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BETTER NOURISHMENT

*for Infants and
Preschool Children*

*A Food for
Peace Guide*

FOREWORD

The purpose of this booklet is to place a practical guide in the hands of those in immediate charge of distributing foods to be consumed by young children in their own homes or at community facilities. It is intended to help teach mothers how to use the basic PL 480 commodity foods (Food for Peace) together with locally available foods in order to provide the best diet possible within their resources. (Public Law 480 foods are supplied by the people of the United States to peoples needing them in participating countries by means of the Food for Peace Program.) The booklet places emphasis on demonstrating the preparation of Food for Peace foods under conditions similar to those in the homes of the recipients. It shows how to use these foods to protect the health and promote the growth of young children, and how to prepare the foods using sanitary methods. The busy worker in a health center or other facility providing care for young children will find that it fills a long-standing need.

The families which make good use of the foods they receive under the Food for Peace Program can improve the diets of their young children considerably. Mothers must realize, however, that these foods do not provide all the nutrients essential for healthy growth. The foods are valuable supplements to the home diet but they are not a substitute for it.

Conditions vary widely from country to country. They vary from region to region within a country. For that reason, the information in the booklet must be adapted to the foods that the families of a community can get and are willing to eat.

Too little of the right kinds of food is a major cause of sickness and death in babies and young children. Many malnourished children die before they reach school age. Others are so sickly and poorly developed that they cannot benefit fully from going to school. Efforts to achieve good nutrition throughout childhood are most effective if they can be started early in life.

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ACKNOWLEDGEMENT

This booklet was prepared at the suggestion of a group of pediatricians, nutritionists and social welfare workers who constitute a Sub-Committee on Infant and Pre-School Child Feeding in connection with "Operation Ninos," the child feeding program of the Alliance for Progress carried on by the Agency for International Development. This program is the joint responsibility of the U.S. Agency for International Development, the U.S. Department of Agriculture, the White House Food for Peace Office, the governments of nations participating in the Alliance for Progress, voluntary relief agencies, professions, and trade associations.

Although this booklet was intended primarily for use in Latin America, it deals with situations shared by developing countries of other continents. It is, therefore, being made available for use by resourceful health workers elsewhere in the expectation that they will adapt the general ideas to local conditions.

"Better Nourishment for Infants and Pre-School Children" was written by Marjorie M. Heseltine, Nutrition Consultant of the Children's Bureau, Welfare Administration, U. S. Department of Health, Education and Welfare. It was reviewed by the Sub-Committee above-mentioned and by the Division of International Cooperation of the Children's Bureau.

The recipes are slightly simplified adaptations of those tested at the Human Nutrition Research Division, Agricultural Research Service, U.S. Department of Agriculture. Editing, illustrating and preparation for printing were the responsibility of the Children's Bureau and the Agency for International Development.

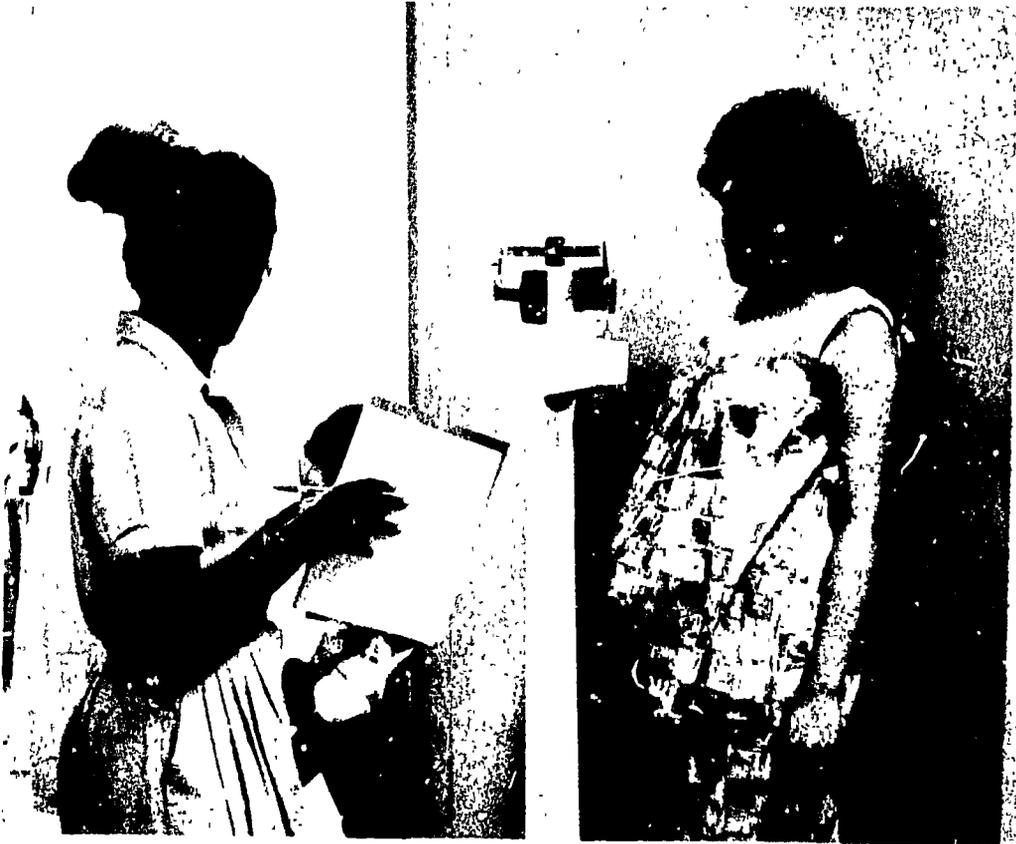


THE MOTHER AND HER UNBORN BABY

An unborn child depends on its mother for the foods it needs to grow from a single cell to about 3 kilograms of flesh, bone, and special organs. To be sure that she can supply the food that her unborn baby must have, the mother must eat enough of the right kinds of food. Otherwise, she robs her own body. When well nourished, the pregnant woman is more likely to feel well and to have enough energy to care for her home and family. She is less likely to have a complicated pregnancy or a difficult delivery. She has a better chance of giving birth to a healthy baby and of having enough milk to nurse him.

If a woman has good diet from the early days of her first pregnancy, so much the better. But an improved diet benefits even the woman who waits until the last months of pregnancy to start it, or the woman who has already borne several children. The babies that she has in the future also will be helped.

A worker in a maternal and child health center can do much to promote good health in the unborn baby and the expectant mother. The center can provide supplementary foods when necessary and teach mothers how to use them. All women need more of certain kinds of foods when they are pregnant. Most women who come to maternal and child health centers are poorly fed even for their day-to-day life. They need very much to improve their diet to carry the extra burden of child bearing.



WHAT FOOD FOR PEACE FOODS CONTRIBUTE TO THE DIET
OF PREGNANT WOMEN

All foods that are distributed through child feeding programs are suitable for pregnant and nursing mothers. Some are good sources of the substances (nutrients) that these women are most likely to need in greater quantities than they usually eat. The Food for Peace Program does not furnish all the foods essential for a healthy pregnancy. However, health workers who know the value of Food for Peace foods can help women improve their diet with local foods. (See table I.)

Some foods that are valuable to pregnant women do not have to be bought. Fruits can sometimes be had for the picking. Home and school gardens may provide vegetables. The top-quality protein foods — meat, fish, eggs — can sometimes be raised at home or obtained by hunting or fishing.



Table I
MOST IMPORTANT FOODS IN MINIMUM COST DIET FOR EXPECTANT
MOTHERS

Foods	Chief Contribution to Diet
Non-fat dry milk*	Top-quality protein Calcium Vitamin B complex, especially riboflavin
Whole-grain cereals* (rolled wheat, bulgur)	Energy Iron Vitamin B complex Protein
Cheese made from whole milk*	Top-quality protein Calcium Vitamin A Vitamin B complex, especially riboflavin
Butter oil*	Vitamin A Energy
Dry legumes (beans, peas, lentils)	Protein Iron and other minerals Vitamin B complex
Vegetables, (dark green or deep yellow); some yellow-fleshed fruits	Vitamin A value Vitamin C Minerals
Citrus and some other fruits; tomatoes; cabbage, peppers; some other vegetables	Vitamin C
Salt-water fish or iodized salt— in regions where goiter is prevalent	Iodine

*Food for Peace foods.



THE NURSING MOTHER AND HER BABY

The mother who breast feeds her baby gives him a good start in life. "Breast fed is best fed." That is especially true when a home does not have safe milk for infant feeding or sanitary conditions for preparing a formula. Mothers often say that they took their baby off the breast soon after birth because their milk did not satisfy him. One way to encourage breast feeding for at least six months, and hopefully a year, is to add to the mother's diet. The extra food will help maintain her supply of milk without impairing her health.

The health center can supply foods to supplement what the mother can get at home and can make her understand that these foods are for her to eat so that she can provide enough milk for the baby. That will show her how important breast feeding is. The health center can also teach the mother how to get and use the local foods that will give her as good a diet as possible.

A nursing mother needs more of most of the foods that were important when she was pregnant. She may be even more active now than before the baby was born. Also the baby's need for milk increases as he grows larger and becomes more active.

Breast-fed babies get along without added foods for the first six months. However, the doctor may wish a baby to have vitamins and minerals in some form. By the second half of the first year, the baby is ready for supplementary foods even if he still gets breast milk. These foods supply more energy than milk alone provides. They also give iron — which is low in milk — and additional proteins and vitamins. The foods that supply these nutrients may be quite different from region to region. That depends on what grows locally and what mothers will use. The important thing is that the food should furnish the nutrients that the baby needs. The food also ought to be in a form that the baby is able to chew, swallow and digest. By all means, the food has to be free from bacteria or other organisms that cause disease. In each country health officials can advise when and how to add foods other than milk to the baby's diet.

FOODS FOR PEACE IN THE DIET OF BABIES

Non-fat dry milk is not suitable as the only milk for babies although it is high in food value. To thrive, babies need vitamin A and certain fats that breast milk and cow's whole milk have. Some countries make a satisfactory milk for babies by mixing non-fat dry milk with fats and vitamins like those in whole milk.

Non-fat dry milk is an excellent supplementary food for babies of six months or older. A good way to give it is to mix the dry milk with a cereal to make a gruel. (See directions in Section on Suggested Demonstrations.) After the first year, or when the baby drinks from a cup, he can have non-fat dry milk reconstituted with water as for older children. (See page 19.) The added water must be safe or have been boiled.

Whenever non-fat dry milk is the major form of milk for young children, mothers must be taught to include regularly some good source of vitamin A to the diet.

Cereals. Properly prepared rolled wheat, bulgur, and corn meal are good for babies over 6 months. They should be cooked long enough to form a smooth mixture with no coarse particles or lumps. At first babies may take porridge if it is thinned with boiled water. When older, a baby may want a thicker mixture. By the time he is a year old, he may eat the cereal as it is cooked for his older brothers and sisters.



THE PRE-SCHOOL CHILD

(18 months to 6 years)

The pre-school child may be the most poorly nourished member of the family. This is especially true when there is not enough food for everybody. The mother pays less attention to the toddler's diet, now that he can eat most of the foods that the rest of the family eats. Often, by this time, she has another baby to feed. The older brothers and sisters may be getting at least one good meal at school. In rural areas, they may gather wild fruits to eke out the home diet.

The pre-school child is too old to be watched closely and too young to shift for himself. His nutrition suffers. He may seem healthy until he has a bout with diarrhea or a respiratory infection. Then the disease and the restricted diet, which may be part of his treatment, may bring him to a state of marked malnutrition. A health worker should see him at once. He needs an especially good diet. If he is not cared for promptly, he may die. If he recovers, he will probably be undersized and lack vigor. When he enters school, he may be absent frequently because he is sick and does not have the energy to walk from home to school.

The diet of the pre-school child may lack both quantity and quality. Above all, it is likely to be short in the best proteins. Animal foods — rich in the best proteins — are costly. The non-fat dry milk and the cereals from the Food for Peace program can greatly improve the nutrition of pre-school children. These foods can be eaten at home or at the center that cares for children of working mothers during the day.

Whether in the home or at the child-care center, non-fat dry milk and cereals should be a part of meals that include also the best local foods obtainable. Legumes, other vegetables, and fruits help balance the diet and they often cost no more than the starchy roots (such as cassava or manioc) or sugars, both of which contribute little other than calories. Whenever the family can get even small quantities of eggs, fish, or meat, young children should be given their share of these growth-promoting foods.

If they have a chance, pre-school children can form good food habits that will stay with them for years to come. Learning to eat and like milk and cereals will tend to keep them from satisfying their appetites with foods that have little nutritive value and may be contaminated. Then when they enter school they will probably accept the school lunch that will continue to promote their good nutrition and good health.

DISTRIBUTING FOOD AND TEACHING MOTHERS

Providing foods to mothers and their pre-school children can do much for their health. To get the most benefit from this program, certain conditions must be met:

1. The foods must reach the mothers regularly and in suitable amounts.
2. The mother, or anyone else responsible for feeding babies and pre-school children, must prepare foods in such a way that the children will eat them.
3. The mother must understand that these foods alone do not make a good diet and she must know how to complement them with other foods.

In other words, the responsibility of the health center is to educate as well as to distribute food.

How Much Food?

If quantities of non-fat dry milk and other Food for Peace foods are sufficient, it is desirable to have the allocation to each age group meet half of the calorie requirements and at least sixty per cent of the protein requirement. It is expected that local foods will provide the balance of the calories and proteins, as well as supply needed vitamins and minerals. (See Table I.)

To help in planning for group feeding of mothers and young children, Tables II and III in the appendix suggest: size of serving portions; and quantities to prepare for 5 or 50 portions.



TEACHING MOTHERS ABOUT FOOD FOR THEMSELVES AND THEIR YOUNG CHILDREN

Workers at the health center should plan to teach mothers the basis of good nutrition.

That is:

1. Why food is important for them and their young children.
2. What kinds of food promote health and growth.
3. How to get the best diet from the foods distributed at health centers together with those foods to be had at home.

Some ways of teaching will be more effective than others. Some ideas that an experienced teacher might share with co-workers who are planning to undertake a teaching program are:

1. Any woman who has developed to maturity and has borne a child will have some good food habits. Commend mothers on the good features of their diet, and the foods they give their young children.
2. Mothers and other influential members of the family (especially grandmothers) may have strong feelings or convictions about proper foods for expectant and nursing mothers and for babies and young children. You need to know what these are. They may vary from community to community.
3. In teaching ways of improving the diet, try not to disturb the convictions the women have about maternal and child feeding. For example, some women believe that drinking milk during pregnancy is harmful. Yet they may not object to eating porridge in which non-fat dry milk has been mixed with wheat or corn.
4. Find out which nutrients are most likely to be deficient in the diets of the mothers and young children. That will help you know where to place emphasis in teaching about the health center foods and the home foods. For example, some mothers and children may get enough of a starchy food — such as rice or manioc — to meet their needs for energy (calories). But they eat too little of the foods that furnish the proteins, minerals, and vitamins essential for healthy growth.
5. Mothers may not appreciate the value of some free foods or foods that cost little. Wild fruits rich in needed nutrients often go to waste.
6. A food from the health center may be new to the mother. If so, it is likely to be eaten in the home only if you show the mother how to use it and if she has found for herself that it tastes good.
7. Your example may have more influence than your words in persuading a mother to use the foods distributed by the center. For instance, let it be known that you use non-fat dry milk in your own home and that your young children thrive on it. That tends to create favorable attitudes toward the milk among the mothers.

8. Do not be surprised if a mother blames an illness that she or her young child may have on a new food that they have eaten. Even if a pre-school child has had many bouts of diarrhea, the one following his drinking non-fat dry milk may be blamed on the milk. If you refuse to listen to the mother's fears or simply deny them, you may keep her quiet but you are not likely to convince her. If other mothers, who are looked upon as leaders, report that they have had no trouble with the milk, the doubting ones may be less suspicious of it.
9. Make sure the mothers understand that health center foods do not make up a complete diet for themselves or their children. All Food for Peace commodities are high in food value but they do not meet all nutritional needs, even when eaten in large amounts. Emphasize the use of the most nutritious foods in the community in addition to the distributed foods.
10. A food that improves the diet will not make the child healthy if it is contaminated with germs that cause diarrhea or other intestinal upsets. So stress the sanitary preparation of all foods — including new foods distributed by the center. For example, the water added to non-fat dry milk must have been boiled to be safe for the youngest children. Moreover, feed the milk shortly after it has been mixed so that organisms in it will not have a chance to multiply.



11. Look to the following agencies for information about food and nutrition on which to base a sound and effective teaching program: National Ministries of Health, Agriculture, and Social Welfare, as well as National Institutes of Nutrition. They can tell you about food resources, food values, common dietary deficiencies, health problems related to faulty nutrition, food habits and attitudes, and methods of nutrition education. You, as the health center worker, can make sure that the knowledge these agencies have benefits mothers and children.

SUGGESTIONS FOR DEMONSTRATING FOODS FOR YOUNG CHILDREN

Why a demonstration is good teaching.

"Seeing is believing." Mothers are more likely to use the health center foods if they have been shown how to prepare them and have tasted them.

Some Features of a Successful Demonstration

1. Prepare the type of dish that is well liked in the community. In some regions, for example, cold milk drinks are popular; in others, milk is drunk only as a flavored hot beverage.
2. To be convincing carry out a demonstration under conditions that can be duplicated in the homes. Choose utensils, equipment and even fuel as similar as possible to what the mothers use. If few homes have measuring cups, use whatever type of cup or mug is common in the community. Use the same cup for measuring the number of cupfuls of cereal, non-fat dry milk, and water called for in the recipe. The results will be the same as if standard measuring cups had been used, even though the total quantities may be different.

In communities where few families have clocks or watches, place little emphasis on the exact time of cooking. Instead, teach the approximate time of cooking together with what the food is like when it is ready to eat. Knowing what to expect of the finished product will help the mother get good results. That is true even though her stove cooks at a rate quite different from the one you use.

A committee of local women can often do a great deal to make a demonstration successful. They can get mothers to attend and make them feel at home. They can advise you as to the kinds of dishes that are likely to be acceptable. They can take responsibility for obtaining local supplies and equipment for cooking and serving. They can help to serve the food that has been prepared and to put the center in order after the mothers have left.

3. If possible seat the women during the demonstration. They will be more comfortable and see better — especially if they have a baby or two with them. However, many women are willing to stand for a brief time with a taste of food at the end as a reward. Make the demonstration short enough that most mothers can see it from start to finish. Repeat it several times during a clinic session. Mothers called away by the doctor can come back and watch the part they missed. Also, late arrivals can remain for the first part of the next one.
4. To repeat at home what they have seen, mothers must be able to follow each step and understand the reasons for it. For example, it may be necessary to stir a mixture of cereal and boiling water constantly until it thickens to prevent it lumping or scorching. Explain that to the mothers. One point on which young children all over the world seem to agree is that they dislike lumpy foods.

Some of the mothers may not be used to measuring the food they cook. Explain to them how important it is to use 1 part of non-fat dry milk to 4 parts of water for a nourishing drink. Otherwise, they may add only enough dry milk to color the water. Then they wonder why their youngsters fail to thrive.

5. During the demonstration, prepare food in about the same amount that the mother is likely to prepare at home. If that is not enough food to give



each mother a taste, cook some ahead of time. It is a good idea to prepare in advance any food that needs long cooking. Mothers can see all of the steps but do not have to wait for the cooking to be completed.

6. Taste the food before you serve it. That will impress the mothers. Show by words or facial expression that you find it good. Talk with the mothers about other foods they might give their children at the same meal or at other times during the day. Encourage mothers to speak if they have questions or comments. They often make it possible for you to clear up a misunderstanding before they go home.
7. Some mothers may forget all they have been taught, even if they liked the food and had every intention of preparing it at home. The best reminder is simple, written directions to take home with the food. Pictures may be better than words. If you have time, go over the directions with the mothers to make sure all is clear.

Demonstration Should Teach Sanitation

Keep in mind that even nutritious foods can cause illness rather than promote health if carelessly handled. Remember, too, that a digestive upset following eating a new food is almost certain to be blamed on that food. Accordingly, make sure that the foods you use are in good condition, are handled in a sanitary manner, and the mothers understand the reasons for these precautions. Some specific instructions are:

1. Water used to reconstitute non-fat dry milk must be safe. In many communities, this means boiling for the length of time recommended by the health authorities.
2. Cover all water and food or otherwise protect it from insects and dust while the demonstration is in progress.
3. Protect dishes and utensils used for serving from insects and dust. You may not have a chance to wash dishes and utensils in a sanitary manner during the demonstration. So reduce the need for washing by measuring dry foods first and then liquids in the same cup.
4. Dress neatly. Wash your hands before handling food or whenever they become soiled. Try not to cough or sneeze while handling food. If you cannot avoid coughing or sneezing take pains to cover your face while doing it, and then wash your hands before going on with your work. Make sure that the mothers know why you are taking these precautions.
5. Take care that the food does not become contaminated as you serve it to the mothers. If possible divide food into small bits so that each mother can pick it up with her fingers. Soft foods may have to be eaten with a spoon and liquids drunk from a cup. Mothers should not share a spoon or cup. Neither should they dip a spoon that has been in their mouths back into the serving dish for another portion. Sometimes it is

possible to use pieces of large leaves, such as banana, for plates and smooth flat sticks as spoons. Then each mother can eat in a sanitary fashion and there will be no dishes to wash.

SOME SIMPLE DEMONSTRATIONS OF MILK AND CEREALS FOR YOUNG CHILDREN

Non-fat Dry Milk Drink for Pre-School Children

4 Cups

Equipment

1 kettle (about 2 liters)
2 cups*
1 tablespoon or large wooden spoon
1 knife
1 pot holder
1 one-burner stove

Ingredients

Water 4 cups
Non-fat dry milk 1 cup

Preparation

1. Measure the water into the kettle.
2. Heat the water to boiling. Boil 5 minutes.
3. Remove kettle from the stove; cover; cool until lukewarm.
4. Use a dry cup, spoon, and knife to measure the milk. Sprinkle it slowly over the lukewarm water while stirring it with the large spoon until the milk is evenly mixed through the water and there are no lumps.

Serving

Serve the milk to the children as soon as it is mixed, otherwise keep it in a cold place. Serve the milk at any temperature the children prefer. Sometimes they may like it flavored with a little sugar and cocoa, or with molasses, or brown sugar.

*In these recipes, one cup equals about 1/4 liter.

Milk Drink Made from Non-fat Dry Milk and Butter Oil

5 Cups

Equipment

1 large deep bowl (about 2 liters)
1 kettle (2 liters)
2 cups*
1 tablespoon or large wooden spoon
1 knife
1 pot holder
1 one-burner stove

Food Materials

Butter oil 1/4 cup
Water 4-1/2 cups
Non-fat dry
milk 1 cup

*In these recipes, one cup equals about 1/4 liter.

Preparation

1. Measure the butter oil. Place it in a bowl. It should be warm enough to be almost liquid.
2. Measure the water with the same cup used for measuring the butter oil. Start heating the water.
3. Measure the non-fat dry milk with a dry cup and spoon. Stir the dry milk very slowly into the butter oil. Mix thoroughly after each addition of the milk. As the mixture gets thicker, rub it against the side of the bowl with the back of the spoon. Use a knife to scrape off any that clings to the bowl of the spoon. The mixture will be crumbly when all the milk has been added.
4. When the water boils, remove from the stove; measure 1 cup; let the rest cool.
5. Into the oil and milk mixture, stir the cup of hot water very slowly. Stir vigorously until the mixture is smooth.
6. Pour a drop of the remaining water on your wrist to make sure that it is no hotter than lukewarm. Stir the water into the mixture in the bowl.

Serving

After mixing, serve the milk drink as soon as possible. The "cream" tends to rise to the top if the milk stands for some time.

Note:

This mixture of butter oil, non-fat dry milk, and water is equal to whole milk in food value. It also resembles whole milk in flavor and in the creamy feel in the mouth. It is best suited to preparation in a center where groups of children are fed. Mothers may not have the time or patience required to get good results in the home.

Cornmeal Porridge for Young Children

5 Cups

<u>Equipment</u>	<u>Ingredients</u>
1 kettle (about 2 liters) with lid	Cornmeal 1 cup
1 cup*	Salt 1 teaspoon
1 tablespoon or large spoon	Water 5 cups
1 teaspoon	
1 knife	
1 pot holder	
1 one-burner stove	

Preparation

1. Measure the cornmeal and salt and put into the kettle.
2. Stir in 1 cup of water slowly to make a smooth mixture.
3. Pour in the remaining 4 cups of water. Place kettle on stove.
4. Stir the mixture at times until it begins to thicken. Then stir steadily until it is thick and smooth.
5. Reduce the heat if possible; cover the kettle; cook for at least 30 minutes, stirring occasionally.

Cornmeal Porridge with Non-fat Dry Milk

To increase the food value of the above recipe, add 1/4 to 1/2 cup of non-fat dry milk. Sprinkle the milk slowly over the cooked porridge, stirring vigorously until it is thoroughly mixed.

Rolled Wheat Porridge for Young Children

4 Cups

<u>Equipment</u>	<u>Ingredients</u>
1 kettle (about 2 liters) with lid	Rolled wheat 2 cups
1 cup*	Salt 1 teaspoon
	Water 4 cups

*In these recipes, one cup equals about 1/4 liter.

- 1 large spoon
- 1 teaspoon
- 1 knife
- 1 pot holder
- 1 one-burner stove

Preparation

1. Measure the rolled wheat and salt into the kettle. Stir in the water.
2. Heat to boiling, stirring from time to time.
3. Boil slowly for at least 20 minutes, stirring from time to time.
4. Cover the kettle; remove from stove; let stand where it will keep warm until it is served.

Rolled Wheat Porridge with Non-fat Dry Milk

To increase the food value of the above recipe add 1/4 to 1/2 cup of non-fat dry milk. Sprinkle the milk slowly over the cooked porridge, stirring vigorously until it is thoroughly mixed.

Bulgur Porridge for Young Children

4 Cups

Equipment

- 1 kettle (about 2 liters)
with lid
- 1 cup*
- 1 large spoon
- 1 teaspoon
- 1 knife
- 1 pot holder
- 1 one-burner stove

Ingredients

- | | |
|--------|--------------|
| Bulgur | 1 cup |
| Salt | 1/2 teaspoon |
| Water | 4 cups |

Preparation

1. Measure the bulgur and salt into the kettle. Add the water.
2. Heat to boiling, stirring from time to time.

*In these recipes, one cup equals about 1/4 liter.

3. Cover; reduce the heat if possible; cook slowly for about 30 minutes.

Note:

Because bulgur is not completely smooth even when cooked thoroughly, children over a year old may like it better than younger ones.

Bulgur Porridge with Non-fat Dry Milk

To increase the food value of the above recipe, add 1/4 to 1/2 cup of non-fat dry milk. Sprinkle the milk slowly over the cooked porridge, stirring vigorously until it is thoroughly mixed.

Some Guides as to Quantities of Food for
Mothers and Young Children

Table II
Suggested Size of Servings of Milk and Cereals

Food	Recipients		
	Pregnant and Nursing Women	Infants 6 to 18 months	Pre-school Children 18 months to 6 years
Fluid milk	: 3/4 to 1 cup*	: 3/4 to 1 cup*	: 3/4 to 1 cup*
Porridge (bulgur, cornmeal, rolled wheat)	: 1 cup*	: 1/4 to 1/2 cup*	: 1/2 to 1 cup*

* 1 cup = 8 fluid ounces or about 1/4 liter or 250 cc.

TABLE III
SUGGESTED QUANTITIES OF MILK AND CEREALS TO PREPARE FOR GROUPS

Food	Recipients					
	Mothers		Infants 6 to 18 months		Pre-school Children 18 months to 6 years	
	5 Servings	50 Servings	5 Servings	50 Servings	5 Servings	50 Servings
Nonfat dry milk	1-1/4 cups (150 g)	3 liters (1500 g)	1-1/4 cups (150 g)	3 liters (1500 g)	1-1/4 cups (150 g)	3 liters (1500 g)
Nonfat dry milk + butter oil	1 cup (120 g) 1/4 cup (50 g)	2-1/2 liters (1200 g) 2-1/2 cups (500 g)	1 cup (120 g) 1/4 cup (50 g)	2-1/2 liters (1200 g) 2-1/2 cups (500 g)	1 cup (120 g) 1/4 cup (50 g)	2-1/2 liters (1200 g) 2-1/2 cups (500 g)
Bulgur	2 cups (350 g)	5 liters (3500 g)	1/2 to 1 cup (90 to 180 g)	1 to 2-1/2 liters (900 to 1800 g)	1 to 2 cups (180 to 350 g)	2-1/2 to 5 liters (1800 to 3500 g)
Cornmeal	1 cup (150 g)	2 liters (1500 g)	1/4 to 1/2 cup (40 to 80 g)	1/2 to 1 liter (400 to 750 g)	1/2 to 1 cup (80 to 150 g)	1 to 2 liters (750 to 1500 g)
Rolled Wheat	2 cups (200 g)	5 liters (2 kilos)	1/2 to 1 cup (50 to 100 g)	1 to 2-1/2 liters (500 g to 1 kilo)	1 to 2 cups (100 to 200 g)	2-1/2 to 5 liters (1 to 2 kilos)

TABLE IV
SOME EQUIVALENT WEIGHTS AND MEASURES

The metric system of weights and measures appears in these recipes because it is used in more countries than any other. The quantities of the ingredients called for in the recipes have been rounded off to the nearest unit that can be measured with simple equipment for food preparation. For convenience of cooks in countries that use weights and measures based on the English system, some equivalents are given below:

Weights

1 kilogram (kilo)	= 1000 grams (g) 2.2 pounds 35 ounces
1 pound	= 453.6 grams 16 ounces
1 ounce	= 28.35 grams

Volume

1 liter	= 1000 cubic centimeters or milliliters 1.057 quarts (liquid) 4.228 cups (liquid) 33.8 fluid ounces
1 U.S. quart, liquid	= 0.946 liter or 946 milliliters 4 cups 32 fluid ounces
1 cup	= 236 milliliters 8 fluid ounces 16 tablespoons (level) 48 teaspoons (level)
1 fluid ounce	= 2 tablespoons (level) 29.57 milliliters 6 teaspoons (level)
1 tablespoon (level)	= 15 cubic centimeters 3 teaspoons
1 teaspoon (level)	= 5 cubic centimeters