



Maternal, Infant and Young Child Nutrition



National Counselling Cards for Health Workers

Disclaimer

The content of these Counselling Cards which is part of *The National Community Maternal, Infant and Young Child Nutrition (MIYCN) Counselling Package*, is the sole responsibility of the Ministry of Health of Rwanda and does not necessarily reflect the views of USAID or the United States Government.

Acknowledgement

This set of *Counselling Cards* is part of *The National Community Maternal, Infant and Young Child Nutrition (MIYCN) Counselling Package*, developed under a strategic collaboration between the Ministry of Health Rwanda and its key partners in MIYCN. *The National Community MIYCN Counselling Package* includes the *Facilitator Guide*, *Appendices*, and *Training Aids* for training community health workers; the *Participant Materials*, including training “handouts” and monitoring tools; a set of 31 *MIYCN Counselling Cards* with *Key Messages on the back*, 2 *Posters* and 3 *Take-home Brochures*.

The various elements of *The National Community MIYCN Counselling Package* are based heavily on the *UNICEF Community Infant and Young Child Feeding (IYCF) Counselling Package*, developed through a collaboration between UNICEF New York, Nutrition Policy Practice, and University Research Co., LLC/ Center for Human Services (URC/CHS) and released in 2010. This package was adapted for the Rwanda context, harmonized with a number of materials previously developed in Rwanda; field tested, and finalized using a consensus building process with all relevant stakeholders.

The development of *The National Community MIYCN Counselling Package* was lead by the Nutrition Desk of the Ministry of Health, with support from RBC/ IHDPC and all nutritional partners in the IYCF field in Rwanda, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), PATH, EIP, RRP+, WVI, PSI, UNICEF, WHO, CRS, WFP, ICAP, FHI, IntraHealth and MCHIP.

The Ministry of Health would like to thank these institutions and partners for their critical inputs, including consultation and participation in numerous design and technical review meetings and workshops, field testing and validation of the package. Special appreciation goes to EGPAF funded by the American people through the U.S. Agency for International Development (USAID) as part of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), for providing financial and technical resources needed to develop this package and PATH, also funded with support from USAID, for facilitating the participatory process involved in developing this package.

We would like to recognize the community health workers, mothers and health workers whose comments and contributions were extremely valuable in finalizing the materials.

Finally, we would like to extend our deepest appreciation and sincere thanks to all partners and institutions for their tireless efforts to support the Government of Rwanda to improve the lives of the Rwandan people.



Positive counselling skills

This set of cards was developed for you to help counsel mothers and other caregivers about maternal, infant and young child nutrition (MIYCN). Positive counselling skills are important for your success. Some basic counseling skills presented below include *Listening and Learning*, as well as *Building Confidence and Giving Support*.

Listening and Learning skills

- Use helpful non-verbal communication
- Keep your head level with the mother (or caregiver)
- Pay attention
- Reduce physical barriers
- Take time
- Touch appropriately
- Ask open questions
- Use responses and gestures that show interest
- Reflect back what the mother (or caregiver) says
- Avoid using “judging” words

Building Confidence and Giving Support skills

1. Accept what a mother (or caregiver) thinks and feels. Let the mother (or caregiver) talk through her or his concerns before correcting any wrong ideas or misinformation. This helps to establish confidence.
2. Listen carefully to the mother’s (or caregiver’s) concerns.
3. Recognize and praise what a mother (or caregiver) and child are doing correctly.
4. Give practical help.
5. Give a little, relevant information at a time.
6. Use simple language that the mother or caregiver will understand.
7. Use appropriate Counselling Card(s) or Take-Home Brochure(s).
8. Make one or two suggestions, not commands



IYCF 3-Counselling:

The following *3-Step Counseling* will help you to counsel, problem solve and reach an agreement with mothers (or caregiver) about infant and young child feeding. The 3-Steps are Assess, Analyze and Act.

Step 1: Assess: ask, listen and observe

- Greet the mother (or caregiver), using friendly language and gestures.
- Ask some initial questions that encourage her (or him) to talk.
- Listen to what is being said and observe what is going on using your *Listening and Learning*, and *Building Confidence and Giving Support* skills.
- Assess the age appropriate feeding practice(s) and the condition or health of the child and mother (or caregiver).

Step 2: Analyze: identify difficulty and if there is more than one – prioritize the difficulties

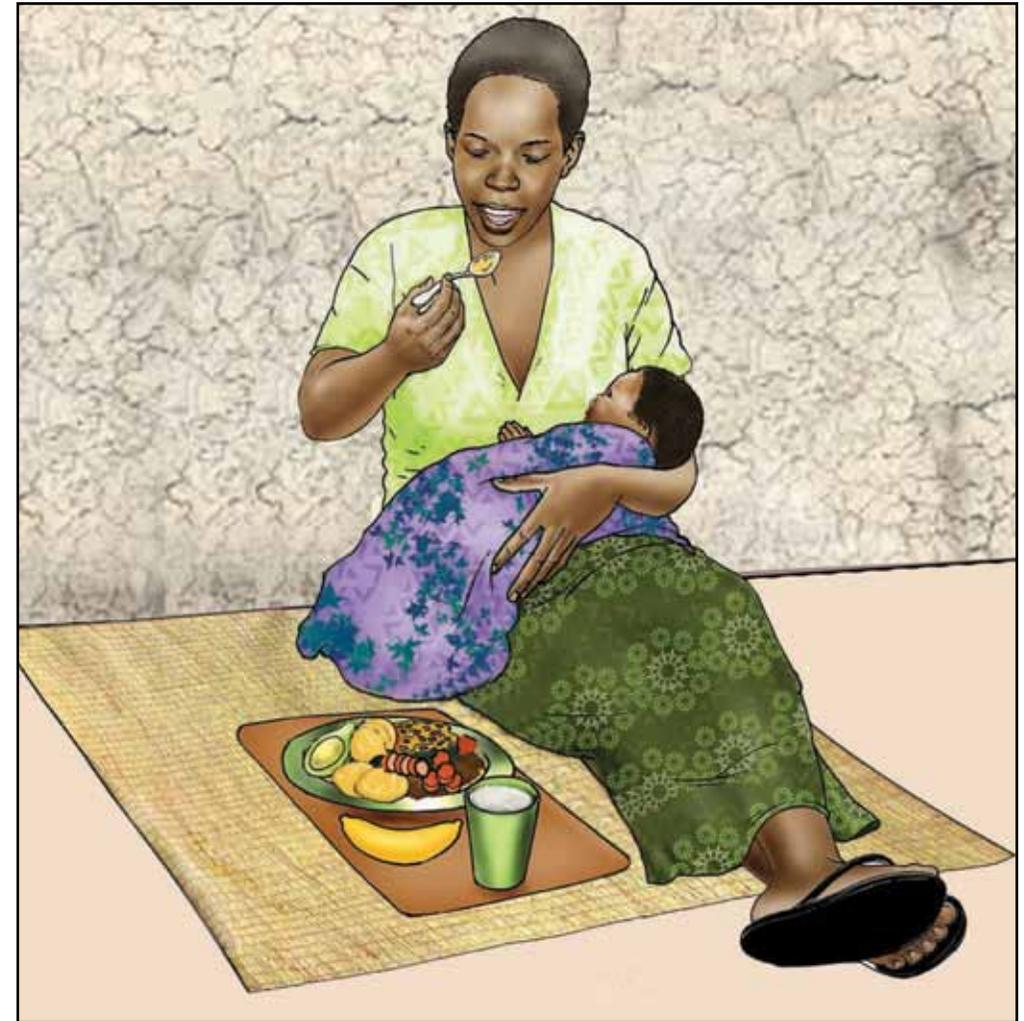
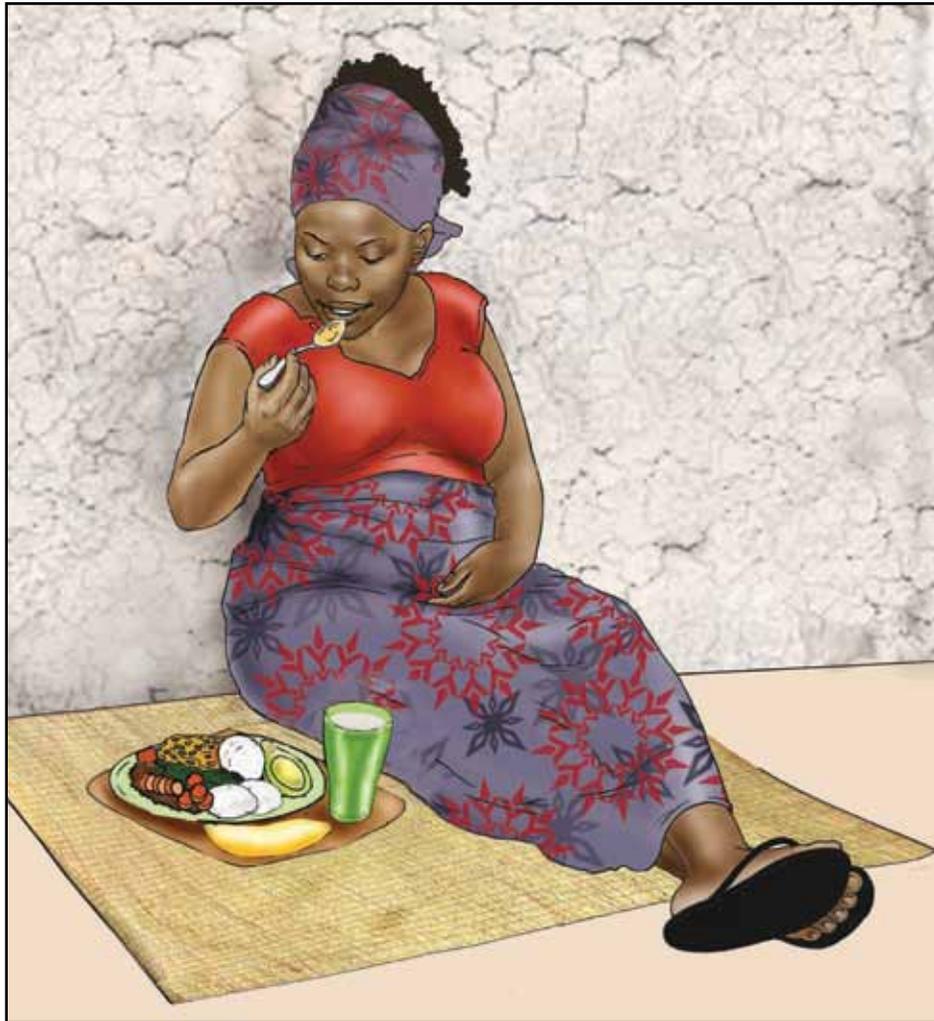
- Decide if the feeding you observe is age-appropriate and if the condition or health of the child and mother (or caregiver) is good.
- If there are no apparent difficulties, praise the mother (or caregiver) and focus on providing information needed for the next stage of the child’s development.

- If one or more feeding difficulty is present, or the condition or health of the child or mother (or caregiver) is poor, prioritize the difficulties.
- Answer the mother’s (or caregiver’s) questions if any.

Step 3: Act: discuss, suggest a small amount of relevant information, agree on doable action

- Depending on the factors analyzed above, select a small amount of information to share with the mother or caregiver that is most relevant to her or his situation.
- Be sure to praise the mother or caregiver for what she or he is doing well.
- Present options for addressing the feeding difficulty or condition of health of the child or caregiver in terms of small do-able actions. These actions should be time-bound (within the next few days or weeks).
- Share key information with the mother or caregiver, using the appropriate Counselling Cards or Take-home Brochures and answering questions as needed.
- Help the mother or caregiver select one option that she or he agrees to try, in order to address or overcome the difficulty or condition that has been identified. This is called reaching-an-agreement.
- Suggest where the mother or caregiver can find additional support. Refer to the nearest health facility if appropriate and/or encourage participation in educational talks or IYCF Support Groups in the community.
- Confirm that the mother or caregiver knows where to find a community volunteer and/or other health worker.
- Thank the mother or caregiver for her or his time.
- Agree on when you will meet again, if appropriate.

Nutrition for pregnant and breastfeeding woman



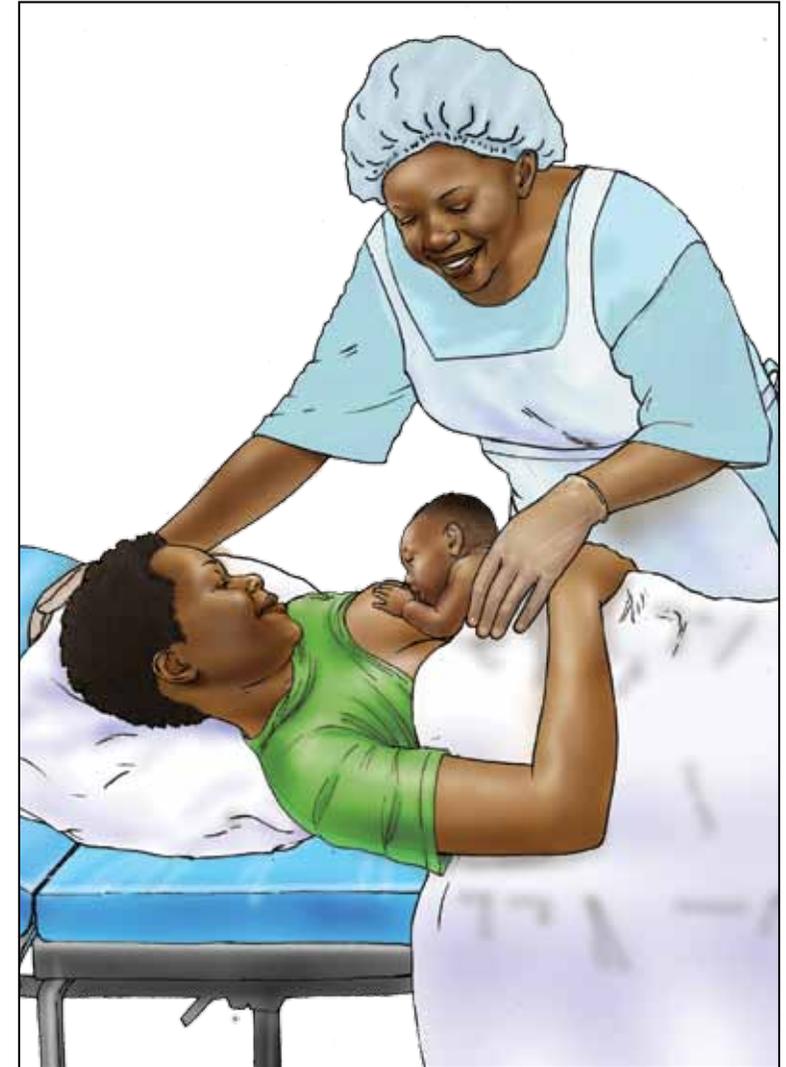


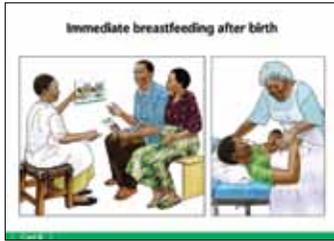
Counselling Card 1

Nutrition for pregnant and breastfeeding woman

- * During your pregnancy, eat one extra small meal or "snack" (extra food between meals) each day to provide energy and nutrition for you and your growing baby.
- * During breastfeeding, eat two extra small meals or "snacks" (extra food between meals) each day to provide energy and nutrition for you and your growing baby.
- * You need to eat the best nutritious foods available, including milk, fresh fruit and vegetables, meat (including organ meat like liver, heart and kidney), fish, eggs, grains, groundnuts, peas and beans.
- * Drink plenty of liquids.
- * Taking tea or coffee with meals can interfere with your body's use of the foods.
- * Limit the amount of coffee you drink during pregnancy.
- * During pregnancy and breastfeeding, special nutrients will help your baby grow well and be healthy.
- * Take iron and folic acid tablets to prevent anaemia during pregnancy and for at least 3 months after your baby's birth.
- * Take vitamin A tablets immediately after delivery or within 6 weeks so that your baby receives the vitamin A in your breast milk to help prevent illness.
- * Use iodised salt to help your baby's brain and body develop well.
- * Attend antenatal care at least 4 times during pregnancy, beginning during the first 3 months. These check-ups are important for you to learn about your health and how your baby is growing.
- * Take de-worming tablets to help prevent anaemia.
- * To prevent malaria, sleep under an insecticide-treated mosquito net every night.
- * Learn your HIV status, attend all the clinic appointments and take your medicines as advised by your health provider.
- * Adolescent mothers: you need extra care, more food and more rest than an older mother. You need to nourish your own body, which is still growing, as well as your growing baby's.

Immediate breastfeeding after birth





Counselling Card 2

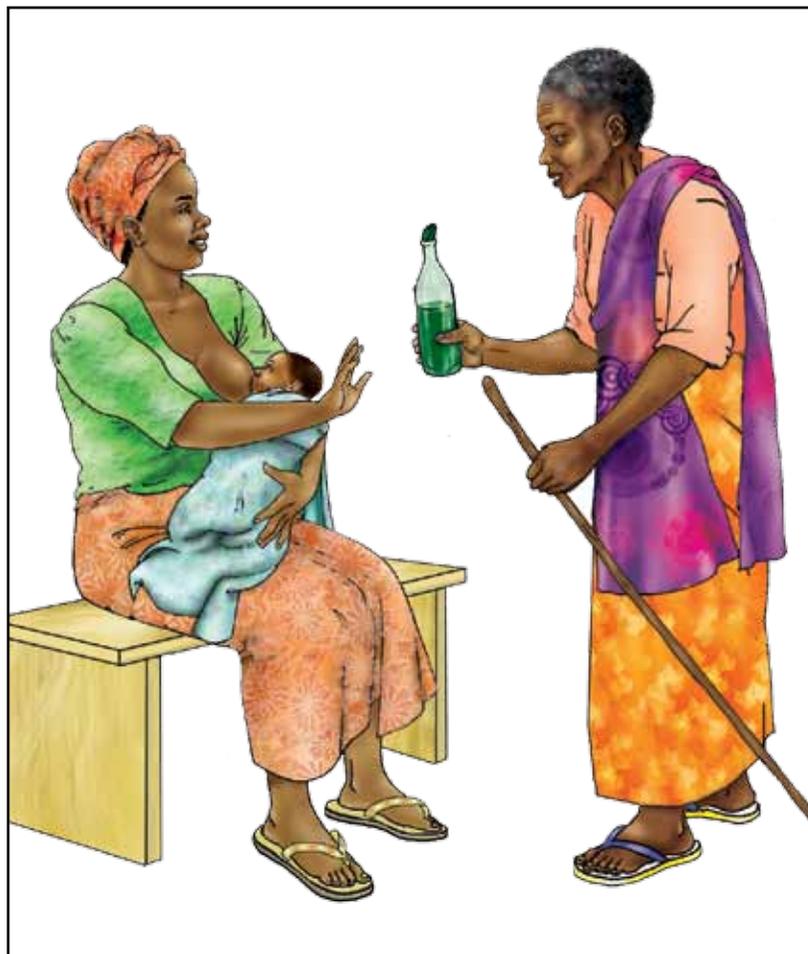
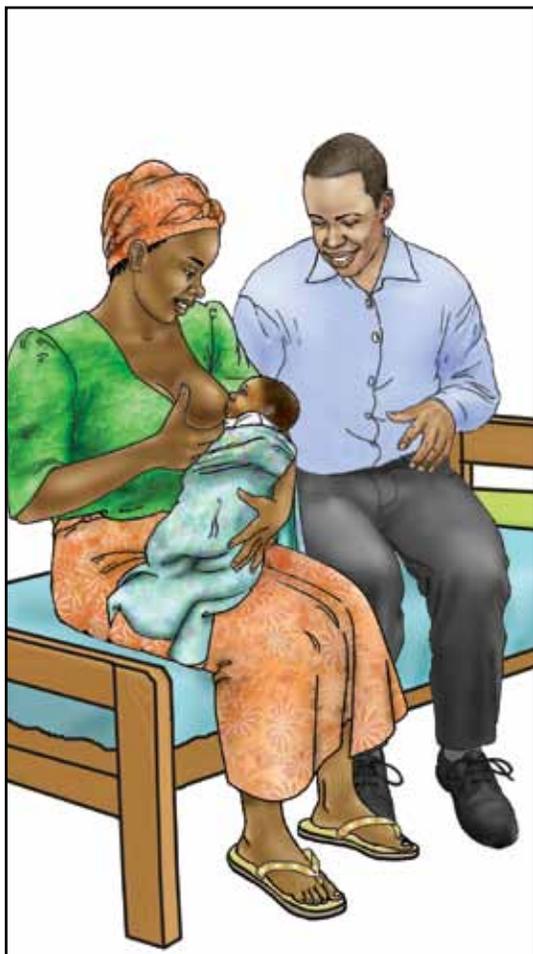
Immediate breastfeeding after birth

- * Hold your newborn skin-to-skin immediately after birth. This will keep your baby warm and breathing well, help him or her reach the breast easily, and help you and your baby feel close.
- * Begin breastfeeding within the first hour of birth. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft, and helps reduce your bleeding.
- * Colostrum, the thick yellowish milk, is good for your baby.
- * Colostrum helps protect your baby from illness and helps your baby pass his/her first dark stool.
- * Breastfeed frequently to help your breast milk 'come in' and to ensure plenty of breast milk.
- * Do not give water or other liquids or fluids to your baby during the first days after birth. Your baby does not need any pre-lacteal feeds. They are not necessary and are dangerous for your newborn.
- * During the first few days after birth, your baby only needs colostrum. Your baby's stomach is very small.
- * Breast milk provides all of the food and water that your baby needs during the first 6 months of life.

Extra note:

There may be a period of 24 hours in the first day or two when the baby feeds only 2 to 3 times. After the first few days, frequent breastfeeding is important for establishing a good supply of breast milk.

During the first 6 months, give **ONLY** breast milk





Counselling Card 3

During the first 6 months, give **ONLY** breast milk

- * Breast milk provides all of the food and water that your baby needs during the first 6 months of life.
- * Do not give anything else, not even water, during your baby's first 6 months.
- * Even during very hot weather breast milk will satisfy your baby's thirst.
- * Giving your baby anything else will cause him or her to suckle less and will reduce the amount of breast milk that you produce.
- * Water, other liquids and foods can make your baby sick.
- * You can give medicines **ONLY** if they are recommended by your health care provider.

Exclusive breastfeeding during the first 6 months





Counselling Card 4

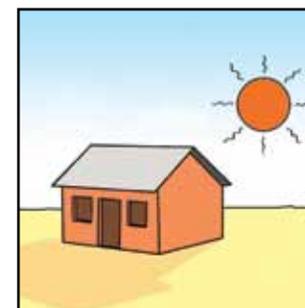
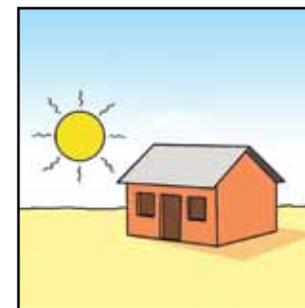
Exclusive breastfeeding during the first 6 months

- * Exclusive breastfeeding means feeding your baby ONLY breast milk for the first 6 months.
- * Breast milk provides all of the nutrients and water that your baby needs during the first 6 months of life.
- * Exclusive breastfeeding for the first 6 months protects your baby from many illnesses, such as diarrhoea and respiratory infections.
- * Mixed feeding means feeding your baby both breast milk and other foods or liquids, including infant formula, animal milks or water.
- * It increases the chances that your baby will suffer from illnesses such as diarrhoea and pneumonia, and can cause malnutrition
- * Mixed feeding before 6 months can damage your baby's stomach. This reduces the protection that exclusive breastfeeding gives, and the benefits that your baby gets from your breast milk.

Extra note:

If a mother is HIV-infected, refer to Counselling Cards 27 and 28 or the 3 Special Circumstance Cards for information on HIV and infant feeding.

Breastfeed on demand, both day and night





Counselling Card 5

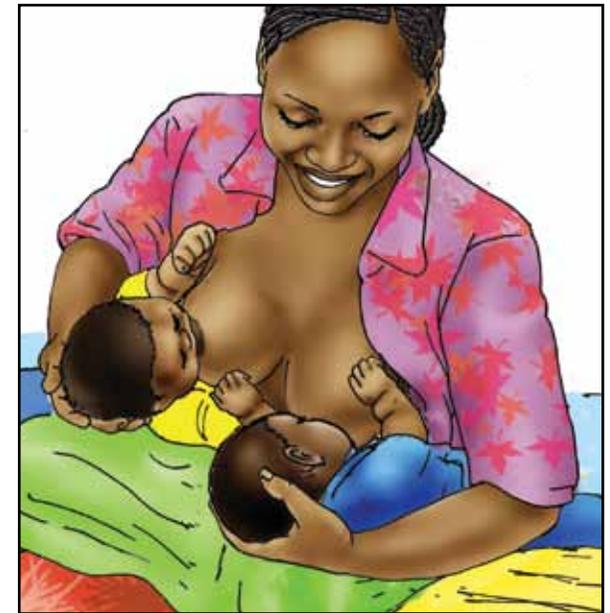
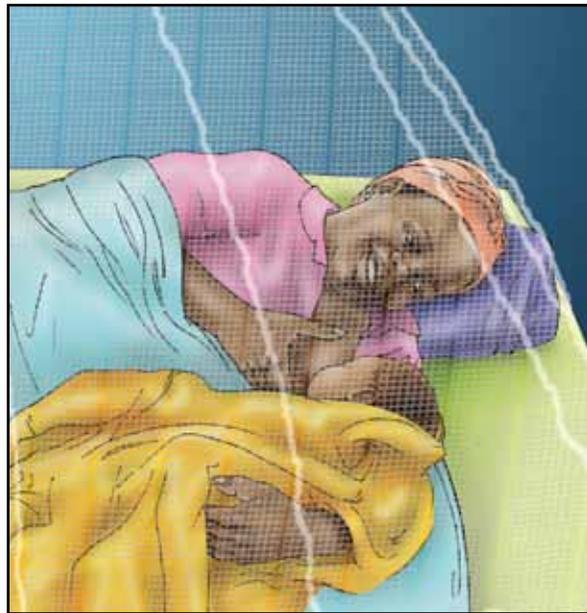
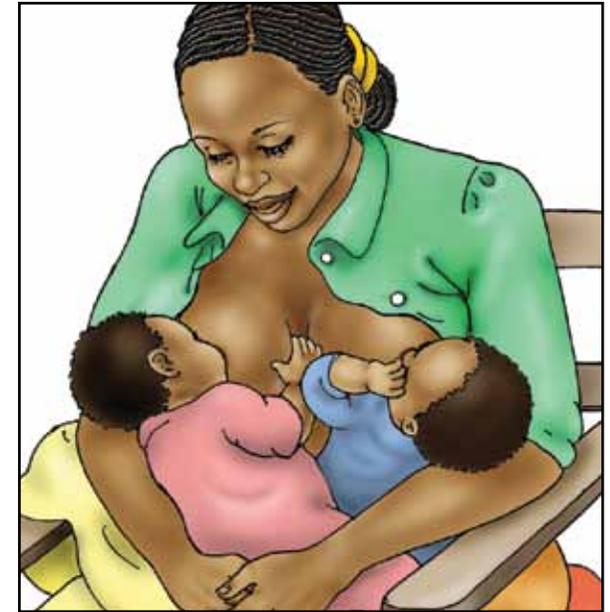
Breastfeed on demand, both day and night

- * Breastfeed the baby on demand, both day and night.
- * The more your baby suckles (with good attachment), the more breast milk you will produce.
- * Do not wait until your baby cries to breastfeed. Crying is a late sign of hunger.
- * Early signs that your baby wants to breastfeed include:
 - Restlessness
 - Opening mouth and turning head from side-to-side
 - Putting tongue in and out
 - Suckling on fingers and fists
- * Crying is not necessarily a sign of hunger or sickness. Do not give your baby herbs, infant formula, other milks or teas. If your baby is crying, maybe he or she needs your attention or is uncomfortable. Check to make sure that he or she is clean and comfortable.
- * Switching back and forth from one breast to the other is not good. Let your baby finish one breast before offering the other.
- * This helps the baby to get both the 'fore milk' and the 'hind milk'. The 'fore milk' has more water and satisfies the baby's thirst. The 'hind milk' has more fat and satisfies your baby's hunger.
- * If your baby is ill or sleepy, you may need to wake him or her to offer the breast often. Babies need to breastfeed often, every 2 to 3 hours.
- * Take time, sit or lay down to breastfeed, and pay attention to your baby. Keep your baby close to you, day and night.
- * When giving expressed breast milk, do NOT use bottles, teats or spouted cups. They are difficult to clean and can cause your baby to become sick.

Extra notes:

- * If a mother is concerned about her baby getting enough milk, encourage the mother and build her confidence. Review how to attach and position the baby to her breast. Review the mother's diet and work load.
- * Reassure the mother that her baby is getting enough milk when her baby is:
 - Gaining weight (Refer to the baby's health card. Counsel the mother on breastfeeding. If you are not sure if the weight gain is adequate, or if you have other health concerns, refer the child to the nearest health facility.)
 - Responsive and active (appropriately for his or her age).
 - Passing light-coloured urine 6 times a day or more while being exclusively breastfed.

There are many breastfeeding positions





Counselling Card 6

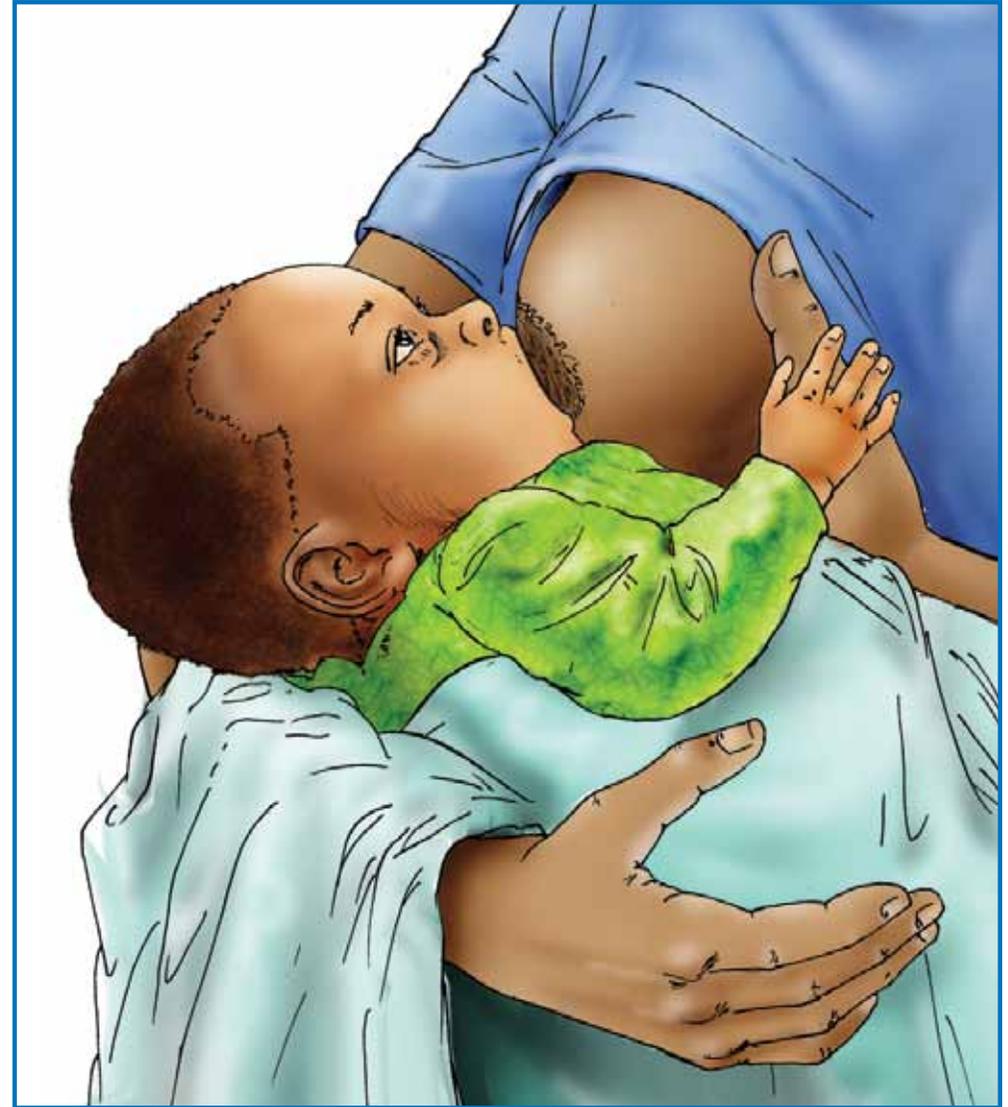
There are many breastfeeding positions

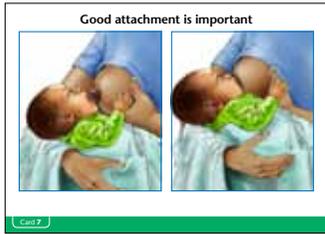
- * Good positioning helps to ensure that your baby suckles well and helps you to produce a good supply of breast milk.
- * **The four key points about your baby's position are: straight, facing you, close, and supported.**
- * The baby's body should be straight, not bent or twisted, but with the head slightly back.
- * The baby's body should be facing the breast not held flat to your chest or abdomen, and he or she should be able to look up into your face.
- * The baby should be close to you.
- * You should support the baby's whole body, not just the neck and shoulders, with your hand and forearm.
- * **There are different ways to position your baby:**
 - Cradle position (most commonly used).
 - Side-lying position (use to rest while breastfeeding and at night).
 - Cross cradle position (good for small babies).
 - Under-arm position (use after caesarean section, if your nipples are painful or if you are breastfeeding twins or a small baby).
 - Twins – cradle position.
 - Twins – under-arm position.
- * If your nipples hurt or your breasts feel uncomfortable when the baby is breastfeeding, review how the baby is attached to the breast, and try using another position.

Extra note:

If an older baby is suckling well, there is no need to change position.

Good attachment is important



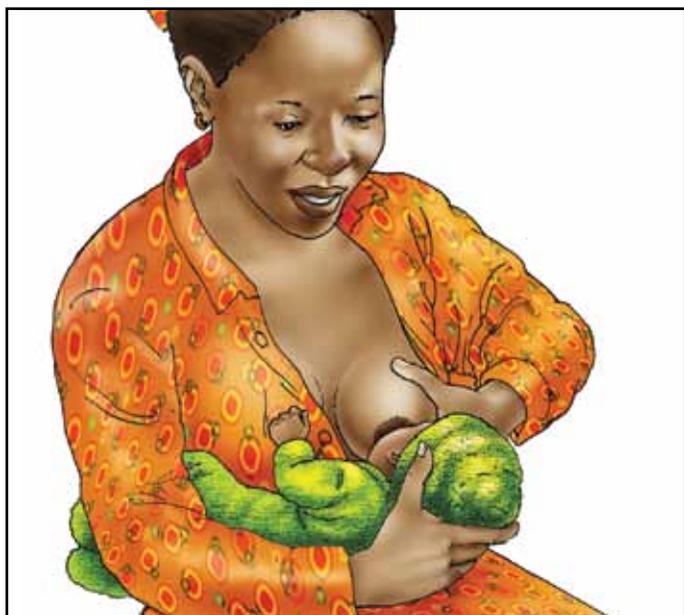


Counselling Card 7

Good attachment is important

- * Make sure you begin to breastfeed within the first hour after birth.
- * The more your baby suckles (with good attachment), the more breast milk you will produce.
- * Good attachment helps to prevent sore and cracked nipples.
- * Breastfeeding should not be painful.
- * Get help to improve the attachment if you experience pain.
- * **There are 4 signs of good attachment:**
 1. Baby's mouth is wide open.
 2. You can see more of the darker skin (areola) above the baby's mouth than below.
 3. Baby's lower lip is turned outwards.
 4. Baby's chin is touching mother's breast.
- * **The signs of effective suckling are:**
 - a. The baby takes slow deep suckles, sometimes pausing.
 - b. You may be able to see or hear your baby swallowing after one or two suckles.
 - c. Suckling is comfortable and pain free for you.
 - d. Your baby finishes the feed, releases the breast and looks contented and relaxed.
 - e. The breast is softer after the feed.
- * Effective suckling helps you to produce milk and satisfy your baby.
- * After your baby releases one breast offer your baby the other breast. This will ensure that your baby stimulates your milk production in both breasts, and also gets the most nutritious and satisfying milk.

Care and feeding of a low birth weight baby





Counselling Card 8

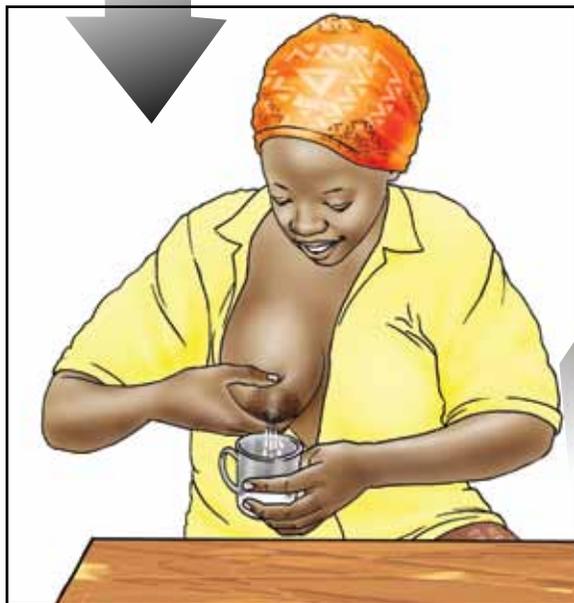
Care and feeding of a low birth weight baby

- * The best milk for a low birth weight infant, including babies born early, is the breast milk from the baby's own mother.
- * Breast milk is especially adapted to the nutritional needs of low birth weight infants.
- * The cross cradle and under-arm positions are good positions for feeding a low birth weight baby.
- * Breastfeed frequently to get baby used to the breast and to keep the milk flowing.
- * Long slow feeds are fine. It is important to keep the baby at the breast.
- * If the baby sleeps for long periods of time, you may need to unwrap the baby or take off some of his or her clothes to help waken him or her for the feed.
- * Do not wait until your baby cries to breastfeed. Crying is a late sign of hunger.
- * Earlier signs of hunger include a COMBINATION of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist.

Extra notes:

- * Feeding a very small baby directly from the breast may not be possible for several days or even weeks. Mothers should be taught and encouraged to express breast milk and feed the breast milk to the infant using a cup or spoon.
- * Kangaroo mother care provides skin-to-skin contact, warmth and closeness to the mother's breast.
- * Kangaroo mother care encourages early and exclusive breastfeeding, either by direct feeding or using expressed breast milk given by cup or spoon.
- * Different caregivers can also share in the care of the baby using the same Kangaroo method position.

How to hand express and cup feed



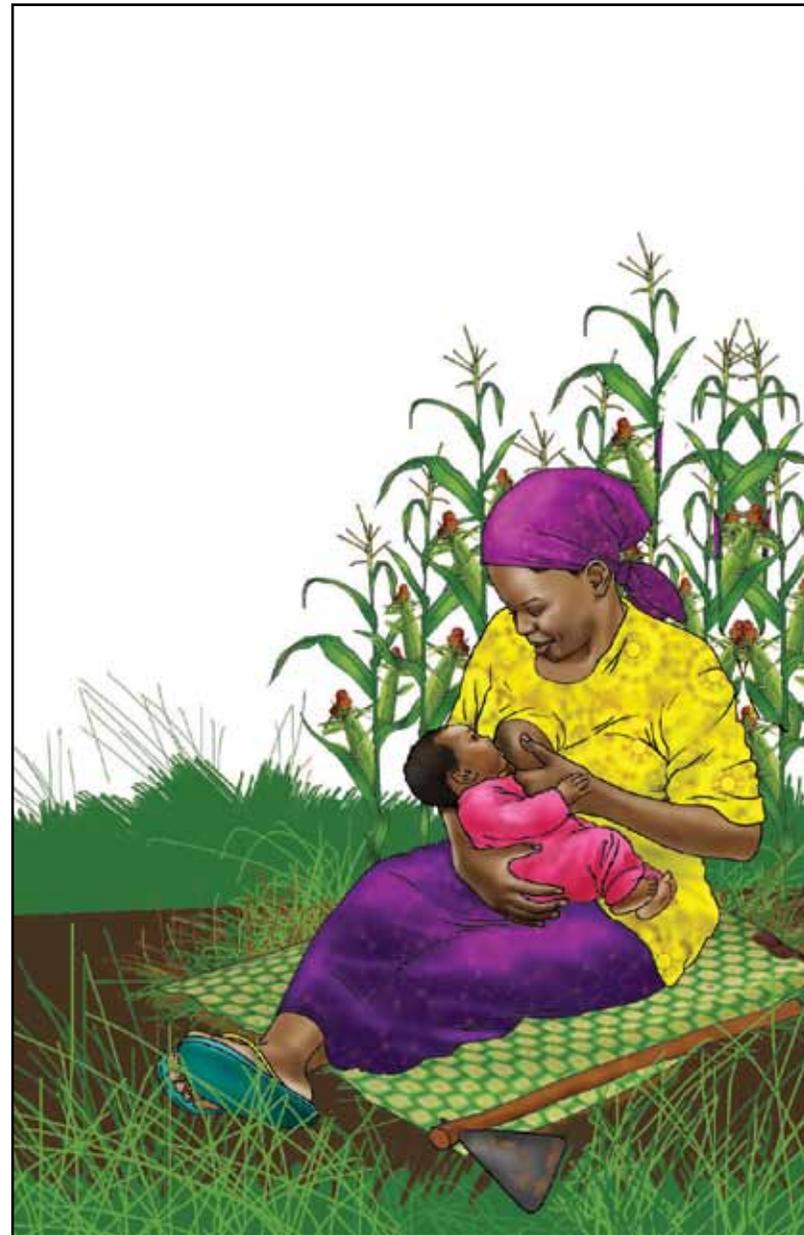


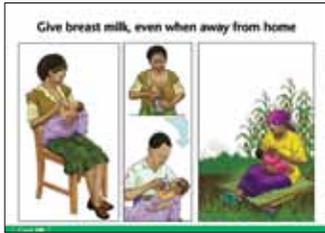
Counselling Card 9

How to hand express and cup feed

- * Make sure your hands and utensils are clean.
- * Wash your hands and utensils with soap and clean running water.
- * Clean and boil the container you will use to express your breast milk.
- * Get comfortable.
- * It is sometimes helpful to massage your breasts. A warm cloth may help stimulate the flow of milk.
- * Put your thumb on the breast above the dark area around the nipple (areola) and the other fingers on the underside of the breast behind the areola.
 - With your thumb and first 2 fingers push in towards chest wall and then press towards the dark area (areola).
 - Milk may start to flow in drops, or sometimes in fine streams. Collect the milk in the clean container.
 - Avoid rubbing the skin, which can cause bruising or squeezing the nipple, which stops the flow of milk.
 - Rotate the thumb and finger positions and press/compress and release all around the areola.
- * Express one breast for at least 3 to 5 minutes until the flow slows, then express other breast, then repeat both sides again (20 to 30 minutes total).
- * Store breast milk in a clean, covered container. Milk can be stored 6 to 8 hours in a cool place and up to 24 hours in the back of the refrigerator.
- * If the milk has been cooled, it should be warmed again before giving to the baby.
- * When giving the baby expressed breast milk from a cup, bring the cup to the baby's lower lip and allow baby to take small amounts of milk, lapping the milk with his or her tongue. Do not pour the milk into baby's mouth.
- * Pour just enough breast milk from the clean covered container into the feeding cup.
- * Bottles, teats and spouted cups are unsafe to use because they are difficult to wash and can be easily contaminated.

Give breast milk, even when away from home





Counselling Card 10

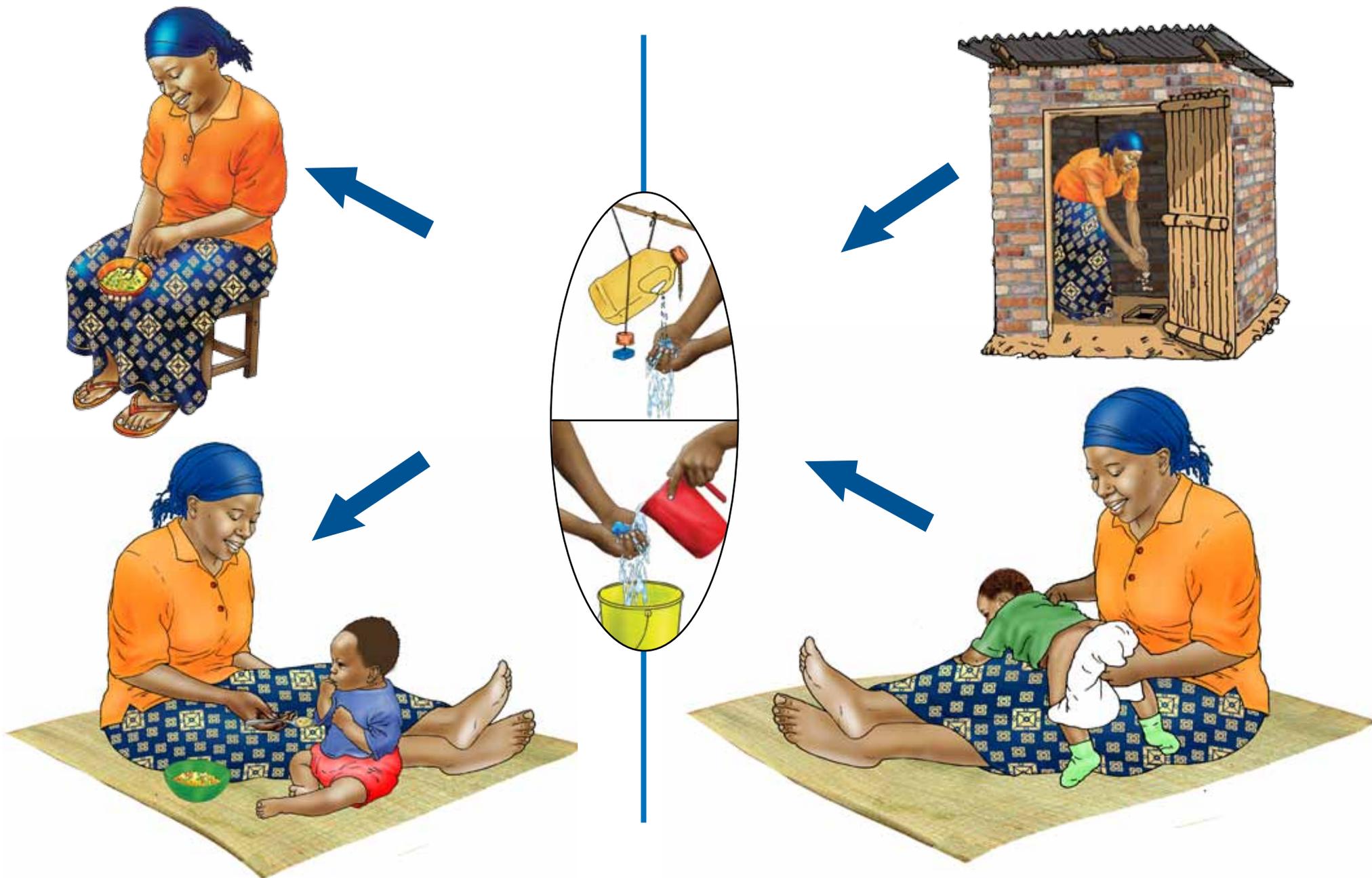
Give breast milk, even when away from home

- * Learn to express your breast milk soon after your baby is born. (CC 9)
- * Breastfeed exclusively and frequently for the whole period that you are with your baby.
- * Express and store breast milk before you leave your home so that your baby's caregiver can feed your baby while you are away.
- * Express breast milk while you are away from your baby. This will keep the milk flowing and prevent breast swelling.
- * Teach your baby's caregiver how to use a clean open cup to feed your baby while you are away.
- * Breast milk can be stored in a clean, covered container. Expressed breast milk can be stored 6 to 8 hours in a cool place, up to 24 hours in the back of the refrigerator, and up to 3-6 months in a deep freezer (-20° C).
- * Take extra time for the feeds before separation from baby and when you return home.
- * Increase the number of feeds while you are with the baby. This means increasing night and weekend feedings.
- * If possible, carry the baby with you to your work place or consider having someone bring the baby to you to breastfeed when you have a break.
- * Get extra support from family members in caring for your baby and other children, and for doing household chores.

Note for a working mother with formal employment:

- * Get your employer's consent for breastfeeding breaks at your work place and flexible working hours.

Good hygiene practices prevent disease



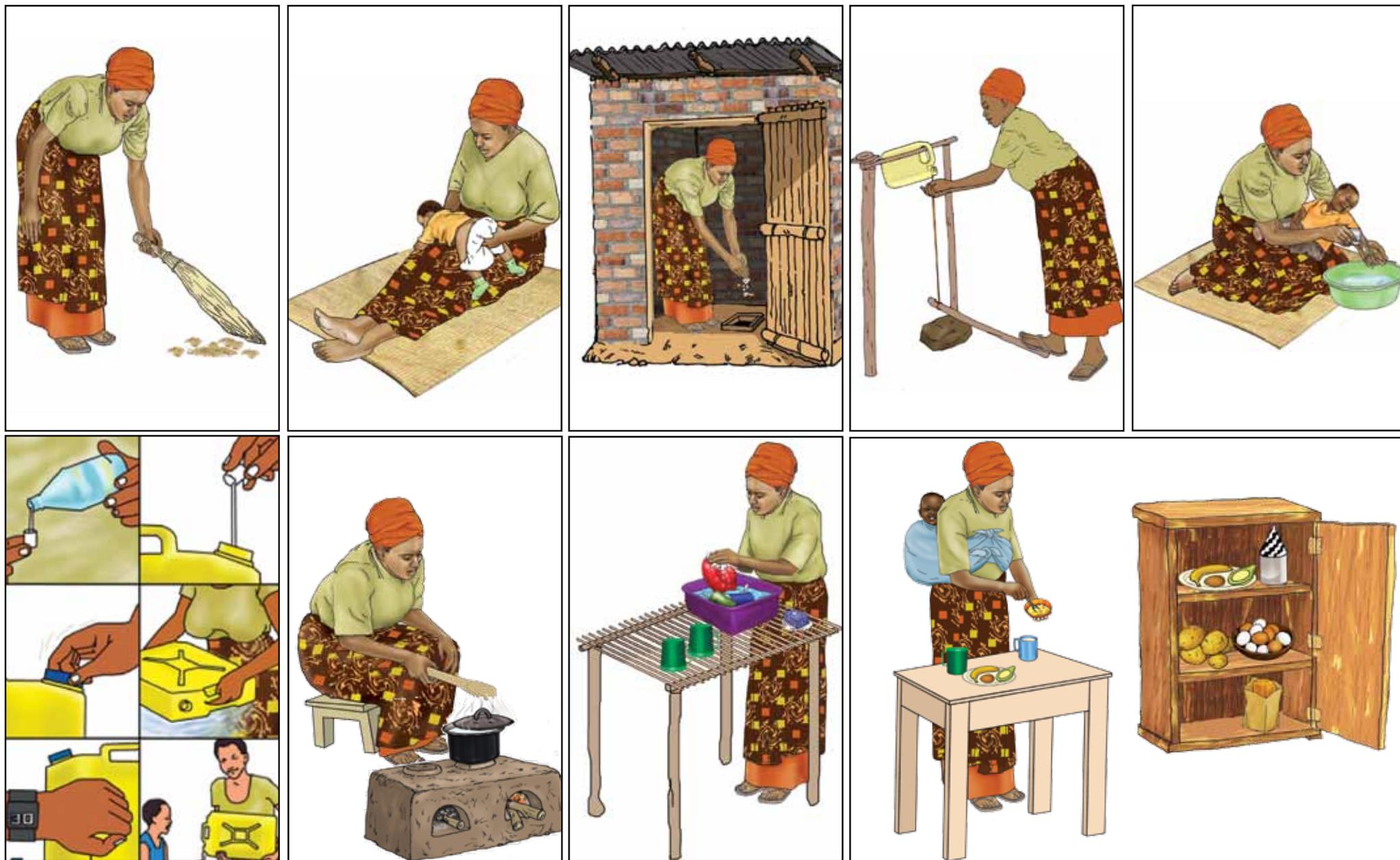


Counselling Card 11

Good hygiene practices prevent disease

- * Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
- * Wash your hands with soap and clean running water before preparing foods and feeding your baby.
- * Wash your hands and your baby's hands before eating.
- * Wash your hands with soap and clean water after using the toilet and washing or cleaning your baby's bottom.
- * Feed your baby using clean hands, clean utensils and clean cups.
- * Use a clean spoon or cup to give foods or liquids to your baby.
- * Bottles, teats and spouted cups are unsafe to use because they are difficult to wash and can be easily contaminated.
- * Store the foods given to your baby in a safe clean place.

Use safe water and ensure good compound hygiene



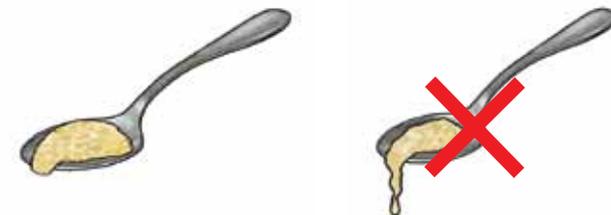


Counselling Card 12

Use safe water and ensure good compound hygiene

- * Drinking water needs to be boiled or treated so that it is clean and safe and does not cause diarrhoea. To ensure that water is safe to drink, either:
 - boil it for one minute after large bubbles appear and then keep it covered or
 - use Sur'Eau as directed
- * Wash all bowls, cups and utensils with clean running water and soap, dry on a rack, and keep covered before using.
- * Store all foods in a clean place.
- * Prepare food in a clean area.
- * If you are not going to serve the food that you prepare for the baby right away, put it inside of a cupboard or cover it with a clean cloth after you prepare it.
- * Wash raw fruits and vegetables before cutting and eating.
- * Keep animal products away from other foods before cooking, to prevent contamination.
- * Cook meat, fish and eggs until they are well done.
- * Serve food immediately after preparation. Thoroughly reheat any food that has been kept for more than one hour.
- * It is crucial to keep the home and the compound clean and free of faeces and rubbish.
- * A child's faeces can spread illness just like an adult's. Before a child is old enough to use a latrine, you need to throw his or her faeces into the latrine or bury it.
- * Keep animals in a separate place, away from the family living area. Animals should not sleep in the same house with the family.
- * Latrines should not be constructed too near the family living area. The latrine should be kept clean and the pit must be kept covered.

Start complementary feeding at 6 months





Counselling Card 13

Start complementary feeding at 6 months

- * When your baby reaches 6 months, begin to introduce other foods and continue breastfeeding on demand, both day and night.
- * Breast milk continues to be the most important part of your baby's diet.
- * Always give your baby breast milk first before giving other foods.
- * When giving complementary foods to your baby, think about: Frequency, Amount, Thickness, Variety, Active/ Responsive Feeding, and Hygiene.
 - **Frequency:** Feed your baby 2 times a day.
 - **Amount:** Give 2 to 3 tablespoonfuls ('tastes') at each feed.
 - **Thickness:** The food (including porridge) should be thick enough so that it does not slide off the spoon.
 - **Variety:** Begin with the staple foods like porridge (corn, wheat, rice, millet, and sorghum), mashed banana or mashed potato.
 - **Active/responsive feeding**
 - Baby may need time to get used to eating foods other than breast milk.
 - Be patient, actively encourage your baby to eat, but do not force him or her to eat.
- Use a separate plate to feed the baby to make sure he or she eats all the food given
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
 - Use clean utensils to give foods or liquids to your baby.
 - Store the foods given to your baby in a safe hygienic place.
 - Wash your hands with soap and clean running water before preparing foods and feeding your baby.
 - Wash your hands and your baby's hands before eating.
 - Wash your hands with soap and clean running water after using the toilet and washing or cleaning your baby's bottom.
 - Bottles, teats and spouted cups are unsafe to use because they are difficult to wash and can be easily contaminated.
- * After 6 months of age, children should receive Vitamin A supplements twice a year and give the de-worming medicine twice a year, starting at 12 months. Consult your health care provider

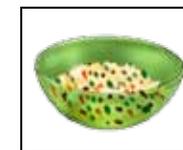
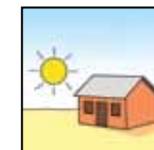
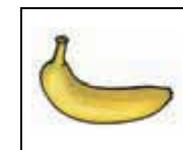
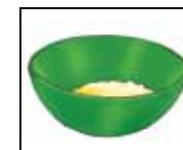
Note about the size of cups:

- * All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.

Note:

- * After 6 months, you can no longer use lactational amenorrhoea method (LAM).
- * You will need to use another family planning method even though your menses has not yet returned.
- * There are many methods of family planning that will not interfere with breastfeeding.

Give complementary feeding from 6 up to 9 months





Counselling Card 14

Give complementary feeding from 6 up to 9 months

- * Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength, as breast milk continues to be the most important part of your baby's diet.
- * Breast milk supplies half (1/2) baby's energy needs from 6 up to 12 months.
- * Always give your baby breast milk first before giving other foods.
- * When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Active/ Responsive Feeding, and Hygiene.
 - **Frequency:** Feed your baby complementary foods 3 time a day.
 - **Amount:** Increase amount gradually to half (1/2) cup (250 ml cup: show amount in cup brought by mother).
 - Use a separate plate to make sure young child eats all the food given.
 - **Thickness:** Give mashed/pureed family foods. The food should be thick enough so that it does not slide off the spoon. By 8 months your baby can begin eating finger foods.
 - **Variety:** Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products) Staples (grains, roots and tubers); Legumes and seeds; Vitamin A rich fruits and vegetables and other fruits and vegetables.
- **Active/responsive feeding**
 - Be patient and actively encourage your baby to eat.
 - Don't force your baby to eat.
 - Use a separate plate to feed the baby to make sure he or she eats all the food given.
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. (CC 11)
 - Use a clean spoon or cup to give foods or liquids to your baby.
 - Store the foods to be given to your baby in a safe hygienic place.
 - Wash your hands with soap and water before preparing foods and feeding your baby.
 - Wash your hands and your baby's hands before eating.
 - Wash your hands with soap and water after using the toilet and washing or cleaning your baby's bottom.
- * Every day in the morning, midday and evening, you can add 1 teaspoon of oil or fatty foods such as margarine or avocado to your child's food.

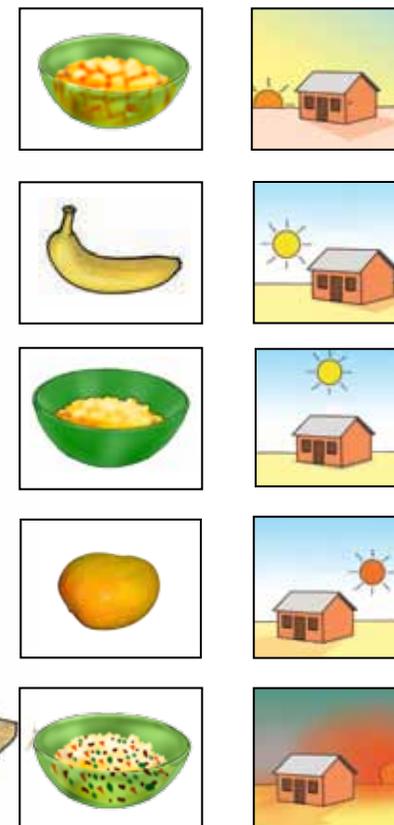
Extra note:

- * All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.

Note: After 6 months, you can no longer use lactational amenorrhea method (LAM).

- * You will need to use another family planning method even though your menses has not yet returned.
- * There are many methods of family planning that will not interfere with breastfeeding.

Give complementary feeding from 9 up to 12 months





Counselling Card 15

Give complementary feeding from 9 up to 12 months

- * Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breast milk continues to be the most important part of your baby's diet.
- * Breast milk supplies half (1/2) baby's energy needs from 6 up to 12 months.
- * Always give your baby breast milk first before giving other foods.
- * When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Active/responsive feeding, and Hygiene.
 - **Frequency:** Feed your baby complementary foods 4 times a day
 - **Amount:** Increase amount to half (1/2) cup (250 ml cup: show amount in cup brought by mother).
 - Use a separate plate to make sure young child eats all the food given.
 - **Thickness:** Give finely chopped family foods, finger foods, sliced foods.
 - **Variety:** Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products); Staples (grains, roots and tubers); Legumes and seeds; Vitamin A rich fruits and vegetables and other fruits and vegetables.
 - **Active/responsive feeding**
 - Be patient and actively encourage your baby to eat.
 - Don't force your baby to eat.
- Use a separate plate to feed the baby to make sure he or she eats all the food given.
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
 - Use a clean spoon or cup to give foods or liquids to your baby.
 - Store the foods to be given to your baby in a safe hygienic place.
 - Wash your hands with soap and water before preparing foods and feeding your baby.
 - Wash your hands and your baby's hands before eating.
 - Wash your hands with soap and water after using the toilet and washing or cleaning your baby's bottom.
- * Animal source foods (including organ meat like liver, heart and kidney) are very important and can be given to young children: cook well and chop fine.
- * Additional nutritious snacks (extra food between meals) such as fruit or bread or bread with nut paste can be offered once or twice per day.
- * Every day in the morning, midday and evening, you can add 1 teaspoon of oil or fatty foods such as margarine or avocado to your child's food.

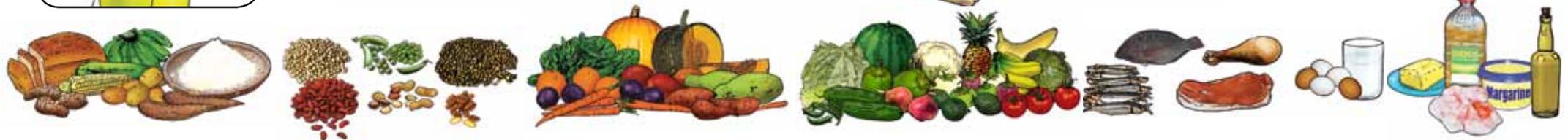
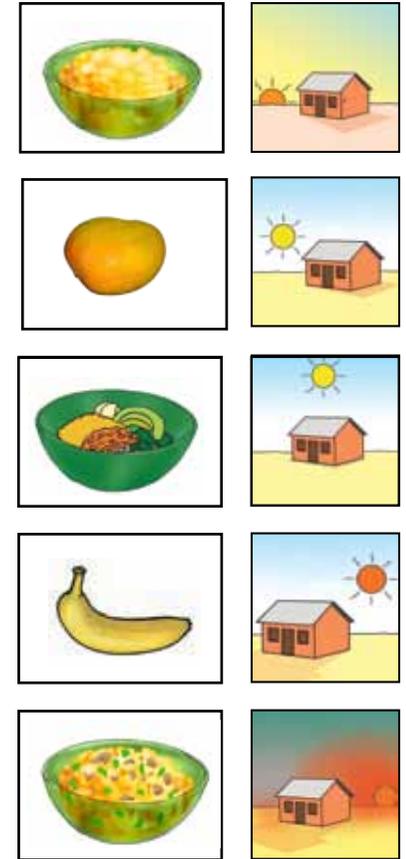
Note about the size of cups:

- * All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.

Note:

- * After 6 months, you can no longer use lactational amenorrhoea method (LAM).
- * You will need to use another family planning method even though your menses has not yet returned.
- * There are many methods of family planning that will not interfere with breastfeeding.

Give complementary feeding from 12 up to 24 months





Counselling Card 16

Give complementary feeding from 12 up to 24 months

- * Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breast milk continues to be a very important part of your baby's diet.
- * Breast milk continues to make up about one third (1/3) of the energy needs of the young child from 12 up to 24 months.
- * To help your baby continue to grow strong and breastfeed, you should use a family planning method to prevent another pregnancy.
- * When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Active/ Responsive Feeding, and Hygiene.
 - **Frequency:** Feed your young child complementary foods 5 times a day
 - **Amount:** Increase amount to three-quarters ($\frac{3}{4}$) to 1 cup (250 ml cup: show amount in cup brought by mother).
 - Use a separate plate to make sure young child eats all the food given.
 - **Thickness:** Give family foods cut into small pieces, finger foods, sliced food
 - **Variety:** Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products); Staples (grains, roots and tubers); Legumes and seeds; Vitamin A rich fruits and vegetables and other fruits and vegetables.
- **Active/responsive feeding**
 - Be patient and actively encourage your baby to eat.
 - Don't force your baby to eat.
 - Use a separate plate to feed the baby to make sure he or she eats all the food given.
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
 - Use a clean spoon or cup to give foods or liquids to your baby.
 - Store the foods to be given to your baby in a safe hygienic place.
 - Wash your hands with soap and water before preparing foods and feeding your baby.
 - Wash your hands and your young child's hands before eating.
 - Wash your hands with soap and clean running water after using the toilet and washing or cleaning your baby's bottom.
- * Every day in the morning, midday and evening, you can add 1 teaspoon of oil or fatty foods such as margarine or avocado to your child's food.

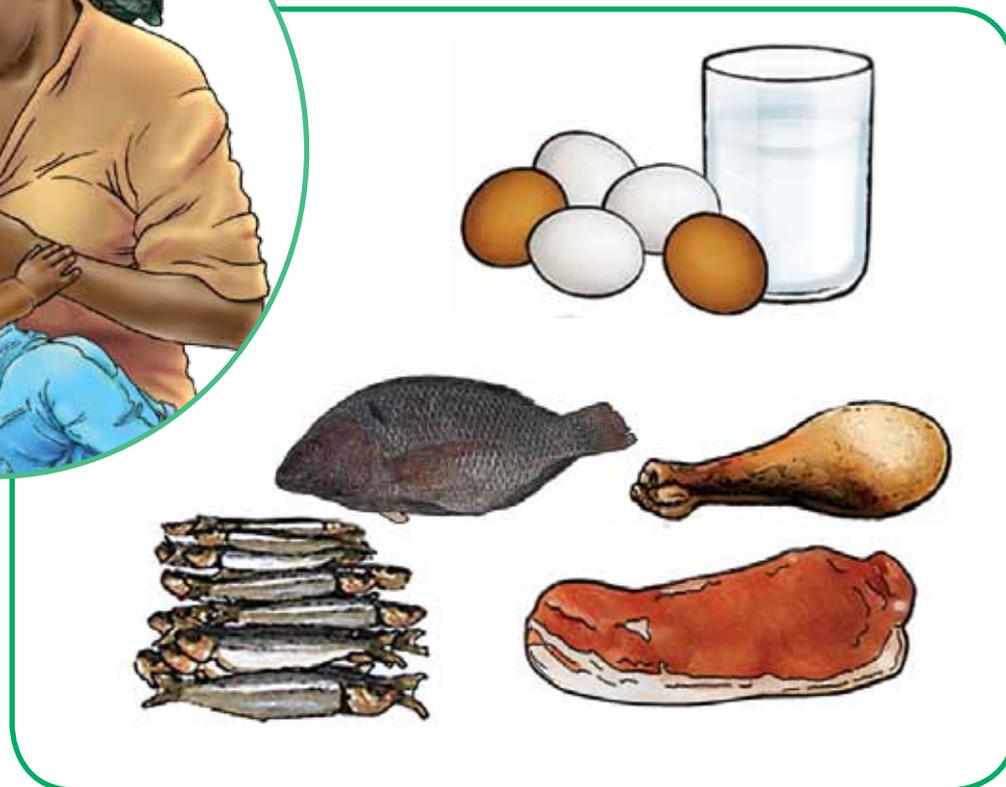
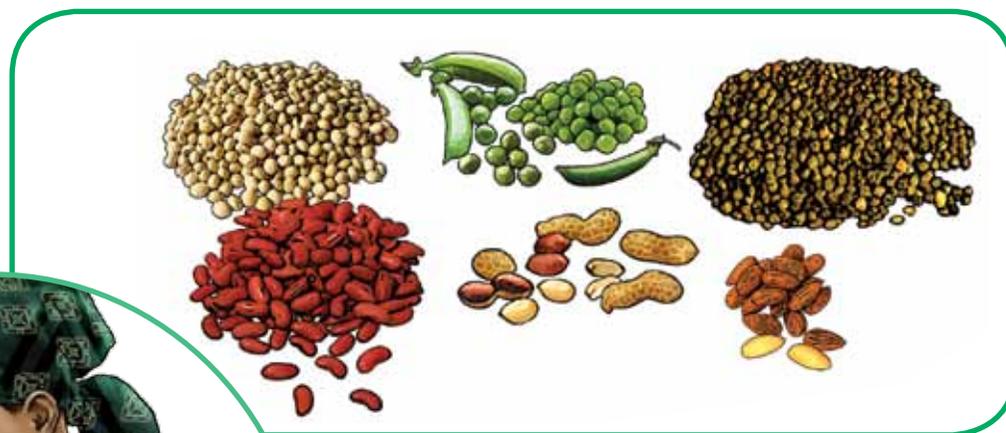
Note about the size of cups:

- * All cups shown and referred to in the Counselling Cards are mugs which have a volume of 250 ml. If other types or sizes of cups are used to feed a baby, they should be tested to see what volume they hold and the recommended quantities of food or liquid should be adjusted to the local cup or mug.

Note: Foods may be added in a different order.

- * Animal source foods (including organ meat like liver, heart and kidney) are very important and can be given to young children: cook well and chop fine.
- * Additional nutritious snacks (extra foods between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.

Feed your baby a variety of foods





Counselling Card 17

Feed your baby a variety of foods

- * Continue to breastfeed (for at least 2 years) and try to feed a variety of foods at each meal to your young child. For example:
 - Animal-source foods (meat, chicken, fish, liver), and eggs and dairy products
 - Staples (maize, wheat, rice, millet and sorghum); roots and tubers (cassava, potatoes)
 - Legumes (beans, lentils, peas, groundnuts) and seeds (sesame)
 - Vitamin A-rich fruits and vegetables (mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin), and other fruit and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage)

NOTE: foods may be added in a different order:

- * Introduce animal source foods early to babies and young children and give them as often as possible.
 - Cook them well and chop them finely.
 - Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.
 - Use iodised salt.

When your baby is sick, seek advice



Referral form



Child health card



Insurance card

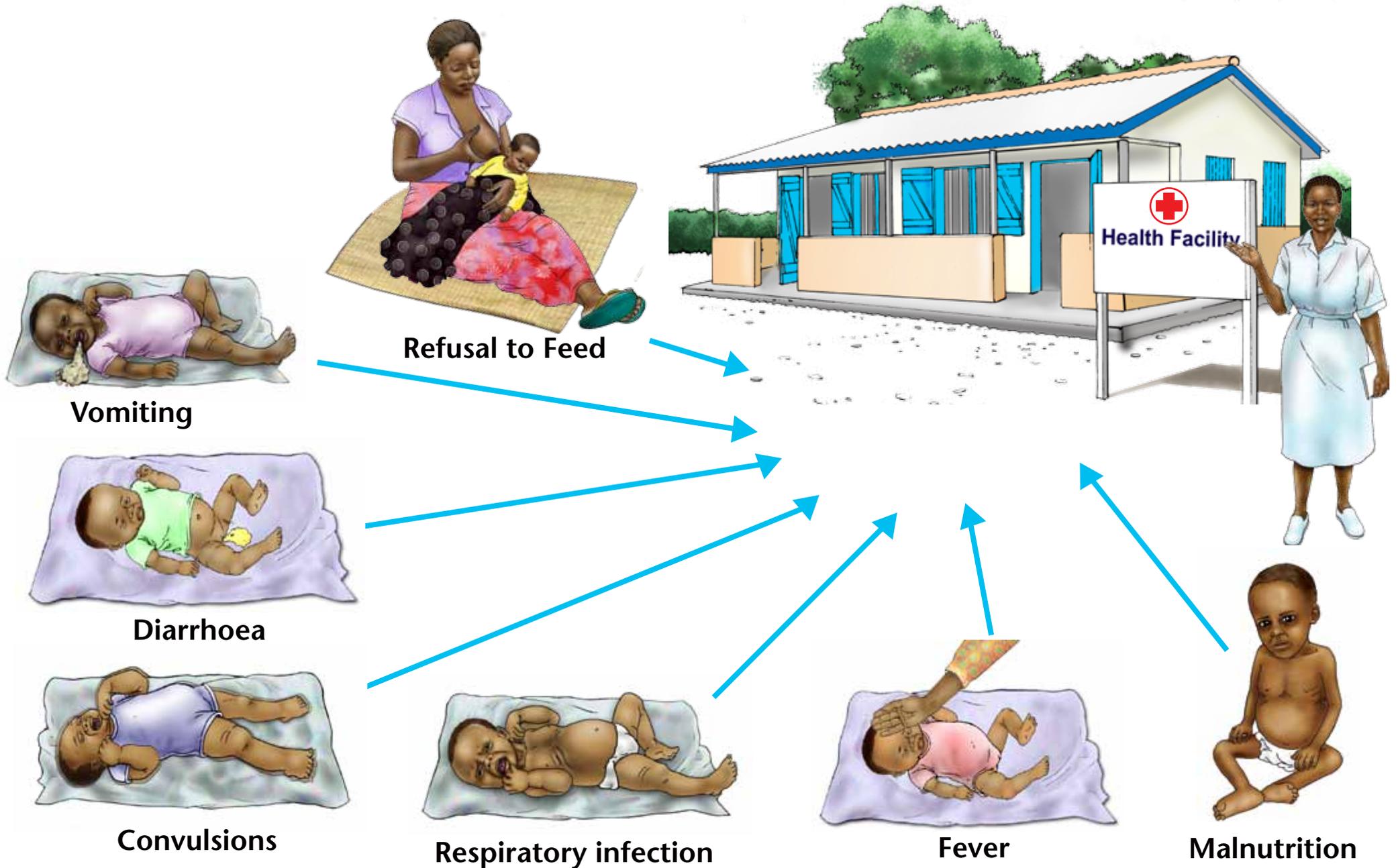


Counselling Card 18

When your baby is sick, seek advice

- * If your child becomes sick, seek advice from your community health worker.
- * Your community health worker will know if your child should be taken to the nearest health facility or hospital.
- * Certain illnesses or conditions require a consultation and special medicines that are only available from your facility health worker.
- * Remember to take your referral form, child health card and insurance card with you when you go to the health facility.

When to bring your child to the health facility



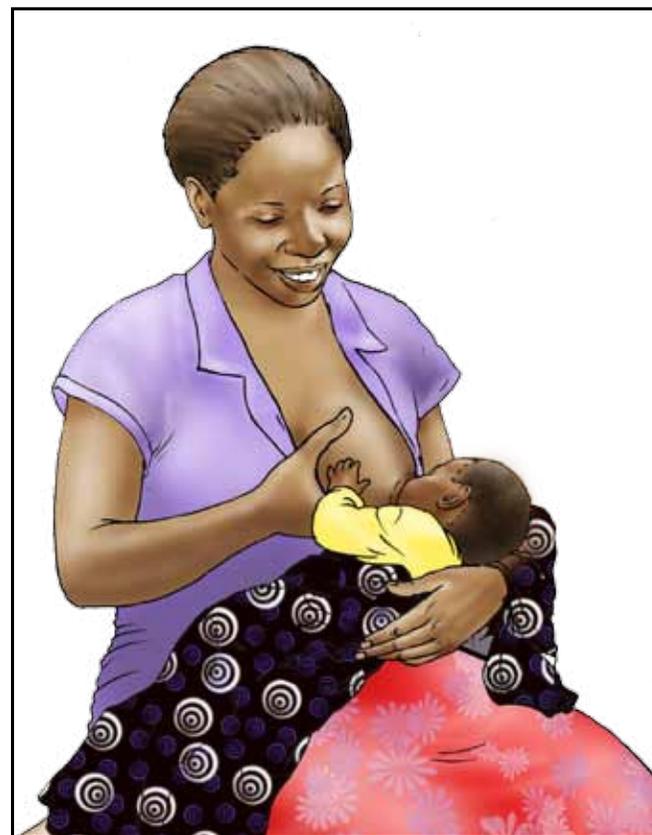
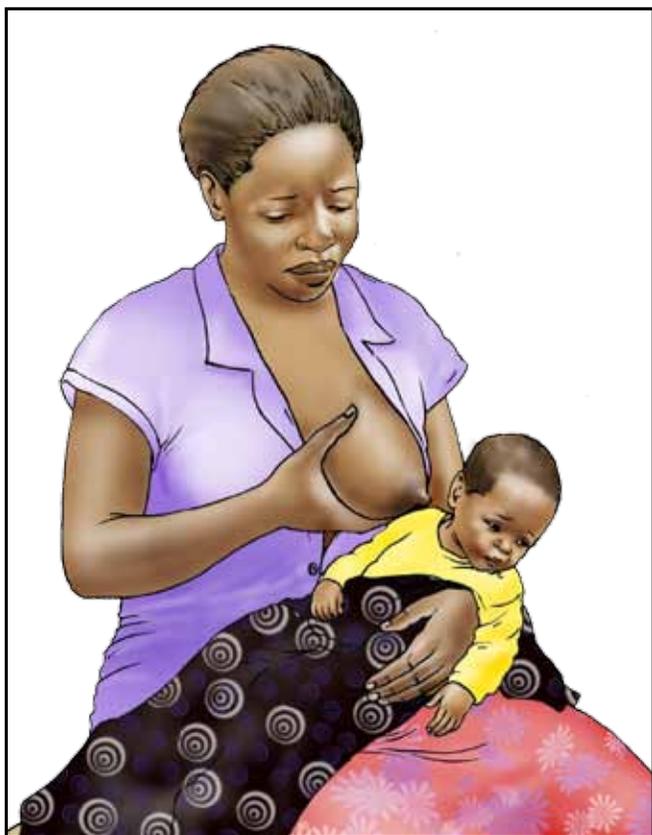


Counselling Card 19

When to bring your child to the health facility

- * Take your child immediately to a trained health worker or clinic if any of the following symptoms are present:
 - Refusal to feed and being very weak
 - Vomiting (cannot keep anything down)
 - Diarrhoea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes)
 - Convulsions (rapid and repeated contractions of the body, shaking)
 - The lower part of the chest sucks in when the child breathes in , or it looks as though the stomach is moving up and down (respiratory infection)
 - Fever (possible risk of malaria)
 - Malnutrition (loss of weight or swelling of the body)

Feeding your sick baby less than 6 months of age



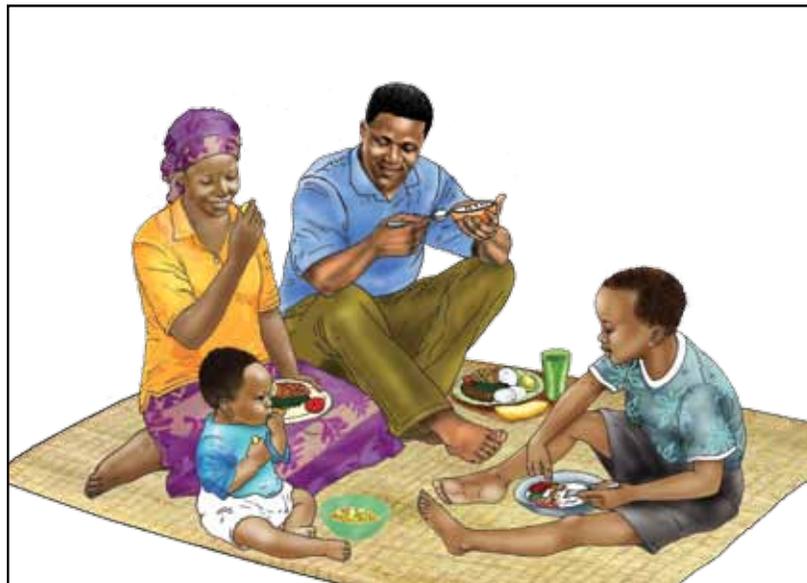
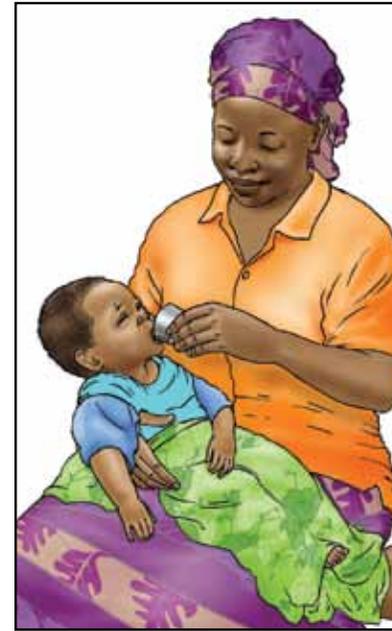
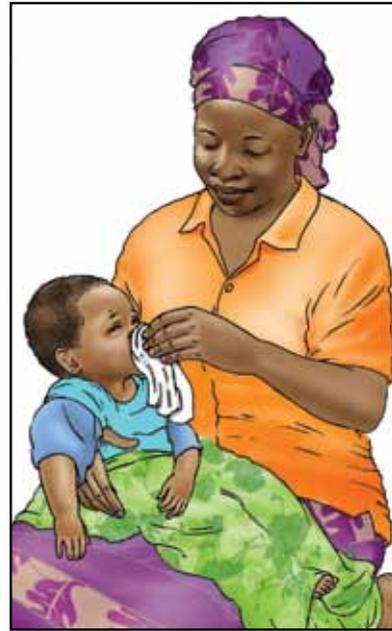
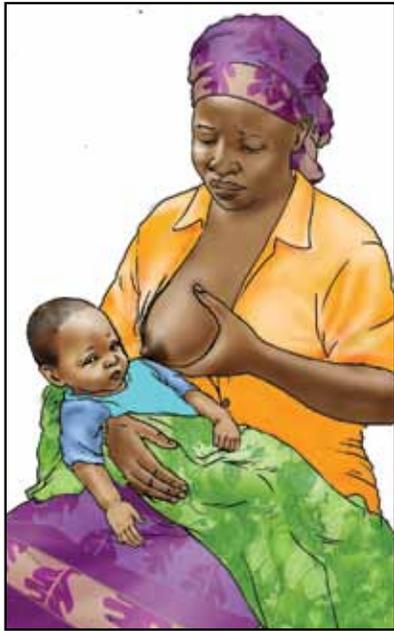


Counselling Card 20

Feeding your sick baby less than 6 months of age

- * Breastfeed more frequently during illness, including diarrhoea, to help the baby fight sickness, reduce weight loss and recover more quickly.
- * Breastfeeding also provides comfort to your sick baby. If your baby refuses to breastfeed, encourage your baby until he or she takes the breast again.
- * Give only breast milk and medicines recommended by your doctor/ health care provider.
- * If the baby is too weak to suckle, express breast milk to give the baby. This will help you to keep up your milk supply and prevent breast difficulties.
- * After each illness, increase the frequency of breastfeeding to help your baby regain health and weight.
- * When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time.

Feeding your sick baby more than 6 months of age



<p>6 up to 9 months</p> 					<p>+</p>	
<p>9 up to 12 months</p> 					<p>+</p>	
<p>12 up to 24 months</p> 					<p>+</p>	

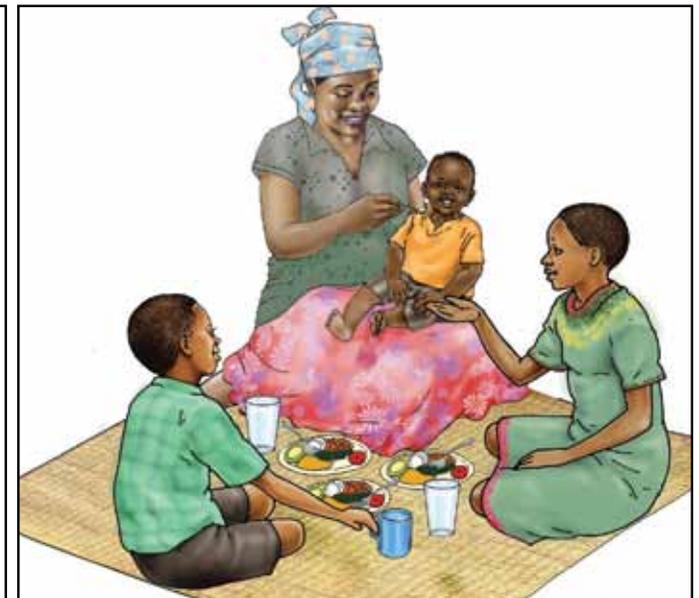
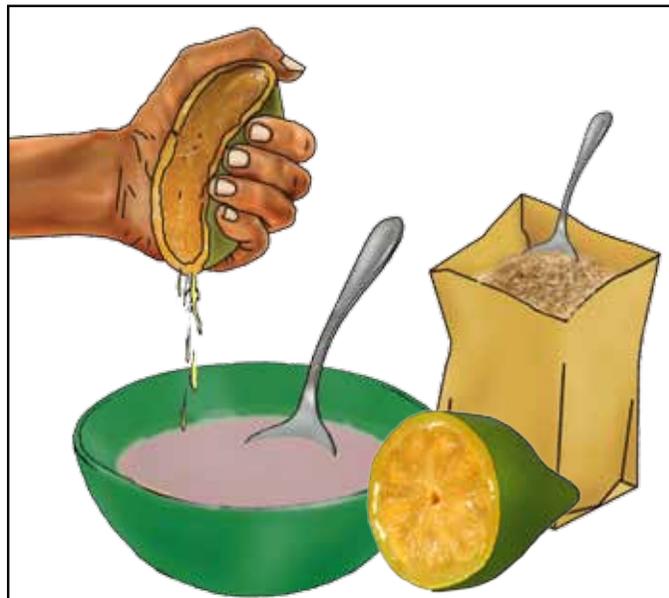
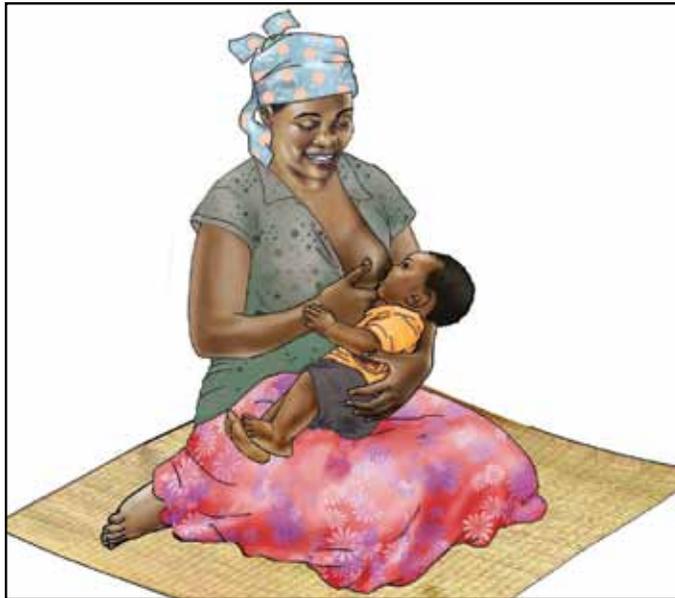


Counselling Card 21

Feeding your sick baby more than 6 months of age

- * Breastfeed more frequently during illness, including diarrhoea, to help your baby fight sickness, reduce weight loss and recover more quickly.
- * If the baby has diarrhoea or vomiting, give him or her oral rehydration salts as recommended by your health care worker, to avoid dehydration.
- * Avoid giving your baby traditional herbs.
- * Your baby needs more food and liquids while he or she is sick.
- * If your child's appetite is decreased, encourage him or her to eat small frequent meals.
- * Offer the baby simple foods like porridge and avoid spicy or fatty foods. Even if the child has diarrhoea, it is better for him or her to keep eating.
- * After your baby has recovered, actively encourage him/her to eat one additional meal of solid food each day during the following two weeks.
- * This will help your child regain the weight s/he has lost and make up for missed growth.
- * When you are sick, continue to breastfeed your baby.
- * You may need extra food and support during this time.
- * When you are sick, you will also need plenty of liquids.
- * If your child is congested, clean his/her nose using clean water.

How to feed a baby above 6 months with poor appetite





Counselling Card 22

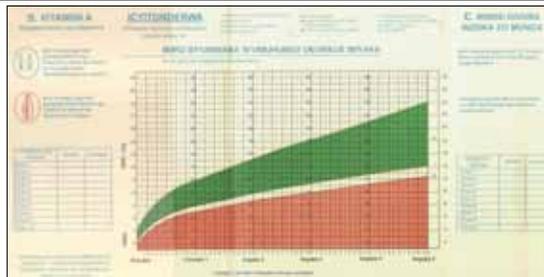
How to feed a baby above 6 months with poor appetite

- * Children need to learn to eat new foods. Sometimes they do not like foods that are bitter or mushy, and will reject a meal served with a food they don't like.
- * If this happens, select and offer the foods the child seems to like. Introduce new foods one at a time to learn what is acceptable. Try foods such as egg, potatoes in groundnut sauce, and soft, cooked carrots in small pieces rather than mashed.
- * Especially during the second year of life, children can go through periods when they seem like they do not want to eat. Caregivers need to be patient, but persistent in feeding them. When the child is fussy other family members should help.
- * Often the child will eat with an older sibling, but not with the mother. Try different eating situations.
- * Allow the child to eat smaller portions, but feed the child more frequently. For example if the child only eats a small amount of his or her food in the middle of the day, offer some of the food later, cut up in small pieces, and offer the child a piece of fruit. Instead of three meals a day with a snack or two, this child might be eating at least 6 times a day.
- * It is a critical situation when the child reaches the point of showing no interest in eating or has lost his or her appetite completely. This often happens after being allowed to get extremely hungry.
- * A child with no appetite should be offered small amounts of any favorite foods like fruit or soft porridge with groundnut flour and should be coaxed to eat with patience, increasing the quantity gradually.
- * A child's appetite can be stimulated by adding a pinch of salt or making a food sweet and sour. When sugar and something sour like yogurt or a few drops of lemon juice are added to a food (rice or a soft porridge) it becomes sweet and sour.
- * Continue to breastfeed your baby.

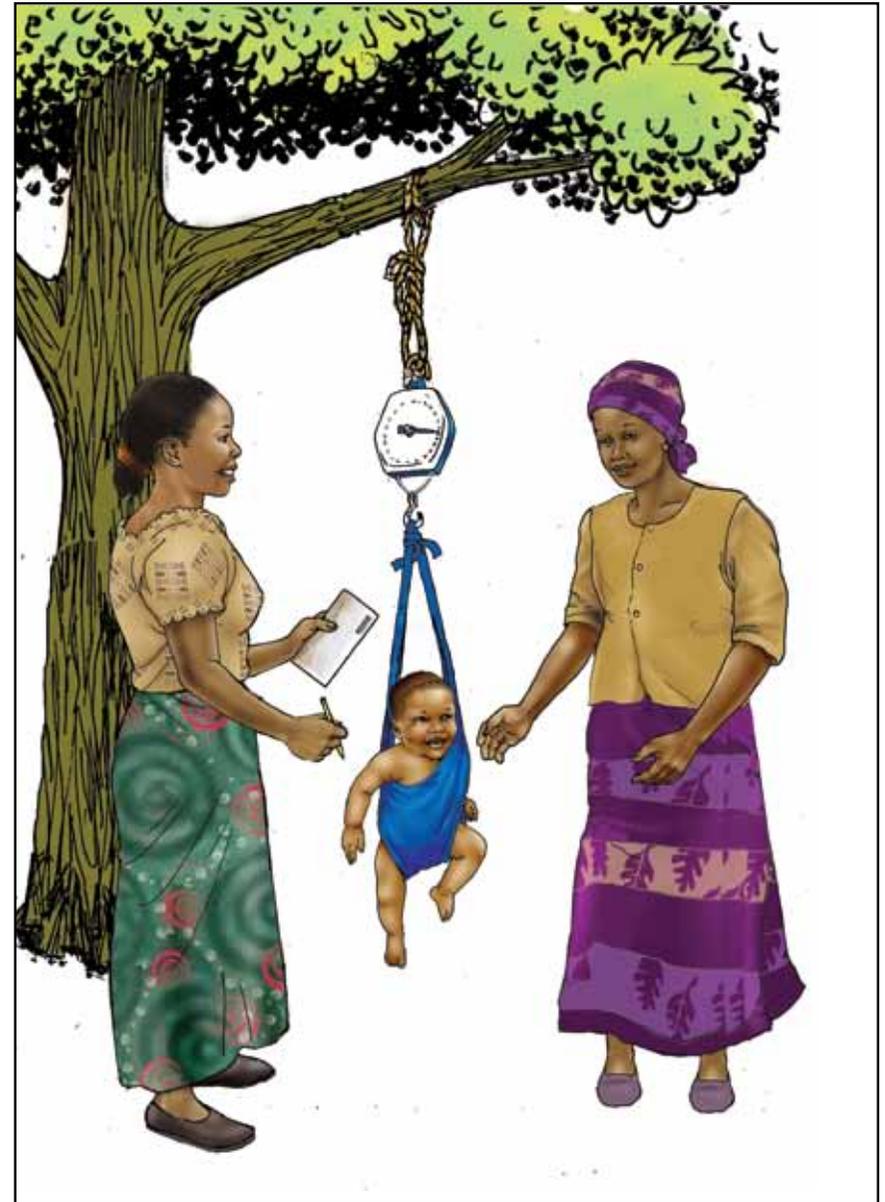
Regular growth monitoring and promotion



Immunisations



Child health card





Counselling Card 23

Regular growth monitoring and promotion

- * Attend regular growth monitoring and promotion sessions (GMP) to make sure your baby is growing well.
- * A healthy child who is growing well always gains a certain amount of weight every month. If your child is not gaining weight or is losing weight, there is a problem.
- * Attending growth monitoring and promotion sessions can help identify nutrition problems your child may have, such as severe thinness or swelling.
- * Nutrition problems may need urgent treatment with special (therapeutic) foods.
- * Measuring the upper arm of a child over 6 months (MUAC) also identifies severe thinness.
- * During growth monitoring and promotion sessions, you can ask questions about your child's growth, health and nutrition.
- * It is important to address poor growth and other signs of poor nutrition quickly, as soon as they are identified. If the problem is severe, you should immediately take your child to the nearest health facility.
- * When you go to the health centre for growth monitoring, ask about family planning too.
- * You should also ask about your baby's immunization schedule. Immunizations protect babies against several diseases.

Family planning improves health and survival



LAM
(Exclusive breastfeeding)



Male & Female Condom



Even in love, abstain



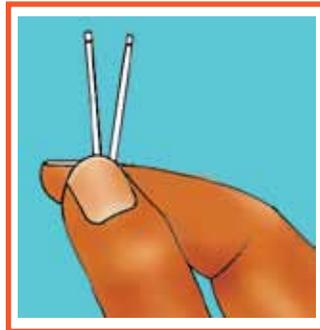
Cycle Beads



Injectables
(Depo-Provera®)



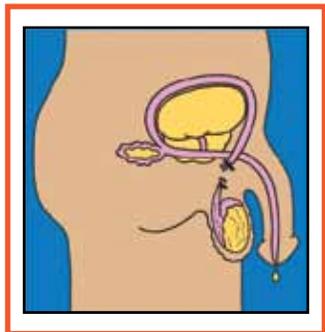
Oral Contraceptives



Implant



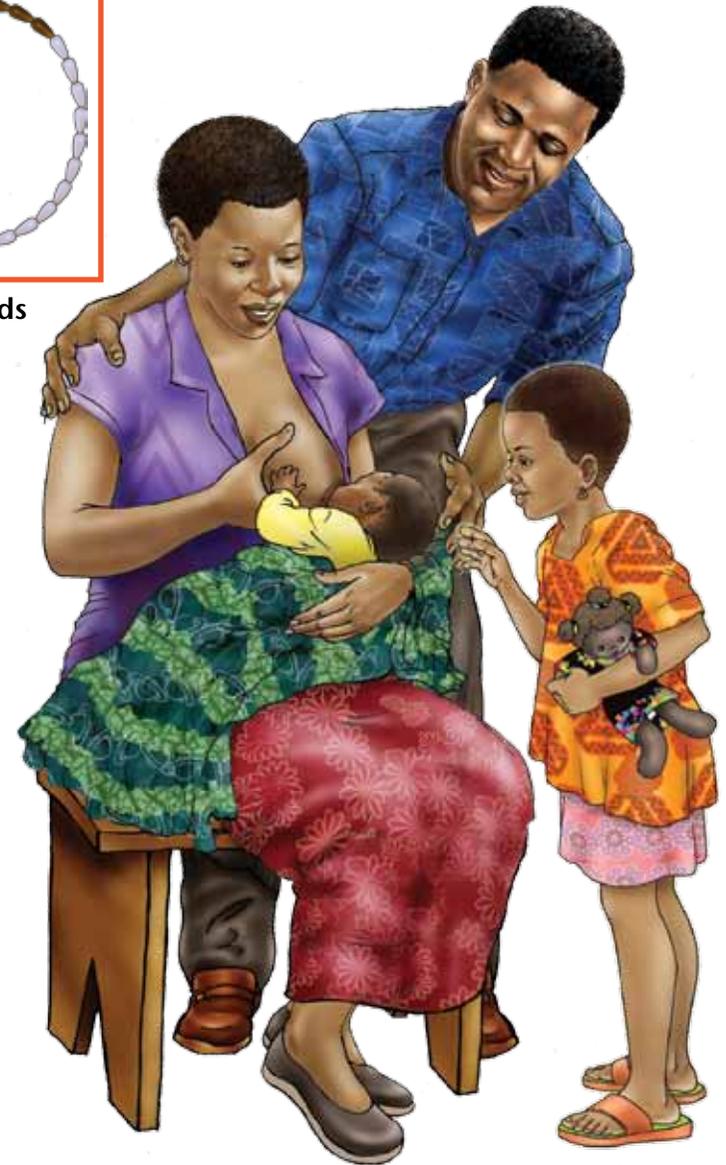
Tubal Ligation



Vasectomy



IUD



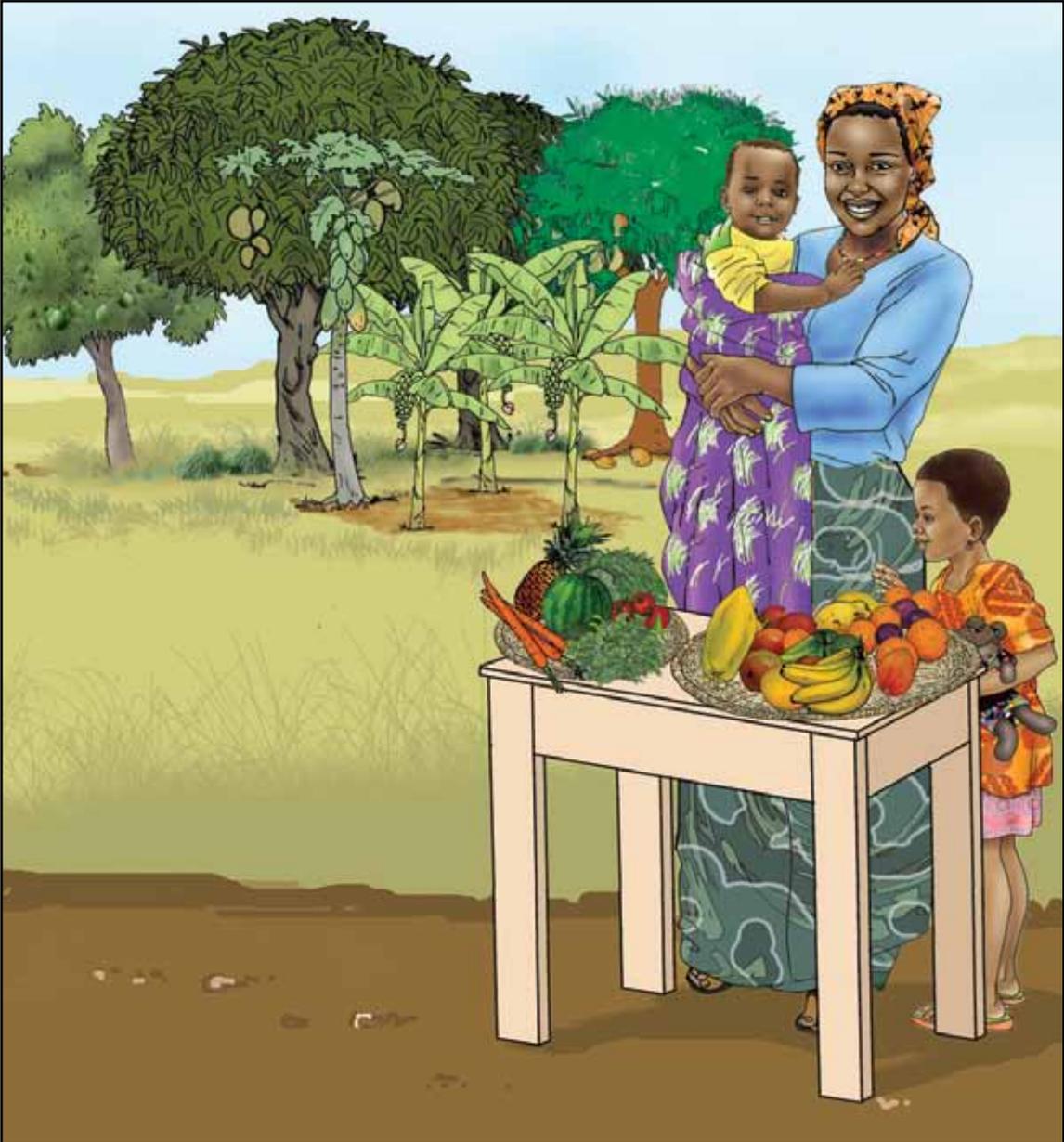


Counselling Card 24

Family planning improves health and survival

- * Healthy timing and spacing of pregnancy means waiting at least 2 to 3 years before becoming pregnant again.
- * Spacing your children allows:
 - More time to breastfeed and care for each child.
 - More time for your body to recover between pregnancies.
 - More money because you have fewer children, and thus fewer expenses for school fees, clothing, food, etc.
- * Feeding your baby only breast milk for the first 6 months helps to space births in a way that is healthy for both you and your baby.
- * By exclusively breastfeeding your baby for the first 6 months you can prevent pregnancy **ONLY** if:
 - you feed the baby only breast milk
 - your menstrual period has not returned
 - your baby is less than 6 months old
- * This family planning method is called the Lactational Amenorrhea Method, or LAM.
 - L = lactational
 - A = no menses
 - M = method of family planning
- * If any of these three conditions change, you are no longer protected from becoming pregnant again.
- * It is important to seek advice from the nearest clinic about what modern family planning methods are available, as well as when and how to use them.

Create a kitchen garden and plant fruit trees



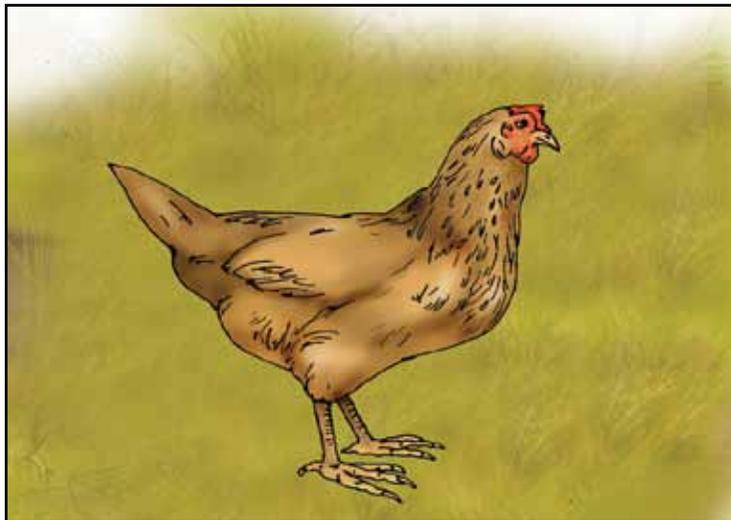


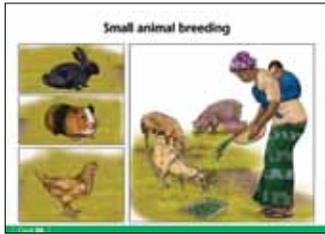
Counselling Card 25

Create a kitchen garden and plant fruit trees

- * Create a kitchen garden where you can grow different vegetables for your family throughout the year, like amaranths, carrots, and dark-green leaves such as spinach. All of these foods are important sources of body-protecting nutrients, including minerals and vitamins that you and your young children need.
- * If space allows, it is best to have at least three different kitchen gardens that you plant at different times of the year, taking advantage of the different growing seasons. This will allow you to harvest fresh vegetables regularly, throughout the year, for your family to enjoy.
- * Gardens can be created with simple tools and materials, and minimal work. They will need to be weeded, watered and cared for regularly, however.
- * Fruits such as banana, mango, papaya and citrus are rich in vitamin A and C, and their trees are a wonderful financial investment for the future.

Small animal breeding





Counselling Card 26

Small animal breeding

- * Breeding small, inexpensive animals such as hens, rabbits and guinea pigs can provide you and your young children with important body building protein and other important nutrients.
- * Goats and sheep are also excellent animals to breed, although they require more space.
- * Keeping pigs can boost the household income because they produce many piglets that can be sold for money.
- * If possible, breeding cows that produce milk, will provide your children with body building protein and many other important nutrients.
- * The extra meat, eggs and milk that you get from your animals can also be sold to buy other kinds of food that your family needs.

Risks for babies born to HIV-infected mothers...

When NO actions are taken to prevent the transmission of HIV from mother to baby...



Out of 100 babies born to HIV infected women:



The majority of babies (about 60) are not infected with HIV.

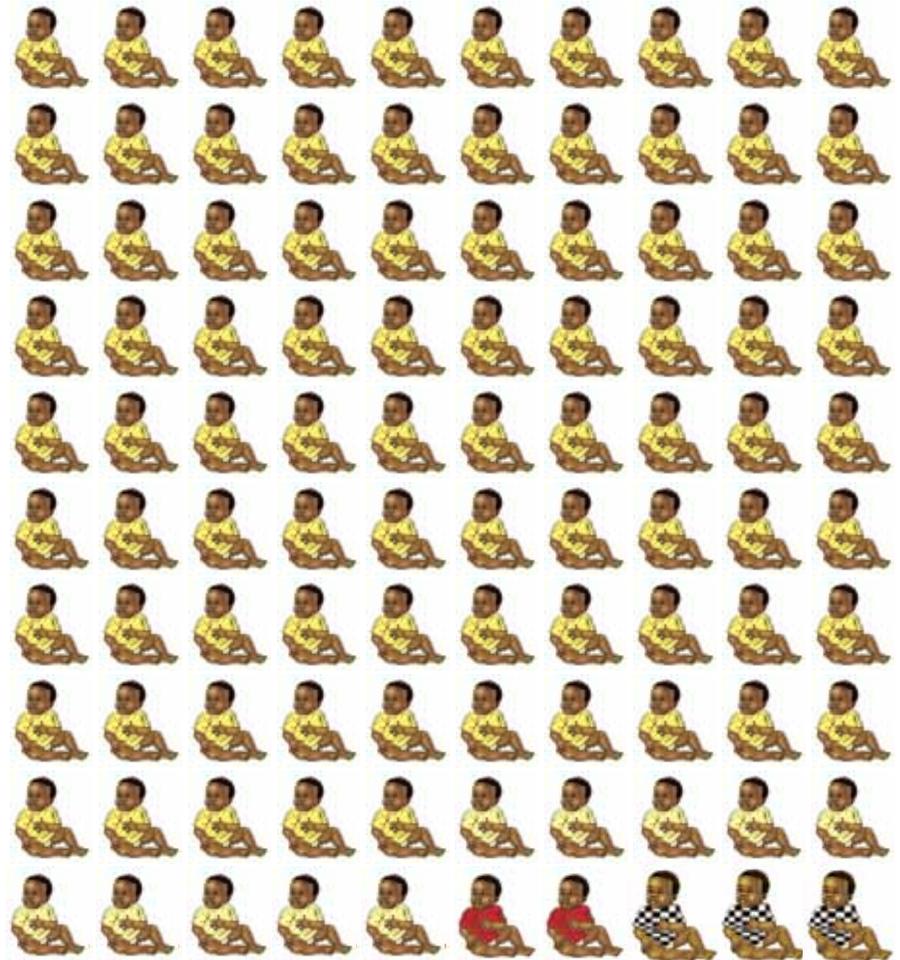


Most babies (about 25) become infected with HIV during pregnancy, labour and birth.



Other babies (about 15) are infected with HIV through breastfeeding.

If both mother and baby take ARVs and practise exclusive breastfeeding during the first 6 months...



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



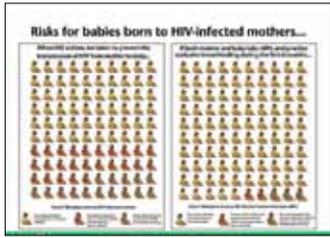
The majority of babies (95 or more) are not infected with HIV.



Very few of these babies (less than 2) become infected with HIV during pregnancy, labour and birth.



Breastfeeding babies (less than 3) can become infected. Exclusive and safer breastfeeding reduces the risk.



Counselling Card 27

Risks for babies born to HIV-infected mothers...

- * A woman infected with HIV can pass HIV to her baby during pregnancy, labour, delivery or through breastfeeding.
- * Not all babies born to women with HIV become infected with HIV, however.
- * If NO preventive actions are taken to prevent or reduce HIV transmission, out of every 100 HIV-infected women who become pregnant, deliver, and breastfeed for up to two years, about 40 of them will pass HIV to their babies:
 - 25 babies may become infected with HIV during pregnancy, labour and delivery
 - 15 babies may become infected with HIV through breastfeeding, if the mothers breastfeed their babies for up to 2 years
 - The other 60 women will NOT pass HIV to their babies.

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

- * A woman infected with HIV should be given special medicines (called antiretroviral drugs or ARVs) to take, starting as early in her pregnancy as possible and continuing for life. Taking ARVs greatly decreases the risk of

passing HIV to her infant during pregnancy, birth, or breastfeeding.

- * A baby born to a woman who is HIV-positive should also receive special medicines (ARVs) for the first 6 weeks after birth to decrease the risk of getting HIV.
- * If an HIV-positive mother and her baby practise exclusive breastfeeding during the first 6 months, the mother takes ARVs during her pregnancy and throughout the breastfeeding period, and her baby takes ARVs during the first 6 weeks after birth, the risk of HIV infection passing from the mother to the baby decreases tremendously.
- * If these preventive actions are taken, out of every 100 HIV-positive women who become pregnant, deliver, and breastfeed for at least one year, less than 5 of them will pass HIV to their babies:
 - About 2 babies may become infected with HIV during pregnancy, labour and delivery.
 - About 3 babies may become infected with HIV through breastfeeding.
 - More than 95 of these women will NOT pass HIV to their babies.

Note about practicing safer sex:

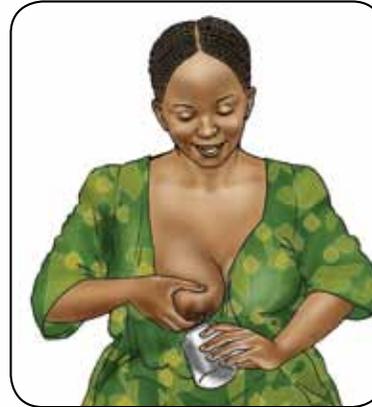
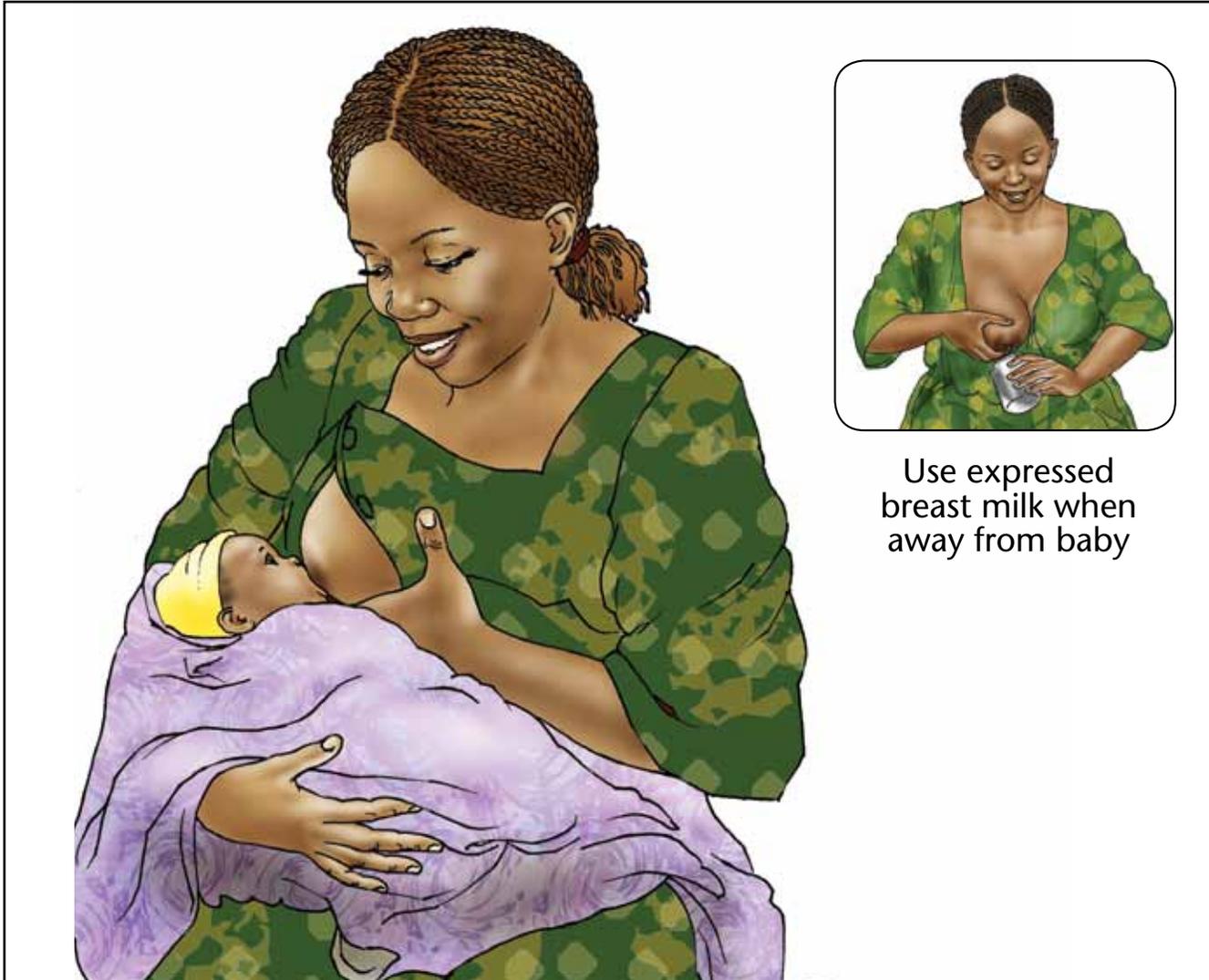
All women with HIV should prevent HIV re-infection by practicing safer sex. This means using condoms during pregnancy and during breastfeeding.

Note about extra protection:

All breastfeeding mothers infected with HIV should seek help from their community health worker or seek treatment at their nearest health facility if they have any breast infections or other breast problems.

Exclusively breastfeed and take ARVs

Only Breast Milk



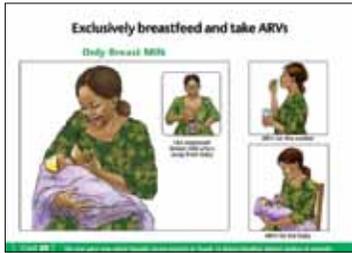
Use expressed breast milk when away from baby



ARVs for the mother



ARVs for the baby



Counselling Card 28

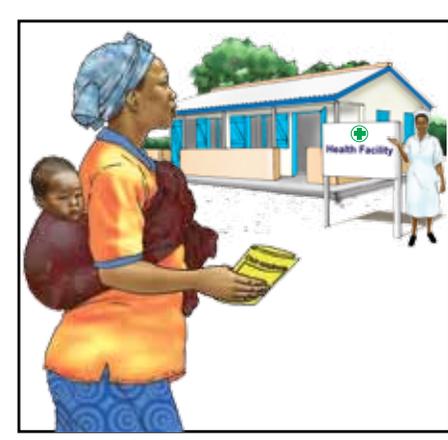
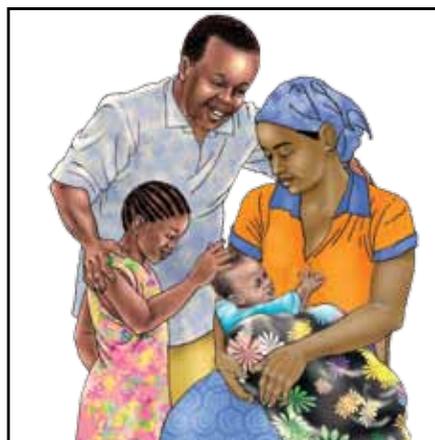
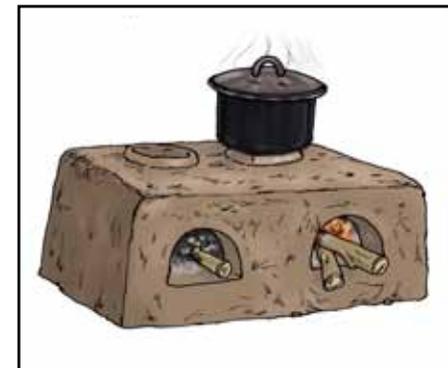
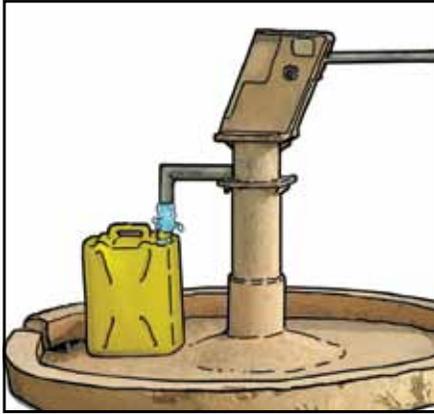
Exclusively breastfeed and take ARVs

- * Exclusive breastfeeding (giving ONLY breast milk) for the first 6 months together with special medicines (ARVs) for the mother and baby greatly reduces the chance of HIV passing from an HIV-infected mother to her baby.
- * When an HIV-infected mother exclusively breastfeeds, her baby receives all the benefits of breastfeeding including protection from diarrhoea and other illnesses.
- * Use counselling cards on exclusive breastfeeding and building your milk supply (Counselling Cards 3 to 7).
- * **All breastfeeding babies who test HIV positive at 6 weeks** should breastfeed exclusively until 6 months, and then continue to breastfeed for up to two years or longer. Complementary foods should be introduced at 6 months, as recommended.
- * **All breastfeeding babies who test negative at 6 weeks** should continue to exclusively breastfeed until 6 months, and continue breastfeed until 18 months. Complementary foods should be introduced at 6 months, as recommended.
- * Breastfeeding should stop gradually, over a one month period, beginning when the baby is 17 months old. The mother should make sure that she continues taking ARVs for life.
- * All babies born to HIV-positive mothers should receive daily NVP from birth to 6 weeks.
- * Explain the benefits of ARVs, both for the mother's health and for preventing transmission of HIV to her baby.
- * Support HIV-positive women to go to a clinic that provides ARVs.
- * Reinforce the ARV message at all contact points with HIV-positive women and at infant feeding support contact points.
- * Refer to health facility if HIV-positive mother changes feeding options or her ARVs are going to run out soon.
- * HIV-positive mothers should exclusively breastfeed during the first 6 months even if there is not always access to ARVs.

Extra notes:

- * All pregnant and lactating women found with HIV should take ARVs for the rest of their life.
- * Infant feeding counselling for HIV-infected women is generally done at the health facility. Community health workers have an important role, however, in supporting mothers in better infant feeding practices.
- * Use counselling cards on exclusive breastfeeding and building your milk supply (Counselling Cards 3 to 7).
- * Support the mother in how to feed her baby; following recommended breastfeeding practices, and avoiding mixed feeding.
- * Refer HIV-positive mother with breast conditions to the health facility for treatment.
- * Remind mothers that HIV-exposed babies should be tested for HIV when they are between 4 and 6 weeks old, at 9 months and then after breastfeeding has completely stopped

Conditions needed if you choose not to breastfeed





Special Circumstance Card 1: **Conditions needed if you choose not to breastfeed**

- * Safe drinking water (boiled or treated) for preparing infant formula
- * Clean running water and soap for washing hands, dishes, pots, utensils and cups for feeding the baby
- * Basic compound hygiene, including a pit latrine.
- * Sufficient money to purchase the necessary quantities of infant formula
- * A clean, safe, dry place to store infant formula powder
- * Sufficient fuel to boil water for preparing infant formula
- * The ability to prepare and feed infant formula during the day and in the middle of the night
- * Family support for replacement feeding, including the ability to disclose her HIV status to family members
- * Access to medical care for herself and the baby

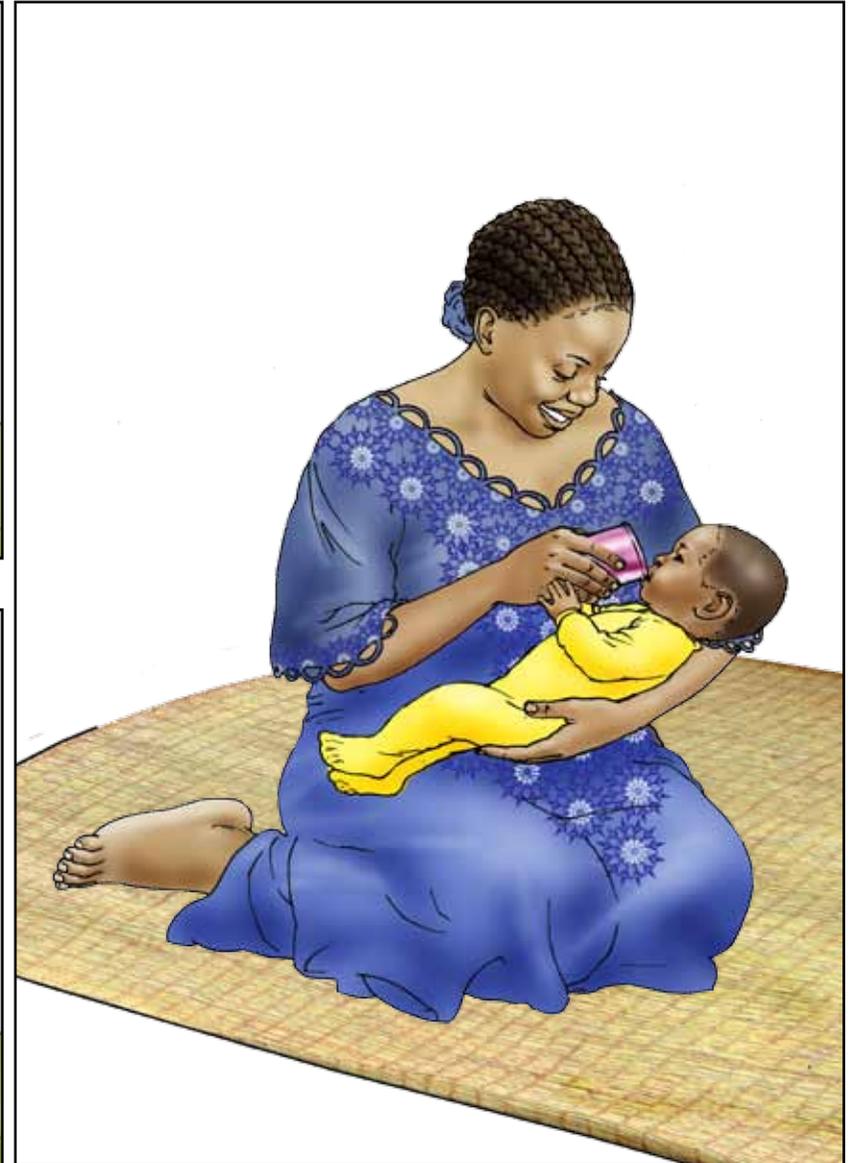
Note for health worker:

Only use this card on the conditions needed to avoid all breastfeeding with HIV-positive mothers who are considering replacement feeding rather than breastfeeding their HIV-exposed infants.

- * These social, economic and environmental conditions must be met if an HIV-positive mother is going to be able to safely replacement feed her baby using infant formula.

Reminder: This *Counselling Card* is only for use with HIV-positive women who are considering replacement feeding rather than breastfeeding their HIV-exposed infants.

If using infant formula, avoid all breastfeeding





Special Circumstance Card 2:

If using infant formula, avoid all breastfeeding

- * Exclusive replacement feeding (giving ONLY infant formula) for the first 6 months eliminates the chance of passing HIV through breastfeeding, but carries other risks. A baby who does not breastfeed has a greater risk of getting sick from diarrhoea and other infections, and of becoming malnourished.
- * Mixed feeding is always dangerous for babies less than 6 months, but especially for HIV-exposed babies. A baby less than 6 months has immature intestines. Food or drinks other than breast milk (including infant formula, animal milk, or water) can cause damage to the baby's intestines. This makes it easier for HIV and other diseases to enter the baby's body.
- * Make sure to get enough supplies for the baby's normal growth and development until he or she reaches at least 6 months. (A baby needs about 40 tins of 500g in formula for the first 6 months.)
- * Wash your hands with soap and water before beginning to prepare infant formula and before feeding your baby.
- * Always read and follow the instructions that are printed on the tin very carefully. Ask for more explanation if you do not understand.
- * Use clean water to mix with the infant formula. If you can, prepare the water that is needed for the whole day. Bring the water to a rolling boil for at least 2 minutes and then pour into a flask or clean covered container specially reserved for boiled water.
- * Keep or carry boiled water and infant formula powder separately to mix for the next feeds if you are away from home or for night feeds.
- * Wash the utensils with clean water and soap, and then boil them to kill the remaining germs.
- * Use only a clean spoon or cup to feed your baby. Even a newborn baby learns quickly how to drink from a cup. Do not use bottles, teats or spouted cups.
- * Store the formula tin in a safe clean place.
- * Only prepare enough infant formula for one feed at a time, and use the formula within one hour of preparation.
- * DO NOT reintroduce breastfeeding. Avoid any mixed feeding.
- * Take your baby to the health facility if he or she gets sick with diarrhoea or other illnesses. Let your health worker know if you have difficulty obtaining enough infant formula for your baby.

Note for health worker:

Only use this card on infant formula with HIV-infected mothers who choose not to breastfeed their HIV-exposed infants.

Reminder:

This *Counselling Card* is only for use with HIV-positive women who decide not to breastfeed their HIV-exposed infants.

Feeding non-breastfed child from 6 up to 24 months



Each day add



Each day add



Each day add





Special Circumstance Card 3: Feeding non-breastfed child from 6 up to 24 months

- * A minimum of 2 cups of milk each day is recommended for all children under 2 years of age who are no longer breastfeeding.
- * This milk can be either commercial infant formula, that is prepared according to directions, or animal milk, which should always be boiled for children who are less than 12 months old. It can be given to the baby as a hot or cold beverage, or can be added to porridge or other foods.
- * All children need complementary foods from 6 months of age.
- * The non-breastfed child from 6 up to 9 months needs the same amount of food and snacks as the breastfed child of the same age plus 1 extra meal plus 2 cups of milk each day (1 cup = 250 ml).
- * The non-breastfed child from 9 up to 12 months needs the same amount of food and snacks as the breastfed child of the same age plus 2 extra meals plus 2 cups of milk each day.
- * The non-breastfed child from 12 up to 24 months needs the same amount of food & snacks as the breastfed child of the same age plus 2 extra meals plus 2 cups of milk each day.
- * After 6 months, also give 2 to 3 cups of water each day, especially in hot climates.

Note for health worker:

Only use this card for non-breastfed children who are between 6 and 24 months.

Reminder:

This *Counselling Card* is only for use with HIV-positive women or caregivers who are caring for non breastfed children between 6 and 24 months of age.