

HANDOUT 12.4. JOB AID 10: FEEDING THE HIV-POSITIVE CHILD

Counsel parents or caregivers on how to feed HIV-positive children who have feeding difficulties.

WHY?

HIV-infected children are at high risk for undernutrition and growth failure.

GOALS

- To maintain healthy weight and normal growth and development
- To prevent nutrient deficiencies
- To enhance quality of life

Immediately address the following problems, which affect the child's nutrition:

- **Inadequate intake** because of poor appetite, feeling full quickly, abdominal pain, nausea or common side effects of medicines
- **Feeding difficulties** including poor sucking and swallowing in infants and food aversions, thrush and food refusal in children
- **Opportunistic infections or fever** that make children lose weight
- **Gastrointestinal problems**, especially vomiting, diarrhoea and malabsorption
- **Altered taste** resulting from HIV infection, malnutrition or medications
- **Socioeconomic factors** including poverty, food insecurity and a poor feeding relationship between the caregiver and child because of the difficulties of feeding a child with HIV

ADDRESSING FEEDING PROBLEMS WITH NUTRITION IMPLICATIONS FOR THE HIV-POSITIVE INFANT OR CHILD

Ask the caregiver if the child has any of the following problems:

- Inadequate food intake
- Feeding difficulties
- Opportunistic infections or fever
- Gastrointestinal problems
- Altered taste
- Socioeconomic problems

If NO

- Assess the child's growth (weight and height) to ensure his/her weight is within the normal range.
- If growth is beginning to falter, counsel the caregiver on the feeding difficulty, symptom or drug side effect.
- Praise the caregiver and encourage her to continue feeding the infant or child as well as she is doing.
- Stress the importance of good nutrition for the child,
- Encourage the caregiver to seek prompt treatment of any infections in the child.
- If the child is older than 6 months, ensure he/she is getting a variety of solid foods, including fruits and vegetables.

If YES

- Counsel the client on how to manage inadequate intake.
- Counsel the client on how to manage feeding difficulties.
- Counsel the client on how to manage opportunistic infections or fever.
- Counsel the client on how to manage gastrointestinal problems.
- Counsel the client on how to manage altered taste.
- Counsel the client on how to address socioeconomic factors.

Factors to consider when counselling caregivers to address feeding problems in the HIV-positive child

- Appetite and taste changes
- The environment in which the child is fed
- The caregiver's feeding practices
- The caregiver's access to food and food preparation
- Any multivitamin or mineral supplements the child is taking
- Any medications the child is taking
- The frequency, type, amount and variety of food the child is eating
- Symptoms such as diarrhoea, vomiting, oral thrush or abdominal pain
- Any chewing or swallowing difficulties
- Food safety and hygiene in the home
- Traditional therapies
- Available community support

MANAGING INADEQUATE FOOD INTAKE IN CHILDREN

- 1. Try to determine the cause of the inadequate intake.**
 - Could it be poor appetite, early satiety, abdominal pain, nausea, thrush or side effect of medication?
 - Is the caregiver giving replacement feeding? If yes, make sure the caregiver follows instructions to mix the formula and does not over-dilute the formula.
- 2. Assess the child's growth if possible.**
 - Weigh the child and plot the weight on a growth chart.
 - If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.
- 3. Ask about the child's current eating habits.**
 - Show the caregiver a list of local, affordable foods to find out what the child is eating.
 - Counsel the caregiver on foods to prepare for the child to increase energy intake, especially if the child is losing weight or recovering from an opportunistic infection.
 - Use the daily food guide for HIV-positive children to show the caregiver how often to feed the child and how much.
 - Make sure the caregiver uses iodized salt to prepare food.
- 4. Encourage the caregiver to feed the child small but nutritious meals more often.**
 - Advise the caregiver to give the child something to eat every 2–4 hours.
 - Advise the caregiver to feed the child more energy-dense foods and snacks.
 - Advise the caregiver to feed the child a variety of food from all the food groups.
 - Advise the caregiver to give the child fluids such as clean boiled water between meals.
 - Advise the caregiver to give the child favourite foods whenever the child wants.
 - If the child has oral thrush or mouth sores, advise the caregiver to feed food at room temperature, avoid citrus fruits and sugar and dry, sticky or hard foods, clean the child's mouth after each meal with cotton wool and very lightly salted clean boiled warm water and give the older child a straw for drinking.
- 5. Counsel the caregiver to take the child to a health worker if the child has not eaten enough for a long time to help prevent growth failure and malnutrition.**
- 6. Encourage the caregiver to continue giving the child his/her medication as prescribed but to seek medical attention if the side effects of the medication cause inadequate food intake.**
- 7. Encourage the caregiver to feed the child patiently and persistently, with supervision and love.**
- 8. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.**

MANAGING POOR SUCKLING OR SWALLOWING, FOOD AVERSIONS AND FOOD REFUSAL

- 1. Assess the child's growth if possible.**
 - Weigh the child and plot the weight on a growth chart.
 - If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.
- 2. Ask about the child's current eating habits.**
- 3. Counsel the caregiver on how to manage infants with poor suckling or swallowing.**
 - If necessary, help the mother position the infant correctly and help the infant latched onto the breast correctly.
 - Suggest feeding the child with a cup and spoon if he/she cannot suckle.
- 4. Counsel the caregiver on how to manage children with trouble swallowing or food aversions.**
 - If the child is older than 6 months, advise the caregiver to feed foods that require less chewing and to modify the texture by mashing or pureeing.
 - Encourage the caregiver to give the child small, frequent meals of their favourite foods.
 - Encourage the caregiver to give the child a variety of foods.
 - Advise the caregiver to increase the energy of the foods the child is eating by adding margarine, butter, vegetable oil, milk powder, groundnut paste or cooked egg to prevent weight loss.
 - Counsel the caregiver not to give the child too much fruit juice or soda, which fill the child up, replace energy- and nutrient-dense foods and have no nutritional value.
- 9. Counsel the caregiver to take the child to a health worker if the condition becomes severe and the child has not eaten enough for a long time to help prevent growth failure and malnutrition.**
- 10. Encourage the caregiver to continue giving the child his/her medication as prescribed but to seek medical attention if the side effects of the medication cause food aversion or refusal.**
- 11. Encourage the caregiver to feed the child patiently and persistently, with supervision and love.**
- 12. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.**

MANAGING OPPORTUNISTIC INFECTIONS OR FEVER

1. Assess the child's growth if possible.

- Weigh the child and plot the weight on a growth chart.
- If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.

2. Ask the caregiver how long the infant or child has had the infection.

- Advise the caregiver to seek medical attention if the fever has lasted several days and is not relieved with medication or if the child has lost consciousness or has yellow eyes, convulsions or seizures or severe diarrhoea.

3. Find out whether the child with a fever is dehydrated.

- Signs and symptoms of dehydration include lethargy, little or no urine, dry mouth, lack of skin elasticity and rapid breathing.
- If the child shows any of these signs, refer him/her for medical treatment.

3. Counsel the caregiver on how to manage children with opportunistic infections or fever.

- Ensure that the caregiver gives the child plenty of fluids to avoid dehydration.
- Advise the caregiver to continue feeding the child breastmilk or any other kind of milk he/she usually drinks.
- Counsel the caregiver to continue trying to feed the child small but frequent meals.
- Advise the caregiver to try to feed the child foods high in energy and protein, for example, by adding sugar and milk powder to porridge.
- Advise the caregiver to give the child extra food after the fever subsides, especially if he/she has lost weight with the fever.

4. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.

MANAGING GASTROINTESTINAL PROBLEMS: VOMITING, DIARRHOEA AND MALABSORPTION

- 1. Assess the child's growth if possible.**
 - Weigh the child and plot the weight on a growth chart.
 - If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.
- 2. Ask the caregiver how long the infant or child has had the diarrhoea or vomiting.**
 - Refer the child for immediate medical treatment if the diarrhoea is severe, has lasted for more than 2 days or is bloody.
- 3. Find out whether the child with a fever is dehydrated.**
 - Signs and symptoms of dehydration include lethargy, little or no urine, dry mouth, lack of skin elasticity and rapid breathing.
 - If the child shows any of these signs, refer for medical treatment.
 - Stress to the caregiver that diarrhoea and vomiting in very young children can be life threatening because of the risk of dehydration.
 - Counsel the caregiver to continue feeding a child with diarrhoea breastmilk or any other milk he/she normally drinks.
 - Counsel the caregiver to give the child oral rehydration solution (ORS) after each bout of diarrhoea and provide information on where to get the ORS or how to prepare it at home (mix 1 pinch of salt and 1 tablespoon of sugar in 1 cup of clean boiled water).
 - Counsel the caregiver to keep giving the child other fluids as well.
- 4. Ask the caregiver if the child is taking any medications.**
 - If the diarrhoea or vomiting is related to antiretroviral drugs (ARVs) or other medications, encourage the caregiver to continue to give the child his/her medications but to seek medical attention immediately if the condition gets worse or lasts for more than 24 hours or the child is unable to keep anything down and has a fever.
 - If the diarrhoea or vomiting are related to any alternative or traditional therapy the child is being given, discuss the possible harm these may cause the child and advise the caregiver to stop using these therapies.
- 5. Counsel the caregiver on how to manage children with diarrhoea.**
 - If the child is over 6 months old and eating solid foods, advise the caregiver to feed food such as bananas, soft boiled white rice, potatoes and lentils to slow down the diarrhoea.
 - Advise the caregiver not to feed the child large quantities of juice and to eliminate or limit milk or milk products to see whether the symptoms improve.
 - Counsel the caregiver to feed the child small amounts of food more often.
 - Counsel the caregiver to feed the child soft, moist foods.
 - Advise the caregiver to resume the child's regular diet when the diarrhoea has stopped. Remind the caregiver of the importance of food safety and hygiene to avoid infection.
 - Stress hand washing with soap and water after using the toilet and before handling and preparing food.
 - Stress making sure the food served to the child is cooked well.
 - Advise the caregiver to give the child clean boiled water to drink and use clean boiled water to make juices and prepare food.

6. Counsel the caregiver on how to manage children with vomiting.

- Advise the caregiver to give the child plenty of fluids to replace lost fluids and prevent dehydration.
- Counsel the caregiver to give the child ORS after each bout of diarrhoea and provide information on where to get the ORS or how to prepare it at home (mix 1 pinch of salt and 1 tablespoon of sugar in 1 cup of clean boiled water).
- Advise the caregiver not to feed the child strong-smelling, greasy or fried foods.
- Advise the caregiver to feed the child foods at room temperature that are soft, moist and easy to chew and swallow, such as bananas, soft boiled white rice and potatoes.
- Advise the caregiver to feed the child small but more frequent meals.
- Counsel the caregiver to make sure the child gets plenty of fluids and to seek medical attention immediately if the child cannot drink in order to avoid dehydration.

7. Counsel the caregiver on how to manage children with malabsorption.

- Signs of malabsorption include diarrhoea, weight loss, anaemia (pallor, fatigue), shortness of breath, poor weight gain and failure to thrive.
- Advise the caregiver to stop using oils, butter, ghee or margarine to cook foods for the child not to feed the child deep-fried, greasy or fatty foods.
- Counsel the caregiver to seek medical attention if the child is losing weight and the condition persists.

8. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.

MANAGING ALTERED TASTE RESULTING FROM HIV INFECTION, UNDERNUTRITION OR MEDICATIONS

- 1. Assess the child's growth if possible.**
 - Weigh the child and plot the weight on a growth chart.
 - If the chart shows early growth faltering, the child may need medical attention and/or increased energy intake to promote weight gain.
- 2. Discuss with the caregiver whether the child is experiencing altered taste.**
 - Signs of altered taste are refusal to eat some foods or spitting up food.
 - Altered taste may be difficult to evaluate in young children who can't talk yet.
- 3. Ask the caregiver if the child is taking any medications.**
 - Several antiretroviral drugs (ARVs) can affect the sense of taste.
 - Ask the caregiver whether the condition started when the child started taking the medications.
- 4. Ask about the child's current eating habits.**
 - Show the caregiver a list of local, affordable foods to determine what the child is eating.
 - Counsel the caregiver on what foods to prepare for the child to increase energy intake, especially if the child is losing weight.
 - Use the **Daily Food Guide for HIV-Positive Infants and Children** to help the caregiver determine how often and how much the child should eat.
 - Make sure the caregiver is preparing foods with iodized salt.
- 5. Counsel the caregiver on how to manage children with altered taste.**
 - Advise the caregiver to give the child his/her favourite foods in small quantities.
 - Advise the caregiver to use salt and sugar to increase taste acuity and mask unpleasant taste sensations.
 - Advise the caregiver to give the child different textures of food, including minced, pureed, soft and moist.
- 6. Advise the caregiver to feed the child patiently and persistently, with supervision and love.**
- 7. Refer the caregiver to routine child services such as immunizations, vitamin A supplementation, iron supplementation and de-worming, according to national guidelines.**

MANAGING SOCIOECONOMIC FACTORS: POVERTY, FOOD INSECURITY AND A POOR FEEDING RELATIONSHIP BETWEEN CAREGIVER AND CHILD

- 1. Try to observe the caregiver feeding the child.**
 - Make sure the child is fed patiently and persistently, with supervision and love.
 - Make sure the child is being given foods appropriate for his/her age and developmental level.
 - If the meals are not balanced, show the caregiver a list of local, affordable foods and agree on foods that the caregiver can feed the child to provide a varied diet. Ensure that each meal includes a staple food for energy together with a combination of foods from the other foods groups.
 - Discuss any other concerns with the caregiver.

- 2. Note the environment in which the child is fed.**
 - Advise the caregiver to remove any distractions that make the child lose interest while eating and limit food intake.
 - Make sure the caregiver feeds the child patiently, talks to him/her lovingly, looks into his/her eyes, actively encourages him/her to eat and helps the older child feed himself/herself.
 - Make sure the child is fed from his/her own bowl.
 - Address any food safety and hygiene issues that you notice with the caregiver.

- 3. Discuss the importance of small, frequent meals for children, especially sick children.**
 - Explain that HIV-infected children get ill more often than children without HIV and that sick children may not have an appetite.
 - Counsel the caregiver to give small amounts of food often throughout the day to make sure the child gets enough nutrients.

- 4. Assess whether the caregiver has access to food and can prepare food.**
 - Assess the caregiver's own health.
 - Find out whether the caregiver has a steady income.
 - Determine how many meals a day the caregiver can afford to feed the child.
 - Based on the results, refer the caregiver to community support such as food banks, food aid, food rations, micronutrient supplementation, therapeutic and supplementary feeding, community gardens, community kitchens or support groups.

DAILY FOOD GUIDE FOR HEALTHY NON-HIV-POSITIVE INFANTS AND CHILDREN

Age	Texture	Frequency	Amount at each meal
0–6 months	Exclusive breastfeeding or exclusive replacement feeding	At least eight times a day	As often as the child wants, day and night
6 months	Solid foods (porridge or well-mashed or pureed foods)	Twice a day	2–3 tablespoons
	Continued breastfeeding or any kind of milk	At least eight times a day	As often as the child wants, day and night
7–8 months	Mashed foods	If breastfed, three meals a day plus one snack	$\frac{2}{3}$ cup* at each meal
	Continued breastfeeding or any kind of milk	If not breastfed, four or five meals a day	If not breastfed, 1–2 cups of milk a day
9–11 months	Mashed or finely chopped foods and foods that the infant can pick up Any kind of milk	Three meals a day plus one snack between meals	$\frac{3}{4}$ cup at each meal
12–24 months	Same food as the family, chopped or mashed if necessary	Three meals a day plus two snacks between meals	1 full cup

* 1 cup = 250 ml

Source: Adapted from UNICEF and WHO, 2005. HIV and Infant feeding Counselling Tool: Counselling Cards. Geneva.

DAILY FOOD GUIDE FOR HEALTHY HIV-POSITIVE INFANTS AND CHILDREN

This guide does not differ much from the guide for the healthy non-HIV-infected child, except that the HIV-positive child should increase energy intake to prevent weight loss and promote growth.

Age	Asymptomatic (10% more energy needed to maintain growth)	Symptomatic with no weight loss (20–30% more energy needed)	Symptomatic with weight loss (50–100% more energy needed)
0–6 months	Exclusive breastfeeding or exclusive replacement feeding at least eight times a day	Exclusive breastfeeding or exclusive replacement feeding at least eight times a day	Exclusive breastfeeding or exclusive replacement feeding at least eight times a day
6 months	Introduction of solid foods: 2–3 tablespoons of energy-dense well-mashed or pureed foods twice a day Continued breast-feeding or any kind of milk eight times a day	Introduction of solid foods: 2–3 tablespoons of energy-dense well-mashed or pureed foods twice a day Breastmilk or any kind of milk at least eight times a day	Introduction of solid foods: 3–4 tablespoons of energy-dense well-mashed or pureed foods twice a day Breastmilk or any kind of milk at least eight times a day
7–8 months	Three-to-five meals of $\frac{2}{3}$ cup* of mashed foods plus one energy-dense snack a day Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption High-energy and nutrient-dense foods and all food groups Continued breastfeeding or 1–2 cups of any kind of milk a day Adequate intake of clean boiled water	Five or six meals of $\frac{2}{3}$ cup of mashed foods plus one energy-dense snack a day Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption High-energy and nutrient-dense foods and all food groups Continued breastfeeding or 1–2 cups of any kind of milk a day Adequate intake of clean boiled water	Five or six smaller, more frequent meals of $\frac{2}{3}$ – $\frac{3}{4}$ cup of mashed food with one or two snacks a day Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption Foods that require less chewing or are easy to eat Continued breastfeeding or 1–2 cups of any kind of milk a day Adequate intake of clean boiled water
9–11 months	Mashed or finely chopped foods and foods that the infant can pick up	High-energy and nutrient-dense foods and all food groups	Foods that require less chewing or are easy to eat

Age	Asymptomatic (10% more energy needed to maintain growth)	Symptomatic with no weight loss (20–30% more energy needed)	Symptomatic with weight loss (50–100% more energy needed)
	<p>Four meals of ¾ cup of mashed foods a day plus 1–2 energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p>	<p>Four or five meals of ¾ cup of mashed foods a day plus one or two energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p>	<p>Five or six meals of ¾ cup of mashed foods a day plus two or three energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p>
	<p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>	<p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>	<p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>
12–24 months	<p>Mashed or chopped foods and foods that the infant can pick up</p> <p>Four meals of 1 cup of mashed foods a day plus three energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p> <p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>	<p>High-energy and nutrient-dense foods and all food groups</p> <p>Five or six meals of 1 cup of mashed foods a day plus two energy-dense snacks between meals</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p> <p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>	<p>Foods that require less chewing or are easy to eat</p> <p>Six-to-eight small energy-dense meals of 1 cup of foods a day plus two energy-dense snacks</p> <p>Increased energy through high-calorie, high-protein food (e.g., margarine, butter, vegetable oil, dry milk powder, cooked eggs, cheese, ground nut paste or fish powder added to foods) if child does not have diarrhoea or malabsorption</p> <p>Continued breast-feeding or 1–2 cups of any kind of milk a day</p> <p>Adequate intake of clean boiled water</p>

* 1 cup = 250 ml

Source: Adapted from UNICEF and WHO. 2005. HIV and Infant feeding Counselling Tool: Counselling Cards. Geneva.

When using the daily food guide, remember that:

- HIV-infected children still need breastmilk every day for energy and good health between the ages of 6 months and 2 years.
- Children who are NOT breastfed need 1–2 cups of milk a day or one or two extra meals a day if milk is not available.
- Children should drink juices in moderation and avoid drinks with no nutritional value such as tea, coffee, sodas and other sugary or coloured drinks.
- Fresh animal milk and water should be boiled before they are given to children.
- Children should be offered clean boiled water to drink every day to satisfy thirst
- Children should eat from a cup instead of a feeding bottle because cups are easier to clean to avoid infection.
- Children should continue to go to the health clinic for regular check-ups, immunizations, vitamin A supplementation, deworming, iron supplementation according to national guidelines and growth monitoring.
- Sick children should be given small frequent meals, preferably of their favourite foods, and more fluids, including breastmilk.
- After illness children should be given more food more often than usual.

Tips to Help Caregivers Introduce Solid Foods to Children 6 Months Old

1. Ask the caregiver types of food the child is eating.

- Ensure each meal includes a variety of foods from all the food groups (show the caregiver a list of locally available foods).
- Ensure the foods are appropriate for the child's age.
- If the meals are **not balanced**, discuss with the caregiver locally available foods from each food group to provide the child with a varied diet.
- Ensure each meal includes a staple food for energy together with a combination of foods from the other food groups.

2. Ask the caregiver if the child has refused some types of food.

- If so, encourage the caregiver to give different foods in different combinations.

3. Counsel the caregiver to feed the child correctly.

- Advise the caregiver to feed the child from his/her own plate or bowl.
- Advise the caregiver to talk to the child lovingly, look into his/her eyes and actively encourage him/her to eat.
- Advise the caregiver to allow the child to feed himself/herself once he/she is older.
- Advise the caregiver to remove distractions that will make the child lose interest while eating.
- Advise the caregiver to practice good hygiene.
- Advise the caregiver not to give the child foods that he/she may choke on.

4. Ask the caregiver what other liquids the child is given besides breastmilk or other kinds of milk.

- Advise women who have made the informed choice to breastfeed to breastfeed infants 0–6 months old **exclusively**, giving no milk, water or other liquids and foods.
- Counsel that after 6 months infants need more water, even when drinking the recommended amounts of milk. Encourage the caregiver to offer the child some clean boiled water to drink after eating.
- Advise the caregiver to give the child no more than 1 cup a day of fruit juice so that he/she won't be too full to eat other foods or get diarrhoea.
- Encourage the caregiver not to give the child unhealthy drinks such as coloured sugary drinks, tea, coffee and sodas.

LOCALLY AVAILABLE AND AFFORDABLE FOODS FOR INFANTS AND CHILDREN

Check off foods on the list that are available and affordable in the community you serve. Use this list to counsel caregivers on good nutrition and help them identify a variety of foods from all the food groups to feed their children.

Energy foods	Yes	No	Protective foods	Yes	No	Body-building foods	Yes	No
Staple foods (cereals, tubers, roots)			Fruit			Animal sources		
Rice			Mangoes			Liver		
Wheat			Oranges			Beef		
Maize			Pineapple			Chicken		
Millet			Paw paw			Fish		
Sorghum			Bananas			Eggs		
Cassava			Passion-fruit			Insects		
Yams			Other (list)			Cheese		
Sweet potatoes						Yoghurt		
Potatoes						Milk		
Plantains						Other (list)		
Green bananas								
Other (list)								
Fats and oils			Vegetables			Plant sources		
Margarine			Dark green leafy vegetables			Lentils		
Ghee			Cassava leaves			Kidney beans		
Butter			Sweet potato leaves			Lima beans		
Vegetable oil			Pumpkin leaves			Cowpeas		
Palm oil			Pumpkin			Groundnut paste		
Other (list)			Other (list)			Other nut pastes		
						Soaked or germinated seeds (e.g., pumpkin, sunflower, melon or sesame)		
						Sprouted legumes		
						Other (list)		

Nutrient- and Energy-Dense Meals for Children 6–24 Months Old

1. Maize porridge with groundnuts and egg meal

Ingredients

4 ½ tablespoons thick maize meal
1 tablespoon groundnut paste
1 egg

Preparation

Make porridge with the maize flour. Pound the groundnuts and add to the porridge. Just before serving, add the raw egg and cook for a few minutes.

Variations: Add powdered milk to the porridge or replace the groundnut paste with powdered fish.

Source: Adapted from WHO. 2000. Complementary Feeding: Family Foods for Breastfed Children. Geneva: Department of Nutrition for Health and Development.

2. Rice pudding

Ingredients

1 handful rice
2 cups clean boiled water
½ cup milk
2 teaspoons sugar

Preparation

Add the water to the rice and cook, stirring all the time to make it creamy. Beat the egg into the milk. Add the milk and egg mixture to the cooked rice and bring to a boil. Add sugar to sweeten. Serve warm.

3. Boiled egg and avocado

Ingredients

1 egg
½ avocado

Preparation

Boil the egg for a few minutes. Remove it from the heat when fully cooked (eggs must be well cooked to avoid infection). Cool the egg by soaking it in cold water. Peel the avocado, cut it in half, and mash it. Remove the shell from the egg and add the boiled egg to the avocado. Mash and serve.

4. Scrambled eggs

Ingredients

2 eggs
6 tablespoons milk
½ tablespoon fat
Salt to taste

Preparation

Beat the eggs in a dish and add the milk. Season with a little salt. Put the fat in a pan and heat. Add the egg and milk mixture to the hot fat. Stir gently until cooked. Serve with rice or another staple.

5. Banana-yoghurt mash

Ingredients

3 small bananas or other fruit such as mango
½ cup yoghurt
1–2 tablespoons sugar

Preparation

Cut the banana into a small dish and mash. Put the yoghurt in a cup or glass and add sugar as desired. Pour the yoghurt over the bananas and mix well. Serve when still fresh. This makes a good snack and is suitable if the child lacks appetite or has mouth sores.