



Photos: PATH/Wilfred Manda and Kai Erickson (center)

ZAMBIA

(((RADIO PROGRAM SCRIPTS)))

BUSHES THAT GROW ARE THE FUTURE FOREST

FEEDING OUR CHILDREN WELL FOR OUR FUTURE

A BEHAVIOR CHANGE COMMUNICATION CAMPAIGN
TO IMPROVE INFANT AND YOUNG CHILD NUTRITION IN ZAMBIA

OCTOBER 2010



USAID
FROM THE AMERICAN PEOPLE

www.iycn.org

IYCN USAID's Infant
& Young Child
Nutrition Project

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Introduction

In January 2010, the US Agency for International Development's (USAID) Infant & Young Child Nutrition (IYCN) Project supported the Zambia Ministry of Health in developing a 13-part radio series as part of a behavior change communication strategy to improve infant and young child nutrition practices. The campaign, *Bushes That Grow Are the Future Forest*, follows Sister Loveness, a health worker, as she travels around the country to hospitals, mothers' club meetings, and markets, teaching families how to prevent malnutrition in their children. The program encourages good infant feeding practices and addresses common barriers to exclusive breastfeeding and complementary feeding for children during the first two years of life.

The IYCN Project collaborated with Radio Christian Voice, a popular national radio broadcaster, to produce the campaign, which airs in English and four local languages. The weekly one-hour program discusses topics such as the common, harmful belief that infants less than six months of age need water and watery porridge to satisfy thirst and hunger, and airs a 15-minute pre-recorded dramatic segment. Radio broadcasters, who received training on infant and young child nutrition, conclude the program with a discussion, often with listeners calling in or sending text messages with their questions. Each program includes a quiz question to elicit discussion and test the knowledge of the audience.

This document includes the full scripts for the 13 one-hour programs (page 3) and the 15-minute pre-recorded spots (page 122). It also describes the objectives for each program.

Addressing Nutrition Beliefs and Barriers

The IYCN team designed the campaign to address beliefs about and barriers to infant and young child feeding, identified through the project's formative research. The formative research revealed that community members regularly turn to radio stations for health information, making it an ideal channel for communicating important infant feeding messages to communities across the country. Key findings included:

- There is a strong tradition and perception that infants less than six months of age need water or watery porridge, in part to satisfy thirst and hunger.
- Mothers and fathers generally believe that the quality and quantity of breast milk is strongly affected by the mother's diet. They perceive that it is often necessary to end exclusive breastfeeding if the mother does not eat well enough.
- Mothers feel that if an infant younger than six months is looking at them while they are eating or drinking, it means that the baby wants some of the food or drink.
- HIV-positive mothers may be confused by conflicting information they have received on feeding their young infants.

About the Infant & Young Child Nutrition Project

The IYCN Project is the United States Agency for International Development's flagship project on infant and young child nutrition. Begun in 2006, the five-year project aims to improve nutrition for mothers, infants, and young children, and prevent the transmission of HIV to infants and children. IYCN builds on 25 years of the United States Agency for International Development leadership in maternal, infant, and young child nutrition. Our focus is on proven interventions that are effective during pregnancy through the first two years of life.

Program Scripts

Imiti I Kula

Bushes That Grow Are the Future Forest

Feeding Our Children Well for Our Future

Program 1: Nourish the Seedlings: Introduction to the Series

Program objective and brief

Program 1 provides an introduction to the 13-part series designed to offer Zambian families information and practical advice on how to improve their practices related to feeding and nutritional care of their infants and young children. **Program 1** will introduce the series, discuss why the topic is critical to individual families as well as Zambia’s future, and let the audience know how the series will develop and who the primary voices will be—people with experience who know best practices and what the evidence is to support their recommendations.

At the end of the first show the audience should be able to describe the series and feel motivated to listen to future episodes because they believe the show is relevant to them and important for their family’s health and well-being.

Time (min.)	Who	Content
1–6	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the new series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Christian Radio Network offers this program.</p> <p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in urban environments. This program will reflect Zambian standards and recommendations as well as the latest scientific information on how to feed young children to benefit their growth and development—both physical and mental. In some instances this information could save young lives.</p>

Time (min.)	Who	Content
		<p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct and does not add to the confusion and rumors that exist about how to feed young children. We all must live and learn...</p> <p>More after some music.</p>
7–16		Music
17–25	Announcer	<p>Over the next 12 weeks we are going to be talking about how to feed and care for infants and young children. We are going to present information that reflects the best guidance from medical and nutrition professionals in Zambia. Many of the practices that we will discuss come from experiences here in Zambia.</p> <p>Each week we are going to share a pre-recorded interview with Sister Loveness, a nurse who has worked for many years in clinics around the country. She has made child health and development her specialty. In her many years of service, she has seen just about everything and helped hundreds of families with their young children—including her own family. Now she is grandmother to ten thriving children living all around Zambia. She will talk to us about her experiences and what she sees as she travels the country to see her grandchildren and to supervise work in clinics. She will share secrets she has learned from families like yours that may help you.</p> <p>A critical message we will hear from her is that she is convinced that there are a few basic things that all Zambian families can and should be doing for their children to ensure a better, brighter future for them—even saving lives of young babies in some cases. One of these key elements for child health and development is providing a good diet and care in the first two years of life.</p> <p>Remember the name of our show—just as we care for seedlings and shrubs to have a healthy forest, we must care for our young children to have intelligent, productive adults and a nation with progress.</p> <p>In addition to hearing from Sister Loveness each week, we will also interview specialists from time to time who will answer questions from YOU. We encourage you to submit questions that you have about feeding newborns and young children or topics that aren’t fully explained by Sister Loveness. You can do this by...._____ (add information about texting or calling).</p>

Time (min.)	Who	Content
		We are also going to have a few entertaining short spots to reinforce some key points. An example of one of these short messages from the Ministry of Health and partners is the following:
26	Spot No. 1	Play IYCN Spot No. 1 on exclusive breastfeeding.
27–33	Announcer	<p>Wow—that is important information! Even I see people trying to give their newborns water and other liquids. We all think it is necessary because we have such hot weather, and since we are thirsty our children must be thirsty. But the authorities are all saying that with just breast milk the baby’s thirst can be satisfied, because breast milk itself contains plenty of water. That is wonderful news!</p> <p>This is one small example of the kind of information we are going to share with you on this series of programs <i>Bushes That Grow Are the Future Forest</i> during the next 12 weeks. This is information critical to child growth and development and even to saving lives of young babies.</p> <p>Before I mention the other topics, I’d like to say that much of this is new to me also, so I will have to encourage my family to listen in. The topics of the different programs are:</p> <ul style="list-style-type: none"> • How mothers can ensure that they are producing enough breast milk for their infants. • More information on why you should not give your young baby water or other foods before six months. • How to begin your baby on foods. • What foods are best for a young baby and how to prepare them. • How foods need to change as the child grows and develops. • How to teach children to eat and to ensure that your young child is satisfied. • How to handle child feeding under difficult circumstances, for example when the mother is HIV positive. <p>As you can see we are going to be covering a lot. Although we’ve already planned out these various programs, we want to be sure that we know what is on your mind. So please let us know your questions and concerns, and we will do our best to respond to them.</p> <p>Also, to encourage you to pay close attention to this new information and to try some of the advice at home, we are planning to extend this series offering two parts. During the next 12 weeks we will present Part 1. Then, we will have Part 2, another 12 weeks during which we will hold a quiz and a competition to see who has been able to follow the advice of the show. So get ready to learn a</p>

Time (min.)	Who	Content
		<p>few new ideas and to try a few new practices.</p> <p>I found that last spot so interesting that I want to play it again.</p>
34	Spot No. 1	Play IYCN Spot No. 1 on exclusive breastfeeding.
35–50		Music
51–55	Announcer	<p>A reminder to you all: Over the next 12 weeks, listen for information about infant and young child health and nutrition. Bushes That Grow Are the Future Forest will provide you with the latest scientific information applied to Zambia.</p> <p>Today we shared one small piece of the new information with you—that is the importance of giving a young baby only breast milk—no water or other liquids for the first six months of life. While this may seem to go against what many people do, it is life-saving advice offered now around the world to improve the survival and health of our children. We can all learn things to improve our lives.</p> <p>We will all benefit from the wisdom and experience of Sister Loveness, and we will invite experts to come on the show and answer your questions. Please send in your questions or comments to ...</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
56–60		Music

Imiti I Kula
Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 2: Initiating Breastfeeding Immediately and Exclusively

Program objective and brief

Program 2 is the first of several programs focused on optimal breastfeeding. It promotes immediate initiation of breastfeeding with no water or other foods or drinks passing the baby’s lips. The host will interview Sister Loveness, a caring, experienced nurse, mother, and grandmother who provides evidence-based, practical advice on young child feeding.

At the end of the show the audience should be able to explain that a newborn needs to be given only breast milk and know ways to address the different reasons that mothers and other family members give for offering other substances to the newborn. Listeners will feel motivated to talk to pregnant women and families with newborns about giving only breast milk for the health and well-being of their infant. They should be able to tell a friend about what *is* and what is *not* advised for initiating breastfeeding and explain why it is not advisable to wait more than one hour before feeding the newborn breast milk and not advisable to feed the newborn anything but breast milk.

Time (min.)	Who	Content
1–5	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the second program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Christian Radio Network offers this program.</p> <p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program will reflect Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances this information could save young lives.</p>

Time (min.)	Who	Content
		Hello, Sister Loveness. It's so nice to have you with us today and for the remainder of our programs on the best ways to feed and care for our young children so that they get off to the best possible start for developing their bodies and their minds.
	Sister	Thanks very much, Daniel. It's a pleasure for me to be with you and to try to share with your listeners of my experiences and to help all our mothers here in Zambia do their best for their young children.
	Daniel	That's great, Sister. Would you mind starting off by telling us a little about yourself and some of these experiences?
	Sister	Certainly. Well, to start out I am a registered qualified nurse who cares for children. (This just means that I specialized in children's health.) I have worked for nearly 30 years in hospitals, clinics, and communities all over Zambia. Maybe even more importantly, I have four children of my own, and I am blessed to have ten grandchildren. I attended many of my grandchildren's births, and I was most certainly there for my own children's births!
	Daniel	Indeed! (Laughing) That's great! And, clearly your children have prospered so what advice do you have for our audience about feeding a new baby right after it's born?
	Sister	Certainly, Daniel. Well, the first thing to say is that, when the mother is pregnant, she and her family should <i>plan</i> how they're going to start feeding the new baby and of course, as your listeners know, breastfeeding is the best. So, please discuss breastfeeding with the nurse who is giving the antenatal care (which is what we call the visits a pregnant mother should make before the baby is born). A great idea is for the father or the baby's grandmother to accompany the pregnant woman on some antenatal visits, so they can hear the advice and also ask questions.
	Daniel	That's a great suggestion, Sister. I didn't expect you to be talking about what happens <i>before</i> the baby is born.
	Sister	Yes, good planning and getting as well informed as possible are <i>always</i> good ideas!
	Daniel	Okay, so once the baby is born what food or drink should it receive and when?

Time (min.)	Who	Content
	Sister	I'm happy to answer this key question, Daniel, but first I'd like to mention that the safest place for women to give birth is in a nice hospital like this one that we're in today. The main reason is that, although most births are "normal" and without serious problems, those problems can come up at any time, so the closer you are to good care, the better. Okay, now, to answer your question, the ideal, best practice for the newborn baby is that after the birth, the baby is placed immediately, skin-to-skin on the mother's chest just below the breasts. The baby will move and will find the nipple and will begin to suckle. This is an amazing process to watch. With this suckling the mother's milk will begin to flow. It all happens very naturally and the mother doesn't have to worry about producing milk or about giving the baby anything else but her breast.
	Daniel	Wow! That's amazing that the baby can start feeding right away. I do know that human milk is best for humans, but I didn't think about it from the very first hours.
	Sister	<p>Yes, Daniel, every baby should be on the mother's breast as soon as possible after birth. The baby may have to suck for a while, but soon it will start drinking the thick, yellowish milk that we call colostrum. Again human milk is for humans—this colostrum is perfect for the first days after birth. Following the process has many benefits. Let me mention them for our listeners:</p> <ol style="list-style-type: none"> 1. First, the immediate suckling is good for the mother, since it helps her with the end of the birthing process and can help stop her bleeding. 2. Secondly, the colostrum is the absolutely perfect food for the newborn baby—it is clean, so it won't cause diarrhea or illness; it contains all the water and nutrition the newborn needs; and it serves as the child's first vaccination, offering the baby protection from many serious diseases. 3. Finally, the baby's sucking gets the baby used to breastfeeding, making life easier for the mother later.
	Daniel	Sister, you do have a lot to share with us! This is such interesting information. I had no idea that it was so important to start nursing immediately to help the mom recover more quickly from the stress of childbirth and that colostrum provides both food and protection for the baby. But, I have to tell you, Sister, it is confusing to me because saying when I know that some people believe that it is a custom of ours to feed water or some other food or drink to the baby soon after birth to prepare the baby. Are you saying that this custom is not advisable?

Time (min.)	Who	Content
	Sister	<p>That’s correct, Daniel. We certainly should preserve our customs that are not harmful, but while it is certainly desirable to preserve traditional practices that are helpful, some of the old ideas are not, <i>and do</i> need to change for the benefit of us all. We now have enough evidence that shows that giving any other food or drink besides colostrum to the newborn can be a way to introduce infection to the baby, because the water or other substance fed cannot possibly be as clean as the colostrum that has been produced inside the mother’s body. Colostrum also contains substances called antibodies that protect the child from infection. I remember one time when one of my patients gave her baby cow’s milk before the first breastfeed: when she was ready to breastfeed the child, the child was too full and could not empty the breast, so the mother began to express the milk and discard it, depriving the child of colostrum. Remember, feeding the baby on colostrum and breast milk are <i>natural</i> things, the way God arranged things, so they are really the best.</p>
	Daniel	<p>Thanks, this is interesting, even for a guy! I expect our listeners may have questions and comments about some of your recommendations. They should send us an SMS so we can answer their questions in a future show, but...actually, I have another question. Isn’t the baby <i>thirsty</i> after going through all that hard work of being born!? So, shouldn’t the baby get some water?</p>
	Sister	<p>If the baby IS thirsty, the colostrum, and then the regular breast milk later, contains plenty of water to quench the baby’s thirst. But, your question is a common one, Daniel. I remember just a few months ago when we were in a hot spell I was working out of a clinic and helping with births—I had a young woman who came to deliver and she brought her water to give her newborn. She said to me in a proud voice:</p> <p>“Sister, I am so relieved that you are here to help. This is my first one. I have prepared everything. Here is a clean blanket and I have this bottle with clean water. It is so hot today my baby will definitely need a drink.”</p> <p>I said to the young woman, “Ah, thank you for bringing this pretty blanket, but the water...your baby won’t need it. I am going to help you breastfeed and that milk will satisfy your baby.” You would have thought I was telling her I wanted her baby to get sick, she cried out: “Sister, no water! My baby will die of thirst. I am so thirsty and my baby will surely be thirsty after birth and need a long drink.”</p>

Time (min.)	Who	Content
		<p>Well, I told her what I have told you about not giving anything but the colostrum. By the time she was very ready to deliver her baby she was willing to try the breast right away and to see what happened. I talked so much though to convince her that I was thirsty.</p> <p>Then, her baby came and we got her little boy breastfeeding. He took to her breast right away, but she was still worried and she looked at me and said, “Sister it is so hot and I am so thirsty, my little one must also be thirsty. How do I know that my first milk is going to be enough?”</p> <p>I told her that if she was thirsty she should drink the water she brought. Once her thirst was satisfied and she watched her baby for a longer time and her family could see that mother and baby were doing so well she said to me, “Sister, thank you. My boy is so content. I guess I was the one who was so thirsty. He is sucking and I can tell that I do have some milk. This is wonderful and I am glad I did not risk giving him something that could have been harmful.”</p>
	Daniel	<p>Brilliant—be sure the mother is able to quench her thirst. I know when I feel hungry or thirsty it is easy to think that everyone else must feel the same. I am going to remember that we must say no to people who mean well but want us to give some food or drink to our newborns. Again, I’m sure our listeners will have questions about these things. And, speaking about our listeners, I remember that we had some questions after last week’s introduction about what one should do in case the mother cannot breastfeed or in case the mother is HIV positive?</p>
	Sister	<p>Actually, Daniel, I believe that you’ve just asked TWO questions! In the terrible case when the mother dies in childbirth—I’ve actually seen a couple of these cases over the years—or when the mother is extremely sick, it’s very important that the family go to the health center or hospital to get information and help decide the best action. In the case of the HIV-positive mother, which unfortunately isn’t so rare in Zambia these days, the family should definitely get counseled by a nurse at the antenatal clinic <i>before</i> the birth and the mother should continue to attend ante natal clinic and deliver at the health center, where additional care will be given, including antiretroviral medicines for the baby and mother. It is recommended that the child is breastfed exclusively for the first six months of life, without water or any other substances. The child should also take antiretrovirals for the whole period of breastfeeding. As you know, Daniel, we will have an entire</p>

Time (min.)	Who	Content
	Daniel	<p>program about feeding babies born from HIV-positive mothers so we'll discuss this more at that time.</p> <p>Actually, something you said triggered one more question in my head. I promise it will be my last one! What should the mother do if she has a difficult birth and is exhausted when the baby is born? Should she still begin breastfeeding right away?</p>
	Sister	<p>That actually happened to one of my daughters, Daniel. Fortunately, I was there and advised that the baby be put on the mother's breast even though the mother was exhausted and falling asleep. The reason for this advice is that it's actually the baby who is doing most of the work by sucking on the breast. As your listeners probably know, the baby will nurse even if the mother has fallen asleep...although that's not really the recommended way of doing it!</p>
	Daniel	<p>Thank you very much, Sister Loveness. This has been an extremely interesting discussion for me, and, I assume, to our listeners. I look forward to our next discussion that will continue on this topic of breastfeeding.</p> <p>END OF PRE-RECORDED PART</p>
41–42	Announcer	<p>That discussion was just full of interesting information that probably challenges some of our ideas. But, this is why we are hosting this program. There are new things to learn all of the time and many of these things are about our health and nutrition. Before I wrap up we are going to take a short break for a relevant spot.</p>
43	Spot No. 2	<p>Play IYCN Spot No. 2 on immediate and exclusive breastfeeding.</p>
44–50	Announcer	<p>Today we shared one small piece of the new information with you—that is the importance of putting newborns to the breast immediately and to let them take colostrum, that first milk, and not to give any water or other substances. While this practice may seem to go against what many people do, it is life-saving advice offered now around the world to improve the survival and health of our children. We can all learn things to improve our lives and Sister Loveness has begun to enlighten us about how we can do things better right here in Zambia.</p> <p>In addition to hearing from Sister Loveness each week, we will also interview specialists from time to time who will answer questions from YOU. We encourage you to submit questions that you have about feeding newborns and young children or that might cover</p>

Time (min.)	Who	Content
		<p>things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me).</p> <p>I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. If anyone knows a woman who is pregnant, please talk to her about the importance of breastfeeding immediately after birth and that her breast milk is enough for her newborn. It is up to us to make sure that Sister Loveness' teachings are shared widely.</p> <p>What we discussed today is one example of the kind of information we are going to share with you on this series of programs called <i>Bushes That Grow Are the Future Forest</i> during the next several months. This is information critical to child growth and development and even to saving lives of young babies.</p> <p>Much of this is new to me also, so I will have to encourage my family to listen in. To get you interested here are a few of the future topics:</p> <ul style="list-style-type: none"> • How mothers can ensure that they are producing enough breast milk for their infant. • How to begin your baby on foods. • What foods are best for a young baby and how to prepare them. • How to handle child feeding under difficult circumstances, for example, when the mother is HIV positive. <p>Now in signing off I give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
51	Spot No. 1	Play IYCN Spot No. 1 on exclusive breastfeeding.
52-60		Music

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Program 3: Exclusive Breastfeeding Until Six Months

Program objective and brief

Program 3 is the second of several programs focused on optimal breastfeeding. It follows **Program 2**, which covered early initiation of breastfeeding with no prelacteals, including water. The current program covers exclusive breastfeeding until the baby reaches six months, when breastfeeding should be supplemented by other foods. This program covers such important issues as mothers’ confidence in their ability to provide sufficient quantity and quality of breast milk; the principle that the more the baby suckles, the more milk the mother will produce; and good positioning and attachment and sufficient length of each breastfeed, so that the baby derives the maximum benefit and good milk production is stimulated. The issues of mothers perceiving and wanting to respond to their babies’ desire for more food and drink will be mentioned but covered in more detail in **Program 4**. The host will interview Sister Loveness, a caring, experienced nurse, mother, and grandmother who provides evidence-based, practical advice on young child feeding.

At the end of the show the audience should be able to explain that as long as they breastfeed exclusively and completely (correct position, attachment, frequency and duration) they will produce enough high-quality milk to satisfy their babies’ food and drink needs until their babies reach six months of age. Nursing mothers who are unsure if they are breastfeeding well, or whose babies do not appear to be growing well, should know a few behaviors to try and then to consult with a nurse. Listeners should be able to explain the dangers of giving any food or drink other than breast milk to a child less than six months old.

Time (min.)	Who	Content
1–5	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the third program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice offers this program.</p>

Time (min.)	Who	Content
		<p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program will reflect Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances this information could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>More after some music.</p>
6–15		Music
16–18	Announcer	<p>Hello again—Let’s get started. If you remember this program is about offering information on infant and young child feeding that reflects the best guidance from health workers. What we want to do in this program is to make sure that the advice is clear and useful for everyday life and for many different family situations. I am sure we have all been told about actions we should be taking for our health or for planting our fields or for maintaining mechanical equipment, and after the explanation we really are not sure about what we should do or we have questions about our own situation that need answers. Well, we are going to make sure that what is presented here is useful to everyone.</p> <p>To help us in this endeavor we have invited Sister Loveness to join us. If you heard the program last week, you remember that Sister Loveness has lived in and traveled to many parts of Zambia, and she has worked at many hospitals and clinics. Sister Loveness is a specialist in young child health, nutrition and development. Her children and their families are scattered across the country, and at present she is visiting her daughter who lives in Chipata. Our hard-working reporter Daniel caught up with her when she was relaxing in the park with her daughter Dorothy.</p> <p>Before we begin the interview, I would like to mention that you can send in your questions by calling or texting (sending an SMS to me). We will try to answer as many of these questions as possible on a later program. We will switch to our reporter Daniel after this short reminder.</p>

Time (min.)	Who	Content
19	Spot No. 1	Play IYCN Spot No. 1 on exclusive breastfeeding.
20–40		THIS NEXT SEGMENT WILL BE PRE-RECORDED
	Daniel	<p>Hello, all our listeners. I am Daniel _____, a reporter for Radio Christian Voice. Right now I am on my way to catch up with Sister Loveness again. [Daniel can sound a bit out of breath, like he is walking quickly.] I know that I found her information last week very interesting and useful, and I hope that you did also. Last week she talked about the first feeding of the baby right after birth and how the first breast milk, called colostrum, and then the regular white breast milk is all the newborn baby should take. Today, I will find the Sister in the Kapata Compound where her daughter lives. I hope she can talk to us about today’s topic, which is the best way to feed your baby until the age of six months, for your baby’s healthy growth and development.</p> <p>Hello, Sister Loveness.</p>
	Sister	Daniel, please do come and take a sit here next to me. I hope you don’t mind sitting here outside in the garden.
	Daniel	Oh Sister, I don’t mind, this is a lovely garden. It’s so nice to have you with us today and for the remainder of our programs to advise us on the best ways to feed and care for our young children so that they get off to the best possible start for developing their bodies and their minds. And thanks for taking time to talk to our listeners for a few moments as we both enjoy this nice garden.
	Sister	Thanks very much, Daniel. It’s a pleasure for me to be with you and to try to share with your listeners my experiences and help all our mothers here in Zambia do their best for their young children. Please let me present my daughter Dorothy.
	Daniel	Hello, Dorothy. It’s a pleasure to meet you. My name is Daniel. I’m a reporter on health issues.
	Dorothy	Nice to meet you Daniel. I want to introduce the little one on my back, John. He is really the reason my mum has joined me here. She wants to see him.
	Daniel	Well, he certainly seems like a healthy fellow. How old is he?
	Dorothy	Eight months.

Time (min.)	Who	Content
	Daniel	Great. Maybe we can ask you a couple of questions as well as your mother as we offer guidance and support to our listeners on how to feed babies until they are six months old.
		Sister, let me start by asking the basic question of what should a mother feed her baby until the child reaches six months of age?
	Sister	Well, the short and sweet answer is breast milk and breast milk only! That means no water or other liquids and no other food should pass the baby's lips.
	Daniel	I know you told us this last time when we were talking about newborns, but it continues to be true until six months? Can you explain why one shouldn't give other food or drink?
	Sister	Certainly. As I explained last week, breast milk really is the perfect food and drink, designed by nature, just for babies. It has all the food and water and nutrients (the vitamins and minerals) that babies need, and for up to six months, breast milk alone is the best way to satisfy a baby's needs and keep him or her healthy.
	Daniel	So there's no need to give extra water, even in hot weather like I hear some mothers talk about?
	Sister	That's correct. Breast milk itself contains a lot of water and will quench any thirst.
	Daniel	And do most Zambian mothers feed breast milk only until the baby reaches six months? Did your daughter breastfeed John with no other food and drinks?
	Sister	Ay, my friend Daniel, you've done it again! You've asked two questions at once!
		Okay, let me start with the first one. Some Zambian mothers certainly do give only breast milk for the first six months, but unfortunately many do not. There are various reasons, which I'd be happy to talk about in a moment.
		Now, your second question was about how Dorothy fed my handsome grandson, John. Yes, she DID give only breast milk until six months, which is an important reason why John looks so healthy, but it wasn't always easy. When John was about four months old, Dorothy phoned me very concerned. Dorothy, do you remember your worry?

Time (min.)	Who	Content
	Dorothy	Oh, yes, I do. I thought that he seemed unsatisfied with the breast milk alone, because he was a little fussy and he kept watching me when I would drink something. I wanted to give him water and maybe some other food.
	Sister	But I told her, “Please don’t, I don’t want my grandson getting sick!” I explained that as long as she was breastfeeding well that John was definitely getting enough good-quality breast milk for his needs.
	Daniel	And just what does breastfeeding well mean?
	Sister	<p>Daniel—you have hit on what we need to make sure all families are clear about—there are three important facts:</p> <p>The first thing is whether the mother is feeding enough times each day. A young baby should feed at least eight times during the day and night, and babies as old as John today should still be breastfeeding about six times each day and at night. Some babies may sleep for many hours at a time. Mothers no doubt enjoy the rest from caring for the baby, but if the baby is sleeping or not showing interest in feeding for about four hours the mother needs to see if the baby is ready to nurse. Only by breastfeeding frequently enough will a mother make sufficient breast milk for her growing baby.</p> <p>The second part of breastfeeding well is how long the mother feeds the baby each time. Babies should be feed long enough each time to empty the milk in one, if not both, breasts. This is particularly important because the richest, most nutritious milk comes out only after the baby has been sucking for a while, so if the baby is given many short feeds, it never gets the benefit of that top-quality milk and isn’t satisfied and often will start fussing again quickly.</p> <p>The final aspect of breastfeeding well is whether the mother is holding the baby comfortably and also how the baby is attached to the breast, so that it gets enough milk. To be well attached to the breast, the baby should be held close to the mother’s body, and his whole body should be supported by the mother’s hand. He should have his mouth wide open and have most of the dark area around the mother’s breast in his mouth and his chin touching the breast. If a mother is not sure that the baby is getting plenty of breast milk, she should consult with the nurse at the nearest clinic and get some practical help.</p>

Time (min.)	Who	Content
	Dorothy	Mum, don't you hear that some mothers are too busy with chores to sit for long periods each day to breastfeed? I think I felt that way at one point.
	Sister	It's true that, despite having a young child to care for, most mothers have many other chores they are expected to do. But when Dorothy would tell me about what she had to do and when other mothers complain to me, I tell them that it's hard to imagine what could be more important than feeding your baby right, keeping him or her healthy and providing a good start in developing his or her mind and body to do well in life. I always encourage other family members to help the mother. I try to be a good example of this. In fact, we'll talk a lot about this idea in one of our future programs.
	Daniel	Great, that should be interesting. Okay, let me see if I can remember all of this. I think you mentioned three aspects of good breastfeeding: feeding enough times each day, feed long enough each time for the baby to get the richest milk, and having the baby sucking in a way that is comfortable and ensures that it gets lots of milk.
	Sister	Very good, Daniel. I'm impressed that a gentleman is so interested in such things!
	Daniel	Actually, I think that most husbands <i>are</i> very interested in their babies' health and nutrition, but many just don't <i>know</i> very much!
	Dorothy	So, we have to be sure they know—then maybe I'll hear them cheering for breastfeeding like they do for football.
	Sister	(Laughing) That would be great—so, fathers I hope that many are listening to this program!
	Daniel	Okay, Sister, for the mothers <i>and fathers</i> out there—you are saying that if the mother is breastfeeding well, she can be certain that she is producing enough good-quality breast milk so her baby will not be thirsty or hungry and will grow well. But how does a mother <i>know</i> that she is doing well?
	Sister	Actually, this is a good question, Daniel, because some breastfeeding mothers do not have the confidence that their breast milk is enough. Maybe the best proof is if your baby is growing well and rarely, if ever, gets diarrhea or other illnesses. A young baby should gain at least 500 grams, about a half kilo, each month. The mother should ensure that she attends the postnatal clinic,

Time (min.)	Who	Content
		where the nurses will examine both the mother and child and help ensure that they are doing well. This is also an opportunity for the mother to ask any questions that she may have. At the same time, the mother may also take the child for the routine vaccinations that may be due.
	Dorothy	Another way of knowing that the baby is getting enough milk is by counting wet nappies. A baby who receives breast milk only should have more than six wet nappies each day.
	Sister	<p>But, Daniel you are right to ask about how mothers can know they are doing the right thing by breastfeeding only. I remember when I was working in George Compound in Lusaka and a lot of mothers who came to the clinic would tell me that they had little to eat and therefore couldn't possibly produce enough good milk to nourish their precious baby!</p> <p>But, I was usually able to convince them of what is the truth: the vast majority of mothers can successfully breastfeed if they follow the recommended practices. I helped them understand that the suckling action of the baby at their breast signals to the mother's brain, which in turn signals the breast to produce more milk. The MORE the baby sucks, the MORE milk the mother will produce regardless of what she is eating. It is nature's way.</p>
	Daniel	Interesting. I guess that's one reason why you don't recommend mothers giving other foods and drinks to young babies, because if they did the baby would suck less and the mother would produce less milk.
	Sister	Very good, Daniel—you got it!
	Dorothy	But, Mum, I can't believe that you are not mentioning the other, very important, reason for giving no other food or drink to a baby before it reaches six months—to avoid diarrhea! Other drinks and foods may not be clean enough for a new baby, so they get diarrhea and other illnesses and anyone who has had a young baby with diarrhea does not want to repeat the experience—it is so worrisome and it can lead to death. Who would risk it?
	Daniel	Wow—I am convinced. Dorothy, you and your mother are a winning team! Breast milk only for the first six months. And what can we expect after the baby is six months? I assume we will discuss this when I catch up with you again. For now, I have a clear and really important message for my sisters and sisters-in-

Time (min.)	Who	Content
		<p>law—Give nothing else but breast milk for the baby’s first six months.</p> <p>Thank you very much, Sister Loveness and Sister Dorothy.</p> <p>END OF PRE-RECORDED PART</p>
41	Announcer	<p>That discussion was just full of interesting information that probably challenges some of our ideas. In fact, this is why we are hosting this program. There are new things to learn all of the time, and many of these things are about our health and nutrition. Before I wrap up we are going to take a short break for a relevant spot.</p>
42	Spot No. 1	<p>Play IYCN Spot No. 1 on exclusive breastfeeding.</p>
43–49	Announcer	<p>Today we shared information with you on the importance of feeding breast milk only to babies until they reach six months of age. This is recommended by all of our health professionals both because of the multiple benefits of breast milk and because of the great risks of diarrhea, illness, poor growth, and even malnutrition and death from giving other foods and drinks too early.</p> <p>We learned what breastfeeding well means and that virtually all Zambian mothers who do breastfeed well will produce enough good-quality breast milk for their babies to thrive.</p> <p>We also talked a bit about how you could tell if you were breastfeeding well, and finally we learned—or should I say, mentioned—that fathers too are interested in how their babies eat and drink.</p> <p>Although some Zambian mothers do not give their babies breast milk only until six months, this is life-saving advice offered around the world to improve the survival and health of children. We can all learn things to improve our lives, and Sister Loveness has begun to enlighten us about how we can do things better right here in Zambia.</p> <p>In addition to hearing from Sister Loveness each week, we will also interview specialists from time to time who will answer questions from YOU. We encourage you to submit questions that you have about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me) ..._____. Until next week, this has been...</p>

Time (min.)	Who	Content
50–51		Music
52–57	Announcer	<p>I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your friends with babies under six months about the importance of giving breast milk only, about how to breastfeed well, and about how they can tell if they are breastfeeding well. It is up to us to make sure that Sister Loveness' teachings are shared widely.</p> <p>What we discussed today is one example of the kind of information we are going to share with you on this series of programs, <i>Bushes That Grow Are the Future Forest</i>, during the next several months. This is information critical to child growth and development and even to saving lives of young babies.</p> <p>Much of this is new to me also, so I will have to encourage my family to listen in too. To get you interested here are a few of the future topics:</p> <ul style="list-style-type: none"> • Why some breastfeeding babies seem fussy and what the mother should do. • How to begin your baby on foods. • What foods are best for a young baby and how to prepare them. • How to handle child feeding under difficult circumstances, for example, when the mother is HIV positive. <p>Now in signing off I give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
58	Spot No. 3	Play IYCN Spot No. 3 on exclusive breastfeeding until six months.
59–60		Music

Imiti I Kula
Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 4: Responding to a Baby Who Cries a Lot

Program objective and brief

Program 4 is one of several programs focused on optimal breastfeeding. It follows and amplifies **Program 3**, which covered exclusive breastfeeding until six months. The current program addresses a common reason why mothers begin supplementing breast milk too soon—because they perceive that their baby looks and acts hungry and/or thirsty, so they assume that the breast milk alone is not sufficient for their baby. This program explains that there are numerous reasons why a baby may be restless or “look” hungry or thirsty, suggests how a mother can systematically confirm or eliminate the various possibilities, and how she can find out whether the baby really is or is not getting enough nourishment. The setting is a mothers’ group meeting in a community near Kasama in northern Zambia. Sister Loveness, a caring, experienced nurse, mother, and grandmother who provides evidence-based, practical advice on young child feeding, has been asked by her friends at the health center to lead the meeting.

At the end of the show, the audience should be able to describe the numerous reasons why a baby may be restless or “look” hungry or thirsty, suggest how a mother can systematically confirm or eliminate the various possibilities, and how she can check more in-depth whether the baby really is or is not getting enough nourishment. Listeners are asked to use the relevant information with their baby or a friend’s baby.

Time (min.)	Who	Content
1–5	Announcer	<p>Play one minute of the musical theme that we always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the fourth program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice offers this program.</p> <p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program will reflect Zambian standards</p>

Time (min.)	Who	Content
		<p>and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances this information could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>More after some music.</p>
6–15		Music
16–18	Announcer	<p>Hello again, this is XXX. Today’s show is part of a series of programs on how to feed and care for infants and young children. We are going to offer information that reflects the best guidance from our health workers. We want to make sure that the advice is clear and useful for everyday life and for many different family situations. We will offer you the opportunity to ask questions in case we are not completely successful or if we have not covered some aspect of interest to you.</p> <p>Our guide to much of this important information is Sister Loveness. If you heard previous programs, you remember that Sister Loveness has lived in and traveled to many parts of Zambia, and she has worked at several hospitals and clinics. She is a specialist in young child health, nutrition, and development. Her children and their families are scattered across the country, and today we will listen to a recording of the good sister at a mothers’ club meeting in a community near Kasama in northern Zambia (<i>town appropriate to the language</i>). Our reporter Daniel caught up with her there when she invited Daniel to experience her work at the health clinic she agreed to help out. Daniel chose to record an interesting discussion between Sister Loveness and the mothers at one of their group meetings. After a brief message we will join the discussion just after the sister has introduced herself and each of the mothers has introduced herself and her children.</p> <p>Before we begin, I would like to mention that you can send in your questions by calling or texting (sending an SMS to me) ... _____. During our program next week we will try to answer as many of these questions as possible, as well as earlier questions that we received during and after the first three programs in the series.</p>
19	Spot No. 2	Play IYCN Spot No. 2 on immediate and exclusive breastfeeding.

Time (min.)	Who	Content
20–40		THIS NEXT SEGMENT WILL BE PRE-RECORDED
	Daniel	(Hushed voice) Hello—welcome all. Here we are in Kasama at the beginning of a mothers’ club meeting that Sister Loveness is leading. She has just begun so let’s listen in...
	Sister	It’s great to meet all of you fine ladies and your darling children! Thanks very much for allowing us to record our discussion, so that it might be heard by many radio listeners who can also benefit. Let me start by saying that Zambian mothers are wonderful mothers who always try to do what is best for their children. However, there are times when a mom tries hard to do what she thinks is best for her child, but in reality what she is doing may be risky or harmful to the child. This is what we’re going to talk about today, so that mothers can avoid that situation. Are you all in agreement with this topic for today?
	Mothers	(In unison) Voices of mothers in agreement.
	Sister	Okay, to begin I’d like to ask you what the recommendation of health workers throughout Zambia is and the world about how a mother should feed her new baby until it reaches six months of age? I am sure if you have been listening to the radio and to your clinic nurse you know the answer to this.
	Mother 1	The recommendation is for exclusive breastfeeding until six months.
	Sister	Which means?
	Mother 2	Only breast milk.
	Mother 1	And no water or other food.
	Sister	That’s right! Mothers do know what is recommended, but actually doing it isn’t so easy for many mothers. Let me ask each of you to think about your baby under six months or your last baby before he or she reached six months: how many of you are or were exclusively breastfeeding? Please raise your hands. We are among friends, so please be honest. (Sound of hands raising)

Time (min.)	Who	Content
		<p>Let's see, it looks like seven out of 12 are now, or did, manage to give breast milk only. Of those who did feed without giving anything but breast milk, how many would say that it was easy?</p> <p>(Sound of a few hands raising and some giggles)</p> <p>Okay—so only a few of you did not have any problems offering only the breast to your baby for six months. That is common. Mums can have a lot of doubts and concerns and they really have to be clear in order to manage exclusive breastfeeding for six months. I encourage those of you who overcame doubts to help us in this discussion.</p> <p>But, first I'd like to hear from you moms who were not able to do it. I'm certain that you all try very hard to do what is best for your children, and that you when you introduced water or food before six months you thought it was fine. Can a few of you please explain why you introduced other food or drink before your baby reached six months?</p>
	Mother 3	<p>When Eustina was about four months old, my mother told me to give her porridge because she said my breast milk was not enough. She urged me to give extra water also, because it was so hot and dry. What could I do? I started my little girl on porridge and offered her water when I took a drink.</p>
	Sister	<p>Thank you. And how about you, Sister?</p>
	Mother 4	<p>At about the same age, around four months, my boy became restless and kept looking at me like he was hungry or thirsty. It made me feel too selfish to be eating and not giving to him. Naturally, I thought that my breast milk was no longer enough, and I started to give other things.</p>
	Sister	<p>And you?</p>
	Mother 5	<p>Yes, it was the same thing, when Derrina was around three months old she seemed to fuss for food.</p>
	Sister	<p>Thank you for sharing, ladies. First let me say, regarding the grandmother who was trying to help, but really didn't give the best advice—this can happen easily because we are learning more all the time about child development and health and nutrition. So while it is certainly desirable to preserve traditional practices that are helpful, some of the old ideas are not, so some ideas and practices</p>

Time (min.)	Who	Content
		<p><i>do</i> need to change for the benefit of us all. The longer period of breast milk only is one of these practices that have been studied quite a bit and the healthiest child growth occurs with breast milk only for six months.</p> <p>However, what you last two ladies described—that it <i>seemed</i> as if your babies were asking you for more food and drink, so you naturally tried to satisfy your babies—that is the main thing I’d like to discuss with you today because it is so common and so hard to overcome. Does this topic interest you?</p>
	Several mothers	Yes, of course.
	Sister	Okay, you are all mothers, so from your experience, please suggest some of the reasons why babies may be restless or cry a lot or seem to be asking you for something.
	Mother 1	My Charles is quite good-natured, so when he’s fussy it’s usually because he has a very wet or dirty nappy.
	Sister	(Laughing among the mothers) Yes, that’s certainly one common reason. A mom should always check the nappy if her baby is fussy.
	Mother 4	Well, my baby is ten months old, and often when she is fussy, it’s because she has a tooth coming in or she is frustrated as she tries to do something and can’t.
	Sister	Yes, those are good reasons that babies are fussy although these reasons are more common in babies older than six months.
	Mother 3	Could a baby be uncomfortable because he’s sick?
	Sister	Yes, absolutely. The mom should always check the temperature and look over the baby’s body for rashes or bites. If you think that the baby is sick, it’s best to bring him or her to the health center.
		What are some other reasons for crying? Do you feel that they cry just to get your attention ?
	Various mothers	Oh, yes, they certainly do. Some babies are always looking for attention, especially when you have chores to finish.
	Sister	That’s right, and you <i>should</i> give your baby plenty of attention—by cuddling, talking, singing, touching—but it’s hard to do this <i>all</i> of the time. In fact, some of the best mother/baby time together is

Time (min.)	Who	Content
		<p>when you are breastfeeding. If your baby wants attention, sit down when you feed and give your baby the attention he or she is asking for.</p> <p>Okay, any other reasons for a fussy baby? (Silence)</p> <p>I can think of one...as I'm sure you know babies tend to be fussy when they are tired. Usually mothers know their babies so well that they can figure out when their baby is tired. But, other times it seems like the baby is napping, but still tired. There are a number of reasons why a baby may not be sleeping long enough. It's possible the reason is that the baby doesn't feel well. But in most cases, there are things that the mother can do to help her baby sleep better. Do you have some suggestions?</p>
	Mother 2	You can try to keep quiet when the baby is sleeping—of course that means keeping your husband under control! (Laughter)
	Mother 3	My baby started sleeping better after we starting using one of those mosquito nets with the chemical that kills mosquitoes and other bugs.
	Sister	<p>Yes, those are two excellent contributions. Any more ideas? [pause] Well, one of the best ideas is to breastfeed your baby for a long enough time. When the baby feeds until it empties the breasts and fills its tummy, it almost always has a good sleep afterwards. When the mother gives the breast just to pacify the baby or offers water the child is not satisfied and won't sleep soundly.</p>
	Mother 4	Yes, I have seen that happen. I started giving my baby water because of the heat, but she didn't sleep well except after her long breastfeeding in the morning and evening. I was confused and thought she was just too hot.
	Sister	I'd like to mention just one more explanation for why some mothers <i>believe</i> that their babies are hungry or thirsty, when really they may not be. This is what happens when mothers feel their baby is asking for the food or drink that they have. Babies are curious and so they are going to look at something that is new or they are going to follow the scent of food, but it doesn't mean that they want it. They don't know enough. Instead of giving your baby the food or the drink talk to them and explain what it is and tell them that they can have it as soon as they are old enough. Let them touch the glass, for example, but not drink the water. The baby is

Time (min.)	Who	Content
		saying that they are curious, not hungry or thirsty.
		What do you think about this—could you try to satisfy your baby’s curiosity without offering food or drink?
	Mothers	[Several say “yes.” And one says “yes, we need to be a teacher.”]
	Sister	Okay, I’d like to review for just a minute. We’ve been discussing various reasons why your baby may be fussy or might reach for food or drink that you have. It’s true that hunger or thirst may be the reason—and we’ll talk more about that in a minute—but there are many other possible reasons. So what are the things that moms should check to figure out what is causing their baby to cry or be restless?
	Mother	(Loud voice) Check the nappy and also check for fever or rash.
	Mother	Especially for an older baby, watch to see if a tooth is coming in.
	Mother	Think about whether the baby may be sleepy. Also try to do things like use a mosquito net and give long breastfeeds to help the baby sleep well.
	Sister	You ladies are great! You’re really paying attention. And, if the baby reaches for your glass of water?
	Mother	Talk to the baby and say, “Soon, soon you can have a glass of water, but not now my son, I am taking the water. Watch me, how I drink and learn...”
	Sister	Ah, you are so right—talk to your baby, but don’t offer the water. Now let’s talk about the possibility that the baby really is hungry or thirsty. What are some ways that you can tell? Does anyone know or if you heard the show last week do you remember what we said?
	Mother	I think you said that a baby that is getting only breast milk should have at least six wet nappies a day.
	Sister	That’s right. Very good. What else?
	Mother	You said that the young baby should be growing.
	Sister	Yes, correct. If your baby is less than six months old he or she should be gaining at least ½ kilo each month. You can find out by taking your baby for well baby visits or to your community

Time (min.)	Who	Content
		<p>volunteer for weighing.</p> <p>Also, remember that you can feel confident if you are following best breastfeeding practices—that means: one, giving only breast milk; two, feeding at least eight times a day; three, feeding long enough each time to empty one or both breasts. If you are feeding like this then you can be confident that you are giving your baby the full benefit of exclusive breastfeeding. If you have doubts, then you should consult a nurse.</p>
	Mother	<p>Sister, what do you advise a mother who is giving her baby under six month's old water and porridge, besides breast milk?</p>
	Sister	<p>Ah, that is an excellent question—is it too late for this mother to try and do the right thing for her baby? First, the mother should try to increase the amount of breast milk she gives. She should add frequency—offering one or two more times a day and at night. Remember the secret to breast milk production? Anyone?</p>
	Mother	<p>I remember—nature makes it so that the more the mother breastfeeds the more milk she will have for breastfeeding. It is one of those wonderful things that happens naturally.</p>
	Sister	<p>Correct—it is one of those wonderful things that happen naturally. So, this mother needs to breastfeed more, and as she increases her milk supply she can stop giving water and the food.</p>
		<p>Before closing this excellent discussion, I'd like to repeat one final idea that was discussed in last week's program. It's the belief that some mothers have that their own nutrition is poor, often because of poverty or a poor harvest, so how could they possibly produce enough good-quality breast milk for all of their growing baby's needs? What we said last week was that as long as the baby is breastfeeding well, the sucking of that baby is stimulating the mother's body to produce enough good breast milk for a baby up to six months to grow and develop. It is nature's way of protecting our young ones.</p>
	Mother	<p>I think I understand. It's almost like the more you tickle a child, the more laughter you will produce! (Laughter)</p>
	Sister	<p>That's a great way to describe what is happening! I'll have to remember that one!</p>

Time (min.)	Who	Content
	Daniel	<p>Daniel, you have been so patient over there recording this meeting for our radio audience. What do you have to say?</p> <p>Speaking for myself, my head is spinning with so much information. I'd like to really thank all of the mothers and you, Sister, for this wonderful group meeting where so much information was shared that is so practical. I am sure the questions of the group are similar to the questions and situations of our audience. I found this wonderful. I am going to be sure that I have my cousins who have little ones of their own listen in to this discussion. Thank you again everyone.</p> <p>END OF PRE-RECORDED PART</p>
41	Announcer	That's the end of our recording from the mothers' group meeting. I'd like to thank Sister Loveness, Daniel, and certainly the mothers who participated for a very interesting and useful discussion. Let's take a moment now to listen to one of our spots on breastfeeding.
42	Spot No. 1	Play IYCN Spot No. 1 on exclusive breastfeeding.
43–47	Announcer	<p>Today we shared information with you on the importance of feeding breast milk only to babies until they reach six months of age. We explained that one common reason why mothers begin to give other food and drink before the baby is six months old is that the mother believes that a restless baby is asking for more to eat and drink. But we learned that the mother should not <i>assume</i> that that is the problem because there are many possible reasons for why babies can get fussy. We learned how to do things like check the nappy, check for fever or diarrhea, and think about the baby's sleeping or whether the baby is longing for attention. We also heard that when the baby reaches out to touch a glass or a piece of food it is not so much that the baby is hungry or thirsty, but rather that he or she is curious. As parents we have to teach the baby, but we know what is best so we don't give any food or drink yet. And, finally at the end we were reminded that just as more and more tickling produces greater laughter, so more breastfeeding produces more breast milk.</p> <p>I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your friends with babies under six months about the importance of giving breast milk only and that they should not assume that a fussy baby is a hungry or thirsty one. It is up to us to make sure that Sister Loveness' teachings are shared widely.</p>

Time (min.)	Who	Content
		<p>Our next program will cover how fathers, grannies, and other family members can help and support the mother to give exclusive breastfeeding until the baby reaches six months. Next week we will also have child health and nutrition experts who will respond to questions that you have sent in about the first four programs in the series. We encourage you to submit questions about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me).</p> <p>What we discussed today is one example of the kind of information we are going to share with you on this series of programs <i>Bushes That Grow Are the Future Forest</i>. This is information critical to child growth and development and even to saving lives of young babies.</p> <p>Much of this is new to me also, so I will have to encourage my family to listen and to follow the advice of Sister Loveness and for them to share the information with their friends.</p> <p>To get you interested here are a few of the future topics:</p> <ul style="list-style-type: none"> • How to begin your baby on foods. • What foods are best for a young baby and how to prepare them. • How to handle child feeding under difficult circumstances, for example, when the mother is HIV positive. <p>Now in signing off I give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
48	Spot No. 2	Play IYCN Spot No. 2 on immediate and exclusive breastfeeding.
49-60		Music

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Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 5: How Families Can Support Breastfeeding

Program objective and brief

Program 5 is one of several programs focused on optimal breastfeeding. This program will begin with two experts—a nutritionist and a nurse—responding to questions and comments that listeners of the previous four programs have called or texted in. Then there will be a pre-recorded conversation between our expert Sister Loveness and a group of families.

The discussion addresses the fact that breastfeeding exclusively until the baby reaches six months can be difficult for some *Zambian* mothers because they have so many other chores to do. This portion of the program explains how other family members—particularly fathers, grandmothers, and the baby’s older siblings—can make it easier for the breastfeeding mother to breastfeed fully and feel less stressed about pressure to breastfeed in addition to doing her other chores. The setting is a parent-teacher association meeting in Solwezi, in far northwestern *Zambia*. Sister Loveness, our caring, experienced nurse, mother, and grandmother who provides evidence-based, practical advice on young child feeding, will lead the meeting.

At the end of the show, the audience should be able to describe the numerous ways in which other family members can support breastfeeding mothers and make it possible for them to devote enough time so that the baby can be exclusively breastfed until it reaches six months of age.

Program 6 will cover another common difficulty that prevents some mothers from exclusively breastfeeding their baby until it reaches six months—that the mother must leave home to work and therefore on many days she is separated for long periods from her nursing baby.

Time (min.)	Who	Content
1–4	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the fifth program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice offers this program.</p>

Time (min.)	Who	Content
		<p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program reflects Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances this information could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>After a short break we are going to add a new part to our usual format and answer your questions, so please stay tuned.</p>
5	Spot No. 3	Play IYCN Spot No. 3 on exclusive breastfeeding until six months.
6–15		Music
16–35	Announcer with specialists for Q&A—unsure if live or pre-recorded	<p>Hello again, this is your host, XXX. Today’s show is another in our series of programs on how to feed and care for infants and young children. We are going to offer information that reflects the best guidance from health workers in Zambia. We want to make sure that the advice is clear and useful for everyday life and for many different family situations. Therefore we have been asking you to send in your comments and questions. We ask that you continue to do this, but today for the first time we are going to answer some of your questions about our first programs.</p> <p>Our main guide to this important information on feeding babies and young children is Sister Loveness. If you heard previous programs, you remember that Sister Loveness has lived in and traveled to many parts of Zambia, and she has worked at many hospitals and clinics. She is a specialist in young child health, nutrition, and development. Her children and their families are scattered across the country. Today we will listen to a recording of the good sister at a parent-teacher association meeting she is attending with her daughter in Solwezi, in far northwestern Zambia. Our reporter Daniel has recorded an interesting discussion between Sister Loveness and the mothers, fathers, grandmothers, and children attending the meeting.</p> <p>But before we hear from Sister Loveness, we have two special guests today, Dr. XXX and Sister XXX from XXXXX. They are here to answer your questions and to clarify anything that was not</p>

Time (min.)	Who	Content
		<p>Okay, to begin I'd like to ask you, what is the recommendation of health workers throughout Zambia and the world about how a mother should feed her new baby until it reaches six months of age? If you listened to our earlier programs, then you certainly know the correct answer. Do any of you fathers know?</p> <p>[No answer!]</p> <p>Anyone?</p>
	Mother 1	The recommendation is for exclusive breastfeeding until six months.
	Sister	Very good. And what, exactly, does that mean?
	Mother 1	The baby has only breast milk.
	Sister	That's right, only breast milk, and no water or other food.
		<p>Mothers—and even some fathers and certainly grandmothers—do know what is recommended, but actually doing it isn't so easy for many mothers. One of the reasons is that breastfeeding exclusively requires a lot of the mother's time. She should feed at least eight times during each 24-hour period, and feed long enough each time to empty one or both breasts. She should also be certain that she and the baby are comfortable and this means actually sitting down and taking time to breastfeed.</p> <p>Although exclusive breastfeeding requires a bit of effort, the benefits are well worth the effort. Can any of you tell us what some of those benefits are? ...ah, there's a brave man!</p>
	Father 1	I believe that breastfed babies rarely get sick.
	Sister	That's right. Breast milk is completely clean from inside the mother's body, so it can't introduce diarrhea or illness to young babies like other foods and drinks can.
	Mother 2	The nurse at our clinic tells us that breast milk is the perfect food—that it has all kinds of things that help the baby grow well and even become smarter.
	Sister	That's quite right. We don't have to name all the benefits, but how about one more?
	Mother 1	Breastfeeding is actually quite a wonderful time for a mother to spend with her precious baby. You feel so much love while the

Time (min.)	Who	Content
		baby is feeding from you.
	Sister	<p>Certainly most mothers seem to feel that way. Let me just mention one additional benefit. At least most people consider it a benefit. If you are breastfeeding your baby under six months exclusively it will take longer for your periods to return. This is a bit of protection from pregnancy and gives mothers' bodies enough time to recover from pregnancy and childbirth and gives the family time to enjoy and nurture their youngest member.</p> <p>But, let's return to what I hear from mothers all over Zambia. I've heard them say that while they love breastfeeding, that exclusively breastfeeding well does require some time and effort. What I'd like to discuss with you is how families can help make exclusive breastfeeding to six months an easier task for mothers so that children can receive all of the benefits we just mentioned.</p> <p>Let me start by asking, whose responsibility is it to breastfeed a young baby?</p>
	Father	The mother's, of course.
	Sister	Does anyone else share the responsibility?
	Mother 1	Well, only a mother can breastfeed, but I wish someone would share the responsibility for the rest of my work!
	Sister	Yes, that's exactly what I'd like us to discuss today. Okay, so what are some ways in which other family members can help?
	Mother 1	Well, to be honest, there is quite a lot to do. So we need everyone—grandmothers, older children, sometimes even fathers—that would be something if some of the chores that the mother normally does were done by others so she could breastfeed.
	Sister	What are some of those chores that others might help with?
	Mothers	Cooking, cleaning, fetching water, washing dishes and clothes. Taking the children to the clinic. When you think about it, we mothers do a <i>lot</i> !
	Sister	Yes, we do! I have to say, however, that in many families, the grannies are quite helpful with such chores. And in at least <i>some</i> families the dad will pitch in also.

Time (min.)	Who	Content
	Mother 1	My mother certainly helps, and if a child is sick my husband will take him to the clinic.
	Sister	Are there any other tasks that other family members might help with?
	Mother 1	Watching and playing with the baby. I suppose that includes changing the baby's nappy.
	Mother 2	I would think that grandmothers or other family members might bring food or drink to the mother when she is busy. I believe that it is advised that breastfeeding mothers try to eat and drink a bit more than normal.
	Sister	Yes, absolutely. Thanks for those good contributions. I guess the main point is that even with a young baby to breastfeed, most mothers still have a <i>lot</i> of responsibilities and they need and want some relief. When they are pressured they have to give up something and it is often the time to breastfeed completely. So, with the time and attention needed to breastfeed exclusively for six months, mothers will need some help from their family. I'd like to ask members of the group who are not mothers what they think about this idea.
	Father 1	It seems fair that we fathers and grandmothers should help, so the mothers have enough time to devote to good breastfeeding.
	Father 2	I already help with several of these chores, but I realize now that I might do even more. Breastfeeding is so important for our young ones.
	Father 3	I have to admit, I'm not used to helping with chores around the house, but it seems I should give it a try. In a way, it shows a father's love for both his wife and his children.
	Sister	Thanks very much for your nice comments. I hope that now you will put your words into action. I realize that in our list of chores we have omitted one important area...feeding the baby. Certainly other family members cannot actually breastfeed, but how might they help more directly?
	Grand-mother	Well, if the baby seems hungry or hasn't eaten in several hours, I can bring the baby to my daughter to feed.

Time (min.)	Who	Content
	Sister	Yes, absolutely. And there's even another possibility, although perhaps I'm not surprised that no one has mentioned it. [pause] It's the idea that breastfeeding mothers can express, or squeeze out, breast milk into a clean cup, so the milk might be fed to the baby if the mother must be away for a long time.
	Mother 1	But, I have heard such milk will spoil and may be dangerous to the baby.
	Sister	<p>I think there are many ideas about expressed milk because expressing breast milk is not widely done yet in Zambia, but if families learn more about it, perhaps it will be. To answer this concern about spoiling, if the milk is kept in a clean, covered cup in a cool, shady area, the milk should be fine for up to eight hours. I would also like to mention that it's preferable that mothers feed their babies directly from the breast, but if they must be separated for more than a couple of hours, expressing milk is the next best choice.</p> <p>Feeding the expressed milk by cup is certainly something that a grandmother, father, or older sister could do to help a mother who must be separated from her child for a while.</p> <p>Of course when babies pass six months and begin eating other foods in addition to breast milk, other family member can be a big help in both cooking and feeding.</p> <p>Before we close the discussion, I'd like to suggest one more benefit of other family members being supportive of the breastfeeding mother. Can anyone guess what it is?</p>
	Mother 1	Maybe mothers will be less stressed about all they have to do.
	Sister	<p>That's exactly what I was thinking about. Being more relaxed is both good for the mother's happiness and good for her success in exclusively breastfeeding for six months.</p> <p>I think we've about run out of time for our discussion, and I'm sure that you're anxious to get home. But do you have any quick comments or questions before we close?</p>
	Mother 1	I'd just like to say that this has been very interesting for me, and that I hope our husbands have been listening well!
	Father	I heard every word, dear! (Laughter)

Time (min.)	Who	Content
	Sister	Thanks very much to all of you. Let me turn the floor back over to Madam Chairperson.
	Chairperson	Thanks you so much, Sister. I expect you've got our group thinking about things they don't usually think about, but which they should! Thanks again.
		END OF PRE-RECORDED PART
	Announcer	That's the end of our recording from the meeting. I'd like to thank Sister Loveness, Daniel, and certainly the folks who participated for a very interesting and useful discussion. Let's take a moment now to listen to one of our spots on breastfeeding.
	Spot No. 1	Play IYCN Spot No. 1 on exclusive breastfeeding.
	Announcer	<p>Today we shared information with you on how families might support mothers who are exclusively breastfeeding their babies until they reach six months of age. We heard how one of the difficulties is that good breastfeeding requires a lot of time but that mothers already have many chores that they are expected to do. So the solution that Sister Loveness and an excellent group in Solwezi discussed was that other family members could take over or at least help with many of these chores like washing and cooking and helping with the older children. We also heard how they might actually help with bringing food or drink to the mother or even with feeding expressed milk to the baby.</p> <p>I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your friends with babies under six months about the importance of giving breast milk only and encourage other family members to help. It is up to us to make sure that Sister Loveness' teachings are shared widely.</p> <p>Our next program will be about ways that mothers can maintain exclusive breastfeeding even when they must leave the home for work or some other reason.</p> <p>We encourage you to submit questions about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me) ..._____.</p>

Time (min.)	Who	Content
		<p>Today's program is part of the series called <i>Bushes That Grow Are the Future Forest</i>, which offers information critical to child growth and development and even to saving lives of young babies. A few of the future topics include:</p> <ul style="list-style-type: none"> • How to begin your baby on foods at six months. • What foods are best for a young baby and how to prepare them. • How to handle child feeding under difficult circumstances, for example, when the mother is HIV positive. <p>Now in signing off I will give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
54	Spot No. 3	Play IYCN Spot No. 3 on exclusive breastfeeding until six months.
55-60		Music

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Feeding Our Children Well for Our Future

Program 6: Breastfeeding When Mother and Baby Are Separated

Program objective and brief

Program 6 is one of several programs focused on optimal breastfeeding. It addresses a situation that makes it difficult for many *Zambian* mothers to breastfeed their baby exclusively until six months, which is the strong recommendation of public health and nutrition specialists. That difficult situation is when mothers and/or their families feel that the mother needs to return to work, either to grow food or to earn money. The program presents two strategies for handling this situation: (1) figure out a way so that, until the baby reaches six months, the mother and baby are not separated for more than an hour or two at a time; or (2) the mother can express breast milk, which someone else can feed to her baby during periods of separation. The program consists of an interview by the health reporter, Daniel, and Sister Loveness after she spoke to a mother at a clinic about what she could do to continue breastfeeding her baby.

At the end of the show, the audience should be able to describe the problem of separation and its potential harmful impact on the baby, as well as the two strategies for addressing the problem. They should also be able to give basic information on how to express, store, and feed breast milk.

Program 7 will cover how HIV-positive mothers should feed their babies until and after six months of age.

Time (min.)	Who	Content
1–4	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the sixth program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice offers this program.</p> <p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in</p>

Time (min.)	Who	Content
		<p>an urban environment. This program will reflect Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances this information could save young lives.</p> <p>Radio Christian Voice has joined with United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>More after a message and some music.</p>
5	Spot No. 2	Play IYCN Spot No. 2 on immediate and exclusive breastfeeding.
6–15		Music
16–35	Announcer	<p>Hello again, this is your host, XXX. Today’s show is another in our series of programs about how to feed and care for infants and young children. We are going to offer information that reflects the best guidance from health workers here in Zambia. We want to make sure that the advice is clear and useful for everyday life and for many different family situations. We will offer you the opportunity to ask questions in case we are not completely successful at explaining the issue or if we have not covered some aspect of interest to you.</p> <p>Our main guide to this important information is Sister Loveness. If you heard previous programs, you remember that Sister Loveness has lived in and traveled to many parts of Zambia, and she has worked at many hospitals and clinics. She is a specialist in young child health, nutrition, and development. Her children and their families are scattered across the country. Today she is visiting a friend at a clinic on the edge of Lusaka, and our reporter Daniel has found her there taking a rest while she waits for her friend. Today the focus of Sister Loveness’ remarks is about what she has just experienced at the clinic and what is an increasing problem for mothers, particularly in urban areas. The problem is that mothers feel that they must return to work, for example, selling produce or goods in the market, working in people’s homes, and such, before their baby reaches six months of age. The issue might be the same in rural areas, particularly during planting and harvesting time. This is a common reason for some mothers not being able to carry out the recommended practice of exclusive breastfeeding for six months. So today’s program will look at how to avoid this situation and also how to maintain exclusive breastfeeding even if mother and baby must be separated.</p>

Time (min.)	Who	Content
		<p>As usual, remember that you can send in your questions by calling or texting (sending an SMS to me).</p>
		<p>THIS NEXT SEGMENT WILL BE PRE-RECORDED</p>
	Daniel	<p>Hello, everyone. It's nice to be back with you and to have another opportunity to learn from our interesting guide for this series, Sister Loveness. Sister, welcome back. Although our regular listeners know you well from the earlier programs, perhaps you could give us a bit of information about yourself for our new listeners.</p>
	Sister	<p>Thank you, Daniel. It's good to see you again and to greet the listeners once again. As always I will try to provide some important information about how to care and nurture our littlest Zambians, who are so dependent on us.</p> <p>As I've explained in earlier programs, I am a nurse who has worked on children's health and nutrition all around Zambia for the past 30 years. I am helping with these radio programs on the best ways to feed and care for young children, so that families all over the country can become aware of the latest recommendations. We also want people to have a chance to think about some of the difficulties they might have to carry out those recommendations and about some good ways to overcome the problems.</p> <p>Today you have found me at XXXXXX Clinic where I have come to meet an old friend of mine so we can go out. But, while I was waiting for her I started to talk with a mother named Gloria who has a three month old baby. She was worried that she had to go back to work and she didn't know how she would feed her baby. So, I would like this to be the topic today, so I can share with the listeners what I told the young mother. Let's just jump in and begin.</p>
	Daniel	<p>Very good. But, before you start sharing your experience, Sister, do you feel that the separation of mothers and babies is a common problem in Zambia?</p>
	Sister	<p>Well, I don't know exactly how many mothers face this problem, but my impression from traveling around the country and talking to hundreds of mothers is that this is a common situation. Particularly in urban areas, women work to earn cash, doing things like selling in the market and working in people's homes. Some work in offices, stores, and factories. In rural areas some mothers feel obligated to return to work in growing food for the family or to sell. So, overall there are many mothers who feel that they must return</p>

Time (min.)	Who	Content
		to work before their baby reaches six months of age.
	Daniel	Hummm, so, it does happen quite often. The problem, I would guess, is that these mothers are separated from their young babies for many hours at a time and therefore cannot breastfeed as often and long as recommended.
	Sister	Daniel, you are really catching on. I am impressed! Correct, infants less than six months old should have breast milk only and no other food or drink, and they should be fed at least eight times during the day and night, and for a long time each time. So, not only is the mother absent to breastfeed, but the family members staying with the baby start feeding other food and drink to the young babies. Doing this has several bad results for the baby. First, the other foods and drinks may not be clean—hygienically prepared and given—as breast milk is—so they can easily cause diarrhea and other illnesses in the baby. There is also the danger that the baby will fill up with the drinks and foods like watery porridge, which have almost no nutrition, and therefore won't have a good appetite when it's time to breastfeed. And, if water or other drinks are given by a baby bottle, the baby will begin getting used to another type of nipple and as a result not breastfeed as well. Babies will suffer, lose weight, and often get thin and sick. Also, Daniel, there is one other thing that can happen if mother and baby are separated so the mother can not breastfeed as often. Let's see if you can figure out what that might be. Do you have any idea?
	Daniel	Oh my, I have been paying such close attention to you Sister, but here I can't think of an answer. You have told us already of so many unfortunate things that will happen. What else could it be?
	Sister	Well, Daniel, this should be the period of exclusive breastfeeding. But if the mother breastfeeds only a few times a day, she stops producing as much breast milk because the baby is not sucking often enough and the mother will believe she can't breastfeed anymore. This puts the baby's good health, growth, and future potential in danger.
	Daniel	This sounds like quite a serious situation, Sister. So what can families do that will be least harmful to their precious baby when there is a need for the mother to return to work outside the home before the baby is six months old?
	Sister	Well, there are several ideas that I can offer Daniel. They are the ones I just discussed with the young mother Gloria a few minutes

Time (min.)	Who	Content
		<p>ago here at this health center. Each mother and family should discuss the work situation and the options for continued breastfeeding for the health of the baby and then select the plan that is best for them.</p> <p>The first idea is to arrange that the mother and baby are not separated for more than an hour or two at a time until the baby reaches six months. Depending on the type of work and the agreement with the mother's superiors at work (if this is needed) keeping mother and baby close may, or may not, be possible. The only ways in which this could happen are that the mother takes the baby with her to work and either finds someone there to care for the baby and then the mother can find the time to breastfeed, or someone from the family is able to bring the baby to her for breastfeeding.</p>
	Daniel	That sounds a bit complicated and like it would only work if the mother is working for herself or closely with the family in a small shop or in the fields.
	Sister	One of my daughters actually did this. She sells in the market in her town. Her husband insisted that she return to selling when the baby was around four months old, so with my encouragement her husband's mother accompanied her to the market to watch the baby and help with the sales while Grace was breastfeeding. It was perfect.
	Daniel	That sounds like a good solution, at least for some families. But what are the other ideas if this one is not possible?
	Sister	Another way to continue exclusive breastfeeding for six months, even after the mother has returned to work, is for the mother to express, or squeeze out, her breast milk into a clean container and for another family member to give it by cup to the infant. This way the mother continues to produce milk and the baby can get this perfect food.
	Daniel	But, Sister, I noticed that when you mentioned this idea at the meeting last week with the parent-teachers association, their reaction was not very positive.
	Sister	Yes, many Zambians seem to consider expressing breast milk as a rather distasteful practice, I think because it is not a tradition for us. However, the practice is much better accepted in many other countries and there are other countries where it has recently become

Time (min.)	Who	Content
		<p>popular, so I think we might be able to accept this practice here, especially as more mothers work. From talking with mothers, I know that many are most concerned that the breast milk will spoil, especially in the hot weather. In fact, the expressed breast milk will keep quite well for eight hours if it is kept in a clean container, covered, in a cool area out of the sun. And of course it will keep much longer in a refrigerator. Up to 24 hours is safe.</p>
	Daniel	<p>Can you explain how a woman expresses breast milk? How easy or difficult is it?</p>
	Sister	<p>There are two ways to express breast milk, either by hand or with the aid of a breast pump. I've rarely seen the pump in Zambia, so I'll give some general instructions on how to express by hand. First, the mother can massage her breast for a minute, and then she should support her breast with one hand under the breast and her thumb on top. Using the other hand, she gently applies pressure from the top of her breast to the nipple, applying a smooth motion until the milk comes out and flows into the clean container. I would advise any mother interested in expressing milk to talk to the nurse at the local clinic, who can show her how to do it. It is hard to explain without demonstrating.</p> <p>In regard to how easy or difficult it is, the honest answer is that some mothers find it quite easy to do and others do not. In general, if the mother has been breastfeeding well, then expressing the milk should not be too difficult, but it does depend also on whether the mother can express her milk in a calm relaxed moment.</p>
	Daniel	<p>That's quite interesting and new information, certainly for me. I had no idea that a mother could, what did you say, "express" her milk. You already spoke about storing the breast milk, but can you say a bit more about feeding it to the child?</p>
	Sister	<p>The milk should be given very slowly by cup. A baby bottle should not be used because that goes against trying to keep everything clean for the young baby. The cup, of course, should be very well washed, then dried with a clean cloth or air-dried. Another responsible person—the grandmother, auntie, or father—can give the expressed milk. The baby will take it from a cup but the baby needs time to get accustomed to drinking rather than sucking on the breast. I would not recommend that a young child do this task. The person must be mature enough to be sensitive to the baby's reactions and certainly responsible enough to hold the baby carefully.</p>

Time (min.)	Who	Content
	Daniel	How much expressed milk should be fed to the baby?
	Sister	A good question, Daniel. There's no one answer as it depends on the age of the child and definitely on how much milk the mother has expressed. The mother and caregiver need to gauge how much milk has been expressed and how much time the mother is expected to be away. Also, extremely important in these situations where the mother is going to be gone for several hours is that she breastfeed fully right before she leaves and be prepared to breastfeed when she gets home. This means that others in the family have to help with chores because the mother needs to dedicate herself to breastfeeding.
	Daniel	Yes, that seems like a logical approach. We're getting close to the end of our time today. Do you have any more important advice on feeding a baby not yet six months old when mother and baby are separated?
	Sister	Well, I'd just like to make the point that when mothers must be away from their young babies for many hours, they should be sure to breastfeed the baby as much as possible while they are together. I already said that they should give a good, long feed just before they leave and another one as soon as they return home. But, they also might need to breastfeed more during the night or early morning. This can be very tiring for the mother, but it is very important for the health of the baby.
		So, Daniel, although having the mother and baby separated for some periods is not an ideal situation, it cannot be avoided in some cases. The important thing is that despite this complicating factor, mothers can still breastfeed exclusively until the baby is six months and in that way give the baby the best possible start in life.
	Daniel	Thanks very much once again for sharing your excellent knowledge and experience. We'll now return to our announcer XXX for the remainder of this program.
		END OF PRE-RECORDED PART
36	Announcer	I'd like to thank Sister Loveness and Daniel for a very interesting and useful discussion. I have to admit that I am one other person who knew nothing about women being able to express their breast milk so another could feed it to the child. Another amazing thing from nature. Let's take a moment now to listen to one of our spots on breastfeeding.

Time (min.)	Who	Content
37	Spot No. 1	Play IYCN Spot No. 1 on exclusive breastfeeding.
38–43	Announcer	<p>Today we shared information with you on how mothers can maintain exclusive breastfeeding of their babies younger than six months, even when mother and baby must be separated for hours at a time. From what I remember, if families are facing this situation, they should first consider ways to avoid the mother and baby being separated. But if this is impossible, the best thing to do is for the mother to express her breast milk and leave it for a responsible family member to give the baby.</p> <p>I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your friends with babies under six months about the importance of maintaining exclusive breastfeeding even with the pressure for the mother to return to work; and explain how this is possible and that they can get more information at their health center. It is up to us to make sure that Sister Loveness' advice is shared widely.</p> <p>Our next program will cover how to handle child feeding under difficult circumstances, for example when the mother is HIV positive.</p> <p>We encourage you to submit questions about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me) ..._____.</p> <p>Today's program is part of the series called <i>Bushes That Grow Are the Future Forest</i>, which offers information critical to child growth and development and even to saving lives of young babies. A few of the future topics include:</p> <ul style="list-style-type: none"> • How to begin your baby on foods. • What foods are best for a young baby and how to prepare them. <p>Now in signing off I give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
44	Spot No. 3	Play IYCN Spot No. 3 on exclusive breastfeeding until six months.
45–60		Music

Imiti I Kula
Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 7: How HIV-Positive Mothers Should Feed Their Babies

Program objective and brief

Program 7 is the only program in this series that specifically addresses feeding children who are born from HIV-positive mothers. The program will have a pre-recorded interview by the health reporter, Daniel, with Sister Loveness and her HIV-positive niece Malita. Malita is a new mother who had invited Sister Loveness to be with her during the time of delivery and early postnatal period. The discussion addresses the definition of HIV for the listeners, counseling and testing, and prevention of mother-to-child transmission of HIV, and also looks at feeding recommendations from the Ministry of Health, which stipulate that HIV-exposed children should be breastfed exclusively for the first six months of life and then have continued breastfeeding along with complementary feeds until the child is two years or older.

At the end of the program, the audience should be able to describe recommended exclusive breastfeeding for the first six months and continued breastfeeding until two years while giving enriched complementary foods.

Program 8 will cover how to feed children from six until eight months old.

Time (min.)	Who	Content
1-5	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the seventh program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice offers this program.</p> <p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program will reflect Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both</p>

Time (min.)	Who	Content
		<p>in body and mind. In some instances, this information could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development's Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>More after a spot and some music.</p>
6-12		Music
13-48	Announcer	<p>Hello again, this is your host, XXX. Today's show is another in our series of programs about how to feed and care for infants and young children. We are going to offer information that reflects the best guidance from health workers. We want to make sure that the advice is clear and useful for everyday life and for many different family situations. We will offer you the opportunity to ask questions in case we are not completely successful at explaining the issue or if we have not covered some aspect of interest to you.</p> <p>Our main guide to this important information is Sister Loveness. If you heard previous programs, you remember that Sister Loveness has lived in and traveled to many parts of Zambia, and she has worked at many hospitals and clinics. She is a specialist in young child health, child feeding, and development. Her children and their families are scattered across the country so she travels a lot and keeps up with what is going on in our communities. Today, our health reporter Daniel will interview Sister Loveness about how to feed babies born from an HIV-positive mother. Sister Loveness will talk about the recommendations for feeding these babies.</p> <p>Now let's take a short break, after which we will go directly to Daniel, our reporter in the field with Sister Loveness.</p>
	Spot No. 4	<p>Play IYCN Spot No. 4 on introduction of thick and enriched foods.</p> <p>THIS NEXT SEGMENT WILL BE PRE-RECORDED</p>
	Daniel	<p>Oh Sister Loveness, there you are. I am so glad to see you. I was almost getting worried that I might not find this house. You are a very difficult lady to find.</p>
	Sister	<p>Oh, Daniel, I am so glad you are here. I started to wonder whether you were coming or not. Come and sit here next to me, and let me show you my grandniece. Look, isn't she beautiful? And you know</p>

Time (min.)	Who	Content
		what? She is named after me.
	Daniel	Yes, I can see that she is a very beautiful baby. So, how old is she?
	Sister	Ahh, Baby Loveness is one week old. She is the reason I am here in Chilenje. My niece was about ready to have her baby, and she asked me to come and help her for a few weeks with the baby. You will meet Malita, the baby's mother; she was just having a shower. Oh, here she comes. Malita, meet Daniel. This is the young man who follows me everywhere, ha ha ha ...
	Malita	Hello Daniel, you are welcome to my house. I have heard a lot about you from aunt here, and all the good work you are doing with her helping mothers feed their babies well and giving their children a good start in life.
	Daniel	Thank you very much, you are so kind. But I am curious and would like to find out why you asked Sister Loveness to come over and stay with you for a while. Does it mean you could not get good help from your health center here?
	Malita	Oh no no, that wasn't the reason. But since you asked, I will share something with you and maybe other women listening can learn from my experience. You see, I am HIV positive, and I...
	Daniel	Oh, I didn't know; I am so...eeh ...
	Malita	Don't worry about it, you are not embarrassing me, I have been HIV positive for the past five years, and I am a member of a very good HIV support group. I am always talking to people about my status and giving them information on how they can protect themselves from HIV or live positively. Therefore, I am used to it and if I can help other people, I am glad to do it. What I like to say is, "being HIV positive doesn't mean you can't live positively!"
	Daniel	That is really wonderful of you to try and help other women who may not have the opportunity to have the information you have, especially because you have Sister Loveness in your family.
	Malita	You are right. My aunt is a special woman. But as I was saying, I wanted my aunt to be with me when I delivered and began to feed the baby, so we could do everything possible to prevent little Loveness from getting infected too. I wanted my baby to get a good start in life and grow healthy and strong without HIV.

Time (min.)	Who	Content
	Daniel	Thanks so much for sharing with me. You are such a brave woman and very kind in trying to help other people. I think this is a good time for us to discuss feeding a baby born from an HIV-positive mother. Sister Loveness, how do you do this? Is it complicated?
	Sister	<p>Daniel, that is a very good question, but let me assure you that feeding a baby born from an HIV-positive mother is not complicated. Maybe to start with, I should explain what Malita meant when she said she is HIV positive: this means that she has the virus that causes AIDS. We know that this virus can be transmitted from the mother to the baby during pregnancy, birth, and breastfeeding, but the chances of the baby getting infected can be greatly reduced by doing some simple things when breastfeeding.</p> <p>Now coming to your question, Daniel. I would like to say that there are two most important things that we should always keep in mind when dealing with feeding babies born from HIV-positive mothers:</p> <ol style="list-style-type: none"> 1. We must ensure that the baby is protected from getting HIV infection from the mother. 2. We need to guarantee that the child is getting all the food that the child needs for good health and development.
	Daniel	Well, Sister Loveness, how do you do that? I know from our past discussions that the most important food for babies is breast milk, but I hear people say that breast milk from an HIV-positive mother contains the HIV virus and can infect the breastfeeding child.
	Sister	Daniel, once again you are showing me how smart you are. Yes, it is true that HIV is found in breast milk of an HIV-positive woman. But it is also true that a woman can breastfeed without the child being infected by HIV. Therefore, it is so important for the pregnant woman and family to follow the recommendations they are given at the clinic. There are ways of feeding the baby that reduce the chance of a child getting infected with HIV. I will discuss what should be done. The first thing is that as soon as an HIV-positive woman knows she is expecting a child, she should discuss with the nurse at the clinic how the child will be fed.
	Malita	Eeeh, what Aunt is saying is true. I can give an example of us. When I was three months pregnant, my husband and I went to our clinic here in Chilenje. We discussed with the nurse there about how to feed our baby. The nurse gave us a lot of information, and we chose to breastfeed exclusively for six months.

Time (min.)	Who	Content
	Daniel	Thanks, Malita. Maybe before Sister Loveness comes in, I would like to know why you chose exclusive breastfeeding for the first six months. Isn't that really the only option?
	Malita	Yes, Daniel, for most mothers, giving only breast milk is the best for both the baby and mother. As you know and as the nurse told us, breast milk is the perfect food for the baby from birth to six months. It is always available. It is clean; it protects the baby from disease. Breastfeeding has so many benefits.
	Daniel	Thanks Malita, you have explained this to me very clearly. I think maybe now, Sister Loveness, you can explain to us more about the recommendations for feeding a baby born from an HIV-positive mother.
	Sister	I said there were two things that we need to concentrate on: ensuring that the baby does not get infected through breastfeeding. The other is that the child gets all the food needed to grow healthy and strong.
	Daniel	Talk to us about the first one, how to ensure that the child does not get infected with the virus.
	Sister	<p>The recommendation by the Ministry of Health is that women who are HIV positive should breastfeed without giving anything else, not even water, for the first six months of life. Breast milk is the best food for the baby; it contains all the things needed for the child to grow well, including water. As you know, it also protects the child from diseases, it is easy to digest, and it's always available.</p> <p>For a mother who is HIV positive, it is very important to stick to giving only breast milk for the first six months; if the child is given anything else at this stage, it may cause the child to get diarrhea. This is because the other foods and water may carry germs that may cause infection and open a way for the child to get HIV. This then may lead to the child getting infected with HIV.</p>
	Daniel	Okay—so it is very important that the mother who is HIV positive only give her child breast milk if she decides to breastfeed; she must not even sneak in water. This makes sense.
	Sister	I would like to emphasize here that the Ministry of Health has found out that most of our Zambian families are not able to meet the requirements needed for a mother to give formula successfully. This is why, for most HIV-positive mothers and their babies,

Time (min.)	Who	Content
		breastfeeding is recommended in order to reduce the chance of HIV transmission to the child, and so the child gets adequate food needed for growth and development. For those who may chose formula feeding, it is important that they visit the health center, where they can be given some guidelines on how this can be done safely.
	Daniel	Sister, what happens after six months?
	Sister	After six months, the child should be introduced to other foods. The child is growing and needs more than just breast milk. The child should also continue getting breast milk until two years, meaning that from the sixth month, the child should breastfeed as well as eat other foods.
	Malita	There is something else the sister at the clinic told me. She said that while breastfeeding, we should be careful about how the baby is attached to the breast, because if it's not done right, the sucking may cause sores on the breast that could make it easier for the child to get the HIV virus.
	Sister	<p>Yes, thank you, Malita, I can see that the sister did a good job giving you information. It is very important while breastfeeding to ensure that the breast has no sores or cracks, which could make it possible for HIV to infect the child.</p> <p>It is also important to ensure that the child's mouth does not have sores or some white spots called thrush. These sores can also make it possible for HIV to enter the child's body. If either of these situations occurs, the family must seek help at the clinic immediately. There are medicines and help that can correct these situations quickly.</p> <p>Also, like in situations where the mother is not HIV positive, the baby should be allowed to empty the breasts when feeding, so that the mother's breasts do not stay full of milk and hurt. This helps reduce any risk of HIV transmission to the child.</p>
	Daniel	Thanks, Sister Loveness. I am so happy we had this discussion; it has helped me a lot to understand how a baby born from an HIV-positive mother should be fed. I am sure the listeners have also learned a lot.
	Sister	I would like to repeat some of the things I said earlier on how to feed a child born from an HIV-positive mother.

Time (min.)	Who	Content
	Daniel	That's a very good idea; it will help the listeners get all the information more clearly. Can you just go over the recommendation for feeding children who are born from an HIV-positive mother?
	Sister	Yes, Daniel. The recommendation is that these babies should be breastfed for the first six months without giving anything else, not even water. After six months, the child should be given other foods in addition to continued breastfeeding. At six months, the mother can begin to give foods that are soft and thick, like porridge that has other foods added to it, such as pounded groundnuts and sugar, milk, or eggs. It is important to see how the child is growing by taking the child to the clinic every month for weighing and to ensure that all the childhood vaccinations have been given to the child to provide protection from other diseases. The mother should continue to breastfeed the baby until the child is two years, while giving other foods until the child is able to eat the family meals.
	Malita	This is why I wanted her here to help me with the baby for a while, so that I don't take any chances. I want to ensure that my baby grows strong and healthy. Now look at my baby. See how beautiful she is? (Baby gurgles, and all laugh) END OF PRE-RECORDED PART
49	Announcer	I'd like to thank Malita, Sister Loveness, and Daniel for a very interesting and informative discussion. Let's take a moment now to listen to one of our spots on breastfeeding.
50	Spot No. 3	Play IYCN Spot No. 3 on exclusive breastfeeding until six months.
51-53	Announcer	Today we shared information with you on how to feed babies born from HIV-positive mothers. We heard that it is recommended to breastfeed the baby for the first six months without giving anything else, not even water. From the age of six months up to two years or older, the baby is given other foods of course, with continued breastfeeding. I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your

Time (min.)	Who	Content
		<p>friends with babies about this good advice. It is up to us to make sure that Sister Loveness' teachings are shared widely, and I am sure Malita will share this information with the ladies in her support group.</p> <p>Our next program will cover how to feed children from six until eight months old.</p> <p>We encourage you to submit questions about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me).</p> <p>Today's program is part of the series called <i>Bushes That Grow Are the Future Forest</i>, which offers information critical to child growth and development and even to saving lives of young babies. The next few programs will cover good ideas for feeding and caring for older babies.</p> <p>Now, in signing off I give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
54-60	Music	

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Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 8: How to Feed Babies Six to Eight Months Old

Program objective and brief

Program 8 is the first of several programs focused on feeding children from six months to two years old. This program will begin with two experts—a nutritionist and a nurse—responding to questions and comments that listeners of the previous programs have called or texted in. Then there will be a pre-recorded interview by the health reporter, Daniel, with Sister Loveness. The discussion addresses the transition from exclusive breastfeeding to the combination of continued breastfeeding plus other nutritious, soft foods. It focuses on appropriate first foods and the recommendation to reduce the water in and to add healthy foods to the porridge. It also recommends feeding *nshima* with mashed vegetables and/or meat, not just soup.

At the end of the show, the audience should be able to describe the recommended mix of continued breastfeeding with other nutritious, soft, not-too-watery foods. They should be able to describe specific foods for babies of this age and if they have children in this age range, feel committed to trying the recommended foods.

Program 9 will cover how to feed babies from nine to 12 months old.

Time (min.)	Who	Content
1–5	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the eighth program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice offers this program.</p> <p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program will reflect Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both</p>

Time (min.)	Who	Content
		<p>in body and mind. In some instances this information could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is</p> <p>correct on how to feed young children. We all must live and learn...</p> <p>More after some music.</p>
6–12		Music
13–30	Announcer	<p>Hello again, this is your host, XXX. Today’s show is another in our series of programs about how to feed and care for infants and young children. We are going to offer information that reflects the best guidance from health workers. We want to make sure that the advice is clear and useful for everyday life and for many different family situations. We will offer you the opportunity to ask questions in case we are not completely successful or if we have not covered some aspect of interest to you. In fact today we are going to spend a few minutes answering more of our listeners’ questions.</p> <p>After the question-and-answer session, we will switch to our main guide to this important information—Sister Loveness. If you heard previous programs, you remember that Sister Loveness has lived in and traveled to many parts of Zambia, and she has worked at many hospitals and clinics. She is a specialist in young child health, nutrition, and development. Her children and their families are scattered across the country so she travels a lot and keeps up with what is going on in our communities. Today, our health reporter Daniel will interview Sister Loveness about how to feed a baby from six to the end of the eighth month of age. This should be a period when a child learns to eat other foods in addition to breast milk. Sister Loveness will talk about ideas for important improvements in what most families are feeding babies of this age.</p> <p>But before we hear this discussion, we have two special guests today, XXX and Sister XXX. I am going to read them some of the comments and questions that you, our listeners, have sent in over the past weeks, and they will respond.</p> <p>THIS NEXT SEGMENT WILL BE PRE-RECORDED</p>

Time (min.)	Who	Content
	Announcer	<p>[This should be a 15-minute session in which the announcer reads some of the most interesting comments and questions received, and then XXX and/or Sister XXX comment or respond, keeping the main points of the series in mind and trying to explain things clearly and in simple language.]</p> <p>I'm sure that all of our listeners join me in thanking XXX and Sister XXX for sharing their knowledge and experience with us. We will have another such session in a few weeks. As usual, remember that you can send in your questions by calling or texting (sending an SMS to me).</p> <p>Now let's take a short break after which we will go directly to Daniel, our reporter in the field with Sister Loveness.</p> <p>END OF PRE-RECORDED PART</p>
31	Spot No. 4	Play IYCN Spot No. 4 on introduction of thick and enriched foods.
32–47	<p>Daniel</p> <p>Sister</p>	<p>THIS NEXT SEGMENT WILL BE PRE-RECORDED</p> <p>Hello, everyone. It's nice to be back with you and to have another opportunity to interview our interesting friend, Sister Loveness. Sister, welcome back. Although our regular listeners know you well from the earlier programs, perhaps you give us a bit of information about yourself for our new listeners and tell them about where we are today.</p> <p>Thank you, Daniel. It's good to be back to try to provide some important information about how to help our littlest Zambians, who are so dependent on their families for good care and nurturing.</p> <p>As I've explained in earlier programs, I am a nurse who has worked on children's health and nutrition all around Zambia for the past 30 years. I am helping with these radio programs on the best ways to feed and care for young children, so that families all over the country can become aware of the latest recommendations. We also want people to have a chance to think about how they can carry out the recommendations and so I will offer suggestions for how to overcome common difficulties.</p> <p>Today we are here at the home of my daughter who lives very nearby me. I have come here because her youngest is just seven months old and I thought that I might want to show you a few things as we talk about first foods for babies from six to eight months of age. My daughter is out right now with her baby so we</p>

Time (min.)	Who	Content
		have some peace and quiet and can get started.
	Daniel	Very good. To start, Sister, what is the general best advice for feeding babies from six months until the end of the eighth month?
	Sister	Daniel, we focus on this specific age because it is a time for a big change, or changeover, from breast milk alone—what we call exclusive breastfeeding—to breast milk and other foods. This is when the baby needs to begin to learn to eat.
	Daniel	Why not continue with exclusive breastfeeding, since it seems to work so well for the smaller babies?
	Sister	The reason is that during the first six months, breast milk alone is the best food for the baby for growth and development—it is all the food a baby needs. It is safe and provides protection from disease, good nutrition, and good growth. But when babies turn six months old, they need to eat other foods to continue the rapid growth of their body and mind, so breast milk alone is no longer enough. However, breast milk continues to be an important part of the baby’s diet. And in fact we recommend continuing breastfeeding until the baby reaches two years.
	Daniel	For younger babies, you talked about water, porridge, and other foods as being dangerous for the baby since they could introduce diarrhea and other illness. Is this the case for the older babies also?
	Sister	Excellent question, Daniel! You really have a good understanding of this subject. You are going to make a wonderful father someday. But, let’s stick to the topic. No, just because the baby is bit older it does not change the need to be cautious about what the baby eats. However, six months is the best time for babies to start eating other foods because the baby’s intestines have matured a bit more. However, it is not unusual for babies in this age group to develop diarrhea and illness. The mother (and her family) can reduce the risk of this by doing such things as: only using water that they know is safe because it has been boiled or treated in some other way; covering food from flies; washing hands with soap before cooking or feeding the baby; and preparing the amount of food the baby will eat for one meal at a time. In other words, don’t prepare a large bowl of porridge, or another food, feed part of it, and then let it sit around for many hours until the next meal. If food does sit for a while, be sure to heat it quite well and then let it cool enough to feed to the baby.

Time (min.)	Who	Content
	Daniel	I think this advice about preparing food for the young ones is also good advice for all of us. We all need to eat clean food. But, the mother is still breastfeeding, correct? Doesn't that protect the baby, or isn't she breastfeeding enough?
	Sister	Daniel, during this period of when the baby is learning to eat other foods, the baby is still breastfeeding a lot. The food is really in addition to breast milk, it is not a replacement, and the mother should still be feeding six to eight times a day and during the night. As before, at each feed the baby should completely empty one or both breasts. And, the breast milk the baby receives does help protect from illness.
	Daniel	It sounds like a lot of breastfeeding is still recommended, so how many meals that are not breast milk should babies six to eight months old be receiving?
	Sister	The general recommendation would be to start out feeding twice a day, and by the time the baby is eight months old offer food three times, along with the breastfeeds. It is a gradual increase over the months as the baby becomes accustomed to the food. In the beginning offer about two tablespoons of food at each meal and increase the amount gradually as the baby grows until the baby is eating about four tablespoons. (Remember that although you might use a small teaspoon to feed the baby, the measurement I am using for the amount of food is a tablespoon, the big one.) Babies are beginning to grow fast now and need more food.
	Daniel	Okay, so you start two times a day with two tablespoons of food and gradually increase. That's easy. And, what foods do you recommend feeding?
	Sister	There is a variety of food that is appropriate for a child's first food. The important thing is that it is rich, meaning that it should be a mixture of more than one food. So, I have always said, remember soft and thick. Soft enough for the baby to eat and thick so that it contains a lot of food values. (Door opens and closes—voice from a distance)
	Daughter Annie	Hello, Mum. I am so glad you made it with Daniel. I have wanted to meet him in person. I will be out in a minute.
	Sister	Take your time, we are fine here.

Time (min.)	Who	Content
		As I was saying, the traditional foods of porridge and <i>nshima</i> can be a good start if they are made properly. HOW they are prepared is extremely important. What I have seen in my travels around Zambia, is that mothers prepare the porridge with lots of water because they believe this watery consistency is the easiest for the baby to swallow and digest. However, what happens is that the watery porridge fills up the little ones' tummies but without providing much nutritional or food value. If the mother wants to start her baby on porridge, the recommendation is to feed porridge but to <i>reduce</i> the usual amount of water. And, with <i>nshima</i> it can be thick, but must be soft. The freshly cooked <i>nshima</i> is best when fed to the child with vegetables and/or meat and not just the soup. So remember first foods should be soft and thick, not watery.
	Daniel	Are you saying that mothers should always introduce their baby to porridge or <i>nshima</i> first?
	Sister	I am saying that is what most mothers do. There are plenty of other foods that babies should be introduced to. Those include some of our fruits like banana, pawpaw, mango, and our sweet potatoes and pumpkin. These foods can be boiled and mashed for the baby. Also, once the baby has learned to swallow and is getting used to eating, at about seven months, the porridge should be enriched or made more nutritious. That means that a little sugar, oil, milk, maize meal, pounded groundnuts, mashed avocado, banana, or <i>mponda</i> could be added.
	Daniel	What? Add all of those foods to porridge?
	Sister	Oh, no! Sorry! I'm saying add one or two of these foods each time you prepare porridge. Over the course of a few weeks the baby might eat most or all of these with the porridge. The porridge should be soft for easy swallowing but thick enough so if you turn a spoonful of it sideways, it won't immediately fall off the spoon. That is why I met you here at my daughter's house. Let's see what she has prepared for her baby.
	Daniel	Ah, I was wondering why we are here. Okay, let's take a look at your grandson and your daughter.
	Sister	Annie, how fortunate to find you feeding little Answell. I would like to introduce Daniel, my companion for the radio series. He is the one who is running all over the country with me.

Time (min.)	Who	Content
	Daniel	Annie, so nice to meet you. Your mother speaks about her children and grandchildren all the time so I feel like I know you. She is so proud of you.
	Annie	It is a real pleasure meeting you! My mother can talk, can't she? But, I have to say she has helped me out so much. It seems, though, that she is looking for help from me right now.
	Sister	Yes, Annie, I would like you to show Daniel what you have made to feed Answell today.
	Annie	Of course. Let's see if you approve. This morning I made porridge with some milk and a little sugar for all of us and I gave Answell some out of this mixed with a bit of mashed banana. And, right now as you can see I took some <i>nshima</i> I had and mixed it with some pumpkin leaves in groundnut sauce.
	Daniel	I see—your mother said soft and thick. That is definitely what I would say about this. It makes a mound on the spoon, but Answell is able to eat it without any problem. It must be good because Answell certainly seems healthy and alert. Do most babies eat as well as Answell seems to be eating?
	Sister	Well, obviously every child is a bit different, but usually children will like most of these foods. If you find that your baby does not like one of the new soft foods, try another and come back to the one that seemed to be rejected. Babies are quite content to be on breast milk plus the other foods. Many mothers tell me that their children fuss less with full tummies and they tend to sleep well. But with this big change from only breast milk to breast milk plus food, what is the word everyone should know, Annie?
	Annie	PATIENCE! Remember when I called you because I thought Answell was spitting out his food?
	Sister	Yes (laughing), I do! So it is quite important for the mother and other persons feeding the new foods to have patience when teaching the child to eat from a spoon and enjoy the new tastes. Enjoy your baby! Sing, smile, and encourage him to eat the new foods. By the way, the introduction of other foods is a good opportunity for other family members—such as the granny and the father—to take turns feeding the baby, along with the mother.

Time (min.)	Who	Content
	Daniel	Ah, there you are always trying to get fathers to do more. But, before we end I want to ask about <i>nshima</i> . I see that Annie is giving <i>nshima</i> to Answell, but I thought you hinted that mothers should not feed <i>nshima</i> in the traditional way.
	Sister	That's right. <i>Nshima</i> is fine, but the traditional way of feeding it to young babies with just the soup from the relish does not provide enough nutrition for a growing baby. So what we recommended is to feed <i>nshima</i> and mash a bit of the relish that is made with vegetables, beans, fish, or egg into the <i>nshima</i> . Again the food will be thick but can be made soft with just a little liquid from the soup. This will provide much more nutrition for the little one.
	Daniel	Ah, you always give such practical advice. The small changes in how to give porridge and <i>nshima</i> don't seem as if they should be too difficult for mothers to do.
	Sister	That's correct, Daniel, but an important point is that if you repeat these small improvements several times each day, day after day, you can make a <i>big</i> difference over time in your child's health, growth, and development. Remember—soft, but thick.
	Daniel	That sounds like a good thing to remember! Well, we're getting a bit short on time. I want to thank Annie and thank you very much once again for sharing your excellent knowledge and experience. We'll now return to our announcer XXX for the remainder of this program. END OF PRE-RECORDED PART
48	Announcer	I'd like to thank Annie, Sister Loveness, and Daniel for a very interesting and useful discussion. Let's take a moment now to listen to one of our spots on breastfeeding.
49	Spot No. 3	Play IYCN Spot No. 3 on exclusive breastfeeding until six months.
50–53	Announcer	Today we shared information with you on how to feed babies from the sixth month until the end of the eighth month. It should be a combination of breast milk, at least six times, and two to three meals. You can mash foods like bananas or pawpaw, or you can give porridge as long as it is soft and thick, without too much water, and with a new food like pounded groundnut added. <i>Nshima</i> should be fed with vegetables and/or meat, not just soup. I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your

Time (min.)	Who	Content
		<p>friends with babies about this good advice. It is up to us to make sure that Sister Loveness' teachings are shared widely.</p> <p>Our next program will cover how to feed children from the ninth month until the first birthday.</p> <p>We encourage you to submit questions about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me).</p> <p>Today's program is part of the series called <i>Bushes That Grow Are the Future Forest</i>, which offers information critical to child growth and development and even to saving lives of young babies. The next few programs will cover good ideas for feeding and caring for older babies.</p> <p>Now in signing off I give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
54	Spot No. 3	Play IYCN Spot No. 3 on exclusive breastfeeding until six months.
55-60		Music

Imiti I Kula
Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 9: How to Feed Babies Nine to 11 Months Old

Program objective and brief

Program 9 is one of several programs focused on feeding children from six months to two years old. This program focuses specifically on feeding babies from nine months until their first birthday (nine to 11 months). The central portion of the program, a pre-recorded interview by the health reporter, Daniel, with Sister Loveness takes place in a market because the main point to be made about feeding children in this age window is that in addition to increasing the frequency and quantity, the baby needs a much wider variety of food than just the few foods that were used to get the baby accustomed to eating. Daniel and Sister Loveness walk around the market to see all of the foods that are affordable and good for babies of this age and discuss what to feed, how much and how often, and the continued importance of breastfeeding. They stress that this is an age when most babies become quite active, crawling, standing, and even walking/toddling. This activity increases the child’s nutritional needs. The program repeats the earlier recommendations to reduce the water in porridge and add healthy foods to the porridge, and to feed *nshima* with mashed vegetables and/or meat, not just soup; but also recommends other dishes. Finally, it communicates a theme that poverty should not prevent most families from finding good complementary foods, because in every season there are free or inexpensive foods that families can find to add to their baby’s diet.

At the end of the show, the audience should be able to describe the recommended mix of small, nutritious meals with continued breastfeeding. They should be able to describe frequency of feeding, portion size, and food consistency (thick foods or small, well-cooked pieces of foods). They should also be able to describe specific foods to add to porridge and feed separately and how to prepare and feed healthier *nshima*. Finally they should understand that the baby’s increased activity at this age creates the need for more food.

Program 10 will cover how to feed babies from 12 to 23 months old.

Time (min.)	Who	Content
1-5	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the ninth program in the series.</p>

Time (min.)	Who	Content
		<p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice offers this program.</p> <p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program will reflect Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances this information could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>More after a brief spot and some music.</p>
6	Spot No. 4	Play IYCN Spot No. 4 on introduction of thick and enriched foods.
7–15		Music
16–45	Announcer	<p>Hello again, this is your host, XXX. Today’s show is another in our series of programs about how to feed and care for infants and young children, in particular babies from nine months to their first birthday. We are going to offer information that reflects the best guidance from health workers. We want to make sure that the advice is clear and useful for everyday life and for many different family situations. We will offer you the opportunity to ask questions in case we are not completely clear or if we have not covered some aspect of interest to you.</p> <p>Our main guide to this important information is Sister Loveness. If you heard previous programs, you remember that she has lived in and traveled to many parts of Zambia and has worked at many hospitals and clinics. Sister Loveness is a specialist in young child health, nutrition, and development. Her children and their families are scattered across the country. Today, our health reporter Daniel will interview Sister Loveness in the Mongu market about how to feed a baby from the ninth month until the baby is one year old. This is a time when babies become very active and therefore their parents need to make sure they get enough nutritious food and are still receiving breast milk. Sister Loveness will talk about ideas for small but important improvements in the diet for babies of this age.</p>

Time (min.)	Who	Content
		<p>As always, remember that you can send in your questions by calling or texting (sending an SMS to me) _____.</p>
		<p>THIS NEXT SEGMENT WILL BE PRE-RECORDED</p>
	Daniel	<p>Hello, everyone. It's nice to be back with you and to have another opportunity to interview our great friend, Sister Loveness. I caught up with her in Mongu, in western Zambia. She was traveling again and suggested that we might conduct the interview in the market here, so we've found a nice place to talk in the shade of a large Mungongo tree. Sister, welcome back. Although our regular listeners know you well from the earlier programs, perhaps you could say a few words about yourself for our new listeners.</p>
	Sister	<p>Certainly—thank you, Daniel. It's good to be back to try to provide some important information about how to help our littlest Zambians, who are so dependent on their families for good care and nurturing.</p> <p>As I've explained in earlier programs, I am a nurse who has worked on children's health and nutrition all around Zambia for the past 30 years. I am helping with these radio programs on the best ways to feed and care for young children, so that families all over the country can become aware of the latest recommendations. We also want people to think about how they will practice these recommendations and to find ways to overcome problems.</p> <p>I have invited you to meet me here in this market so that we can explore our wonderful Zambian foods and find ones that are particularly good for our littlest family members. I am so glad you found the shade of this tree for us to sit for a minute before we have to walk around. It is quite hot.</p>
	Daniel	<p>Very good. To start, Sister, today we are going discuss another period in the baby's development—a short time of three months from the beginning of their ninth month until they are one year old. What is the best way to feed babies during these three months?</p>
	Sister	<p>Daniel, although a very short period, it is an important time for the baby's nutrition, growth, and development. During this time babies become quite active, crawling, standing, and even walking. Their minds are active absorbing and learning from their environment. This activity increases the child's nutrition needs, so we should focus on feeding them more times a day than when they were just learning to eat, and we need to give them larger portions, and a</p>

Time (min.)	Who	Content
	Daniel	<p>larger variety of foods. Breast milk continues to be important, but in combination with other foods. Usually babies are quite content to be on breast milk plus the other foods. Many cry less and with full tummies, they tend to sleep well.</p> <p>Sister, you make a good point, I know that many mothers say that at this age their children can be quite fussy. So, clearly the secret is being sure they are getting good nutrition. But, they also have to be in good health so I'd like to repeat a question that I asked last week. For younger babies, you said that water, porridge, and other foods could be dangerous because they can introduce diarrhea and other illness. Is this something our families with older babies need to watch out for?</p>
	Sister	<p>Absolutely, Daniel! Because these growing babies really do need other foods in addition to breast milk, the trick is to be sure food is fed in a careful and clean manner. Even so, it is not unusual for babies in this age group to develop occasional diarrhea and illness. The mother (and her family) can reduce this risk by doing such things as: only using water that they know is safe because it has been boiled or treated in some other way; covering food from flies; washing hands with soap before cooking or feeding the baby; and preparing the amount of food the baby will eat for one meal at a time. In other words, don't prepare a large bowl of porridge, or another food, feed part of it, and then let it sit around for many hours until the next meal. If food does sit around for a while, be sure to heat it well and then let it cool enough before feeding it to the baby.</p>
	Daniel	<p>Yes, and I know before you said that breast milk can help prevent diarrhea so what about breastfeeding for babies of this age?</p>
	Sister	<p>Daniel—you are paying such close attention to all of the information on this show! You are correct—breastfeeding is helpful and protective and very important for the baby's growth and development at this age, although without other healthy foods it is no longer sufficient by itself. However, because these babies tend to put everything in their mouths they may get some diarrhea. Also, at this age the amount of breast milk the baby is getting might be less than before. Because the baby is getting other food, the mother can reduce the breastfeeding frequency a little. However, as before, at each feed the baby should completely empty one or both breasts.</p>
	Daniel	<p>Since I've never breastfed a child (although I have seen my sisters breastfeed their children), I'd like to ask a question that I've been</p>

Time (min.)	Who	Content
		curious about. Doesn't it <i>hurt</i> to breastfeed a child who has several teeth and can bite the breast?
	Sister	(Laughing) Daniel, how have you thought of this? Indeed, some babies do bite the breast, but the mother's reaction is usually so strong in terms of pulling her breast away, that the baby doesn't do it again. Even at their young age, babies are smart and they realize that if they bite they won't get any breast milk. This shouldn't be too difficult, and I don't think it is a big concern of mothers.
	Daniel	Okay, okay...now let's switch our discussion to other foods besides breast milk. So tell me and our listeners about how to feed this almost one year old—for example, how many meals that are not breast milk should babies from nine months to one year eat? While we talk, let's leave our shady spot and begin to walk slowly in the market.
	Sister	<p>Good idea Daniel—I did want you to meet me here so we could look at foods in the market. The general recommendation would be to increase from the two to three meals earlier to three or four meals, along with snacks and breastfeeds. As the child really gets active and is trying to walk, by about a year, it is good to add snacks such as a banana or other fruit like mango, orange, or a boiled piece of sweet potato. What is important about the feedings is that they should really resemble family meals. This baby needs to learn to like and eat all of our foods. We need to concentrate on that now. And, just as we add more foods to our baby's diet, we offer more food at each meal. Start feeding about six to eight tablespoons or about a half cup at each meal and increase the amount gradually as the baby grows until it is getting about a cup of food at each meal.</p> <p>If for some reason, the baby is <i>not</i> receiving any breast milk, then the mother and entire family must make a special effort to feed that baby more frequently. That would mean at least three to four meals with snacks in between depending on the child's growth. It is also very important that the baby eat animal source foods, like milk, meat and eggs and foods like groundnuts.</p>
	Daniel	This sounds like a lot of food for such a little one.
	Sister	Yes, it does, but this little one is growing and running around. Its needs are great and each family must try to satisfy them by feeding good quality and enough food.

Time (min.)	Who	Content
	Daniel	Having said that, Sister, what foods do you recommend feeding?
	Sister	<p>I like to start with the traditional foods of porridge and <i>nshima</i>, but babies of this age should not be fed on these foods alone or in a very watery form. <i>How</i> porridge and <i>nshima</i> are prepared is extremely important. What I have seen in my travels around Zambia, and even with my own children, is that traditionally mothers prepare the porridge with too much water because they believe that the watery food is easier for the baby to swallow and digest. They continue this practice not realizing that the baby is older and has no problems digesting almost all foods. I want to repeat what I said last week and that is that the watery porridge fills up the baby's stomach without providing much good food value. So, if mothers are still giving their baby porridge, they must reduce the usual amount of water and <i>add or enrich</i> the porridge with foods such as sugar, oil, milk, eggs, sour milk, or pounded groundnuts. The same is true of <i>nshima</i>. Remember we said last week that <i>nshima</i> must be fed with the vegetables and/or meat in the sauce, not just the soup.</p> <p>But, Daniel, please notice as we walk through the market that there are so many other foods here, and they are foods that are good for a child from nine months on. For example here are avocados. These can be mashed or cut in small pieces. And, there are bananas, again they can be mashed, but when the child can pick up food they can handle a small piece of banana. <i>Mponda</i> (<i>use language-appropriate name</i>) and beans are good at this age. Boiled potato or rice with fried eggs can be fed to the child. In addition to <i>nshima</i>, potato, or rice the child should get a food of animal origin, which means milk, egg, sour milk, or small pieces of meat or small dried pounded fish like kapenta, and they should get fruits and vegetables. Look at these beautiful pumpkin leaves. These are not expensive and when they are well cooked they are good for our little ones, especially when mixed with pounded groundnuts. Delicious.</p>
	Daniel	So, I think what you're saying that by the time our babies are a year old they should be eating all of our foods. A baby might get porridge with sour milk and sugar in the morning and then later, a mother might feed special <i>nshima</i> , which is <i>nshima</i> with fish or beans. Another day she might give the baby sweet potatoes, an egg, and some pawpaw.
	Sister	Yes, that's quite correct, Daniel. And, each of these foods should be well cooked and soft so the baby can eat small pieces of the food or mashed well so that it is thick enough so if you turn a spoon of it

Time (min.)	Who	Content
		sideways, it won't fall off the spoon.
	Daniel	I see. I forgot that these babies have some teeth. So, can they eat foods that are not mashed?
	Sister	Yes, especially if the baby has several teeth, every food that it eats does not have to be mashed, but it should be soft and easy for the baby to handle. Babies like to try foods, but they still need help eating. Do not leave them on their own or you may be feeding the animals and not the baby.
	Daniel	So, you think babies like to try new foods?
	Sister	<p>Every child is a bit different, but most babies will like most, if not all foods they try. If you find that your baby does not like one of the new foods, feed other foods then maybe try the new food again. Sometimes mothers report that their babies are tired of the same food. The mother can do something as easy as mixing sour milk with sugar to give porridge a new sweet and sour taste.</p> <p>It is also important for the mother and other persons feeding the new foods to use patience when teaching the child to eat from a spoon and enjoy the new tastes. Enjoy your baby! Sing, smile, and encourage him to eat the new foods. By the way, the introduction of other foods is a good opportunity for other family members, such as the granny and the father—to take turns feeding the baby, along with the mother.</p>
	Daniel	Sister, I am curious, I hear people saying that certain foods will harm a baby or will cause various conditions? Does that affect what foods families give babies in these months?
	Sister	Yes, Daniel, you are quite right. There are a wide variety of beliefs about foods, not only for babies. Because of these beliefs some families won't even try to give their children certain foods. My advice is NOT to let such beliefs affect what you feed your baby. Babies even before they are a year old need a wide variety of foods, especially foods like eggs and beans. So, I tell mothers I talk with to try the food. See how the baby does. Usually, there are no problems and if the baby gets diarrhea it is most likely because of how the food was prepared and not the food itself. As with anything else, if the baby has a health problem the family should bring the baby to the clinic without delay.

Time (min.)	Who	Content
	Daniel	I think that is good advice for all of us who might be avoiding certain foods without any real reason, because we have never tried them. Now, Sister, after last week’s program, in which you recommended adding many new foods to the baby’s diet, several listeners wrote in saying that this was difficult because their families have little or no cash to buy foods. What can you suggest in such cases, which I suspect would be quite common in Zambia?
	Sister	Excellent question, Daniel. When I travel around the country, talking to mothers and observing the local nurses talking with them, this issue comes up quite often. In general, I would say that most families, during most times of the year, can manage to obtain sufficient healthy foods for their baby, even when they have almost no money. First, many of our families grow foods and can have a small garden even if they don’t have much land by their house. It is possible to grow good foods that require little care—things like banana, pawpaw, mango, and vegetables like pumpkin leaves. Also, in at least some parts of the year, these are available at little or no cost to almost everyone. The second idea is to take advantage of healthy foods that are in season in the market because they will be very cheap. For example, we saw piles of mangoes and avocados and pumpkin leaves as we walked through the market. And, at this time of the year, people are harvesting groundnuts so they are quite inexpensive in the market. Finally, although babies of this age are eating more, they still eat much less than older children and adults. So, for example, a more expensive food like an egg or some milk can be bought in a small quantity for the child only.
	Daniel	I see, Sister, from this walk around the market that there are a lot of foods that are just right for our babies. We need to prepare them and feed the children so that they get used to our Zambian food. Families just need to make a few small changes in what they are doing now—add a few new foods, make thick enriched porridge, and give the relish with <i>nshima</i> .
	Sister	That’s correct, Daniel, but an important point is that families need to repeat these small improvements several times each day, day after day. If the family can do this, they will make a <i>big</i> difference over time in their child’s health, growth, and development.
	Daniel	That sounds like a good thing to remember! Well, we’re getting a bit short on time and the sun is scorching. Are there any other important recommendations for feeding babies nine months to one year old?

Time (min.)	Who	Content
	Sister	Let me see. I do want to remind our listeners that a baby who is almost one year old needs to eat three to four meals a day, plus snacks and continue being breastfed. This baby is really developing quickly and needs good foods, all of our Zambian foods. Second, people should consider that following our recommendations for feeding their babies is not only beneficial for the baby's good health and growth but also for the development of its brain. Babies who are well fed have a better chance to grow up smart and do well in school. Finally, these babies need to be fed with patience and persistence. These babies are very curious and they can get distracted easily and stop eating. It is not that they don't like their food—they are distracted. So, some family member should be with the child helping the child to finish his or her food. Teach your baby that mealtime is a happy time.
	Daniel	Thanks very much once again for sharing your excellent knowledge and experience. Next time we will have to meet somewhere out of the sun. We'll now return to our announcer XXX for the remainder of this program. END OF PRE-RECORDED PART
46	Announcer	I'd like to thank Sister Loveness and Daniel for a very interesting and useful discussion. Let's take a moment now to listen to one of our spots on feeding.
47	Spot No. 5	Play IYCN Spot No. 5 on mother's testimonial on food variety.
48–51	Announcer	Today we shared information with you on how to feed babies from nine months until their first birthday. It should be a combination of breast milk and three meals to four meals a day with a snack as the baby grows. What I learned is that babies at this young age should be trying all of our foods. All foods for this age should be thick. Porridge should not have much water and should have nutritious foods added. <i>Nshima</i> should be fed with vegetables and/or meat, not just soup. I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your friends with babies about this good advice. It is up to us to make sure that Sister Loveness' teachings are shared widely. Our next program will cover how to feed children from 12 to 23 months old.

Time (min.)	Who	Content
		<p>We encourage you to submit questions about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me)_____.</p> <p>Today's program is part of the series called <i>Bushes That Grow Are the Future Forest</i>, which offers information critical to child growth and development and even to saving lives of young babies.</p> <p>Now in signing off I give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
52	Spot No. 4	Play IYCN Spot No. 4 on introduction of thick and enriched foods.
53-60		Music

Imiti I Kula
Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 10: How to Feed Babies 12 to 23 Months Old

Program objective and brief

Program 10 is one of several programs on feeding children during the first two years of life. This program focuses specifically on feeding babies from 12 to 23 months, in other words, one-year-olds. The central portion of the program is a pre-recorded interview by the health reporter, Daniel, with Sister Loveness in a small community near Lusaka. At a certain point in the discussion, the two walk around with a member of the local mothers’ support group to visit a few mothers with their one-year-olds.

At this age, most babies are very active, walking, running, and playing, and at the same time, they should be growing quickly. What this means is that their nutritional requirements are high while their stomachs are small, so they need to eat a good portion of food, many times each day. They should be eating family food, but also continue breastfeeding. The program repeats the earlier recommendations to reduce the water in and add healthy foods to the porridge, if it is still fed to the young child and to feed *nshima* with mashed vegetables and/or meat, not just soup; but the focus is on ensuring that the young child eats enough family foods.

At the end of the show, the audience should be able to describe the recommended mix of continued breastfeeding with meals of family foods. They should be able to describe the key points mentioned above along with how much and how often the child should be fed and what constitutes nutritious snacks. Finally they should be able to state what changes they plan to make or to share with others related to feeding one-year-olds.

Program 11 will focus on how babies of this age should have their own bowl and be fed actively.

Time (min.)	Who	Content
1–5	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the tenth program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p>

Time (min.)	Who	Content
		<p>Reason why Radio Christian Voice offers this program.</p> <p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program will reflect Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances this information could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>More after a spot and some music.</p>
6	Spot No. 5	Play IYCN Spot No. 5 on mother’s testimonial on food variety.
7–15		Music
16–48	Announcer	<p>Hello again, this is your host, XXX. Today’s show is another in our series of programs about how to feed and care for infants and young children, in particular children who are between one and two years old. We are going to offer information that reflects the best guidance from health workers. We want to make sure that the advice is clear and useful for everyday life and for many different family situations. We will offer you the opportunity to ask questions in case we are not completely successful or if we have not covered some aspect of interest to you.</p> <p>Our main guide to this important information is Sister Loveness. If you heard previous programs, you remember that she has lived in and traveled to many parts of Zambia and has worked at many hospitals and clinics. Sister Loveness is a specialist in young child health, nutrition, and development. Her children and their families are scattered across the country. Today, our health reporter Daniel will interview Sister Loveness and also accompany her in visiting a few mothers and children in a small community not far from Lusaka. At this age, most babies are very active, walking, running, and playing, and at the same time, they should be growing quickly. This means that they need to eat especially good food, many times each day because their stomachs are small but their needs are great. Sister Loveness will talk about ideas for small but important improvements that everyone can try to make in the usual way one-year-olds are fed.</p>

Time (min.)	Who	Content
		<p>As usual, remember that you can send in your questions by calling or texting (sending an SMS to me) _____.</p>
		<p>THIS NEXT SEGMENT WILL BE PRE-RECORDED</p>
	Daniel	<p>Hello, everyone. It's nice to be back with you and to have another opportunity to interview our interesting and lively friend, Sister Loveness. I am with her in a small community in Kafue district, near Lusaka. We are pleased to have with us Edith, one of the leaders of the local mothers' support group, who will bring us to visit a few families. Good morning, Sister Loveness and Edith. Although our regular listeners know you well from the earlier programs, Sister, perhaps you could say a few words about yourself for our new listeners and introduce Edith.</p>
	Sister	<p>Thank you, Daniel. It's good to be back to try to provide some important information about how to feed and care for young children, who are so dependent on their families for good care and nurturing.</p> <p>As I've explained in earlier programs, I am a nurse who has worked on children's health and nutrition all around Zambia for the past 30 years. I am helping with these radio programs on the best ways to feed and care for young children, so that families all over the country can become aware of the latest recommendations. We also want people to have a chance to think about how they can put into practice on a daily basis some of the recommendations.</p> <p>I will begin by introducing my friend Sister Edith who has been kind enough to join us today and to introduce us to a few mothers who are members of the group that she leads here. I have known Edith for many years and she shares my passion for helping out the youngest Zambians. Once we discuss the general advice on feeding one-year-olds, we will ask our friend Edith to take us to a couple of homes where she knows there are young children of this age so we can talk to mothers about feeding children.</p>
	Daniel	<p>Very good. Edith, please say hello to our audience.</p>
	Edith	<p>Hello to everyone. I am so happy to join you and to be with my friend Loveness and this smart young man Daniel.</p>
	Daniel	<p>To start, Sister, what is the best advice for feeding young children between one and two years?</p>

Time (min.)	Who	Content
	Sister	<p>Daniel, this is a very important period for a baby's nutrition, growth, and development. Most of these babies are very active, walking, running, and playing. Their active lives and the growth of their bodies and minds means that they need to eat a lot of good food. By the time the young child is two they need about half of what the mother eats. But, we know that their stomachs are not as large as an adult's. So to get the amount of food they need, they need to be fed more frequently—more meals and snacks—and to get larger portions, and a larger variety of foods than when they were babies. Breast milk is still very important and a child should be breastfed until they are two years and above.</p> <p>I want to emphasize to our listeners that the main threats to good growth and development are poor feeding and illnesses. Young children of this age have an increased risk of diarrhea and other illnesses because they are now playing more—often in the dirt—and they tend to put everything in their mouths and their hands are not always washed as they should be.</p>
	Daniel	<p>Wow! What you've already said has put several questions in my head. Let's start with this illness business. I believe that you are saying that illnesses can harm a child's physical growth, as well as the development of his or her brain and intelligence.</p>
	Sister	<p>That's quite right, Daniel. Of course just one illness properly treated will not affect the child's health if the child is allowed to recover fully. However, the health of children who get ill often from diseases like diarrhea will be affected and they may lose weight and not grow well. Children who are not well and are often ill, usually stop growing and gaining weight and become malnourished. As all parents know, children don't like to eat when they are sick.</p>
	Daniel	<p>Okay, so what can you advise parents to do so their children are likely to stay healthy?</p>
	Sister	<p>Although in these programs, we're focusing on feeding, I do think it's good to mention a few other key recommendations. The basic advice is to bring your child to the local health center often, even when they are not sick, so they can get important <i>preventive</i> things like vitamin A drops and vaccinations. They can also be weighed and the mother counseled on how to feed the child.</p> <p>At home, the mother and other family members need to follow good hygiene (or cleanliness) practices such as: only using water</p>

Time (min.)	Who	Content
		<p>that they know is safe because it has been boiled or treated in some other way; covering food from flies; and washing hands with soap before cooking or feeding the baby and after changing the baby's nappy. Mothers and family members should also wash the baby's hands with soap and prepare the amount of food the baby will eat for one meal at a time. In other words, don't prepare a large bowl of porridge, or another food, feed part of it, and then let it sit around for many hours until the next meal. If food does sit around for a while, be sure to heat it well and then let it cool enough before feeding it to the baby.</p>
	Daniel	<p>That's a lot to remember, but we have mentioned these things in other programs so by now our listeners should be able to remember them easily and these are what our health workers have been telling us for some time now. Any other suggestions?</p>
	Sister	<p>Only one more. I know that it is hard to keep these one-year-old babies in one place, but it is not good to have them constantly playing on the ground, because they put their fingers directly into their mouths. I know this is not easy, but maybe the baby can play on a mat or cloth. Martha, do you talk about such good practices in your mothers support group meetings?</p>
	Edith	<p>Yes, I put a lot of emphasis on cleanliness. And, the idea of a mat or cloth is a good one. Some mothers have said that they at least always put down a mat when they feed their children.</p>
	Daniel	<p>Great. Now let's move on to feeding a one-year-old child. I imagine that breastfeeding should continue—it seems to be a critical practice for babies and young children.</p>
	Sister	<p>Ah, Daniel, again you show us how you have been paying attention! Yes, breastfeeding should continue until the baby is two years or older, because breast milk remains a great food. However, because the baby is getting many other foods, the mother can reduce the breastfeeding a little, if she wants, to a few times during the day and once or twice at night, although it's fine if she breastfeeds more, as long as the baby gets plenty of other foods. As before, at each feeding the baby should completely empty one or both breasts. But since the baby is larger now and can suck harder, this should not take as much time as before.</p>
	Daniel	<p>And, Sister, just to show how much attention I am paying to your counsel I will repeat what you said last week about breastfeeding a young child who has teeth coming in—if the child bites the breast,</p>

Time (min.)	Who	Content
		the mother's natural reaction will be to remove her breast from the baby's mouth. The baby will realize that it won't get milk if it bites and will naturally stop. Our young ones are so smart!
		Sister, would this be a good time for us to go with Sister Edith to visit a few families? We could discuss how they are feeding their children and get your comments afterwards.
	Sister	That's fine. Is that okay, Sister Edith?
	Edith	Yes, that is fine. I've alerted a couple of families with children who are one year old, and this would be a good time to find them at home.
		[A few seconds of transition music.]
	Edith	Hello, Mrs. Chipukuma, this is Sister Loveness that I told you about and the reporter Daniel.
	Sister L. and Daniel	Hello, nice to meet you
	Mrs. C.	Please come in and sit. I am always happy to see you, Edith.
	Edith	Thanks for letting us visit and record the conversation. Can you please tell us a bit about your son and give us an idea about how you feed him?
	Mrs. C.	Certainly. Mwansa is one year and three months old, and he is so active! He is growing well, according to the nurse at the clinic. He's been walking—actually more like running—for several months. He is quite happy playing with his older brother and sister as they are now.
	Sister	I see—they all do seem happy. If you don't mind, can you please tell us how you feed Mwansa in a typical day? He does look very healthy.
	Mrs. C.	At this point, he eats what we, or should I say what all the children eat. I usually prepare food twice, but the children eat three meals. Mwansa seems to always be hungry so I try to have other foods for him when we have money from selling our groundnuts.
	Sister	So, what foods do you give in these meals? And, about how much food does Mwansa eat? Can you show us the plate or bowl he uses?

Time (min.)	Who	Content
	Mrs. C.	Mwansa likes most foods, although he doesn't seem too fond of fish. He and his sister and brother had porridge in the morning. I make the special porridge Edith taught us. Today I added sour milk and just a little sugar, but I most often add pounded groundnuts because we have these. I try not to make it too watery. He has his own bowl and I gave him almost a full bowl.
	Sister	What else does he eat? Or, better, what else do you plan to give him today?
	Mrs. C.	Well, I am cooking <i>nshima</i> . So he will get his <i>nshima</i> with the relish I have—made with vegetables and a bit of meat. He usually eats quite a lot in the middle of the day and then I will give him <i>nshima</i> again, but tonight it will be with vegetable relish. And, we share whatever other foods we are eating.
	Sister	Does he still get breast milk?
	Mrs. C.	Oh, yes, he definitely still likes that. And, he gets snacks like banana or papaya. Do you mind if I ask, Edith and Sister, how am I doing with Mwansa's food?
	Sister	Sure. You have been so generous with your time. Although we haven't seen Mwansa eating, I can tell you, as you know from Sister Edith, that we are concerned with three aspects of the diet of a child this age: is he getting enough food for his energy needs, is he getting enough variety of foods for his other needs like vitamins and protein, and are you watching cleanliness so that he is not often sick? It seems to me that you are doing quite well. I am happy to see Mwansa is getting three meals and usually one snack and that you have provided him with his own bowl to separate his food so he doesn't have to try and get food away from his brother and sister. My suggestion is that you give him just a tablespoon or so more food in each meal or try to offer him a snack in the afternoon. My best advice is to keep listening to Edith and get Mwansa weighed so you know if he is growing adequately.
	Mrs. C.	Thank you so much. We do the best we can with what we have and Edith knows this.
	Sister	Thanks very much for your time. We're going to move on now, so we have time to visit another family. Best of luck to you with Mwansa and the other children.

Time (min.)	Who	Content
	Mrs. C.	Thanks for the visit. Sister Edith, please come back again and see how I am doing.
	Edith	Of course, bye for now. [A few seconds of transition music.]
	Edith	Hello, Mrs. Zimba. How are you today? This is Sister Loveness and Daniel, a reporter on health issues from Radio Christian Voice. I told you that we would visit you, remember?
	Mrs. Z.	Welcome, welcome to our humble but happy home!
	Sister L and Daniel	Hello, nice to meet you. Thank you so much for welcoming us in your home and for taking time with us and our audience.
	Mrs. Z.	We are happy to have you—I have never done this before.
	Sister	Don't be nervous. You will see we just want to talk to you about your little girl and how you are feeding her. Can you please tell us a bit about your daughter?
	Mrs. Z.	Patience is one year and eight months old—she will soon be two. I sell fruit and vegetables in the market almost every day, so I don't get to bring her to the clinic often. I thought that she was doing fine because she doesn't cause me any problems, but when I brought her to the clinic a few weeks ago and the nurse weighed her, she said that she was not growing as she should. She had not gained enough weight.
	Sister	Does Patience go with you to the market? How do you manage her feeding there, if she is with you?
	Mrs. Z.	Yes, she's with me, although I must say that it's getting harder to manage her while I'm working. I breastfeed her, maybe three or four times during the day to help keep her quiet. And, I buy some <i>nshima</i> from another vendor and feed her when I eat.
	Sister	How is the <i>nshima</i> that you buy?
	Mrs. Z.	It is not as good as I make at home (giggle), but it comes with a bit of relish and soup. I mix the <i>nshima</i> with the soup for Patience.
	Sister	Does Patience get anything else?

Time (min.)	Who	Content
	Mrs. Z.	Sometimes I will carry boiled beans or boiled potato and she will have those. I also try to feed her once we are back home with whatever is available.
	Sister	And has Patience had diarrhea or other illness in the last few months?
	Mrs. Z.	She does get diarrhea sometimes, but it usually goes away after a day or two.
	Sister	How do you feed her when she has diarrhea?
	Mrs. Z.	I try to feed her like I normally do with <i>nshima</i> , but she seems to have less interest in eating and wants only breast milk.
	Sister	That is normal, so my first suggestion is to be extremely careful with the cleanliness of the food you feed to Patience to try to reduce the amount of diarrhea she gets. Diarrhea will weaken young children very rapidly. I don't know if it is the food you are bringing from home or the food you are buying in the market that might be making Patience sick or if it is just playing and putting dirty hands in her mouth. It would be a good idea to try and make a safe place for Patience to play near you. Also, when she has diarrhea it is fine for her to breastfeed, but you must try to feed her food so she will recover more quickly and not get too weak. You will need a lot of patience. She also needs to drink a lot of water to replace the fluids she loses from the diarrhea.
	Mrs. Z.	I understand about Patience's dirty hands. There is a place not far from my stall where we can wash our hands. I will try to take her there. Do you have other suggestions for me?
	Sister	I do have some suggestions, Mrs. Zimba, but let me start by saying that I can see that you are a good mother who loves her daughter very much. Patience still looks healthy, but her poor weight gain is like a warning sign to take action before there is bigger problem. I do have several suggestions for small changes that you can make to help Patience regain her good growth. First, I'd like to mention some things that you are doing very well. Your child seems to be getting plenty of breast milk during the day and I hope at night also. You show a lot of love with Patience, which is also important for her health and happiness. Now, on what you can improve: at her age, Patience needs to be eating more food—at least one more meal and a couple of snacks. And, at each meal she needs to get more than <i>nshima</i> and soup. To start with, Patience needs to have some

Time (min.)	Who	Content
		of the relish mixed with her <i>nshima</i> and not get only soup. It would be a very good idea if you could carry beans or a boiled egg or kapenta to mix with Patience's <i>nshima</i> on the days when you are at the market. I know that money is scarce, but Patience should also be eating a snack at the market in addition to something before you leave in the morning and after you come home in the afternoon. Perhaps you can make a traditional beverage such as <i>munkoyo</i> , <i>chibwantu</i> , <i>tobwa</i> , or <i>mayehu</i> . Or, you could find a banana, avocado, Mponda (<i>use the appropriate name for each language</i>) or sweet potato for her to eat. For the time that you are at the market Patience needs to eat twice in addition to being breastfed.
	Mrs. Z.	Those sound like good ideas, ma'am. I will do my best to give Patience more <i>nshima</i> with relish and to have a snack for her, but I'm not sure how I can follow through with the advice about feeding her before I leave and always when I get home. I am often tired and have a lot to do.
	Sister	Ah, but is that lovely lady that I see over there your mother?
	Mrs. Z.	Yes, she is. Mama, come here. (Sounds of the mother joining)
	Sister	Hello, ma'am. I am just talking to your daughter about Patience your beautiful granddaughter. We are talking about how Patience needs to be eating more each day to keep growing in both body and mind. I am especially concerned that Patience is not eating before she leaves with her mother for the market. I am wondering if you could help out by making some special porridge for Patience in the morning while your daughter prepares for market. Special porridge begins with regular porridge, although it is made with less water than usual so it is thicker and then it has a special ingredient or two added. These special ingredients can be such foods as sugar, oil, milk, eggs, sour milk, and pounded groundnuts. If you could feed Patience before she leaves she will fuss less and do better while she is with your daughter. What are your thoughts about this?
	Grand-mother	Ummm...it will be like when I had my own children and made porridge. But, my daughter will have to bring me these special foods from the market.
	Mrs. Z.	Mama, I will try. Of course, pounded groundnuts are not a problem for us most of the time, but I will try to get some milk or even an egg if you can help me out in this way.

Time (min.)	Who	Content
	Sister	You are both wonderful. By trying these two things together you will make a big difference to Patience. But, I am always full of ideas, both Daniel and Edith can tell you—I have one more suggestion that you can work on together. Patience needs a good meal when she comes home from the market. Between you, with what is in the house and what you are making for yourselves, can you manage a meal for Patience? It could be <i>nshima</i> again with a relish with vegetables and fish, or boiled potato with groundnut sauce or rice with a fried egg.
	Mrs. Z. and mama	Yes, yes, we will do our best with what we have. In fact, although it sounds like a lot to do, it really means just putting our minds to it and making sure that Patience is getting her three meals a day and a snack at the market.
	Edith	I would also suggest that you try to bring Patience to the clinic more often for weighing, other services, and advice. If I am there, I will check to see how you are doing, or you know you can always come to me.
	Mrs. Z. and mama	Yes, we know. Thanks so much, Sister.
	Sister	Thank <i>you</i> for being a caring mother and a caring grandmother and for sharing your experience with Patience with us. Good luck as you try to put a few of these small changes into practice every day.
	Everyone	Bye, bye. [A few seconds of transition music.]
	Daniel	Thank you, Sister, for another very educational session. And thank you, Edith, for helping us meet some of the nice mothers and children in your community. Sister, would you like to try to summarize your advice for feeding one-year-olds?
	Sister	Because these young ones are so active and developing so fast, they must eat a lot of food to get all of the vitamins, protein, and energy they need. But, their stomachs are not so big so they need to eat more frequently than we do. They need at least three meals with all of the foods the rest of the family is eating and two snacks like a piece of fruit, some beans, or a boiled sweet potato. They should still be breastfed day and night. Families need to make sure that the portions the child eats are sufficient to satisfy the child and that the food is freshly cooked. Finally, be sure your child is up-to-date with their vaccinations and vitamin A, and sleeps under a treated

Time (min.)	Who	Content
	Daniel	<p>mosquito net. Young children this age are really developing into little people. They are a joy, but still a lot of work!</p> <p>Again, thanks very much for sharing your excellent knowledge and experience. We'll now return to our announcer XXX for the remainder of this program.</p> <p>END OF PRE-RECORDED PART</p>
48	Announcer	I'd like to thank Sister Loveness, Daniel, Edith, and the other mothers for a very interesting and useful discussion. Let's take a moment now to listen to one of our spots on feeding young children.
49	Spot No. 4	Play IYCN Spot No. 4 on introduction of thick and enriched foods.
50–52	Announcer	<p>Today we shared information with you on how to feed young children from 12 months old to two years, with a combination of breast milk plus at least three meals and two snacks. These young children are growing physically and developing mentally before our eyes and to do this they need a good variety of food and a good quantity at each meal.</p> <p>I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your friends with young children about this good advice. It is up to us to make sure that Sister Loveness' teachings are shared widely.</p> <p>Our next program will also cover a few important aspects for feeding children who are not yet two years old. There will also be a session in which our two experts respond to questions and comments that have come in over the past few weeks.</p> <p>We encourage you to submit questions about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me).</p> <p>Today's program is part of the series called <i>Imiti I Kula (Bushes That Grow Are the Future Forest)</i>, which offers information critical to child growth and development and even to saving lives of young babies.</p> <p>Now in signing off I give you one last message and say that I look forward to another program next week.</p>

Time (min.)	Who	Content
		Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.
53	Spot No. 5	Play IYCN Spot No. 5 on mother's testimonial on food variety.
54-60		Music

Imiti I Kula
Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 11: Active and Responsive Feeding and Own Plate for Babies Between Six and 23 Months Old

Program objective and brief

Program 11 is one of several programs on feeding children from six months to two years old. This program focuses on two issues that often affect optimal feeding of babies and young children in Zambia—the need for active and responsive feeding and the related need for these young children to have their own plates rather than have to compete with older siblings for food from a shared bowl. This program will begin with a pre-recorded session with two experts—a doctor and a nurse—responding to questions and comments that listeners of the previous programs have called or texted in. The central portion of the program is a pre-recorded interview by the health reporter, Daniel, with Sister Loveness about the central topic of this program.

Research and observations indicate that one reason that many one-year-olds don’t consume sufficient food is their mothers’ assumption that these young children are now capable of eating on their own and eating from a shared bowl. What often happens is that these babies get easily distracted and don’t eat as much as they should or they are not really self-sufficient and they spill food. If they have to eat from a shared bowl, they often can only get their hands on small quantities of food compared to their older, siblings who are more proficient and quicker eaters.

At the end of the show, the audience should be able to explain the need for active and responsive feeding of one-year-olds and younger babies, and the need for them to have their own rather than a shared plate or bowl.

Program 12 will focus on how to feed babies during and following illness.

Time (min.)	Who	Content
1–5	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the eleventh program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice offers this program.</p>

Time (min.)	Who	Content
		<p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program will reflect Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances this information could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>More after an announcement and music.</p>
6	Spot No. 5	Play IYCN Spot No. 5 on mother’s testimonial on food variety.
7–15		Music
16–30	Announcer	<p>Hello again, this is your host, XXX. Today’s show is another in our series of programs about how to feed and care for infants and young children until they are two years old. We are going to offer information that reflects the best guidance from health workers. We want to make sure that the advice is clear and useful for everyday life and for many different family situations. We will offer you the opportunity to ask questions in case we are not completely successful or if we have not covered some aspect of interest to you.</p> <p>Our main guide on these important topics is Sister Loveness. If you heard previous programs, you remember that she has lived in and traveled to many parts of Zambia and has worked at many hospitals and clinics. Sister Loveness is a specialist in young child health, nutrition, and development. Her children and their families are scattered across the country so she knows the different traditions and practices across Zambia. Today, our health reporter Daniel will interview Sister Loveness in our studio concerning two issues that prevent some babies 12 to 23 months old in Zambia from consuming as much food as they require for good growth and development—the lack of active feeding and the custom of having these young children compete with older children for food from a shared food bowl.</p> <p>As usual, remember that you can send in your questions by calling or texting (sending an SMS to me).</p> <p>THIS NEXT SEGMENT WILL BE PRE-RECORDED</p>

Time (min.)	Who	Content
	Music	<p>[This should be a 15-minute session in which the announcer reads some of the most interesting comments and questions received, and then Dr. XXX and/or Sister XXX comment or respond, keeping the main points of the series in mind and trying to explain things clearly and in simple language.]</p> <p>Music to break the Q&A from the pre-recorded segment with Daniel and Sister Loveness.</p>
31–48	<p>Daniel</p> <p>Sister</p> <p>Daniel</p> <p>Sister</p>	<p>THIS NEXT SEGMENT WILL BE PRE-RECORDED</p> <p>Hello, everyone. It’s nice to be back with you and to have another opportunity to talk with our friend, Sister Loveness. Good morning, Sister, how are you on this fine morning?</p> <p>I am very fine Daniel. And, you? It must have been so easy for you this time, just to come over here to the studio to talk with me.</p> <p>Yes, Sister, it was although I enjoyed traveling to all parts of our beautiful country to find you. You have shown me such interesting things it has been worth it. Although our regular listeners know you well from the earlier programs, Sister, perhaps you say a few words about yourself for our new listeners.</p> <p>Thank you, Daniel. It’s good to be back to try to provide some important information on how to feed and care for young children, who are so dependent on their families for good care and nurturing.</p> <p>As I’ve explained in earlier programs, I am a nurse who has worked on children’s health and nutrition all around Zambia for the past 30 years. I am helping with these radio programs on the best ways to feed and care for young children, so that families all over the country can become aware of the latest recommendations. We also want people to have a chance to think about their own situation and what they might do to put into practice some of the actions we discuss on this show.</p> <p>Last week we discussed general information on what to feed one-year-olds, which was to give them three meals with at least a cup of food, and a good variety of foods plus two snacks a day. The food for the meal should not be too watery. And, these children should still be breastfed. Today I wanted to talk with you and the listeners about how to feed babies and particularly young children. I have noticed that the way some mothers feed their children limits how much their children will eat. In these cases even though the parents</p>

Time (min.)	Who	Content
		think they are feeding their children well, their child is not eating enough healthy food. That's why I hope what we discuss today can help some mothers achieve what they want—healthy, smart children who are growing well.
	Daniel	That sounds like what we all want! To start, Sister, please share your observations of how some mothers are trying to do the best for their child but not really doing that.
	Sister	Certainly, Daniel. I have seen two things happen. First, I have seen mothers who have many chores give their child food on a small plate or set them down with their older siblings to eat, and the mother continues with her work. The mother, then, only has an idea that the child was given food, but she does not know how much the child ate. Often, the child has left most of the food on the floor or older siblings have eaten it, either way it has not gotten inside the young one who needs it. The second thing that I have seen is that the mother might sit with the child but she is either impatient so that if the child gets distracted she thinks the child doesn't want to eat any more, or if the child is young and turns his or her head or spits out the food the mother says the baby doesn't want to eat. In this situation the mother is assuming the baby knows what it wants and what is best, instead of the mother. Again, the baby isn't getting all the food he or she needs.
	Daniel	I hadn't thought about this before, but I have certainly seen parents speaking for their children, assuming that their child doesn't like a food because they themselves don't like it. But, this is hard to change—so what do you recommend?
	Sister	What we recommend is what we call “active feeding” or “responsive feeding.” That means that the mother, or another responsible family member, sits with the child during the meal and encourages the child to eat, responding or interacting with the child as needed.
	Daniel	How? Can you explain this a bit more Sister?
	Sister	Well, the adult might let the child feed him or herself for as long the child is able, but if the child is struggling with a piece of food the adult could talk with the child and explain or show how that food is handled and help the child eat it. Or, once the child becomes distracted or fussy, the adult again would talk or sing to the child encouraging another mouthful. This is a good time to help children learn to handle a spoon, to pick up food and put it in their mouths

Time (min.)	Who	Content
		as appropriate. We need to teach our children as they themselves learn to eat. That is why we say responsive. As the child feeds him or herself the adult responds and actively helps the child.
	Daniel	Doesn't this so-called "active feeding" apply just as well to babies younger than one year of age?
	Sister	Absolutely, Daniel. It starts with the exclusive breastfeeding during the first six months and continues. Mealtime for babies under two should be a time for mothers and other family members to be close to their baby and to interact with the baby or young child. It is a wonderful time to teach and to begin to pass on our great Zambian songs and stories. Eating should be both pleasurable; because the baby enjoys the taste or texture of the food and is satisfied, as well as healthful, because the child is receiving the nutrition it needs to grow well, healthy and happy. So it's an important time to share between the mother or other family member and the baby, not to sit the young child down alone. The mother or grandmother can still do simple things like talk with someone or shell beans, but her main focus should be on that baby, encouraging it to eat well, looking after its needs such as helping the baby remain dry and comfortable.
	Daniel	The way you describe it, I feel like finding a baby to feed!
	Sister	(Laughing) Well, in good time Daniel. I know someday you will have your own and you will be a wonderful father. In the meantime you can help your sisters. Feeding a young child is a wonderful time.
	Daniel	Are there any other important aspects to feeding that you should mention?
	Sister	Yes, at the time the baby is one year old, many mothers allow the child to eat at least some of its meals from a bowl that it shares with older brothers and sisters. I mentioned this last week. Why is this not a good idea?
	Daniel	I think this is easy to answer—the older children eat quicker, so the little one may not get much of the food.
	Sister	That's right. Older children need enough food for growth and development also, but food is especially important for a one-year-old. The little guy or girl cannot compete with older children who eat faster and who may be more aggressive in claiming the food. So

Time (min.)	Who	Content
	Daniel	our strong recommendation is that the young child be given his or her own bowl with several healthy foods, and [hesitates]...
	Daniel	...that the mother or another responsible family member either feeds or carefully supervises the child eating.
	Sister	Exactly, Daniel. I hope everyone listening has caught on to these recommendations as well as you have. It is too bad that I don't have another daughter searching for a husband. (Laughing)
	Daniel	Okay, Sister, everything in its time... You talked about some interesting aspects of child feeding that I, and probably a lot of other people, never think about. So, again thank you. Unless you want to add something, I think we will wrap up.
	Sister	Yes, families should keep in mind that their child is only a baby once, so they should take advantage of that brief, precious time not only to enjoy the baby but also to ensure that the baby gets off to the best start in growing into a healthy, smart adult who will make both their family and country proud. Mothers will also find that the baby who eats enough healthy food will be more satisfied, cry less, want to play more, and sleep better. This is good for the entire family.
	Daniel	Thanks very much once again for sharing you excellent knowledge and experience. We'll now return to our announcer XXX for the remainder of this program. END OF PRE-RECORDED PART
49-51	Announcer	I'd like to thank Sister Loveness and Daniel for such an interesting and useful discussion. Let's take a moment now to listen to one of our spots. Play IYCN Spot No. 3 on exclusive breastfeeding until six months. Today we shared information with you on how to feed young children using active and responsive feeding techniques. Sister Loveness also reminded us of the importance of having a bowl or small plate just for the young child's food. I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your friends with babies about this good advice. It is up to us to make sure that Sister Loveness' teachings are shared widely.

Time (min.)	Who	Content
		<p>Our next program will discuss how to feed children who are sick or recovering from illness, or who do not have a good appetite for some other reason. Almost every baby will be in these situations at some point in their young life.</p> <p>We encourage you to submit questions about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me)</p> <p>Today's program is part of the series called <i>Imiti I Kula (Bushes That Grow Are the Future Forest)</i>, which offers information critical to child growth and development and even to saving lives of young babies.</p> <p>Now in signing off I give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
52	Spot No. 5	Play IYCN Spot No. 5 on mother's testimonial on food variety.
53-60		Music

Imiti I Kula
Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 12: Feeding Young Children Who Are Sick

Program objective and brief

The next-to-the-last program in the series, **Program 12**, focuses on the important topic of how to feed a child under two during and following illness. It also makes a few points about general care of a sick child and the need to look for and act on “danger signs.” The central portion of the program is a pre-recorded interview by the health reporter, Daniel, with Sister Loveness.

Research and observations with mothers indicate that Zambian mothers generally do try to continue normal feeding during illness. However, many sick babies have a poor appetite, and since mothers generally like to think that the baby is indicating what is best, they don’t try too hard to encourage the sick child to eat. In fact, food and drink for the young child during illness is very important to replenish calories and nutrients lost to diarrhea, vomiting, fever, and poor appetite. Good feeding is the first defense against dehydration, which is a factor in many child deaths. Feeding in the first week or two *after* illness (once the baby is recuperating) is also very important. The child normally becomes quite hungry during that time, so mothers need to be aware of this and try to take advantage of the child’s desire to eat more, so the child can gain back any weight lost during the illness.

At the end of the show, the audience should be able to describe active feeding and other recommended strategies during and after illness and explain why these strategies are so important. They should also be able to describe general good care of a sick child.

Program 13, the last in this series, will aim to summarize the main points from all of the previous programs.

Time (min.)	Who	Content
1–5	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the twelfth program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice offers this program.</p>

Time (min.)	Who	Content
		<p>Information about how to feed and care for children is changing as we learn more about what to do in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program will reflect Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances this information could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>More after a spot and some music.</p>
6	Spot No. 6	Play IYCN Spot No. 6 on active feeding.
7–15		Music
16–45	Announcer	<p>Hello again, this is your host, XXX. Today’s show is another in our series of programs about how to feed and care for infants and young children. Today we focus on feeding sick children under the age of two, although most of the ideas are useful for older children as well, and even for us adults, when we are sick. We are going to offer information that reflects the best guidance from health workers. We want to make sure that the advice is clear and useful for everyday life and for many different family situations. We will offer you the opportunity to ask questions in case we are not completely successful at explaining something or if we have not covered some aspect of interest to you.</p> <p>Our main guide to this important information is Sister Loveness. If you heard previous programs, you remember that she has lived in and traveled to many parts of Zambia and has worked at many hospitals and clinics. Sister Loveness is a specialist in young child health, nutrition, and development. Her children and their families are scattered across the country. Today, our health reporter Daniel will interview Sister Loveness at the small hospital near our studio concerning advice for feeding sick children and the reasons why this advice is given.</p> <p>As usual, remember that you can send in your questions by calling or texting (sending an SMS to me).</p> <p>THIS NEXT SEGMENT WILL BE PRE-RECORDED</p>

Time (min.)	Who	Content
	Daniel	<p>Hello, everyone. It's nice to be back with you and to have another opportunity to talk again to my great friend, Sister Loveness. Good morning, Sister. I am glad that you waited for me outside the hospital because we can get started here before going inside. I always feel like I have to speak quietly in a hospital and that doesn't always suit our sometimes lively conversations too well. Although our regular listeners know you well from the earlier programs, Sister, perhaps you might say a few words about yourself for our new listeners.</p>
	Sister	<p>Thank you, Daniel. It's good to see you again and to be back with the listeners to provide some important information about how to feed and care for young children, who are so dependent on their families for good care and nurturing.</p> <p>As I've explained in earlier programs, I am a nurse who has worked on children's health and nutrition all around Zambia for the past 30 years. I am helping with these radio programs on the best ways to feed and care for young children, so that families all over the country can become aware of the latest recommendations. We also want people to have a chance to think about how they can carry out the recommendations in their own homes and communities.</p> <p>Last week we discussed two issues that prevent some one-year-old children from consuming as much food as they require for good growth and development—the lack of active feeding and the custom of having these young children compete with older siblings for food from a shared food bowl. I have invited you to the hospital today in order to discuss another reason why one-year-olds often fall behind on their growth—and that is because they tend to get sick quite frequently. So we are going to discuss recommendations for feeding young children during and after illness and why good feeding and care are so important for these children—and really for all of us when we are sick. I hope what we discuss today can help some mothers achieve the goal that all are aiming for—healthy, smart children who are growing well.</p>
	Daniel	<p>Very good. Sister, what you tell us is always so useful. My sisters say they have already benefited from listening to you and from the added advice I have given them. However, they would never admit how much I know about caring for young children. (Laughing) Before we go inside, Sister, please tell us why feeding children well during illness is so important.</p>

Time (min.)	Who	Content
	Sister	<p>Certainly, Daniel. There are two big threats to our young children's good growth and development. One is poor feeding practices, which can result in consistent poor growth and if the situation, particularly hygiene, is very bad, in frequent diarrhea and illnesses. The other threat is illness itself. With poor feeding practices the child can become weak and sickly, but perhaps not be sick with an illness. An illness not only makes feeding more difficult because the child often loses his or her appetite and doesn't want to eat, but the illness itself deprives the body of nutrients, especially if there is vomiting or diarrhea. So, the worst case is a child who has not been fed well and then gets sick. However, even in cases where a child has been fed well, unless mothers feed their children well both during and in the week or two following illness, their children can suffer major setbacks in growth and health. One illness can erase many months of good feeding, unless the mother and family follow good feeding practices during and just after the illness. If they don't do this, their children risk more sickness and not reaching their potential to grow well and develop their intelligence. So we have to take illnesses very seriously, before they become emergencies.</p>
	Daniel	<p>Wow—you certainly have my attention! I had no idea. Although if I stop to think about how I feel with even a bit of diarrhea I can see how it might be a major setback for a little one. So, how are mothers feeding their sick children now, and how might they do better? I suppose you want us to visit with a few mothers whose children are here in the hospital?</p>
	Sister	<p>Ummm, Daniel, can read my mind now; we have been working together for so long. Yes, let's go inside and see who we can find to talk to.</p> <p>While we walk...I can tell you that in some countries mothers withhold food and drink from a sick child, which is very bad for the child. In Zambia, from my observations and discussions with many mothers, it appears that most do <i>try</i> to continue normal breastfeeding and other feeding of young children. This is excellent. Our problem is that one of the results of many illnesses is that the child loses its normal appetite, so the child itself doesn't really want to eat as much as normal. And most Zambian mothers want very much to please their young children, so if a sick child doesn't seem interested in eating, the mother will accept that and won't insist.</p>
	Daniel	<p>But she shouldn't accept it if the child doesn't want to eat? Certainly mothers should not try to <i>force</i> food into their sick</p>

Time (min.)	Who	Content
		children.
	Sister	<p>That's quite right, Daniel. Let's see what is going on here.</p> <p>Hello, I am Sister Loveness and this is my friend Daniel. We are working on a radio program for Zambian families about the care and feeding of young children. Today we are offering help with feeding children who are sick. Would you mind if we spoke with you about your experience?</p>
	Rose	(Shyly) Hello to you both. My name is Rose. I don't mind if you want to ask me about my little boy, Freddy. I have already told the doctors about him and he is getting better.
	Sister	Thank you Rose. I can see that Freddy is quite thin and weak, but I am glad you say he is better. Can you tell us a bit about how he came to need to be in the hospital?
	Rose	<p>Yes, my Freddy was a happy, playful son when one day he got diarrhea and a bit of fever. In this situation he just grabbed onto me and wanted to be held all day. So, I tried to make him comfortable and I breastfed him when he cried and was fussy. I also tried to give him his food, but he turned away and wouldn't take any food. I thought that the food might have made him sick so I didn't try to get him to eat. This continued for several days. His fever got better, so he seemed to have a bit more energy, but the diarrhea was worse. After several days he did not even want to take any breast milk, and I thought perhaps he was telling me that the breast milk was making him sick so I stopped, hoping that if he had nothing he might get better. But, he became so weak we were all worried he would die and so I brought him here to the hospital where the doctors gave him fluids. I am now back to breastfeeding him and I am giving him, little by little, some food.</p>
	Sister	<p>Rose, I am so happy for you. Freddy is indeed on the road to recovery. For our listeners I would like to point out that Rose's story is not unique. And, it addresses what Daniel and I were talking about which is the importance of encouraging a sick child to continue eating. Rose thought she was doing what was best for her child by stopping food and eventually breast milk, but it led to Freddy becoming extremely weak with no strength to fight the illness.</p> <p>Mothers should not force food into their children. However, there are various ways that mothers can try to get their sick children to</p>

Time (min.)	Who	Content
		eat more. Of course, continued breastfeeding is essential, but if the child is older than six months and is getting food, trying to feed some food is also critical.
	Daniel	So, Sister, what would you have told Rose to do? And, then Rose, let's see what you say to Sister's advice.
	Sister	I'll describe several ideas, Daniel. The first advice is for the mother to use patience and persistence in feeding a sick child. Don't stop trying to feed as soon as the child doesn't seem interested in eating. Keep trying, and also use those active feeding ideas that we talked about before. Talk or sing to the child, give praise, and let the child sit in your lap if the child needs to be consoled. Each feeding might take more time because the child isn't feeling well.
	Rose	Ah, Sister, I know from talking with the doctor that I should have tried a bit harder to get Freddy to eat something. I was so sure that Freddy was letting me know what had made him sick that I stopped his food. It would have been hard, but I think he would have taken some soft foods with a few kinds words from me.
	Sister	Rose, you are probably right and you have mentioned my second suggestion, which is to feed the child's favorite foods. Although a good variety of foods is important for a child older than six months of age, a sick child may not want all of the foods it was eating when well, so feed the foods that the child is most interested in. Or, if the child is already eating like the rest of the family you might switch to a soft food, like an enriched porridge or soft mashed <i>nshima</i> with vegetables.
	Daniel	Yes, I know when I don't feel well, I will often eat differently—looking at foods that are soft and perhaps eating smaller quantities, but I might have an extra snack or two.
	Sister	You and Rose are so good—you are beating me to my own suggestions. Yes, another idea is to feed a smaller amount than normal but, more times a day than normal. This may result in the child eating about as much as before he or she became sick. Another idea is to try to give as much or more breast milk than before the illness if the child is refusing to eat. Giving other drinks might also be important. Diarrhea, fever, and vomiting have the effect of taking water out of the child, and it's very important that that water be replaced. Good feeding is the first defense against dehydration, which is a serious condition that occurs when a person

Time (min.)	Who	Content
		loses too much water. Dehydration is a factor in many child deaths.
	Rose	In fact, Sister, the doctor used that word, dehydration, when she first examined Freddy. Because I had stopped breastfeeding Freddy didn't have enough to drink and that is why his situation was so severe and he had to stay in the hospital. I have learned my lesson to always continue breastfeeding—that it is not the breast milk that is making the baby sick.
	Sister	Rose, you are right again. I am so glad to see how much you have learned from this experience with Freddy. I know this was your case, but the final advice I have is for families with a child who has a lot of mucus in the nose. This blockage can make breathing hard and therefore eating, and even breastfeeding can be difficult. The mother who has a sick child with a stuffy nose might want to lean the child's head back and drip salt water into the nostrils. This should help loosen some of the mucus so that it can be wiped away.
	Daniel	As always, you have given us a lot of ideas, Sister. I am going to try your suggestion about the salt water the next time I have a stuffy nose. But, what do you think of all this, Rose?
	Rose	Umm...I agree with everything that Sister Loveness has said because I have just had this bad experience with my little Freddy. But, what I am worried about is that with so many suggestions people will think it is too much work and they won't try. But, I have to say here to your listeners that they need to pay attention to the little ones when they are sick. In just a few days they can go from being happy and playing to being in the hospital.
	Sister	Thank you, Rose. You are so right! Caring for a sick child does take more time and attention than in normal times. I would highly recommend that grandmothers, fathers, and older brothers and sisters help the mother, particular during this time. We've already discussed how most Zambian mothers have so many tasks, and the burden is even greater when a child is sick; so others need to help with the extra burden of a sick child. Certainly when my grandchildren are sick, my children contact me to see if I can come to help.
	Daniel	That makes sense, Sister. Are there any other points that you would like to make about caring for a sick child?
	Sister	Yes, Daniel. Some illnesses are mild, and the child's own body can fight those off and recover. But other illnesses can quickly get

Time (min.)	Who	Content
		<p>worse and worse as Rose has told us, to the extent that they threaten the child's very life. This is why it's so important to know when a sick child needs to be taken immediately to a health center or hospital. This refers to the so-called "danger signs." These are things like very difficult, rapid breathing and diarrhea with blood. People should be able to get information on these signs from their community health worker, neighborhood health committee, or staff at the health facility. A key point is that when parents see one of these signs, they should not delay bringing the child for good care. In some cases delay can be fatal.</p>
	Daniel	<p>That sounds extremely important. Maybe we can do a program on danger signs one of these days.</p>
	Sister	<p>I'd be happy to. But, perhaps for now we should let Rose rest and look after Freddy. Thank you Rose, so much for your time and for sharing your story with us.</p>
	Daniel	<p>Yes, thank you, Rose. We are grateful and wish you and Freddy well.</p>
	Rose	<p>Most welcome, thank you.</p>
	Daniel	<p>(Sound of them leaving and walking) Sister, as we leave, let's return to our topic of feeding the sick child for a minute. When we were talking outside you mentioned that you would also discuss how to feed children just after they have recovered from an illness. Why is this important? How is feeding them then different from normal feeding?</p>
	Sister	<p>Daniel, you take such good notes, you don't let anything escape us. Very good. Now, because the sick child has a poor appetite, even if the family has done their best to encourage good eating and drinking, the child has probably eaten less than usual and therefore will have lost weight to the illness. However, nature is wonderful and so often during the first week or two after the illness is over there is a golden opportunity for the child to recover what has been lost. Once the illness has passed, the child will have a very good appetite for a week or two. So mothers and families should take advantage of this period and get the child back to eating a wide variety of foods and eating more than usual, whether it is in a meal or by offering an extra snack. To make up for all of the energy that the child has lost this period of a week or two, it is also the time to buy special foods to really help the child back to health. By special foods I mean to add foods like pounded groundnut, sour milk, and</p>

Time (min.)	Who	Content
		avocado and even a bit of oil to what the child eats in a meal. These practices will help the child quickly recover what it lost during the illness.
	Daniel	Very interesting. I didn't know about this time when the appetite is good and an extra feeding is a good idea right after illness.
	Sister	Ah, as we always say, live and learn—one new thing every day...
	Daniel	Yes, I know, but with you Sister I learn more than just one new thing when we meet. Although we seem to have almost reached the end of our time, I thought of one more question that I was curious about. It's something that happened to my sister just last week. She became ill with sneezing and coughing. She was going to stop breastfeeding her little girl for a couple of days, just until she felt better. But, I told her to talk to the community health worker. He advised her strongly that she should not stop. Was he correct? Can the breast milk of a sick mother harm the child?
	Sister	This is something that I probably should have addressed when we were discussing breastfeeding, but thanks for bringing it up now. The community health worker's advice was absolutely correct. The sick mother's milk will not harm the child, and in fact it will protect the child from getting the mother's illness. Stopping breastfeeding, especially of a young baby, could be extremely harmful to the baby's health and survival.
	Daniel	Thanks. One more thing I learned today! Believe it or not, I think that I'm out of questions for the moment. Do you have anything else that you would like to say about feeding sick babies?
	Sister	I don't think so. I am so glad that we met Rose and we were able to hear from someone who was going through the problems of feeding a sick child.
	Daniel	Thanks very much once again for sharing your excellent knowledge and experience. We'll now return to our announcer XXX for the remainder of this program.
		END OF PRE-RECORDED PART
46	Announcer	I'd like to thank Sister Loveness and Daniel for an interesting and useful discussion. Let's take a moment now to listen to one of our spots on complementary feeding.

Time (min.)	Who	Content
47	Spot No. 6	Play IYCN Spot No. 6 on active feeding.
48–51	Announcer	<p>Today we shared information with you on how to feed sick babies. We learned that many sick babies have a poor appetite, and since mothers generally think that children know what is best for them, they don't try too hard to encourage the sick child to eat. In fact, food and drink for the young child during illness is very important to replenish energy and nutrients lost to diarrhea, vomiting, fever, and poor appetite. Good feeding is the first defense against dehydration, which is a factor in many child deaths. Feeding in the first week or two <i>after</i> illness is also essential. It is a window that opens up and allows the child to truly get back to normal. The child becomes quite hungry during that time, so mothers need to be aware of this and try to take advantage of the child's desire to eat more, so the child can recuperate any weight lost during the illness.</p> <p>I hope that you have all enjoyed this program and that you will help spread the information that you have learned today. Please tell your friends with babies about this good advice. It is up to us to make sure that Sister Loveness' teachings are shared widely.</p> <p>Our next program will be our last in this series so please tune in as we take a tour of our previous programs with Sister Loveness.</p> <p>We encourage you to submit questions about feeding newborns and young children or that might cover things that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me).</p> <p>Today's program is part of the series called <i>Bushes That Grow Are the Future Forest</i>, which offers information critical to child growth and development and even to saving lives of young babies.</p> <p>Now in signing off I give you one last message and say that I look forward to another program next week.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
52	Spot No. 7	Play IYCN Spot No. 7 on feeding a sick child.
53–60		Music

Imiti I Kula
Bushes That Grow Are the Future Forest
Feeding Our Children Well for Our Future

Program 13: A Review of Key Actions for Successful Feeding During a Child’s First Two Years

Program objective and brief

This final program in the series, **Program 13**, focuses on a review of the key points or practices important in feeding a child during the first two years of life. It highlights the transitional nature of this period; that is, the transition in breastfeeding from exclusive to complementary breastfeeding; the quantity of food which increases from a few spoonfuls per meal to a small plate; the types of food which change from those that are easily mashed to the full array of local foods; from a feeding frequency of meals twice a day to three to four times a day; and from being fed by a caretaker to feeding oneself with help and encouragement. In addition to a focus on these key transitions, the program will also touch on those special situations such as feeding a sick child and important “tips,” such as asking for other family members to help. The central portion of the program is a pre-recorded interview by the health reporter, Daniel, with Sister Loveness.

At the end of the show, the audience should be able to describe the important transitions and a few key actions that are critical to following optimal young child feeding. They should be able to describe certain things that they have done or will do to try to improve their practices.

Time (min.)	Who	Content
1–5	Announcer	<p>Play one minute of the musical theme that we will always use as an intro to this show.</p> <p>Radio Christian Voice and the United States Agency for International Development’s Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p> <p>Welcome the audience to the thirteenth and final program in the series.</p> <p>Name of series and why it was picked—for the old saying: “Bushes that grow are the future forest.”</p> <p>Reason why Radio Christian Voice is pleased to have offered this program.</p> <p>We have shared over the last 12 programs information about how to feed and care for children during the first two years of life. The</p>

Time (min.)	Who	Content
		<p>reason for this is our belief that there are always new ideas to learn to improve our daily lives. Although there is certain knowledge that does not change, there is new information that we can all learn and some practices that we can change in the face of new challenges such as difficult economic times, food shortages, HIV/AIDS, and life in an urban environment. This program has reflected Zambian standards and recommendations as well as the latest information on how to feed young children to benefit their growth and development—both in body and mind. In some instances the information we have shared could save young lives.</p> <p>Radio Christian Voice has joined with the United States Agency for International Development’s Infant & Young Child Nutrition Project to ensure that the content of the program is correct on how to feed young children. We all must live and learn...</p> <p>More after a spot and some music.</p>
6	Spot No. 6	Play IYCN Spot No. 6 on active feeding.
7–15		Music
16–48	Announcer	<p>Hello again. This is your host, XXX. Today’s show is the final one in our series of programs about how to feed and care for infants and young children. Again today we are going to be with our reporter Daniel again as he talks to Sister Loveness for the last time. He told me that he was going to reminisce with Sister Loveness about all the places and people that they have visited during the taping of the previous 12 programs. Daniel also wants to make sure that the advice from Sister Loveness is clear and useful for everyday life and for many different family situations. So he is going to be asking for her to clarify things that people have asked him.</p> <p>I would like to remind you that our main guide to this important health and nutrition information is Sister Loveness. If you heard previous programs, you remember that she has lived in and traveled to many parts of Zambia and has worked at many hospitals and clinics. Sister Loveness is a specialist in young child health, nutrition, and development. Her children and their families are scattered across the country so she knows the realities of life in all corners of our beautiful land. Today, for this final program, our health reporter Daniel has been invited by Sister Loveness to her home.</p> <p>As usual, remember that you can send in your questions by calling or texting (sending an SMS to me).</p>

Time (min.)	Who	Content
		THIS NEXT SEGMENT WILL BE PRE-RECORDED
	Daniel	Hello, everyone. It's nice to be back with you and to have another opportunity to talk again to my great friend, Sister Loveness. Good morning, Sister. Thank you so much for your kindness in inviting me to your home for our final chat. It is very comfortable here and I look forward to spending this time with you.
	Sister	<p>Thank you, Daniel. It's good to see you again and to be back with the listeners. I am so happy you could come to my home. It is humble, but it is mine and it is filled with so many reminders of my wonderful children and grandchildren that I feel most comfortable here. It is a fitting place for our final program because it allows me to reflect on my joys and challenges as a parent and to be sure that the listeners understand my dedication to helping them feed and care for their young children, who are so dependent on their families for good care and nurturing.</p> <p>I am speaking today not just as a nurse who has worked on children's health and nutrition all around Zambia for the past 30 years, but also as a parent and grandparent of ten healthy grandchildren. I have helped you with these radio programs on the best ways to feed and care for young children so that families all over the country can become aware of the latest recommendations and can make small changes in what they do every day to improve their children's health and nutrition for a better future. I hope what we discuss today can help families achieve the goal that all of us are aiming for—healthy, smart children who are growing well.</p>
	Daniel	Yes, Sister. You have done such a good job of sharing so much information over these past weeks that I need to thank you on behalf of all of us listeners and learners. I know for one, I have to admit that I have learned a tremendous amount. Some of my friends have teased me when I talk about some of the things you have discussed like the incredible way that nature allows a mother to make enough milk to satisfy her baby according to the baby's needs. I was really amazed when I heard you talk about this. Even though breastfeeding is not considered a topic for men, it seems to me we should all know a bit about it for the benefit of our family.
	Sister	Umm Daniel, I am so proud of all that you have taken in from our discussions and how you freely discuss the information with others, mostly your own family. I always tell people that we need to have an attitude of life-long learning. Once we are done with school it does not mean that we are done with learning. This is especially

Time (min.)	Who	Content
	Daniel	<p>true in health. Every day there is more information about how to stay healthy and about how to raise healthy children. We need to understand this new information and use it with our Zambian way of life.</p> <p>So true, Sister. So, let us use this final program to reflect on our sessions together. I have so enjoyed my travels to meet you in different places in our great country—from Chapata Compound, to the mothers’ club in Kasama, to the PTA in Solwezi, to the market place and the hospital, and today at your lovely home. And, of course I have enjoyed all of the people we have interviewed, who have shared their stories with us. I particularly want to thank your daughter Dorothy and niece Malita, who were very generous with their time and insights. Being able to hear people’s stories helps us remember our reality and makes the advice something that we can all relate to.</p> <p>Without going over each program can you think of a way to review some of the most important ideas from our series?</p>
	Sister	<p>Certainly, Daniel. You know that I never lack for ideas. (Laughing) I was thinking that a good way to look back at our discussions would be to highlight all of the changes that a young one goes through in the first two years of life. Since parents see their babies change before their eyes it is sometimes difficult to appreciate each stage. As we do that we can try to highlight the major points and special tips that were discussed.</p> <p>Let me start by asking you what you think the biggest change is in a baby’s care and feeding in these first two years of life?</p>
	Daniel	<p>Oh, you are putting me on the spot! I would have to say that I think this first one is easy—the biggest change is that the baby goes from being only breastfed to eating all of the family food while continuing to get breast milk.</p>
	Sister	<p>What a good student. Yes, these first two years are all about getting the best quality food to the child to support his or her rapid growth and mental development. To do this means breast milk only for six months and then a gradual introduction of foods and the increase of quantity and frequency of meals until the child is eating all family foods while still getting breast milk.</p>
	Daniel	<p>Sister, you had a lot of tips that you passed along to our listeners about breastfeeding to help them breastfeed only and not introduce</p>

Time (min.)	Who	Content
	Sister	<p>anything else until the child is six months old. Can you refresh us on these points?</p> <p>Of course, let's think about what some of the mothers we spoke to asked about or needed help with:</p> <ul style="list-style-type: none"> • Remember I told you about the mother who came to the hospital to give birth and she had her new blanket for her baby and a bottle with some water. The tip here is that it is important to plan for breastfeeding. That means asking that the baby be given to the mother to start breastfeeding immediately after birth so the baby can take advantage of the colostrum, the special first milk that is full of vitamins and acts as the baby's first immunization. The baby does not need any water at birth if he or she is nursing. • Then there was the time we spoke to my daughter Dorothy about the secret to successful breastfeeding and we discovered that a mother will produce enough milk for her baby if she puts the baby to the breast frequently and allows the baby to feed until both breasts are empty and the baby is fully satisfied. This is the amazing natural cycle of the mother supplying what the baby needs. My daughter also reminded us that if the mother is thirsty she should get a drink, but she should not assume that her baby is thirsty and offer her baby water or any other drink. Breast milk will satisfy a baby's thirst.
	Daniel	<p>And, I remember at the mothers' club and the PTA meetings we were able to discuss the many reasons why babies might be fussy or cry besides a feeling of hunger or a desire to eat. The immediate reaction to a fussy baby should not be to offer a drink or a taste of food, but rather to check the nappy, comfort the baby with a song, just walk with the baby, or to breastfeed. Also, because I hope to be a father one day I remember that often mothers say the reason they cannot breastfeed frequently or long enough is because they don't have time with all of the chores they must complete. Mothers need help so they have the time to breastfeed and get the baby off to a good start. At the PTA meeting we were able to get support from fathers and grandmothers to share in household chores in order to allow the mother more time to breastfeed. Once they understood the importance of their children and grandchildren receiving full breastfeeding they were happy to offer support with everything from cooking to bringing home food, to sweeping and caring for the older children. I know that I am going to try to be more conscious of all the things my wife does and to help her more than is our custom now.</p>

Time (min.)	Who	Content
	Sister	<p>Ah, Daniel, you have proved during our meetings that you are going to make a good husband and kind father someday. I hope it is soon. But, let's return to our review of tips about making breastfeeding successful. There are a couple of special situations that we discussed related to successful breastfeeding. They were: the mother who must return to work outside the home while her baby is very young, and the mother who is HIV positive. For the mother who needs to work, the first plan is to have the baby brought to the mother or kept nearby, if possible, to allow for frequent breastfeeding. If that is not possible, then the mother can express her milk and leave it in a clean cup for another family member to offer to the baby. Although expressing milk is a new practice in Zambia, it is one that many mothers the world over use to ensure that their babies get only breast milk. I like to encourage our mothers to give it a try.</p> <p>When we discussed feeding options for the HIV-positive mother, you will remember you joined me when I went to the hospital to be with my niece Malita, when she delivered her baby because she wanted extra support since she is HIV positive. She spoke about how she chose to breastfeed her baby exclusively because she felt that she could not guarantee that she and her husband could always provide a constant supply of formula or necessarily always have everything sterile for the baby. Breastfeeding with no other foods or drinks is what she chose and what she has been doing, and her baby is growing well and is beautiful.</p>
	Daniel	<p>Sister, when you list out even in brief form all of the ideas we have talked about related to breastfeeding, I see why I am such an expert. We discussed all of these topics thoroughly. I hope all of our listeners are as convinced as I am about the benefits of giving breast milk only for the first six months of a baby's life.</p> <p>But, Sister, you started by asking me about the big transitions in feeding a baby during the first two years of life. I have thought of another. It is that a baby goes from eating soft mushy foods to eating all of our Zambian foods. Is that another one of these large changes you were asking about?</p>
	Sister	<p>Daniel you are so right. That is another big change for the baby—the type of food that is appropriate as the baby goes from crawling, to standing, to walking, and finally running and actively playing by age two. The other change that goes along with the type of food is the amount of food or how much is fed in each meal and how many meals the child eats every day. Again, we explored these topics</p>

Time (min.)	Who	Content
		<p>with another one of my daughters, by taking a trip to the market, and by visiting with Edith, who took us to some of the mothers in her support group. We learned from these mothers how easy it is to make mistakes when beginning foods in addition to breast milk. Because mothers think that their babies can take only liquids, they tend to offer soups and watery porridges, but the babies really need to begin to learn to eat with soft, but thick foods that offer them the energy and vitamins they need for all of their activity. These thick, soft foods should also be enriched to be more satisfying for the baby. When I say enriched that means they have more than just one food. For example, we discussed porridge with pounded groundnuts and some milk, and <i>nshima</i> with the sauce, not just the soup. When the baby starts to get food at six months it is small amounts twice a day. This baby is still getting most of his or her food from breast milk. But, as the baby learns to eat and a few weeks pass, he or she should be getting a few more spoonfuls, so that by eight months the baby is getting about a half teacup at each meal and breast milk about six to eight times a day.</p>
	Daniel	<p>Yes, I remember your cute eight-month-old grandson eating his <i>nshima</i> and sauce. And, then I remember that very hot day you decided to give me a tour of the market to show me all the good foods for young children. That was an exhausting day!</p>
	Sister	<p>Oh, I know it was a tiring day, Daniel. But, I just love our markets. I like to see the variety of foods available and you can count on me to try new foods when they appear. But, we went to the market to see how many foods are excellent foods for our young ones. By the time a baby is nine months old the variety of foods they eat should be expanding. They no longer need foods that can be mashed, but instead just foods that are soft or that can be well cooked to make them soft and easy for the baby to eat. By nine months, in addition to the enriched porridge and foods like sweet potato, banana, and paw-paw, that our babies should be eating, they should be trying eggs, <i>kapenta</i>, a little soft meat in addition to meals like <i>mponda</i> and beans, and <i>nshima</i> with all of our tasty sauces. These babies are eating like the family, three times a day in addition to the times they are breastfed. Their meals should be offered in their own bowl or on a small plate so that the person feeding the baby can make sure the baby is eating enough. Just as we all want our children approaching their first birthday to learn to walk, we should also want them to eat our delicious foods, and help them to learn to eat well.</p>

Time (min.)	Who	Content
	Daniel	Yes, but Sister, isn't it really the young child who is one year old that is eating like the rest of the family?
	Sister	Yes, Daniel, but this change isn't something that happens overnight, so before a baby's first birthday they should be eating more and learning to eat all of our foods. But, you are right, the change isn't really complete until the child begins the second year of life. When the child is one is a time when the family needs to pay very close attention to how the child is eating. This second year of life is full of so many changes both in body and mind. Just think—the child who can barely walk at one year is running and playing at two. The child who is still babbling at one is talking around two and definitely making himself or herself understood. We need to be sure that our one-year-olds get the proper care and feeding for these changes. But, I am sorry to say that many times the family isn't aware of everything they need to do, so that too many of our Zambian children begin to fall behind at this young age. We need to work hard to prevent this.
	Daniel	Can you remind our listeners of a few tips for children at this age? I remember one because we continued to discuss it throughout our series. That is that all family members need to help. Caring for children is not only the responsibility of the mother. The father, grandparents, and any aunties or uncles who are in the house with the young child can help.
	Sister	Yes, child care is a family responsibility. And, everyone should know these few tips for feeding the child who is a year old. Daniel, what else is important besides help from all family members?
	Daniel	Breastfeeding!
	Sister	Right, throughout the second year of life it is critical that the mother continue to breastfeed her child. The frequency will decline, but breastfeeding both day and night will continue to offer the child protection from illness, and it remains the absolute best food and drink for the child. What else, Daniel?
	Daniel	I feel like I am on a quiz show. I hope every listener is taking the quiz with me...Um, I would say that a second tip has to do with the fact that this small person needs a lot of food, but because their stomach is small they need to eat more frequently than adults and someone needs to pay attention to them at mealtime.

Time (min.)	Who	Content
	Sister	Again, you have the answer. The one-year-old should be getting food, that is a meal three to four times a day, plus one or two snacks and breast milk. The snack does not need to be expensive. It can be a banana or a piece of boiled sweet potato. The meals the child gets need to be a variety of foods, not just <i>nshima</i> and soup. But, <i>nshima</i> and sauce with foods like pounded groundnuts, beans, kapenta, and vegetables like pumpkin leaves. Families should give these children fruits and vegetables and try to make sure they have a food from an animal each day. Some useful animal foods are milk, sour milk, kapenta, meat, and egg.
	Daniel	But, these foods can be expensive, what can we tell people about that?
	Sister	What I tell people is that they should use what they grow if that is a possibility. For example, too often families sell all of their eggs. They can hold one back for the young child. Second, buy what is in season because it will be less expensive. Third, the young child needs only a small amount of these foods to make a difference. One or two spoonfuls can be separated from the family food for the child and no one will notice, but the child will be better off for it.
	Daniel	And, there is another important tip that might make a difference here. I have seen the difference that it makes if someone sits with the child and helps the child eat during mealtime. It reduces the waste of food. I noticed when I was visiting a cousin that her son was sitting with a plate of food and we were not paying much attention. When we did there was food all over and a chicken had come and was pecking at it. It was lost to the child.
	Sister	Yes, sitting with the child and encouraging them to eat—one, to keep them from getting distracted and two, to make sure the food goes into their mouth—is very important at this age and it is easy for a busy mother to forget this. And, because we often tend to put this small child together with older brothers and sisters to get food from a shared plate, we have to remember that the little one needs his or her own plate so they don't have to compete for food.
	Daniel	So, Sister, how have I done on my quiz?
	Sister	You have done so well, Daniel, I am proud. However, as always I have one more tip or piece of advice to remind our listeners about. Can you think of what it is, Daniel? We covered it in last week's program.

Time (min.)	Who	Content
	Daniel	Oh, how can I forget, our discussion with Rose made an impression on me! The importance of illness in young children. I remember that one illness can erase many months of good feeding, unless the mother and family follow good feeding practices during and just after the illness. If they don't do this, their children risk more sickness and not reaching their potential to grow well and develop their intelligence. So we have to take illnesses very seriously, before they become emergencies.
	Sister	I see that Rose's story did impress you. It was alarming because over time she had stopped giving her son Freddy food and finally stopped even breast milk thinking that she was doing the best thing for Freddy because he became so fussy when she tried to feed him. But, she should not have thought that Freddy knew what was best when he didn't want to eat. Remember we spoke to Rose about different actions she could try to get Freddy to eat. We said she had to go back to breastfeeding and make sure to breastfeed frequently. She just needed to be very patient and persistent. Don't stop trying to feed as soon as the child doesn't seem interested in eating. Keep trying, and also use those active feeding ideas that we talked about before. Talk or sing to the child, give praise, and let the child sit in your lap if the child needs to be consoled. Each feeding might take more time because the child isn't feeling well. Also, we discussed giving small amounts of a soft food, but giving it frequently so that Freddy would not lose his appetite completely. And, we spoke to her about giving him some of his favorite foods for this period. Since Freddy likes porridge with sour milk and a bit of sugar, this would be an excellent food for her to offer. We also mentioned during the show that giving other drinks is also be important. Diarrhea, fever, and vomiting have the effect of taking water out of the child, and it's very important that that water be replaced. Giving drinks is the first defense against dehydration, which is a serious condition that occurs when a person loses too much water. Dehydration is a factor in many child deaths.
	Daniel	Sister, I know that when we were with Rose you also mentioned the importance of feeding the child extra food during the recovery period after the illness is over. This was a new idea for me. Perhaps we should repeat this information now because I am sure there are some of our listeners who have not heard it before. Why is this important? How is feeding young children during recovery different from normal feeding?
	Sister	Daniel, you take such good notes, you don't let anything escape us. Very good. Now, because the sick child has a poor appetite, even if

Time (min.)	Who	Content
		<p>the family has done their best to encourage good eating and drinking, the child has probably eaten less than usual and therefore will have lost weight due to the illness. However, nature is wonderful and so often during the first week or two after the illness is over there is a golden opportunity for the child to recover what has been lost. Once the illness has passed, the child will have a very good appetite for a week or two. So mothers and families should take advantage of this period and get the child back to eating a wide variety of foods and eating more than usual whether it is in a meal or by offering an extra snack. To make up for all of the energy that the child has lost, this period of a week or two is also the time to buy special foods to really help the child back to health. By special foods, I mean to add foods like pounded groundnut, sour milk, avocado, and even add a bit of oil to what the child eats in a meal. These practices will help the child quickly recover what it lost during the illness.</p> <p>Daniel</p> <p>Well, Sister, since that was a review of last week’s program and I suppose we have covered the last tip related to feeding babies and young children, I believe we should draw to a close. I have taken much of your time and I can see that you have friends who have dropped by to see you. On my part I want to say how happy I am to have met you. We have started what I hope will be a long friendship.</p> <p>Sister</p> <p>Oh, Daniel, this has been such a wonderful experience for me. I am honored to have been chosen to be your, and all your listeners’, guide to this discussion on how to care for and feed our youngest Zambians. As you can see from my enthusiasm, there is nothing I would rather be doing. I also hope that this is the beginning of a long friendship and that when you have a child of your own, you will come and see me and show me how you are doing.</p> <p>Daniel</p> <p>Believe me Sister, I will without a doubt. Thank you again.</p> <p>Sister</p> <p>You are most welcome. Now, let’s invite my friends in and let’s all celebrate the future generation of healthy Zambians.</p> <p>Daniel</p> <p>Perfect—I would love that! (Sound of people entering the house)</p> <p>END OF PRE-RECORDED PART</p>
49–51	Announcer	I’d like to thank Sister Loveness and Daniel for taking us on this tour of our past programs in this series. It served to remind me, like Daniel, of how much has been covered and how much I learned. I

Time (min.)	Who	Content
		<p>hope you feel the same way and that you have all enjoyed each of our programs in this series called <i>Bushes That Grow Are the Future Forest</i>, which has offered information critical to child growth and development and even to saving lives of young babies. We are counting on you to help spread the information that you have learned. Please tell your friends with babies about this good advice. It is up to us to make sure that Sister Loveness' teachings are shared widely.</p> <p>We encourage you to submit questions about feeding newborns and young children and any topics that Sister Loveness did not get time to discuss. You can do this by calling or texting (sending an SMS to me).</p> <p>Now, in signing off I give you one last message and a final farewell from Daniel, Sister Loveness, and myself, XXXX.</p> <p>Radio Christian Voice and the United States Agency for International Development's Infant & Young Child Nutrition Project are very pleased to offer this new series. This program is brought to you by the Ministry of Health, with support from the United States Agency for International Development.</p>
52	Spot No. 5	Play IYCN Spot No. 5 on mother's testimonial on food variety.
53-60		Music

Radio Spots

The following pre-recorded radio spots were played repeatedly during the one-hour radio programs.

Spot 1: Importance of Exclusive Breastfeeding

[Theme music: Abrupt, lively. Fade to sound of baby drooling.]

Bana Jane: Hi Bana Mutinta, let me see your baby; ha, the baby has grown so well. Oh, what is your secret? You should tell me so that my baby can also grow strong and healthy.

Bana Mutinta: Oh Bana Jane, it is simple. It is an open secret. It is breastfeeding. I am breastfeeding Mutinta. I don't give her anything else, not even water until she's six months old.

Bana Jane: But she looks so healthy. How come?

Bana Mutinta: Breastfeeding is best for baby; it contains all the foods the baby needs, including water. So if you want your baby to grow strong and healthy, when you deliver, start to breastfeed right away and continue to breastfeed your baby for the first six months, without giving anything else, and your baby will be protected from diseases and grow well.

Bana Jane: Ahh, is it so? Ha, ha, I am going to take your advice and breastfeed my child exclusively for six months.

This message was brought to you by the Ministry of Health, with support from the United States Agency for International Development.

Spot 2: Immediate and Exclusive Breastfeeding

Announcer: Did you ever wonder what it would be like to hear what a baby is thinking?

Baby: Hi, my name is David. I am three months old and have a lovely mummy, a great dad, and an older sister, Mary. Mary's usually okay, because she will sing to me, but sometimes she pulls mummy away to get attention for herself.

But, Mary's cries are nothing compared to the shock I felt when I was born. When I first came out, it was quite a shock! The hospital was so bright and cold! But the nurse put a blanket on me, and the doctor told my mum to put me on her breasts right away. I loved it there—I still do—and after I was suckling for a while, I started tasting this good creamy stuff. In a couple of days, it turned into sweet white breast milk, which is absolutely my FAVORITE food. Mum lets me nurse at her breast many times, every day and night, for as long as I want. She seems to enjoy it, and will sit down with me so that I can nurse until I am really satisfied. I am so lucky, except when Mary cries.

Announcer: Wow—what an insight! Who knew how happy breastfeeding can make a newborn?

This message was brought to you by the Ministry of Health, with support from the United States Agency for International Development.

Spot 3: Exclusive Breastfeeding Until Six Months

Announcer: Did you ever wonder what it would be like to hear what a baby is thinking?

Baby: Hi, this is David again. I am five months old now, and everyone tells my mum that I am growing so well and that I look fresh. I am still so lucky to be getting my very favorite food, breast milk, all the time. But last month, I wasn't so lucky. I started crying sometimes, so my mum would give me more attention like she does when my older sister Mary cries. But mum must have thought that I was fussing because I was thirsty or hungry, because she started giving me some water and some porridge. Actually, I was very happy with just my favorite white stuff, breast milk.

Once my mum starting giving me water and porridge, a couple of bad things happened. First, my tummy filled up, so I didn't have room for much breast milk. Then, I got diarrhea for the first time, and I felt like I didn't have any energy! When my mum took me to the health center, the nurse told her to stop giving me water and porridge and to give me breast milk only until I am six months old. So now I'm back to breast milk only...and doing just fine, thank you very much!

Announcer: Well, David certainly let us know what babies think about getting water and porridge before they should. We shouldn't do it before babies are six months old. Who knew how happy breastfeeding can make a baby?

This message was brought to you by the Ministry of Health, with support from the United States Agency for International Development.

Spot 4: Complementary Foods—Thick and Enriched

Announcer: Did you ever wonder what it would be like to hear what a baby is thinking?

Baby: Hi, this is Alice. I am seven months old and so proud of myself because I am sitting up. Also, I am making my mum very happy because I am eating food. She wasn't so happy when she started to give me food because I wouldn't eat much. I didn't like the porridge with a lot of water that she made. I would rather have had breast milk. I let her know. The porridge ran all over and made a mess. I was hungry and cried for breast milk.

Then someone visited my mum and made a porridge that tasted good. Also, it was thick, but soft, and it was delicious because it had pounded groundnuts mixed in it. I didn't know that taste, but little by little, my mum gave it to me on a spoon and I learned to eat. Now I get porridge with other good foods mixed in. I love to eat it, and mum is telling everyone.

Announcer: Porridge, soft and thick with pounded groundnuts, that's what Alice is letting us know about. Who knew that babies have such preferences?

This message was brought to you by the Ministry of Health, with support from THE the United States Agency for International Development.

Spot 5: Complementary Feeding—Mother’s Testimonial on Food Variety

Announcer: Wouldn’t it be interesting to hear mothers’ personal stories about child feeding? Let’s hear from Edith, a 28-year-old mother from XXX.

Edith: When my baby was born, I had a stall in the market, and I breastfed my baby Selina for six months. After six months, I started giving her light porridge, when I wasn’t too busy. When I was busy, I gave her soft drinks and a biscuit or whatever else I was eating. I felt that Selina was eating well because those foods were expensive. But she started to lose weight and appetite. When I took her to the clinic, the nurse was very upset with me. They admitted my baby to the hospital, and I could not do my business anymore for a long time. I lost money for the business and the produce I was selling went to waste. I was very sad because my baby was also very ill. When we got discharged, I was asked to join the mothers’ support group that is near where I live. The other women in the support group helped me learn how to feed my baby with foods that I can get cheaply because they are things like groundnuts, sour milk, pumpkin leaves, and an occasional egg. My girl recovered, and she is healthy now. But I think I was very lucky; I went to the clinic early, and I got good advice about a variety of foods to take care of my lovely daughter. I could have lost her.

This message was brought to you by the Ministry of Health, with support from the United States Agency for International Development.

Spot 6: Active Feeding

Announcer: Did you ever wonder what it would be like to hear what a baby is thinking?

Baby: Helloooo friends! This is David again, but I’m not a little baby anymore; I’m 18 months old, and I can run so fast that my mum can hardly catch me. I’m very happy with the way that mum is feeding me. I still get breast milk, my favorite white stuff, many times a day. And besides that, I get a lot of other foods that everyone in my family eats, and they are really yummy.

There *was* a problem a couple of months ago, and...you guessed it...it was my big sister Mary’s fault! When I got old enough so mum didn’t have to feed me on her lap, she gave me and Mary a bowl of food to share. The problem is, Mary thinks sharing means that *she* gets it all. Fortunately, mum noticed, especially after I started whining to let her know what was going on. Then she gave me my *own* bowl, and she sat with Mary and me and started watching me more carefully to be sure that I finished everything. I’m really eating a lot now, and I can’t wait to get to be as big as Mary. Then I’d be happy to share!

Announcer: David has given us his view of the problems of young children sharing a food bowl. Who knew how much better children feel having their own bowl?

This message was brought to you by the Ministry of Health, with support from the United States Agency for International Development.

Spot 7: Feeding a Sick Child

Announcer: Wouldn't it be interesting to hear mothers' personal stories about child feeding? Let's hear from a 24-year-old mother from XXX.

Mother: My baby, Muka, is now two years old, but when she was about nine months old, we had quite a scare. Muka began coughing and sneezing, and after a few days, started feeling hot. I kept on breastfeeding her and offering her regular food, but she didn't have much of an appetite, especially for the regular food, so she wasn't eating much, and I was thinking that perhaps I should let her rest from eating. My neighbor, Edith, who has four children and is a member of the mothers' club, stopped by and told me that I was doing the right thing by offering Muka her regular food. But Edith said that sick babies often don't seem to want to eat, although food and drink is extremely important for them to keep up their strength. She gave me two ideas that seemed to help. I tried to be more patient feeding the sick baby. I sang and talked to her, and gave her food little by little, but more frequently. I also fed her favorite foods, which was a good idea.

Then, Muka seemed to be struggling with her breathing, so I knew it was time to visit the health center. The nurse said that I was doing a good job with feeding my sick baby girl, but that she needed medicine to get better. She said Muka had pneumonia. She also pointed out that Muka would want to eat more once she started feeling better, so I should be ready and give her more breast milk and regular food for the next week or two. It worked! Muka was very ill, but with good feeding and the right medicine, she recovered! She is now very active and so healthy.

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