

Training for Transition (TFT)

Capacity Development for Organisations Working with Vulnerable Groups



Love is a pre-condition for Learning and Development

ACCESS TO FOOD AND NUTRITION TRAINING MANUAL



This project is funded by the European Union

**COMMUNITY SYSTEMS
STRENGTHENING PROJECT**

About Training for Transition

TFT has an overall vision to contribute towards the scale-up and scale-out of **quality service delivery for vulnerable communities**. It provides training, mentoring and we develop training material for organisations that serve the needs of vulnerable communities.

As such, TFT has key strategic objectives which include:

- To provide higher level training on Project Planning, Project Management, Financial Management, Monitoring and Evaluation strategies for long-term sustainability and independence.
- To train adults to understand how to meet the developmental and safety needs of children living in under-resourced communities.
- To train adults to support children with life-skills to progress beyond limiting conditions.
- To network with other organisations with similar objectives.
- To mentor identified community-based activists for this training.

Mission

The mission of TFT is to technically assist community-based organisations to access quality training, relevant material, access peer networks, mentoring, coaching and develop systems for information sharing. In the three years of the **community systems strengthening** program, TFT intends to champion the creation, management and coordination of an improved standard of learning, sharing and problem-solving.

TFT uses experienced, independent consultants to provide training and mentoring in their areas of specialty in either gender education, child protection, violence reduction or specific health areas; will ensure program sustainability and continuity of learning, using knowledge on 'Best Practice' in similar conditions; provides ongoing support to scale-up of these services and delivering high-quality interventions.

Partnership: In the **Community Systems Strengthening** initiative, the TFT primary partnership is with the **Cape Metro Health Forum** health committee members, **Women on Farms** and **UCT's School of Public Health** and its role is that of a development partner, in the form technical training, mentoring and content development and training for four programme areas namely; child protection, peace building, access to food and nutrition and health education broadly.

TFT provides curriculum development, training, documentation of process, dissemination of learning and mentoring within a comprehensive monitoring and evaluation framework. TFT, over the implementation period will continue to focus on developing strong partnerships with government and other service providers – to share material and resource development and to share learning. All TFT products, when complete, will be open-source.

Program goal

TFT's program goal is to create, manage, support and bring to scale a local, integrated model of service delivery to address the needs of under-resourced communities; it includes documentation of processes and sharing lessons learnt. It also aims to influence the development of high quality, need-led training material and effective support systems. The intention is to disseminate shared learning to influence positive practice in under-resourced communities.



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Open Source Learning Material

Author

Curriculum Developed by **Emily Basson** for **Training for Transition**
For the **Community Systems Strengthening Project**
Contact: Trainingftransition@gmail.com

Contributing Author: Anita Marshall

In partnership with:

The Learning Network Project

Health and Human Rights Division

University of Cape Town

Department of Public Health and Family Medicine

Head of Division: **Professor Leslie London**

Tel: [021 406 6488](tel:0214066488)

Fax: [086 403 0582](tel:0864030582)

Email: leslie.london@uct.ac.za

Edit, Lay-out and Formatting: **Anita Marshall**

Design: **Anita Marshall, Bulelwa Mshumpela and Emily Basson**

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Community Systems Strengthening Partnership



A health committee network



Women on Farms Project



The Learning Network, University of Cape Town's School of Public Health.

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BASELINE ASSESSMENT

Who: Name: _____

What: Name of Organisation: _____

Where: Place: _____

When: Date of Assessment: _____

SCORING RESULTS

Baseline	1 Year Assessment
No. of 0s =	No. of 0s =
No. of 1s =	No. of 1s =
No of 2s =	No of 2s =
No of 3s =	No of 3s =
List: Areas of strength	
List: Areas of weakness	
Overall assessment	

SO3. Access to Food and Nutrition for families in need of support.

Activities	Outputs	Indicators	Outcome
1. Identify health committee members to be trained as Family Supporters.	A group of community-based individuals who are aware of government, corporate and other support options for families in crisis.	# of health committee members trained as Family Supporters making house calls.	Community-based support network for families in need.
2. Train community members on innovative approaches.	Local food production.	# of Family Supporters trained # of vegetable gardens producing fresh vegetables.	Access to a range of fresh vegetables.
3. Training-of-trainers on nutrition and health.	A cadre of community-based individuals who are able to link nutrition to health, especially for young children.	# of care-givers, parents trained on nutrition and health.	Young children eat healthy food.



Baseline Assessment

Activity 6

Conducting the Baseline

2 hours

Method: Group work

Activity: Each organisation represented at the training, gets a baseline and through discussion in groups, assesses their own organisation.

Activity	Rating 0	Start-up Rating 1	Intermediate Rating 2	Ideal Rating 3
Children are assessed for access to food and nutrition	Intervention needed but service not yet provided	THE ORGANISATION is aware of multiple needs but has no formal system for addressing these.	* Staff enquire about children's individual needs	Staff have accurate data about child's access to food and nutrition * Staff have sent out a questionnaire to understand family's access to food and nutrition status * Results are documented and monitored * THE ORGANISATION has a formal agreement with the family/caregiver regarding the support that the child will receive.
Children get daily meals	Service needed but not provided	Children bring their own lunch.	Children get breakfast and lunch	*Children receive two meals, and two snacks a day, consisting of fresh fruit and juice. Facility and
Children's growth is monitored	Service needed but not provided	THE ORGANISATION requests road to health charts from parents to monitor immunisation.	THE ORGANISATION monitors road to health charts and identifies and refers children at risk to the health facility.	* Children's growth is monitored on a regular basis by the THE ORGANISATION, referred to the health facility where needed and provide regular feedback to parents regarding the child's development.
Children are monitored for chronic illnesses	Service needed but not provided	THE ORGANISATION practitioners inform parent when the child appears ill.	THE ORGANISATION facility has a relationship with health facility and occasionally invites health professional to the THE ORGANISATION.	* THE ORGANISATION practitioners are trained in a range of health aspects and can recognise the signs and symptoms of chronic illness such as persistent coughing etc. and refer cases to health facility.
Children	THE	THE facility	THE facility has a	THE ORGANISATION practitioners

receive micronutrient supplements	ORGANISATION practitioners do not know about supplementation	ensures that parents address the children's health needs.	relationship with the health facility and occasionally invites a health professional.	are trained to recognise and ensure introduction of micronutrients such as vitamin A and C and other nutritious products containing micro-nutrients.
An Integrated nutrition programme exists for families	Service needed but not provided.	Provides education on healthy eating to the community.	THE ORGANISATION facilitates referral to places providing meals for families in need.	THE ORGANISATION has established a range of avenues for access to food such as community food gardens and soup kitchens or work with organisations providing food and nutrition to facilitate access to food for households in need of support.



1. Introduction

We literally are what we eat. Our bodies are fed and sustained by what we eat on a daily basis. All foods contain the minerals and vitamins that are found in the soil and our bodies need all the different elements in some way or another. Nutritious food supports healthy bone development, healthy skin development and healthy brain development. This access to nutritious food starts from the earliest possible age, even before being born.

Milk is food and breast milk is the best start for your baby. Babies need not have food that is bought from a shop. A mother who has sufficient breast milk can sustain her baby until the baby is ready for solids. The advantages to breastfeeding your baby for at least one year, are numerous. Here are some reasons: Breastfeeding reduces infant hospitalization, protects babies from illnesses until the age of two, reduces the risk of Sudden Infant Death Syndrome (SIDS), raises intelligence quotient (IQ), prevents vaccine failure and saves money.

Best for Baby

Reduces allergies causing asthma and eczema

Economical and no waste

Antibodies providing immunity to infectious diseases

Stools are better and less constipation

Temperature is always right. Not too hot or too cold.

Fresh milk – never goes off.

Emotionally bonding

Ecologically sound

Digested easily (in 2-3 hours)

Immediately available – no mixing required.

Nutritionally optimal

Gastroenteritis is greatly reduced!

Breasts are nature's amazing gifts to new born infants. Always make it the first option for your baby. Milk is food and you set your child up with a much more solid foundation. It is the mother who has to eat well and live a healthy lifestyle, while breastfeeding.

The dangers of formula feeding are well known. The use of a bottle exposes the baby to diarrhea, bronchitis, wheezing, vomiting, colic, abdominal pains, asthma, constipation, eczema and rashes. Why take this chance when nature has provided us with breasts. Bottle feeding should be an option only when a mum has to be away from the baby for work or other reasons and as a substitute for when the mother is unable to provide breast milk. Even in these situation, a mom should try and express breast milk for the baby to have during the day, if possible.

As the child develops, nutritious solids are introduced through a range of fruit and vegetables. Children also need liberal amounts of the good fats which are found in fish such as salmon, mackerel, sardines or tuna fish. Through a range of activities, we will examine a range of food and nutrition needs to establish food security for families and especially for children.

Learning Objectives: Participants will be able to

- Understand the need for a wide range of vitamins and nutrients in growth and development
- Recognise the results of poor nutrition
- Develop a nutrition plan
- Facilitate food security in desperate conditions

Developing the Vision

Activity 1

In groups develop a vision of an ideal situation in the community, with relation to food security. Focus on what should be in place.



Activity 2

Good Nutrition as a Developmental Foundation

30 minutes

Purpose: Understand the role of nutrition

Method: Group work.

Procedure: Facilitator puts up 2 A4 sheets of paper, the one with the word AGREE, the other sheet with the word DISAGREE, posted on opposite sides of the room.

Facilitator asks participants to stand in the middle of the room. Explain that you will read a statement, and that if they agree with the statement, they should move to the side of the room under the agree sign. If they disagree they should move to the side under the DISAGREE sign.

Facilitator reads the following statements one at a time. After participants have moved, ask a few volunteers from each side to explain why they are standing on that side.

1. Breastmilk is good for babies when they are first born, but after 2 or 3 months, babies start to get hungry and need to eat other foods.
2. Cow's milk (or other animal milk) is good for young babies.
3. Most mothers cannot make enough breastmilk to satisfy a baby for 6 months
4. It is important to give water to babies, especially when it is very hot.
5. It is better to throw away the first milk that comes in since it does not help the baby.
6. Infant formula Nan, etc. is very good for babies and make them grow up to be strong, smart, and healthy.
7. Most children born to mothers who are HIV infected will NOT become infected with HIV.
8. Breastfeeding should be discouraged in women who are HIV positive.
9. When pregnant women want to rest and avoid certain chores they are being lazy.
10. If a pregnant woman wants to have an easy delivery she should not eat too much, so she has a small baby.

Answers: Page 31

Reflection: There are a lot of incorrect beliefs about how best to feed babies and young children. Some poor feeding practices can put children's health and lives in danger. Health committee members and health activists, as community leaders, can help share information to help improve the health of children in your community.

Activity 3

Overview of nutrition in our community

30 minutes

Purpose: Participants understand the importance of health and nutrition information in their community

Method: Group work

Procedure: Participants write up responses to discuss the questions below in their groups

1. What happens when children are not fed properly?

2. What is malnutrition?
3. Is malnutrition a problem in your community?
4. Does a woman's diet affect the health of their children?
5. Who should get first option to household food?
 - ✓ The man of the house
 - ✓ The adults
 - ✓ The children

Read the following: Mothers and Children's Health and Nutrition Source: YCNP Project /PATH, Mobilizing communities for improved nutrition – A manual for training community leaders.

- The kind of food we eat affects how our bodies work.
- Not eating enough or not eating the right kinds of food cause people to have a higher risk of illness and death.
- Children are especially affected when they do not eat properly. When children are not fed properly, they become malnourished and their bodies are less able to fight off disease and infection.
- Not eating properly, falling ill often, not being well-cared for, and poor hygiene and sanitation can lead to young people being malnourished.
- If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child's physical and mental growth development may be slowed.
- This cannot be made up when the child is older – it will affect the child for the rest of his or her life.
- For this reason, how women eat during pregnancy and how children are fed during the first two years of life are especially important.

Pregnant Women: When a woman is pregnant, it is important for her to eat an extra meal each day, to take iron / folic acid tablets each day, and to rest more often and avoid very strenuous work.

When a woman is breastfeeding, it is important to eat an extra meal each day and/or to take a Vitamin A, iron, and iodine within 2 months of giving birth.

Why Vitamin A is important: Vitamin A is crucial for children's good health and development. Vitamin A plays an important role in vision and bone growth and helps protect the body from infections. Vitamin A also promotes the health and growth of cells and tissues in the body, particularly those in hair, nails, and skin.

Optimal infant and young child feeding practices include starting to breastfeed immediately after the baby is born (or within the first 30 minutes of birth).

Exclusive breastfeeding for the first 6 months, with continued breastfeeding for at least 2 years and beyond is recommended.

Activity 4

Myths and Facts in Public Domain

30 minutes

Purpose: Participants understand what environmental factors impacts on access to nutrition.

Method: Group work

Procedure: Participants discuss and write up responses to the questions below.

1. Who influences how babies and young children are fed? Why?
2. How does advertising contribute toward poor nutrition?
3. What are the other factors that influence how mothers eat?

Activity 5

Access to Food at Home

30 minutes

Purpose: Participants understand how social norms impacts on nutrition status infamilies.

Method: Individual Activity

Procedure: Draw two columns. Write a list of the different people that comprise your own family in column one. In the second column respond to the following questions;

- Who gets the biggest meal?
- Who eats the most nutritious food?
- Who eats the least food?
- Who provides the money for the food?
- Who decides on what food to buy?
- What are the roles of different family members, in relation to nutrition?

Share your responses with another participant.

The facilitator generates 'norms' from participants who are willing to share.

Reflection: How can community health leaders, encourage positive changes in behaviour in their communities? Write up the responses through a brainstorm.

Activity 6

Report on challenges to optimal feeding

45 minutes

Purpose: Participants develop an awareness of possible challenges to infant feeding in their communities, and develop creative solutions to alleviate such problems

Method: Group work.

1. Divide participants into 3 groups and assign each group a number. Ask each group to stand in front of the corresponding numbered flip chart and respond to the question.

Group 1	Group 2	Group 3
Discuss and record what factors influences how children eat	Discuss what factors influence whether a mother breastfeeds or not	Discuss whose responsibility it is to provide household food security

Reflection

Through a brainstorm, generate ideas on how health committee members can help support women and families to follow optimal practices. It is important to talk about the beliefs and attitudes people have, related to nutrition. Information alone is usually not enough to change behaviour, but encouraging community discussions and problem-solving, as well as creating awareness of these practices within their communities, can lead to positive changes in behaviour.

HIV and Infant Feeding: For most HIV-positive women in our community, exclusive breastfeeding is the best way to feed their babies for the first six months, with continued breastfeeding through at least 12 months.

However, if women breastfeed and give other liquids or foods before 6 months, it makes the risk of illnesses much higher. Although giving only infant formula (and never breastfeeding) can reduce the risk of HIV transmission, it can double the number of children who become sick and die from other illnesses.

Activity 7

Develop a balanced diet

45 minutes

Purpose: Participants develop an eating plan to maintain optimal health in the community.

Method: Group work.

- Facilitator provides sufficient paper, old magazines and drawing material.
- Work in groups to develop a weekly menu that covers all the nutritious needs, including words and/or drawings of the range of foods that people need.
- Each group has a representative that explains their varied menu.

Examples of a range of a balanced meal.

Breakfast Cereal or cooked porridge with milk and sugar. A glass of water
Mid-morning snack options <ul style="list-style-type: none">• A fruit with a sandwich with peanut butter or fish.• A glass of juice or milk and a biscuit
Midday meal Protein-rich food or dish e.g. meat, fish, chicken, eggs with cheese, tomato and any green vegetables. Preferably dark green or deep yellow in colour, e.g. spinach, green beans, cabbage, carrots, pumpkin. The nutritional value of these vegetables is higher than that of other vegetables. Potato and other starches such as rice or pasta can also be served as part of the midday meal.
Afternoon snack Sandwich with eggs, peanut butter or cheese (Brown bread) Milk, juice or water to drink
Supper Protein-rich food or dish e.g. meat, fish, chicken any green and orange vegetables. A daily cup of soup provides a wide range of nutrients for all age groups. It provides the body with sufficient energy.

Reflection – Retaining the nutritional value in meals

Do not discard meat bones or the outer leaves of vegetables, but use these in soups or stews. Add legumes such as lentils or peas twice a week, if possible. Soya beans have a higher nutritional value than any other dry legume. Products made from soybeans, are much cheaper than animal protein and are good value for money.

Vegetables and potatoes should all be prepared shortly before they are to be eaten, rather than soaked overnight, as the longer a vegetable (either raw or cooked) is left standing, the more nutritional value is lost. Do not soak vegetables once cut.

Always put vegetables to be cooked in a small volume of boiling water, more can be added later, if necessary. Cook until crisp and not longer, as overcooking diminishes the food value. Any leftover water can be used in soup or gravy.

Peanut butter on brown bread is a good body building food. It is preferable if milk is served with the same meal. A meal consisting of vegetable soup with bread or porridge is not adequate unless a body building food is served at the same time.

Sufficient protective foods, such as vegetables and fruit, have to be included every day in order to protect children against disease. If fruit is not available, use fresh raw vegetables, e.g. tomatoes, cabbage, carrots.

Activity 7

Understanding food security

45 minutes

Purpose: To get participants to develop a food security assessment.

Method: Group work.

The facilitator prepares a presentation on a flip chart, on the following:

1. FOOD AVAILABILITY

Food availability in a country, region or local area means that food is physically present because it has been grown, manufactured, imported and/or transported there. For example: food is available because it can be found on markets, because it is produced on local farms, land or home gardens.

2. FOOD ACCESS

Food access is the way different people can obtain the available food through purchase, making home products, having live-stock, growing in a garden or through community initiatives such as soup kitchens at churches or home based care volunteers. Food access is ensured when communities and households or individuals have adequate resources, such as money or land or skills, to obtain appropriate foods for a nutritious diet. Access depends on income available to the household, on the distribution of income within the household and on the price of food. Food access can be negatively influenced by a lack of neighbourhood security such as conflict, loss of coping options, or even a border closure preventing seasonal job migration, or the collapse of safety net institutions (grants to vulnerable, ill or insecure individuals and groups), that once protected people without income.

3. FOOD UTILISATION

Food utilisation is the way people use the food and is dependent on the quality of the food, its preparation and storage method, nutritional knowledge, as well as on the health status of the individual consuming the food.

Understanding vulnerability

Vulnerability speaks about the level of risk for household or the community in relation to access to food and the ability to sustain a livelihood free of lack. A household's vulnerability is determined by the availability of a household to cope with risks and shocks such as unemployment, violence, government policies, conflict, even the HIV/AIDS crisis. The magnitude, duration and timing of the shock are important factors.

In order to avoid the most severe impacts of shocks and maintain adequate food access, households and communities employ coping strategies. Vulnerability can be caused by lack of infra-structure or sporadic violence that leads to shops closing down.

Vulnerability is not the same as poverty, although underlying poverty contributes to increased vulnerability in most emergencies; the effects of disasters are made worse where they are superimposed on a situation of widespread, structural poverty.

Explore the Definition of Sustainable Livelihood

Put simply, livelihood is the *means of making a living*. In a food security context it refers to people, their capabilities, their assets, their income and the activities needed to sustain a means of living, including ways to obtain food. Sustainable livelihood refers to people's capacity to generate and maintain their means of living, enhance their well-being and that of future generations.

People's livelihood differs. In a case where people's livelihood is threatened, different coping skills are used to meet their daily needs. Coping strategies sometimes have an underlying risk, which can increase vulnerability.

Activity 8

Consequences of Food Insecurity

45 minutes

Purpose: Participants reflect on conditions that influence sustainable livelihood.

Method: In pairs.

Participants share some of the circumstances that impacts on the ability of community members to make a living in order to maintain household food security.

Reflection - Consequences

- Increase in expenditure on school fees and health care undermine human capital.
- Poverty undermines dignity, and leads to risk-taking behaviour and increase other risks to injury, social exclusion and HIV infection or other sexually transmitted illnesses.
- Sale of household assets may reduce the future productive capacity of the household.
- Failure to repay loans risks losing future access to credit.
- Over-use of natural resources, such as excessive fishing and collection of firewood reduces the availability of natural capital.
- Travel to insecure areas to work or to gather food or fuel exposes people, especially women and children, to risk and violence.
- Producing or trading forbidden goods risks arrest and imprisonment.
- Separation of families and mothers from children, risks poor standards of child care, safety and malnutrition.

Activity 9

Conduct a household survey

45 minutes

Purpose: To get participants to assess the neighbourhood situation, with relation to food security.

Method: Facilitator provides each participant with a survey and explains how to use it to gather information. Participants then practice with each other.

Each person is then given 20 copies to conduct a survey in their own neighbourhood.

Participants sit together to decide on allocation of areas and agree on working with a partner or even three people for gathering information.

1. QUESTIONNAIRE TO DETERMINE HOUSEHOLD FOOD SECURITY

Name or number for household: _____

1. Often True	2. Sometimes True	3. Never true
---------------	-------------------	---------------

1. In the last month:

- a) We worried whether our food would run out before we got money to buy more. _____
- b) The food that we bought just didn't last, and we didn't have money to get more.

- c) We couldn't afford to eat balanced meals.

- d) We relied on only a few kinds of low-cost foods (Name the food)

because we were running out of money to buy food.

- e) We couldn't feed the children properly because we couldn't afford it.

2. In the last month, did you or other adults in your household skip a breakfast, lunch or supper because there wasn't enough food or money?

- YES _____
- NO _____
- DON'T KNOW _____

3. How often did this happen in the past?

- Almost every month _____
- Some months, but not every month _____
- In only 1 or 2 months in a year _____
- DON'T KNOW _____

4. In the last month,

Did you ever eat less than you felt you needed, because there wasn't enough money to buy food?

- YES _____
- NO _____
- DON'T KNOW _____

5. In the last month were you ever hungry, but didn't eat, because you couldn't afford enough food?

- YES _____
- NO _____
- DON'T KNOW _____

6. In the last month, did you ever cut the size of your child's food because there wasn't enough money for food?
- YES _____
- NO _____
- DON'T KNOW _____
7. In the last 12 months, since last October, did you or any member of your household ever get emergency food from a church, organisation, a neighbour, or eat from a soup kitchen because there was no food at home?
- YES _____
- NO _____
- REFUSED _____
- DON'T KNOW _____

ACTIVITY 10

Introduce Growth Monitoring

30 minutes

Purpose: Participants understand the importance of growth monitoring in children under three.

Method: In plenary.

Facilitator and/or participants take turns reading:

Growth monitoring is the regular measurement of a child's size in order to document growth. The child's size measurements must then be plotted on a growth chart. This is extremely important as it can detect early changes in a child's growth. Both growing too slowly or too fast may indicate a nutritional or other health problem. Therefore, growth monitoring is an essential part of primary health care in children. Measuring a child's size is of very little value unless it is used for growth monitoring.

Growth monitoring is an essential part of primary health care in children.

The Four Goals of the Growth Monitoring Programme:

- To help mothers and family members to monitor the growth and weight of their children, and to encourage mothers with healthy children to maintain their children's good health.
- To identify children who are severely or very severely malnourished for rehabilitation.
- To identify children with disease or illness for treatment.
- To demonstrate to the community members how to monitor the health and nutrition status of ALL children under 3 so they can improve in health.

Growth monitoring programme (GMP) target group

The target group is children under 3 years old because children under 3 are the most vulnerable group in the community. Children under 3 may never reach their full physical or intellectual potential, if they are malnourished.

That is why clinic will weigh children under 3 years old every 2 months and use the information from the GMP to determine the health and nutritional status and growth of these children.

Growth Monitoring Chart: This is a graph that records the child’s growth progress.

Identification: The top left corner on the growth monitoring chart provides space to record the child’s name. This should be checked every time that the child’s weight is recorded.

ACTIVITY 11	
Understanding Micronutrient Supplementation	30 minutes
Purpose: Participants understand key micro-nutrients.	
Method: Plenary	

Facilitator prepares a presentation to share the following information.

Key Micronutrients

<p>Vitamin A: Important for vision, growth and development, immune function and reproduction. Deficiency can lead to night blindness and increased chance of dying from infectious diseases.</p>
<p>Vitamin A-rich foods: plant sources: dark green leafy vegetables (e.g. watercress, water spinach, moringa). Orange fruits and vegetables (e.g. pumpkin, ripe papaya, carrot). Animal sources: eggs, liver, fish</p>
<p>Vitamin B1 (thiamin): Important for nerve function. Deficiency can lead to beriberi – loss of appetite, oedema (swelling), nervous system dysfunction and death. Thiamin-rich foods: pork, beans, fish, ground nut, sunflower seeds, rice, moringa.</p>
<p>Iron: important for delivering oxygen to different cells in the body and for proper functioning of muscles and the brain. Deficiency can lead to anemia, fatigue, increased risk for infection, decreased work capacity and increased risk to give birth to a baby with a low birth weight.</p>
<p>Iron-rich foods: beef, chicken, fish, eggs, liver, beans, ground nuts, dark green leafy vegetables.</p>
<p>Iodine: important for hormones produced by thyroid gland. Deficiency can lead to goiters and children born with cretinism (mental retardation).</p>
<p>Good sources of iodine: iodized salt, fish, (from ocean), prawns and shrimp (from ocean), seaweed.</p>

How much Vitamin A does a child need?

Ages 1-3 years: 300 micrograms (mcg) retinol activity equivalence (RAE), of Vitamin A per day.

Age 4 years and up: 400 mcg RAE per day.

A child doesn't have to get enough Vitamin A every day. Instead, aim to get the recommend amount as an average over the course of a few days or a week.

The best sources of Vitamin A:

Colourful fruits and vegetables are packed with Vitamin A. here are some of the best sources:

- ½ cup carrot juice
- ¼ cup cooked sweet potato
- 1 raw carrot
- ¼ cup cooked carrots
- ¼ cup cooked spinach
- ¼ cup butternut squash
- ¼ cup kale
- ½ cup canned vegetable soup
- ¼ cup cantaloupe
- ¼ cup apricots, packed in juice
- ¼ cup red bell pepper
- ¼ cup raw spinach
- ¼ cup sliced mango
- ½ cup fortified instant oatmeal, prepared with water

ACTIVITY 12

To support access to food and nutrition

1 hour

Purpose: To provide people with skills needed for self-sufficiency.

Method: Develop a community food garden.

Facilitator prepares a presentation with the following information and brings seeds for practical homework. After presentation, participants come up with an implementation plan in groups or pairs answering the following questions;

- Who will plant?
- Where?
- Who will take care of the garden?
- How?

Start your own Garden

Size of the garden: When deciding how big to make the garden, take into account:

1. How much water you have available in the dry season.
2. What vegetables you wish to grow. Pumpkins, for example, can only be grown in a large garden.
3. How much time you have to look after the garden.

Equipment: Only a few tools are necessary. Start with one or two and accumulate the others over time:

- ❖ A **spade** to dig with. A small hand-held spade for a soil tray.
- ❖ A **fork** to turn over the soil with, to lift out potatoes, etc. and to make working in clayey and stony soil easier.
- ❖ A **rake** to break up clods, create an even surface in the bed and to rake soil over the seeds after they have been sown.
- ❖ A **watering-can** to water the vegetables. Make your own watering-can by making holes in the bottom of a tin.
- ❖ A **wheelbarrow** for carrying soil, compost, stones, etc.
- ❖ **String** or **line** to make straight beds.

The nursery:

Some plants, such as tomatoes, lettuce and carrots, are sown in the nursery using a wooden crate, which can be kept indoors and when the plants are big and strong enough, they are transplanted into larger beds outside.

A vegetable bed:

A bed should not be wider than 1 pace so that you will be able to stand next to it when working.

- Stretch string or line round the beds, with sticks as corner posts, to make them straight.
- Leave pathways (about 4 hand-widths) between the beds so that you can walk on dry soil between the beds.
- In dry seasons the beds can be on the same level as the paths, but in wet months they should be higher.
- If you have problems with nematodes or cutworms, prepare the bed a month before planting time and clear away all plant material.
- Spread compost (1 wheelbarrow load for a square or 1 pace by 2 paces) over the bed.
- If you use manure, use less as it may burn the plants. Work the compost into the soil and rake the bed so that it is even. You can now sow the seed or transplant the seedlings.

You can also expand your vegetable garden in order to make some money out of it, by selling the products from your own stall or to the market.

Choose a site for your vegetable garden

Most vegetables do best in full sun. Pick a spot that is flat and gets a lot of sun. If you do not have a lot of space, you can plant some of your vegetables in containers. Tomatoes, lettuce, chillies, peppers and herbs are some of the vegetables that grow very well in containers.

Once you have selected the site for your garden, you must decide how big it is going to be. It is best to start small, and expand as you go on. Remember that the bigger the garden, the more you will have to weed, water and control pests. A garden of about 3 x 3 metres is probably a good start.

A good starter vegetable garden might contain lettuce, spinach, tomatoes, pepper, squash and carrots. These vegetables are quite easy to grow. Just remember that squash takes up a lot of space.

Potatoes are very easy to grow. Simply leave a potato until it has grown its roots and then plant it in prepared soil. Many vegetables can be grown from seeds, but when you are starting out, it is better to start with established plants. You can buy these from the market, co-operative or nursery. But before you can plant anything, you must prepare the soil of your garden, so that it will accept plants.

Preparing the soil

First you will need to get rid of all the grass. Make sure that you get out as much of the roots as possible, otherwise the grass and weeds will grow back. Once you have cleared the ground, you need to apply fertiliser and compost. Fertiliser will provide all the nutrients that your plants will need to provide good, healthy vegetables. Buy a general purpose fertiliser from your supermarket, cooperative or nursery. Read the instructions carefully and keep it away from children, animals and from your mouth, nose and eyes. Always wash your hands after working with fertiliser.

Compost improves the drainage of the soil, which means that water will go into the soil well, and the roots of your plants will establish themselves well. Compost must be mixed into the soil. You do not have to buy compost, as you can easily make your own.

Digging and preparing trenches

Start by dividing your vegetable garden into sections. The number of sections will depend on the types of vegetables you would like to plant. If you want to plant three types of vegetables, you can divide your 3 x 3 metre garden into three rows with some walking space (paths) in between. If you want to plant six types of vegetables, you can divide the garden into six blocks.

A trench is a ditch in which we prepare the soil for our vegetable bed. Start by digging out about 30 cm of topsoil and leaving it at one side of the ditch. The head of a normal garden spade is about 30 cm long. So you will dig to the depth of one spade head.

Make your own compost

Make your own compost by collecting organic waste in black bags. Try to collect about 12 bags of vegetable peels and organic waste. Ask your neighbours if you can also collect their:

- Fruit and vegetable waste such as skins, pips and cores.
- Pot scrapings (such as old pap and vegetables).
- Egg shells (they contain a lot of calcium, which is good for soil and plants).
- Animal bones and feathers.
- Grass cuttings, dry leaves and other garden waste.

Anything that will rot, can be used to make compost. Now you are ready to start preparing the trenches in your vegetable garden.

Then you can dig out 20 cm of bottom soil (a little bit less than a spade head) and put it on the other side of the ditch. Remove large stones and rocks from the top - and bottom soil. Loosen the soil at the bottom with a fork and cover it with cardboard. Now you can put the compost in the trench.

Start with a 20 cm deep layer of compost, and cover it with a 10 cm layer of bottom soil. Put another 20 cm layer of compost and another 10 cm layer of bottom soil. Remove pieces of glass, bottles and plastic as you go along. Water each layer before adding the next layer.

Now you can replace the topsoil. Add it to the top of the trench. You now have a vegetable bed. You will see that the bed is about 20 cm higher than the paths around the trench. This is fine, because the bed will slowly sink as the compost under the surface starts to decompose.

Spread another bucket of compost over the topsoil and work it into the soil with a fork. Use one bucket of compost for one square metre. Level the bed using a rake or a flat piece of wood. Cut sticks of about 50 cm each and mark the corners of your trenches, so that you do not stand or walk on the bed.

Cover the bed with a layer of mulch. Mulch is a blanket that protects the soil. You can use straw, grass, leaves and even newspaper and cardboard strips as a mulch blanket.

Finish the other trenches in the same way and let them stand for a few (2-3) weeks. Apply fertiliser a few days before you start planting. Wet the soil well. Earthworms assist with the decomposition process.

Question	Answer
1. Breastmilk is good for babies when they are first born, but after 2 or 3 months, babies start to get hungry and need to eat other foods.	Mothers should start breastfeeding immediately after the baby is born, with exclusive breastfeeding for the first 6 months, with continued breastfeeding for at least 2 years, and beyond.
2. Cow's milk (or other animal milk) is good for young babies.	Two reasons why the use of cow's milk is discouraged for babies under one year of age: a) Allergies The intestinal lining is slower to mature in some babies than others. Some toddlers can develop diarrhea, bloating and abdominal pain, because of their inability to digest the lactose sugar in milk. Allergic proteins may seep through the irritated intestinal lining into the bloodstream and cause an allergic reaction, such as a runny nose, wheezing or a red, raised, sandpaper-like rash, especially on the cheeks. Some babies who allergic to cow's milk can even get frequent ear infections. b) Iron-deficiency anemia is another problem, as there is very little iron in cow's milk.
3. Most mothers cannot make enough breastmilk to satisfy a baby for 6 months	By breastfeeding the baby often, the mother can make enough milk for her baby over the first six months. The milk will not run out. Good positioning is very important. The more a baby suckles at the breast, the more milk is made.
4. It is important to give water to babies, especially when it is very hot.	Giving water to young babies puts them at risk of diarrhea and malnutrition. Water may not be clean and cause the baby to have infections. Giving water may also cause the baby to drink less or to stop breastfeeding early, and therefore cause malnutrition. If mothers give water instead of breastfeeding it will also cause the mother to have less milk in the future. Breastmilk is more than 80 percent water, especially the first milk that comes with each feed.
5. It is better to throw away the first milk that comes in since it does not help the baby.	The first milk (colostrum) should not be thrown away. It is the perfect food for a baby's very first feeds, as his stomach can easily digest it. Colostrum is high in protective white blood cells that can help protect the baby against several bacterial and viral infections. Colostrum is rich in nutrients, such as zinc, calcium and Vitamins like A, B6, B12, and K.
6. Infant formula is very good for babies and makes them grow up to be strong, smart, and healthy.	It is recommended by the World Health Organisation that parents are told about the health risks of using formula milk. Below are some risks, which have been medically proven: a) Higher risk of allergy b) Higher risk of asthma c) Higher risk of diarrhea d) Higher risk of lung infections e) Higher risk of ear infection

<p>7. Most children born to mothers who are HIV infected will NOT become infected with HIV.</p>	<p>In South Africa all HIV positive pregnant or breastfeeding women qualify for ARTs (Antiretroviral Therapy), which is the combination of several antiretroviral medication used to slow the rate at which HIV makes copies of itself (multiplies) in the body. ARTs will reduce the risk of HIV transmission to the baby and protect the mother's health during and after pregnancy. ARTs should be taken as soon as possible after diagnosis (within 7 days).</p> <p>Most babies would not become infected. About 5 out of the 20 babies will be infected with HIV during pregnancy, labour, or birth if their mothers do not go for PMTCT services during pregnancy. The risk is lower if women use PMTCT services.</p>
<p>8. Breastfeeding should be discouraged in women who are HIV positive.</p>	<p>For breastfeeding, a baby's risk of infection depends on how he or she is breastfed.</p> <p>Between 1 and 4 babies are infected during breastfeeding. If mothers exclusively breastfed for 6 months the number would be even less, but as we know, most women do not exclusively breastfeed.</p>
<p>9. When pregnant women want to rest and avoid certain chores they are being lazy.</p>	<p>There are some household chores that aren't safe for expecting mums. Pregnant mothers just need to stop a few of them and be careful about how to go about other daily chores at all times. It is important to avoid very strenuous work.</p>
<p>10. If a pregnant woman wants to have an easy delivery she should not eat too much, so she has a small baby.</p>	<p>Proper nutrition before, during, and after pregnancy is crucial to the health of both mother and baby. Some results of poor nutrition in pregnant mothers are: death of the fetus, low birth weight, and several inborn conditions.</p>

Alignment with NDoSD Request for a Model for Supporting Community Based Organisations:
CONSULTATIVE ROUNDTABLE DISCUSSIONS WITH NATIONAL Non-profit companies (NPC) AND
RELATED STRUCTURES ON THE REVIEW OF THE WHITE PAPER ON SOCIAL WELFARE (of 1997)

Proposals for NPO National Directorate:

NPOs and CBOs

- I) NPCs needs to be on CIPCI data base.
- II) Government sets point system for capacitation.
- III) Mentoring role of big organisations: identify NPCs that can play a support role to CBOs.
- IV) Independent affiliates; subject to NPC standards. NPC develops a matrix that outlines 'services' provided and creates levels for assessment.
- V) CBOs to be renamed as social service practitioners; The community based organisations should have the ability to identify the service being provided to the community. (Health and Education enjoys better status than Social Development because they are providing services).
- VI) Services provided for treatment and support but also for prevention and early intervention.
- VII) Eliminates poverty and addresses progressive realisation of rights.

National NPO Directorate

- I) Mapping services according to need – national exercise. Developmental route covering the full range of deprivation, responding to different contexts.
- II) Acknowledgement of diversity and inclusion.
- III) Development of a data base.
- IV) Development of a new model in re-structuring and service innovation.
- V) Decentralisation of NPC registration – provincial competency.
- VI) New Welfare Act. New funding flow to CBOs and NPCs.
- VII) Review of White paper – leading to legislation.
- VIII) Develop a well-constructed proposal to treasury, regarding funding for the sector (NPOs and CBOs doing 'welfare' work. Cost implications of recommendations.
- IX) 'Social Services' to act as overarching definition.
- X) Redress and transformation in relation to apartheid consequences still need to be built into budgeting and policy formulation. We are still the apartheid generation and poor communities are carrying the burden of social dysfunction.

Addresses White paper Challenges:

1. Creation of self-sufficiency!
2. Create opportunities for growth.
3. Policies should push the most vulnerable and the poorest of the poor out of deprivation or helplessness to dignity.
4. Model can be replicated in any area of need or any sector.

Acknowledgements

1. YCNP Project / PATH, mobilizing communities for improved nutrition – Mothers and Babies Health and Nutrition. A manual for training community leaders
2. IFRS Foundation, Training Material
3. www.childhealthcare.co.za
4. Positive Deviance Initiative. University of Stellenbosch
5. The Baby Centre. www.babycenter.com
6. The FONO www.thefono.org
7. Save the Children. www.myanmar.savethechildren.