GUIDE TO CONDUCTING PARTICIPATORY COOKING DEMONSTRATIONS TO IMPROVE COMPLEMENTARY FEEDING PRACTICES
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Participatory cooking demonstrations in the Visayas region of the Philippines
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GUIDE TO CONDUCTING PARTICIPATORY COOKING DEMONSTRATIONS TO IMPROVE COMPLEMENTARY FEEDING PRACTICES
Optimal complementary feeding of infants and young children helps to ensure proper infant growth and development, and prevent malnutrition. In the Philippines, many children are underweight, short in stature, and lacking in micronutrient intake. An inadequate diet and inappropriate complementary feeding practices contribute to the increase and/or prevalence of malnutrition among young children. A key strategy in battling child malnutrition is to ensure that mothers and others responsible for children’s welfare are provided with knowledge and skills in preparing nutritionally balanced food. This strategy is implemented, in part, through participatory cooking demonstrations involving community nutrition and health workers, mother-leaders, and peer counsellors.

This is a guide on how to conduct participatory cooking demonstrations of dishes using locally-grown and affordable ingredients. It includes traditional recipes that have been revised to enhance their nutritional value, as well as a complementary feeding guide for children aged 6 to 9 months, 9 to 12 months, and 12 to 24 months. Parents, caregivers and feeding program managers can adapt these recipes to meet local conditions and ensure successful complementary feeding. Many of the recipes used in the participatory cooking demonstrations presented in this guide originally appeared in a collection of recipes for complementary foods for children aged 6 months and up, published by the Food and Agriculture Organization of the United Nations (FAO) in 2012.

Included is information on when to start giving complementary foods; how to know a child is ready for complementary foods; why giving complementary foods too early or too late can be dangerous; the different kinds of complementary foods; and how to plan and conduct participatory cooking demonstrations.

Those responsible for producing complementary foods are encouraged to use ingredients from home gardens or community gardens in cooking and preparation. In addition, complementary foods can be prepared using foods for the rest of the family as long as the consistency, texture, taste, aroma, and amount of food are suitable for the child’s stage of development.
This Guide to conducting participatory cooking demonstrations to improve complementary feeding practices was developed as part of a project entitled Early warning system for food and nutrition security (EWS-FNS), which was implemented by the Food and Agriculture Organization of the United Nations (FAO) in the Philippines, through the support of the United Nations Children’s Fund (UNICEF).

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The recipes in this guide were kitchen-tested using locally available foods and cooking utensils. The complementary feeding messages were adopted from the UNICEF Philippines Counselling Cards.

The authors of this book are grateful to the Institute of Human Nutrition and Food, under the leadership of Dr Normahitta Gordoncillo, and to the University of the Philippines in Los Baños, Laguna.

The authors also wish to acknowledge the invaluable help of the municipal mayors, barangay captains, Barangay Nutrition Scholars (BNS), barangay health workers, mother-leaders, peer counsellors, municipal nutrition action officers, and provincial nutrition action officers in the provinces of Capiz and Aklan, in organizing and conducting the participatory cooking demonstrations featured in this guide.
UNDERSTANDING COMPLEMENTARY FEEDING AND ITS IMPORTANCE

Objectives: At the end of the session, the participants will be able to:
1. Describe complementary feeding;
2. Explain the importance of complementary feeding; and
3. Enumerate optimal complementary feeding practices.

Duration: 30 minutes

Materials: Manila paper
Masking tape
Marking pen

Learning activities:
1. Begin the first session by stating its title and objectives.
2. Inform participants that many young children are thin and lacking in height due to improper complementary feeding practices, e.g. feeding children with watery lugao, holding to certain food taboos, discontinuing breastfeeding as soon as the child starts to eat food, and introducing particular foods into their feeding too early or too late in their development. Malnutrition can be prevented by feeding children adequate, nutritious, and safe complementary foods and by following good complementary feeding practices.
3. Describe complementary feeding and its importance.
● It refers to the gradual introduction of semi-solid and solid foods to the infant’s diet, along with continued breastfeeding, until the child can be fed fully with ordinary family foods in adequate quantities.

● It covers the period of a child’s life from 6 to 23 months. This is when the baby learns about the various flavors, aromas, appearances and textures of food. It is at this stage that children are especially vulnerable to malnutrition. The incidence of malnutrition rises sharply among children aged 6 to 18 months in most countries, and the effects of nutritional deficits at this age may be difficult to compensate for later in childhood.

● Good complementary feeding means providing the child daily with nutritious food, such as enriched lugao or food from the family pot, as well as nutritious snacks between meals, along with continued breastfeeding.

● After they reach six months of age, infants require more energy, protein, and micronutrients—like iron, zinc, and vitamins—than can be provided by breast milk alone. Good complementary feeding entails adding these nutrients through the introduction of semi-solid and solid foods, along with continued breastfeeding.

● When children are adequately fed, they are healthy, active, alert and happy, and are less prone to cry.
4. Facilitate the game entitled “Nutri Group”. The game provides participants with a review of the basic food groups.
   
a. Give participants strips of paper, each with the name of a food item written on it.

b. Let each participant classify the food item as energy-rich, protein-rich, vitamin-rich, mineral-rich or fat-rich, and post each strip of paper under the corresponding category on the board/wall.

c. Discuss the participants’ output. Encourage active participation.
5. Share the first complementary feeding guide, below.

Continue to breastfeed (for at least 2 years) and feed a variety of foods at each meal to your young child. For example:

- Animal-source foods (meat, chicken, fish, liver) and eggs, milk and milk products
- Staples (maize, wheat, rice, millet and sorghum); roots and tubers (cassava, potatoes)
- Legumes (beans, lentils, peas, groundnuts) and seeds (sesame)
- Vitamin A-rich fruits and vegetables (mango, papaya, passion fruit, oranges, dark green leaves, carrots, yellow sweet potato and pumpkin) and other fruit and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage)

Sources:
UNICEF. The Community Infant and Young Child Feeding Counselling Package (Key Messages). Retrieved from: https://www.unicef.org/nutrition/files/Key_Messages_Booklet_for_counselling_cards.pdf

6. Describe the various complementary foods.

- Complementary foods are foods and liquids which are fed to children to complement breastfeeding, but which may not be adequate as the sole source of nutrients.

- Complementary foods must be of the correct texture, consistency, and amount to ensure that recommended energy and nutrient requirements are met.

- A balanced set of complementary foods must include the following:

<table>
<thead>
<tr>
<th>Staple/Starchy Food</th>
<th>Protein-rich Food</th>
<th>Vegetable and Fruits</th>
<th>Fats and oil</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://example.com/staple_food.jpg" alt="Staple/Starchy Food" /></td>
<td><img src="https://example.com/protein_food.jpg" alt="Protein-rich Food" /></td>
<td><img src="https://example.com/vegetable_food.jpg" alt="Vegetable and Fruits" /></td>
<td><img src="https://example.com/oil.jpg" alt="Fats and oil" /></td>
</tr>
</tbody>
</table>

7. Show examples of food groupings (staples, legumes and seeds, vitamin A-rich fruits and vegetables, other fruits and vegetables, animal-source foods), and oil.

a. **Staple/starchy foods**: Staple foods should form the largest part of the meal, and supply the bulk of the child’s energy needs. Rice can be substituted with corn, potatoes, sweet potatoes, cassava and other root crops as the starchy base of complementary foods.
b. Protein-rich foods: Foods of animal origin such as pork, chicken liver, eggs and fish are excellent sources of: protein; fat which gives the body energy; zinc for recovery from diarrhoea; and iron, which promotes child growth and brain development. Iron-rich foods must be taken together with vitamin-rich fruits to ensure that the iron is absorbed. Liver and eggs are rich sources of vitamin A. Milk and small fishes are good sources of calcium. Legumes and nuts are good sources of protein in the absence of fish, eggs, poultry, or meat, and can provide variety in the diet.

c. Vegetables and fruits: Yellow and orange fruits, and dark green leafy vegetables, are rich in vitamins A and C.

d. Fats and oil: Fats and oil are concentrated sources of energy. They also add flavor and improve the texture of foods.
8. Explain the risks of starting complementary foods too early or too late.

<table>
<thead>
<tr>
<th>RISKS TO STARTING COMPLEMENTARY FOODS TOO EARLY</th>
<th>RISKS TO STARTING COMPLEMENTARY FOODS TOO LATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adding complementary foods too soon (before six months) may:</td>
<td>Adding complementary foods too late is also a risk, because:</td>
</tr>
<tr>
<td>• As a substitute for breast milk, make it difficult to meet the child’s nutritional needs</td>
<td>• The child does not receive the extra food required to meet his/her growing needs</td>
</tr>
<tr>
<td>• Result in a diet that is low in nutrients, especially if thin, watery soups and porridges are used because these are considered easy for the child to ingest</td>
<td>• The child will grow and develop more slowly</td>
</tr>
<tr>
<td>• Increase the risk of illness because less of the protective factors in breast milk are consumed</td>
<td>• The child might end up lacking nutrients needed to avoid malnutrition and to combat nutrition-related diseases such as anemia (which is due to iron deficiency)</td>
</tr>
<tr>
<td>• Increase the risk of diarrhea because the complementary foods may not be as clean or as easy to digest as breast milk</td>
<td></td>
</tr>
<tr>
<td>• Increase the risk of wheezing and other allergic conditions because the child cannot yet digest and absorb non-human protein well</td>
<td></td>
</tr>
<tr>
<td>• Increase the mother’s risk of another pregnancy if breastfeeding is less frequent</td>
<td></td>
</tr>
</tbody>
</table>

9. Encourage the participants to recall some good complementary feeding practices for infants and young children. Listen to their answers. Compliment and thank the participants for sharing their knowledge.

10. Share the following optimal complementary feeding practices.

a. Practice exclusive breastfeeding from the child’s birth to six months of age. Continue frequent, on-demand breastfeeding until the child is two years of age or beyond.

b. Introduce complementary foods at six months (180 days after birth) while continuing to breastfeed. From 6 months onwards, breast milk alone is no longer enough to support child growth.
c. Start complementary feeding at six months of age with small amounts of food, and increase the quantity or amount as the child grows older, while continuing breastfeeding.

d. Gradually increase food consistency and the variety of foods as the child grows older, adapting to the infant’s requirements and abilities.

e. Increase the number of times daily that the child is fed complementary foods, as he/she gets older.

f. Give children a variety of foods to ensure that their nutrient needs are met. Avoid giving drinks with low nutrient value, such as tea and coffee, and sugary drinks like soft drinks. Limit the amount of juice given so as to avoid displacing more nutrient-rich foods. Remember, young children have limited stomach capacity.
g. Practice responsive feeding: feed slowly and patiently; try different food combinations, tastes, textures and methods of encouragement; minimize distractions during meals if the child loses interest easily; and talk to children during feeding, with eye-to-eye contact. Do not be discouraged if the child refuses to eat a food that is introduced for the first time. Children need to get used to new or different tastes.

h. Use fortified complementary foods such as iodized salt, Vitamin A-fortified margarine or vitamin–mineral supplements, as needed.

i. Enhance the feeding of sick children both during and after their illness, e.g. increase their fluid intake and include more frequent breastfeeding. After the illness has passed, continue to give food more often than usual and encourage the child to eat more.
11. Share with participants the signs indicating that a child is ready for complementary foods. At the end of six months, an infant’s reflexes, skills and physiology will have matured enough to help him/her consume foods other than breast milk. An infant who is ready to be introduced to solids will:

- Hold its head up and maintain a steady, upright position
- Sit well when supported
- Make chewing motions, i.e. the baby can move food to the back of its mouth before swallowing
- Have gained weight appropriately, i.e. most babies will have doubled their birth weight by six months of age
- Be interested in what others are eating, i.e. the baby will eye and reach out for these foods

12. End the session by stating that a young child gradually gets used to eating family foods during the complementary feeding period and that breast milk is usually fully replaced by family foods at 2 years of age.
INTRODUCING PARTICIPATORY COOKING DEMONSTRATIONS

Objectives: At the end of the session, the participants will be able to:

1. Identify different parts of a recipe;
2. Discuss various cooking methods;
3. Describe participatory cooking demonstration;
4. Demonstrate the steps of cooking demonstration; and
5. Apply food safety and sanitation practices in the kitchen.

Duration: 30 minutes

Materials: Spoon and fork
Knife
Bowl
Strainer
Hand towel
Mortar and pestle
Chopping board
Plates
Water dipper
Hand soap
Flipchart
Counseling cards
Metacards

Learning activities:

1. Begin session 2 by stating its title and objectives.

2. Describe participatory cooking demonstrations, their purpose and objectives.
   a. Participatory cooking demonstrations are a practical way of showing mothers and caregivers how to prepare improved dishes for young children, using readily available local ingredients.
b. The purpose of conducting participatory cooking demonstrations is to:

- Enable the mothers/caregivers to gain new food preparation skills.
- Develop their confidence in preparing improved or new dishes.
- Create awareness of underutilized nutritious food ingredients readily available at home or in the area.
- Instruct them on how to prepare nutritious meals through hands-on participation in meal preparation, e.g. washing or cutting ingredients.
- Provide them an opportunity to taste prepared dishes and give feedback on the color and appearance, aroma/smell, and taste of the improved dish.

c. The objective of participatory cooking demonstrations is to:

- Show the mothers/caregivers how to prepare nutritionally improved dishes (in terms of diversity, quality, and quantity).
- Provide them with practical skills and confidence in preparing nutritionally improved dishes through their hands-on participation in cooking demonstrations.
- Give them the chance to taste what was cooked and express their opinions of the improved/enriched food.
d. Venue/location:
- Food preparation demonstrations may be conducted within the community, at home, in health centers, at community centers and in local schools.

3. Describe the general procedures in conducting an actual participatory cooking demonstration. Make sure that mothers/caregivers have been invited and informed of the time, date and location of the demonstration. If the cooking or processing time of some food components will take too long, these may instead be prepared beforehand.

**Step 1 Know the recipe**

- Choose a recipe that conforms to local eating patterns and make improvements/adjustments as needed.
- Note the basic components of complementary feeding: staple/starchy food + protein-rich food + vegetable or fruit + a little oil.
- Identify the ingredients and their required amounts, utensils needed, steps in cooking and cooking time.

*A recipe consists of a list of ingredients in specific amounts, followed by the procedures for turning these ingredients into a dish.*
THICK RICE PORRIDGE

Makes 2-4 servings

Preparation time: 5 minutes

Cooking time: 30 minutes

Ingredients:

- Rice ¼ cup
- Water 2 ½ cups
- Rice ½ cup
- Water 4 cups

Utensils needed:

- Measuring cups and spoons
- Small cast-iron pot
- Basting spoon

Procedure:

1. In the pot, wash rice lightly to prevent loss of water-soluble nutrients.
2. Add water and cover pot. Set cooking flame on high to boil the rice and water for about 5 minutes.
3. Stir. Continue cooking for about 10 minutes, or until rice is cooked but still watery. Keep the cover slightly open to prevent the contents of the pot from boiling over.
4. Stir constantly until mixture thickens.

Step 2  Select and prepare the ingredients

- Make a list of the ingredients and utensils to use.
- Choose ingredients that are available in home gardens or at the local market.
Step 3  **Cook the food**

- Ensure that everybody has a clear view of the demonstration.
- Explain the objectives, recipes and complementary feeding message/s.
- Actively involve the mothers/caregivers in the preparation process, e.g. cutting of vegetables, and encourage them to ask questions and offer suggestions.

- Conserve nutrients. Do not overcook. Do not use seasonings.
- Use utensils, cooking facilities and processing equipment that are found in most homes. Follow kitchen safety and sanitation practices, which include proper hygiene and washing of hands; cleaning of work surfaces and washing of utensils; and washing of ingredients before cooking.
Step 4  
Serve and taste the cooked food

- Serve the right amount of food according to the age of the child.
- Ask the mothers/caregivers to taste the cooked food using their own clean eating utensils and to rate the food in terms of appearance, taste and smell/aroma.
- Remember that children can eat pureed, mashed and semi-solid foods beginning at six months; by eight months most infants can also eat "finger foods" (snacks that they can eat on their own); and by twelve months, most children can eat the same foods consumed by the rest of the family.
4. Guide participants in different ways of preparing food in order to prevent choking among young children.

- Flake the foods using fingers or a spoon and fork (e.g. fish, pork, chicken, beef and other meats)

- Mash with a fork (e.g. eggs, potatoes, squash, banana, sweet potato, papaya)

- Pound with a mortar and pestle (e.g. peanuts, sweet potato, anchovies or dilis, roasted mung beans)

- Chop or slice with a knife (e.g. morninga leaves, carrots, cabbage, unripe jackfruit, local vine spinach or alugbatì)

- Grind (e.g. rice, corn, mung beans, anchovies or dilis)

- Scrape with a spoon (e.g. banana, apple, papaya, mango, melon)
GUIDE TO PREPARING SELECTED FOODS

1. Wash the sweet potato with running water to remove dirt
2. Boil the sweet potato
3. Peel the boiled sweet potato
4. Slice the peeled sweet potato
5. Mash the cooked sweet potato into paste

1. Clean fish by removing scales and guts
2. Boil fish in pot
3. Debone fish
4. Mash fish with ladle or spoon
5. Measure and put in pot

1. Wash meat
2. Slice the meat thinly
3. Chop the meat
4. Measure and put to pot

1. Wash egg
2. Break egg
3. Scramble egg
4. Add to pot

1. Remove the mung beans of poor quality
2. Soak the mung beans
3. Boil the mung beans
4. Pound the mung beans
GUIDE TO PREPARING SELECTED FOODS (CONT.)

1. Wash vegetable
2. Cut the vegetable leaves
3. Chop the leaves finely
4. Measure and add vegetables to pot

1. Wash banana with clean water
2. Remove half the banana skin
3. Lightly scrape the banana

5. Remind the participants to practice safe and sanitary food preparation and storage to ensure that food given to children is not contaminated, and to prevent the children from getting sick. This includes:

   a. Washing their hands with running water and soap before preparing food, and before feeding the child. It is important that they wash their hands after changing baby diapers or going to the toilet.

   b. Washing all bowls, cups and utensils with clean water and soap. These should be covered or stored before use. A baby should have his or her own cup and bowl.
c. Preparing food on clean surfaces and keeping it covered.

d. Serving food immediately after preparation.

e. Thoroughly reheating any food that has been kept standing for more than an hour.

f. Babies gradually learn to feed themselves. An adult or an older child should encourage the baby to eat enough food and ensure that the food remains clean.

6. End the session by sharing practical tips on preparing food to ensure its palatability and to conserve nutrients.

   a. Choose the correct cooking method to ensure the desired texture and consistency.

   b. Do not overcook; overcooking causes toughening and drying up of meats, eggs and other protein dishes.

   c. Wash foods before peeling, paring and cutting.

   d. Peel, pare, cut, or chop foods just before cooking.

   e. Use small amounts of water in washing rice and mix gently.

   f. Use just enough water to cover the food when cooking.

   g. Cover food while cooking.

   h. Cook root crops such as potatoes and sweet potatoes with the skin on.
Objectives: At the end of the session, the participants will be able to:
1. Explain complementary feeding guide for children 6 to 9 months old;
2. Prepare enhanced rice porridge; and
3. Demonstrate cooking rice porridge and other recipes

Duration: 2 hours

Materials:
- Flipchart
- Manila paper
- Bowls
- Marking pen
- Stove
- Chopping board
- Cast iron pots
- Ladle
- Spoon and fork
- Knife
- Tablespoon
- Cup

Learning activities:
1. Begin the session by stating its title and objectives.
2. Tell the participants that the complementary feeding guide and recipes for each age group, i.e. 6 to 9 months, 9 to 12 months, and 12 to 24 months, will be shared with them. Recipes suggested for one age group may also be used for other age groups so long as appropriate modifications are made in terms of texture, amount per serving and taste.
3. Share the complementary feeding guide for 6 to 9 months-old children.
4. Point out that while the first food commonly given to children is thin rice porridge, it is more appropriate to feed them thick and enhanced rice porridge, as this is an energy- and nutrient-dense dish suitable for a growing child. As children grow older, they are given soft-cooked grains, and eventually regularly cooked rice moistened with minimal liquid.
Starting at about 6 months, your baby needs other foods in addition to breast milk.

Continue breastfeeding your baby on demand both day and night.

Breast milk continues to be the most important part of your baby’s diet.

Breastfeed first before giving other foods.

When giving complementary foods, think: frequency, amount, thickness, variety, active/responsive feeding and hygiene:

- Frequency: Feed your baby complementary foods twice a day.
- Amount: Give 2 to 3 tablespoonfuls (‘tastes’) each feeding.
- Thickness: The food should be thick enough to be fed by hand.
- Variety: Begin with the staple foods like porridge (corn, wheat, rice, millet, potatoes, sorghum), mashed banana or mashed potato
- Active/responsive feeding: Baby may need time to get used to eating foods other than breast milk. Be patient and actively encourage your baby to eat. Don’t force your baby to eat. Use a separate plate to feed the baby to make sure he or she eats all the food you give.
- Hygiene: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. Use a clean spoon or cup to give foods or liquids to your baby. Store the foods to be given to your baby in a safe hygienic place. Wash your hands with soap and water before preparing foods and feeding baby. Wash your hands and your baby’s hands before eating. Wash your hands with soap and water after using the toilet and washing or cleaning baby’s bottom.

Sources:
UNICEF. The Community Infant and Young Child Feeding Counselling Package (Key Messages). Retrieved from: https://www.unicef.org/nutrition/files/Key_Messages_Booklet_for_counselling_cards.pdf

Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breast milk continues to be the most important part of your baby’s diet.

Breast milk supplies half (1/2) of the baby’s energy needs from 6 up to 12 months.

Breastfeed first before giving other foods.

When giving complementary foods to your baby, think: frequency, amount, thickness, variety, active/responsive feeding and hygiene:

- Frequency: Feed your baby complementary foods 3 times a day.
- Amount: Increase amount gradually to half (½) cup (250 ml cup). Use a separate plate to make sure a young child eats all the food given.
- Thickness: Give mashed/pureed family foods. By 8 months your baby can begin eating finger foods.
- Variety: Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products); Staples (grains, roots and tubers); Legumes and seeds; Vitamin A rich fruits and vegetables and other fruits and vegetables.
- Active/responsive feeding: Be patient and actively encourage your baby to eat. Don’t force your baby to eat. Use a separate plate to feed the baby to make sure he or she eats all the food given.
- Hygiene: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. Use a clean spoon or cup to give foods or liquids to your baby. Store the foods to be given to your baby in a safe hygienic place. Wash your hands with soap and water before preparing foods and feeding baby. Wash your hands and your baby’s hands before eating. Wash your hands with soap and water after using the toilet and washing or cleaning the baby’s bottom.

Sources:
UNICEF. The Community Infant and Young Child Feeding Counselling Package (Key Messages). Retrieved from: https://www.unicef.org/nutrition/files/Key_Messages_Booklet_for_counselling_cards.pdf

5. Demonstrate how to cook thick rice porridge following the steps in participatory cooking demonstration, i.e. know the recipe, select and prepare the ingredients, cook the food, serve and taste.

6. Show the differences in the consistency of rice porridge as cooking progresses.

7. The thicker rice porridge is what should be fed to children aged 6 to 8 months.

8. Explain the following key points:

   - Energy density is associated with food consistency. The thicker the consistency, the more energy it can provide.

   - Lumping can be avoided by mixing the dry ingredients well with water before applying heat. Stir constantly at low to medium heat.

   - Additional ingredients like milk, squash, mung beans and banana may be added just prior to feeding, to prevent darkening and spoilage.

   - Rice porridge gets thick upon cooling, and should not be allowed to stand for too long.
9. Tell the participants that recipes can be modified to enhance their nutrient content. Recipe modification can be in the form of adding new ingredients or substitution. If the prescribed ingredients in a recipe are not available, substitutions may be made, depending on what is available and acceptable to the child and family.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Food Item/Ingredient</th>
<th>You may substitute with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables</td>
<td>Morninga leaves</td>
<td>Other green leafy vegetables, such as local vine spinach or alugbati, jute or saluyot, pechay, swamp cabbage or kangkong</td>
</tr>
<tr>
<td></td>
<td>Squash</td>
<td>Other yellow or orange-colored vegetables, such as carrots or sweet potato</td>
</tr>
<tr>
<td>Starches</td>
<td>Sweet potato</td>
<td>Other root crops, such as potato, taro (gabi) or purple yam (ubi)</td>
</tr>
<tr>
<td>Meat</td>
<td>Chicken/fish</td>
<td>Pork, beef, shellfish, seafood</td>
</tr>
<tr>
<td></td>
<td>Chicken liver</td>
<td>Pork or beef liver</td>
</tr>
<tr>
<td>Legumes and Nuts</td>
<td>Mung beans/pigeon peas or kadyos</td>
<td>Patani, paayap, green peas, garbanzos</td>
</tr>
<tr>
<td>Sugar</td>
<td>Refined sugar</td>
<td>Crude sugar or panutsa</td>
</tr>
</tbody>
</table>

10. Demonstrate the preparation and cooking of enhanced rice porridge.

**Rice porridge with mashed squash**

1. Set aside squash which has been cooked in water and some oil.
2. Mash the squash.
3. Blend well to make a smooth paste.
4. Blended mixture can be poured through a sieve/strainer to make sure there are no large chunks of food.
5. Add mashed squash to the rice gruel.
**Rice porridge with chopped local vine spinach or alugbati**

1. Set aside alugbati leaves which have been cooked in water and some oil.
2. Chop the leaves finely.
3. Add chopped leaves to the rice gruel.

**Rice porridge with scraped eggplant**

1. Set aside a slice of eggplant which has been cooked in water and some oil.
2. Scrape the flesh of the boiled eggplant.
3. Add scraped eggplant flesh to the rice gruel.

**Rice porridge with flaked fish**

1. Separate fish which has been boiled in water and some oil.
2. Flake the fish and remove fish bones.
3. Add 1 tablespoon of flaked fish to the rice gruel.
11. Introduce **COOKING DEMONSTRATION #1**. Divide the participants into 3 to 4 groups. Each group will have 4 to 5 members. Each group will be provided with a work table and a set of cooking utensils and equipment. Each group will assign from among its members a group leader/cook, assistant cook, dishwasher, and marketer. Each group shall present the plain rice porridge in three different consistencies and, in a separate bowl, the enhanced/modified rice porridge.

12. Ask each group to put the cooked foods on one table. Ask the participants to examine the cooked rice porridge in terms of taste, smell/aroma, texture and quantity. Let the participants vote for the group with the best-tasting rice porridge. Ask 2 to 3 participants to share their experience.

13. End the session by stating that when introducing new foods to children aged 6 to 9 months, mothers and caregivers should select foods that are soft, thick and without strong flavors.
SESSION 4

COMPLEMENTARY FEEDING GUIDE AND RECIPES FOR CHILDREN 9-12 MONTHS OLD

Objectives: At the end of the session, the participants will be able to:

1. Explain the complementary feeding guide for children 9 to 12 months old;
2. Modify recipes for children 9 to 12 months old; and
3. Demonstrate how to cook recipes for children 9 to 12 months old.

Duration: 2 hours

Materials:

- Copy of recipe
- Foods/ingredients
- Cooking utensils
- Eating utensils

Learning activities:

1. Begin session 4 by stating its title and objectives.
2. State that in session 4, the focus is on preparing complementary foods from the family pot, going by the simple rule that what the family eats, the child also eats.
3. Share the complementary feeding guide for children aged 9 to 12 months.
Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breast milk continues to be the most important part of your baby’s diet.

Breast milk supplies half (1/2) baby’s energy needs from 6 up to 12 months.

Breastfeed first before giving other foods.

When giving complementary foods to your baby, think: frequency, amount, thickness, variety, active/responsive feeding and hygiene:

- Frequency: Feed your baby complementary foods 4 times a day.
- Amount: Increase amount to half (½) cup (250 ml cup). Use a separate plate to make sure young child eats all the food given.
- Thickness: Give finely chopped family foods, finger foods and sliced foods.
- Variety: Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products); Staples (grains, roots and tubers); Legumes and seeds; Vitamin A-rich fruits and vegetables and other fruits and vegetables.
- Active/responsive feeding: Be patient and actively encourage your baby to eat. Don’t force your baby to eat. Use a separate plate to feed the baby to make sure he or she eats all the food given.
- Hygiene: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. Use a clean spoon or cup to give foods or liquids to your baby. Store the foods to be given to your baby in a safe hygienic place. Wash your hands with soap and water before preparing foods and feeding.
baby. Wash your hands and your baby’s hands before eating. Wash your hands with soap and water after using the toilet and washing or cleaning baby’s bottom.

Sources:
UNICEF. The Community Infant and Young Child Feeding Counselling Package (Key Messages). Retrieved from: https://www.unicef.org/nutrition/files/Key_Messages_Booklet_for_counselling_cards.pdf


4. Introduce the recipe “Boiled mixed vegetables with fish”. Modification of the recipe may be done by adding or substituting ingredients based on availability and preference. Use locally available vegetables or those produced from home gardens.
BOILED MIXED VEGETABLES WITH FISH

Makes 6 servings

Serving size: ½ cup, 1 cup cooked rice

Preparation time: 15 minutes

Cooking time: 20 minutes

Ingredients:

3 cups Water
2 pieces, medium Taro root or *gabi*, cut into strips
1 cup String beans or *sitao*, cut 1 ½ inches long
1 piece, medium Tomato, cut into quarters
1 cup Squash, cut into cubes
2 pieces, medium Eggplant, split into halves and cut into three
1 cup Local vine spinach or *alugbati* leaves
¼ cup Cooking oil
1 piece, medium Fish (tilapia), cut into three slices
2 teaspoons Iodized salt

Utensils needed:

Measuring cups and spoons, knife, chopping board, medium cast-iron pot, basting spoon/wooden spoon, metal pan for cooking

Procedure:

1. Fry fish until golden brown and set aside.
3. Add squash and eggplant. Cook for 5 minutes.
4. Add local vine spinach or *alugbati* leaves and fried fish. Season with salt, cook for another 3 minutes. Serve.
5. Divide the participants into 3 to 4 groups. Each group will assign from among its members a group leader/cook, assistant cook, dishwasher, and marketer. Give each group a copy of the recipe. Ask them to prepare and assemble the ingredients in 10 minutes and then cook the food. Each group should prepare a plate for a child aged 9 to 11 months.

6. Remind the participants that when they are preparing and cooking foods for young children, they should observe proper hygiene, including: thoroughly washing their hands; cleaning work surfaces and washing utensils. They should also wash fresh foods before cooking.

7. Assemble the cooked food prepared by the different groups on a table in front of everyone. Ask the participants to taste the cooked food. Solicit their comments and suggestions.

8. Remind the participants that they can also add micronutrient powder (MNP) to complementary foods.

9. End the session by reiterating that complementary foods for children can be prepared from the family food.
Objectives: At the end of the session, the participants will be able to:

1. Explain the complementary feeding guide for 12 to 24 months old children;
2. Practice the knowledge and skills in conducting participatory cooking demonstration.

Duration: 2 hours

Materials: Copy of recipe

Foods/ingredients
Cooking utensils
Eating utensils

Learning activities:
1. Introduce session 5. In this session, the participants will prepare the recipes simultaneously with the facilitator. By this time, it is expected that the participants will have the confidence to prepare their own complementary food.
2. Share the complementary feeding guide for children 12 to 24 months old.
• Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breast milk continues to be the most important part of your baby’s diet.

• Breast milk continues to make up about one third (1/3) of the energy needs of the young child from 12 up to 24 months.

• When giving complementary foods to your baby, think: frequency, amount, thickness, variety, active/responsive feeding and hygiene:
  - Frequency: Feed your young child complementary foods 5 times a day.
  - Amount: Increase amount to three-quarters (¾) to 1 cup (250 ml cup). Use a separate plate to make sure young child eats all the food given.
  - Thickness: Give family foods cut into small pieces, finger foods, sliced food.
  - Variety: Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products); Staples (grains, roots and tubers); Legumes and seeds; Vitamin A rich fruits and vegetables and other fruits and vegetables.
  - Active/responsive feeding: Be patient and actively encourage your baby to eat. Don’t force your baby to eat. Use a separate plate to feed the baby to make sure he or she eats all the food given.
  - Hygiene: Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses. Use a clean spoon or cup to give foods or liquids to your baby. Store the foods to be given to your baby in a safe hygienic place. Wash your hands with soap and water before preparing foods and feeding baby. Wash your hands and your baby’s hands before eating. Wash your hands with soap and water after using the toilet and washing or cleaning the baby’s bottom.

Sources:
UNICEF. The Community Infant and Young Child Feeding Counselling Package (Key Messages). Retrieved from: https://www.unicef.org/nutrition/files/Key_Messages_Booklet_for_counselling_cards.pdf

3. Introduce the recipe “Mung beans with anchovies or dilis and moringa leaves in coconut cream”. This dish is rich in iron, vitamins A and C, calcium, potassium and protein, all of which are essential nutrients for growth and development. Coconut milk can add energy to food. Moringa contains galactagogues, which favor milk production among breastfeeding mothers.

MUNG BEANS WITH ANCHOVIES AND MORINGA LEAVES IN COCONUT CREAM

Makes 5 servings

Serving size: ½ cup, 1 cup cooked rice

Preparation time: 10 minute

Cooking time: 30 minutes

Ingredients:

- 2 cups Mung beans, pre-soaked overnight
- 2 cups Water
- 1/3 cup Coconut cream
- 1 ¼ cups Water
- ½ cup Dried anchovies, chopped
- 1 cup Moringa leaves, shredded
- 2 teaspoon Cooking oil
- 3 cloves Garlic, sliced
- 1 piece, small Onion, sliced
- ½ teaspoon Iodized salt

Utensils needed:

Measuring cups and spoons, knife, chopping board, small cast iron pot, metal pan, basting spoon/wooden spoon
**Procedure:**

1. Drain water from pre-soaked mung beans. Set aside.

2. In a pot, put 2 cups of water and add mung beans. Boil for 10 minutes or until the mung beans are slightly soft.

3. Add coconut cream and second extract of coconut milk, and boil for another 10 minutes. Stir occasionally.

4. Add dried anchovies or *dilis* and moringa leaves and boil for 3 minutes. Stir occasionally. While waiting, put oil in a pan. Sauté onion first then add garlic. Stir for one minute, or until the garlic is slightly brown. Set aside.


**Extracting the coconut cream**

1. Place grated mature coconut in a cheesecloth or net bag.

2. Press and extract the coconut cream.

3. Strain and set aside.

**Second extraction**

1. After extracting the coconut cream, add 1 ½ cups of water to grated coconut.

2. Place the grated coconut in the net bag for the second extraction and press.

3. Strain and set aside.

4. Divide the participants into 3 to 4 groups. Each group will assign from among its members a group leader/cook, assistant cook, dishwasher, and marketer. Give each group a copy of the recipe. Ask each group to assemble the ingredients in 10 minutes and then cook the food. Each group will prepare three plates of the cooked food, with a plate for each age group, i.e. 6-8 months, 9-11 months and 12-24 months.

5. In plenary, assemble the cooked food of each group. Let each briefly present their outputs. Ask the participants to taste the cooked food.

6. Show examples of complementary foods that can be prepared from the same recipe.
Mashed boiled mung beans
1. Follow procedures 1 and 2 for the mung beans.
2. Into ¼ cup mung beans, mash in 1 tablespoon diluted coconut cream.
3. Blended mixture can be poured through a sieve/strainer to remove large mung bean chaff or peel.

Rice porridge with mung beans, anchovies and morninga leaves in coconut cream
1. Set aside 1-2 tablespoons of mung beans, anchovies and morninga leaves before adding salt, garlic and onion.
2. Chop the mung beans, anchovies and morninga leaves finely.
3. Blend ½ cup soft-cooked rice with 1 tablespoon warm coconut cream mixture.
4. Mix the finely chopped mung beans, anchovies and morninga leaves with the rice mixture.

Mung beans, anchovies and morninga leaves in coconut cream served with rice
1. Make sure the rice is well-cooked and soft.
2. Chop the mung beans, anchovies and morninga leaves finely.
3. Serve the dish with rice on the side.

7. End the session by commending the participants on a job well done.
SESSION 6

RETHINKING FOOD TABOOS

Objectives: At the end of the session, the participants will be able to:

1. Identify food taboos and other traditions in food preparation that limit variety in foods consumed by young children; and
2. Recommend ways on how to correct or overcome food taboos.

Duration: 30 minutes

Materials: Flashcards of different food items

Learning activities:

1. Begin the session by introducing the title and objectives. Then proceed by letting the participants recall the previous days’ activities.

2. Explain that although there is a variety of food available, children are not given certain foods because of food taboos. Taboos pertaining to specific foods and feeding practices are believed to have negative effects on the child’s health. Certain foods are believed to cause indigestion or skin allergy, or introduce parasites or leprosy.
3. Ask the participants to form a sharing circle. Encourage the participants to share their thoughts about beliefs related to food and the feeding of children.

4. Give each participant two metacards of different colors, i.e. green and pink. Tell the participants to list on the green metacard the foods they give children 6-24 months old, as well as the beliefs and practices they adhere to in relation to complementary feeding. Then tell the participants to list on the pink metacard the foods they WOULD NOT give to children 6-24 months old, as well as the beliefs and practices they do NOT adhere to in relation to complementary feeding. Let each participant share their answers.

5. Actively listen to the participants’ sharing. Then explain the reasons why certain taboo foods can, after all, be given to children. Gently correct any erroneous beliefs about certain foods and feeding practices. Also note and provide explanations and recommendations on the feeding practices identified by the participants.
6. Show pictures of different foods, one at a time, and ask the participants if they are willing to give these foods (shown above) to children aged 6 to 24 months. Separate the foods that were selected from those not selected by the participants.

7. Show the pictures of foods that participants said they would feed to children. Ask them why they give these foods to children. Actively listen to their sharing.

8. Show the pictures of the foods that participants said they would NOT give to children. Ask the participants why they do not consider these suitable. Gently correct any erroneous beliefs about these foods and explain why they can actually be eaten by children.

9. End the session by reiterating that children should be given a variety of foods and that certain food taboos have to be corrected.
Objectives: At the end of the session, the participants will be able to:

1. Conduct their own participatory cooking demonstration;
2. Share experiences in conducting the cooking demonstrations; and
3. Adapt the cooking demonstrations to the situations in their communities.

Duration: 2 hours

Materials: Foods/ingredients
Cooking utensils
Eating utensils

Advance preparation:

1. Collect recipes to be prepared by the mothers a day before the return demonstration. Ask participants to bring foods from their home garden or community gardens. Purchase only the ingredients which are not available from the participants.
2. Invite 10 to 12 mothers/caregivers to the participatory cooking demonstrations.
3. Prepare tokens of appreciation for the mothers/caregivers.

Learning activities:

1. Begin session 7 by stating its title and objectives. The session serves as a venue for nutrition and health workers to simulate an actual participatory cooking demonstration.
2. Explain the mechanics of the session.
   a. Divide the participants into 4 or 5 groups.
   b. Each group will select one recipe for demonstration to a group of mothers/caregivers.
   c. Each group will assemble the ingredients and utensils needed for cooking the dish.
   d. Each group will then conduct the cooking demonstration while explaining key concepts on complementary feeding to mothers/caregivers.
   e. Each group will let the mothers/caregivers taste the cooked food and provide feedback on the cooked food in terms of taste, texture, aroma and consistency.

3. While the different groups are conducting their demonstration to a group of mothers/caregivers, the facilitators will observe each group to ascertain that they are able to follow the procedures and effectively share the complementary feeding messages with the mothers/caregivers.

4. Instruct each group to let the invited mothers/caregivers feed the cooked food to the children they have with them, and observe the children’s reactions. Make sure that each child has his or her own clean eating utensils. Note that some mothers/caregivers may be hesitant to give the cooked food to their children.
5. Gather participants for a plenary discussion after all groups have completed their participatory cooking demonstrations.

6. Ask one participant from each group to share her experience. Summarize the experiences of all the participants.

7. Invite 2 to 3 mothers to provide feedback about their experience. Thank the mothers/caregivers, and summarize their feedback.

8. Provide a summary of the observations and point out the practices that were correctly followed and those that need to be improved.

9. End the session by encouraging the participants to practice the skills in conducting participatory cooking demonstrations.
Objectives: At the end of the session, participants will be able to prepare a re-entry plan showing details in conducting participatory cooking demonstrations that complement other nutrition programs of the barangay/municipality.

Duration: 1 hour

Materials: Re-entry plan form

Learning activities:

1. Inform the participants that session 8 is the culminating activity. It aims to draw up a written plan for adopting participatory cooking demonstrations, the implementation of which would help to promote proper infant and young child feeding practices and improve the nutritional status of young children.

2. Explain that they are expected to conduct participatory cooking demonstrations for mothers or caregivers in their respective barangays, targeting households with children aged 0 to 24 months. The cooking demonstrations can be held in community centers, gymnasiums, or in homes volunteered by mothers/caregivers to serve as venues.
3. Enumerate the step-by-step procedure in planning, organizing and conducting participatory cooking sessions, as follows:

First cooking demonstration

**Preparations**

**Step 1.** Choose foods readily available in most homes.

**Step 2.** Select appropriate recipes for the cooking session.

**Step 3.** Invite target mothers and/or caregivers, and inform them of the date, time and venue for the cooking session.

**Step 4.** Explain the purpose of the participatory cooking sessions. Ask the mothers/caregivers to share current practices on feeding infants and young children. Provide one or two messages on optimal complementary feeding practices, such as proper frequency of feeding, consistency of food to be given and variety of food.
Step 5. Prepare an attendance sheet.

Step 6. Conduct participatory cooking sessions with active participation from mothers/caregivers.

Step 7. Have the mothers and caregivers, as well as their children, taste the cooked food and identify which recipes the children liked most. Ask for comments and suggestions.

Step 8. Discuss and record which new recipes mothers/caregivers have agreed to try.
In planning subsequent participatory cooking sessions, begin by asking mothers and caregivers what they had tried at the previous cooking session, and record the answers. Note that while the same mothers/caregivers may be invited to the second or third cooking sessions, a new set of mothers/caregivers may instead be invited.

4. Ask the participants how the participatory cooking sessions may be improved, and what support would they need to be able to conduct them in their barangay.

5. Ask the participants to prepare a re-entry plan. Show the sample re-entry plan below. The activities to be implemented before, during, after the participatory cooking sessions should be identified, together with the target date, resources needed, and estimated costs.

Sample Re-Entry Plan Form

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Target date</th>
<th>Resources needed</th>
<th>Estimated cost (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Courtesy call</td>
<td>Brgy. Captain</td>
<td>September 1</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2. Invite mothers and caregivers</td>
<td>10 mothers and caregivers</td>
<td>September 1</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>3. Actual Participatory Cooking Demo</td>
<td>Brgy. Captain/ Kagawad on Health 10 mothers and caregivers</td>
<td>September 5</td>
<td>Materials: Cup and spoons Knife Chopping board Kaldero Ladle Ingredients: Fish Gabi Sitaw Tomato Squash Eggplant Alugbati Cooking oil Iodized salt</td>
<td>Php 200.00</td>
</tr>
</tbody>
</table>
6. Ask 3 to 4 participants to share their re-entry plan. Summarize the common activities.

7. Emphasize the importance of conducting home visits. Home visits provide opportunities to assist mothers/caregivers who may be having problems in adopting the improved complementary feeding practices, and to encourage them to continue improving common family dishes for feeding their young children.

8. Remind the community nutrition and health workers of the following:

<table>
<thead>
<tr>
<th>When conducting participatory cooking sessions</th>
<th>When conducting home visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Attendance sheet</td>
<td>a. Ask mothers/caregivers if they have any feeding problems</td>
</tr>
<tr>
<td>b. Copy of recipe</td>
<td>b. Use the complementary feeding guide in providing recommendations to improve feeding practices</td>
</tr>
<tr>
<td>c. Program</td>
<td></td>
</tr>
<tr>
<td>d. Ingredients/foods</td>
<td></td>
</tr>
<tr>
<td>e. Complementary feeding message</td>
<td></td>
</tr>
</tbody>
</table>

9. End the session and close the participatory cooking demonstrations by encouraging and inspiring the community nutrition and health workers to replicate the participatory cooking demonstrations regularly.

10. Adjourn the participatory cooking demonstration.
References


UNICEF. *The Community Infant and Young Child Feeding Counselling Package (Key Messages)*. Retrieved from: https://www.unicef.org/nutrition/files/Key_Messages_Booklet_for_counselling_cards.pdf

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