

# FEED Safe

## Functional Eating EDucation

A guide to safe and satisfying mealtimes for family caregivers of children with feeding challenges.

ZAMBIA

## Community Training Flipbook



## FOREWORD

The 2015 National Disability Survey estimates that 7.7% of the Zambian population is disabled. Of these, 10.9% are adults, 18 years and above and 4.4% are children aged between 2 and 17 years. The report indicates that 40% of disabilities were due to birth or congenital effects and 31% were due to diseases/illnesses.

Children with disability (CWD) are at risk of malnutrition because of the following:

- Their particular nutritional needs are in most instances not considered.
- They are less likely to be included in nutrition programmes such as Nutrition Education.
- May have medical or sensory challenges which could impact their ability to eat, swallow, digest and absorb nutrients in the food even if the food offered is nutritious.

Moreover, malnutrition in CWD can be attributed to many factors. These include physical problems in feeding, suboptimal feeding practices due to lack of knowledge or specific skills among caregivers, or attitudinal, social, or cultural causes such as the exclusion or neglect of CWD in feeding practices, socially or in the home (UNICEF, 2023).

To support CWD with appropriate feeding practices, the government of the Republic of Zambia through the established Technical Advisory Group (TAG) adapted the Functional Eating EDucation (FEED Safe) Manual and Flip book after a wide consultative review and validation process.

The FEED Safe was initially created by SPOON, an organization that is committed to nourishing ALL children, in partnership with Access to Health Zambia through evidenced-based feeding tools and interventions.

The manual and flip book will help to impart knowledge to families and caregivers on how to safely feed CWD. Through safe feeding practices, there is a realistic chance for children to get the nutrients they need to grow, develop, and reach their full potential.

The goal of FEED Safe is to:

- Teach families and caregivers a responsive feeding approach to address the training needs of nutrition care and support for CWD in Zambia.
- Use evidenced-based approaches to train families and caregivers how to feed CWD safely, efficiently, and effectively in homes and childcare facilities.
- Equip families and caregivers with problem-solving strategies to overcome feeding challenges.



Dr. Muntanga K. Mapani  
Executive Director  
National Food and Nutrition Commission



## **ACKNOWLEDGEMENTS**

The National Food and Nutrition Commission (NFNC) is thankful to Access to Health Zambia (A2HealthZ) and SPOON for the initiative to develop the Functional Eating EDucation (FEED Safe) Training Manual and Flip Book. This assistance will go a long way in ensuring the entire population including Persons with disabilities (PWD) are protected from the devastating effects of all forms of malnutrition.

The Commission is also aware that these documents were developed in collaboration with other stakeholders led by the Ministry of Community Development and Social Services (MCDSS). The Commission is grateful for the deliberate effort by the MCDSS to mainstream nutrition in social protection interventions. This cordial partnership demonstrates our dedication to address malnutrition multisectorally.

Many thanks also to the Ministry of Health, Ministry of Education, and other members of the Technical Advisory Group (TAG) for their technical inputs and insights during the FEED Safe training manual and the FEED Safe Flip book manual review and validation process.

The adapted FEED Safe training manual and Flip book were developed by SPOON under its partnership with MCDSS and A2HealthZ.

The commission wishes to pay special tribute to Kate S. Fairchild, OTD, OTR/L, who initially developed the FEED Safe manuals in collaboration with the technical experts at SPOON which will be helpful to the caregivers of the children with disability in our effort to tackle malnutrition.

Finally, sincere appreciation goes to GHR Foundation for financial support coordinated by A2HealthZ which facilitated the development of these manuals.



Mathews Mhuru  
Deputy Executive Director  
National Food and Nutrition Commission  
**December 2023**

TRAINER

## About FEED Safe

Welcome to FEED Safe. The FEED Safe was initially created by SPOON, an organization that is committed to nourishing ALL children, in partnership with Access to Health Zambia through evidenced-based feeding tools and interventions.

The manual and flip book will help to impart knowledge to families and caregivers on how to safely feed CWD. Through safe feeding practices, there is a realistic chance for children to get the nutrients they need to grow, develop, and reach their full potential.

The Goal of **FEED** Safe is to:

- Acknowledge challenges related to feeding children with disabilities.
- Teach family caregivers a responsive feeding approach.
- Use evidenced-based approaches to train family caregivers how to feed children with a disability safely, efficiently, and effectively.
- Equip family caregivers with problem-solving strategies to overcome feeding challenges.

Benefits of **FEED** Safe include:

- Addressing the need for family caregiver training in low- and middle-income countries
- Equipping family caregivers with evidence-based feeding strategies to support care in the home
- Promoting family stability

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TRAINER

# Module 1: Responsive Feeding

## Overview

Time to Complete: 1 hour and 15 minutes

Supplies: No supplies are needed.

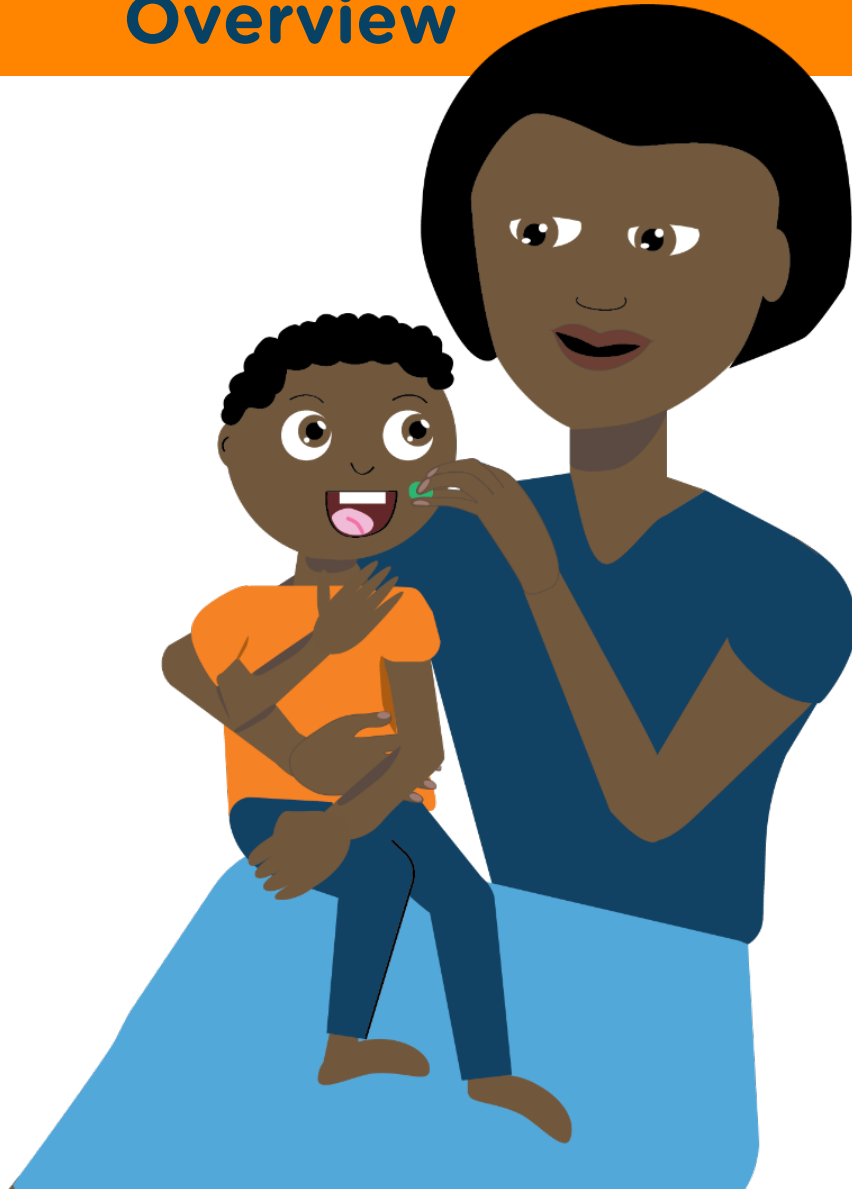
**SAY:** In this training session we will:

- Discuss caregiver feelings about feeding challenges
- Learn what responsive feeding is and how to use responsive feeding during mealtimes
- Learn about senses involved in feeding

Overview



# Overview

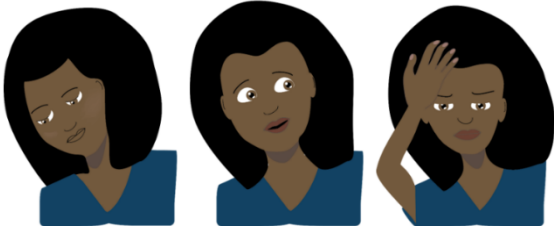


# Emotions and Feeding

## How I May Feel

**SAY:** Feeding a child with a disability can be challenging. Your child may have difficulty with chewing, swallowing, or keeping food in their mouth. As a caregiver you may have questions about what to feed your child, how much to feed, or how to help your child eat or drink. Feeding a child with a disability takes longer than feeding other children the same age. Taking extra time to feed your child may take time away from other household chores, work, or caring for your other children. When your child has feeding challenges, you may feel:

How I May Feel



Worried  
Tired

Frustrated  
Concerned

Angry  
Sad

Scared  
Helpless



## How I May Feel



## TRAINER

# How I May Feel



### Think about it...

What challenges do you face when feeding your child? **Allow caregivers to share their experiences in a large group or groups of 2-3 people.**



How I May Feel

**TRAINER NOTE:** *This is an opportunity for caregivers to explore their feelings and share their experiences. Use empathy as you discuss how caring for a child with a disability has impacted the caregiver's life. This may be an emotional experience for caregivers as they connect with one another. Use positive language and validate the caregiver's experiences. You can say things such as, "I can see you love your daughter very much", "I am hearing that it takes a lot of time to care for your son", or "I can see you are working very hard to care for him".*

# How I May Feel



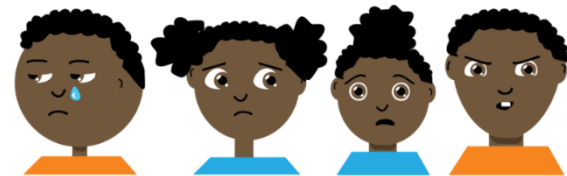
## TRAINER

# How My Child May Feel

**SAY:** When your child has feeding challenges they may feel:

- Hungry
- Tired
- Sick
- Scared
- Sad
- Frustrated
- Angry

How My Child May Feel



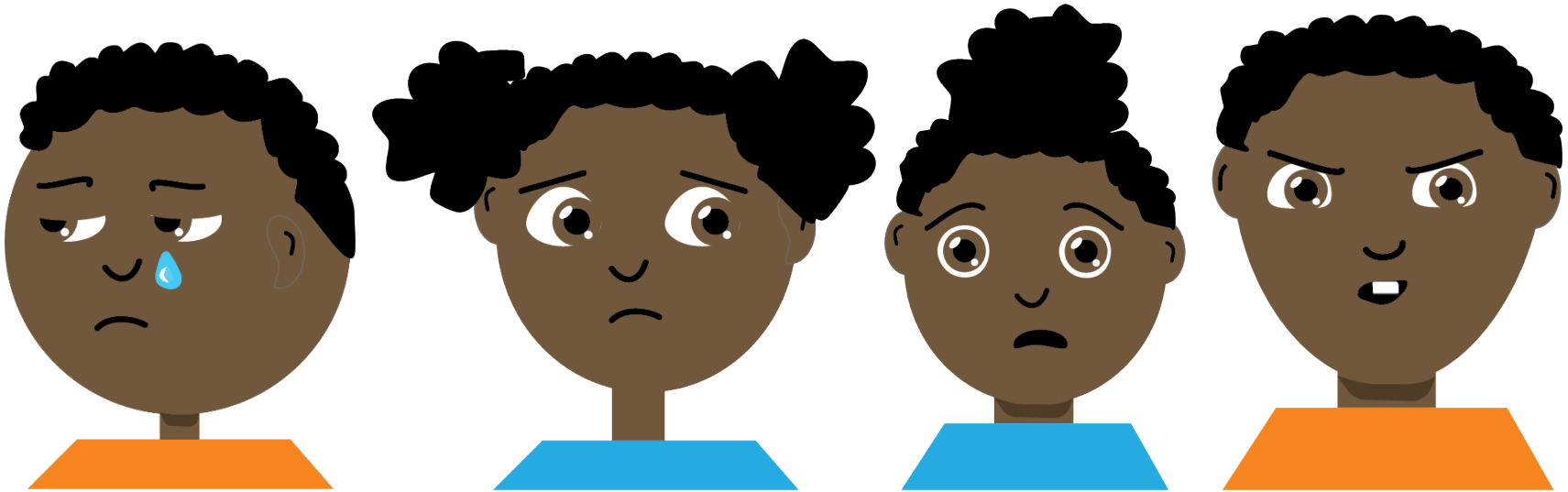
Children with feeding challenges may have difficulty communicating their wants or needs with their caregiver. This may cause hurt in the relationship between the caregiver and the child. The child may have difficulty trusting the caregiver if they are unable to communicate their needs effectively.



**Think about it...**

What is one way your child communicates their needs to you? *Answers may include crying, reaching, talking, yelling, pointing.*

## How My Child May Feel

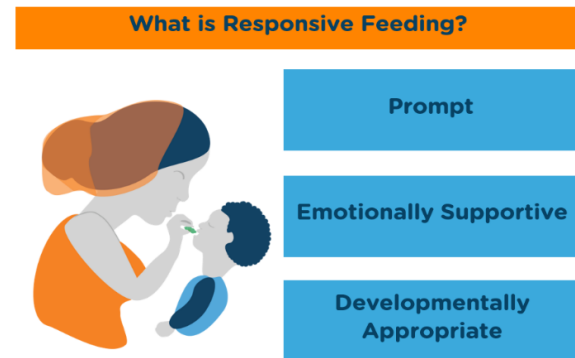


## TRAINER: 1.2

# What is Responsive Feeding?

### Handout: Responsive Feeding

**SAY:** Today you will learn a technique for feeding called responsive feeding. Responsive feeding helps a caregiver understand their child's behaviours and respond in a loving appropriate way to have successful mealtimes. Responsive feeding is **PROMPT, EMOTIONALLY SUPPORTIVE, & DEVELOPMENTALLY APPROPRIATE.**



# What is Responsive Feeding?



**Prompt**

**Emotionally Supportive**

**Developmentally  
Appropriate**

## TRAINER

# Prompt

**SAY:** A caregiver who practices responsive feeding is prompt. They notice signs of hunger and respond quickly.



**Think about it...**

**SAY:** How does your child tell or show you they are hungry?

*Answers may include: cry, ask for food, reach for food, get upset.*

**SAY:** If your child is hungry and you have not prepared their food yet, how can you respond to your child?

*Answers may include: Tell them "I see you are hungry," "I will make you some food."*

**SAY:** It is important that your child knows you recognize they are hungry. When you respond to your child's hunger cues you build trust.

Prompt





# Prompt



## TRAINER

# Emotionally Supportive

**SAY:** A caregiver who practices responsive feeding is emotionally supportive. You can show emotional support to your child by making eye contact, using a calm voice, smiling, and practicing empathy.

**TRAINER NOTE:** *Practicing empathy is understanding your child's feelings.*

### Emotionally Supportive



### Think about it...

**SAY:** Let's talk about feeding challenges. How can you emotionally support your child when he or she...

- ...is in pain during mealtime?
- ...is tired during mealtime?
- ...is feeling active and not paying attention to the meal?

**SAY:** Remember that you can support your child through mealtime by being emotionally supportive. You may wipe your child's tears and rock them when they are in pain, dance and sing if they are too tired to eat, or play with them if they are too active to sit for a meal.

# Emotionally Supportive



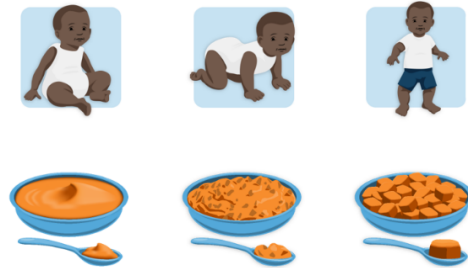
## TRAINER

# Developmentally Appropriate

**SAY:** Responsive feeding is developmentally appropriate. It is important to choose and prepare food that matches your child's feeding skills.

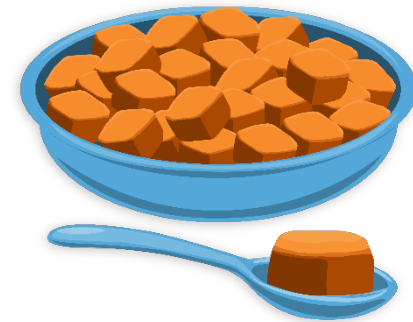
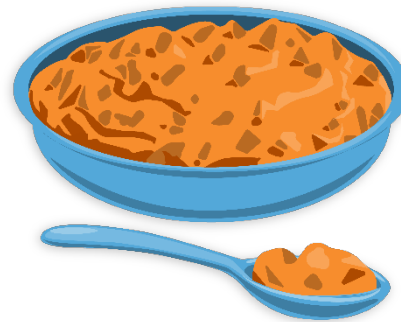
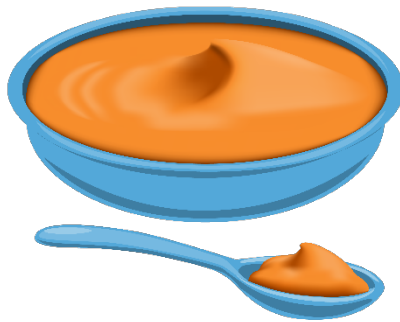
**SAY:** It is recommended that children have only breastmilk for the first 6 months of life. Caregivers usually begin to offer complimentary foods at 6 months of age. As children grow, they can eat a wider variety of foods. However, not all children learn new eating skills at the same time. Children who have disabilities often need their food prepared in a special way so they can safely swallow and digest the food. A caregiver who practices responsive feeding offers the right type of food for the child's developmental stage.

### Developmentally Appropriate



**TRAINER NOTE:** *Information about how to choose the right food and modify the texture of food will be presented in Module 2: Safe Feeding (page 52).*

# Developmentally Appropriate



## Benefits of Responsive Feeding

**SAY:** Responsive feeding is beneficial because the caregiver leads with love by paying attention to the child's behaviour. Connecting to a child through responsive feeding builds a positive and trusting relationship between the caregiver and child. Caregivers who practice responsive feeding are **PROMPT** in recognizing a child's hunger cues and they respond in an appropriate way. Caregivers who practice responsive feeding are **EMOTIONALLY SUPPORTIVE** and make food choices that are **DEVELOPMENTALLY APPROPRIATE**. Caregivers who practice responsive feeding contribute to the physical and emotional development of children.



# Benefits of Responsive Feeding



**Leads with Love!**

**Builds Positive Relationships!**

**Contributes to Development!**

## TRAINER: 1.3

# Mealtime Sensations

**SAY:** Our senses give us information about the world around us. We use our sense of sight, hearing, touch, taste and smell every day.

Mealtime Sensations



### Think about it...

Close your eyes and think about your favourite food. Maybe it is nshima, fish, or banana. Picture it in your mind. What does it look like? What does it smell like? Is your mouth watering? **Share answers.**



What senses does your child use when eating? **Share answers. Some answers may include: sight, taste, or smell.**

**SAY:** We use many senses when we eat. Sight helps us see what the food is. It also helps us prepare to eat because we can see the food coming towards our mouth. Smell helps us identify the food and works closely with our sense of taste. We also hear our food when we chew and listen to our family talk during a mealtime. Let's talk more about how each sense is used during mealtime.



# Mealtime Sensations



## TRAINER

# Taste

**SAY:** One of the most enjoyable parts of a meal is tasting delicious food. However, one person may find a particular food, such as eggs, enjoyable and another person may dislike the taste. Children can learn to tolerate certain foods by tasting them repeatedly over many days. It is important that tasting new foods is a fun and enjoyable experience. The caregiver that practices responsive feeding respects when a child has a negative reaction to the taste of a food. They find other ways to introduce that taste such as mixing it with a more enjoyable flavour. This approach builds trust between child and caregiver.



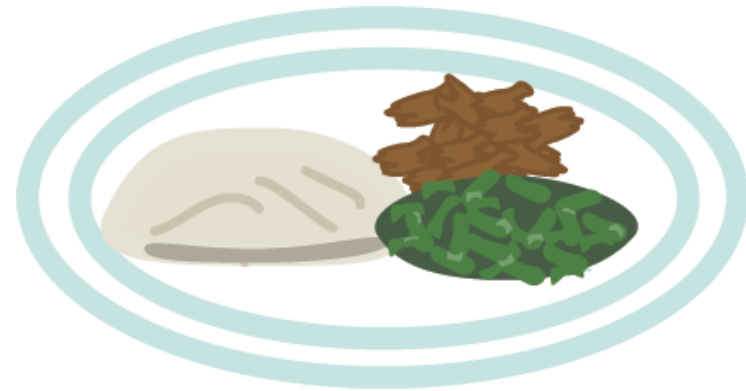
### Think about it...

In a group of 2-3, discuss the following questions:

What is a food your child enjoys? **Share answers.**

What is a food your child dislikes? **Share answers.**

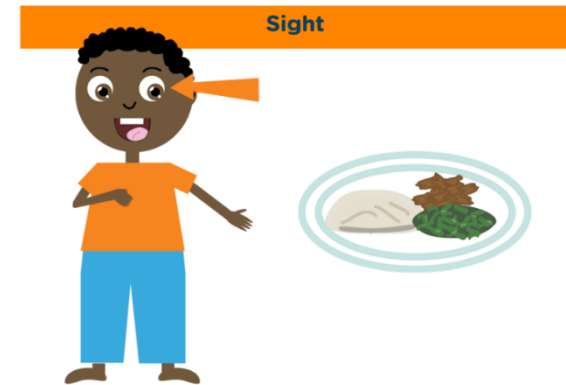
# Taste



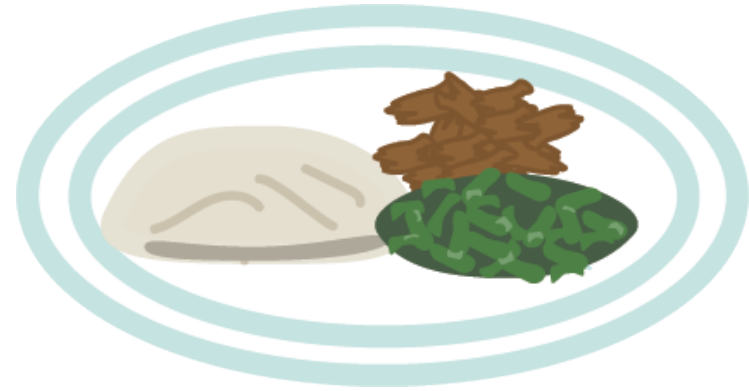
## TRAINER

# Sight

**SAY:** Sight helps children see what food they are being offered. It also helps the child prepare to eat because they can see the food coming towards their mouth. If your child has difficulty seeing, he may be surprised by food touching his mouth. You can prepare your child by telling him “Here comes a bite” or putting your child’s hand under your hand. It is important that your child can see the food that is coming towards his mouth. When your child can see the food coming toward him, he can open his mouth to receive the food.



# Sight



## TRAINER

# Smell

**SAY:** Our sense of smell helps prepare our body to digest food. When we smell a delicious food, our mouths may water. Smell can also warn us of danger, such as the smell of something burning. A smell can remind us that we don't like the taste of something.



**Think about it...**

Can you think of a food that smells bad to you?

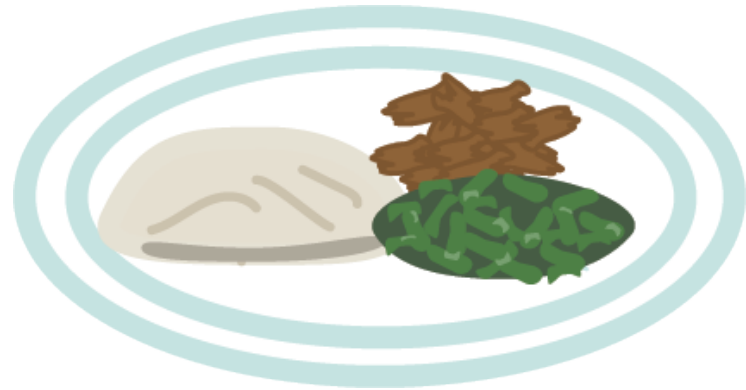
**Share answers.**



**SAY:** Your child may prefer the smell of one food more than the smell of another food. As the child smells a food they like, they may open their mouth. If they smell a food they do not prefer, they may close their mouth as a way of saying “No, thank you!”

Illness and disease can affect how your child smells and tastes food. It is important to lead with love and have empathy towards your child when they perceive a food to smell bad.

# Smell



# Touch

**SAY:** Let's talk about our sense of touch.

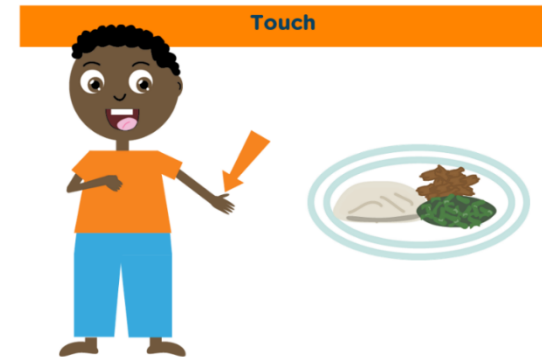


## Think about it...

What is something you touch that you enjoy the feeling of? *Examples: A soft blanket, a hug, warm water on your face.*

What is something you do not like the feeling of?

*Examples include: An insect bite, stepping on a sharp rock, sand on your feet.*

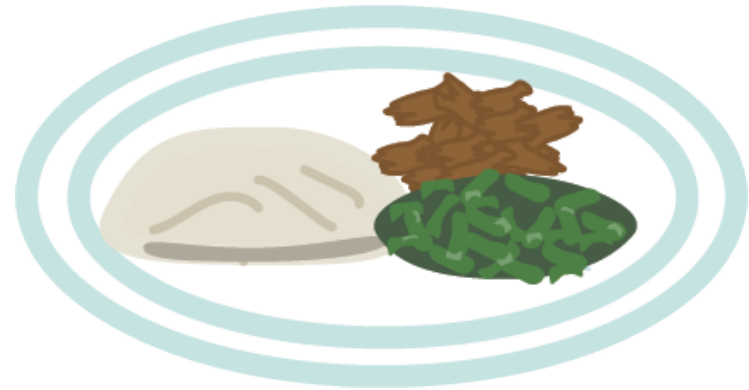
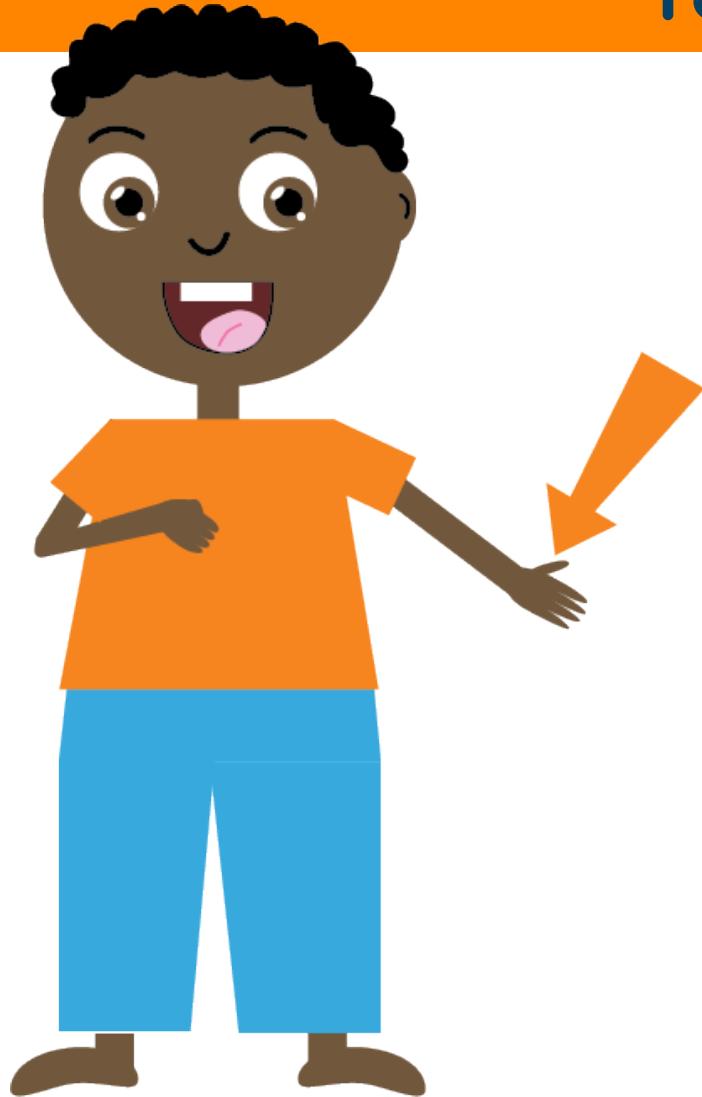


**SAY:** We use our sense of touch every day to interact with the world around us. Children use their sense of touch when eating. They feel the food on their lips, hands, and face. When a child feels food touch their lips, they may open their mouth. Children learning to feed themselves will feel food on their hands or face.

Some children's sense of touch is more sensitive than others. They may not like the feeling of food on their face. Other children may not notice when something touches them. Does your child pull away when something touches her skin? Is your child unaware that he has food on his hands or face? By watching our children's response, we can learn how sensitive they are to touch.



# Touch



# Hearing

**SAY:** We use our sense of hearing when eating.



## Think about it...

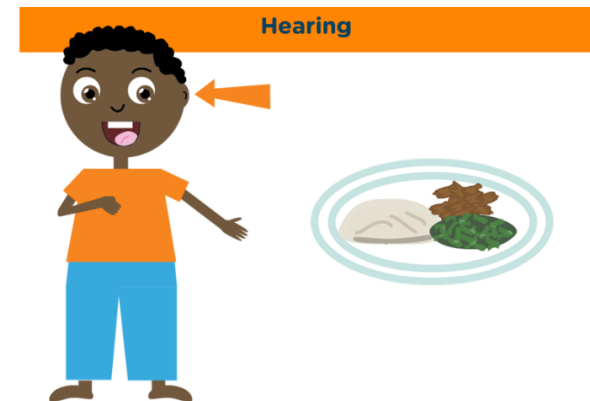
What are some sounds that you hear during a mealtime?

*Some answers may include: family members talking, chewing of food, the sound of hot food*

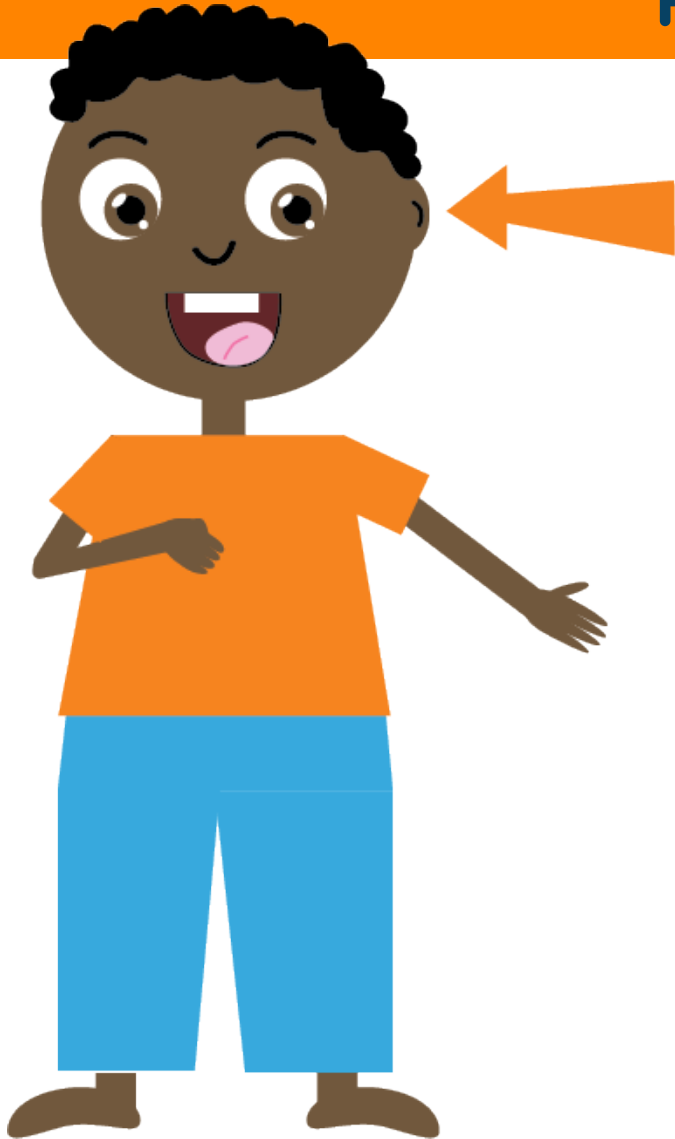
*sizzling.*

**SAY:** Mealtimes are usually a time to gather with family and socialize. It is a time to connect with your loved ones. Mealtimes with a child who has a disability can be challenging, but it can also be a time to connect with your child. Talking to your child during mealtimes can provide a time for social interaction and promote a positive relationship with your child.

**TRAINER NOTE:** *Communication tips will be provided at the end of Module 1 before the “Let’s Practice” case studies on page 69.*

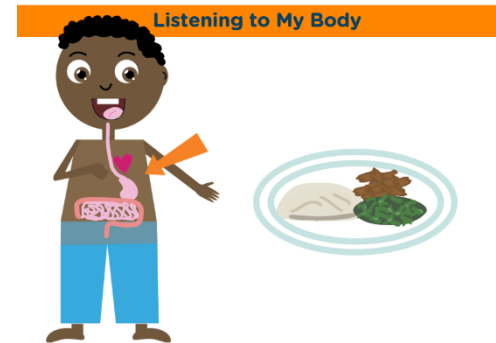


# Hearing



# Listening to My Body

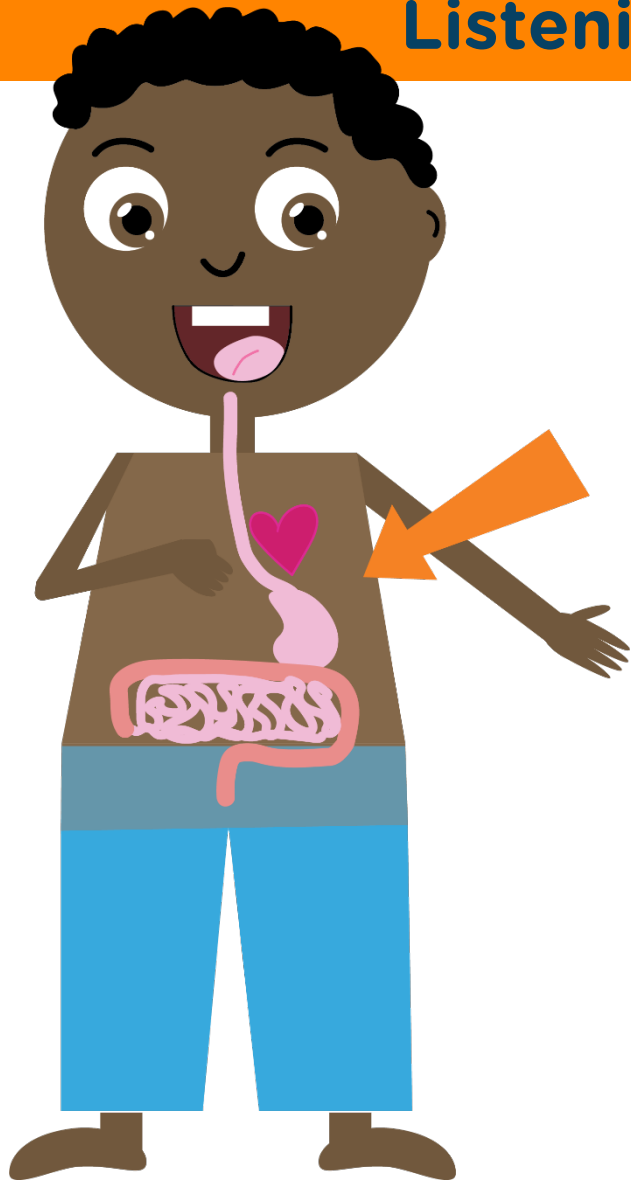
**SAY:** We have internal sensations that tell us how our body is feeling inside. These sensations help us know when we are hungry or thirsty, when we need to go to the bathroom, or when we feel sick. Some children with disabilities have poor internal sensations. They may not know if they are hungry or thirsty.



## Think about it...

Imagine you cannot perceive if you are hungry or thirsty. Would you be excited to eat a meal? **Share answers.**

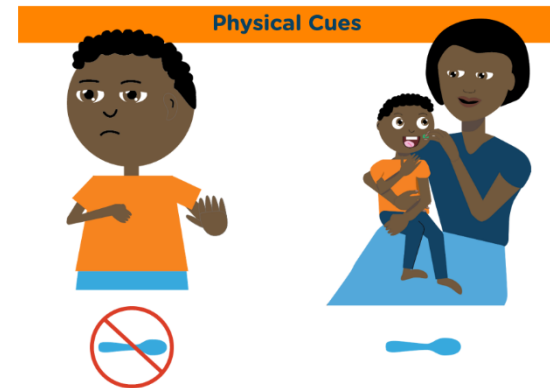
# Listening to My Body



## Reading My Child's Cues

### Physical Cues

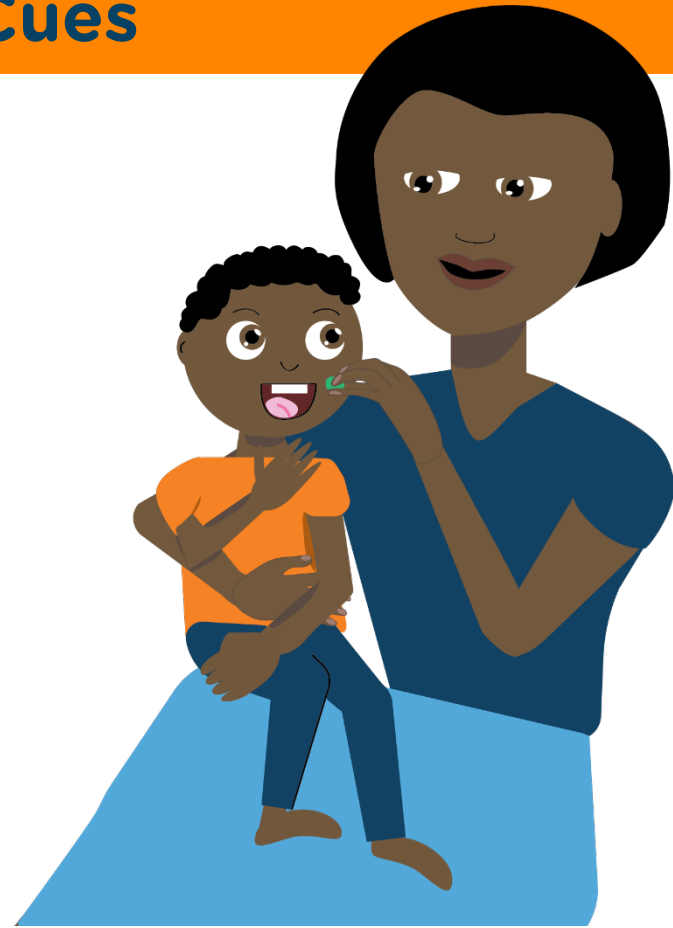
**SAY:** Body language is using your body to communicate with another person. Facial expressions and posture can communicate a lot of information. A caregiver who practices responsive feeding watches their child's body language and responds appropriately. A child who turns his head away, closes his mouth, and pushes food away is communicating that he is not hungry or does not want to eat the food being offered. A child who leans forward, opens her mouth, and grabs for food is communicating that she is hungry or wants a bite of food.



#### Think about it...

Every time you feed your child mangoes, she pushes them away. What could you do? **Share answers.**

# Physical Cues

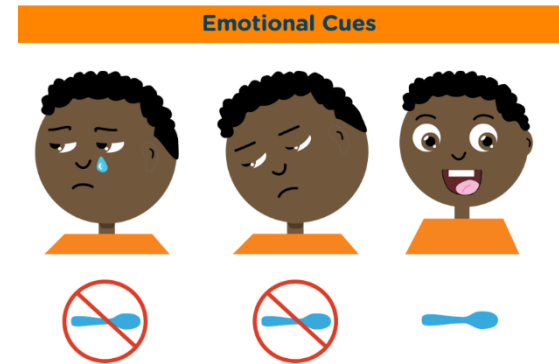


# Emotional Cues

**SAY:** A child's emotions can tell us a lot about a child's readiness to eat. If a child is crying, do NOT put a bite of food in her mouth. If a child is tired, he does not have the energy needed to eat the food. A child is best prepared to eat when he is calm and attentive.

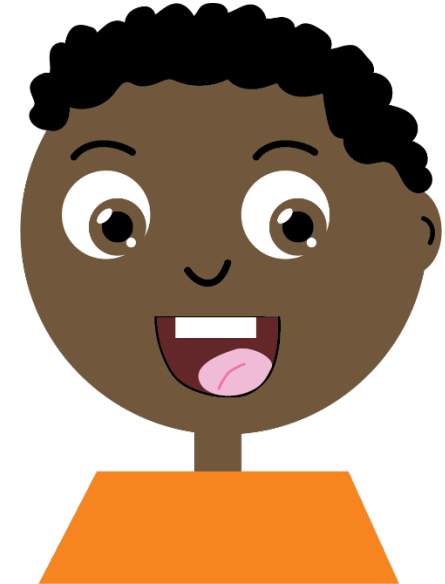
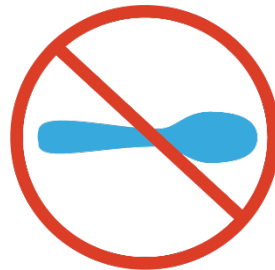


A crying child may inhale food into their airway. It is important to calm a child before feeding them.





# Emotional Cues



## Communication Tips

**SAY:** Some children with disabilities cannot communicate like other children their same age. Communicating with your child during mealtimes can be challenging and even cause frustration. Here are some tips for communicating with your child.

First, **LOOK!** Get down on the child's level to communicate and to watch for non-verbal cues. This includes watching facial expressions or eye gaze. Make certain you have your child's attention before you talk to them.

Second, **TELL!** Tell your child what you are doing and what to expect. This may include saying, "Here is some nshima, it is warm" or asking your child questions such as "Are you hungry?" Do not talk too fast or ask too many questions.

Third, **LISTEN!** Give your child time to respond. Imagine how your child may feel.

Finally, **RESPOND!** Respond to your child's verbal and non-verbal attempts to communicate.

### Communication Tips



Look

Tell

Listen

Respond

## Communication Tips



**Look**

**Tell**

**Listen**

**Respond**

## TRAINER

# Problem Solving: Goal, Plan, Do, Check

**SAY:** The day doesn't always go as planned when caring for children. Your child may be tired or feeling ill. You may be cleaning when your child gets hungry. As a responsive caregiver you need to be able to make changes quickly. Having a strategy to solve problems and get back on track can help you make decisions and reach your goal for safe feeding. When you have a tool to solve problems you can reduce the stress of being a caregiver!

**SAY:** We can use these four steps to solve problems: GOAL, PLAN, DO, CHECK. Have participants repeat the words: "Goal, Plan, Do, Check."

**SAY:** First, identify your GOAL. For example, feeding your child lunch may be your goal.

Second, make a PLAN. Your plan might include telling your child you are cooking lunch, talking with your child as you make the meal, sitting your child on your lap in a safe feeding position, and talking with your child as you give them a bite of food.

Third, DO what you planned.

Fourth, CHECK to see if your plan was successful. If there was any part of your plan that didn't go well, you would think about your goal, change your plan, and try again!



# Problem Solving: Goal, Plan, Do, Check



## TRAINER

# Let's Practice

## What would you do?

It's time for breakfast. Your child woke up early, but now seems tired. You sit down with your child to feed them porridge. The child backs away from the food and rubs his eyes with his hands. What do you do next? Now is a good time to use Goal, Plan, Do, Check.

What is your goal? *Share answers. Possible answers include: Wake up child, feed child breakfast.*

What is your plan? *Share answers. Possible answers include: Feed the child, wait until the child is not tired.*

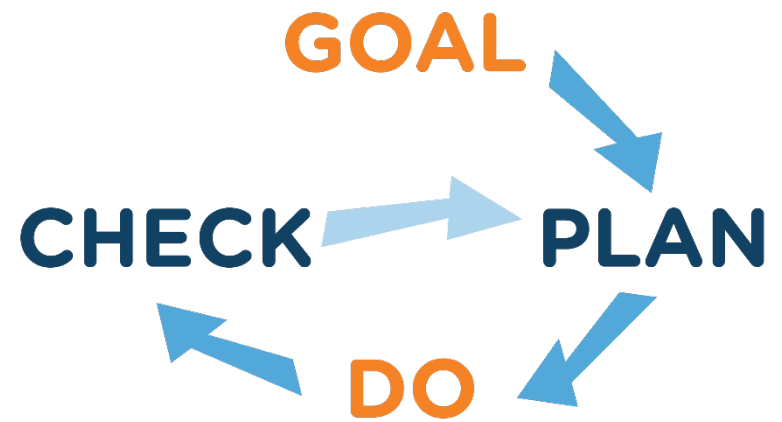
In groups of two, practice your plan. One person will be the caregiver and the other will be the tired child. *Give participants time to practice.*

Check the results. What went well? What could you change? *Share Answers.*

**SAY:** A caregiver who practices responsive feeding understands that a child eats best when they are alert and calm. If your child is tired you can wait for them to become more alert, you could also try to engage with your child in conversation, movement, or play to help their body wake up.



# Let's Practice



## TRAINER

# Let's Practice

**SAY:** Your child has a cold and cannot smell his food. He hasn't eaten anything today. You want him to eat something to give him nutrients to fight the cold. What can you do?

In groups of 2-3 discuss what your goal would be, make a plan for feeding. You will have a few minutes to discuss.

**SAY:** What was your goal? **Share answers.**

What was your plan to encourage your child to eat? **Share ideas. Some ideas include: offer your child a preferred food, make sure your child is staying hydrated by drinking water or other liquids such as juice.**

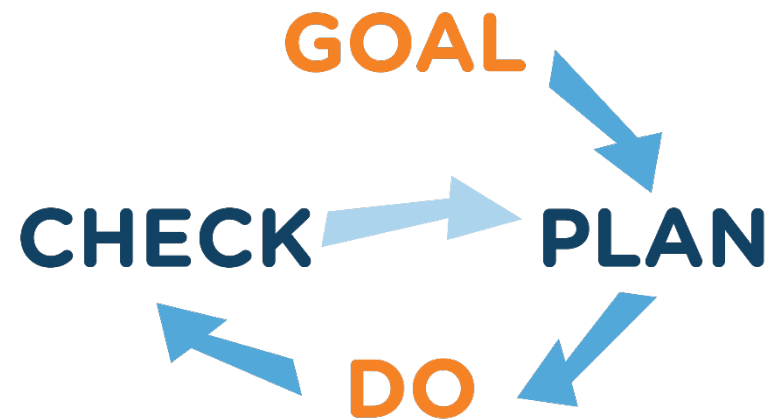
Now let's pretend you tried your plan with your child and it failed. In your group, **CHECK** your plan and discuss what could have gone wrong. How can you modify the plan to help your child. You will have a few minutes to discuss what could have gone wrong and how you could fix it.

**TRAINER NOTE:** *Module 4 discusses nutrition. When a child is sick you want to give the child protective foods that will help strengthen the immune system. Fruit juices have vitamins that are beneficial when fighting off an infection.*





# Let's Practice



# Module 1 Review

**SAY:** Let's review what we learned about responsive feeding.



## Think about it...

We learned that caring for and feeding a child with disabilities can be challenging. It helps to have a support team of family, friends, and healthcare workers. Who is one person that can be a part of your

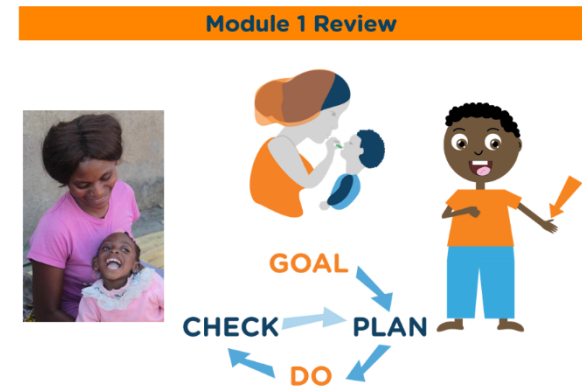
support team? **Share answers.**

We learned that responsive feeding is prompt, emotionally supportive, and developmentally appropriate. What is one change that you can make to become a caregiver who uses responsive feeding? **Share answers.**

We learned that children use taste, smell, touch, sight, hearing, and internal sensations during mealtime. What is one sense we discussed that you didn't realize had an impact on your child during mealtime? **Share answers.**

We learned that we can improve communication with our child by Looking, Telling, Listening, and Responding. What can you do to improve communication with your child? **Share answers.**

We learned that we can problem solve feeding challenges by using Goal, Plan, Do, Check. How will you use this strategy the next time you are feeding your child? **Share answers.**



# Module 1 Review



TRAINER

## Module 2: Safe Feeding

### Overview

Time to Complete: 1 hour 30 minutes

Supplies:

- Towels, blankets, or pillows
- Let's Practice Image 1 & 2
- Biscuits, bananas, forks, napkins, plates

Safe Feeding



**SAY:** In this training session we are going to discuss safe feeding practices. You will learn about:

- Positioning your child for mealtime success
- How to choose developmentally appropriate foods and modify the texture of foods
- Signs of feeding distress

# Safe Feeding



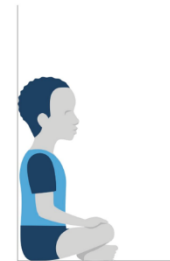
## Safe Positioning for Feeding

### Handout: Safe Feeding Position

**SAY:** The ability to swallow safely begins with good posture. Have you ever tried to take a drink lying down? Is it easier or harder than taking a drink sitting up? **Share answers.**

**SAY:** For a child with a disability, swallowing safely is important for good health and development. A safe swallow starts with good posture. Good posture also helps the child with a disability use his or her energy for chewing and swallowing. Let's learn how we should position a child for a safe swallow.

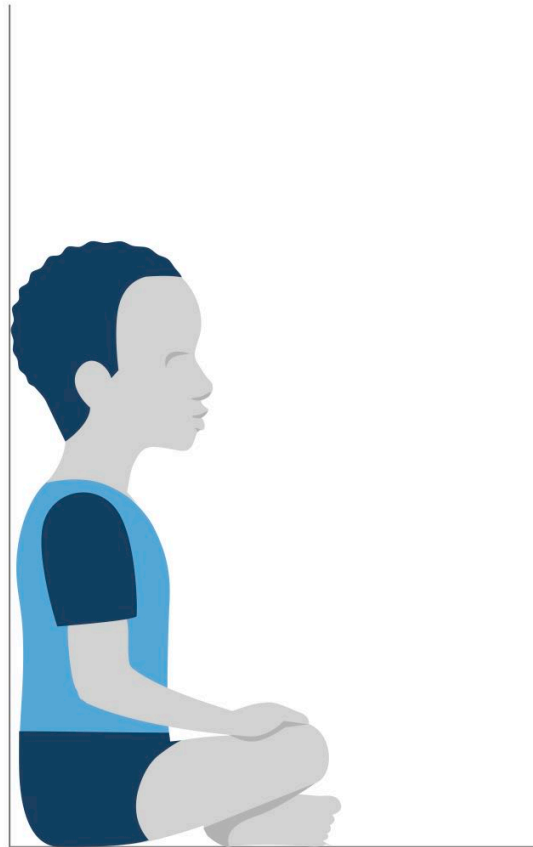
Safe Positioning for Feeding



CAUTION: SAFETY

**SAY:** When an infant is born their mouth and throat are designed for breastfeeding. Infants can safely eat while reclined. However, as they develop in the first years of life, the structures in their mouth and throat grow and they need to begin eating sitting up to swallow safely. Children over 6 months of age should **NEVER** be fed lying down flat.

# Safe Positioning for Feeding



## TRAINER

# The Hips

**SAY:** When positioning the child's hips, he should be seated evenly on his buttocks. The child should not be tilted on one hip or off to the side.



### Think about it...

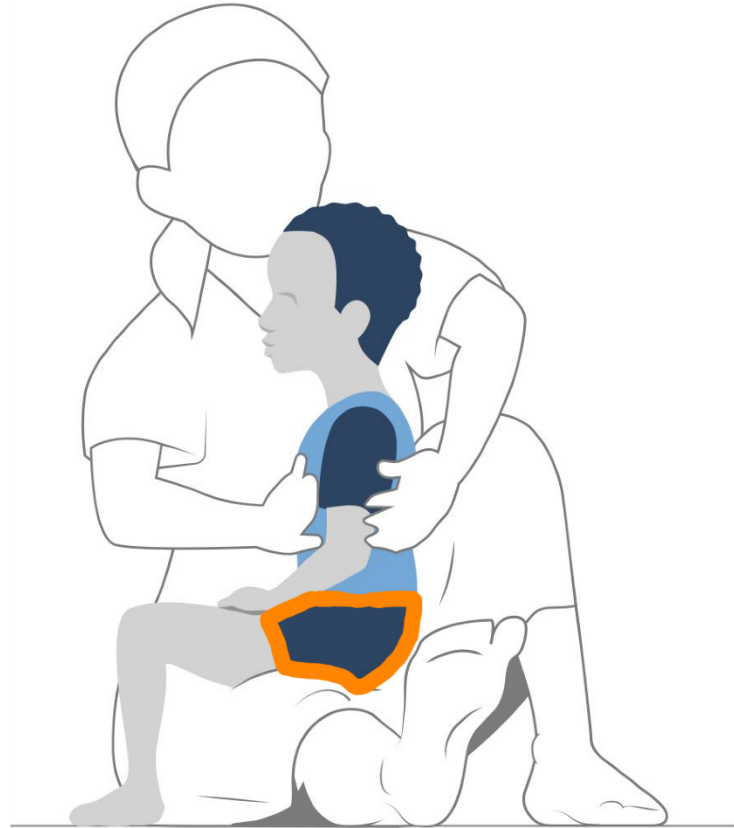
Now, I want you to shift side to side on your buttocks. How do you feel most stable, off to one side, or centred? **Share answers.**

The Hips





# The Hips



## TRAINER

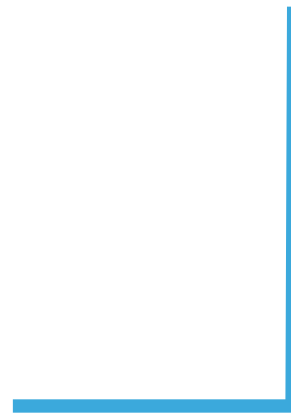
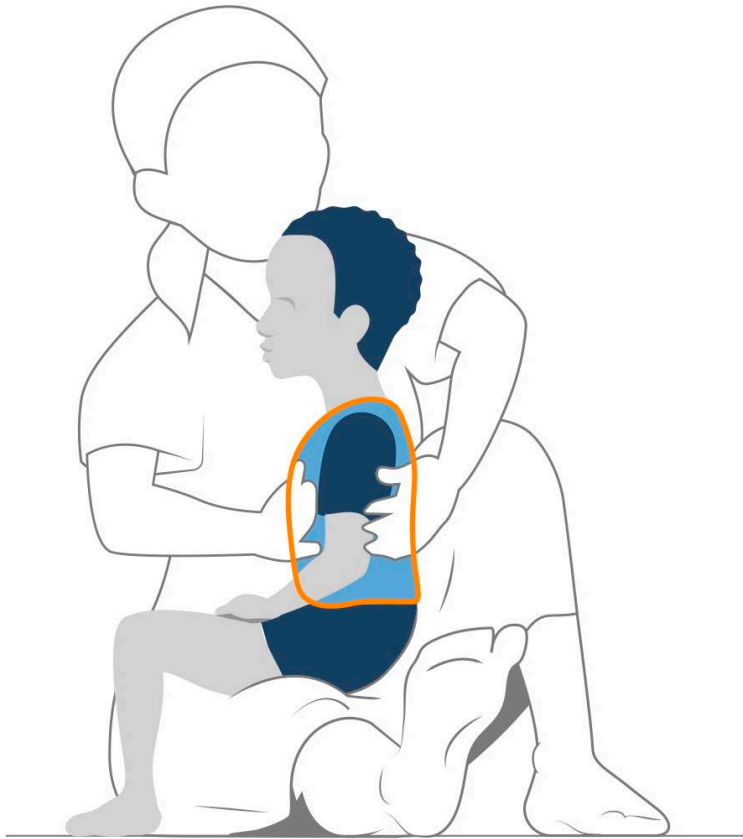
# The Trunk

**SAY:** When positioning the child's trunk, his back should be upright or slightly tilted back. Remember children over 6 months old should not be fed lying down flat.

The Trunk



# The Trunk

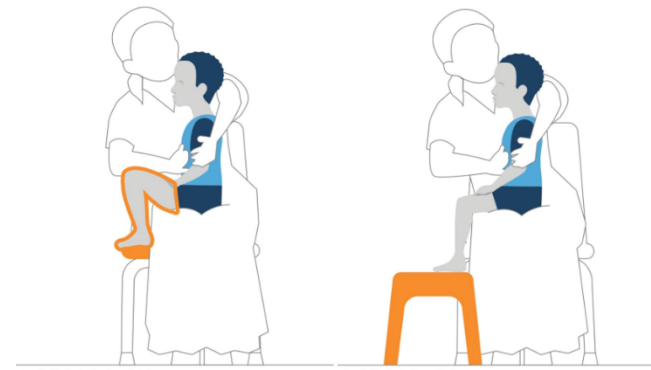


## TRAINER

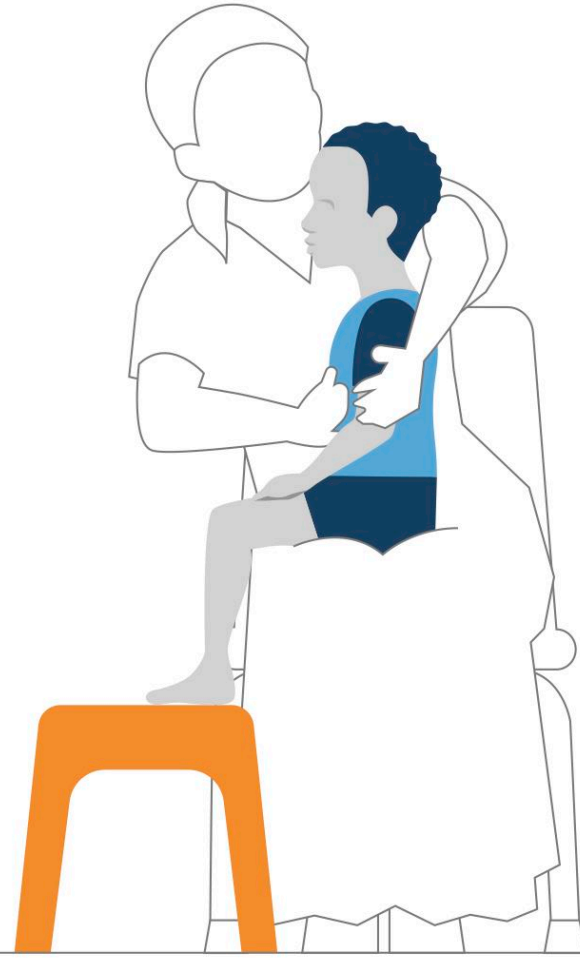
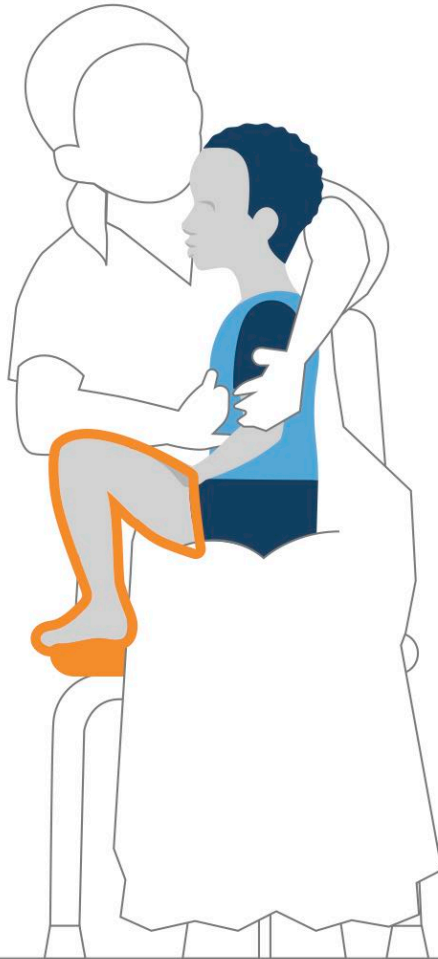
# The Feet

**SAY:** It is best if the child's feet are supported on the floor, edge of a chair, or a stool. Supporting the child's feet will help keep the trunk and hips stable.

The Feet



# The Feet



## TRAINER

# The Shoulders

**SAY:** For a safe swallow, the shoulders should be down and level. The child's shoulders should not be shrugged or uneven.

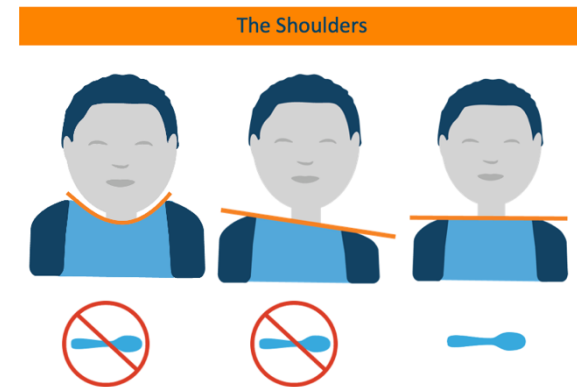


### Think about it...

**SAY:** Shrug your shoulders and try to swallow. *Have the participants raise their shoulders towards their ears and swallow.*

Now put your shoulders down and try swallowing. *Have the participants relax their shoulders and swallow.*

Was it easier or harder to swallow with your shoulders raised? *Share answers.*



# The Shoulders



## TRAINER

# The Head and Neck

**SAY:** The position of the head and neck are important when swallowing. The child's head should be upright and centred. The child's head should not be leaning or too far forward. Support the head if the child is unable to maintain an upright position.



### Think about it...

**SAY:** It is easier to swallow if the chin is tucked in.

Try pushing your chin forward and swallowing.

*Have the participants try to swallow with their chin forward.*

Now try hanging your head down and swallowing. *Have the participants bend their head down and try to swallow.*

Now sit with proper posture, with a level chin and eyes forward and try swallowing. *Have the participants tuck their chin in and swallow.*

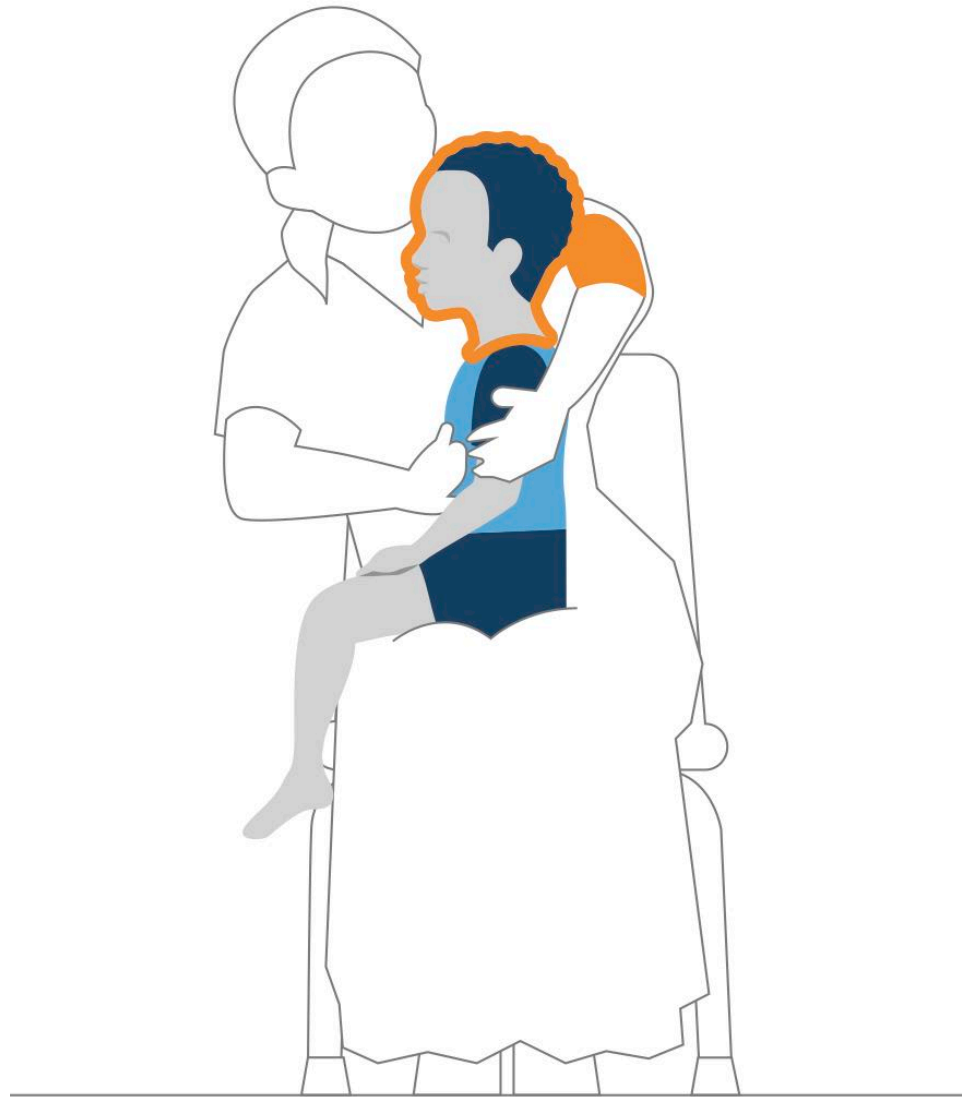
It is SAFER and more EFFICIENT to swallow when your neck, head, and back are upright.

The Head and Neck





# The Head and Neck



## TRAINER

# Extra Support

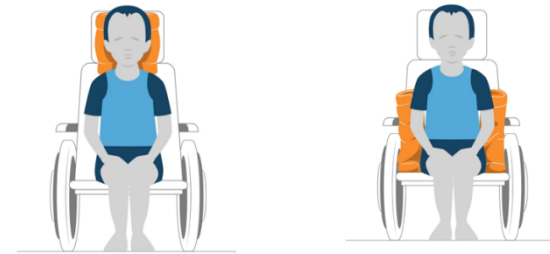
**SAY:** If your child lacks the strength and coordination to support themselves in a proper posture you can use a variety of supports from around your house. Rolled up fabric, blankets, and towels can help support a child. You can also have your child sit on your lap or between your legs and use one arm to support your child's neck and back while you use your other hand to feed your child.

If your child has contractures (limbs that are in a fixed position),

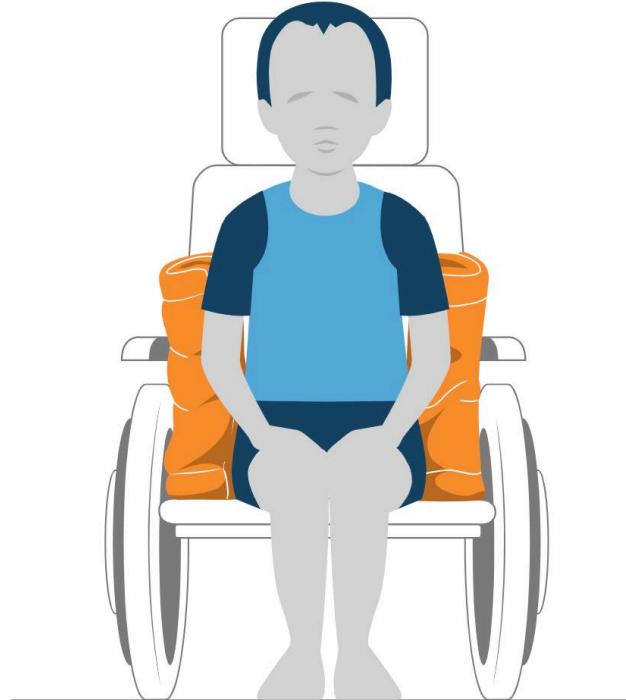
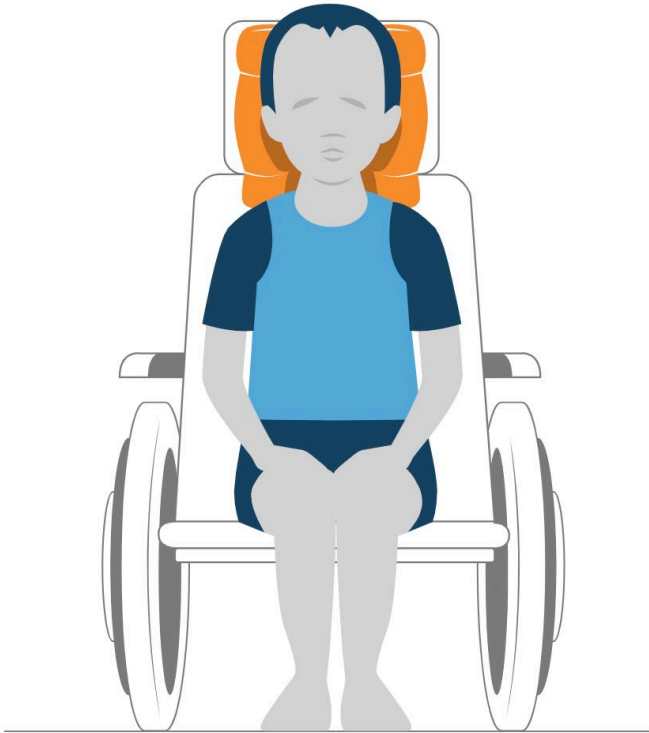
do not try to force your child's body to move into a certain posture, but add support so your child can have his head, neck, and trunk in a safe position for swallowing.



Extra Support



## Extra Support



## TRAINER

# Let's Practice

Pass out "Let's Practice Image 1" to groups.

**SAY:** This mother has a **GOAL** for efficient feeding and a safe swallow.

This mother has a **PLAN**. She is ready with her cup. She is looking attentively at her child as she feeds her child. She is showing she cares. Let's **CHECK** the child's posture. In group of 2-4, use Goal, Plan, Do, Check to discuss how you can improve this child's posture. Then we will share our ideas as a large group.

**Think about it...**



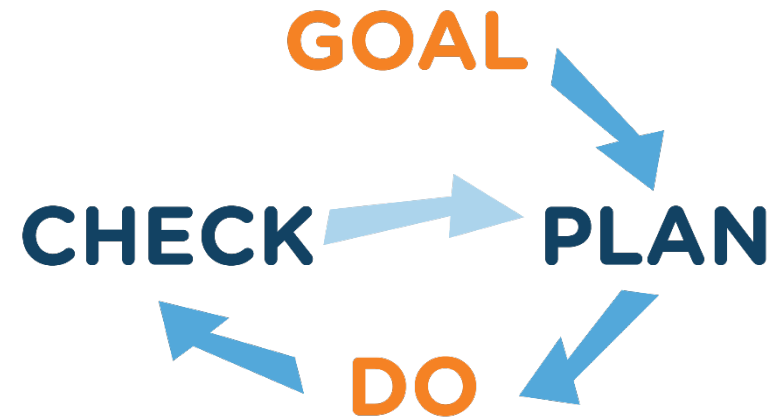
What could you change to make feeding easier for mom and child?

*Answers may include: sit child up more, support the child's feet, make sure her head and neck are upright. Mom could sit on the floor and use her leg to support the child's back, mom could sit the child on the floor against a wall and use towels or blankets to support the child on the sides.*



# Let's Practice

What can we improve?



## TRAINER

# Let's Practice

Supplies: Towels, blankets, or pillows

Pass out “Let's Practice Image 2” to groups.

**SAY:** Let's look at this child's posture. What can this mother do to improve posture for efficient feeding and a safe swallow.

### Think about it...



In your group, use Goal, Plan, Do, Check to discuss how you can improve this child's posture.

Identify a **GOAL**, make a **PLAN**, and **CHECK** the picture to see what you would improve.

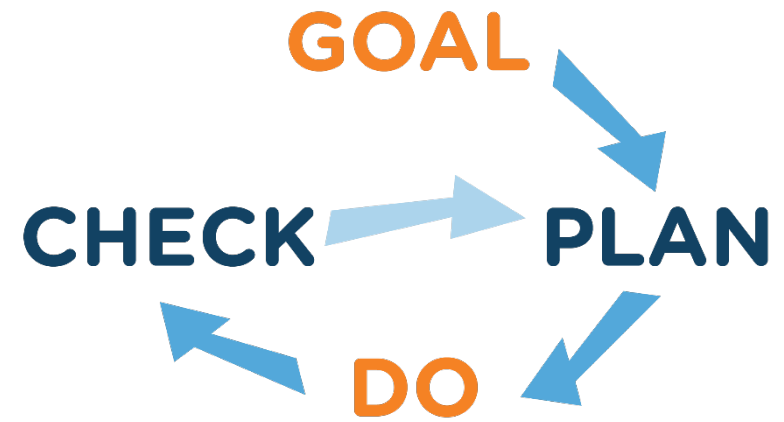
You can practice rolling the towels or blankets and using pillows to help with support. Where might you place a towel or pillow to assist with safe posture?

**TRAINER NOTE:** Give participants 10 minutes to discuss and practice, then ask the groups to share their ideas.

**SAY:** When your group checked the posture of this child, what did you see that could be improved? What was your group's goal? What was your plan? How did your group use the towels, blankets, or pillows?



# Let's Practice



# Modifying Foods for Mealtime Success

## Developmentally Appropriate Choices

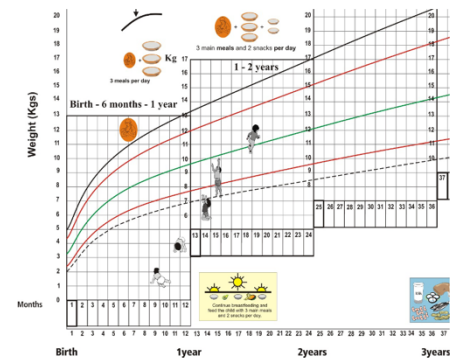
**SAY:** Eating and drinking are complex tasks. They require skills that a child develops over time. A new mother would not give her new infant nshima because it would not be developmentally appropriate. Children who have disabilities and feeding difficulties need to be offered food that matches their feeding skill.



CAUTION: SAFETY

If a child doesn't have the skill, strength, or coordination to chew, they should NOT be offered tough foods that require chewing.

Developmentally Appropriate Choices





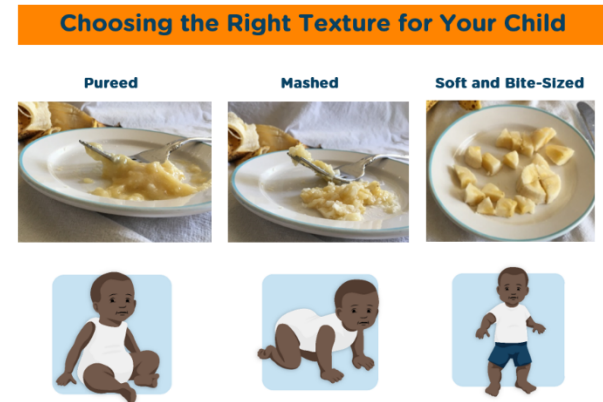


# Choosing the Right Texture for Your Child

## Handout: Modifying Foods for My Child's Skills

**SAY:** Most foods can be modified for safe feeding. Even though your child may not have good chewing skills, she can still enjoy the taste of fish if it is modified.

We will discuss three food textures: purees, mashed foods, and soft and bite-sized foods. We will also discuss when it is developmentally appropriate to progress to a new food texture.



# Choosing the Right Texture for Your Child

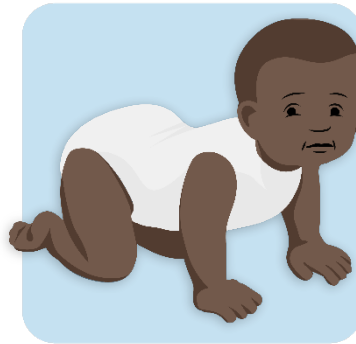
**Pureed**



**Mashed**



**Soft and Bite-Sized**



## TRAINER

# Pureed Food

### Supplies: Biscuits

**SAY:** The first texture for solid foods we will discuss is a puree. The tongue must be able to move up and down and forward and back to eat a puree. *Have participants move their tongue up and down and forward and back.* These movements are used in sucking and swallowing.

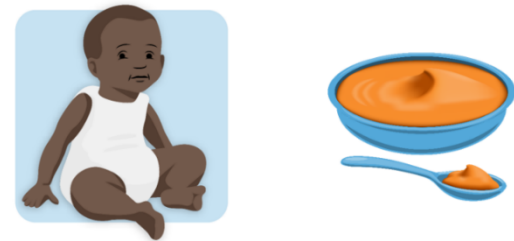
**SAY:** The jaw must be able to move up and down. *Have participants move their jaw up and down.* The lips must be able to move together to gather food from a spoon or off a finger. *Have participants open their mouth and then close their lips tight.*

*Give each participant a piece of a biscuit and have them try to eat with just moving their tongue up and down and forward and back. Discuss their experience of trying to eat the biscuit.*

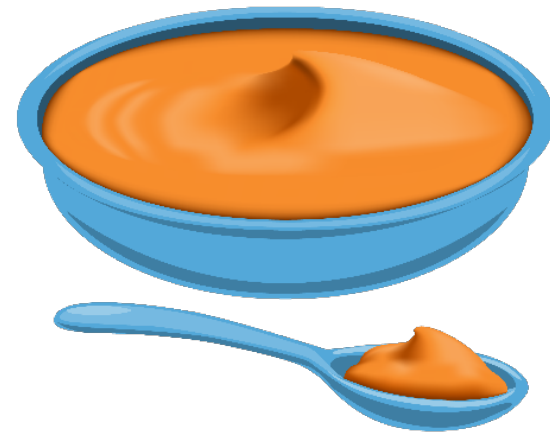
**SAY:** As you did the motions, could you feel all the muscles in your face moving? Some children with disabilities may lack the strength or coordination to move all these muscles. That is why it is important to consider how you prepare food to make it manageable for your child.

If a child can sit by themselves or with some support and can transfer objects from one hand to another, then purees are a developmentally appropriate choice.

Pureed Food



# Pureed Food



## TRAINER

# What's for Supper?

**SAY:** Here is a supper of nshima, greens, beans, and kapenta. The nshima and beans can be easily pureed for this child. However, the greens are too stringy and may cause the child to choke. The kapenta are too tough and crunchy, and this child would not be able to chew them.

What's for Supper?



# What's for Supper?



## TRAINER

# Porridge Puree

**SAY:** Porridge has a smooth consistency and can sit on the fork without falling through. The child does not need to chew the porridge and can easily swallow the creamy food.

If you have nshima you can add a little water. This will reduce the stickiness and make it like a porridge. Make sure the water is mixed in well and there isn't any free liquid that would separate in the child's mouth.





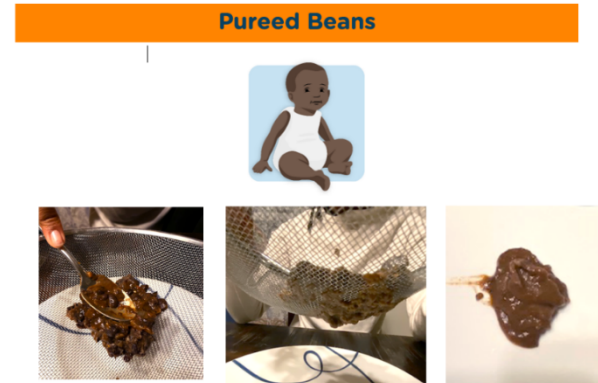
# Porridge Puree



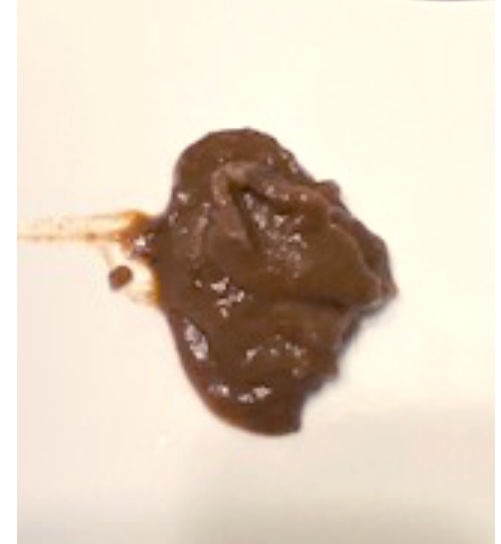
## TRAINER

# Pureed Beans

**SAY:** To puree beans, you will need to put them through a sieve. For the child who eats purees, the skin of the beans could cause the child to choke. Press the beans through the sieve and scrape the bean paste off the other side of the sieve.



# Pureed Beans



# Mixing Purees

**SAY:** Porridge is a good base to mix other purees in to make it more nutritious. You can puree fruits like mango or avocado and mix it with porridge for a nutritious breakfast.



**Think about it...**

What foods would you mix with porridge?

## Mixing Purees



Porridge and Bean Puree



Porridge and Mango Puree



# Mixing Purees



**Porridge and Bean Puree**



**Porridge and Mango Puree**



## Mashed Foods

**SAY:** The second texture for solid foods we will discuss is mashed foods. To eat a mashed food, the tongue must be able to move up and down and forward and back and side-to-side. *Have participants move their tongue side-to-side.* Side-to-side tongue movements help move and gather food in the mouth.

**SAY:** The jaw must be able to move up and down. *Demonstrate.*

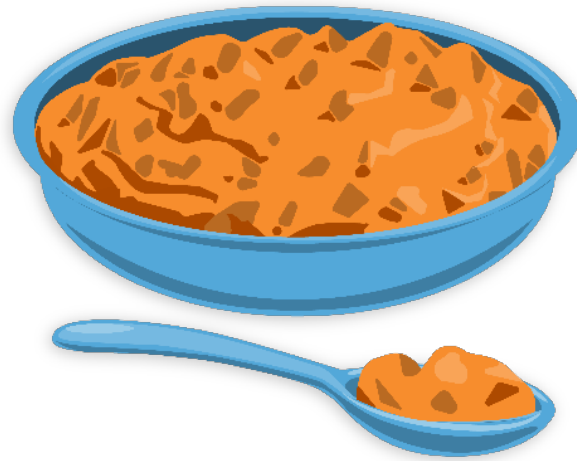
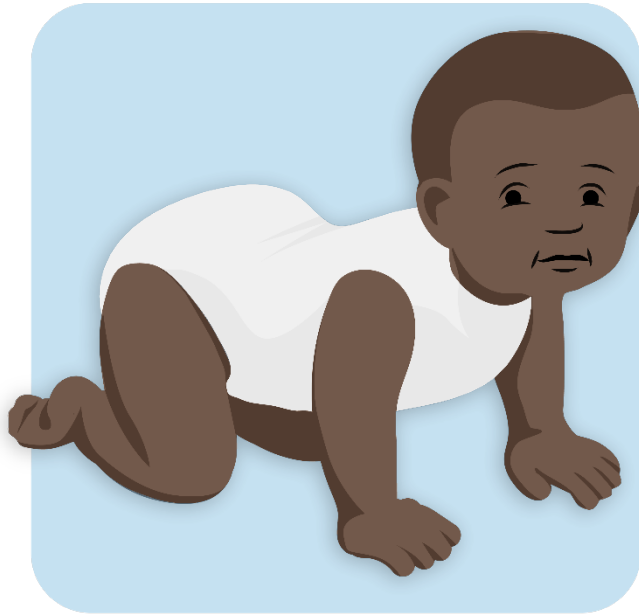
**SAY:** The lips must be able to close easily on a spoon, fingers, and cup.

**SAY:** A child who is ready for mashed foods has gained more tongue strength and coordination. The child may crawl on their belly or on their hands and knees. This child has full control of his trunk (*point to your trunk*). This child may use his index finger to poke at foods.

Mashed Foods



# Mashed Foods





## TRAINER

# What's for Supper?

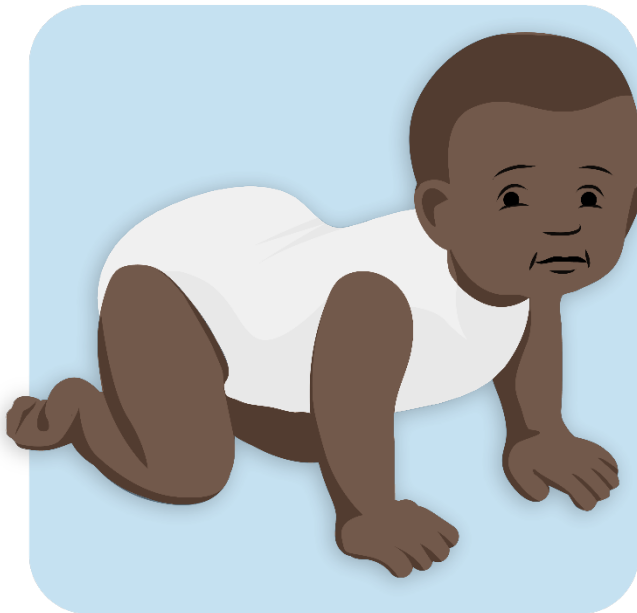
**SAY:** Let's modify this supper for a child who eats mashed foods. The nshima and beans can be mashed. However, this child does not yet have the skills to eat the stringy greens or chew the fish.

What's for Supper?





# What's for Supper?



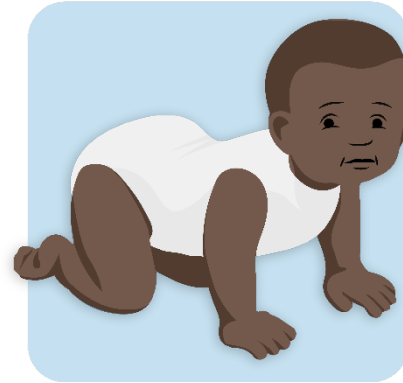
## Mashed Nshima

**SAY:** Using a fork, mash the nshima. Do not add water or it will become a puree. Mash the nshima with a fork until it is a lumpy texture.

Mashed Nshima



# Mashed Nshima



## TRAINER

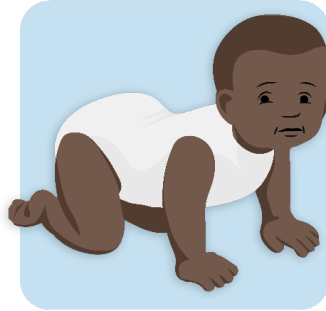
# Mashed Beans

**SAY:** Use a fork to mash the beans into a lumpy texture. Press down forcefully so the skin of the beans is cut into smaller pieces.

Mashed Beans



# Mashed Beans



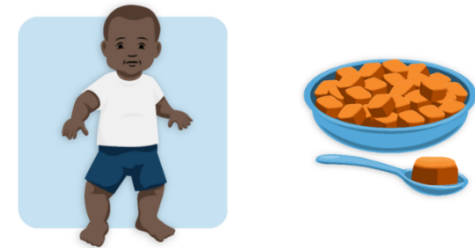
## TRAINER

# Soft and Bite-Sized Foods

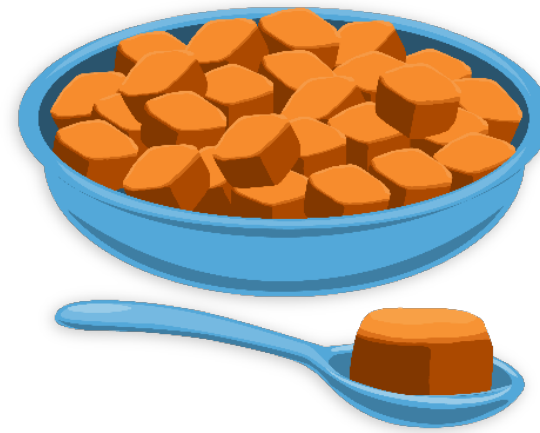
**SAY:** A child who is ready for soft and bite-sized foods has more tongue coordination. The lips close easily on a spoon or cup. This child may reach for food and try to pull food to his or her mouth. The jaw moves in a circular or diagonal motion to grind the food between teeth or gums.

This child can pick up food between his finger and thumb and has enough strength and trunk stability to maintain an upright position independently. Depending on this child's ability, he may be standing or walking.

Soft and Bite-Sized Foods



## Soft and Bite-Sized Foods



## TRAINER

# What's for Supper?

**SAY:** Let's modify this supper for a child who can eat soft and bite-sized foods.

What's for Supper?





# What's for Supper?



## TRAINER

# Soft and Bite-Sized Nshima

**SAY:** To make foods soft and bite-sized you will cut the food into pieces that are just a bit smaller than the width of your fingernail.

Soft and Bite-Sized Nshima



# Soft and Bite-Sized Nshima



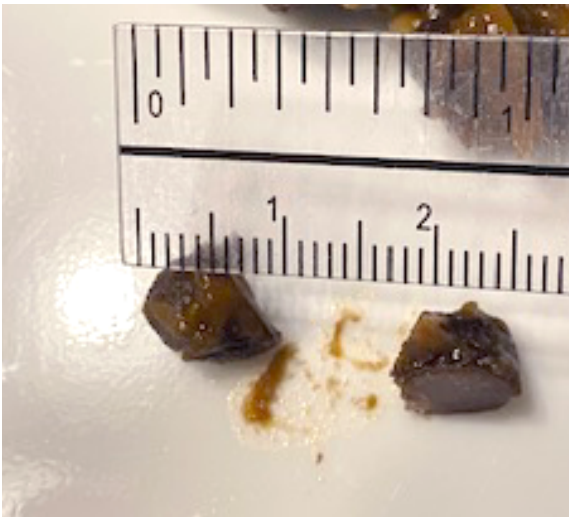
## TRAINER

# Soft and Bite-Sized Beans

**SAY:** Beans larger than the width of your fingernail can be cut in half.



# Soft and Bite-Sized Beans



# Unsafe Food Choice



**SAY:** Certain varieties of beans are too large and are a choking hazard.

Unsafe Food Choice





# Unsafe Food Choice

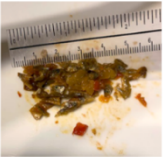


**TRAINER**

# Soft and Bite-Sized Fish

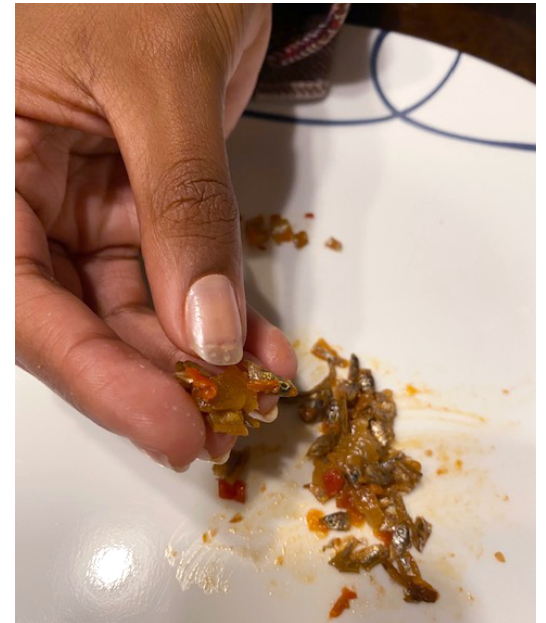
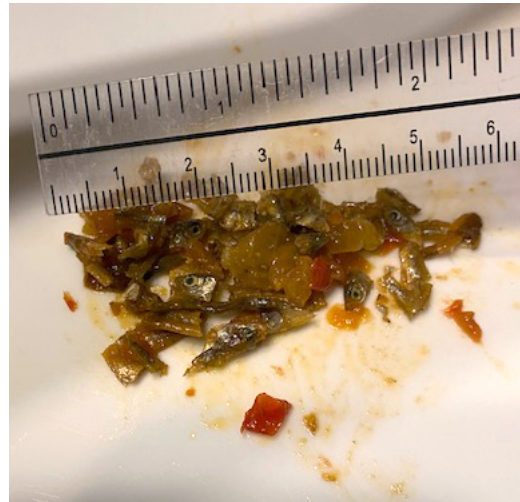
**SAY:** Fish can be cut into pieces a little smaller than the width of your fingernail.

Soft and Bite-Sized Fish





# Soft and Bite-Sized Fish



## Unsafe Food Choices



CAUTION: SAFETY

**SAY:** Foods such as whole kapenta and cooked leafy green vegetables are too difficult for children with feeding challenges. The stringy fibres of the greens can get caught in the child's throat. If the child does not have the skills to

chew the kapenta and break it into smaller pieces, he may try to swallow it whole. You can try to ensure the food is cut into very small pieces. However, even if the food is cut in pieces, it could still be dangerous for some children with feeding challenges and may cause the child to choke.

Unsafe Food Choices



# Unsafe Food Choices



## TRAINER

# Let's Practice

Supplies: Bananas, forks, plates or napkins

**SAY:** Each of you will take a piece of banana, a fork, and a plate (use napkins if plates aren't available). First you will use the fork to cut the banana into soft and bite-sized chunks. Give participants time to cut banana. Walk around and support the participants as they practice.

**SAY:** Now mash your banana. It should be a lumpy texture. Give participants time to mash banana. Walk around and support the participants as they practice.

**SAY:** Now puree your banana. It should be a creamy texture that sits on the fork and does not drip through. Give participants time to puree banana. Walk around and support the participants as they practice.



# Let's Practice

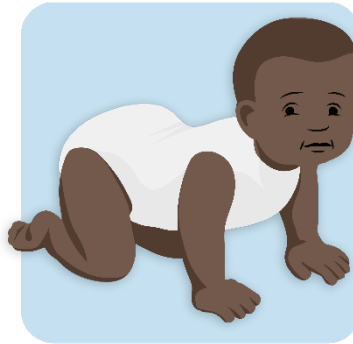
**Soft and Bite-Sized**



**Mashed**



**Puree**



## TRAINER: 2.3

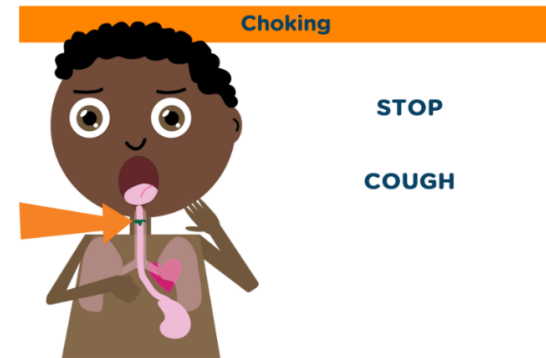
# Feeding Distress: Choking

**SAY:** A child is in feeding distress if he swallows food and it goes in his airway instead of down his oesophagus. The oesophagus is the tube from the mouth to the stomach.



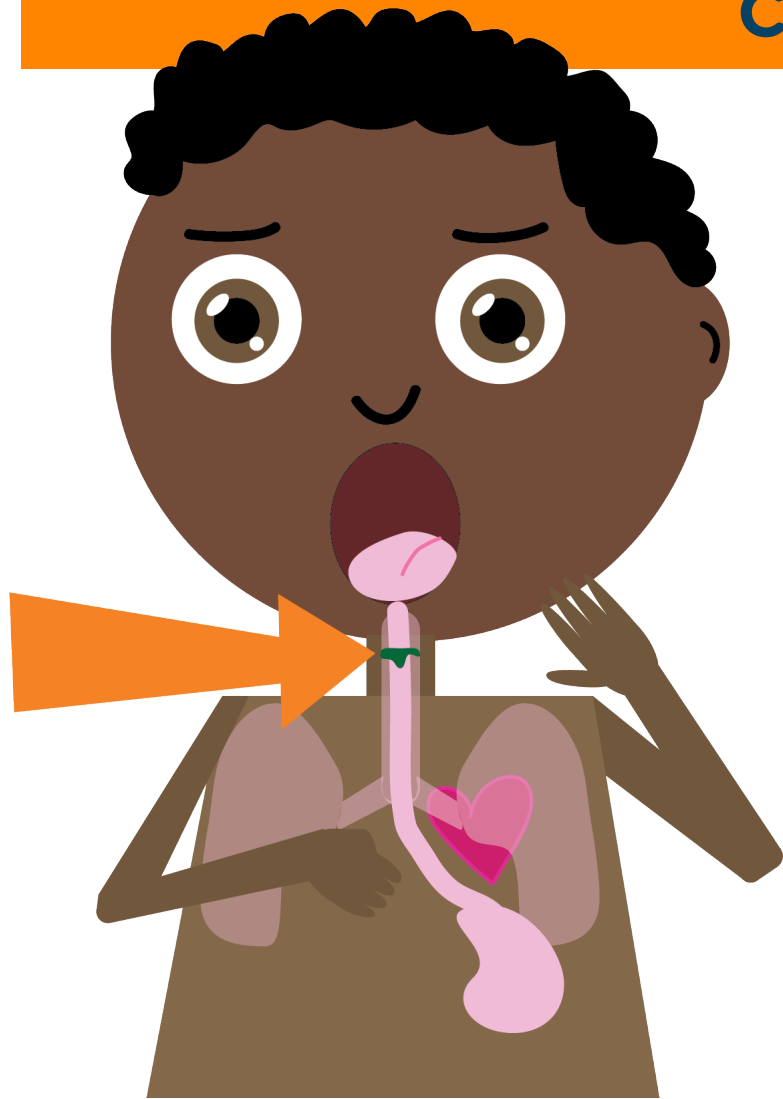
Signs of choking include:

- Difficulty breathing or unusual breathing sounds
- Coughing
- Holding the throat
- Panicky face
- Watery eyes
- Change in face colour (more red or blue)
- Not breathing



If your child swallows food and they begin to cough, you should let them cough and try to clear the food or drink themselves. Do NOT pat or hit a child on the back when they are coughing.

# Choking



**STOP FEEDING**

**COUGH**



## Feeding Distress: Aspiration

**SAY:** Aspiration is when food or drink goes into the airway and travels to the lungs. Aspiration can happen if a child is in a poor position when swallowing. Children with disabilities may be more likely to aspirate if they have a weak cough or developmental differences in the throat.

Signs of aspiration are:

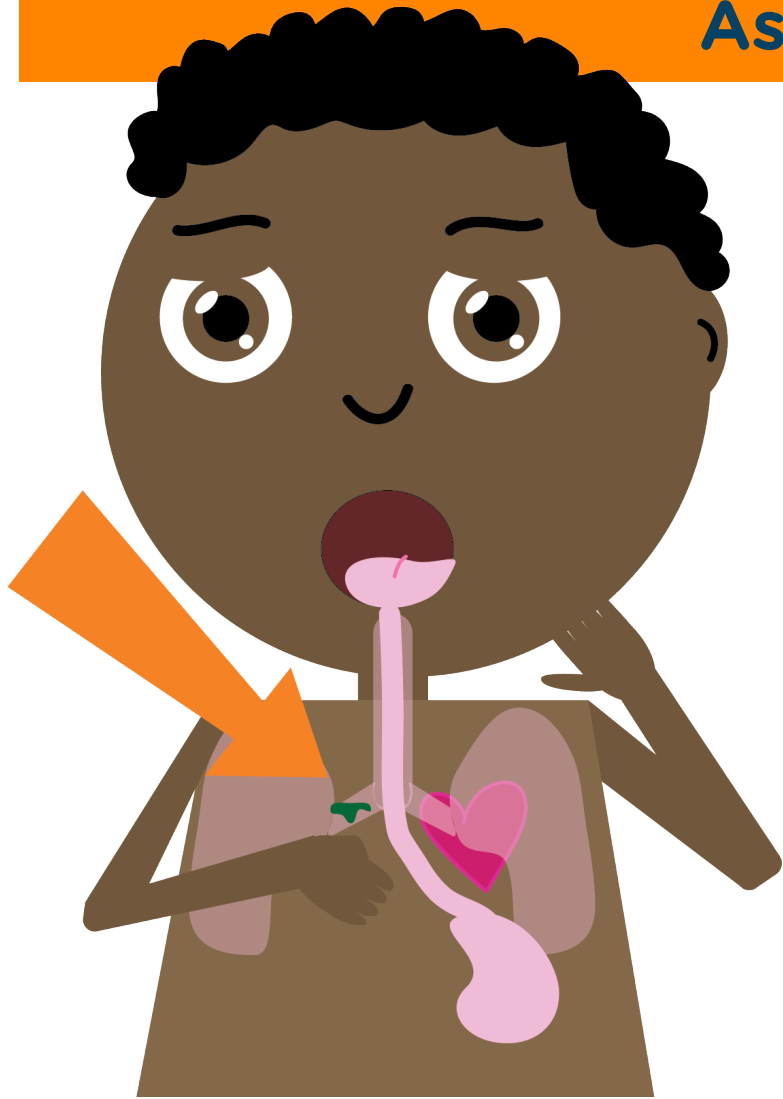
- Frequent respiratory illness
- Wheezing
- Breathing sounds wet or voice quality sounds wet after feeding
- Coughing or choking while feeding
- Chest pain
- Pain when swallowing



To reduce the risk of aspiration or choking you should ensure your child has good posture when eating, prepare your child's food appropriately for their feeding skills, and feed small bites.



# Aspiration



**1. Good Posture**

**2. Safe Food and Drink**

**3. Small Bites**

## Module 2 Review

**SAY:** Let's review what we learned about safe feeding.



### Think about it...

**SAY:** We learned that safe feeding requires appropriate posture. Children over 6 months of age should not be fed lying down. When positioning your child for eating, what body part do you start with?

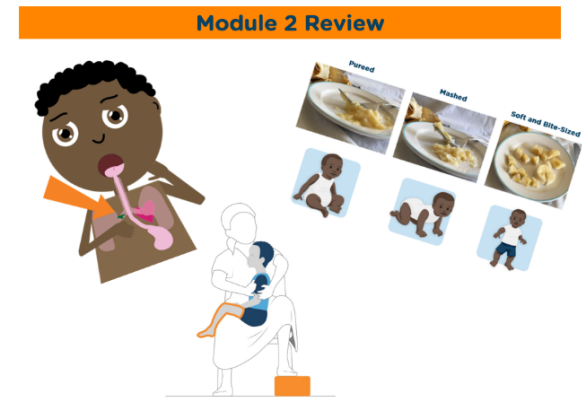
**Answer:** *Position the hips first, then stabilize the feet, then the trunk, then shoulders, then head and neck.*

We learned that we can modify food textures so our child can swallow safely. What texture of food does your child need: pureed, mashed, or soft and bite-sized? **Share answers.**

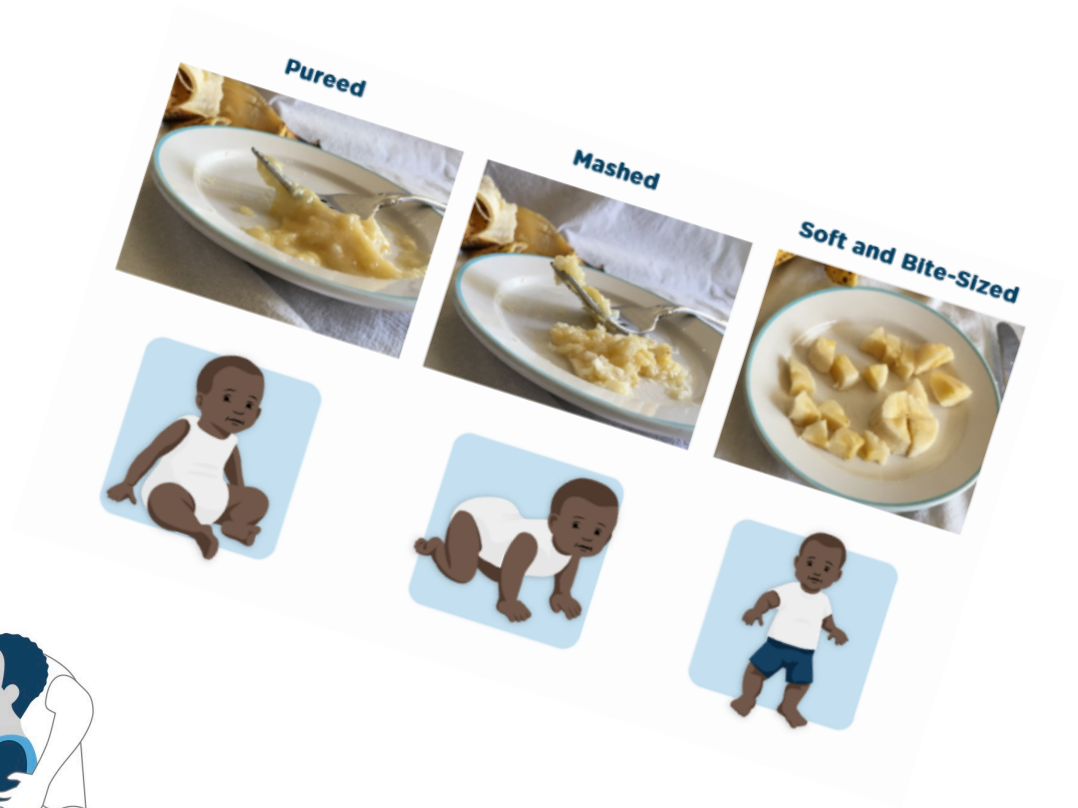
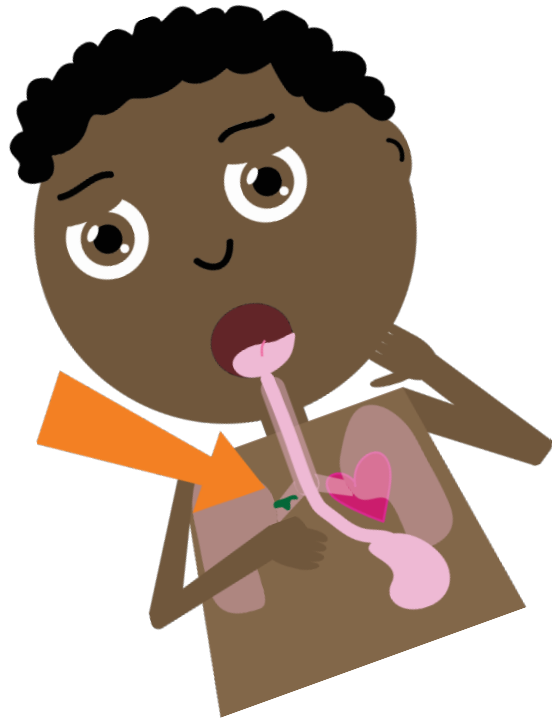
We learned about choking and aspiration. What are some signs of choking? **Share answers.** *Possible answers include: difficulty breathing, change in face colour, coughing, panicky face, holding throat, not breathing.*

Should you pat or hit your child on the back when they are choking? **Answer: No.**

What are some signs of aspiration? **Share answers.** *Possible answers include: frequent respiratory illness, wheezing, breathing that sounds wet, coughing or choking, chest pain, or pain when swallowing.*



# Module 2 Review



TRAINER

## Module 3: Feeding Techniques

### Overview

Time to Complete: 1 hour

Supplies:

- Blankets, towels, (pillows are optional)
- Spoons
- Biscuits
- Empty plastic water bottles (1 per participant), knives or scissors for cutting water bottles, marker (optional)

Handouts: Creating Support for Feeding at Home, Jaw and Lip Support, Reducing Tongue Thrust, Learning How to Chew, How to Make a Cut-Out Cup

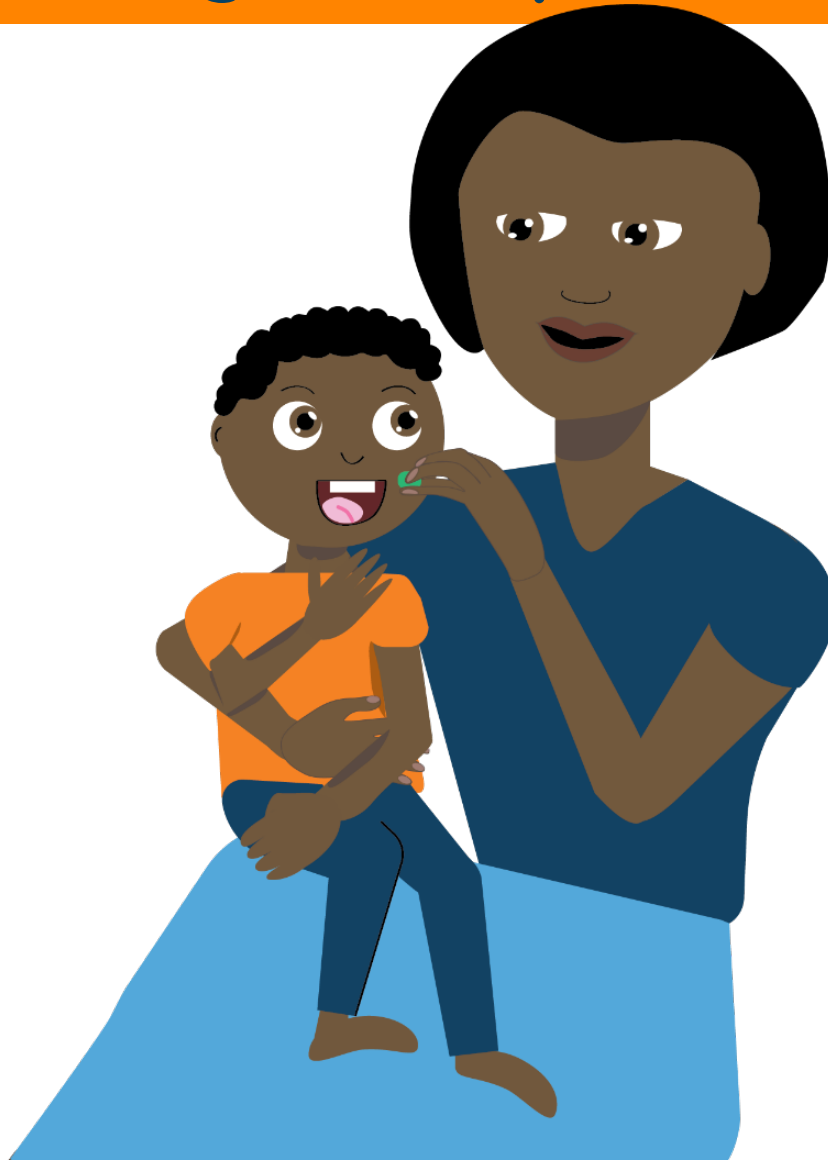
**SAY:** In this training session we will discuss specialized feeding techniques for:

- A child with contractures
- A child who has difficulty with lip closure
- A child who has a tongue thrust reflex or tonic bite reflex
- A child who has food in mouth after swallowing
- A child who has difficulty chewing or drinking

Feeding Techniques



# Feeding Techniques



## TRAINER: 3.1

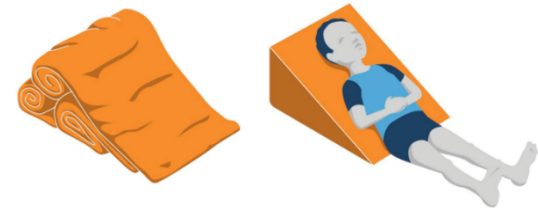
# Do No Harm: Contractures

**SAY:** Some children have difficulty bending their limbs. This is called a contraction. The muscles and bones may have become fixed in a certain position.

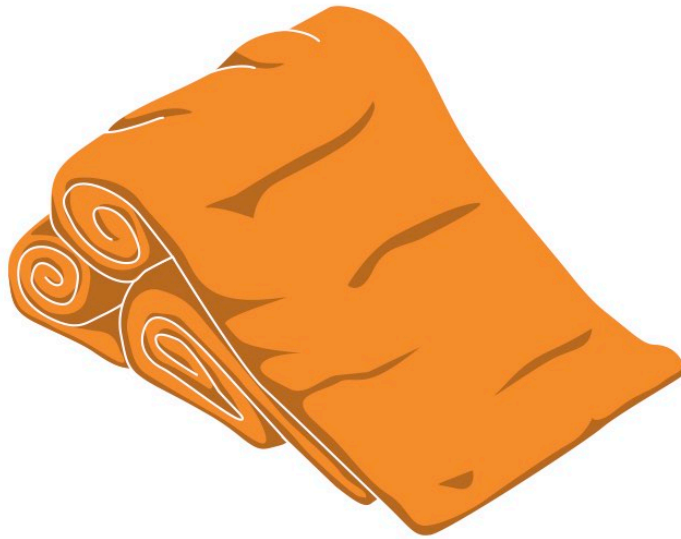


When positioning a child for feeding you do not want to force a child's limbs beyond their natural ability to bend. For a child who cannot sit upright, you can create a wedge using rolled up blankets or towels. It is important that a child is NOT fed lying flat down. The wedge allows your child's head to be up so they can swallow safely.

Do No Harm: Contractures



## Do No Harm: Contractures



## TRAINER

# Let's Practice: Making a Wedge

Handout: Creating Support for Feeding at Home

Supplies:

- Blankets and towels
- Pillows (optional)

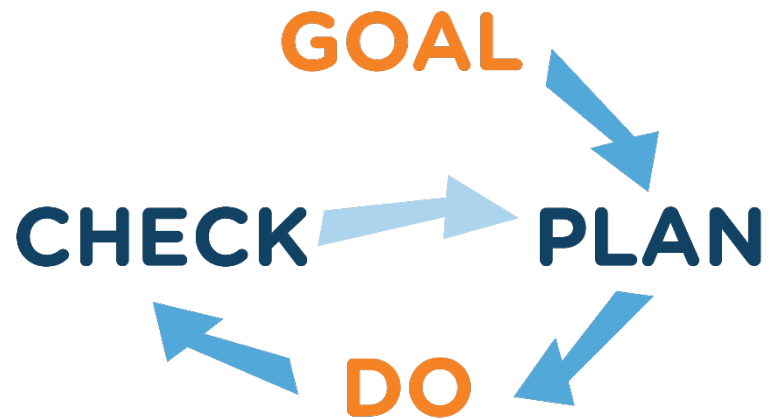
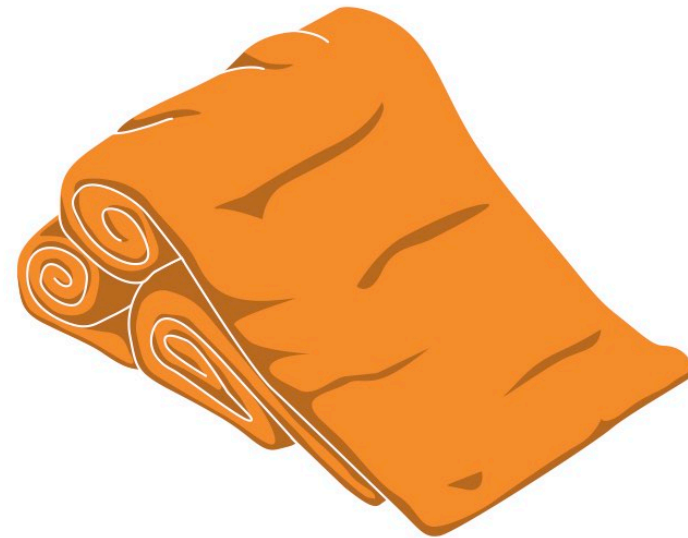


## Let's Practice!

**SAY:** In groups of 2-4, use the blankets and towels to create a wedge. Have one person in your group act as a child with contractures. Practice positioning your partner in a safe position for feeding. **Give participants 10 minutes to practice.**



# Making a Wedge



## Supporting Lip Closure

**SAY:** Some children cannot close their mouth all the way when chewing or swallowing. This can cause food to fall out of the child's mouth or drool. The child may need jaw and lip support. To assist a child with lip closure you will put your thumb on the front of the chin and your index finger on their lower jaw. This position will help you open and close the jaw as the child eats.

Supporting Lip Closure



Remember to give small bites and use a spoon that is no larger than the child's mouth.

# Supporting Lip Closure



## TRAINER

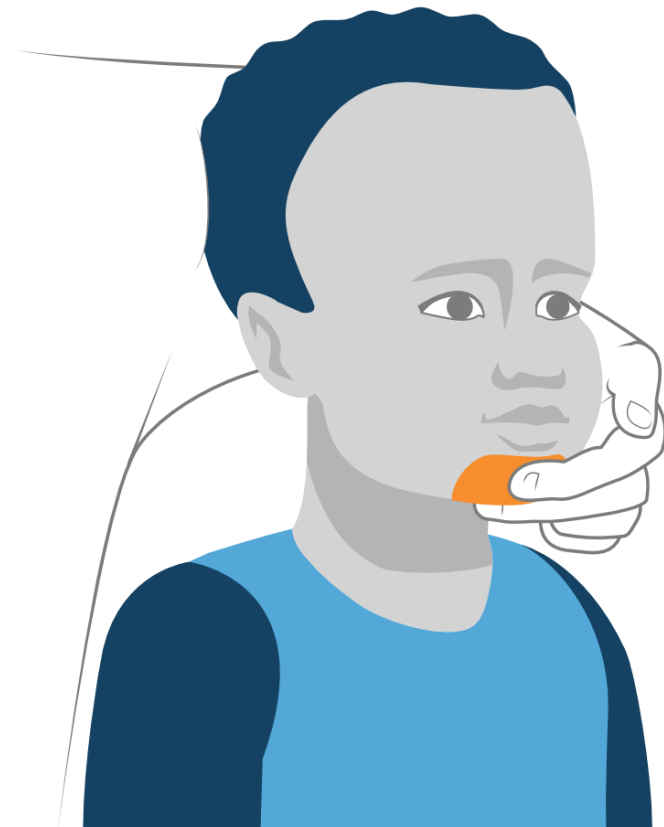
# Supporting Lip Closure

**SAY:** Here is another example of jaw and lip support. If a child needs more help to keep their head and body upright, you can sit them on your lap or sit behind them. This will allow the child to lean against you. You can wrap your arm around the child to support their head and put your index finger on the chin while the thumb and palm of your hand support the jaw at the joint.

Supporting Lip Closure



# Supporting Lip Closure



## TRAINER

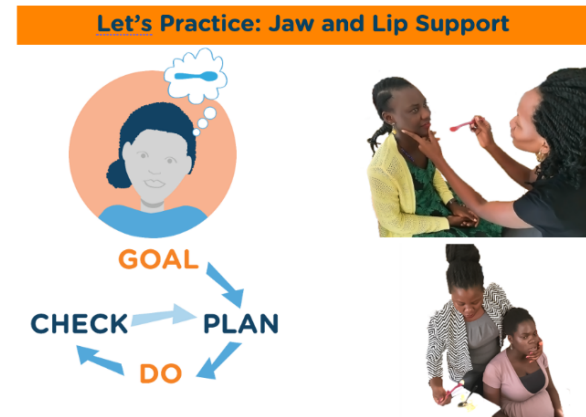
# Let's Practice: Jaw and Lip Support

## Handout: Jaw and Lip Support



### Let's Practice!

**SAY:** Let's use GOAL, PLAN, DO, CHECK as a way of problem solving for a child who does not have enough strength to close her mouth for chewing. Your goal is to provide jaw and lip support. With a partner talk about your plan and then practice on each other. As you are providing jaw and lip support, check to see if the technique is working. You may ask yourself: Are my fingers supporting the chin and jaw? Does my partner have enough neck and head support? Do I need to place my hands in a different place? **Give participants 10 minutes to practice.**



### Think about it...

What went well? What would you change to improve your technique? What will you do differently with your own child?

# Let's Practice: Jaw and Lip Support



**GOAL**

**CHECK**

**PLAN**

**DO**



## Reducing Tongue Thrust

### Handout: Reducing Tongue Thrust

**SAY:** Some children have a reflex that causes their tongue to push out of their mouth. When placing food in a child's mouth, their tongue may automatically push the food back out. We call this tongue thrust. The child cannot help this. Tongue thrust is a reflex, just like gagging. To help your child keep the food in her mouth for a swallow you can turn the spoon sideways. Place it on the lower lip and gently press the spoon on the tongue. Tilt the spoon towards the middle of the tongue.

Reducing Tongue Thrust



### Let's Practice!

**SAY:** Get in groups of two. One person will be the child with the tongue thrust and the other person the caregiver. Each person is going to take a clean spoon and practice turning the spoon sideways to act as a boundary for tongue. Make sure to rest the spoon on the lower lip and tilt the spoon towards the mouth.



# Reducing Tongue Thrust



## Incomplete Swallow

**SAY:** When some children with disabilities swallow, they may be left with some food in their mouth. To encourage the child to swallow the food, offer them an empty spoon. When offered an empty spoon, many children will gather the remaining food in their mouth and swallow it.

Incomplete Swallow



Do NOT put more food in a child's mouth when they already have food in the mouth.

# Incomplete Swallow



## TRAINER: 3.5

# Difficulty Chewing

**SAY:** To improve chewing skills, your child can practice a side bite.

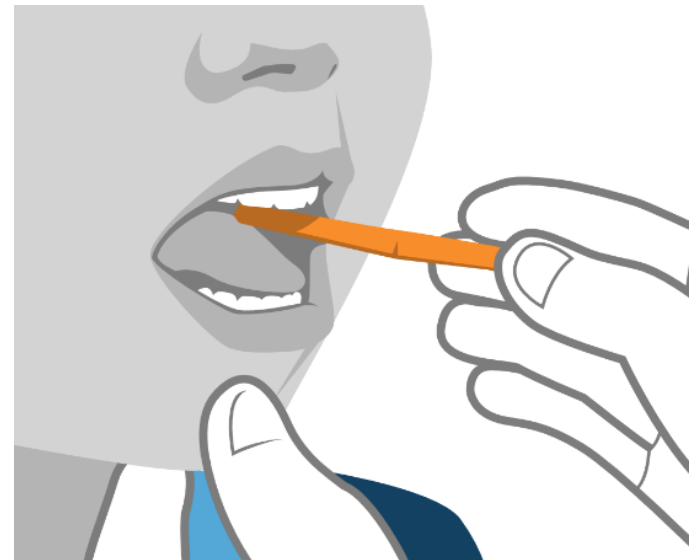
First, select a food that is stick-shaped. The food should break into soft crumbs easily or be easily mashed, so it is not difficult to chew. Good examples are a piece of biscuit, a slice of mango, or a slice of banana.

Second, place the food between the upper and lower teeth on the side of the mouth. Only allow your child to take a small bite. When your child takes a small bite, you show your child how you want your child to move his mouth to chew (**Demonstrate an exaggerated chewing motion**).

Difficulty Chewing



## Difficulty Chewing



## TRAINER

# Let's Practice: Side Bite

Handout: Learning How to Chew

Supplies: Biscuits



### Let's Practice!

**SAY:** Ask participants to find a partner.

You will each be given a piece of biscuit to feed to your partner. One person will be the child who is learning to chew, and the other will be the caregiver. You want to place the food on the side of your partner's mouth. You only want your partner to take a small bite of the biscuit. You can use the jaw and lip support if your partner needs more assistance to practice chewing. As you give your partner a bite, demonstrate an exaggerated chewing motion. Each participant can take a turn being the caregiver.



**After you give participants time to practice ask:**

What went well? What would you change to improve your technique? What will you do differently with your own child?

# Let's Practice: Side Bite



**GOAL**

**CHECK**

**PLAN**

**DO**



## TRAINER 3.6

# Tonic Bite Reflex

**SAY:** Some children have a tonic bite reflex. This is when the jaw closes automatically when something touches the teeth or gums. If your child has this reflex, you are at risk of having your fingers bitten if you feed them with your hands. The child does not purposefully bite you. The reflex is something they cannot control. Once the jaw closes, it is difficult to open. You must be patient and wait for the jaw to relax.



CAUTION: SAFETY

**SAY:** For your own safety you should NOT put your fingers in the mouth of a child with a tonic bite reflex. Instead of feeding the child with your hands, use a spoon. This will save you from a lot of pain.



# Tonic Bite Reflex



## TRAINER: 3.7

# Improving Cup Drinking Skills

**SAY:** For children who have difficulty drinking from a cup, a cut-out cup can be used. A child who has difficulty drinking may tip their head back when trying to take a sip. The cut-out cup allows the caregiver to see the liquid going into the child's mouth and allows you to slow the flow of liquid. It is also easier for the child to see the liquid.

### Improving Cup Drinking Skills



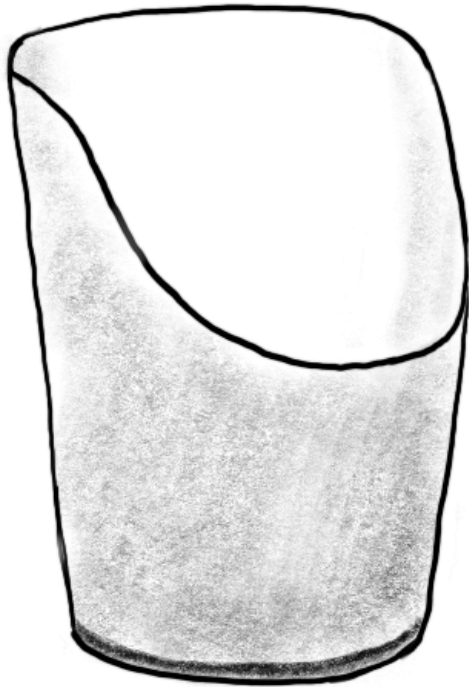
## Let's Practice!

**Supplies:** 1 clean empty water bottle per person, knives and scissors for cutting water bottle, marker (optional)

**Handout:** How to Make a Cut-Out Cup

**SAY:** Let's make a cut-out cup. Each of you will take one empty water bottle. We can share the knives, scissors, and markers. Remove the label from the water bottle.

# Improving Cup Drinking Skills



## TRAINER

# Let's Practice: Making a Cut-Out Cup

**SAY:** You can draw an outline on the water bottle for cutting it. If you don't have a marker, you can visualize a line in your mind. You want the front of the cup to be about  $\frac{1}{2}$  of your index finger shorter than the back of the cup.

Next use a knife or scissors to cut around the cup. **MAKE SURE THERE ARE NO ROUGH OR POINTY EDGES.** Remember the **TALL SIDE** of the cup will be where your child puts his or her mouth.

After you cut the cup, you will want to clean it by washing it with hot water and soap. Now your cup is ready to use!

Let's Practice: Making a Cut-Out Cup



When your child is learning to drink from a cup it is important to offer small sips. Watch and listen to make certain your child has swallowed all the liquid before offering the next sip. Offer one small, single sip, one sip at a time.

## Let's Practice: Making a Cut-Out Cup



TRAINER

# Module 4: Nutrition

## Overview

Time to Complete: 30 minutes

Supplies: Storing Food Safely image

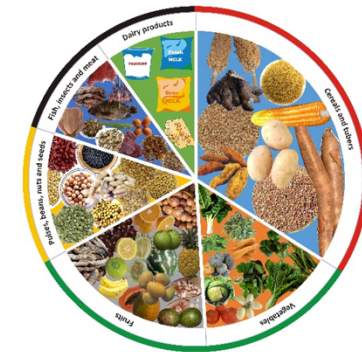
Handout: Nutrition

**SAY:** This module will share basic nutrition recommendations to support feeding children with disabilities. The focus of this module will include:

- The six food groups for Zambia
- Choosing nutrient-dense and energy-dense foods
- Storing and handling food safely

**TRAINER NOTE:** For infants, including your child with a disability, breastfeeding provides the best possible nutrition. Children should be exclusively breastfed for the first six months of life. From six months, introduce a variety of foods from the six food groups and continue breastfeeding for up to two years or beyond.

Nutrition





# Nutrition



## TRAINER: 4.1

# Nutrition Made Easy

### Handout: Nutrition

**SAY:** Now we are going to talk about choosing the right food to feed your child. It is recommended that children eat different types of food from all food groups. The 6 food groups for Zambia are listed below:

- Cereal grains, starchy roots and tubers
- Vegetables
- Fruits
- Fish, insects and animal source foods
- Dairy
- Pulses/legumes, nuts and seeds







## Cereal Grains, Starchy Roots, and Tubers

**SAY:** Sorghum, millet, cassava, maize, wheat, sweet potatoes, Irish potatoes, and all their products are examples of foods in this group. The refining of cereal grains removes the germ and outer layers of the grain, thereby reducing the fibre and micronutrients content. Eat foods from this group that are less refined to get all the nutrients possible and not just energy.

Cereal Grains, Starchy Roots and Tubers



### Think about it...

**SAY:** What cereal grains, starchy roots and tubers do you like? **Share answers.**

What cereal grains, starchy roots and tubers does your child like? **Share answers.**

What cereal grains, starchy roots and tubers could you add to your child's diet?  
**Share answers.**

# Cereal Grains, Starchy Roots and Tubers



# Vegetables

**SAY:** Vegetables come in various colours. Each colour indicates different nutrient content of dietary fibre, vitamins like vitamin A and vitamin C, and minerals like iron. Children should eat different coloured vegetables every day to obtain a variety of nutrients to support their health, immunity, growth, and development. Some vegetables can be eaten raw, while others can only be eaten when cooked.

Vegetables



## Think about it...

**SAY:** What vegetables do you like? **Share answers.**

What vegetables does your child like? **Share answers.**

What vegetables (both raw and cooked) could you add to your child's diet? **Share answers.**



# Vegetables



# Fruits

**SAY:** Fruits come in various types and colours that indicate different nutrition content of vitamins, like vitamin A and vitamin C. Children need to eat a variety of fruits, including wild fruits such as masuku, baobab, and tamarind. Fruits can be prepared in different ways to suit the child's needs and preferences. For example, you can offer children fruits with seeds removed, juiced, mashed, pureed or as a fruit salad.



## Think about it...

**SAY:** What fruits do you like? **Share answers.**

What fruits does your child like to eat? **Share answers.**

Can you think of other ways of including fruits in your child's diet? **Share answers.**

# Fruits



## Fish, Insects and Animal Source Foods

**SAY:** Fish, insects and other animal sources of food are rich in protein, vitamins like vitamin A, and minerals like iron, zinc and calcium. While all fish provides the body with protein, small fish like kapenta are a great source of calcium when eaten with the bones. Livers are a rich source of iron, zinc, and vitamin A. At least once a day, children should eat foods from this food group for their healthy growth and development.

Fish, Insects and Animal Source Foods



Think about it...

**SAY:** What insects, fish, and animal source foods do you like? **Share answers.**

What insects, fish, and animal source foods does your child like? **Share answers.**

Are there other insects, fish, and animal source foods you can add to your child's diet? **Share answers.**



# Fish, Insects and Animal Source Foods



## Dairy

**SAY:** Milk contains valuable nutrients, such as calcium and protein, which help support a growing body. However, animal milk is not recommended for infants younger than 1 year because they cannot digest it as completely or easily as breastmilk. Breastmilk contains all the nutrients needed by an infant under 6 months. After 1 year, a child can consume a variety of animal milk and milk products such as fresh milk, sour milk and yoghurt.



Think about it...

**SAY:** What milk and milk products do you like? **Share answers.**

What milk and milk products does your child like? **Share answers.**

How can you add milk and milk products to your child's diet? **Share answers.**

# Dairy



## Pulses (Legumes), Nuts and Seeds

**SAY:** Pulses (legumes), nuts and seeds are an affordable source of protein when compared to foods from animal sources. Pulses contain high amounts of energy, protein, fibre, and minerals like iron and zinc, which support a child's healthy growth and development. Offer these foods with vegetables high in vitamin C like tomatoes, green peppers, and leafy green vegetables.

Pulses (Legumes), Nuts and Seeds



Think about it...

**SAY:** What pulses (legumes), nuts and seeds do you like?

**Share answers.**

What Pulses (legumes), nuts and seeds does your child like? **Share answers.**

How can you add pulses (legumes), nuts and seeds into your child's diet? **Share answers.**

# Pulses (Legumes), Nuts and Seeds



## TRAINER

# Three Meals & Two Snacks

**SAY:** The bodies of children with disabilities often use a lot of energy. They may get tired when eating. That is why it is important to feed them three meals and two snacks every day.

Three Meals & Two Snacks



**3 Meals**  
**+**  
**2 Snacks**



## Three Meals & Two Snacks



**3 Meals**  
**+**  
**2 Snacks**

## TRAINER 4.2

# Foods High in Nutrients and Energy

**SAY:** When choosing foods for meals and snacks, choose ones that have a lot of nutrients and energy to help children grow and develop. Every spoonful or bite of food given to a child should contain not only energy but also a lot of nutrients.

Examples of foods high in nutrients and energy include milk, yogurt, eggs, meat, kapenta, nuts, seeds, peas, beans, avocado, sweet potato, pumpkin, bananas, and mango.

Foods High in Nutrients and Energy





## Foods High in Nutrients and Energy



## TRAINER 4.3

# Handling Food Safely

**SAY:** Children with disabilities often have weak immune systems. This means they may get ill easily. It is important to prepare and store food safely so your child doesn't get a foodborne illness. Here are some things you can do:

- Wash your hands with soap and water for at least 20 seconds before and after handling food, and after using the toilet, and handling animals and pets.
- Wash fruits and vegetables with clean water just before preparation or eating.
- Prepare meat, eggs, and fish separately from uncooked foods and cook thoroughly.
- Use safe for drinking and cooking. Boil water for 1-3 minutes.

Handling Food Safely



### Think about it...

**SAY:** When should you wash your hands? (Share Answers. Answers may include: Before feeding a child. Before preparing food. After using the toilet. After changing diapers. After handling animals)

# Handling Food Safely



## TRAINER

# Storing Food Safely

**SAY:** Storing food safely is just as important as preparing food safely. Food should be stored above ground in covered containers to reduce pest infestation. Only certain foods can be saved safely as leftovers. These include:

- Unpeeled fruits
- Unopened non-perishable packaged
- Food that has been prepared but not served

Storing Food Safely



CAUTION: SAFETY

Discard perishable foods that have been served to children but not eaten. Discard beverages that have been poured into a cup. Even if a child took only a few bites or sips of food, bacteria could grow and make the child sick.

Divide leftovers into small and shallow containers. Cover and refrigerate leftovers immediately, especially those containing meat, fish, poultry, eggs, and dairy products.

If you have a refrigerator, ensure its temperature is below 4° C. Use refrigerated leftovers within 2-3 days. Reheat leftovers to 74° C.

If you do not have a refrigerator, discard any leftovers that have been left out for more than 2 hours at room temperature or more than 1 hour on hot days (32° C or hotter).



## Storing Food Safely



## TRAINER

# Storing Food Safely

Have participants get in groups and show the picture of the food storage to all groups.



**Think about it...**

**SAY:** Look at the picture. In what ways do you see safe food preparation? **Share answers.**

*Answers may include: Covering containers, keeping food up high, perishable items on*

*shelves are unopened.*

Storing Food Safely



## Storing Food Safely



## TRAINER

# Module 4 Review

**SAY:** Let's review what we learned about Nutrition.



### Think about it...

**SAY:** We learned that there are 6 food groups in Zambia that contribute to a child's health, growth and development. What are they? **Answer:** Cereals, starchy roots and tubers; Vegetables; Fruits; Fish, insects and animal source foods; Dairy; Legumes, nuts and seeds.

We learned that children with disabilities may have special nutritional needs like needing more energy than other children of the same age. What can you do to make sure your child has enough energy? **Answer:** *Depending on the child, feed three meals and two snacks per day*

We learned that our children need foods that are high in both energy and nutrients for healthy growth and development. Name some of these foods. **Answers:** *Answers may include sweet potato, eggs, avocado, nuts*

We learned that safe food handling and storage helps keep children safe from illnesses. What are some tips for safe food handling and storage? **Answers:** *Answers may include washing hands, covering non-perishable items, storing items off the ground, only saving unpeeled fruits and vegetables, not saving food in a refrigerator for more than 2-3 days*

Share one thing that you have learned from this FEED Safe course.





# Module 4 Review

