their baby when breastfeeding or at mealtimes to encourage the child to eat enough food.
- Mothers will look for one or more “engagement” signs in their young babies and respond to that sign.
- Mothers will look for one or more “disengagement” signs in their young babies and respond to that sign.
- Mothers will practice talking or singing to their baby while doing chores or other tasks.

Materials:
1. Attendance Registers
2. Flipchart

1. Game: Showing our Emotions — 10 minutes

1. Choose one volunteer.
2. Ask the volunteer to stand at a distance so she (or he) cannot hear what the others discuss.
3. Once the volunteer walks away, the group chooses a descriptive word that describes how someone acts, such as happy, sad, patient, kind, angry, or joyful.
4. When they have chosen a descriptive word, ask the volunteer to return.
5. The volunteer gives them one action to perform such as talking, jumping, singing, washing clothes, etc.
6. The group pretends to do this action using the descriptive word they have chosen. The volunteer must guess what the descriptive word is that they are showing.
7. For example if the group decides that their word is angry, and the volunteer says, “washing,” the participants in the group must pretend to wash clothes in an angry way.

8. The volunteer tries to guess the attitude that they are showing. If the volunteer guesses correctly, she joins the group and another volunteer is chosen.

9. If the volunteer is unable to guess correctly, a new action is given to the group. The Volunteer continues guessing.

10. Allow several participants to be a volunteer. Use new descriptive words and activities for each volunteer.

? How can feelings affect our behaviors?

- The way we do things can help us do things well, or it can prevent us from completing a task.
- We may be doing something helpful (like breastfeeding an infant) but do it in an angry or frustrated way. This can prevent the infant from feeding well.
- As caregivers we need to watch the way that we act when caring and feeding our infants. Our attitudes affect the way our child grows.

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

<table>
<thead>
<tr>
<th>2. Attendance and Troubleshooting – 15 minutes</th>
</tr>
</thead>
</table>

When teaching Cascade Group Volunteers:
1. Promoter fills out attendance sheets for each Cascade Group (CG) Volunteer and Neighbor Circle.
2. Promoter fills out vital events mentioned by each CG Volunteer (new births, new pregnancies, children missing growth monitoring sessions, and mother and child deaths).
3. Promoter asks if any of the CG Volunteers had problems meeting with their Neighbor Circles.
4. The Promoter helps to solve the problems mentioned.
5. The Promoter asks the CG Volunteers to review the key practices from the last lesson.
6. The Promoter asks the CG Volunteers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.
What was your commitment at the last lesson? Have you kept that commitment?

How - what did you do?
  o Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
  o What factors (people, events or chores) in your life made it difficult to keep your commitments?
  o How were you able to overcome these problems?

7. Promoter thanks all of the CG Volunteers for their hard work and encourages them to continue.
8. Promoter asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.

When Cascade Group Volunteers teach the Neighbor Circles:
1. CG Volunteers will take attendance.
2. CG Volunteers will ask about new births, pregnancies or illnesses in the families of those attending. CG Volunteers will refer those with severe illness to the local health facility.
3. CG Volunteers will ask the Neighbor Circle members to review the key practices from the last lesson.
4. CG Volunteers will ask about the circle members’ commitments from the last meeting and follow up with those who had difficulty trying out new practices.
5. CG Volunteer asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.

Esther’s Mealtime (Picture 2.1) – 10 minutes

3. Story
  - Read the story on page 12 of the flipchart.

Dominga is a happy mother to nine-month-old Esther. She also has 2 other children. At mealtimes, Esther is now starting to pick up little chunks of food on her own and put them in her mouth. Dominga is overjoyed and begins doing other activities with her older children while Esther is placed in front of her food alone. Esther starts off well, but then sees no one is paying attention. She becomes upset, fussing and throwing food, eventually crying. Dominga quickly realizes why Esther is crying and consoles her. The other children come over to the table and together, the whole family talks and smiles with Esther while she eats.

4. Ask about Current Practices
Read the questions on page 12 of the flipchart.

- Why did Esther get upset at being left alone to eat? What did she do to tell her mother what she needed?
- What did Dominga do to help Esther eat her food? Why?
- How do you feed your older babies?

- The first and second questions are to help participants review the story.
  a. Esther was using new eating skills and wanted to show her mother. She realized no one was watching and it made her upset. She fussed, threw food and cried to get her mother’s attention.
  b. Dominga calmly consoled Esther and, together with her other children, sat with her while she ate, talking and smiling.
- The third question is to understand common feeding practices used with older babies (older than 6 months).
- Encourage discussion. Don’t correct “wrong answers.” Let everyone respond. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, “Let’s compare your experiences with the messages on the following pages.”

Communicating While Your Baby Eats is Healthy (Picture 2.2) - 5 minutes

- Ask the caregivers to describe what they see in the pictures on page 15.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 14 and 15.

Key Messages:

- What do you think these pictures mean?

Talking and playing with your baby while he or she eats makes your baby feel loved and happy. Many babies eat well and grow better when caregivers talk with them during breastfeedings and mealtimes.
Communication with newborns can be through eye contact, touch, using your voice to talk to your baby in different ways (soothing, playful), or by playing games and singing together (*The Woodcutter; The Tortilla Maker*).

- This helps newborns to staying awake during breastfeeding. Even when your older baby can grasp foods on her own, it is good to enjoy time with her and help her during meals.
- Communicating with your baby while he or she eats will help keep her interested in the activity of “mealtime”. She will be less distracted by other activities going on around her. Babies become disinterested in the food if no one is there with them. Babies who eat without help from an adult can choke on their food or eat too little.
- This also helps encourage your baby to eat the right amount of food and grow stronger.

Do people in your community talk and play with their babies while they eat or breastfeed?

What is mealtime like in your household?

Was it hard with your previous children to keep them interested in eating? What did you do to help them eat?

**Additional Information for the Trainer**

- What a child is fed is indeed important, however there is growing evidence that suggests that how the child is fed is also very important for best outcomes.
- There is evidence that suggests infants who are fed in a responsive manner experience better cognitive and language development.

**How Do Babies Tell you That They Want to Play? (Picture 2.3) - 5 minutes**

6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 17.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 16 and 17.

**Key Messages:**
What do you think these pictures mean?

**Babies will show signs of “engagement” when they are ready to play and communicate.**

- Eye contact, eyes following you as you move, bright open eyes
- Smiling, cooing sounds, vocalizations and laughing
- Smooth arm and leg movements
- Reaching out to you

What are some ways your baby tells you she is ready to play?

How do you feel when you respond to her the right way (the way she wants you to)?

**Additional Information for the Trainer**

- There are three types of parenting styles: **Controlling Parenting**, where the parents are hovering over the child’s every move; **Laissez-faire Parenting**, where the caregivers interact minimally with the child; and **Responsive Parenting**, where the child is interacted with and responded to appropriately. Some research has identified that the laissez-faire style of parenting is found more among those communities with high rates of malnourished children. It is thought that a style of feeding that is more in line with responsive parenting may help to combat malnutrition.
- Responding playfully with sounds and facial expressions when infants show signs of engagement helps create an interaction that is stimulating to their brain and leads to enhanced cognitive development. Just a few moments at a time is all that is needed to help babies feel connected to you.

**How Do Babies Tell you That They Want to Rest? (Picture 2.4) — 5 minutes**

7. **Share the Meaning of Each Picture**

- Ask the caregivers to describe what they see in the pictures on page 19.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 18 and 19.

**Key Message:**
What do you think these pictures mean?

Babies will show signs of “disengagement” when they need a break from stimulation and play.

- Biggest sign is babies will look away from you
- Turn head away from your face
- Jerky arm and leg movements
- Squirm or roll over away from you
- Fuss or cry

Babies will want to be played with and talked to most of the time. This communication with adults is how babies learn and develop their brain and coordination. Stop the stimulation if your baby shows signs that she needs a break.

What does your baby say or do when she is tired or sleepy?

How do you feel when you discover what your baby is trying to tell you?

Additional Information for the Trainer

- Disengagement cues are a normal physiologic reaction for the baby so they can appropriately assimilate information as they are ready to. These cues should not be taken to mean that the baby does not like the mother or that she wants to be left alone.
- Disengaging from activity is how the baby “resets,” or “reboots” like a computer, for the next activity.

Communicate with your baby even when you are busy (Picture 2.5) – 5 minutes

8. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 19.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 18 and 19.
Key Message:

What do you think these pictures mean?

Babies love to be included in what adults are doing.

- When you are carrying your baby in her shawl, you can do your chores and communicate with your baby at the same time. Point out colors, shapes, or other interesting things to your baby. Sing to your baby while you are working.
- Show older babies how helpful they can be. For example, putting objects into a bucket can be a helpful task that also helps babies develop and practice new skills while playing.

Talking and playing with our children during feeding times and involving them in our daily chores builds our love for one another and improves the life and health of our children.

What are things that you do to communicate with your baby while you are doing chores?

What are some ways you’ve found to include your older babies in your chores?

What gifts do you have to share with your children?

Additional Information for the Trainer

- Involving small children in chores and household activities is an opportunity to learn new skills and responsibility, and should not be used to exploit children. Children learn the skills involved in various chores by doing them together with their parents.

9. Activity: Baby Sing-a-Long! – 30 minutes

1. Split mothers into groups of three or four.
2. Ask:
   
   What are some songs that you sing to your baby?

3. Allow time for mothers to discuss in their groups (5 minutes). Make a short list of songs mentioned.
4. Ask each group to share one of the songs they mentioned in their group. Ask the other mothers to join in if they know the song.
5. Try not to repeat songs.
6. Ask

¿ At what times or moments during the day can we sing these songs to our babies?

¿ What are some other things we can do to make the songs fun for babies? (Clapping, hand motions, smiling, etc.)

10. Discuss Barriers – 15 minutes

¿ Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman’s concern, praise her and encourage others to consider this solution.

Possible difficulties:
- Difficulty finding the time to talk and play with children when there are many chores. Suggest: finding a special song to sing when doing chores; Describe what you are doing to your child as you work.
- Difficult to do when working outside of the home. Teach the caregiver how to talk to and play with the child when you are not there.

11. Practice and Coaching – 20 minutes
For CG Volunteer Groups:
1. Ask each CG Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today’s lesson.
2. Each CG Volunteer will teach the person next to her in the same way that the promoter taught her.
3. After ten minutes, ask the women to switch roles. The other CG Volunteer will share the teachings from the third and fourth pages of the lesson.
4. The Promoter watches, corrects, and helps Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Volunteers have about today’s lesson.

For Neighbor Circles (NC):
1. Ask each NC member to review the key messages she has learned from today’s teaching with the person sitting next to her. Ask each NC member to share what new things she will do in her home based on this new teaching.

12. Request Commitments – 10 minutes

? Based on today’s teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:
- I commit to communicating with my newborn during breastfeeding.
- I commit to talking and playing more with my child during mealtimes.
- I will sing a song to my baby when I breastfeed him or her.
- I will share with my neighbors the benefits of this communication for our children’s growth and health.
Lesson 3: Reading and Responding to Hunger Cues

• Mothers will look for at least 2 of 7 hunger signs in their infants and older babies.
• Mothers will feed their babies when hunger signs are observed.
• Mothers will look for at least 2 of 5 signs of fullness in their infants and older babies.
• Mothers will discuss positive ways to help their children when they refuse to eat.

Materials:
1. Attendance Registers
2. Flipchart

1. Game: I’ve Never — 10 minutes

1. Place enough chairs for each participant to sit in a circle with no spaces between them.
2. Choose one volunteer. The volunteer stands in the middle. The chair this volunteer was sitting on is removed from the circle.
3. The volunteer names one thing that she (or he) has never experienced. The volunteer should think of something that others in the group have experienced. For example: “I have never had a male child, or “I have never been to the capital city.”
4. All of the participants who HAVE a male child (or have been to the capital) must stand up and move to a new chair. At the same time, the volunteer tries to sit on one of the open spaces on the chairs. One person will be left without a chair to sit on. That person now stands in the middle and names one thing that she (or he) has never experienced.
5. The objective of the game is to stay in your seat. If you must move, move quickly into an open seat so that you will not have to stand in the middle.
6. Continue to play until everyone has a chance to stand in the middle.
Now that we are energized, let’s begin our lesson.

2. Attendance and Troubleshooting – 15 minutes

*When teaching Cascade Group Volunteers:*

1. Promoter fills out attendance sheets for each Cascade Group (CG) Volunteer and Neighbor Circle.
2. Promoter fills out vital events mentioned by each CG Volunteer (new births, new pregnancies, children missing growth monitoring sessions, and mother and child deaths).
3. Promoter asks if any of the CG Volunteers had problems meeting with their Neighbor Circles.
4. The Promoter helps to solve the problems mentioned.
5. The Promoter asks the CG Volunteers to review the key practices from the last lesson.
6. The Promoter asks the CG Volunteers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

| ? What was your commitment at the last lesson? Have you kept that commitment? |
| ? How – what did you do? |
| o Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened? |
| o What factors (people, events or chores) in your life made it difficult to keep your commitments? |
| o How were you able to overcome these problems? |

7. Promoter thanks all of the CG Volunteers for their hard work and encourages them to continue.
8. Promoter asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.

*When Cascade Group Volunteers teach the Neighbor Circles:*

1. CG Volunteers will take attendance.
2. CG Volunteers will ask about new births, pregnancies or illnesses in the families of those attending. CG Volunteers will refer those with severe illness to the local health facility.
3. CG Volunteers will ask the Neighbor Circle members to review the key practices from the last lesson.
4. **CG Volunteers will ask about the circle members’ commitments from the last meeting and follow up with those who had difficulty trying out new practices.**

5. **CG Volunteer asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.**

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**David Needs Help Growing (Picture 3.1) – 10 minutes**

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### 3. Story

- Read the story on page 20 of the flipchart.

Maria has three older children as well as David, who is now 3 months. She does her best to play with all her children, but she is often busy with many chores. David spends much of his time in a shawl across Maria’s back while she is doing the housework and caring for her other children. David is content to be there and cries when he is hungry. But, David has been looking thin and weak, and did not gain weight this month. Dominga, her Care Group Volunteer, said he is not getting enough to eat. Dominga suggested that Maria wear David in front a little more often, so she could talk and play more with him throughout the day. This has helped Maria see that David is telling her when he is hungry. It turns out he was asking to eat many more times per day than Maria had noticed, but he didn’t cry until he was really hungry!

### 4. Ask about Current Practices

- Read the questions on page 20 of the flipchart.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>? What did Dominga notice about David?</td>
<td>David was not growing well. He was thin and weak. He did not gain weight this month.</td>
</tr>
<tr>
<td>? What was her suggestion to Maria? Is it normal to wear babies in the front? At what times?</td>
<td>Dominga suggested that Maria wear David in the front to interact with him more during the day. Maria saw that David was trying to tell her that he was hungry more frequently than she thought.</td>
</tr>
<tr>
<td>? How do you know when your babies are telling you they are hungry?</td>
<td>Ask the first question to review the story about how David was growing. Ask the second question to hear mother’s thoughts about wearing babies in the front while doing chores. Ask the last question to hear mother’s thoughts about how babies show that they are hungry and ready to eat.</td>
</tr>
</tbody>
</table>

- Ask the first question to review the story about how David was growing.
  a. David was not growing well. He was thin and weak. He did not gain weight this month.

- Ask the second question to hear mother’s thoughts about wearing babies in the front while doing chores.
  a. Dominga suggested that Maria wear David in the front to interact with him more during the day.
  b. Maria saw that David was trying to tell her that he was hungry more frequently than she thought.

- Ask the last question to hear mother’s thoughts about how babies show that they are hungry and ready to eat.
a. Mothers may know other cues or signals that babies use to say they are hungry aside from those listed in this lesson. Listen to their ideas.
b. If mothers only mention crying as a signal of hunger, ask if there is anything babies do with their faces or bodies to tell them they are ready to eat. If nothing else is mentioned, move on to the following page in the flipchart.

- **Encourage discussion. Don’t correct “wrong answers.”** Let everyone respond. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, “Let’s compare your experiences with the messages on the following pages.”

### How Do Babies Say They Are Hungry? (Picture 3.2) - 5 minutes

#### 5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 23.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using pages 22 and 23.

### Key Message:

? What do you think these pictures mean?

**Babies will tell you when they are ready to eat. Feed your baby when you see her do these things. First Signs of Hunger in Infants 0-5 months:**

- Nuzzles into the breast or bobs around, searching for nipple
- Brings hand to mouth or sucks on hand
- Sucks on tongue or lips, or sticks tongue out
- Turns head to the side and opens mouth (rooting reflex)

**Babies will cry if their previous cues for feeding have been missed. Try to notice early signs of hunger and respond early to avoid an upset baby. Calm baby before starting to feed. Babies drink more milk when they are calm.**

- Fussiness or crying
- Tight fists, brought in toward the middle of the body.
- Baby may have a wrinkled forehead, look worried or unhappy.

Stop and feed your older baby when he does these things. Signs of
Hunger in Babies 6-12 months:
- Licks lips, excited arm and leg movements
- Pulls on mama’s shirt
- Reaches out for food with hands
- Points at food or asks for food with words or other sounds.

Once feeding has begun, babies indicate they are eager for more by:
- Smiling, cooing,
- Making eye contact with the caregiver
- Opening mouth and moving forward in the direction of food
- Moving hand to reach spoon.

? How does/did your newborn let you know she was hungry?
? Have you ever noticed any of these hunger signs in your children?
? How do you know when young babies are ready for foods or liquids other than breast milk?

Additional Information for the Trainer
Other Signs Babies are Ready To Eat Solids:
- When you put food in the mouth, the tongue no longer thrusts it back out (after 8 months).
- Baby is ready and willing to chew and swallow what is given to them.
- Babies will show interest in foods others are eating by looking or grabbing for them.
- Babies can eat thick porridge or soft, well cooked food.

How Do Babies Say They Are Full? (Picture 3.3) - 5 minutes

6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 25.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 24 and 25.
Key Message:

What do you think these pictures mean?

Babies may appear to be satisfied after just a small amount of food or a short time of breastfeeding, but it is important to encourage them to eat until they are full.

- Many babies don’t gain weight or grow well unless they are encouraged to eat more and breastfeed longer.
- Babies can become distracted once the feeling of hunger goes away, but mothers should not mistake this for fullness.

Babies know best when they need to eat and when they have had enough. Signs of Fullness in Infants 0-5 months:

- Very relaxed arms and legs that fall outward away from the body
- Baby stops sucking
- Falls off the breast and does not search for it again
- Falls asleep at the breast (though, some young babies will need help staying awake to get enough milk)
- Refusal of nipple if offered again

Signs of Fullness in Babies 6-12 months:

- Baby eats slower
- Plays with food or plate/cup
- Refusal or pushing spoon of food
- Closing mouth to offered food
- In older babies: Shakes head or says, “No”

Babies have many gifts. They are very smart already. They can tell their mamas when they are hungry and when they are full.

Has your baby ever done any of these things while eating? Which ones?

What does your baby do to tell you he is full?

Additional Information for the Trainer

- Review the Activity in Lesson One. Remind mothers that babies have small stomachs that need to be filled frequently in order to grow well.
Food Refusal (Picture 3.4) – 5 minutes

7. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 27.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 26 and 27.

Key Message:
What do you think these pictures mean?

Sometimes babies who are hungry may still refuse food.

- They may be getting to the stage where they want to feed themselves.
- Try placing a few small chunks of food in front of your baby and let her know she can do it all by herself.
- Stay with your baby and encourage her through this process by speaking to her with Love.

? Does your baby ever refuse food? Why?
? What do you do when this happens?

Additional Information for the Trainer

Accepting New Foods

- Additional ideas include singing to the child or making up songs to encourage eating.
- Feeding the child slowly and patiently in a quiet room where they are not distracted by others.
- If you find foods that the infant does like, continue to give them the foods they do like, encouraging them to eat.

8. Activity: Hunger & Fullness Cues – 30 minutes
1. Split the volunteers into pairs.
2. Tell the volunteers that they will act out in their group some of the hunger and fullness cues that they have just learned.
3. One person will play the mother and one person will play the baby for the hunger cues. Then, they will change roles for the fullness cues.
4. Tell the volunteers that the mother playing the role of the baby should try to demonstrate one of the following hunger cues without telling her partner which cue she is demonstrating:
   - Brings hand to mouth or sucks on hand,
   - Turns head to the side and opens mouth (rooting reflex)
   - Tight fists, brought in toward the middle of the body
   - Sucking on tongue/lips or sticking out tongue
   - Bobbing around, searching for breast.
5. The volunteer playing the mother should identify which cue is being demonstrated. Have the mother playing the baby try to demonstrate all the cues to her partner.
6. After about 10 minutes, the volunteers should switch roles for the fullness cues. Tell the volunteers that the mother playing the role of the baby should now demonstrate one of the following fullness cues: 1) Very relaxed arms and legs that fall outward away from the body, 2) Baby stops sucking, 3) Plays with food or plate/cup, 4) Refusal or pushing spoon of food or 5) Closing mouth to offered food.
7. The volunteer playing the mother should identify which cue is being demonstrated and respond. Have the mother playing the baby try to demonstrate all the cues to her partner. Tell the pairs to keep in mind that the fullness cues are different depending on the age of the child.
8. Tell the mothers they can look at their flipcharts to get ideas for how to demonstrate the cues. In Neighbor Circles, the Cascade Group Volunteer can use her flipchart to show the mothers the cues.
9. After 10 minutes, ask the mothers to return to the group to discuss the following questions:
   - What did you think about this activity?
   - Which cue was the easiest to recognize? Which cue was the most difficult to recognize?
   - Did it take a long time to recognize what the baby was saying?

9. Discuss Barriers – 15 minutes

- Is there anything that might prevent you from trying these new practices?
Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman’s concern, praise her and encourage others to consider this solution.

Possible Difficulties:

- Difficult to distinguish hunger cues from other cues such as hot/cold, full diaper, tired, etc. Discuss other common needs babies have and that if the baby is not hungry, it may need something else. Encourage the mother to keep trying and soon she will recognize her baby’s signs and ways of telling her what is needed.
- Not used to watching for fullness cues. Idea may be new to many mothers. Discuss ways that mothers can remember to look for fullness cues.

10. Practice and Coaching — 20 minutes

For CG Volunteer Groups:

1. Ask each CG Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today’s lesson.
2. Each CG Volunteer will teach the person next to her in the same way that the promoter taught her.
3. After ten minutes, ask the women to switch roles. The other CG Volunteer will share the teachings from the third and fourth pages of the lesson.
4. The Promoter watches, corrects, and helps Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Volunteers have about today’s lesson.

For Neighbor Circles (NC):

1. Ask each NC member to review the key messages she has learned from today’s teaching with the person sitting next to her. Ask each NC member to share what new things she will do in her home based on this new teaching.
11. Request Commitments – 10 minutes

Based on today’s teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I commit to paying attention to the way my child tells me he is hungry or full.
- I will share this information with my family so they can also help watch for cues.
- I will point out hunger/fullness cues to my community members when I am in the presence of a child who is eating so that others can learn, too.
Lesson 4: How To Feed Responsively

- Mothers and other caregivers will respond as soon as they can to their baby’s hunger signs.
- Mothers and other caregivers will offer words of love and affection to their babies during mealtimes.
- Mothers will try 2 responsive feeding practices to create a pleasant mealtime routine for their baby.

Materials:
1. Attendance Registers
2. Flipchart

1. Game: Memory — 10 minutes

1. Ask the participants to stand in a circle.
2. Starting with the first participant, she must make a statement and indicate a part of the body.
3. The statement should not match the stated action. For example she says, "This is my nose," when pulling on her ear.
4. The next participant must repeat the phrase and action and then add another phrase and action of their own.
5. Continue going around the circle with each participant saying and doing the actions from everyone before them and adding a new one.
6. Continue until everyone is laughing.

Now that we are energized, let’s begin our lesson.
When teaching Cascade Group Volunteers:
1. Promoter fills out attendance sheets for each Cascade Group (CG) Volunteer and Neighbor Circle.
2. Promoter fills out vital events mentioned by each CG Volunteer (new births, new pregnancies, children missing growth monitoring sessions, and mother and child deaths).
3. Promoter asks if any of the CG Volunteers had problems meeting with their Neighbor Circles.
4. The Promoter helps to solve the problems mentioned.
5. The Promoter asks the CG Volunteers to review the key practices from the last lesson.
6. The Promoter asks the CG Volunteers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

? What was your commitment at the last lesson? Have you kept that commitment?

? How – what did you do?
- Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
- What factors (people, events or chores) in your life made it difficult to keep your commitments?
- How were you able to overcome these problems?

7. Promoter thanks all of the CG Volunteers for their hard work and encourages them to continue.
8. Promoter asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.

When Cascade Group Volunteers teach the Neighbor Circles:
1. CG Volunteers will take attendance.
2. CG Volunteers will ask about new births, pregnancies or illnesses in the families of those attending. CG Volunteers will refer those with severe illness to the local health facility.
3. CG Volunteers will ask the Neighbor Circle members to review the key practices from the last lesson.
4. CG Volunteers will ask about the circle members’ commitments from the last meeting and follow up with those who had difficulty trying out new practices.
5. CG Volunteer asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.

Bella’s Tantrum (Picture 4.1) – 10 minutes

3. Story
- Read the story on page 28 of the flipchart.

Maria is learning how David tells her that he is hungry. She is also watching for signs of hunger in her sister’s daughter, Bella, who is visiting today. She is almost 1 year old and is learning to feed herself. One day, while Maria was still preparing lunch, Bella began pointing at a banana. “Oh, no!” thought Maria. “Lunch is still not ready. Maybe I can distract Bella with her doll.” Bella began to play with the doll and forgot about eating for a while. Later, just as everyone was sitting down to eat, Bella began crying and screaming for food, but was too upset to eat. Maria wished she had just fed Bella when she was hungry, then the mealtime would have been pleasant for everyone.

4. Ask about Current Practices
- Read the questions on page 28 of the flipchart.

- Ask the first question to review the story.
  - Maria tried to distract Bella from eating since lunch was not yet ready.
  - Maria gave her a doll to play with instead.
- Ask the second question to hear from mothers about what Maria should have done for Bella.
  - Maria should have fed Bella right away when she saw that Bella was signaling her hunger.
- Ask the third question to hear mother’s experiences about responding to their child’s hunger cues.
- Encourage discussion. Don’t correct “wrong answers.” Let everyone respond. This page is for discussion, not for teaching.
After the participants answer the last question, move to the next flipchart page by saying, “Let’s compare your experiences with the messages on the following pages.”

Respond Quickly To Hunger and Fullness Cues (Picture 4.2) – 5 minutes

5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 31.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 30 and 31.

Key Message:

? What do you think these pictures mean?

When you notice hunger signs in your baby, let her know you understand and prepare to feed her as soon as you are able. If breastfeeding, offer the breast immediately.

- Pay attention to your baby’s signs while feeding. If you notice signs of fullness, allow the baby to take a small break before offering her more.
- Do not force your baby to eat. Let their hunger and fullness signs guide you. (Very new babies may be sleepy and need to be awakened for regular breast feedings.)
- Offer the meal (breast milk or solids) slowly and patiently to your baby. He may refuse food if it is offered too quickly. Feeding with warmth and support help to keep him interested.
- For snacks, offer a nutritious food that does not require cooking, such as a tortilla with beans, or fruit.
- Never put food in a bottle. Your baby may choke.

Do not try to distract your baby or ignore her signals that she is hungry.

? How do feedings go if you are rushed and impatient? What about when you offer food slowly and patiently?

? Do women in your community respond immediately to a child’s signs of hunger? Why or Why not?

? What are some of the signs for hunger and fullness that we learned recently? Have you been able to identify them in your children?
Speak with Love to your Baby During Feeding (Picture 4.3) – 5 minutes

6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 32.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 32 and 33.

**Key Message:**

? What do you think these pictures mean?

Offer words of love and affection to your baby while you are breastfeeding or during mealtimes. Do this at other times throughout the day and night, as well.
- Congratulate or praise your baby for feeding well. This will encourage him to continue doing this behavior.
- Let your baby know that getting enough food is important to you. Babies are happy when caregivers are happy.

Speaking affectionately during mealtimes let’s your baby know she is loved and valued.

? What are some words or phrases you use to speak to your baby with love? What do you say to speak with love while your baby is eating?

? How do you let your children know they are of great worth and value to you?

? Do you notice other women doing this in your community? What types of loving words or phrases do you hear others say to their children?
Creating Pleasant Routines for Mealtimes (Picture 4.4) – 20 minutes

7. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 35.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 34 and 35.

Key Message:

? What do you think these pictures mean?

Mealtimes will be more pleasant if you prepare a little in advance. Here are some things you can do:

- Try to offer meals at the same times each day that your child is likely to be hungry. Routines of sitting at the same place at about the same times each day will help your child look forward to this activity.
- Make sure your child is seated comfortably, facing you and/or others who may also be eating.
- If breastfeeding, make sure you are comfortable and not distracted.
- Be sure to let your child know what is expected of her as you sit with her. Tell her about the delicious food she will be eating in a loving, affectionate manner.
- Use a separate bowl/plate and utensil for your child. Place appropriate portions in your child’s bowl before placing the food in front of them and helping them to eat.
- Make sure the foods you offer are healthy and appropriate for her age (mashed up or cooked well until soft).

By creating a pleasant mealtime routine for our children, we are using our gifts.

? How do you offer your young children snack or meals? What is your routine for feeding your children?

? Do you tend to offer meals and snacks around the same time each day? Why?

? How do you talk to your baby about mealtime or snack time? Do you talk with excitement, encouraging them to eat as much as they would like of the food in front of them? If not, why?
8. Activity: Speaking with Love – 30 minutes

1. Practice various combinations of positive, loving words and phrases that might be used in a mealtime with a baby older than 6 months who is eating solid foods.
2. Ask mothers to mention common words or phrases that they use to express love or encouragement to their child. Do they know any games used at mealtimes to encourage eating?
3. Split mothers up into pairs.
4. Ask them to decide who in their group will be the mother and who will be the baby.
5. Ask them to develop a short song, game or phrase to encourage their baby at mealtime. This will be shared with the other groups.
6. Allow 5-10 minutes for pairs to develop a short skit.
7. Some suggestions to help pairs that are stuck:
   - Great Job! It’s all gone! Can you do it again with the orange piece of food? That is sweet potato.
   - Non-verbal communication, such as patting the child on the head, smiling, and frequent eye contact.
   - Airplane is a common game that babies like to play. The food is the airplane and the mouth is the target. Use your voice to make sounds like an airplane coming in and open your own mouth wide.
   - Singing to your baby is another way to engage them during feeding. Any song is appropriate with a caring tone of voice!

9. Discuss Barriers – 15 minutes

? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.
Help find solutions to their concerns. If a woman offers a good solution to another woman’s concern, praise her and encourage others to consider this solution.

Possible Difficulties:
- Difficult to respond immediately sometimes if there are a lot of tasks to be accomplished or if there are other children who also have needs. Discuss ways that mothers can involve older children in creating a mealtime routine (an older child gets out plates or washes baby’s hands while mama cuts up food, etc.).
- Difficult to feed on a routine schedule if the activities of the day are varied and unpredictable.
- Mothers may not be at home/close to home when snack or mealtime approaches. Encourage mothers that even when they are away from their house, they can still find a quiet spot to sit with the baby and create a pleasant, loving mealtime environment.

10. Practice and Coaching – 20 minutes

For CG Volunteer Groups:
1. Ask each CG Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today’s lesson.
2. Each CG Volunteer will teach the person next to her in the same way that the promoter taught her.
3. After ten minutes, ask the women to switch roles. The other CG Volunteer will share the teachings from the third and fourth pages of the lesson.
4. The Promoter watches, corrects, and helps Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Volunteers have about today’s lesson.

For Neighbor Circles (NC):
1. Ask each NC member to review the key messages she has learned from today’s teaching with the person sitting next to her. Ask each NC member to share what new things she will do in her home based on this new teaching.
11. Request Commitments – 10 minutes

Based on today’s teachings, what commitment will you make?

*Ask each mother to say aloud a new commitment that she will make today.*

*For example:*
  - I commit to letting my baby know right away that I have understood their desire for food and will give him something to eat as soon as I am able.
  - I commit to always feeding by baby slowly and with patience, and never to force my child to eat.
  - I commit to trying to create pleasant routines for meal and snack times for my family.
Lesson 5: Responsive Feeding Tips

- When breastfeeding infants 0-5 months, mothers will completely empty the first breast before offering the second breast to the infant.
- Mothers will continue breastfeeding their children for as long as they desire, even after introducing foods.
- In order to remember what foods to feed at what ages, mothers will practice and learn the Child Feeding Song.

Materials:
1. Attendance Registers
2. Flipchart

1. Game: Simon Says — 10 minutes

1. Ask the participants to stand in a circle.
2. The object of this game is to do what Simon says.
3. Today Simon is describing baby cues or mother’s responses to cues. The participants should only do the activity if the facilitator begins with, “Simon says...” For example, “Simon says, pat your tummy three times.” “Simon says, make a funny face for your baby.” “Simon says, suck your fingers” “Simon says, don’t make eye contact.”
4. Do several "Simon says...” then give an instruction without mentioning Simon. “Simon says, pat your tummy three times. Make a fussy baby face.” Those who make a fussy baby face must leave the circle.
5. Continue giving new commands until only one person remains.

Now that we are energized, let’s begin our lesson.
2. Attendance and Troubleshooting – 15 minutes

**When teaching Cascade Group Volunteers:**

1. Promoter fills out attendance sheets for each Cascade Group (CG) Volunteer and Neighbor Circle.
2. Promoter fills out vital events mentioned by each CG Volunteer (new births, new pregnancies, children missing growth monitoring sessions, and mother and child deaths).
3. Promoter asks if any of the CG Volunteers had problems meeting with their Neighbor Circles.
4. The Promoter helps to solve the problems mentioned.
5. The Promoter asks the CG Volunteers to review the key practices from the last lesson.
6. The Promoter asks the CG Volunteers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

? What was your commitment at the last lesson? Have you kept that commitment?

? How – what did you do?

- Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
- What factors (people, events or chores) in your life made it difficult to keep your commitments?
- How were you able to overcome these problems?

7. Promoter thanks all of the CG Volunteers for their hard work and encourages them to continue.
8. Promoter asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.

**When Cascade Group Volunteers teach the Neighbor Circles:**

1. CG Volunteers will take attendance.
2. CG Volunteers will ask about new births, pregnancies or illnesses in the families of those attending. CG Volunteers will refer those with severe illness to the local health facility.
3. CG Volunteers will ask the Neighbor Circle members to review the key practices from the last lesson.
4. CG Volunteers will ask about the circle members’ commitments from the last meeting and follow up with those who had difficulty trying out new practices.
5. **CG Volunteer asks the group’s Activity Leader to discuss the needed items for next week’s activity and solicit volunteers.**

David is Hungry Again (Picture 5.1) – 10 minutes

3. **Story**
   - Read the story on page 36 of the flipchart.

   David is now 9 months old. Maria knows David is a gift and that she must feed him well to keep him healthy. She prepares porridge for David three times a day. But he often grows hungry and cries between meals. Maria doesn’t always have time to cook for David many times each day. Today, she is busy washing the family’s clothes but David seems more fussy than usual. Her husband sees David is hungry and sits down to share a mango with him. He gives a piece to David and, as David puts the mango in his mouth, he congratulates him for doing it all by himself.

4. **Ask about Current Practices**
   - Read the questions on page 36 of the flipchart.

   ☐ What is keeping Maria from feeding David more often? What did her husband do to help her?
   ☐ How often do you feed your 9-12 month old child? Why?
   ☐ What do you do while your child is eating?
   ☐ What can Maria do to make it easier for her to feed David more often?

   - Ask the first question to review the story.
     - Mary is bothered by the fact that David is hungry many times throughout the day. She always prepares porridge for him, and this takes time.
     - Her husband sees David is hungry and shares a mango with him, praising his use of feeding skills.
   - Ask the second question to review the feeding practices of the participants in the group.
     - We hope that participants feed their 9-12 month old child 3-4 times a day. However, it is likely that the participants will have a variety of different practices. Listen carefully so you understand the current practices and can use this information to guide your teaching.
• Ask the third question to learn how mothers feed their children. Listen carefully for any responsive feeding behaviors and use this information to guide the teaching.

• Ask the last question to encourage discussion about ways to decrease the time Mary spends on preparing foods for David.
  o Some possible responses might include: offering him fruit once or twice a day instead of porridge. Fruit does not require preparation or cooking. She might cook potatoes or squash while preparing his morning porridge and offer these cooked snacks at his second meal. Her husband could help with chores or feeding David once a day to lessen Mary’s workload.

• Encourage discussion. Don’t correct “wrong answers.” Let everyone respond. This page is for discussion, not for teaching.

• After the participants answer the last question, move to the next flipchart page by saying, “Let’s compare your experiences with the messages on the following pages.”

**Responsive Breastfeeding Tips for Growing Babies (Picture 5.2) - 5 minutes**

- Ask the caregivers to describe what they see in the pictures on page 39.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 38 and 39.

**Key Message:**

? What do you think these pictures mean?

It is important to fully empty your breast during a feeding because the milk that your baby drinks when your breasts are almost empty has the most cream, which helps your baby gain weight.

• Allow your baby to breastfeed until she comes off the breast on her own. She may just need a break to release some air. Try placing her upright for a few minutes to burp. Offer the same breast again to fully empty it.

• Once one side is fully emptied and soft, offer the other side to your baby if she will take it.

• Newborns need to breastfeed 10-12 times per day for healthy growth and development. However, offer the breast to the child as often as she shows signs of hunger.
• Wake up weak or very sleepy babies and encourage them to eat. Some very young newborns sleep through their hunger until they learn that eating makes them feel good.

**Breastfeeding remains the best food, even when babies begin to eat other foods.**

**Continue to offer your breast milk to your growing child as long as you both desire. Breast milk has many beneficial nutrients for growth and development. It is recommended to breastfeed a baby for at least 2 years.**

? Do you usually offer your breast again after the baby has come off? If not, why?

? Until what age do women in your community breastfeed their children?

? How often did/does your newborn breastfeed during the day and night?

**Additional Information for the Trainer**

**Breastfeeding while Pregnant**

• Continuing to breastfeed while pregnant does not harm the developing baby or the mother, unless she is extremely undernourished. In this case, the mother would suffer, not the fetus.

• If a pregnant mother is iron deficient, birth may be difficult or cause excessive bleeding. Pregnant mothers should eat foods high in iron, such as animal protein, amaranth and leafy dark green vegetables. She should also take an iron supplement beginning as early as possible during her pregnancy.

**Responsive Feeding After 6 Months (Picture 5.3) - 5 minutes**

6. Share the Meaning of Each Picture

• Ask the caregivers to describe what they see in the pictures on page 41.
• Read the bold text on the back of the flipchart out loud.
• Share the meaning of each picture using flipchart pages 40 and 41.
Key Message:

What do you think these pictures mean?

Look for hunger and fullness cues in your child and respond with what they need. Feed your child slowly and patiently, never forcing the child to eat, but speaking with love to him.

- Feed younger babies (6-12 months old) yourself.
- Help older children (12-23 months) feed themselves. When your child is old enough to grasp objects well, place food in a bowl and encourage him to pick some of the pieces up on his own! Pieces should be smaller than the width of your finger.
- Give your child her own plate or bowl to eat from.
- Sit next to your child while she eats, or eat with her, encouraging her to eat more or to try feeding herself.
- If your child is easily distracted by what is going on during meals and snacks, try to minimize activities while he is eating.
- Look at your baby while he is eating. This is another way to encourage him to eat more food. It makes meal times fun and enjoyable.

Which of these feeding activities have you tried with your child at home? What else do you do to help your child eat well? Which of these feeding activities are easy for you to do at home? Which ones might be more difficult?

What Foods Are Best? (Picture 5.4) – 5 minutes

7. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 43.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 42 and 43.

Key Message:

What do you think these pictures mean?

Offer as much variety of foods as you can. Try offering different combinations of foods at different times. Notice what foods and food combinations your child likes or dislikes. Let her know you’ve noticed
what she likes.

- Foods for babies aged 6-8 months include: mashed up fruits like bananas and avocados, mashed up cooked vegetables like ayote squash, guisquil, and potato, and thick porridges made from grains like oats or root vegetables like malanga, yucca, hichinta or sweet potato.
  - Add protein and iron to mashed up vegetables such as leafy greens, tomatoes, scrambled eggs, mashed beans or ground peanuts.
  - Ground up tortillas can also be added to the diet.
- For babies aged 9-11 months, foods that can be added to their diet include: small, chunky pieces of fruits like mango or bananas, vegetables like carrot, tomato, broccoli, sweet potato, and proteins such as chicken, cheese, scrambled eggs, or mashed beans.
- Babies 1 year or older need foods that are cut up into small enough pieces that they can easily feed themselves without putting too much into their mouths at once.
- Increase the variety of your baby’s diet with additional family foods not given previously.

We have a variety of foods to help our children grow and develop. These are good gifts that bring life to our families.

- What are some ways you can add variety to the foods you offer your family?
- What can you do to make sure your baby doesn’t choke on foods?
- What foods are available in this community that you can use to feed your children?

Additional Information for the Trainer

Three Food Groups

- Breastfed children 6-23 months should receive animal-source foods and vitamin A-rich fruits and vegetables daily.
- According to the World Health Organization, an infant needs to be fed from at least four of the following groups each day to stay healthy: 1) Grains, roots, tubers, 2) Legumes or nuts, 3) Meat, poultry, fish 4) Eggs 5) Dairy products, 6) Vitamin A rich foods and 7) Other fruits and vegetables.

8. Activity: Child Feeding Song – 30 minutes
1. Practice the Child Feeding Song with the participants until each participant knows the song by heart.
2. Use the song to reinforce the belief that offering foods from each of the three food groups give the child strength (increased perceived benefits).
3. Use a melody familiar to the mothers and sing in the local language.
4. Explain: We don't want to forget the things we have learned about child feeding. One section of the song is new – but it will help you prepare for our next meeting. Encourage each person in the household (young and old) to learn the song so that together you can prepare and help children to eat well and overcome malnutrition!

Sample Song:
At six months, give thick porridge and mashed foods.
Mash it well, make it smooth, and offer three times a day.

Use grains, oils and roots - for energy!
Offer legumes, nuts, eggs and meat – for strength!
Offer fruits and vegetables - to prevent illness!

At nine months of age, offer small pieces of food and snacks.
Chop it well, make it small, offer it four times a day.

Use grains, oils and roots - for energy!
Offer legumes, nuts, eggs and meat – for strength!
Offer fruits and vegetables - to prevent illness!

At 12 months of age, offer family foods and snacks.
Cut it up, make it small, and offer it five times each day.

Use grains, oils and roots - for energy!
Offer legumes, nuts, eggs and meat – for strength!
Offer fruits and vegetables - to prevent illness!

| 9. Discuss Barriers – 15 minutes |

Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching.
Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman’s concern, praise her and encourage others to consider this solution.

Possible Difficulties:
- Difficult to offer variety if fruits and vegetables are expensive and have to be purchased.
- Hard to remember how much food babies need at different ages. Encourage mothers to sing the child food song from the previous activity to help them remember how to prepare foods for their child.

10. Practice and Coaching – 20 minutes

For CG Volunteer Groups:
1. Ask each CG Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today’s lesson.
2. Each CG Volunteer will teach the person next to her in the same way that the promoter taught her.
3. After ten minutes, ask the women to switch roles. The other CG Volunteer will share the teachings from the third and fourth pages of the lesson.
4. The Promoter watches, corrects, and helps Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Volunteers have about today’s lesson.

For Neighbor Circles (NC):
1. Ask each NC member to review the key messages she has learned from today’s teaching with the person sitting next to her. Ask each NC member to share what new things she will do in her home based on this new teaching.
Based on today’s teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:
- I commit to offering more fruits and vegetables to my family at mealtimes.
- I commit to allowing my baby to empty one breast before offering the other.
- I commit to placing the appropriate amount of food in my baby’s bowl at mealtimes and offering more if he shows interest in more food.
Lesson 6: Teaching Others Responsive Feeding

• Mothers will show at least one other family member two things they do to respond and feed their baby with love.
• Mothers working outside the home will show their baby’s caregiver how to recognize at least two hunger cues and respond to the child’s needs with love.
• Mothers will discuss how they can teach others what they have learned from this module.

Materials:
1. Attendance Registers
2. Flipchart

1. Game: Who is the Leader? — 10 minutes

1. Ask the Leader Mothers to sit in a circle. A volunteer leaves the room.
2. After the volunteer leaves, the group chooses a leader. The leader must perform a series of actions, such as clapping, tapping a foot, or snapping their fingers. Everyone in the group copies the action of the leader.
3. The volunteer returns and stands in the middle of the circle. It is the task of the volunteer to find the secret leader. The leader must change the actions without being caught. The group protects the leader by not looking at her.
4. Secretly, the leader of the group begins an action as she had done a few minutes ago. The others follow the leader doing the action with her. After a few seconds, she changes the action to something new. As soon as the others see, they should do repeat the same action that the leader is doing.
5. When the volunteer spots the leader, the volunteer joins the circle, and the person who was the leader leaves the room.
6. Repeat the game several times.

? What can we learn about life from this game?
- Sometimes the person who is making decisions is hidden.
- Often when we meet with women in their home, there are others in the family that lead or influence their decisions.
- We need to share messages with women, but also help them to pass these same messages to the leaders in their home.

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

**2. Attendance and Troubleshooting – 15 minutes**

*When teaching Cascade Group Volunteers:*

1. Promoter fills out attendance sheets for each Cascade Group (CG) Volunteer and Neighbor Circle.
2. Promoter fills out vital events mentioned by each CG Volunteer (new births, new pregnancies, children missing growth monitoring sessions, and mother and child deaths).
3. Promoter asks if any of the CG Volunteers had problems meeting with their Neighbor Circles.
4. The Promoter helps to solve the problems mentioned.
5. The Promoter asks the CG Volunteers to review the key practices from the last lesson.
6. The Promoter asks the CG Volunteers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

**Questions:**

- What was your commitment at the last lesson? Have you kept that commitment?
- How – what did you do?
  - Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
  - What factors (people, events or chores) in your life made it difficult to keep your commitments?
  - How were you able to overcome these problems?

7. Promoter thanks all of the CG Volunteers for their hard work and encourages them to continue.
8. Promoter asks the group to select an Activity Leader who will be responsible to coordinate the supplies and preparations for the activities in the next module. The Activity Leader will make sure that each CG Volunteer brings
one or more of the needed items for the lesson’s activities. She will come to
each of the meetings ten minutes early so the Promoter can give her the list
of needed items and explain the activity for the next lesson. The Activity
Leader will then ask for volunteers who are willing to bring the needed items
during the “Attendance and Troubleshooting” section. The Activity Leader will
also assist the Promoter during the day’s activity.

9. Explain the needed items for the activity in Lesson 1 of the next module.
Help the Activity Leader gather these items with the help of the Volunteers
for the next meeting.

When Cascade Group Volunteers teach the Neighbor Circles:
1. CG Volunteers will take attendance.
2. CG Volunteers will ask about new births, pregnancies or illnesses in the
families of those attending. CG Volunteers will refer those with severe illness
to the local health facility.
3. CG Volunteers will ask the Neighbor Circle members to review the key
practices from the last lesson.
4. CG Volunteers will ask about the circle members’ commitments from the last
meeting and follow up with those who had difficulty trying out new practices.
5. CG Volunteer will help the group identify a new Activity Leader to discuss the
needed items for next week’s activity and solicit volunteers.

Teaching Others in the Family (Picture 6.1) – 10 minutes

3. Story
• Read the story on page 76 of the flipchart.

As Maria has learned to recognize when David is hungry and respond with love,
she has seen David grow healthy and strong. She has learned to use her many
gifts to care for her family. But, when others help feed David, they often forget
about him and don’t give him the attention he needs! Instead they are talking
to each other, or paying attention to the older children. This makes David
upset – he cries, throws food and doesn’t eat well. Maria realizes she needs to
teach others in the family some of the things she has learned about how to
feed David well!

4. Ask about Current Practices
• Read the questions on page 76 of the flipchart.
What makes David upset when other family members feed him? How does he respond?

What can Maria do to show her family how to feed David well?

What have you learned about how to feed your child with love?

- Ask the first question to review why David is upset when others feed him.
  - We hope the mothers respond this way: Other people don’t respond to him the same way his mother does.
  - They ignore him and don’t pay attention to him while he’s eating.
  - They are talking to each other and not to David.
  - David reacts by throwing food, crying and not eating much food.

- Ask the second question to hear ideas about what Maria can do to teach her family how to feed David well.
  - We hope the mothers respond this way: Maria can share the Child Feeding Song with her family.
  - Maria can demonstrate how to feed David before another person feeds him.

- Ask the third question to hear what mothers have learned together during this module.

  Encourage discussion. Don’t correct “wrong answers.” Let everyone respond. This page is for discussion, not for teaching.

- After the participants answer the last question, move to the next flipchart page by saying, “Let’s compare your experiences with the messages on the following pages.”

Your Family Can Help Respond and Feed with Love (Picture 6.2) – 5 minutes

5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 79.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 78 and 79.
Key Message:

What do you think these pictures mean?

All members of the family can respond and feed babies with love. This builds love within the family.
- Your husband can help recognize hunger cues and respond to your baby’s needs with love and affection. Including the father makes the child feel like he belongs with both of you.
- Show older children how they can be gentle and loving with your baby. Children can mimic the facial expressions they see in the baby. Babies like to be included in the family fun.
- Help family members with these behaviors by including them in mealtimes and showing them how to play games, speak affectionately, and encourage your baby to eat.

How will you show your family how to feed responsively?

Other Caregivers Can Respond and Feed with Love (Picture 6.3) – 5 minutes

6. Share the Meaning of Each Picture

Ask the caregivers to describe what they see in the pictures on page 81.
Read the bold text on the back of the flipchart out loud.
Share the meaning of each picture using flipchart pages 80 and 81.

Key Message:

What do you think these pictures mean?

If you are away from your baby during the day, continue to speak with love to your baby while you are together.

Tell your caregiver that feeding responsively with love and affection is very important to you because it is very healthy for the baby.
- Show the caregiver several ways to do this with your child and encourage her to practice while you do it together.
- Thank the caregiver when she does this with your child.

Do you have to be away from your baby during the day?
What do others do when they need to work outside of the home?

Sharing What We Know With Our Community (Picture 6.4) — 20 minutes

7. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 83.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 82 and 83.

Key Message:

What do you think these pictures mean?

Our friends and neighbors can also be encouraged to feed responsively. Children grow well if their needs are listened to and responded to with love and affection.

- Use what you have learned from our time together when you are with your neighbors or family members.
- Others will learn by your example and be encouraged to try it at home with their babies.
- Sharing your knowledge and good practices with your neighbors show that you respect and trust them.

Do you learn new things from your neighbors? What sorts of things? How do you show your neighbors that you love and respect them?
8. Activity: Responsive Feeding Role Plays – 45 minutes

1. Split the volunteers into pairs.
2. Tell the volunteers that they will be practicing some of the skills they have learned over the last several weeks by creating a role play.
3. Give each pair one of the following scenarios. Depending on the size of the group, you may need to repeat scenarios.
   - Scene between a mother delivering her baby and the family member: What can they do with the baby to begin bonding and early breastfeeding?
   - Scene between mother and baby/child: talking with love to child while breastfeeding or a mealtime. How can the mother speak with love to the child?
   - Scene between mother and older baby: the child is refusing to eat. What can the mother do or say to help the child in this situation?
   - Scene between mother and older baby: the mother is very busy with housework, but wants to communicate more with her baby. What can the mother do or say to involve the child in her work?
4. Go around to each pair and answer any questions or help them develop their role play. Give pairs about 5-10 minutes to work out their scenario.
5. Ask pairs to act out their role plays for the entire group. Give each pair five minutes to perform their role play.
6. After each pair has acted out their scenario, ask the group the following questions:
   - From all the new practices we have learned together, what has been the most helpful for you and your child? Why?
   - From what we have learned together, what would you like to practice more?
   - What practices will you share with your family (older children, husband, partner) and other caregivers?

9. Discuss Barriers – 15 minutes

- Is there anything that might prevent you from trying these new practices?
Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman’s concern, praise her and encourage others to consider this solution.

Possible Difficulties:
- Difficult to convince others to do something new. Help mothers develop a fun way to share what they have learned (i.e., teach others the Child Feeding Song), help mothers share how their new skills have improved their child’s health (testimonies).
- Difficult to share what we know if others seem uninterested. Encourage mothers to demonstrate or practice sharing with one another what they want to share. Show an example first.

10. Practice and Coaching – 20 minutes

For CG Volunteer Groups:
1. Ask each CG Volunteer to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today’s lesson.
2. Each CG Volunteer will teach the person next to her in the same way that the promoter taught her.
3. After ten minutes, ask the women to switch roles. The other CG Volunteer will share the teachings from the third and fourth pages of the lesson.
4. The Promoter watches, corrects, and helps Volunteers who are having trouble.
5. When everyone is finished, answer any questions that the Volunteers have about today’s lesson.

For Neighbor Circles (NC):
1. Ask each NC member to review the key messages she has learned from today’s teaching with the person sitting next to her. Ask each NC member to share what new things she will do in her home based on this new teaching.
11. Request Commitments – 10 minutes

Based on today’s teachings, what commitment will you make?

Ask each participant to say aloud a new commitment that he or she will make today.

For example:

- I commit to share the info I’ve learned with my family at home.
- I commit to talking to my neighbors and friends about responsive feeding.