



## Facilitator Guide



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### *The Community Infant and Young Child Feeding Counselling Package*

September 2011

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The various elements of *The Community IYCF Counselling Package* are based on WHO/UNICEF IYCF guidance documents, training and other materials, including the WHO/UNICEF Breastfeeding, Complementary Feeding and Infant and Young Child Feeding Counselling training courses. The package also builds on materials developed by the Academy for Educational Development's LINKAGES Project; the CARE USA and URC/CHS collaboration in Dadaab Kenya; and the *Integration of IYCF Support into Community Management of Acute Malnutrition (CMAM)*, produced by the ENN/IFE Core Group and IASC. The technical content of the package aims to reflect the *Guidelines on HIV and Infant Feeding 2010: Principles and Recommendations for Infant Feeding in the Context of HIV and a Summary of Evidence* related to IYCF in the context of HIV. The graphic package draws heavily from IYCF behaviour change materials and other job aids developed with the technical support of URC/CHS, financed by the United States Agency for International Development (USAID) in Tanzania, Uganda, Niger and Benin; CARE USA in Dadaab, Kenya; and the UNICEF offices in Kenya and Malawi.

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This September 2011 edition of the *Facilitator Guide* was updated based on experience of conducting training of master trainers in Africa and Asia during 2011, and the feedback and comments of the participants made an important contribution to these revisions.

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## ACRONYMS

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ARI	Acute respiratory infection
AROM	Artificial rupture of membranes
ARVs	Anti-retroviral drugs
CC	Counselling cards
CHS	Center for Human Services
CHW	Community health worker
CMAM	Community management of acute malnutrition
CW	Community worker
EBF	Exclusive breastfeeding
ENA	Essential nutrition actions
ENN	Emergency Nutrition Network
GMP	Growth monitoring and promotion
HIV	Human immunodeficiency virus
IASC	Inter-agency Standing Committee
IFE	Infant feeding in emergencies
IMCI	Integrated management of childhood illness
INCAP	Institute of Central America and Panama
ITNs	Insecticide treated nets
IYCF	Infant and young child feeding
LAM	Lactation amenorrhoea method
LBW	Low birth weight
LQAS	Lot quality assurance sampling
MAM	Moderate acute malnutrition
MAMAN	Minimum activities for mothers and newborns
MTCT	Mother-to-child transmission
MUAC	Mid-upper arm circumference
NGO	Non-governmental organization
NPP	Nutrition Policy and Practice
OTP	Outpatient therapeutic programme
PMTCT	Prevention of mother-to-child transmission
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SC	Stabilization centre
SFP	Supplementary feeding programme
STI	Sexually transmitted infection
TB	Tuberculosis
TBA	Traditional birth attendants
UNICEF	United Nations Children's Fund
URC	University Research Company
WHO	World Health Organization



# INTRODUCTION

## **Overview of the *Community Infant and Young Child Feeding (IYCF) Counselling Package***

The *Community IYCF Counselling Package* is a generic resource designed to equip community workers (CWs), other community workers, or primary health care staff to support mothers, fathers and other caregivers to optimally feed their infants and young children. The training component of the package is intended to prepare CWs with technical knowledge on the recommended breastfeeding and complementary feeding practices for children from 0 up to 24 months, enhance their counselling, problem solving and reaching-an-agreement (negotiation) skills, and prepare them to effectively use the related counselling tools and job aids.

Throughout the *Facilitator Guide*, the trainers are referred to as Facilitators and the trainees/learners as Participants.

### **The Materials**

The *Community IYCF Counselling Package* is comprised of the following:

The *Facilitator Guide* is intended for use in training CWs in technical knowledge related to key IYCF practices, essential counselling skills and the effective use of counselling tools and other job aids.

The *Participant Materials* include key technical content presented during the training (“handouts” from the *Facilitator Guide*) and tools for assessment of mother/father/caregiver and child counselling, and supervision activities.

The 28 *IYCF Counselling Cards* present brightly coloured illustrations that depict key infant and young child feeding concepts and behaviours for CWs to share with mothers, fathers and other caregivers. These job aids are designed for use during specific contact points, based on priorities identified during each individual counselling session. *Special Circumstance Counselling Cards 1 and 2* (‘Avoid ALL Breastfeeding’, and ‘Conditions needed to Avoid ALL Breastfeeding’) are only for countries where national policy for HIV-exposed infants is exclusive replacement feeding OR for mothers who decided at the health facility to opt out of breastfeeding plus ARVs. *Special Circumstance Card 3* is for the ‘Non-breastfed Child from 6 up to 24 months’.

The *Key Messages Booklet* consists of messages related to each of the IYCF Counselling Cards and copies of the 3 *Take-home Brochures*.

The *Take-home Brochures* are designed to complement the counselling card messages and are used as individual job aids to remind mothers, fathers and other caregivers about key breastfeeding, complementary feeding, and maternal nutrition concepts. The brightly coloured illustrations found in each brochure are intended to enhance each user’s understanding of the information presented in the brochures, and to promote positive behaviours.

*Training Aids* have been designed to complement the training sessions by providing visuals to help Participants grasp and retain technical knowledge and concepts.

The *Planning and Adaptation Guide* outlines a series of steps and provides a number of specific tools, or job aids, for use by national or local stakeholders interested in adapting the generic package for use in their setting. The *Guide* recognizes that each country or setting potentially interested in working with this IYCF counselling package has unique socio-cultural differences, including dietary behaviours, clothing styles and linguistic characteristics, that need to be taken into consideration and ultimately reflected in the training content and communication materials (both text and graphics). Suggestions are also made for bringing relevant stakeholders together to review the generic package, identify opportunities, clarify roles and responsibilities and decide on a process and timeline for adapting this set of tools. Part 1 of the *Planning and Adaptation Guide* also includes some key points about the systems and structures needed to make IYCF counselling in the community function optimally and in a sustained way as part of a broader IYCF or nutrition programme.

All of the materials in the *Community IYCF Counselling Package* are available in their electronic formats to facilitate their adaptation for use in multiple settings.

### **Planning a Training**

There are a series of steps to plan a training event that need careful consideration (see Roles and Responsibilities Before, During and After Training, APPENDICES 1 and 2).

### **Specific Objectives of Training of Counsellors**

The primary objective of training Counsellors/community workers (CWs) or primary health care staff is to equip them with the knowledge, skills and tools to support mothers, fathers and other caregivers to optimally feed their infants and young children. The *Facilitator Guide* was developed using training methodologies and technical content appropriate for use with CWs. The content focuses on breastfeeding, complementary feeding, the feeding of the sick/malnourished infant and young child, and infant feeding in the contexts of HIV, CMAM and emergencies. By the end of the training, Participants will be able to:

- Explain why IYCF practices matter
- Demonstrate appropriate use of counselling skills (*Listening and Learning*; *Building Confidence and Giving Support* [practical help]) and use the set of *IYCF Counselling Cards*
- Use the *IYCF 3-Step Counselling* ('assess, analyze and act') with a mother, father or other caregiver
- Describe recommended feeding practices through the first two years of life; demonstrate use of related possible counselling discussion points and technical material
- Describe how to breastfeed
- Identify ways to prevent and resolve common breastfeeding difficulties
- Describe various aspects of appropriate complementary feeding during the period from 6 up to 24 months
- Describe practices for feeding the sick child and the child who has acute malnutrition
- Facilitate action-oriented group sessions and mother-to-mother IYCF support groups
- Relate women's nutrition to life cycle
- Describe basic information in infant feeding in the context of HIV
- Highlight the main issues related to infant feeding in emergencies
- Be able to list how and when a child should be followed up
- Identify signs that require referral to a health post



**Specific Objectives of Training of Facilitators/Trainers** (in addition to above content and skills):

- Develop Facilitators/Trainers capacity to plan, organize and conduct roll-out trainings on the *Community IYCF Counselling* package
- Equip Facilitators/Trainers with the principles of adult education, effective training methodologies, visual aids and skills to use them, and
- Design Action Plan for roll-out trainings and follow-up of Counsellors

**Specific Objectives of Training Master Facilitators/Trainers** (in addition to above content and skills):

- Orient Master Facilitators/Trainers to the UNICEF *Community IYCF Counselling* Package
- Develop Master Facilitators/Trainers capacity to plan, organize and conduct Training of Facilitators/Trainers on the *Community IYCF Counselling* package
- Equip Master Facilitators/Trainers with the principles of adult education, effective training methodologies, visual aids and skills to use them, and
- Design Action Plan: operational and roll-out for Training of Facilitators/Trainers

### **Target Group**

Training Participants may be community workers (CWs), traditional birth attendants (TBAs), or other community workers. They may also be primary health care workers or project staff with more advanced IYCF training who act as ‘points of referral’ for the less experienced CWs and together form a community network of IYCF support. It is assumed that training Participants will have basic literacy.

Supervisors are encouraged to attend the training so that they are familiar with the training content and skills, and thus better able to support and mentor the training Participants on an ongoing basis. The *Participant Materials* include assessment, observation, monitoring and supervision tools (i.e., IYCF Assessment with mother, father or caregiver and child; observation of assessment; checklist for conducting an educational talk, drama or use of visual; checklist for conducting a support group; support group attendance form; IYCF follow-up plan checklist to guide Participants and Supervisors in carrying out their work.

At least two Facilitators should conduct the training. Ideally, there will be one Facilitator for every 3 – 5 Participants. When the ratio exceeds this number it is impossible to oversee skills development ensuring competency. The Facilitators should be IYCF experts with community-based experience and skills in facilitating the training of community workers.

### **Training Materials: Structure**

A list of materials for a Training of Trainers is found in APPENDIX 3. The *Facilitator Guide* is divided into 20 Sessions of 1 to 4 hour segments, divided over a 5-day training. An alternative timetable for an abbreviated 3-day training course can be found in APPENDIX 4, as well as a 3-day *Training in IYCF Support into Emergency Activities* intended for use in emergency-affected settings, with more detailed sessions on IYCF in the context of high levels of severe acute malnutrition and in emergencies. (APPENDIX 5) It is strongly recommended to run all sessions of the training in one workshop rather than pursuing a modular approach. Where supervision reveals that the community workers have not understood selected topics very well, the relevant sessions can be repeated during monthly meetings or supervision visits.

Supportive supervision, supervisory checklists, programme manager oversight of supervision and supervisory/mentoring tools are found in APPENDIX 6: Supervision.

Each session includes:

- A table detailing Learning Objectives, related pages of the *Participant Materials*, *Counselling Cards*, *Key Messages Booklet*, *Take-home Brochures* and *Training Aids* for classroom work and/or fieldwork
- A list of materials
- Advance preparation
- Time allotted
- Suggested activities and methodologies based on each learning objective with instructions for the Facilitator(s)
- Key Information with explanation of content

The *Facilitator Guide* is designed to be used by Facilitators as guidance for the preparation and execution of the training, and is not intended to be given to Participants. The *Training Aids* are for the use of the Facilitators during training only. Participants are given *Participant Materials*, a set of *Counselling Cards*, a *Key Messages Booklet* and copies of the 3 *Take-home Brochures*.

Technical Note: In the *Facilitator Guide*

- 0 up to 6 months is the same as 0 - 5 months OR 0 - 5.9 months (a period of 6 completed months)
- 6 up to 9 months is the same as 6 - 8 OR 6 - 8.9 months (a 3 month period)
- 9 up to 12 months is the same as 9 - 11 OR 9 - 11.9 months (a 3 month period)
- 12 up to 24 months is the same as 12 - 23 months OR 12 - 23.9 months (a 12 month period)

In the *Community IYCF Counselling Package* the terms 0 up to 6 months, 6 up to 9 months, 9 up to 12 months, and 12 up to 24 months are used when discussing infant and young child age groups.

## **Training Methodology**

The ultimate goal of Community IYCF Counselling Training is to change the behaviour of both the CWs (the learning Participants) and the mothers and caregivers that they counsel. Hands-on practice is the focus of the training, with emphasis on counselling skills and the effective use of the *Counselling Cards* and *Take-home Brochures*. The competency-based participatory training approach used in the *Facilitator Guide* reflects key principles of behaviour change communication (BCC) with a focus on the promotion of small doable actions, and recognition of the widely acknowledged theory that adults learn best by reflecting on their own personal experiences. (See APPENDIX 7: Principles of Adult Learning). The approach uses the experiential learning cycle method and prepares Participants for hands-on performance of skills. The course employs a variety of training methods, including the use of counselling materials, visual aids, demonstrations, group discussion, case studies, role plays, and practice. (See APPENDIX 8: Training Methodologies: Advantages, Limitations and Tips for Improvement). Participants also act as resource persons for each other, and benefit from clinical and/or community practice, working directly with breastfeeding mothers, pregnant women, and mothers/fathers/caregivers who have young children. (See APPENDIX 9: Suggested Training Exercises, Review Energisers (group and team building) and Daily Evaluations, APPENDIX 10: Tips for Training, and APPENDIX 11: Cut-outs for 'Happy Faces' for daily evaluations).

The training is based on proven participatory learning approaches, which include:

- Use of motivational techniques
- Use of the experiential learning cycle
- Problem-centred approach to training
- Mastery and performance of one set of skills and knowledge at a time
- Reconciliation of new learning with the reality of current work situation and job description
- Supervised practice of new skills followed by practice with mothers and caregivers, to provide Participants with the confidence that they can perform correctly once they leave the training
- Carefully thought out supervisory or follow up mechanisms to help counsellors maintain and improve their performance over time.

### **Using the *Counselling Cards and Key Messages Booklet***

The *IYCF 3-Step Counselling* guides counsellors through 3 important steps during an individual counselling session with a mother or caregiver and child.

To learn to conduct an IYCF Assessment of the mother and child pair, learning Participants use an Assessment Tool that helps them to structure and thus remember the information they must obtain from the mother or caregiver by observing and engaging in conversation using the counselling skills they have already practiced.

Once the required information has been obtained, Participants learn to pause momentarily during the Analysis process in order to reflect on what they have learned about the child and mother or caregiver. They then determine if the child's feeding is age-appropriate, and if there are other feeding difficulties. If there are more than 2 difficulties, the counsellor prioritises the issues, selecting one or two to discuss with the mother or caregiver during the Action step. The counsellor selects a small amount of relevant information to discuss with the mother to determine if together they can identify a small do-able action that the mother or caregiver could try for a limited period of time. If there is a *Counselling Card* or *Take-home Brochure* that can help the counsellor better explain a recommended feeding practice or a skill, that card or brochure may be used during this discussion.

The counsellor should refer to the illustrations in the material to help reinforce the information that she or he is sharing. If appropriate, a Take-home Brochure may also be given to the mother or caregiver as a personal job aid to help remember the small do-able action and other information that the counsellor has shared. Once a small do-able action is agreed upon, the counsellor may arrange to meet with the mother at a scheduled time and location to determine if the 'new do-able action' is working well, or whether they need to explore another possible action to help move the mother and child in the direction of the recommended feeding practice or practices.

The information associated with each counselling card is deliberately not written on the back side of the card. Avoiding or minimizing printed wording on each card eliminates the temptation to reduce the information to only key messages, which when read can create a barrier and negatively affect the interaction between the counsellor and the mother or caregiver. Instead, activities carried out in each session of the training are specifically designed to help the Participants understand, internalize and remember the information captured graphically in the illustrations on each counselling card. Once trained using this

approach, the counsellor can select the most appropriate card(s) and information to discuss with a mother.

At the close of training, each Participant is provided with *Key Messages Booklet* for personal reference; the Booklet summarizes the most important messages on each counselling card and also contains copies of the *Take-home Brochures*. The *Counselling Cards* may also be used during group education (action oriented groups) and mother-to-mother support activities. During or after the telling of a story, or performance of a mini-drama, or while discussing a topic during a support group, the *Counselling Cards* and key messages may be used to guide a discussion or to help demonstrate and discuss comprehensive information dealing with a particular topic.

### **Training Location and Practicum Site**

Wherever the training is planned, a clinical or community-based site should be readily available to support the practicum for counselling and reaching-an-agreement; during the practicum, Participants work with mothers/fathers/caregivers to identify small doable actions that will improve infant and young child feeding practices. The practicum site needs to be coordinated with clinic and/or community leaders for the arrival of Participants and for arrangement of space to practise the skills.

### **Post Training Follow-Up**

The desired output of *Community IYCF Counselling Package* is the effective and continuing application of new skills and knowledge resulting in improved performance of both the CHW and those who receive their counselling and follow-up. Participant mastery of new knowledge can be measured immediately through the pre/post tests that are built into the training. To assess and support the ability of Participant/CWs to appropriately apply the knowledge and counselling skills gained in training to the post-training work in the community, the training Facilitators (who may or may not be programme Supervisors) should observe and evaluate Participants at their work place as soon as feasible following the completion of training, within at least 3 months after training. Ideally, Facilitators/Supervisors should provide on-the-job support or mentoring and assist with problem-solving in work situations that include i) a counselling interaction with a mother/father/caregiver and child in a community or home setting, ii) during group education (action oriented groups), and iii) during support group facilitation. Post-training follow-up will allow a Facilitator/Supervisor/Mentor to determine the need for reinforcement of specific Participant's knowledge and skills through additional or refresher training or ongoing supportive supervision.

Ongoing follow-up through a formalized system of supervision/mentoring will allow Supervisors/Mentors or Programme Managers to monitor CHW retention or erosion of knowledge and the development of skills over time; to focus ongoing supportive supervision and problem-solving to meet the needs of individual CWs ; and to determine the need and timing for on-the-job training or other refresher training. Where supervision/mentoring of individual CWs is not possible, peer discussion and mentoring among a group of CWs might be considered.

## 5- DAY TRAINING SCHEDULE – COMMUNITY INFANT AND YOUNG CHILD FEEDING (IYCF) COUNSELLING PACKAGE

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
08:00–08:15	<b>Session 1:</b> 1½ hrs. Introductions, pre-	<b>DAILY REVIEW</b>			
08:15–10:30	assessment, group norms, expectations and objectives  <b>Session 2:</b> 1 hr. Why IYCF matters	<b>Session 7:</b> 1½ hrs. Recommended IYCF practices: complementary feeding for children from 6 up to 24 months	<b>Session 12:</b> 2½ hr. <b>Field Visit</b> • IYCF Assessment of mother/child pair	<b>Session 14:</b> 2½ hr. <b>Field Visit</b> • IYCF Assessment of mother/child pair • Action-oriented group session • IYCF support group	<b>Session 17:</b> 2 hrs. Infant feeding in the context of HIV
10:30–10:45	<b>T E A   B R E A K</b>				
10:45–12:45	<b>Session 3:</b> 1 hr. Common Situations that can affect infant and young child feeding  <b>Session 4:</b> 1 hr. How to Counsel: Part I • <i>Listening and Learning</i> skills • Behaviour change steps	<b>Session 8:</b> 1 hr. Complementary foods  <b>Session 10:</b> 1 hr. • How to Counsel: Part II - <i>IYCF 3-Step Counselling</i> - <i>Building Confidence and Giving Support</i> skills • Use of IYCF assessment form for mother/child pair	<b>Session 12:</b> 1½ hr. Field Visit and Feedback from field visit	<b>Session 14:</b> 1½ hr. Field Visit and Feedback from field visit	<b>Session 18:</b> 1 hr. Integrating IYCF support into community services (using CMAM as an example)  <b>Session 20:</b> 1 hr. • Post-assessment • Evaluation
12:45–13:45	<b>L U N C H</b>				

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
13:45– 15:45	<b>Session 5:</b> 1½ hrs. Recommended IYCF practices: Breastfeeding  <b>Session 6:</b> ½ hr. How to breastfeed <ul style="list-style-type: none"> <li>• How the breast works</li> <li>• Good attachment and positioning</li> </ul>	<b>Session 10 cont’d:</b> 1 hr. <ul style="list-style-type: none"> <li>• How to Counsel: Part II <ul style="list-style-type: none"> <li>- <i>IYCF 3-Step Counselling</i></li> <li>- <i>Building Confidence and Giving Support</i> skills</li> </ul> </li> <li>• Use of IYCF assessment form for mother/child pair</li> </ul> <b>Session 11:</b> 1 hr. Common Breastfeeding Difficulties	<b>Session 13:</b> 2 hr. <ul style="list-style-type: none"> <li>• How to conduct: <ul style="list-style-type: none"> <li>- Action-oriented Groups</li> <li>- IYCF Support Groups</li> <li>- Home Visits</li> </ul> </li> <li>• Use of community-monitoring tools: <ul style="list-style-type: none"> <li>- Action-oriented group</li> <li>- IYCF support group</li> </ul> </li> </ul>	<b>Session 15:</b> 1½ hrs. Women’s Nutrition  <b>Session 16:</b> ½ hr Feeding the Sick Child	<ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Operational framework</li> <li>• Presentations to Participants</li> </ul>
15:45– 16:00	<b>T E A B R E A K</b>				
16:00– 17:00	<b>Session 6 cont’d:</b> 1 hr.	<b>Session 11 cont’d:</b> ½ hr.  <b>Preparation for Field visit</b>	<b>Preparation for Field Visit</b>	<b>Session 16:</b> ½ hr Feeding the Sick Child	

## SESSION 1. INTRODUCTIONS, EXPECTATIONS AND OBJECTIVES

Learning Objectives	Methodologies	Training Aids
1. Begin to name fellow Participants, Facilitators and resource persons.	Matching game	16 matching pair illustrations from Counselling Cards
2. Discuss Participants' expectations, compare with the objectives of the training and clarify the priorities/focus of the course.	Interactive presentation	
3. Identify strengths and weaknesses of Participant's IYCF knowledge.	Non-written pre-assessment	Pre-assessment questions for Facilitators
4. Present and review set of <i>Counselling Cards</i> , <i>Key Message Booklet</i> and <i>Take-home Brochures</i> .	Buzz groups of 3 Participants	<ul style="list-style-type: none"> <li>• <b><i>Set of Counselling Cards</i></b></li> <li>• <b><i>Key Message Booklet</i></b></li> <li>• <b><i>Take-home Brochures</i></b></li> </ul>

### Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Name tags – encourage use of local technology rather than use of purchased materials not easily available in the community, e.g. pieces of paper and tape or pins
- Participants' folders
- Course timetable

### Advance Preparation:

- Flipchart: Course objectives (page 2 of Introduction)

**Duration:** 1½ hours

***Learning Objective 1:*** Begin to name fellow Participants, Facilitators, and resource persons

***Methodology:*** Matching Game

***Suggested Time:*** 30 minutes

**Instructions for Activity:**

1. Use illustrations from Counselling Cards (laminated if possible) cut in 2 pieces; each Participant is given a picture portion and is asked find his/her match; pairs of participants introduce each other, giving their partner's preferred name, what community group they belong to, work in IYCF, one expectations for the training, and something of human interest (favourite food, hobbies and/or colour, etc.)
2. When Participants introduce themselves, ask them to hold up their 'matching-pair picture' and describe it.
3. Facilitator writes expectations on flipchart.
4. Facilitator asks Participants to brainstorm Group Norms; Facilitator lists on flipchart and list remains posted throughout the training.
5. Group decides on daily Time Keeper and Participant in charge of energizers.

***Learning Objective 2:*** Discuss Participants' expectations, compare with objectives of the training, and clarify the priorities/focus of the course

***Methodology:*** Interactive presentation

***Suggested Time:*** 10 minutes

**Instructions for Activity:**

1. Facilitator introduces the training objectives (includes the main objective of each session, that has been previously written on a flipchart), and compares them with the expectations of Participants.
2. Facilitator adds inspirational points:
  - You can make a difference in your community!
  - You have a role to play and with the knowledge and skills you will gain in this training you will help mothers, babies and families in your community!
  - We want you to feel empowered and energized because you do perform a vital role in your community – mothers, babies and families will be healthier
3. Expectations and objectives remain in view during training course.



**Learning Objective 3:** Identify strengths and weaknesses of Participant's IYCF knowledge

**Methodology:** Non-written pre-assessment

**Suggested Time:** 20 minutes

**Instructions for Activity:**

1. Explain that 15 questions will be asked, and that Participants will raise one hand (with open palm) if they think the answer is 'Yes', will raise one hand (with closed fist) if they think the answer is 'No', and will raise one hand (pointing 2 fingers) if they 'Don't know' or are unsure of the answer.
2. Ask Participants to form a circle and sit so that their backs face the centre.
3. One Facilitator reads the statements from the Pre-assessment and another Facilitator records the answers and notes which topics (if any) present confusion.
4. Advise Participants that the topics covered in the pre-assessment will be discussed in greater detail during the training.

OR

**Methodology:** Written pre-assessment

1. Pass out copies of the pre-assessment to the participants and ask them to complete it individually.
2. Ask participants to write their code number (previously assigned by random drawing of numbers) on the pre-assessment. (Ask Participants to remember this number for the post assessment. Participants could also use a symbol of their choosing – anything that they will remember in order to match both pre and post assessments).
3. Correct all the tests as soon as possible the same day, identifying topics that caused disagreement or confusion and need to be addressed. Participants should be advised that these topics will be discussed in greater detail during the training.

**Learning Objective 4:** Present and review the set of *Counselling Cards*, *Key Message Booklet* and *Take-home Brochures*

**Methodology:** Buzz groups of 3 Participants

**Suggested Time:** 30 minutes

**Instructions for Activity:**

1. Distribute a set of *Counselling Cards*, *Key Message Booklet* and *Take-home Brochures* to each Participant and then ask Participants to form groups of 3.
2. Explain that the *Counselling Cards*, *Key Message Booklet* and *Take-home Brochures* are going to be their tools to keep and that they are going to take a few minutes to examine their content.
3. Each group is to find a picture that shows a piece of fruit from a *Counselling Card*, *Key Message Booklet* and *Take-Home Brochures*.

## Session1. Introductions, Expectations and Objectives

4. Ask a group to hold-up the counselling card(s), page of *Key Message Booklet* and *Take-home Brochure(s)* which shows the item.
5. Ask the other groups if they agree, disagree or wish to add another Counselling Card, page of *Key Message Booklet* or *Take-home Brochure*.
6. Repeat the process with the remaining items/characteristics. Find:
  - a CW counsellor talking with a mother
  - a sign or symbol that indicates that something should happen during ‘the day and at night’
  - a sign or symbol that indicates that the child should have ‘a meal or a snack’
  - a sign or symbol that indicates that a young child should eat 3 times a day and have 2 snacks
  - a sick baby less than 6 months
  - the card with the message that ‘hands should be washed with soap and water’
  - the card with the message that a young infant does not need water
7. Repeat the explanation that the *Counselling Cards*, *Key Message Booklet* and *Take-home Brochures* will be their tools to use.
8. Facilitator demonstrates the use a **Counselling Card** using OTTA: Observe, Think, Try and Act (Session 13)

### ‘Homework’ assignment:

- Read through the CC messages for CC 1-8, and CC 17 in the Key Messages Booklet

**Pre-assessment: What do we know now?**

#		Yes	No	Don't know
1.	The purpose of an IYCF support group is to share personal experiences on IYCF practices.			
2.	Poor child feeding during the first 2 years of life harms growth and brain development.			
3.	An infant aged 6 up to 9 months needs to eat at least 2 times a day in addition to breastfeeding.			
4.	A pregnant woman needs to eat 1 more meal per day than usual.			
5.	At 4 months, infants need water and other drinks in addition to breast milk.			
6.	Giving ONLY information to a mother on how to feed her child is effective in changing her infant feeding practices.			
7.	A woman who is malnourished can still produce enough good quality breast milk for her baby.			
8.	The more milk a baby removes from the breast, the more breast milk the mother makes.			
9.	The mother of a sick child should wait until her child is healthy before giving him/her solid foods.			
10.	At six months, the first food a baby takes should have the texture or consistency of breast milk so that the young baby can swallow it easily.			
11.	During the first six months, a baby living in a hot climate needs water in addition to breast milk.			
12.	A young child (aged 6 up to 9 months) should not be given animal foods such as fish and meat.			
13.	A newborn baby should always be given colostrum.			
14.	An HIV-infected mother should never breastfeed.			
15.	Men play an important role in how infants and young children are fed.			

## SESSION 2. WHY IYCF MATTERS

Learning Objectives	Methodologies	Training Aids
1. Define the terms IYCF, exclusive breastfeeding and complementary feeding.	<ul style="list-style-type: none"><li>Brainstorming</li><li>Presentation</li></ul>	Illustrations: healthy well-nourished child, mother giving complementary feeding, breastfeeding mother surrounded by family, couple taking their child to health services, and water/sanitation
2. Recognize all the conditions needed for a healthy well-nourished child.	Interactive presentation	
3. Share in-country data on IYCF.	Interactive presentation (bean distribution)	Packages of 100 beans each for 5 groups

### Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Illustrations: healthy well-nourished child, mother giving complementary feeding, breastfeeding mother surrounded by family, couple taking their child to health services, and water/sanitation
- 5 packages of 100 beans

### Advance preparation:

- Flipchart: Following data (from the country, region or district):
  - Initiation of Breastfeeding (within 1 hour)
  - Exclusive breastfeeding (first 6 months)
  - Complementary feeding (introduce solid, semi-solid or soft foods from 6 up to 9 months)
  - Continue breastfeeding up to 24 months)
  - Malnutrition (underweight, stunting, wasting, SAM, MAM)
  - Low birth weight

**Note:** In Pre-Training preparation, ask Participants to come with data on IYCF practices and key nutrition and health rates: initiation of breastfeeding, exclusive breastfeeding, introduction of solid, semi-solid or soft foods (6 up to 9 months), stunting, wasting, underweight, and low birth weight.

**Duration:** 1 hour

**Learning Objective 1:** Define infant, young child, exclusive breastfeeding and complementary feeding

**Methodology:** Brainstorming; Presentation

**Suggested Time:** 10 minutes

**Instructions for Activity:**

1. Ask Participants:
  - What do we mean by ‘infant’ and ‘young child’
  - To define exclusive breastfeeding
  - To define complementary feeding
  - To define complementary foods
2. Facilitator recognizes all of the inputs, and/or fills-in gaps
3. Discussion

**Key Information**

Infant = from birth up to 1 year

Young Child (when used with IYCF) = from 12 months up to 2 years of age

Definition	Requires that the infant receive	Allows the infant to receive	Does not allow the infant to receive
Exclusive breastfeeding (EBF)	Breast milk (including milk expressed or from a wet nurse)	Drops, syrups, (vitamins, minerals, medicines or ORS) prescribed by doctor	Anything else; no water, drink or food

*Complementary feeding:* the process starting when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk. The target range for complementary feeding is generally taken to be 6 up to 24 months.

*Complementary foods:* any locally-available food (from your kitchen, garden or market) suitable as a complement to breast milk when breast milk becomes insufficient to satisfy the nutritional requirements of the infant.

**Learning Objective 2:** Recognize key factors that contribute to a healthy, well-nourished child

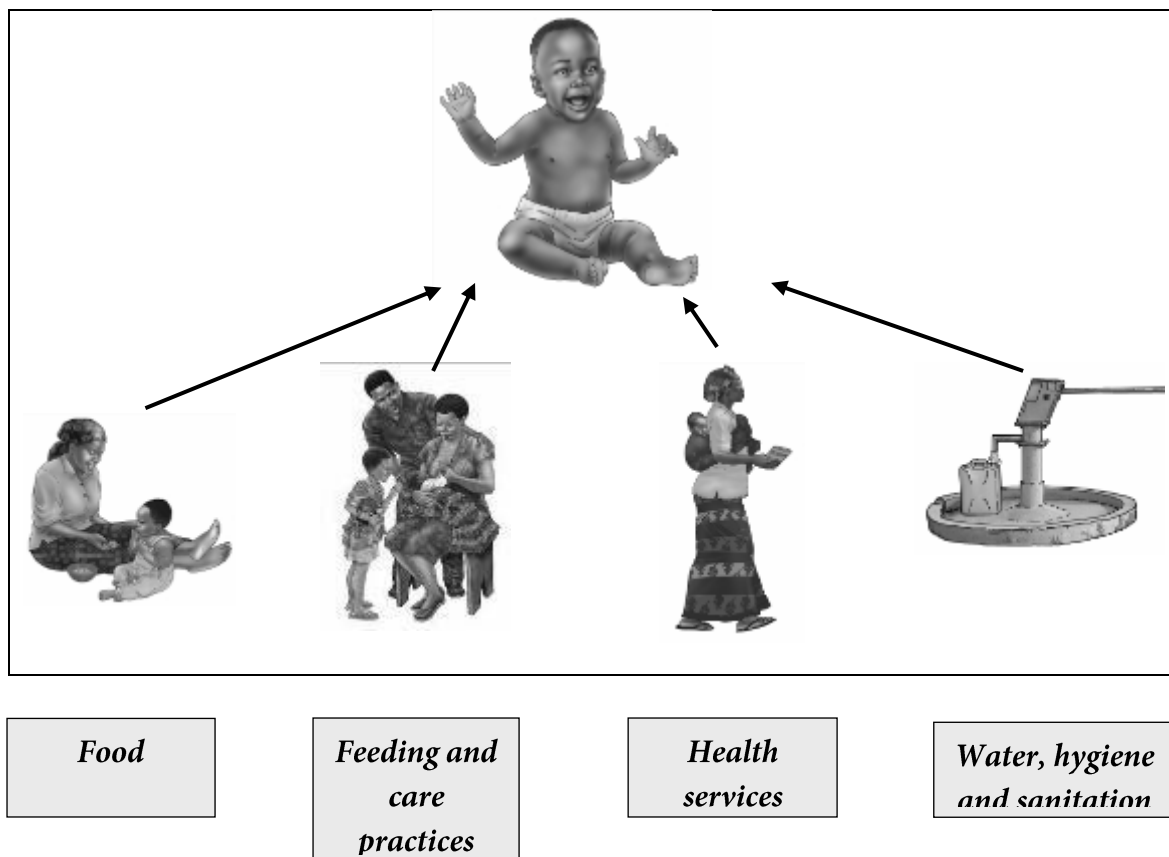
**Methodology:** Interactive Presentation

**Suggested Time:** 20 minutes

**Instructions for Activity:**

1. Tape or stick the illustration of a healthy, well-nourished child (Ask Participants to find a picture of a well-nourished child in their set of *Counselling Cards*)
2. Ask Participants to name all the things necessary to have a healthy child. As Participants mention food, water, hygiene and sanitation, care practices and health services, show that illustration and tape or stick it to flipchart
3. Draw arrows from the illustrations to the healthy, well-nourished child (see pictures below)
4. Why are we focusing on the first 2 years of life?
  - Harm to growth and development cannot be corrected
  - Effects of malnutrition (including stunting) are irreversible after 2 years of age
  - Stunting affects mental and physical development and leads to poor productivity, low economic growth and the perpetuation of poverty.
5. Discuss and summarize

**Key Information**



Weight-for-age data shows that growth faltering begins early, at about 3 months with a rapid decline through 12 months. The important point is that the process of growth faltering begins early in infancy, is very common, and affects all regions of the world.

The window of opportunity for improving nutrition is small – from before pregnancy through the first 2 years of life. The damage to physical growth and brain development that occurs during this period is extensive and irreversible.

**Learning Objective 3:** Share in-country data on IYCF.

**Methodology:** Interactive presentation (Bean Distribution)

**Suggested Time:** 30 minutes

**Instructions for activity:**

1. Ask Participants to form groups, by region/district. Discuss their knowledge of the data on feeding practices, health and nutrition in their regions/districts (out of 100 mothers/infants, how many: initiate breastfeeding within the first hour; exclusively breastfeed infants (0 up to 6 months); introduce solid, semi-solid or soft foods (6 up to 9 months); continue breastfeeding up to 24 months); and out of a 100 infants how many are stunted
2. Give Participants a card that provides the actual data from their region/district
3. Using beans and the prepared paper (100 blocks with dots representing 100 mothers as shown below), ask Participants to demonstrate the data from their zone/district so that it can be shared with the community
4. Ask the different regions/districts to share their data with the whole group
5. From the data for each feeding practice discuss the risk for the child.

**Examples of in-country data (latest Demographic Health Survey)**

**Breastfeeding practices: region/district x**

- Initiation of Breastfeeding (within 1 hour): 90 out of 100 mothers initiate breastfeeding within the first hour after birth

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## **Session 2. Why IYCF Matters**

- Exclusive Breastfeeding (infants less than 6 months): 56 infants out of 100 are exclusively breastfed for 6 months

### **Complementary feeding practices:**

- Early and late starting of complementary foods is a common problem ~~in x-country~~.
- Too little variety of foods is also a common problem, for example:
  - Upon introducing complementary foods: 50 out of 100 only children from age 6 up to 9 months consumed fruits and vegetables
  - Only 10 out of 100 children from 6 up to 9 months of age consumed animal-source foods (meat, eggs)

### **Stunting:**

- 45 out of 100 children under 5 years are stunted.

### **Low birth weight < 2.5 kilos:**

- 10 out of 100 infants are underweight at birth.



## SESSION 3. COMMON SITUATIONS THAT CAN AFFECT INFANT AND YOUNG CHILD FEEDING

Learning Objectives	Methodologies	Training Aids
1. Address common situations that can affect infant and young child feeding	Fish Game	<ul style="list-style-type: none"> <li>Cards (fish shaped) with a common situation that can affect infant and young child feeding written on the underside</li> <li><i>Participant Materials 3.1: Common Situations that can affect infant and young child feeding</i></li> </ul>

### Materials:

- Package of cards (fish shaped) with one common situation that can affect infant and young child feeding written on the underside: Giving colostrum, Low Birth Weight (LBW) or Premature Baby, Kangaroo Mother Care, Thin or Malnourished Mother, Refusal to breastfeed, New pregnancy, Mother away from baby, Crying baby, Sick Mother, Stress, Twins, Inverted nipple, Mother's diet during pregnancy, Mother's diet during breastfeeding

**Duration:** 1 hour

**Learning Objective 1:** Address common situations that can affect infant and young child feeding

**Methodology:** Fish Game

**Suggested Time:** 60 minutes

### Instructions for Activity:

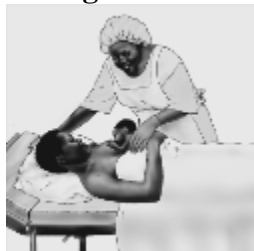

- Divide the Participants into 2 groups assigning to each group a package of fish-shaped cards.
- On the back of each card write a common situation or condition related to local feeding beliefs. (A paper clip can be attached to the 'mouth' of the fish and another paper clip to the end of a string tied to a stick so that Participants might actually 'fish' for a card.)
- Cards (fish) should be placed face-downward so participants can 'fish' for a common situation that can affect infant and young child feeding
- Ask Participants to fish (one card) and discuss i) How does this situation affect IYCF in your community, and ii) What can be done?
- Prioritize selection of 'common situations' to reflect those most appropriate for the country situation by choosing 8 common situations from the following list or adapt them to the local situation: Giving colostrum, Low Birth Weight (LBW) or Premature Baby, Kangaroo Mother Care, Thin or Malnourished Mother, Refusal to breastfeed, New pregnancy, Mother away

### Session 3: Common Situations that can Affect Infant and Young Child Feeding




from baby, Crying baby, Sick Mother, Stress, Twins, Inverted nipple, Mother's diet during pregnancy, Mother's diet during breastfeeding, Twins

6. Discuss and summarize in each group
7. Review together *Participant Materials 3.1: Common Situations that can affect infant and young child feeding*



# **Participant Materials 3.1: Common Situations that can affect infant and young child feeding**

Common Situation	What to do
<b>Giving colostrum</b> 	<ul style="list-style-type: none"> <li>Local belief: Colostrum should be discarded; it is ‘expired milk’, not good, etc.</li> <li>What we know: Colostrum contains antibodies and other protective factors for the infant. It is yellow because it is rich in vitamin A.</li> <li>The newborn has a stomach the size of a marble. The few drops of colostrum fill the stomach perfectly. If water or other substances are given to the newborn at birth, the stomach is filled and there is no room for the colostrum.</li> </ul>
<b>Low Birth Weight (LBW) or premature baby</b> 	<ul style="list-style-type: none"> <li>Local belief: the low birth weight baby or premature baby is too small and weak to be able to suckle/breastfeed</li> <li>What we know: A premature baby should be kept in skin-to-skin contact with the mother; this will help to regulate his body temperature and breathing, and keep him in close contact with the breast.</li> <li>A full-term LBW infant may suckle more slowly: allow him/her the time.</li> <li>The breast milk from the mother of a premature baby is perfectly suited to the age of her baby, and will change as the baby develops (i.e., the breast milk for a 7-month old newborn is perfectly suited for an infant of that gestational age, with more protein and fat than the milk for a full-term newborn)</li> <li>See Positioning Card #6, upper middle picture.</li> <li>Mother needs support for good attachment, and help with supportive holds.</li> <li>Feeding pattern: long slow feeds are OK – keep baby at the breast.</li> <li>Direct breastfeeding may not be possible for several weeks, but mothers should be encouraged to express breast milk and feed the breast milk to the infant using a cup.</li> <li>If the baby sleeps for long periods of time, and is wrapped up in several layers, open and take off some of the clothes to help waken him for the feed.</li> <li>Crying is the last sign of hunger. Earlier signs of hunger include a <b>combination</b> of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist. One sign by itself may not indicate hunger. So explain that she should respond by feeding baby when s/he shows these signs.</li> </ul>




### Session 3: Common Situations that can Affect Infant and Young Child Feeding

Common Situation	What to do
<b>Kangaroo Mother Care (KMC)</b> 	<ul style="list-style-type: none"> <li>Position (baby is naked apart from nappy and cap and is placed in skin-to-skin contact between mother's naked breasts with legs flexed and held in a cloth that supports the baby's whole body up to just under his/her ears and which is tied around the mother's chest). This position provides: <ul style="list-style-type: none"> <li>– Skin-to-skin contact (SSC)</li> <li>– Provides warmth</li> <li>– Stabilizes breathing and heart beat</li> <li>– Closeness to the breast</li> <li>– Mother's smell, touch, warmth, voice, and taste of the breast milk help to stimulate the baby to establish successful breastfeeding</li> <li>– Breastfeeding (early and exclusive breastfeeding by direct expression or expressed breast milk given by cup)</li> </ul> </li> <li>Mother and baby are rarely separated</li> </ul>
<b>Twins</b> 	<ul style="list-style-type: none"> <li>A mother can exclusively breastfeed both babies.</li> <li><b>The more a baby suckles and removes milk from the breast, the more milk the mother produces.</b></li> <li>Mothers of twins produce enough milk to feed both babies if the babies breastfeed frequently and are well attached.</li> <li>The twins need to start breastfeeding as soon as possible after birth – if they cannot suckle immediately, help the mother to express and cup feed. Build up the milk supply from very early to ensure that breasts make enough for two babies.</li> <li>Explain different positions – cross cradle, one under arm, one across, feed one by one etc. Help mother to find what suits her.</li> </ul>
<b>Refusal to breastfeed</b> 	<p><b>Baby who refuses the breast</b></p> <p>Usually refusal to breastfeed is the result of bad experiences, such as pressure on the head. Refusal may also result when mastitis changes the taste of the breast milk (more salty).</p> <ul style="list-style-type: none"> <li>Check baby for signs of illness that may interfere with feeding, including looking for signs of thrush in the mouth</li> <li>Refer baby for treatment if ill</li> <li>Let the baby have plenty of skin-to-skin contact; let baby have a good experience just cuddling mother before trying to make baby suckle; baby may not want to go near breast at first – cuddle in any position and gradually over a period of days bring nearer to the breast.</li> <li>Let mother baby try lots of different positions</li> <li>Wait for the baby to be wide awake and hungry (but not crying) before offering the breast.</li> <li>Gently touch the baby's bottom lip with the nipple until s/he opens his/her mouth wide</li> <li>Do not force baby to breastfeed and do not try to force mouth open or pull the baby's chin down – this makes the baby refuse more.</li> <li>Do not hold baby's head</li> <li>Express and feed baby by cup until baby is willing to suckle</li> <li>Express directly into baby's mouth</li> <li>Avoid giving the baby bottles with teats or dummies</li> </ul>

### Session 3. Common Situations that Can Affect Infant and Young Child Feeding

Common Situation	What to do
<p><b>New pregnancy</b></p> 	<ul style="list-style-type: none"> <li>Local belief: a woman must stop breastfeeding her older child as soon as she learns she is pregnant.</li> <li>What we know: It is important that a child be breastfed until s/he is at least 1 year old.</li> <li>A pregnant woman can safely breastfeed her older child, but should eat very well herself to protect her own health (she will be eating for 3: herself, the new baby, and the older child).</li> <li>Because she is pregnant, her breast milk will now contain small amounts of colostrum, which may cause the older child to experience diarrhoea for a few days (colostrum has a laxative effect). After a few days, the older child will no longer be affected by diarrhoea.</li> <li>Sometimes the mother's nipples feel tender if she is pregnant. However, it is perfectly safe to breastfeed two babies and will not harm either baby – there will be enough milk for both.</li> </ul>
<p><b>Mother away from baby</b></p> 	<ul style="list-style-type: none"> <li>Local belief: a mother who works outside the home or is away from her baby cannot continue to breastfeed her infant (exclusively).</li> <li>What we know: If a mother must be separated from her baby, she can express her breast milk and leave it to be fed to the infant in her absence.</li> <li>Help mother to express her breast milk and store it to feed the baby while she is away. The baby should be fed this milk at times when he or she would normally feed.</li> <li>Teach caregiver how to store and safely feed expressed breast milk from a cup. It may be stored safely at room temperature for up to 8 hours.</li> <li>Mother should allow infant to feed frequently at night and whenever she is at home.</li> <li>Mother who is able to keep her infant with her at the work site or to go home to feed the baby should be encouraged to do so and to feed her infant frequently.</li> </ul>
<p><b>Crying baby</b></p>	<ul style="list-style-type: none"> <li>Help mother to try to figure out the cause of baby's crying and listen to her feelings: <ul style="list-style-type: none"> <li>Discomfort: hot, cold, dirty</li> <li>Tiredness: too many visitors</li> <li>Illness or pain: changed pattern of crying</li> <li>Hunger: not getting enough breast milk; growth spurt</li> <li>Mother's foods: can be a certain food; sometimes cow's milk</li> <li>Mother's drugs</li> <li>Colic</li> </ul> </li> </ul>

### Session 3: Common Situations that can Affect Infant and Young Child Feeding

Common Situation	What to do
<b>Sick mother</b> 	<ul style="list-style-type: none"> <li>When the mother is suffering from common illnesses she <b>should continue to breastfeed her baby</b>. (Seek medical attention for serious or long lasting illness).</li> <li>The mother needs to rest and drink plenty of fluids to help her recover.</li> </ul>
<b>Stress</b> 	<ul style="list-style-type: none"> <li>Mother's stress does not spoil breast milk, or result in decreased production. However, milk may not flow well temporarily.</li> <li>If mother continues to breastfeed, milk flow will start again.</li> <li>Keep baby in skin-to-skin contact with mother if she will permit.</li> <li>Find reassuring companions to listen, give mother an opportunity to talk, and provide emotional support and practical help.</li> <li>Help her to sit or lie down in a relaxed position and to breastfeed baby.</li> <li>Show her companion how to give her a massage, such as a back massage, to help her to relax and her milk to flow</li> <li>Give her a warm drink such as tea or warm water, to help relax and assist the let-down reflex.</li> </ul>
<b>Thin or malnourished mother</b> 	<ul style="list-style-type: none"> <li>Local belief: A thin or malnourished mother cannot produce 'enough breastmilk'.</li> <li>What we know: It is important that a mother be well-fed to protect her own health.</li> <li>A mother who is thin and malnourished will produce a sufficient quantity of breastmilk (better quality than most other foods a child will get) if the child suckles frequently.</li> <li>More suckling and removal of the breastmilk from the breast leads to production of more breastmilk.</li> <li>Eating more will not lead to more production of breastmilk.</li> <li>A mother needs to eat more food for <b>her own health</b> ("feed the mother and let her breastfeed her baby").</li> <li>Mothers need to take vitamin A within 8 weeks after delivery, and a daily multivitamin, if available.</li> <li>If the mother is severely malnourished, refer to health facility</li> </ul>
<b>Inverted nipple</b>	<ul style="list-style-type: none"> <li>Detect during pregnancy.</li> <li>Try to pull nipple out and rotate (like turning the knob on a radio).</li> <li>If acceptable, ask someone to suckle the nipple.</li> </ul>
<b>Mother's diet during pregnancy</b>	<ul style="list-style-type: none"> <li>During pregnancy the body needs extra food each day – eat one extra small meal or "snack" each day</li> <li>Drink whenever thirsty, but avoid taking tea or coffee with meals</li> <li>No foods are forbidden.</li> <li>The pregnant woman should avoid alcohol drinks and smoking.</li> <li>Avoid non-food items like charcoal and clay.</li> </ul>
<b>Mother's diet</b>	<ul style="list-style-type: none"> <li>During breastfeeding the body needs extra food each day – eat two</li> </ul>

### Session 3. Common Situations that Can Affect Infant and Young Child Feeding

Common Situation	What to do
<b>during breastfeeding</b>	<p>extra small meals or “snacks” each day</p> <ul style="list-style-type: none"><li>• No one special food or diet is required to provide adequate quantity or quality of breast milk.</li><li>• Breast milk production is not affected by maternal diet.</li><li>• Mothers should be encouraged to eat more food to maintain their own health (eat from different food groups)</li><li>• Some cultures claim that certain drinks help to ‘make milk’; these drinks usually have a relaxing effect on the mother.</li><li>• No foods are forbidden.</li><li>• During breastfeeding the mother should limit alcohol content and avoid smoking.</li></ul>

## SESSION 4. HOW TO COUNSEL: PART I

Learning Objectives	Methodologies	Training Aids
1. Identify <i>Listening and Learning</i> skills.	Work in pairs	• <i>Participant Materials 4.1: Counselling Skills</i>
2. Explain why changing behaviour is difficult.	<ul style="list-style-type: none"><li>• Interactive Presentation</li><li>• Group work</li><li>• Demonstration</li></ul>	
3. Reflect on role of fathers in maternal and child nutrition.	Buzz groups of 3	<b>Cover of <i>Counselling Cards</i> (and others where men appear): Role of fathers in maternal and child nutrition</b>

### Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Behaviour Change Communication Case Studies

### Advance Preparation:

- For each group of 4 Participants prepare:
  - 5 steps (on separate pieces of paper): not knowing, knowing, becoming motivated to try something new, adopting a new behaviour, and sustaining a new behaviour; and
  - the role of the CHW (on pieces of paper of another colour): give information, encourage, counsel/problem solve/reach-an-agreement, praise/discuss benefits, and support
- Flipchart: *Listening and Learning* skills
- Flipchart: Role of fathers in the nutrition of their wives/partners and infants/children

**Duration:** 1 hour



**Learning Objective 1:** Identify *Listening and Learning* skills**Methodology:** Group work; Demonstration**Suggested time:** 25 minutes**Instructions for Activity 1:** 15 minutes**Listening**

1. Pair participants. Ask them to tell a story to each other at the same time for 2 min.
2. Then, ask large group:
  - How did you feel talking at the same time with another person?
  - Did you catch anything of the story?
3. In the same pairs repeat the exercise, but this time listen to one another with lots of concentration (do not take notes, but listen carefully).
4. Then, tell each other's stories (each of pair speaks for 1 minute).
5. In large group Facilitator asks:
  - How much of your story did your partner get right?
  - How did it make you feel inside to tell a story and see someone listening to you?
6. What things did you do to make sure that your partner was listening to you?
  - a. Use responses and gestures that show interest
  - b. Use non-verbal communication
7. Two Facilitators demonstrate the non-verbal communication skills by first demonstrating the opposite of the skills listed below, and then the non-verbal communication skills:
  - a. Keep head at same level
  - b. Pay attention (eye contact)
  - c. Remove barriers (tables and notes)
  - d. Take time
  - e. Appropriate touch
8. Two Facilitators demonstrate "reflecting back" and "non-use of judging words" by first demonstrating the opposite of these skills, and then the skills
9. Explain that *Listening and Learning* skills are the first set of skills to be learned and practised and review together *Participant Materials 4.1: Counselling Skills*
10. Ask Participants to observe the cover of the set of *Counselling Cards* and mention what *Listening and Learning* skills they observe in the illustration.
11. Discuss and summarize the different *Listening and Learning* skills
12. General rule of counseling: "We have 2 ears and 1 mouth, so we must listen twice as much as we talk"

.....

**Instructions for Activity 2:** 10 minutes
**Asking questions:**

1. Everyone gets to ask me (Facilitator) 1 question. Facilitator will answer truthfully.  
[Facilitator stops Participants at just 1 question]
2. What did you get from this exercise? [Some types of questions bring out more information than others] Asking about 'age': gets you a specific piece of information (which is what you sometimes want).
3. Open-ended questions usually begin with why, how, when and where?
4. What things can you do to bring out more information?
  - a) Reflect back what the Facilitator (mother/father/caregiver) says

- b) Listen to the Facilitator's (mother/father/caregiver's) concerns
- a) Avoid using judging words

### ***Key Information***

(The *Listening and Learning* skills listed above (on the flipchart) are from: Infant and Young Child Feeding Counselling: An Integrated Course. WHO/UNICEF. 2006.)

***Learning Objective 2:*** Explain why changing behaviour is difficult

***Methodology:*** Interactive Presentation; Group work

***Suggested time:*** 25 minutes

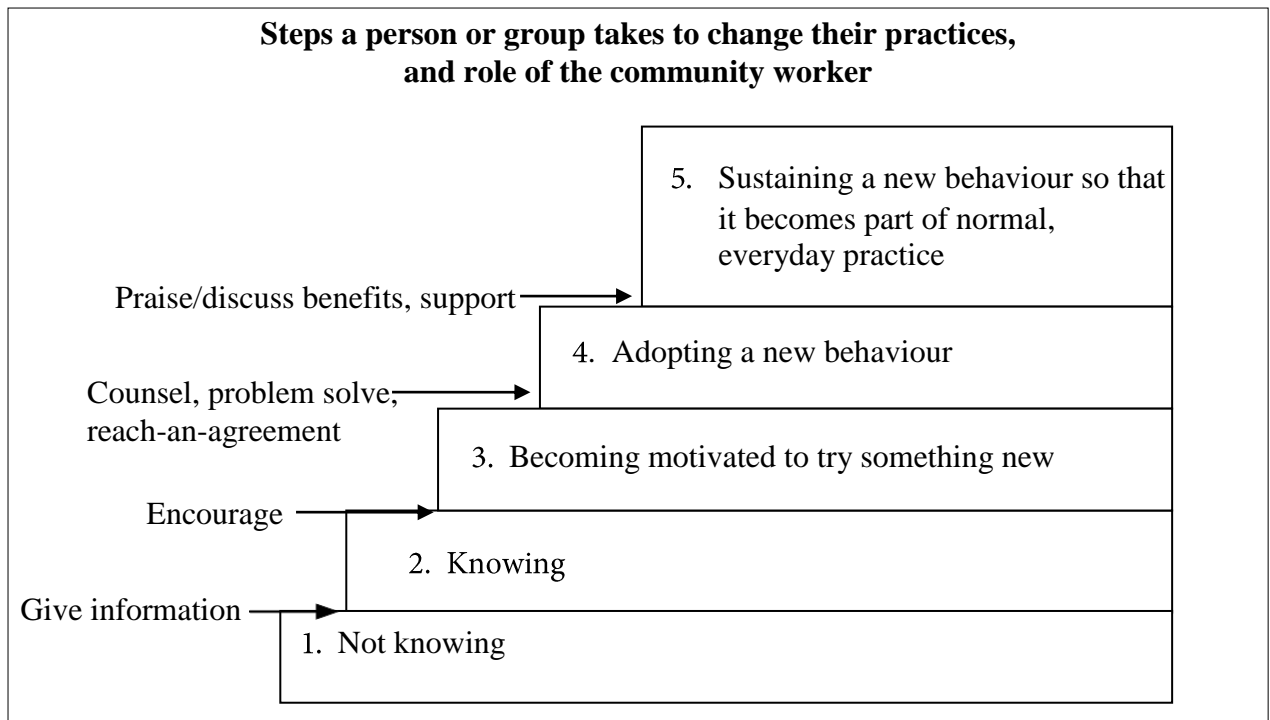
#### **Instructions for Activity:**

1. Divide Participants into groups of 4
2. Give each group the 5 steps to behaviour change: not knowing; knowing; becoming motivated to try something new; adopting a new behaviour; and sustaining a new behaviour and ask each group to put the steps in order of what comes first and what comes last
3. Ask Participants: What helps a person to move through the different steps?
4. Ask each group to add the role of the CHW (give information; encourage; counsel, problem solve, reach-an-agreement; praise/discuss benefits, support) at the point it is appropriate in the steps
5. Give each group 3 case studies. For each case study, group answers the question 'at what stage of the behaviour change process is the mother'?
6. Discuss in large group.

**NOTE:** behaviour change should not be limited to efforts with the mother/father/caregiver, but rather encompass the entire community of influencers.

9. Include a demonstration of the above:
  - Amina has just had a new baby girl. She wants to exclusively breastfeed her.
  - Ask a Participant to represent Amina with her baby and come and sit in an opening of the circle
  - Ask other Participants: who will support her? Whose support does Amina need?
10. As Participants mention different family and community members ask a Participant to come and represent that person (father, grandmothers, grandfathers, siblings, aunties, cousins, TBA, midwife, doctor, nurse, religious leaders, elders, national policies, politician, etc.)
  - "It takes a village to raise a child", and the entire village to support a mother to optimally feed her child.

### Key Information



**Note:** The CHW utilizes *Listening and Learning* skills throughout the entire process or steps of behaviour change. The 3-Step IYCF counselling process: Assess, Analyze and Act (Session 10) involves dialogue between the counsellor and mother/father/caregiver to define the issues, problem-solve and reach-an-agreement.

### Behaviour Change Case Studies

1. A pregnant woman has heard new breastfeeding information, and her husband and mother-in-law also are talking about it. She is thinking about trying exclusive breastfeeding because she thinks it will be best for her child.
2. A mother has brought her 8-month-old child to the baby weighing session. The child is being fed watery porridge that the mother thinks is appropriate for the child's age. The child has lost weight. The community worker encourages her to give her child thickened porridge instead of watery gruel because the child is not growing.
3. The past month a community worker talked with a mother about gradually starting to feed her 7-month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day, so the mother feeds him accordingly.

### Behaviour Change Case Studies (Answer Key)

1. Becoming motivated to try something new
2. Knowing (has now heard about it)
3. Adopting a new behaviour

***Learning Objective 3: Reflect on the role of fathers in maternal and child nutrition***

***Methodology:*** Buzz Groups of 3

***Suggested time:*** 10 minutes

**Instructions for Activity:**

1. Ask Buzz Groups to examine the **cover of the set of Counselling Cards** and look for men who appear in other cards. Ask them to describe the role(s) that fathers/men play in the nutrition of their wives/partners and babies/children; what could they do?
2. In large group, groups share their observations
3. After discussion show a flip-chart with the role of fathers (as outlined below) in maternal and child nutrition
4. Discuss and fill-in the gaps

***Key Information***

Fathers/men can actively participate in improving the nutrition of their wives/partners and babies/children in the following ways:

- Accompany wife/partner to antenatal clinics (ANC)
- Remind her to take her iron/folate tablets
- Provide extra food during pregnancy and lactation
- Help with non-infant household chores
- Make sure there is a trained birth attendant
- Make arrangements for safe transportation to facility for birth
- Encourage breastfeeding immediately after birth
- Encourage giving the first thick yellowish milk (colostrum) to baby
- Talk with his mother (mother-in-law of wife) about feeding plan, beliefs and customs
- Make sure the baby exclusively breastfeeds for the first 6 months
- Provide a variety of food for child over six months.
- Feed the child older than 6 months.
- Accompany wife/partner to the health facility when infant/child is sick, for infant/child's Growth Monitoring Promotion (GMP) and immunizations
- Discuss child spacing with wife/partner
- Provide bed-nets for family in endemic malaria areas
- Encourage education of his girl children

## Participant Materials 4.1: Counselling Skills

### ***Listening and Learning skills***

1. Use helpful non-verbal communication
  - Keep your head level with mother/father/caregiver
  - Pay attention (eye contact)
  - Remove barriers (tables and notes)
  - Take time
  - Appropriate touch
2. Ask questions that allows mother/father/caregiver to give detailed information
3. Use responses and gestures that show interest
4. Listen to mother's/father's/caregiver's concerns
5. Reflect back what the mother/father/caregiver says
6. Avoid using judging words



Source: Infant and Young Child Feeding Counselling: An Integrated Course. WHO/UNICEF. 2006

## SESSION 5. RECOMMENDED IYCF PRACTICES: BREASTFEEDING

Learning Objectives	Methodologies	Training Aids
1. Describe the risks of NOT breastfeeding for the infant, the mother, the family, and the community/nation.	Group work and rotation of flipcharts	<i>Participant Materials 5.1:</i> Importance of breastfeeding for infant/young child, mother, family, community/nation and the risks of artificial feeding
2. Identify the recommended breastfeeding practices.	Group work	<ul style="list-style-type: none"> <li>• <i>Participant Materials 5.2:</i> Recommended breastfeeding practices and possible points of discussion for counselling</li> <li>• <b>Counselling Cards for recommended breastfeeding practices: 1 to 5, and 17</b></li> <li>• <i>Key Message Booklet</i></li> <li>• <b>Take-home Brochures: How to Breastfeed Your Baby and Nutrition During Pregnancy and Breastfeeding</b></li> </ul>
3. Reflect on when and where counselling on recommended breastfeeding practices occur.	Brainstorming	<i>Participant Materials 5.3:</i> Recommended Schedule for visits from birth up to 6 months

### Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- 4 flipcharts throughout the training room with the titles: 1) Risks of Not breastfeeding to infant; 2) Risks of Not breastfeeding to mother; 3) Risks of Not breastfeeding to family; and 4) Risks of Not breastfeeding to community/nation
- Eleven large cards (½ A4 size) or pieces of paper of the same size with a recommended breastfeeding practice written on each card/piece of paper

**Duration:** 1½ hours

**Learning Objective 1:** Describe the risks of NOT breastfeeding for the infant, the mother, the family, and the community/nation

**Methodology:** Group work and rotation of flipcharts

**Suggested time:** 30 minutes

**Instructions for Activity:**

1. Divide Participants into 4 groups. Four flipcharts are set-up throughout the room with the following titles: Risks of NOT breastfeeding to infant, Risks of NOT breastfeeding to mother, Risks of NOT breastfeeding to family, and Risks of NOT breastfeeding to community/nation
2. Each group has 3 minutes at each flipchart to write as many points as they can think of (without repeating those already listed), then the groups rotate to the next flipchart and repeat the exercise
3. Discuss and summarize in large group (The risks of NOT breastfeeding [see Key Information below] for infant and mother can also be discussed.)
4. Distribute from *Participant Materials* 5.1: Importance of breastfeeding for infant/young child, mother, family, community/nation (or refer to specific page in *Participant Materials*) and discuss and the risks of artificial feeding

## Key Information

### Risks of NOT breastfeeding

**Note:** the younger the infant is, the greater these risks.

#### For the infant:

- Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months)
- Formula has no antibodies to protect against illness
- Don't receive their "first immunization" from the colostrum
- Struggle to digest formula: it is not at all the perfect food for babies
- Frequent diarrhoea, ill more often and more seriously (mixed-fed infants less than 6 months who receive contaminated water, formula and foods are at higher risk.)
- Frequent respiratory infections
- Greater risk of undernutrition, especially for younger infants
- More likely to get malnourished
- Under-development: retarded growth, under-weight, stunting, wasting due to higher infectious diseases such as diarrhoea and pneumonia
- Poorer bonding between mother and infant less secure
- Lower scores on intelligence tests and lower ability to learn at school
- More likely to be overweight
- Greater risk of heart disease, diabetes, cancer, asthma, dental decay etc. later in life

#### For the mother:

## Session 5. Recommended IYCF Practices: Breastfeeding

- Mother may become pregnant sooner
- Increased risk of anaemia if breastfeeding is not initiated early (more bleeding after childbirth)
- Interferes with bonding
- Increased risk of post-partum depression
- Ovarian cancer and breast cancer occurrence are lower in mothers who breastfeed

**Learning Objective 2:** Identify the recommended breastfeeding practices

**Methodology:** Group work

**Suggested time:** 45 minutes

**Instructions for Activity 1:** 15 minutes

**A. Identify recommended breastfeeding practices through discussion**

1. Divide Participants into groups of 4
2. Ask each group to discuss and name amongst themselves all the recommended breastfeeding practices
3. Before breaking into groups, Facilitator gives an example of a recommended breastfeeding practice such as ‘initiation of breastfeeding within the first hour of birth’ and tapes it on the wall (all recommended breastfeeding practices have been previously written on cards/paper)
4. After 10 minutes, ask each group – one by one – to name a recommended breastfeeding practice
5. As groups mention a recommended breastfeeding practice, give that card to the group and ask them to tape it on the wall underneath the already mentioned recommended breastfeeding practice: ‘initiation of breastfeeding within the first hour of birth’.
6. Probe with groups until all the recommended breastfeeding practices are mentioned and taped to wall
7. Leave posted in a vertical column (in the centre of the board/flipchart) the recommended breastfeeding practices
8. Facilitator summarizes and fills-in the gaps

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**Instructions for Activity 2:** 15 minutes

**B. Identify recommended breastfeeding practices through *Counselling Cards***

1. In the same groups ask Participants to observe the following ***Counselling Cards*** and ***Take-home Brochures*** and match them with the posted recommended breastfeeding practices:
  - **CC 1: Nutrition for pregnant and breastfeeding woman**
  - **CC 2: Pregnant woman /delivery in facility**
  - **CC 3: During the first 6 months, your baby needs ONLY breast milk**
  - **CC 4: Importance of exclusive breastfeeding during the first 6 months**
  - **CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply**
  - **CC 6: Breastfeeding positions**



- **CC 7: Good attachment**
- **CC 11: Good hygiene (cleanliness) practices prevent disease**
- **CC 17: Feeding the sick baby less than 6 months of age**
- ***Take-home Brochure: How to Breastfeed Your Baby***
- ***Take-home Brochure: Nutrition During Pregnancy and Breastfeeding***

.....  
**Instructions for Activity 3: 15 minutes**

**C. Participant Materials**

1. Distribute from *Participant Materials 5.2: Recommended breastfeeding practices and possible points of discussion for counselling* (or refer to specific page in *Participant Materials*) and review together
2. Orient Participants to the Key Messages from ***Key Message Booklet***
3. Point out to Participants that these are the discussion points and Key Messages that they will use when counselling a mother and/or family on recommended breastfeeding practices
4. Discuss and summarize

***Key Information***

- See *Participant Materials 5.2: Recommended breastfeeding practices and possible points of discussion for counselling*
- The ‘recommended breastfeeding practices apply to ALL infants in every situation; bedding-in is an activity that SUPPORTS the practice, as does the recommendation: ‘avoid feeding bottles’

**Note:** By applying the recommended breastfeeding practices, mothers are able to establish and maintain their breast milk supply

***Learning Objective 3:*** Reflect on when and where counselling on recommended breastfeeding practices can occur

***Methodology:*** Brainstorming

***Suggested Time:*** 15 minutes

**Instructions for Activity:**

1. Ask Participants to think about when community workers can counsel mothers on recommended breastfeeding practices from pregnancy up to 12 months
2. Distribute *Participant Materials 5.3: Recommended scheduled visits from birth up to 6 months* and compare with Participants' responses
3. Review discussion points during the scheduled visits
4. Discuss and summarize in large group

## *Participant Materials 5.1: Importance of Breastfeeding for Infant/Young Child, Mother, Family, Community/Nation and the Risks of Artificial Feeding*

### **Importance of breastfeeding for the infant/young child**

Breast milk:

- Saves infants' lives.
- Human breast milk perfectly meets the needs of human infants
- Is a whole food for the infant, and covers all babies' needs for the first 6 months.
- Promotes adequate growth and development, thus helping to prevent stunting.
- Is always clean.
- Contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- Is always ready and at the right temperature.
- Is easy to digest. Nutrients are well absorbed.
- Contains enough water for the baby's needs.
- Helps jaw and teeth development; suckling develops facial and jaw structure.
- Frequent skin-to-skin contact between mother and infant leads to bonding, better psychomotor, affective and social development of the infant.
- The infant benefits from the colostrum, which protects him/her from diseases (Colostrum is the yellow or golden [first] milk the baby receives in his or her first few days of life. It has high concentrations of nutrients and protects against illness. Colostrum is small in quantity. The colostrum acts as a laxative, cleaning the infant's stomach).
- Long-term benefits – reduced risk of obesity and diabetes

### **Importance of breastfeeding for the mother**

- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months if the mother is exclusively breastfeeding, day and night and if her menses/period has not returned.
- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby's suckling stimulates uterine contractions.
- Breastfeeding reduces the risk of bleeding after delivery.
- When the baby is immediately breastfed after birth, breast milk production is stimulated.
- Immediate and frequent suckling prevents engorgement.
- Breastfeeding reduces the mother's workload (no time is involved in going to buy the formula, boiling water, gathering fuel, or preparing formula).
- Breast milk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
- Breastfeeding is economical: formula costs a lot of money, and the non-breastfed baby or mixed-fed baby is sick much more often, which brings costs for health care.
- Breastfeeding stimulates a close bond between mother and baby.
- Breastfeeding reduces risks of breast and ovarian cancer.



### **Importance of breastfeeding for the family**

- Mothers and their children are healthier.
- No medical expenses due to sickness that other milks could cause.
- There are no expenses involved in buying other milks, firewood or other fuel to boil water, milk or utensils.
- Births are spaced if the mother is exclusively breastfeeding in the first six months, day and night, and if her menses/period has not returned.
- Time is saved because there is less time involved in purchasing and preparing other milks, collecting water and firewood, and there is less illness-required trips for medical treatment.

**Note:** Families need to help mother by helping with non-infant household chores.

### **Importance of breastfeeding for the community/nation**

- Healthy babies make a healthy nation.
- Savings are made in health care delivery because the number of childhood illnesses are reduced, leading to decreased expenses.
- Improves child survival because breastfeeding reduces child morbidity and mortality.
- Protects the environment (trees are not used for firewood to boil water, milk and utensils, and there is no waste from tins and cartons of breast milk substitutes). Breast milk is a natural renewable resource.
- Not importing milks and utensils necessary for the preparation of these milks saves money that could be used for something else.

### **Risks of artificial feeding (artificially-fed babies)**


**Note:** the younger the infant is, the greater these risks.



- Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months)
- Formula has no antibodies to protect against illness; the mother's body makes breast milk with antibodies that protect from the specific illnesses in the mother/child environment
- Don't receive their "first immunization" from the colostrum
- Struggle to digest formula: it is not at all the perfect food for babies
- Frequent diarrhoea, ill more often and more seriously (mixed-fed infants less than 6 months who receive contaminated water, formula and foods are at higher risk.)
- Frequent respiratory infections
- Greater risk of undernutrition, especially for younger infants
- More likely to get malnourished: family may not be able to afford enough formula
- Under-development: retarded growth, under-weight, stunting, wasting due to higher infectious diseases such as diarrhoea and pneumonia
- Poorer bonding between mother and infant, and less secure infant
- Lower scores on intelligence tests and more difficulty learning at school
- More likely to be overweight
- Greater risk of heart disease, diabetes, cancer, asthma, and dental decay later in life

### **Risks of mixed feeding (mixed-fed babies in the first six months)**

- Have a higher risk of death
- Are ill more often and more seriously, especially with diarrhea: due to contaminated milk and water
- More likely to get malnourished: gruel has little nutritional value, formula is often diluted, and both displace the more nutritious breast milk
- Get less breast milk because they suckle less and then the mother makes less milk
- Suffer damage to their fragile guts from even a small amount of anything other than breast milk
- Much more likely to be infected with HIV than exclusively breastfed babies, because their guts are damaged by the other liquids and foods and thus allow the HIV virus to enter more easily

*Participant Materials* 5.2: Recommended Breastfeeding Practices and Possible Counselling Discussion Points

Recommended Breastfeeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
<p>Place infant skin-to-skin with mother immediately after birth</p>	<ul style="list-style-type: none"> <li>• Skin-to-skin with mother keeps newborn warm and helps stimulate bonding or closeness, and brain development.</li> <li>• Skin-to-skin helps the "let down" of the colostrum/milk</li> <li>• There may be no visible milk in the first hours. For some women it even takes a day or two to experience the "let down". It is important to continue putting the baby to the breast to stimulate milk production and let down.</li> <li>• Colostrum is the first thick, yellowish milk that protects baby from illness.</li> <li>• <b>CC 2: Pregnant woman / delivery in facility</b></li> </ul>
<p>Initiate breastfeeding within the first hour of birth</p>  <p><b>Note:</b> Breastfeeding in the first few days</p>	<ul style="list-style-type: none"> <li>• Make sure baby is well attached</li> <li>• This first milk 'local word' is called colostrum. It is yellow and full of antibodies which help protect your baby.</li> <li>• Colostrum provides the first immunization against many diseases.</li> <li>• DO NOT give GLUCOSE or GRIPE WATER after birth</li> <li>• <b>CC 2: Pregnant woman / delivery in facility</b></li> <li>• <b>Take-home Brochure: How to Breastfeed Your Baby</b></li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Breastfeeding frequently from birth helps the baby learn to attach and helps to prevent engorgement and other complications.</li> <li>• In the first few days, the baby may feed only 2 to 3 times/day. If the baby is still sleepy on day 2, the mother may express some colostrum and give it from a cup.</li> <li>• Give nothing else -- no water, no infant formula, no other foods or liquids -- to the newborn.</li> </ul>
<p>Exclusively breastfeed (no other food or drink) from 0 up to 6 months</p>	<ul style="list-style-type: none"> <li>• Breast milk is all the infant needs for the first 6 months.</li> <li>• Do not give anything else to the infant before 6 months, not even water.</li> <li>• Breast milk contains all the water a baby needs, even in a hot climate.</li> <li>• Giving water will fill the infant and cause less suckling; less breast milk will be produced.</li> <li>• Water and other liquids and foods for an infant less than six months can cause diarrhoea.</li> <li>• <b>CC 3: During the first 6 months, your baby needs</b></li> </ul>


Recommended Breastfeeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
	<p><b>ONLY breast milk</b></p> <ul style="list-style-type: none"> <li>• <b>CC 4: Importance of exclusive breastfeeding during the first 6 months</b></li> <li>• <b><i>Take-home Brochure: How to Breastfeed Your Baby</i></b></li> </ul>
<p>Breastfeed frequently, day and night</p> 	<ul style="list-style-type: none"> <li>• After the first few days, most newborns want to breastfeed frequently, 8 to 12 times/day. Frequent breastfeeding helps produce lots of breast milk.</li> <li>• Once breastfeeding is well-established, breastfeed 8 or more times day and night to continue to produce plenty of (or lots of) breast milk. If the baby is well attached, contented and gaining weight, the number of feeds is not important.</li> <li>• More suckling (with good attachment) makes more breast milk.</li> <li>• <b>CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply</b></li> <li>• <b><i>Take-home Brochure: How to Breastfeed Your Baby</i></b></li> </ul>
<p>Breastfeed on demand every time the baby asks to breastfeed</p>	<ul style="list-style-type: none"> <li>• Crying is a <u>late</u> sign of hunger.</li> <li>• Early signs that baby wants to breastfeed: <ul style="list-style-type: none"> <li>– Restlessness</li> <li>– Opening mouth and turning head from side to side</li> <li>– Putting tongue in and out</li> <li>– Sucking on fingers or fists</li> </ul> </li> <li>• <b>CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply</b></li> </ul>
<p>Let infant finish one breast and come off by him/herself before switching to the other breast</p>	<ul style="list-style-type: none"> <li>• Switching back and forth from one breast to the other prevents the infant from getting the nutritious 'hind milk'</li> <li>• The 'fore milk' has more water content and quenches infant's thirst; the 'hind milk' has more fat content and satisfies the infant's hunger</li> <li>• <b>CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply</b></li> </ul>

## Session 5. Recommended IYCF Practices: Breastfeeding

Recommended Breastfeeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
Good positioning and attachment	<ul style="list-style-type: none"> <li>• 4 signs of good positioning: baby's body should be <u>straight</u>, and <u>facing</u> the breast, baby should be <u>close</u> to mother, and mother should <u>support</u> the baby's whole body, not just the neck and shoulders with her hand and forearm.</li> <li>• 4 signs of good attachment: mouth wide open, chin touching breast, more areola showing above than below the nipple, and lower lip turned out.</li> <li>• <b>CC 6: Breastfeeding positions</b></li> <li>• <b>CC 7: Good attachment</b></li> </ul>
Continue breastfeeding for 2 years of age or longer	<ul style="list-style-type: none"> <li>• Breast milk contributes a significant proportion of energy and nutrients during the complementary feeding period and helps protect babies from illness.</li> <li>• <b>CC 12 to 16: Complementary Feeding Counselling Cards</b></li> </ul>
Continue breastfeeding when infant or mother is ill	<ul style="list-style-type: none"> <li>• Breastfeed more frequently during child illness.</li> <li>• The nutrients and immunological protection of breast milk are important to the infant when mother or infant is ill.</li> <li>• Breastfeeding provides comfort to a sick infant.</li> <li>• <b>CC 17: Feeding the sick baby less than 6 months of age</b></li> </ul>
Mother needs to eat and drink to satisfy hunger and thirst	<ul style="list-style-type: none"> <li>• No one special food or diet is required to provide adequate quantity or quality of breast milk.</li> <li>• Breast milk production is not affected by maternal diet.</li> <li>• No foods are forbidden.</li> <li>• Mothers should be encouraged to eat more food to maintain their own health.</li> <li>• <b>CC 1: Nutrition for pregnant and breastfeeding woman</b></li> <li>• <b>Take-home Brochure: Nutrition During Pregnancy and Breastfeeding</b></li> </ul>
Avoid feeding bottles	<ul style="list-style-type: none"> <li>• Foods or liquids should be given by cup to reduce nipple confusion and the possible introduction of contaminants.</li> <li>• <b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 12 to 16: Complementary Feeding Counselling Cards</b></li> </ul>



*Participant Materials 5.3: Recommended Schedule for visits from pregnancy up to 6 months*

When	Discussion Points
Prenatal visits 	<ul style="list-style-type: none"> <li>• Check breasts (inverted nipples)</li> <li>• Discuss importance of skin-to-skin</li> <li>• Good attachment and positioning</li> <li>• Early initiation of breastfeeding (give colostrum)</li> <li>• Breastfeeding in the first few days</li> <li>• Exclusive breastfeeding from birth up to 6 months (avoid other liquids and food, even water)</li> <li>• Breastfeeding on demand– up to 12 times day and night</li> <li>• Mother needs to eat extra meals and drink a lot of fluids to be healthy</li> <li>• Attendance at mother-to-mother support group</li> <li>• How to access CW if necessary</li> </ul>
Delivery	<ul style="list-style-type: none"> <li>• Place baby skin-to-skin with mother</li> <li>• Good attachment and positioning</li> <li>• Early initiation of breastfeeding (give colostrum, avoid water and other liquids)</li> <li>• Breastfeeding in the first few days</li> </ul>
Postnatal visits	
Within the first week after birth (2 or 3 days and 6 or 7 days)	<ul style="list-style-type: none"> <li>• Good attachment and positioning</li> <li>• Breastfeeding in the first few days</li> <li>• Exclusive breastfeeding from birth up to 6 months</li> <li>• Breastfeeding on demand– up to 12 times day and night</li> <li>• Ensure mother knows how to express her breast milk</li> <li>• Preventing breastfeeding difficulties (engorgement, sore and cracked nipples)</li> </ul>
1 month <ul style="list-style-type: none"> <li>• Immunization Sessions</li> <li>• Growth Monitoring Promotion (GMP)</li> </ul>	<ul style="list-style-type: none"> <li>• Good attachment and positioning</li> <li>• Exclusive breastfeeding from birth up to 6 months</li> <li>• Breastfeeding on demand– up to 12 times day and night</li> <li>• Breastfeeding difficulties (plugged ducts which can lead to mastitis, and not enough breast milk)</li> <li>• Increase breast milk supply</li> <li>• Maintain breast milk supply</li> <li>• Continue to breastfeed when infant or mother is ill</li> <li>• Family planning</li> <li>• Prompt medical attention</li> </ul>
6 weeks <ul style="list-style-type: none"> <li>• Family planning sessions</li> <li>• GMP</li> <li>• Sick Child clinic</li> <li>• Community follow-up</li> </ul>	
From 5 up to 6 months <ul style="list-style-type: none"> <li>• GMP</li> <li>• Sick child Clinic</li> <li>• Community follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• CW should not try to change positioning if older infant is not having difficulties</li> <li>• Prepare mother for changes she will need to make when infant reaches 6 months (AT 6 months)</li> <li>• At 6 months, begin to offer foods 2 to 3 times a day - gradually introduce different types of foods (staple, legumes, vegetables, fruits and animal products) and continue breastfeeding</li> </ul>

## SESSION 6. HOW TO BREASTFEED

Learning Objectives	Methodologies	Training Aids
1. Briefly describe the anatomy of the breast and how the breast makes milk.	Group work	<i>Participant Materials 6.1:</i> Anatomy of the human breast
2. Demonstrate good positioning and attachment.	<ul style="list-style-type: none"> <li>• Role play</li> <li>• Observation</li> <li>• Group work</li> <li>• Practise</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Participant Materials 6.2:</i> Good and Poor Attachment</li> <li>• <b>CC 6: Breastfeeding positions</b></li> <li>• <b>CC 7: Good attachment</b></li> <li>• <b><i>Take-home Brochure: How to Breastfeed Your Baby</i></b></li> <li>• <b>CC 8: Feeding a low birth weight baby</b></li> <li>• <b><i>Key Message Booklet</i></b></li> </ul>
3. Describe hand expression and storage of breast milk; and how to cup feed.	<ul style="list-style-type: none"> <li>• Brainstorming</li> <li>• Demonstration</li> <li>• Practise</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CC 9: How to hand express breast milk and cup feed</b></li> <li>• <b>CC10: When you are separated from your baby</b></li> <li>• <b><i>Key Message Booklet</i></b></li> </ul>
<b>Additional Activity:</b> Making dolls and breast models	Working groups help each other make dolls and breast models	<i>Participant Materials 6.3:</i> Instructions for Making Cloth Breast Models

### Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Dolls or rolled up towels
- Cups available for working groups of Participants to practice cup feeding
- Training Aids: Good and Poor Attachment; Anatomy of the breast (internal)

### Advance Preparation:

- Invite several women with young infants to demonstrate attachment and positioning and breast milk expression (if possible and culturally accepted)
- Facilitators practice demonstration of good attachment and positioning (mother and counsellor)

### Additional Activity: Making dolls and model breasts

*Community IYCF Counselling Package: Facilitator Guide*

- For dolls: paper rolled into a ball for the head covered in same fabric used for the body, small bottle filled with water for trunk of doll, rubber bands to help define neck, arms and legs, typical baby clothes if available, and a cloth or blanket to cover the doll.
- For breast model: Use 2 socks, 1 sock resembling skin colour to show the outside of the breast, and another sock to show the inside of the breast
- *Participant Materials 6.3: Instructions for Making Cloth Breast Models*

**Duration:** 1½ hours

**Learning Objective 1:** Briefly describe the anatomy of the breast and how the breast makes milk

**Methodology:** Group work

**Suggested Time:** 15 minutes

**Instructions for Activity:**

1. Ask participants to form 4 working groups in which each group draws and labels:
  - The breast as it looks on the outside
  - The breast as it looks from the inside
2. In large group, ask each group to explain their drawings
3. Compare drawings with *Participant Materials 6.1: Anatomy of the human breast* noting similarities and correcting misinformation
4. Ask one group to explain how milk is produced; ask other groups to add additional points
5. Facilitate discussion in large group, correcting misinformation and answering questions
6. Explain that frequent removal of plenty of milk from the breast encourages milk production.
7. Ask Participants the question: “If the mother eats more, will she produce more milk”? Probe until Participants respond: milk production depends on frequent removal of plenty of milk from the breast - the more breast milk removed from the breast, the more breast milk the mother makes.
8. Discuss and summarize

**Key Information**

See *Participant Materials 6.1: Anatomy of the human breast*

- When the baby suckles at the breast, stimulation of the nipple results in breast milk production and the release or let down of breast milk.
- *Suckling as well as removing plenty of milk from the breast* are essential for good milk supply.
- If the baby does not remove plenty of breast milk, less milk will be produced in that breast because the *presence of the milk inhibits milk production*.
- The release of milk (sometimes called the ejection reflex) *can be affected by a mother's emotions* – fear, worry, pain, embarrassment
- Montgomery Glands secrete an oil-like substance that lubricates and cleans the nipple.

## Session 6. How to Breastfeed

**Note:** The ‘fore milk’ has more water and satisfies the baby’s thirst. The ‘hind milk’ has more fat and satisfies the baby’s hunger.

**Learning Objective 2:** Demonstrate good positioning and attachment

**Methodology:** Demonstration or Role play, Group work, Observation, Practise

**Suggested Time:** 50 minutes

**Instructions for Activity 1:** 10 minutes

**Demonstration or Role-Play**

1. Using a real mother (if possible), Facilitator explains the 4 signs of good positioning:
  - 1) The baby’s body should be **straight**
  - 2) The baby’s body should be **facing the breast**
  - 3) The baby should be **close to mother**
  - 4) Mother should **support** the baby’s whole body
2. If no mother is present, one Facilitator acting as a Community Worker helps another Facilitator acting as a mother role play helping a mother position baby to breast using a doll or rolled up towel
3. Demonstration: on one arm show with opposite hand the position of 1) buttocks of baby (slap hand), 2) head of baby (slap upper arm), 3) facing mother (slap stomach), and 4) passing baby’s hand behind the mother’s waist (swoop hand behind waist)
4. Explain that when a baby’s head is positioned too far out at the crook of the mother’s arm, the baby will have to tilt his head downward to attach to the breast, making it difficult to swallow
5. The Facilitator as Community Worker now explains to mother the 4 signs of attachment: **“CALM”**
  - 1) The **Chin should touch the breast**
  - 2) You should see **more Areola above the baby’s mouth than below**
  - 3) The **baby’s Lower Lip is turned outwards**; and
  - 4) The baby should be close to the breast with **Mouth wide open**
6. If no mother is present, one Facilitator acting as a Community Worker helps another Facilitator acting as a mother attach baby to breast using a doll or rolled up towel
7. Ask Participants: what are the signs of effective suckling?

.....  
**Instructions for Activity 2:** 10 minutes

**Observation of illustrations: Attachment**

1. **Distribute** from *Participant Materials* 6.2: Good and Poor Attachment (or refer to specific page in *Participant Materials*)
2. Ask Participants: What is happening inside the baby’s mouth in Good Attachment and Poor Attachment? and explain the differences
3. Ask Participants; “What are the results of poor attachment (baby is not attached well)?”
4. Draw Participants’ attention to the Signs of Effective Suckling

5. Orient Participants to Key Messages from *Key Message Booklet*

**Instructions for Activity 3: 10 minutes**

**Group work: Positioning and Attachment**

1. Form groups of 3 and ask groups to look at **CC 6: Breastfeeding positions**, **CC7: Good attachment** and **CC 8: Feeding a low birth weight baby**
2. Ask 1 group to explain the counselling card on Different breastfeeding positions (**CC 6**) - what they observe, Facilitator demonstrating the different positions mentioning the 4 points of positioning
3. Ask Participants: 'WHY' are we discussing different breastfeeding positions?
4. Ask a group to explain the counselling card on Good Attachment (**CC 7**) to the entire group - what they observe, pointing out the 4 signs of good attachment
5. Ask another group to explain the position for feeding a low birth weight baby - (**CC 8**); Facilitator and Participants fill-in the gaps
6. Orient Participants to Key Messages from *Key Message Booklet*

**Instructions for Activity 4: 20 minutes**

**Practise**

1. Ask Participants to divide into groups of 3 (mother, CW and observer).
2. Using dolls or rolled-up towels/material: Participants practise helping 'mother' to use good positioning (4 signs) and good attachment (4 signs). Each Participant practises each role. (Participants can practise POSITIONING a baby and helping a mother to do so, but they cannot practise ATTACHMENT until they are with a real mother and baby. They can go through all the steps with each other and with a doll so that they know what to do with a real mother.)
3. Facilitators observe and provide feedback to groups of 3. Remind the Participants that the counsellor should talk to the mother, using "supportive and encouraging words and tone of voice" to explain the steps necessary to position or reposition or attach or reattach the baby (and not take the baby from the mother and do it him/herself)
4. Ask groups to provide any feedback:-What was new? What were the difficulties?
5. Summarize key points in large group

**Key Information**

- See **CC 6: Breastfeeding positions**, **CC 7: Good attachment**, and **CC 8: Feeding a low birth weight baby**
- See *Participant Materials* 6.2: Good and poor attachment

## Session 6. How to Breastfeed

### **Activity 1: Demonstration or Role-Play** – 10 minutes

***How to help a mother position or hold her baby at the breast*** (especially important for newborns and infants up to 2 months; if older baby is properly attached positioning is not a priority) – refer Participants to their **CC 6: Breastfeeding positions**)

- The mother must be comfortable
- The four key points about baby's position are: **straight, facing the breast, close to mother, and supported**
- The infant is brought to the breast (not the breast to the infant)
- Orient Participants to the Key Messages from ***Key Message Booklet***

### ***How to help a mother attach her baby at the breast***

- Explain the 4 signs of good attachment: CALM
- To begin attaching the baby, the mother's nipple should be aimed at the baby's nose
- When the baby opens his or her mouth wide, bring the baby onto breast from below (rather than approaching the breast straight-on)
- Show mother how to hold her breast with her fingers in a C shape, the thumb being above the areola and the other fingers below. The fingers need to be flat against chest wall to avoid getting in the baby's way. Make sure that the fingers are not too close to the areola so the baby can get a full mouthful of breast. Fingers should not be in "scissor hold" because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth.
- Explain how she should touch her baby's lips with her nipple, so that the baby opens his/her mouth
- Explain that she should wait until her baby's mouth opens wide
- Explain how to quickly move the baby to her breast (aiming her baby's lower lip well below her nipple, so that the nipple goes to the top of the baby's mouth and his/her chin will touch her breast) - baby should approach breast with nose to nipple (not mouth to nipple).
- Notice how the mother responds
- Look for all the signs of good attachment
- If the attachment is not good, try again (Don't pull the baby off as this will damage the breast and hurt).
- Good attachment is not painful; good attachment results in an effective suckling pattern (slow deep sucks with pauses)

### **Activity 2: Observation of illustrations: Attachment** – 10 minutes

#### ***Picture #1 Good Attachment (inside baby's mouth)***

- Baby has taken much of the areola and the underlying tissues into the mouth
- Baby has stretched the breast tissue out to form a long "teat"
- The nipple forms only about one third of the teat
- The baby is suckling from the breast, not the nipple
- The position of the baby's tongue: forward, over the lower gums and beneath the areola. The tongue is in fact cupped around the "teat" of breast tissue. (You cannot see that in this drawing, though you may see it when you observe a baby.)

- A wave goes along the baby's tongue from the front to the back. The wave presses the 'teat' of breast tissue against the baby's hard palate. This presses milk out of the milk ducts into the baby's mouth to be swallowed - Suckling Action
- **Look for signs of effective suckling:** slow deep sucks with pauses; you can see or hear the baby swallowing. Cheeks are rounded and not dimpled or indrawn. These signs show that the baby is getting enough milk.

***Picture #2 Poor Attachment (inside baby's mouth)***

- Only the nipple is in the baby's mouth, not the underlying breast tissue.
- The milk ducts are outside the baby's mouth, where the tongue cannot reach them.
- The baby's tongue is back inside the mouth and not pressing on the milk ducts.

***Results of poor attachment:***

- Sore and cracked nipples
- Pain leads to poor milk release and slows milk production

**Activity 3: Group work** – 10 minutes

***Demonstration of different breastfeeding positions*** (refer Participants to **CC 6: Breastfeeding positions** and **CC 8: Feeding a low birth weight baby**)

'WHY' are we discussing different breastfeeding positions?

- To prevent sore and cracked nipples
  1. Cradle position (most common position)
  2. Cross cradle—useful for newborns and small or weak babies, or any baby with a difficulty attaching
  3. Side-Lying
    - This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
    - The mother and infant are both lying on their sides and facing each other.
  4. Under-arm
    - This position is best used:
      - after a Caesarean section,
      - when the nipples are painful
      - for small babies
      - breastfeeding twins
    - The mother is comfortably seated with the infant under her arm. The infant's body passes by the mother's side and his/her head is at breast level.
    - The mother supports the infant's head and body with her hand and forearm.
  5. Cross position for twins

**Activity 4: Practise** – 20 minutes

***How to help a mother achieve good attachment*** (refer Participants to **CC 7: Good Attachment** and **Take-home Brochure: How to Breastfeed Your Baby**)

- Greet mother, introduce yourself

## Session 6. How to Breastfeed

- If the baby is poorly attached, ask mother if she would like some help to improve baby's attachment
  - Make sure mother is sitting in a comfortable, relaxed position
  - Be comfortable and relaxed yourself
  - Refer to Activity 1: How to help a mother attach her baby at the breast

**Learning Objective 4:** Describe hand expression and storage of breast milk; and how to cup feed

**Methodology:** Brainstorming; Demonstration; Practise

**Suggested Time:** 20 minutes

### Instructions for Activity:

1. Ask Participants to state the reasons why a mother might need to express her breast milk
2. After discussion, show prepared flipchart with reasons why a mother might need to express her breast milk
3. Facilitator demonstrates milk expression technique using a breast model
4. Demonstrate cup feeding
5. In groups of 3 review **CC 9: How to hand express breast milk and cup feed** and **CC 10: When you are separated from your baby**, and discuss what is happening in each illustration
6. Ask 2 Participants to describe what they observe and Facilitator fills-in gaps from Key Information
7. Orient Participants to Key Messages from the **Key Message Booklet**
8. Discuss and summarize

### Key Information

*Sometimes a mother needs to express milk for her baby:*

- baby is too weak or small to suckle effectively
- baby is taking longer than usual to learn to suckle, for example because of inverted nipples
- to feed a low-birth-weight baby who cannot breastfeed (see Counselling Card 8)
- to feed a sick baby
- to keep up the supply of breast milk when mother or baby is ill
- to relieve engorgement or blocked duct
- Mother has to be away from her baby for some hours
- Points to consider when mother is separated from her baby:
  - Learn to express your breast milk soon after your baby is born.
  - Breastfeed exclusively and frequently for the whole period that you are with your baby.



- Express and store breast milk before you leave your home so that your baby's caregiver can feed your baby while you are away.
- Express breast milk while you are away from your baby, even if you cannot store it. This will keep the milk flowing and prevent breast swelling.
- Teach your baby's caregiver how to store expressed milk and use a clean open cup to feed your baby while you are away.
- Take extra time for the feeds before separation from baby and when you return home. Increase the number of feeds while you are with the baby. This means increasing night and weekend feedings.
- If possible, carry the baby with you to your work place (or anytime you have to go out of the home for more than a few hours). If this is not possible, consider having someone bring the baby to you to breastfeed when you have a break.
- Get extra support from family members in caring for your baby and other children, and for doing household chores.

### ***Additional Activity:*** Making dolls and breast models

***Methodology:*** Working groups help each other make dolls and breast models

#### **Instructions for Activity:**

1. Demonstrate how to make a doll using simple materials (paper rolled into a ball for the head covered in same fabric used for the body, rubber bands to help define neck, arms and legs, typical baby clothes if available, and a cloth or blanket to cover the doll). See photo.

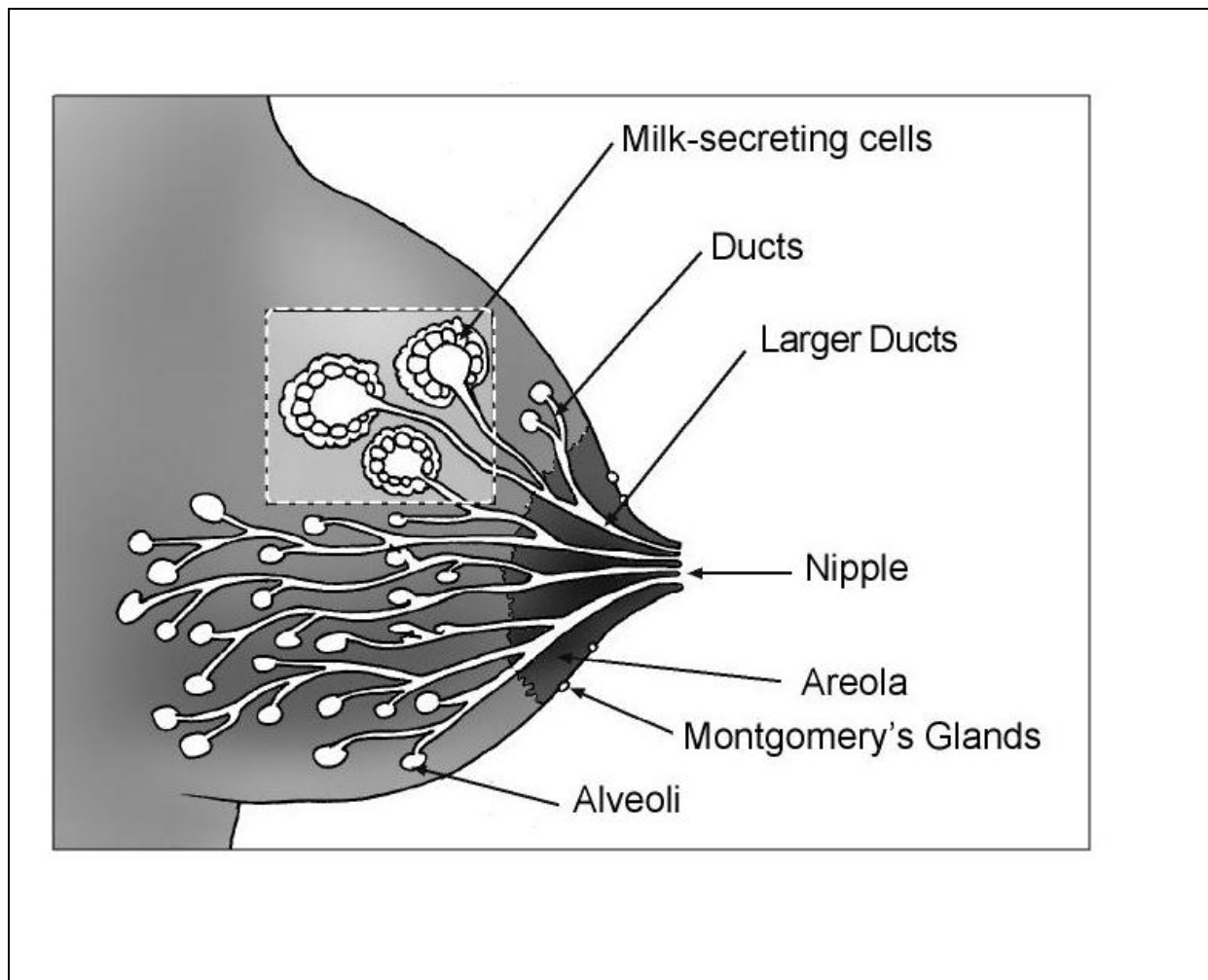


2. Participants work together to make their dolls.
3. Demonstrate how to make a breast model using simple materials (2 socks: 1 sock resembling skin colour to show the outside of the breast, and another sock to show the inside of the breast – *Participant Materials* 6.3: Instructions for Making Cloth Breast Models)

**Note:** Each training team should create at least one doll for use in conducting future trainings.

**Another suggestion for making dolls:** Fold a bath towel in half. Take the top middle part of the towel and form a rounded bunch of towel to make the 'head' of the baby (stuffed paper or cotton wrapped around a small plastic ball can help round out the 'head' of the baby). Secure with an elastic band around the 'neck'. Going down from the 'head' bunch up towel to form 2 arms and secure with elastic bands at the point where 'arms join the body', and elastic bands to separate arms from hands. Leave some towel for the 'body' of the doll (stuffed with paper or cotton) and bunch up towel to form 2 legs and secure with elastic bands at the point where 'legs join the body', and elastic bands to separate legs from feet.

*Participant Materials 6.1: Anatomy of the Human Breast*



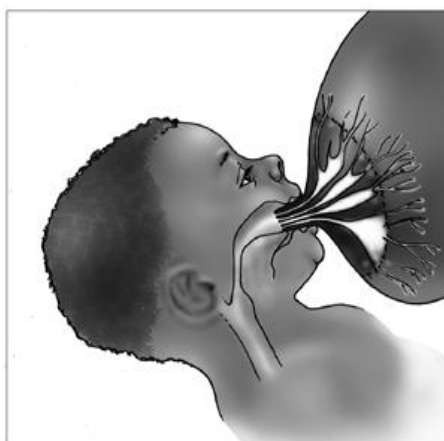
Adapted from WHO/UNICEF. Infant and Young Child Feeding Counselling: An Integrated Course. 2006

*Participant Materials 6.2: Good and Poor Attachment*

**Good Attachment**



**Poor Attachment**



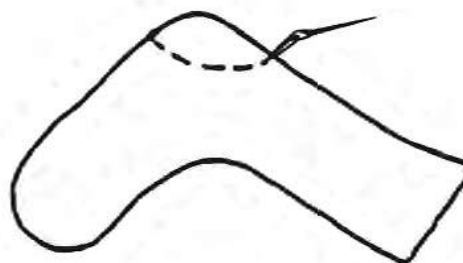
WHO/UNICEF. Infant and Young child Feeding Counselling: An Integrated Course. 2006.

*Participant Materials 6.3: Instructions for making cloth breast models*

Use two socks: one sock in a brown or other colour resembling skin to show the outside of the breast, and the other sock white to show the inside of the breast.

**Skin-colour sock**

Around the heel of the sock, sew a circular running stitch (= purse string suture) with a diameter of 4cm. Draw it together to 1 ½ cm diameter and stuff it with paper or other substance to make a “nipple.” Sew a few stitches at the base of the nipple to keep the paper in place. Use a felt-tip pen to draw an areola around the nipple.



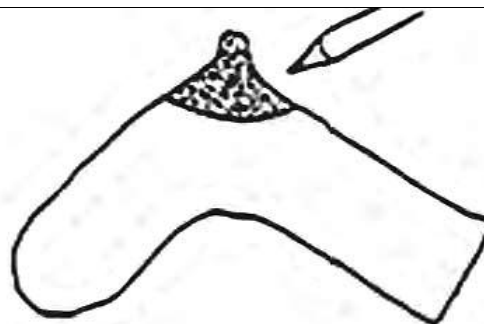
**White sock**

On the heel area of the sock, use a felt-tip pen to draw a simple structure of the breast: alveoli, ducts, and nipple pores.



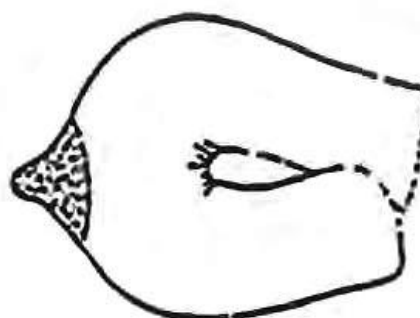
**Putting the two socks together**

Stuff the heel of the white sock with anything soft. Hold the 2 ends of the sock together at the back and form the heel to the size and shape of a breast. Various shapes of breasts can be shown. Pull the skin-coloured sock over the formed breast so that the nipple is over the pores.



**Making two breasts**

If two breasts are made, they can be worn over clothing to demonstrate attachment and positioning. Hold them in place with something tied around the chest. The correct position of the fingers for hand expression can also be demonstrated.



## SESSION 7. RECOMMENDED IYCF PRACTICES: COMPLEMENTARY FEEDING FOR CHILDREN FROM 6 up to 24 MONTHS

Learning Objectives	Methodologies	Training Aids
1. Describe the importance of continuation of breastfeeding after 6 months.	<ul style="list-style-type: none"> <li>Brainstorming</li> <li>Demonstration</li> </ul>	3 glasses with water: completely full, ½ and ⅓ filled respectively
2. Describe what we should consider when thinking of complementary feeding for each age group: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene.	Brainstorming	
3. Describe recommended practices and counselling discussion points pertaining to child feeding from 6 up to 24 months.	Participatory presentation by working groups	<ul style="list-style-type: none"> <li><i>Participant Materials 7.1:</i> Recommended complementary feeding practices</li> <li><i>Participant Materials 7.2:</i> Different types of locally, available foods</li> <li><i>Participant Materials 7.3:</i> Recommended complementary feeding practices and possible counselling discussion points</li> <li><i>Participant Materials 7.4:</i> Active/Responsive Feeding for Young Children</li> <li>Illustrations of texture (thickness/ consistency) of porridge (cup and spoon)</li> <li>Illustrations of food groupings (<i>staples, legumes and seeds, vitamin A rich fruits and vegetables, other fruits and vegetables, animal-source foods</i>), and oils</li> <li><b>CC 11: Good hygiene (cleanliness) practices</b></li> </ul>

**Session 7. Recommended IYCF Practices: Complementary Feeding for Children from 6 up to 24 Months**

Learning Objectives	Methodologies	Training Aids
		<p>prevent disease</p> <ul style="list-style-type: none"><li>• <i>Counselling Cards</i> for complementary foods for each age group: CCs 12 to 16</li><li>• <b>CC 18: Feeding the sick child more than 6 months of age</b></li><li>• <b>CC Special Circumstance 3: How to feed the non-breastfed child aged 6 up to 24 months</b></li><li>• <i>Key Message Booklet</i></li><li>• <i>Take-home Brochure: How to Feed a Baby After 6 Months</i></li></ul>

**Materials:**

- Illustrations of texture (thickness/consistency – thick and thin) of porridge (cup and spoon)
- Illustrations of food groupings (*staples, legumes and seeds, vitamin A rich fruits and vegetables, other fruits and vegetables, animal-source foods*), or examples of local foods, and oils

**Advance Preparation:**

- 3 glasses with water: completely full, ½ and ⅓ filled respectively
- Flipchart: write in a column - A = Age of infant/young child, F = Frequency, A = Amount, T = Texture or thickness, V = Variety, A = Active or responsive feeding, and H = Hygiene
- Flipchart and flipchart content as described in Learning Objective 3, Activities 2 and 3: pieces of paper with the chart content from *Participant Materials: 7.1* to one group
- Illustrations of food groupings, illustrations of local foods or examples of local foods to place on chart from *Participant Materials 7.1: Recommended complementary feeding practices*

**Duration:** 1½ hours

**Learning Objective 1:** Describe the importance of continuation of breastfeeding after 6 months.

**Methodology:** Brainstorming; Demonstration

**Suggested Time:** 15 minutes

**Instructions for Activity:**

1. Ask Participants: How much energy is provided by breast milk for an infant/young child:
  - From 0 up to 6 months
  - From 6 up to 12 months
  - From 12 up to 24 months
2. Write 'energy needs' of a child from 0 up to 6 months, 6 up to 12 months and from 12 up to 24 months on a flipchart; leave posted throughout the training (Key Information below)
3. Demonstrate the same information using 3 glasses: completely full, half ( $\frac{1}{2}$ ) and one third ( $\frac{1}{3}$ ) filled respectively - pour water into the glasses (the first to overflowing) to show the energy supplied by breast milk at various ages

**Key Information**

*Energy*

- From 0 up to 6 months breast milk supplies all the 'energy needs' of a child
- From 6 up to 12 months breast milk continues to supply about half ( $\frac{1}{2}$ ) the 'energy needs' of a child; the other half of 'energy needs' must be filled with complementary foods
- From 12 up to 24 months breast milk continues to supply about one third ( $\frac{1}{3}$ ) the energy needs of a child; the missing 'energy needs' must be filled with complementary foods
- Besides nutrition, breastfeeding continues to:
  - provide protection to the child against many illnesses, and provides closeness, comfort, and contact that helps development.

**Learning Objective 2:** Describe what we should consider when thinking of complementary feeding for each age group: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene

**Methodology:** Brainstorming

**Suggested Time:** 15 minutes

**Instructions for Activity:**

1. Review the definition of complementary feeding
2. Brainstorm with Participants the question: What should we consider when thinking of complementary feeding?
3. Probe until the following are mentioned: Frequency, Amount, Texture

## Session 7. Recommended IYCF Practices: Complementary Feeding for Children from 6 up to 24 Months

- (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene
4. Discuss and summarize

### **Key Information**

- Complementary feeding means giving other foods in addition to breast milk (When an infant is 6 months old, breast milk alone is no longer sufficient to meet his or her nutritional needs and therefore other foods and liquids should be given along with breast milk.)
- These other foods are called complementary foods

### **Things we should consider when talking about complementary feeding**

A = Age of infant/young child

F = Frequency of foods

A = Amount of foods

T = Texture (thickness/consistency)

V = Variety of foods

A = Active or responsive feeding

H = Hygiene

- Use the term AFATVAH rather than the general wording ‘adequate’ or ‘appropriate’ complementary feeding

**Learning Objective 3:** Describe recommended practices and possible points of discussion for counselling pertaining to child feeding from 6 up to 24 months

**Methodology:** Participatory presentation by working groups

**Suggested Time:** 60 minutes

### **Instructions for Activity 1:** 20 minutes

#### **A. Participatory Presentation by working groups**

1. Divide the Participants into 2 groups
2. Prepare 2 flipcharts with columns: Age, Frequency, Amount, Texture, and Variety and Rows: starting at 6 months, 6 up to 9 months, 9 up to 12 months, and 12 up to 24 months
3. Distribute pieces of paper with the chart content from *Participant Materials: 7.1* to the 2 groups
4. Ask both groups to fill in their flipchart content: taping or sticking their pieces of paper in the appropriate box on flipchart
5. Ask groups to continue until all chart content is filled
6. Ask one group to explain their entries on the flipchart
7. Ask 2<sup>nd</sup> group to make any additional comments and rearrange contents accordingly
8. Ask both groups: which locally available foods contain iron? and which locally available foods contain vitamin A?
9. Distribute from *Participant 7.1: Recommended complementary feeding practices* (or refer to



specific page in *Participant Materials*) and compare with flipcharts

10. Discuss and summarize

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**Instructions for Activity 2:** 20 minutes

**B. Other Materials**

1. Distribute Training Aid 1: Illustrations of texture (thickness/consistency) of porridge (cup and spoon) to describe texture of complementary foods
2. Distribute from *Participant Materials* 7.2: Different types of locally, available foods (or refer to specific page in *Participant Materials*) and orient Participants to variety and discuss the importance of iron and vitamin A
3. Distribute from *Participant Materials* 7.3: Recommended complementary feeding practices and possible counselling discussion points (or refer to specific page in *Participant Materials*) and orient Participants, drawing attention to additional counselling discussion points; ask Participants if there are other discussion points they want to add
4. Distribute from *Participant Materials* 7.4: Active/ Responsive Feeding for Young Children (or refer to specific page in *Participant Materials*) and orient Participants to key information

**Key Information**

- See *Participant Materials* 7.1: Recommended complementary feeding practices
- See *Participant Materials* 7.2: Different types of locally, available foods
- See *Participant Materials* 7.3: Recommended complementary feeding practices and possible counselling discussion points
- See *Participant Materials* 7.4: Active/ Responsive Feeding for Young Children
- Illustrations of texture (thickness/consistency) of porridge (cup and spoon)

*Iron*

- The iron stores present at birth are gradually used up over the first six months
- There is little iron from breast milk (although it is easily absorbed). After 6 months the baby's 'iron needs' must be met by the food he or she eats.
- Best sources of iron are animal foods, such as liver, lean meats and fish. Some vegetarian foods such as legumes have iron as well. Other good sources are iron-fortified foods and iron supplements.
- Plant sources such as beans, peas, lentils and spinach are a source of iron as well.
- Eating foods rich in vitamin C together with/or soon after a meal, increases absorption of iron.
- Drinking tea and coffee with a meal reduce the absorption of iron.

*Vitamin A*

- Best sources of vitamin A are yellow-coloured fruits and vegetables (papaya, mangoes, passion fruit, oranges, carrots, pumpkins, yellow sweet potato); dark-green leaves, and organ foods/offal (liver) from animals; eggs, milk and foods made from milk such as butter, cheese and yoghurt; dried milk powder and other foods fortified with vitamin A.

## Session 7. Recommended IYCF Practices: Complementary Feeding for Children from 6 up to 24 Months

**Note:** If country has a vitamin A endemic deficiency, it is important to make sure that children from 6 months to 5 years receive the recommended supplement.

*Oil and fat* such as oil seeds, margarine, ghee and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy. Infants only need a very small amount (no more than half a teaspoon per day).



### Instructions For Activity 3: 20 minutes

#### C. Group work:

1. Divide Participants into 5 working groups
2. Ask working groups to observe **CC 11: Good hygiene (cleanliness) practices prevent disease** and ask them what information the card contains
3. Ask each group to explain what we should consider when thinking of complementary feeding for each age group: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene in the following **Counselling Cards**:
  - **CC 12: Start Complementary Feeding when baby reaches 6 Months**
  - **CC 13: Complementary Feeding from 6 up to 9 Months**
  - **CC 14: Complementary Feeding from 9 up to 12 Months**
  - **CC 15: Complementary Feeding from 12 up to 24 Months**
  - **CC 16: Food variety**
4. Each group will present one card with the characteristics of complementary feeding in large group
5. Other groups to add any additional points; Facilitator fills-in gaps
6. Orient Participants to Key Messages from **Key Message Booklet**
7. Ask working groups to observe **CC 18: Feeding the sick child more than 6 months of age** and **Take-home Brochure: How to Feed a Baby After 6 Months** and ask them what information the card and brochure contain
8. Discuss and summarize

#### 'Homework' assignment:

- Read through the CC messages for CC 11 to 16, CC 18, and CC Special Circumstance 3: How to feed the non-breastfed child aged 6 up to 24 months in the Key Messages Booklet





### Key Information

- **CC 11: Good hygiene (cleanliness) practices prevent disease**
- **CC 12 to 16: Complementary Feeding Counselling Cards**
- **CC 18: Feeding the sick child more than 6 months of age**
- **Key Message Booklet**
- **Take-home Brochure: How to Feed a Baby After 6 Months**

*Participant Materials 7.1: Recommended complementary feeding practices*

**Community IYCF Counselling Package: Facilitator Guide**

**Session 7. Recommended IYCF Practices: Complementary Feeding for Children from 6 up to 24 Months**

Age	Recommendations			
	Frequency (per day)	Amount of food an average child will usually eat at each meal (in addition to breast milk)	Texture (thickness/consistency)	Variety
<p>Start complementary foods when baby reaches 6 months</p> 	<p>2 to 3 meals plus frequent breastfeeds</p>	<p>Start with 2 to 3 tablespoons Start with 'tastes' and gradually increase amount</p>	<p>Thick porridge/pap</p>	<p>Breast milk (Breastfeed as often as the child wants) +</p>
<p>From 6 up to 9 months</p> 	<p>2 to 3 meals plus frequent breastfeeds  1 to 2 snacks may be offered</p>	<p>2 to 3 tablespoonfuls per feed  Increase gradually to half (½) 250 ml cup/bowl</p>	<p>Thick porridge/pap Mashed/pureed family foods</p>	<p>Animal foods (local examples) +</p>
<p>From 9 up to 12 months</p> 	<p>3 to 4 meals plus breastfeeds  1 to 2 snacks may be offered</p>	<p>Half (½) 250 ml cup/bowl</p>	<p>Finely chopped family foods Finger foods Sliced foods</p>	<p>Staples (porridge, other local examples) +</p>
<p>From 12 up to 24 months</p> 	<p>3 to 4 meals plus breastfeeds  1 to 2 snacks may be offered</p>	<p>Three-quarters (¾) to 1 250 ml cup/bowl</p>	<p>Sliced foods Family foods</p>	<p>Legumes (local examples) +</p>


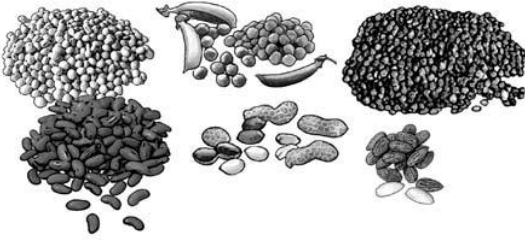

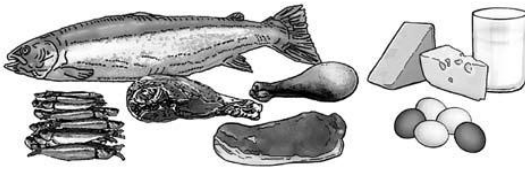
**Session 7. Recommended IYCF Practices: Complementary Feeding for Children from 6 up to 24 Months**

Age	Recommendations			
<b>Note:</b> If child is less than 24 months is not breastfed	Add 1 to 2 extra meals  1 to 2 snacks may be offered	Same as above according to age group	Same as above according to age group	Same as above, in addition 1 to 2 cups of milk per day + 2 to 3 cups of extra fluid especially in hot climates
Active/ responsive feeding (alert and responsive to your baby's signs that she or he is ready-to-eat; actively encourage, but don't force your baby to eat)	<ul style="list-style-type: none"> <li>• Be patient and actively encourage your baby to eat more food</li> <li>• If your young child refuses to eat, encourage him/her repeatedly; try holding the child in your lap during feeding, or face him/her while he or she is sitting on someone else's lap.</li> <li>• Offer new foods several times, children may not like (or accept) new foods in the first few tries.</li> <li>• Feeding times are periods of learning and love. Interact and minimize distraction during feeding.</li> <li>• Do not force feed.</li> <li>• Help your older child eat.</li> </ul>			
Hygiene	<ul style="list-style-type: none"> <li>• Feed your baby using a clean cup and spoon; never use a bottle as this is difficult to clean and may cause your baby to get diarrhoea.</li> <li>• Wash your hands with soap and water before preparing food, before eating, and before feeding young children.</li> <li>• Wash your child's hands with soap before he or she eats.</li> </ul> <p>Some ways to discuss a sensitive issue like hygiene:</p> <ul style="list-style-type: none"> <li>• Find something to praise</li> <li>• Use the CCs to point out 'what we all should do' within our homes (environmental hygiene) or for personal hygiene</li> <li>• Use an Action-Oriented Group/Story (Session 13)</li> </ul>			


Adapted from WHO Infant and Young Child Feeding Counselling: An Integrated Course (2006)



Adapt the chart to use a suitable local cup/bowl to show the amount. The amounts assume an energy density of 0.8 to 1 Kcal/g; use iodised salt in preparing family foods

*Participant Materials 7.2: Different types of locally, available foods*


<p><b>Staples:</b> grains such as maize, wheat, rice, millet and sorghum and roots and tubers such as cassava and potatoes</p>	
<p><b>Legumes</b> such as beans, lentils, peas, groundnuts <b>and seeds</b> such as sesame</p>	
<p><b>Vitamin A-rich fruits and vegetables</b> such as mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin and <b>other fruits and vegetables</b> such as banana, pineapple, avocado, watermelon, tomatoes, eggplant and cabbage <b>NOTE:</b> include locally-used wild fruits and other plants.</p>	
<p><b>Animal-source foods</b> including flesh foods such as meat, chicken, fish, liver and eggs and milk and milk products <b>Note: animal foods should be started at 6 months</b></p>	

*Participant Materials 7.3: Recommended Complementary Feeding Practices and Possible Counselling Discussion Points*

<b>Recommended Complementary Feeding Practice</b>	<b>Possible Counselling Discussion Points</b> <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b>
After baby reaches six months of age add complementary foods (such as thick porridge 2 to 3 times a day) to breastfeeds	<ul style="list-style-type: none"> <li>• Give Local Examples of first types of complementary foods</li> <li>• When possible, use milk instead of water to cook the porridge. Breast milk can be used to moisten the porridge.</li> <li>• <b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 12: Start Complementary Feeding when baby reaches 6 Months</b></li> <li>• <b><i>Take-home Brochure: How to Feed a Baby After 6 Months</i></b></li> </ul>
As baby grows older increase feeding frequency, amount, texture and variety	<ul style="list-style-type: none"> <li>• Gradually increase the frequency, the amount, the texture (thickness/consistency), and the variety of foods , especially animal-source</li> <li>• <b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 12 to 16: Complementary Feeding <i>Counselling Cards</i></b></li> </ul>
Complementary Feeding from 6 up to 9 months breastfeed plus give 2 to 3 meals and 1 to 2 snacks per day  	<ul style="list-style-type: none"> <li>• Start with 2 to 3 tablespoonfuls of cooked porridge or mashed foods (give examples of cereals and family foods)</li> <li>• At 6 months these foods are more like 'tastes' than actual servings</li> <li>• Make the porridge with milk – especially breast milk; pounded groundnut paste (a small amount of oil may also be added)</li> <li>• Increase gradually to half (½) cup (250 ml cup). Show amount in cup brought by mother</li> <li>• Any food can be given to children after 6 months as long as it is mashed/chopped. Children do not need teeth to consume foods such as eggs, meat, and green leafy vegetables</li> <li>• <b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 13: Complementary Feeding from 6 up to 9 Months</b></li> <li>• <b>CC 16: Food variety</b></li> <li>• <b><i>Take-home Brochure: How to Feed a Baby After 6 Months</i></b></li> </ul>
Complementary Feeding from 9 up to 12 months breastfeed plus give 3 to 4 meals and 1 to 2 snacks per day	<ul style="list-style-type: none"> <li>• Give finely chopped, mashed foods, and finger foods</li> <li>• Increase gradually to ½ cup (250 ml cup). Show amount in cup brought by mother</li> <li>• Animal source foods are very important and can be given to young children: cook well and cut into very small pieces</li> <li>• <b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 14: Complementary Feeding from 9 up to 12 Months</b></li> </ul>

Recommended Complementary Feeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
	<ul style="list-style-type: none"> <li>• <b>CC 16: Food variety</b></li> <li>• <b><i>Take-home Brochure: How to Feed a Baby After 6 Months</i></b></li> </ul>
<p>Complementary Feeding from 12 up to 24 months give 3 to 4 meals and 1 to 2 snacks per day, with continued breastfeeding</p> 	<ul style="list-style-type: none"> <li>• Give family foods</li> <li>• Give three-quarter (<math>\frac{3}{4}</math>) to one cup (250 ml cup/bowl). Show amount in cup brought by mother</li> <li>• Foods given to the child must be prepared and stored in hygienic conditions to avoid diarrhoea and illness</li> <li>• Food stored at room temperature should be used within 2 hours of preparation</li> <li>• <b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> <li>• <b>CC 15: Complementary Feeding from 12 up to 24 Months</b></li> <li>• <b>CC 16: Food variety</b></li> <li>• <b><i>Take-home Brochure: How to Feed a Baby After 6 Months</i></b></li> </ul>
<p>Give baby 2 to 3 different family foods: staple, legumes, vegetables/fruits, and animal foods at each serving</p>	<p>Try to feed different food groups at each serving. For example:</p> <ul style="list-style-type: none"> <li>• Animal-source foods: flesh foods such as <i>chicken, fish, liver</i>, and <i>eggs and milk and milk products</i> <b>1 star*</b></li> <li>• Staples: grains such as <i>maize, wheat, rice millet and sorghum</i> and roots and tubers such as <i>sweet potatoes, potatoes</i> <b>2 stars**</b></li> <li>• Legumes such as <i>beans, lentils, peas, groundnuts</i> and seeds such as <i>sesame</i> <b>3 stars***</b></li> <li>• Vitamin A-rich fruits and vegetables such as <i>mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin</i>, and other fruits and vegetables such as <i>banana, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage</i> <b>4 stars****</b></li> <li>• Add a small amount of fat or oil to give extra energy (additional oil will not be required if fried foods are given, or if baby seems healthy/fat)</li> <li>• <b>CC 12–16: Complementary Feeding Counselling Cards</b></li> <li>• <b><i>Take-home Brochure: How to Feed a Baby After 6 Months</i></b></li> <li>• <b>NOTE: foods may be added in a different order to create a 4 star food/diet. Adding animal-source foods is extremely important.</b></li> </ul>

**Session 7. Recommended IYCF Practices: Complementary Feeding for Children from 6 up to 24 Months**

<b>Recommended Complementary Feeding Practice</b>	<b>Possible Counselling Discussion Points</b> <b>Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area</b>
Continue breastfeeding for two years of age or longer	<ul style="list-style-type: none"> <li>• During the first and second years, breast milk is an important source of nutrients for your baby</li> <li>• Breastfeed between meals and after meals; don't reduce the number of breast feeds</li> <li>• <b>CC 12 to 16: Complementary Feeding Counselling Cards</b></li> <li>• <b>Take-home Brochure: How to Feed a Baby After 6 Months</b></li> </ul>
Be patient and actively encourage baby to eat all his/her food	<ul style="list-style-type: none"> <li>• At first baby may need time to get used to eating foods other than breast milk</li> <li>• Use a separate plate to feed the child to make sure he or she eats all the food given</li> <li>• See <i>Participant Materials 7.4: Active/ Responsive Feeding for Young Children</i></li> <li>• <b>CC 12 to 16: Complementary Feeding Counselling Cards</b></li> <li>• <b>Take-home Brochure: How to Feed a Baby After 6 Months</b></li> </ul>
<p>Wash hands with soap and water before preparing food, eating, and feeding young children. Wash baby's hands before eating.</p> 	<ul style="list-style-type: none"> <li>• Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses</li> <li>• Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.</li> <li>• <b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> </ul>
Feed baby using a clean cup and spoon	<ul style="list-style-type: none"> <li>• Cups are easy to keep clean</li> <li>• <b>CC 12–15: Complementary Feeding Counselling Cards</b></li> </ul>
Encourage the child to breastfeed more and continue eating during illness and provide extra food after illness	<ul style="list-style-type: none"> <li>• Fluid and food requirements are higher during illness.</li> <li>• It is easier for a sick child to eat small frequent meals. Feed the child foods he or she likes in small quantities throughout the day.</li> <li>• Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness.</li> <li>• Take advantage of the period after illness when appetite is back to make sure the child makes up for loss of appetite during sickness.</li> <li>• <b>CC 18: Feeding the sick child more than 6 months of age</b></li> </ul>



**Note:**

- Use iodised salt in preparing family foods
- In countries with vitamin A endemic deficiency, provide vitamin A supplementation to infant and young child beginning at 6 months (or as per national recommendations), every six months until 5 years
- In countries with high levels of anaemia and micronutrient deficiencies, multiple micronutrient powders in a small sachet may be given beginning at 6 months, according to national recommendation
- In countries with high levels of stunting and food insecurity, special supplements may be given to children beginning at 6 months. These supplements are usually added to the usual complementary foods to enrich the diet and should not replace local foods. If such products are available through the health system or can be obtained at reasonable cost from the market, they should be recommended to caregivers as means to improve the quality of children's

## ***Participant Materials 7.4: Active/Responsive Feeding for Young Children***

**Definition:** Active/responsive feeding is being alert and responsive to your baby's signs that she or he is ready-to-eat; actively encourage, but don't force your baby to eat.

### **Importance of active feeding:**

When feeding him/herself, a child may not eat enough. He or she is easily distracted. Therefore the young child needs help. When a child does not eat enough, he or she will become malnourished.



- Let the child eat from his/her own plate (caregiver then knows how much the child is eating)
- Sit down with the child, be patient and actively encourage him/her to eat.
- Offer food the child can take and hold; the young child often wants to feed him/herself. Encourage him/her to, but make sure most of the food goes into his/her mouth.
- Mother/father/caregiver can use her fingers (after washing) to feed child.
- Feed the child as soon as he or she starts to show early signs of hunger.
- If your young child refuses to eat, encourage him/her repeatedly; try holding the child in your lap during feeding.
- Engage the child in "play" trying to make the eating session a happy and learning experience...not just an eating experience.
- The child should eat in his/her usual setting.
- As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her psycho-affective development.
- Help older child eat.
- Do not insist if the child does not want to eat. Do not force feed.
- If the child refuses to eat, wait or put it off until later.
- Do not give child too much drink before or during meals.
- Congratulate the child when he or she eats.



Parents, family members (older children), child caretakers can participate in active/responsive feeding.

## SESSION 8. COMPLEMENTARY FOODS

Learning Objectives	Methodologies	Training Aids
1. Give practical help to a mother/father/caregiver in preparing complementary foods for a baby over 6 months, discussing examples of local recipes	<ul style="list-style-type: none"> <li>Group work</li> <li>Demonstration</li> </ul>	<ul style="list-style-type: none"> <li><b>CC 16: Food groups of complementary foods (pictures from CC 16 should be cut out separately from <i>Training Aids</i> package)</b></li> <li><b>Key Messages Booklet</b></li> <li><i>Participant Materials 7.2:</i> Different types of locally, available foods</li> <li><i>Participant Materials 7.3:</i> Recommended complementary feeding practices and possible counselling discussion points</li> <li>Pictures/illustrations, names of foods written on separate cards, or different local foods: <i>staples, legumes and seeds, vitamin A rich fruits and vegetables, other fruits and vegetables, animal-source foods, and oils</i></li> </ul>
2. Name the 5 keys to safer food	<ul style="list-style-type: none"> <li>Brainstorming</li> </ul>	
3. Recognize and name the fortified foods and/or supplements that are available in the community	<ul style="list-style-type: none"> <li>Interactive presentation</li> <li>Demonstration</li> </ul>	Examples of locally fortified foods, and micronutrient supplements

### Materials:

- Locally, available, feasible, affordable, and seasonal foods in pictures, names of foods written on separate cards, or (different local foods)
- 4 stars on 4 different pieces of paper
- Flipchart: 5 keys to safer food

### Advance Preparation:

- Examples of locally fortified foods, and micronutrient supplements

## Session 8. Complementary Foods

**Duration:** 1 hour

**Learning Objective 1:** Give practical help to a mother/father/caregiver in preparing complementary foods for a baby over 6 months

**Methodology:** Demonstration, Group work and Demonstration

**Suggested Time:** 50 minutes

**Instructions for Activity 1:** 15 minutes

### A. Family Foods

1. Separate the 4 food groupings on CC16 and arrange on mat or table so all can see.
2. Place illustrations of local available foods (or use real foods) on a mat or table. Ask Participant 'Mother/Caregiver' or CHW to select those s/he has in her home (in the kitchen or back garden).
3. Instruct 'Mother/Caregiver' or CHW to sort the different local available foods from her home into the 4 food groupings (by placing the food cards onto the correct food grouping picture).
4. Ask Participants for their feedback
5. Discuss and summarize

.....  
**Instructions for Activity 2:** 35 minutes

### B. Preparation of Complementary Foods

1. Divide Participants into 4 groups
2. Give each group locally, available, feasible, affordable and seasonal foods (pictures/ illustrations or local foods: *staples, legumes and seeds, vitamin A rich fruits and vegetables, other fruits and vegetables, animal-source foods*), and oils
3. Ask each group to use the available foods to prepare a meal for one of the following age-groups:
  - At 6 months
  - From 6 up to 9 months
  - From 9 up to 12 months
  - From 12 up to 24 months
4. Ask each group to show and explain the 'prepared food' to the entire group, discussing age-appropriate characteristics of complementary feeding: frequency, amount, thickness (consistency), variety, active/responsive feeding, and hygiene
5. With each food selected from a different food grouping, give the working group a star (drawn on a piece of paper). The working group tries to build a 4 star meal/bowl for each age group.
6. **Note:** refer to *Participant Materials 7.1: Recommended complementary feeding practices* to address the need for milk products and extra fluids for a **non-breastfed child**.
  - Exclusive breast milk substitute from 0 up to 6 months
  - After 6 months of age, add the following:

- 1 to 2 extra meals and offer 1 to 2 snacks (especially 'animal flesh' foods) i.e. 4 meals/day of family foods
- 1 to 2 cups of milk per day
- About 2 cups/day of extra fluids (in addition to the 1 to 3 cups/day of water that is estimated to come from milk and other foods in a temperate climate, and 3 to 4 cups/day in a hot climate)

7. Discuss and summarize

### Key Information

Continue to breastfeed (for at least 2 years) and give a 4 star\*\*\*\* diet of complementary foods to your young child. A 4-star diet is created by including foods from the following categories:

- Animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products (**1 star\***)
- Staples: grains, roots, tubers (**1 star\***)
- Legumes: beans, lentils, peas; and seeds (**1 star\***)
- Fruits /Vegetables: especially vitamin A-rich fruits - papaya, mango, passion fruit, oranges; and vitamin A-rich vegetables - dark-green leaves, carrots, pumpkins, yellow sweet potato (**1 star\***)
- *Animal source foods are very important* and can be given to babies and young children. Cook well and chop fine.
- *Give 1 to 2 snacks:* between meals give extra foods that are easy to prepare, clean, safe and locally available and can be eaten as finger foods. Snacks can be pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, fresh and fried bread products, boiled potato, sweet potato
- Use iodised salt

**Note:** 'Biscuits', tea and coffee are not an appropriate complementary food, and therefore are not recommended for young children. No coffee or tea with meals (or to soften food for baby).

- Avoid giving sugary drinks
- Explain how mothers can add one single new food item to a child's diet each week
- Complementary foods for young children need to be prepared differently from adult foods. This helps children gradually transition from breastfeeding alone to eating grown-up foods by the time they are 2 years of age.
- Use the term '4 star diet' rather than the general wording 'adequate' or 'appropriate' complementary feeding

#### At 6 months

- Babies have small stomachs and can only eat small amounts at each meal so it important to feed them frequently throughout the day (review table 7.1)
- Start with the staple cereal to make porridge (e.g. corn, wheat, rice, millet, potatoes, sorghum)
- *Animal source foods are very important* and can be given to babies and young children. Cook well and chop fine.
- The consistency of the porridge should be thick enough to be fed by hand

## **Session 8. Complementary Foods**

- When possible use milk instead of water to cook the porridge.
- Use iodised salt to cook the porridge
- Continue breastfeeding to 24 months or older
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses

### *From 6 up to 9 months*

- An 8-month old stomach holds about 200 ml or less than a cup
- Add colourful (variety) foods to enrich the staple including beans, peanuts, peas, lentils or seeds; orange/red fruits and vegetables (such ripe mango, papaya, and carrots, pumpkin); dark-green leaves (such as kale, chard), avocado. Soak beans and legumes before cooking to make them more suitable for feeding children
- Add animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products (whenever available)
- Mash and soften the added foods so your baby/child can easily chew and swallow.
- Amount: up to ½ (250 ml) 2 – 3 times a day.
- By 8 months the baby should be able to begin eating finger foods. It is important to give finger foods to children to eat by themselves only after they are able to sit upright.
- Use iodised salt
- Continue breastfeeding
- Additional nutritious snacks (such as fruit or bread or bread with nut paste) can be offered once or twice per day, as desired
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses

### *From 9 up to 12 months*

- Add colourful (variety) foods to enrich the staple including beans, peanuts, peas, lentils or seeds; orange/red fruits and vegetables (such ripe mango, papaya, and carrots, pumpkin); dark-green leaves (such as kale, chard), avocado.
- Add animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products (whenever available)
- Amount: ½ (250 ml) 3 – 4 times a day.
- Give at least 1 to 2 snacks each day such as ripe mango and papaya, avocado, banana, other fruits and vegetables, fresh and fried bread products, boiled potato, sweet potato
- Use iodised salt
- Continue breastfeeding
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses

### *From 12 up to 24 months*

- Add colourful (variety) foods to enrich the staple including beans, peanuts, peas, lentils or seeds; orange/red fruits and vegetables (such ripe mango, papaya, and carrots, pumpkin); dark-green leaves (such as kale, chard), avocado.
- Add animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products every day at least in one meal (or at least 3 times /week)

- Amount: up to  $\frac{3}{4}$  (250 ml) 3 – 4 times a day.
- Give at least 1 to 2 snacks each day such as ripe mango and papaya, avocado, banana, other fruits and vegetables, fresh and fried bread products, boiled potato, sweet potato
- Use iodised salt
- Continue breastfeeding to 24 months or beyond
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses

**Note:** Wash hands with soap and water before preparation of food and feeding child

- See *Participant Materials* 7.1: Recommended complementary feeding practices
- See *Participant Materials* 7.2: Different types of locally, available foods
- See **CC 11 to 16: Counselling Cards on Complementary Feeding**
- See CC Special Circumstance 3: How to feed the non-breastfed child aged 6 up to 24 months
- See *Key Messages Booklet*
- See **Take-home Brochure: How to Feed a Baby After 6 Months**

**Learning Objective 2:** Name the 5 keys to safer food

**Methodology:** Brainstorm

**Suggested Time:** 5 minutes

**Instructions for Activity:**

1. Ask Participants: what are the keys to safer food
2. After hearing comments, show flipchart with the 5 keys to safer food posted
3. discuss

## Key Information

### 5 keys to safer food:

1. Keep clean (hands, working surfaces, utensils)
2. Separate raw from cooked foods including utensils and containers
3. Use fresh foods and cook thoroughly (especially meat, poultry, eggs and fish)
4. Keep food at safe temperature
5. Use clean and safe water

***Learning Objective 3:*** Recognize and name the fortified foods and/or supplements that are available in the community

***Methodology:*** Interactive presentation; demonstration

***Suggested Time:*** 5 minutes

**Instructions for Activity:**

1. Facilitators identify fortified foods and/or supplements that are available in their communities
2. List on flipchart the fortified foods/supplements that are available:
  - fortified blended foods (such as corn soya blend, or super flour in Nepal or ultra-rice, or.....)
  - ‘point of use’ fortificants that are added to foods to improve nutrient quality (such as lipid-based nutrient supplements)
  - micronutrient powders (Sprinkles)
  - micronutrient products with added protein/energy/essential fatty acids
3. Discuss the use of the above list as supplements as a 'short-term' strategy, not a replacement of family foods (recognizing that the provision of these products may not be sustainable). The long-term goal should be to provide a nutrient-sufficient diet from local foods.



## SESSION 10. HOW TO COUNSEL: PART II

Learning Objectives	Methodologies	Training Aids
1. Name <i>Building Confidence and Giving Support skills</i>	Brainstorming	<i>Participant Materials 10.3: Building Confidence and Giving Support skills</i>
2. Describe <i>IYCF 3-Step Counselling</i> (assess, analyse and act)	<ul style="list-style-type: none"> <li>• Demonstration</li> <li>• Interactive Presentation</li> </ul>	<i>Participant Materials 10.1: IYCF Assessment of Mother/Child Pair</i>
3. Practise <i>IYCF 3-Step Counselling</i> with mother/father/caregiver.	Practise	<ul style="list-style-type: none"> <li>• <i>Participant Materials 10.1: IYCF Assessment of Mother/Child Pair</i></li> <li>• <i>Participant Materials 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair</i></li> <li>• Set of <b><i>Counselling Cards</i></b></li> <li>• <b><i>Key Messages Booklet</i></b></li> <li>• <b><i>Take-home Brochure: How to Breastfeed Your Baby</i></b></li> <li>• <b><i>Take-home Brochure: How to Feed a Baby After 6 Months</i></b></li> </ul>

### Materials:

- 3 Case Studies
- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Flipchart: *Building Confidence and Giving Support skills*
- Photocopies of *Participant Materials 10.1: IYCF Assessment of Mother/Child Pair* (3 per Participant)
- Laminated copy of *Participant Materials 10.1: IYCF Assessment of Mother/Child Pair* (1 per Participant)

### Advance Preparation:

- Facilitators practise demonstration of *IYCF Assessment of Mother/Child Pair (IYCF 3-Step Counselling)*
- On a separate paper, list the section ‘Read to Mothers’ from the 3 Case Studies

**Duration:** 2 hours

**Learning Objective 1:** Name *Building Confidence and Giving Support* skills

**Methodology:** Brainstorming

**Suggested Time:** 10 minutes

**Instructions for Activity:**

1. Before you begin to practice counselling a mother/father/caregiver: What helps to give a mother/father/caregiver confidence and support?
2. Probe until the skills in 'Key Information' below have been mentioned.
3. Refer Participants to *Participant Materials 10.3: Building Confidence and Giving Support* skills
4. Discuss and summarize.

**Key Information**

*Building Confidence and Giving Support* skills

1. Accept what a mother/father/caregiver thinks and feels (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information)
2. Recognize and praise what a mother/father/caregiver and baby are doing correctly
3. Give practical help
4. Give a little, relevant information
5. Use simple language
6. Use appropriate counselling card or cards
7. Make one or two suggestions, not commands

**Learning Objective 2:** Describe *IYCF 3-Step Counselling* (assess, analyse and act)

**Methodology:** Demonstration; Interactive Presentation

**Suggested Time:** 30 minutes

**Instructions for Activity:**

Note: 2 Facilitators need to prepare this demonstration in advance (Facilitator Mother and Facilitator Counsellor)

1. Review with Participants the *listening and learning* skills
2. Demonstrate assessment step between a mother (Tamina) with 7-month son Ahmed and Counsellor (Assess)  
*Facilitator/Tamina:*
  - breastfeeds whenever Ahmed cries

- feels she does not produce enough milk
  - gives Ahmed some watery porridge 2 times a day (porridge is made from corn meal)
  - does not give any other milks or drinks to Ahmed
3. Facilitator to speak out loud to group during Step 2 - Analyze
  4. Facilitator Counsellor completes *Participant Materials* 10.1: IYCF Assessment of Mother/Child Pair by following *IYCF 3-Step Counselling*:
  5. **Step 1: Assess**
    - Greet mother and introduces him/herself
    - Allow mother to introduce herself and the baby.
    - Use *listening and learning* skills, and *building confidence and giving support* skills
    - Complete *Participant Materials* 10.1: IYCF Assessment of Mother/Child Pair
    - Listen to Tamina's concerns, and observes Ahmed and Tamina
    - Accept what Tamina is doing without disagreeing or agreeing and praise Tamina for one good behaviour
  6. **Step 2: Analyze**  
Facilitator/Counsellor notes that:
    - Tamina is waiting until Ahmed cries before breastfeeding him – a 'late sign' of hunger
    - Tamina is worried she does not have enough breast milk
    - Tamina is not feeding Ahmed age-appropriate complementary foods
  7. **Step 3: Act**
    - Praise Tamina for breastfeeding
    - Ask Tamina about breastfeeding frequency and if she is breastfeeding whenever Ahmed wants and for as long as he wants, both day and night. Does Ahmed come off breast himself? Is Ahmed fed on demand? (Age-appropriate recommended breastfeeding practices)
    - Suggest that Tamina breastfeed Ahmed when he shows interest in feeding (before he starts to cry)
    - Share with Tamina and discuss **CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply** and *Take-home Brochure: How to Breastfeed Your Baby*
    - Talk with Tamina about the characteristics of complementary feeding
    - Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary feeding: F = Frequency of breastfeeding, T = Texture (thickness/consistency) and V = Variety
    - Help Tamina select one that she can try (e.g. breastfeed more frequently day and night, thicken porridge, add family foods during this week)
    - Share with Tamina and discuss **CC 13: Complementary Feeding from 6 up to 9 Months** and *Take-home Brochure: How to Feed a Baby After 6 Months*

- Ask Tamina to repeat verbally the agreed upon behaviour
  - Tell Tamina that a Counsellor will follow-up with her at her next weekly visit
  - Suggest where Tamina can find support (attend educational talk, IYCF Support Group in community, Supplementary Feeding Programme, and refer to Community Volunteer).
  - Refer as necessary
  - Thank Tamina for her time
8. Discuss the demonstration with Participants and answer questions
  9. Review and complete together/or talk through *Participant Materials* 10.1: IYCF Assessment of Mother/Child Pair
  10. Discuss and summarize

### ***Key Information***

- Alternative names for Assess, Analyze and Act may be: Ask, Think, Discuss
- The *IYCF 3-Step Counselling* process involves:
  - *Assess* age appropriate feeding and condition of mother/father/caregiver & child: ask, listen and observe
  - *Analyze* feeding difficulty: identify difficulty and if there is more than one - prioritize, and
  - *Act* – discuss, suggest small amount of relevant information, agree on feasible doable option that mother/father/caregiver can try
- *Purpose*: provide IYCF information and support to the mother/father/caregiver
- See *Participant Materials* 10.1: IYCF Assessment of Mother/Child Pair
- Explain the *IYCF 3-Step Counselling*: Assess, Analyze, Act

### ***Step 1: Assess***

- Greet the mother/father/caregiver and ask questions that encourage her/him to talk, using *listening and learning, building confidence and giving support* skills.
- Complete *Participant Materials* 10.1: IYCF Assessment of Mother/Child Pair by asking the following questions:
  - a) What is your name, and your child's name?
  - b) Observe the general condition of mother/father/caregiver.
  - c) What is the age of your child?
  - d) Has your child been recently sick? If presently sick, refer mother to health facility.
  - e) In areas where child growth cards exist, ask mother/father/caregiver if you can check child's growth card. Is growth curve increasing? Is it decreasing? Is it levelling off? Does the mother know how her child is growing?
  - f) Ask the mother how the child is doing, whether the child is gaining weight (don't just rely on the plots on the Growth Card)
  - g) In areas where there are no child growth cards, ask mother/father/caregiver how

he or she thinks the child is growing?

h) Ask about the child's usual intake:

*Ask about breastfeeding:*

- About how many times/day do you usually breastfeed your baby? *frequency*
- How is breastfeeding going for you? *possible difficulties*

*Observe mother and baby's general condition*

*Observe baby's position and attachment*

*Ask about complementary foods:*

- Is your child getting anything else to eat? *what type/kinds*
- How many times/day are you feeding your child? *frequency*
- How much are you feeding your child? *amount*
- How thick are the foods you give your child? *texture (thickness/consistency: mashed, sliced, chunks)*

*Ask about other milks:*

- Is your child drinking other milks?
- How many times/day does your child drink milk? *frequency*
- How much milk? *amount*
- If breastfeeding, why do you think baby needs additional milk?

*Ask about other liquids:*

- Is your child drinking other liquids? *what kinds?*
- How many times/day does your child drink “other liquids”? *frequency*
- How much? *amount*

i) Does your child use a cup? (If mother says “no”, then ask “What does your child use to drink from?”)

j) Who assists child to eat?

k) Are there other challenges mother faces in feeding the child?

### **Step 2: Analyze**

- Is feeding age-appropriate? Identify feeding difficulty (if any)
- If there is more than one difficulty, prioritize difficulties
- Answer the mother's questions (if any)

### **Step 3: Act**

- Depending on the age of the baby and your analysis (above), select a small amount of INFORMATION RELEVANT to the mother's situation. (If there are no difficulties, praise the mother for carrying out the recommended breastfeeding and complementary feeding practices).
- Praise mother.
- For any difficulty, discuss with mother/father/caregiver how to overcome the difficulty.
- Present options/small do-able actions (time-bound) and help mother select one that she

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can try to overcome the difficulty.

- Share with mother/father/caregiver appropriate *Counselling Cards* and discuss
- Ask mother to repeat the agreed upon new behaviour to check her understanding.
- Let mother know that you will follow-up with her at the next weekly visit.
- Suggest where mother can find additional support (e.g. attend educational talk, IYCF Support Groups in community, confirm that the mother knows (or knows how to access) the community worker), Supplementary Feeding Programme (if available) in cases where food availability is a constraint in feeding children, or a social protection programme for vulnerable children if available.
- Refer as necessary.
- Thank mother for her time.

### ***Learning Objective 3: Practise IYCF 3-Step Counselling***

***Methodology:*** Practise

***Suggested Time:*** 50 minutes

#### **Instructions for Activity:**

1. Participants are divided into groups of three: Mother, Counsellor, and Observer.
2. Distribute *Participant Materials* 10.1: IYCF Assessment of Mother/Child Pair (or refer to specific page in *Participant Materials*) to Counsellors.
3. Distribute *Participant Materials* 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair (or refer to specific page in *Participant Materials*) to Observers and review with Participants.
4. Distribute a set of ***Counselling Cards, Key Messages Booklet*** and ***3 Take-home Brochures*** to each group of 3.
5. Practise Case Study 1: Ask the ‘Mothers’ of the working groups to gather together.
6. Read a case study to the ‘Mothers’ ONLY, and ask the ‘Mothers’ to return to their working groups. Note: The ‘Mothers’ need to be sure that they give all the information included in their ‘Case study’. Prepare the mother to answer other questions that the Counsellor may ask outside the case study.
7. EMPHASIZE to Participants the need to stick to the (minimal) information in the case studies and not embellish.
8. The Counsellor of each working group (of three) asks the ‘Mother’ about her situation, and practises the ‘assess, analyze and act’ steps with *listening and learning* skills and *building confidence and giving support* skills.
9. In each working group, the Observer’s task is to record the skills the Counsellor used and to provide feedback after the Case Study.
10. The Participants in working groups switch roles and the above steps are repeated using Case Studies 2 and 3.
11. One working group demonstrates a case study in front of the whole group.
12. Discuss and summarize.

### **Key Information**

- See *Participant Materials*: 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair
- Case Studies

### **Case Studies to practise IYCF 3-Step Counselling**

**Note:** The information (under Assess, Analyze, Act) in the following case studies should NOT be read to the Participants before they carry out the counselling practise.

#### **Case Study 1:**

**Read to ‘Mothers’:** You are Fatuma. Your son, Shukri, is 18 months old. You are breastfeeding him on demand. You are giving Shukri milk and millet cereal 3 times a day. You notice that during the last weeks Shukri has been inactive.

#### ***Step 1: Assess***

- Greet Fatuma and ask questions that encourage her to talk, using *listening and learning, building confidence and giving support* skills.
- Complete *Participant Materials* 10.1: IYCF Assessment of Mother/Child Pair
- **Observe** Fatuma and Shukri’s general condition
- Listen to Fatuma’s concerns, and observe Shukri and Fatuma
- Accept what Fatuma is doing without disagreeing or agreeing

#### ***Step 2: Analyze***

- Fatuma is breastfeeding Shukri on demand
- Fatuma is giving another milk to Shukri
- Shukri has been inactive
- Fatuma is not following age-appropriate feeding recommendations (e.g. Frequency and Variety; check on Amount)

#### ***Step 3: Act***

- Praise Fatuma about continuing breastfeeding
- Talk with Fatuma about the characteristics of complementary feeding: frequency, amount, thickness (consistency), variety, active/responsive feeding, and hygiene
- Suggest that Shukri may be inactive because of lack of food
- Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary foods, e.g. increase feeding frequency of foods to 4 times a day; ask about the amount of cereal Shukri receives and the possibility of increasing the amount; ask about the texture (thickness/consistency) of the cereal, and add other locally available family foods and help Fatuma select one or two that she can try or that she believes will be possible for her and she is willing to try
- Counsellor will select the portion of the information on the age-appropriate counselling card that is most relevant to Shukri's situation -- and discuss that information with Fatima:
  - **CC 11: Good hygiene (cleanliness) practices prevent disease**
  - **CC 15: Complementary Feeding from 12 up to 24 Months**

- **CC 16: Food Variety**
- ***Take-home Brochure: How to Feed a Baby After 6 Months***

- Ask Fatuma to repeat the agreed upon behaviour
- Tell Fatuma that you will follow-up with her at her next weekly visit
- Suggest where Fatuma can find support (attend educational talk, IYCF Support Group in community, Supplementary Food Programme, and refer to Community Worker).
- Refer as necessary
- Thank Fatuma for her time
- Discuss the demonstration with Participants
- Answer questions

### **Case Study 2:**

**Read to ‘Mothers’:** You are Justina. Your daughter, Marielena, is 8 months old. You are breastfeeding Marielena because you know breast milk is the best food for her. You also give Marielena water because it is so hot. You do not think Marielena is old enough to eat other foods. Marielena has been gaining weight well, but she had diarrhoea the last week.

#### ***Step 1: Assess***

- Greet Justina and ask questions that encourage her to talk, using *listening and learning, building confidence and giving support* skills.
- Complete *Participant Materials 10.1: IYCF Assessment of Mother/Child Pair*
- **Observe** Justina and Marielena’s general condition
- Listen to Justina’s concerns, and observe Marielena and Justina
- Accept what Justina is doing without disagreeing or agreeing

#### ***Step 2: Analyze***

- Justina is breastfeeding Marielena
- Justina is also giving water to Marielena
- Marielena had diarrhoea last week
- Justina has not started complementary foods

#### ***Step 3: Act***

- Praise Justina for breastfeeding
- Talk with Justina about the importance of breastfeeding
- Talk about breast milk being the best source of liquids for Marielena
- Discuss the risks of contaminated water
- Suggest that Marielena may have had diarrhoea last week because of contaminated water
- Talk with Justina about beginning complementary foods and why it is necessary for Justina at this age
- Talk with Justina about the characteristics of complementary feeding: frequency, amount, thickness (consistency), variety, active/responsive feeding, and hygiene
- Present options/small do-able actions (time-bound) and help Justina select one or two that she can try, e.g. begin with a small amount of staple food (porridge, other local examples); add legumes, vegetable/fruit and animal foods; increase feeding frequency of



foods to 3 times a day; talk about appropriate texture (thickness/consistency) of staple; assist Marielena during feeding times; and discuss hygienic preparation of foods

- Counsellor will select the portion of the information on the age-appropriate counselling card that is most relevant to Marielena's situation -- and discuss it with Justina:
  - **CC 11: Good hygiene (cleanliness) practices prevent disease**
  - **CC 13: Complementary Feeding from 6 up to 9 Months**
  - **CC 16: Food Variety**
  - ***Take-home Brochure: How to Feed a Baby After 6 Months***
- Ask Justina to repeat the agreed upon behaviour
- Tell Justina that you will follow-up with her at her next weekly visit
- Suggest where Justina can find support (attend educational talk, IYCF Support Group in community, Supplementary Food Programme, and refer to Community Worker).
- Refer as necessary
- Thank Justina for her time
- Discuss the demonstration with Participants
- Answer questions

### **Case Study 3:**

**Read to ‘Mothers’:** You are Rahima. You are breastfeeding your one-year old, Anik. You have 2 other children. You give Anik food that the family is eating, 3 times a day. Anik is very healthy and has not been sick.

#### **Step 1: Assess**

- Greet Rahima and ask questions that encourage her to talk, using *listening and learning, building confidence and giving support* skills.
- Complete *Participant Materials 10.1: IYCF Assessment of Mother/Child Pair*
- **Observe** Rahima and Anik’s general condition
- Listen to Rahima’s concerns, and observe Anik and Rahima
- Accept what Rahima is doing without disagreeing or agreeing

#### **Step 2: Analyze**

- Rahima is breastfeeding Anik
- Rahima is feeding Anik family food 3 times a day
- Rahima has 2 other children

#### **Step 3: Act**

- Praise Rahima for breastfeeding
- Talk with Rahima about the importance of breastfeeding for at least 2 years
- Praise Rahima for giving Anik family foods 3 times a day
- Talk with Rahima about what to consider when giving complementary foods: Frequency,

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Amount, Thickness, Variety, Active/responsive feeding and Hygiene

- Present options/small do-able actions (time-bound) and help Rahima select one or two that she can try, e.g. increase frequency of foods to 4 times a day; ask about the amount of food Anik receives; texture (thickness/consistency), and add other local available family foods
- Counsellor will select the portion of the information on the age-appropriate counselling card that is most relevant to Anik's situation -- and discuss it with Rahima:
  - **CC 11: Good hygiene (cleanliness) practices prevent disease**
  - **CC 15: Complementary Feeding from 12 up to 24 Months**
  - **CC 16: Food Variety**
  - ***Take-home Brochure: How to Feed a Baby After 6 Months***
- Suggest it may be helpful for Anik to have his own plate
- Asks Rahima to repeat the agreed upon behaviour
- Tell Rahima that you will have someone come to follow-up with her in two days
- Suggest where Rahima can find support (attend an action-oriented group or an IYCF Support Group in community, and refer to Community Worker)
- Thank Rahima for her time
- Discuss the demonstration with Participants
- Answer questions

## Participant Materials 10.1: IYCF Assessment of Mother/Child Pair

	<b>Name of Mother/ Caregiver</b>		<b>Name of Child</b>		<b>Age of child (completed months)</b>	<b>Number of older children</b>
<b>Observation of mother/caregiver</b>						
<b>Child Illness</b>	Child ill		Child not ill		Child recovering	
<b>Growth Curve Increasing</b>	Yes		No		Levelling off/Static	
<b>Tell me about Breastfeeding</b>	Yes	No	When did BF stop?	Frequency: times/day	Difficulties: How is breastfeeding going?	
<b>Complementary Foods</b>	Is your child getting anything else to eat?	What		Frequency: times/day	Amount: how much (Ref. 250 ml)	Texture: how thick
	Staple (porridge, other local examples)					
	Legumes (beans, other local examples)					
	Vegetables/Fruits (local examples)					
	Animal: meat/fish/ offal/bird/eggs					
<b>Liquids</b>	Is your child getting anything else to drink?	What		Frequency: times/day	Amount: how much (Ref. 250 ml)	Bottle Use? Yes/No
	Other milks					
	Other liquids					
<b>Other challenges?</b>						
<b>Mother/caregiver assists child</b>	Who assists the child when eating?					
<b>Hygiene</b>	Feeds baby using a clean cup and spoon		Washes hands with clean, safe water and soap before preparing food, before eating, and before feeding young children		Washes child's hands with clean, safe water and soap before he or she eats	

## *Participant Materials* 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair

Name of Counsellor: \_\_\_\_\_

Name of Observer: \_\_\_\_\_

Date of visit: \_\_\_\_\_

(✓ for yes and × for No)

### **Did the Counsellor**

#### ***Use Listening and Learning skills:***

- ☐ Keep head level with mother/parent/caregiver?
- ☐ Pay attention? (eye contact)
- ☐ Remove barriers? (tables and notes)
- ☐ Take time?
- ☐ Use appropriate touch?
- ☐ Ask open questions?
- ☐ Use responses and gestures that show interest?
- ☐ Reflect back what the mother said?
- ☐ Avoid using judging words?
- ☐ Allow mother/parent/caregiver time to talk?

#### ***Use Building Confidence and Giving Support skills:***

- ☐ Accept what a mother thinks and feels?
- ☐ Listen to the mother/caregiver's concerns?
- ☐ Recognize and praise what a mother and baby are doing correctly?
- ☐ Give practical help?
- ☐ Give a little, relevant information?
- ☐ Use simple language?
- ☐ Make one or two suggestions, not commands?

### **ASSESSMENT**

(✓ for yes and × for No)

### **Did the counsellor**

- ☐ Assess age accurately?
- ☐ Check mother's understanding of child growth curve? (if GMP exists in area)
- ☐ Check on recent child illness?

**Breastfeeding:**

- ☐ Assess the current breastfeeding status?
- ☐ Check for breastfeeding difficulties?
- ☐ Observe a breastfeed?

**Fluids:**

- ☐ Assess 'other fluid' intake?

**Foods:**

- ☐ Assess 'other food' intake?

**Active Feeding:**

- ☐ Ask about whether the child receives assistance when eating?

**Hygiene:**

- ☐ Check on hygiene related to feeding?

**ANALYSIS**

(✓ for yes and × for No)

**Did the counsellor?**

- ☐ Identify any feeding difficulty?
- ☐ Prioritize difficulties? (if there is more than one)

Record prioritized difficulty: \_\_\_\_\_

**ACTION**

(✓ for yes and × for No)

**Did the counsellor?**

- ☐ Praise the mother/caregiver for doing recommended practices?
- ☐ Address breastfeeding difficulties e.g. poor attachment or poor breastfeeding pattern with practical help.
- ☐ Discuss age-appropriate feeding recommendations and possible discussion points?
- ☐ Present one or two options? (time-bound) that are appropriate to the child's age and feeding behaviours
- ☐ Help the mother select one or two that she can try to address the feeding challenges?
- ☐ Use appropriate **Counselling Cards** and **Take-home Brochures** that are most relevant to the child's situation - and discuss that information with mother/caregiver?
- ☐ Ask the mother to repeat the agreed-upon new behaviour?

Record agreed-upon behaviour: \_\_\_\_\_

- ☐ Ask the mother if she has questions/concerns?
- ☐ Refer as necessary?
- ☐ Suggest where the mother can find additional support?
- ☐ Agree upon a date/time for a follow-up session?
- ☐ Thank the mother for her time?

***Participant Materials 10.3: Building Confidence and Giving Support skills***

1. Accept what a mother/father/caregiver thinks and feels (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information)
2. Recognize and praise what a mother/father/caregiver and baby are doing correctly
3. Give practical help
4. Give a little, relevant information
5. Use simple language
6. Use appropriate counselling card or cards
7. Make one or two suggestions, not commands



## SESSION 11. COMMON BREASTFEEDING DIFFICULTIES: SYMPTOMS, PREVENTION AND 'WHAT TO DO'

Learning Objectives	Methodologies	Training Aids
1. Identify common breastfeeding difficulties.	Brainstorming	Photos of breast engorgement, sore/cracked nipple, plugged duct and mastitis
2. Describe the symptoms and prevention of common breastfeeding difficulties, and prevention measures of “not enough” breast milk	Group work	<ul style="list-style-type: none"> <li>• <i>Participant Materials 11.1:</i> Common breastfeeding difficulties</li> <li>• <i>Participant Materials 11.2:</i> “Not enough” breast milk</li> <li>• <b><i>Take-home Brochure:</i></b> How to Breastfeed Your Baby</li> </ul>
3. Help mothers to overcome these common breastfeeding difficulties, and “not enough” breast milk		
4. Describe relactation.	Interactive presentation	

### Materials:

- Photos of breast engorgement, sore/cracked nipple, plugged duct and mastitis
- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Breast models

### Advance Preparation:

- Flipcharts: 4 flipcharts with one of the following headings: 1) breast engorgement, 2) sore/cracked nipple, 3) plugged duct and mastitis, and 4) “not enough” breast milk

**Duration:** 1½ hours

**Learning Objective 1:** Recognise common breastfeeding difficulties that can occur during breastfeeding

**Methodology:** Brainstorming

**Suggested Time:** 10 minutes

### Instructions for Activity:

1. Brainstorm common breastfeeding difficulties that Participants have identified in their

communities.

2. As Participants mention each breastfeeding difficulty, put an image of the mentioned difficulty on the floor or stick on the wall so that all can see (Participants may also mention inverted nipple, low birth weight baby (LBW), crying baby, and refusal to breastfeed – these difficulties were addressed in session 3: Common situations that can affect infant and young child feeding)
3. Probe until all images are displayed (breast engorgement, sore/cracked nipple, plugged duct and mastitis).
4. Participants usually mention “not enough” breast milk as a common breastfeeding difficulty.
5. Explain that worldwide, women complain of: 1) breast engorgement; 2) sore/cracked nipple; 3) plugged duct/mastitis; and 4) “not enough” breast milk

### ***Key Information***

See photos of breast engorgement, sore/cracked nipple, plugged duct and mastitis

***Learning Objective 2:*** Describe the symptoms and prevention of the 3 common breastfeeding difficulties: 1) engorgement, 2) sore and cracked nipples, and 3) plugged ducts that can lead to mastitis; and describe prevention of “not enough” breast milk;

***Learning Objective 3:*** Help mothers to overcome these common breastfeeding difficulties and “not enough” breast milk

***Methodology:*** Group work

***Suggested Time:*** 65 minutes

### ***Instructions for Activity:***

1. Divide Participants into 4 working groups and assign a common breastfeeding difficulty, with corresponding photo, to each group: 1) breast engorgement, 2) sore and cracked nipples, 3) plugged ducts that can lead to mastitis, or 4) “not enough” breast milk.
2. Ask groups assigned to breast engorgement and sore and cracked nipples to discuss symptoms, prevention and “what to do” for the assigned common breastfeeding difficulty
3. Ask group assigned to plugged duct that can lead to mastitis to discuss symptoms of both plugged duct and mastitis, prevention and “what to do”
4. Ask group assigned to “not enough” breast milk to discuss prevention and “what to do” for “not enough” breast milk (perceived and real).
5. Each group presents their findings to the whole group.
6. Ask other groups to contribute any additional points.
7. Distribute from *Participant Materials* 11.1: Common breastfeeding difficulties (or refer to specific page in *Participant Materials*) and *Participant Materials* 11.2: “Not enough” breast milk (or refer to specific page in *Participant Materials*)
8. Ask Participants to use *Participant Materials* 11.1 and 11.2 as a checklist for groups’



responses.

9. Facilitator fills-in gaps.
10. Address other common difficulties that were mentioned.
11. Distribute, and orient Participants to ***Take-home Brochure: How to Breastfeed Your Baby***
12. Discuss and summarize.

### ***Key Information***

- See *Participant Materials* 11.1: Common breastfeeding difficulties
- See *Participant Materials* 11.2: “Not enough” breast milk
- “Not enough” breast milk is one of the most common reasons that mothers introduce breast milk substitutes or foods, and give up breastfeeding. However, true breast milk insufficiency is not as common as mothers believe.

***Learning Objective 4:*** Describe relactation

***Methodology:*** Interactive Presentation

***Suggested Time:*** 15 minutes

### **Instructions for Activity:**

1. Ask Participants the following questions:
  - a) Who can relactate?
  - b) What is needed to successfully relactate?
  - c) What is the length of time for relactation?
2. Discuss and summarize

### ***Key Information***

***Relactation:*** re-establishing breastfeeding after a mother has stopped, whether in the recent or distant past

***Who can relactate?***

- Women who have breastfed in the past, or whose breast milk production has diminished, can be helped to breastfeed again.

***What is needed for successful relactation?***

- Woman’s motivation
- Infant’s frequent suckling
- Skilled staff with adequate time to spend helping mothers
- A designated area where progress can be followed



## **Session 11. Common Breastfeeding Difficulties: Symptoms, Prevention and 'What to Do'**

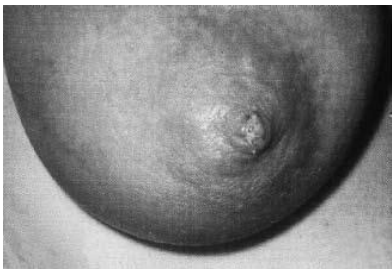
- Whenever possible women who have experience in relactation giving help to others
- Support for continued breastfeeding
- Sometimes a breastfeeding supplementer or a fine tube and syringe is required. Refer to health facility (management could also be done in the home by a CHW with special training).

*What is the length of time for relactation?*

- Varies, depending on mother's strong motivation, and if her baby is willing to suckle frequently.
- If a baby is still breastfeeding sometimes, the breast milk supply is likely to increase in a few days.
- If a baby has stopped breastfeeding, it may take 1 to 2 weeks or more before much breast milk comes.
- It is easier for a mother to relactate if a baby is very young (less than 2 months) than if he or she is older (more than 6 months). However, it is possible at any age.
- It is easier if a baby stopped breastfeeding recently, than if he stopped a long time ago.
- A woman who has not breastfed for years can produce milk again, even if she is postmenopausal. For example - a grandmother can breastfeed a grandchild.

*Participant Materials 11.1: Common Breastfeeding Difficulties*

Breastfeeding Difficulty	Prevention	What to do
<p><b>Breast Engorgement</b></p>  <p>Photo by Mwate Chintu</p> <p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Occurs on both breasts</li> <li>• Swelling</li> <li>• Tenderness</li> <li>• Warmth</li> <li>• Slight redness</li> <li>• Pain</li> <li>• Skin shiny, tight and nipple flattened and difficult to attach</li> <li>• Can often occur on 3<sup>rd</sup> to 5<sup>th</sup> day after birth (when milk production increases dramatically and suckling not established)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Put baby skin-to-skin with mother</li> <li><input type="checkbox"/> Start breastfeeding within an hour of birth</li> <li><input type="checkbox"/> Good attachment</li> <li><input type="checkbox"/> Breastfeed frequently on demand (as often and as long as baby wants) day and night: 8 to 12 times per 24 hours</li> </ul> <p>Note: on the first day or two baby may only feed 2 to 3 times</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Improve attachment</li> <li><input type="checkbox"/> Breastfeed more frequently</li> <li><input type="checkbox"/> Gently stroke breasts to help stimulate milk flow</li> <li><input type="checkbox"/> Press around areola to reduce swelling, to help baby to attach</li> <li><input type="checkbox"/> Offer both breasts</li> <li><input type="checkbox"/> Express milk to relieve pressure until baby can suckle</li> <li><input type="checkbox"/> Apply warm compresses to help the milk flow before expressing</li> <li><input type="checkbox"/> Apply cold compresses to breasts to reduce swelling after expression</li> </ul>
<p><b>Sore or Cracked Nipples</b></p>  <p>Photo by F. Savage King</p> <p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Breast/nipple pain</li> <li>• Cracks across top of nipple or around base</li> <li>• Occasional bleeding</li> <li>• May become infected</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Good attachment</li> <li><input type="checkbox"/> Do not use feeding bottles (sucking method is different than breastfeeding so can cause 'nipple confusion')</li> <li><input type="checkbox"/> Do not use soap or creams on nipples</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do not stop breastfeeding</li> <li><input type="checkbox"/> Improve attachment making certain baby comes onto the breast from underneath and is held close</li> <li><input type="checkbox"/> Begin to breastfeed on the side that hurts less</li> <li><input type="checkbox"/> Change breastfeeding positions</li> <li><input type="checkbox"/> Let baby come off breast by him/herself</li> <li><input type="checkbox"/> Apply drops of breast milk to nipples</li> <li><input type="checkbox"/> Do not use soap or cream on nipples</li> <li><input type="checkbox"/> Do not wait until the breast is full to breastfeed</li> <li><input type="checkbox"/> Do not use bottles</li> </ul>

Breastfeeding Difficulty	Prevention	What to do
<p><b>Plugged Ducts and Mastitis</b></p>  <p>Photo by F. Savage King</p> <p><b>Symptoms of Plugged Ducts:</b></p> <ul style="list-style-type: none"> <li>• Lump, tender, localized redness, feels well, no fever</li> </ul> <p><b>Symptoms of Mastitis:</b></p> <ul style="list-style-type: none"> <li>• Hard swelling</li> <li>• Severe pain</li> <li>• Redness in one area</li> <li>• Generally not feeling well</li> <li>• Fever</li> <li>• Sometimes a baby refuses to feed as milk tastes more salty</li> </ul>	<ul style="list-style-type: none"> <li>❑ Get support from the family to perform non-infant care chores</li> <li>❑ Ensure good attachment</li> <li>❑ Breastfeed on demand, and let infant finish/come off breast by him/herself</li> <li>❑ Avoid holding the breast in scissors hold</li> <li>❑ Avoid tight clothing</li> </ul>	<ul style="list-style-type: none"> <li>❑ Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as he or she will)</li> <li>❑ Apply warmth (water, hot towel)</li> <li>❑ Hold baby in different positions, so that the baby's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast.</li> <li>❑ Ensure good attachment</li> <li>❑ For plugged ducts: apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every 2-3 hours day and night</li> <li>❑ Rest (mother)</li> <li>❑ Drink more liquids (mother)</li> <li>❑ If no improvement in 24 hours refer</li> <li>❑ If mastitis: express if too painful to suckle; expressed BM may be given to baby (if mother is not HIV-infected)</li> </ul>

*Participant Materials 11.2: “Not enough” Breast Milk*

“Not enough” breast milk	Prevention	What to do
<p><b>Perceived by mother</b></p> <ul style="list-style-type: none"> <li>You “think” you do not have enough milk</li> <li>(Baby restless or unsatisfied)</li> </ul> <p>First decide if the baby is getting enough breast milk or not (weight, urine and stool output)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Put baby skin-to-skin with mother</li> <li><input type="checkbox"/> Start breast feeding within an hour of birth</li> <li><input type="checkbox"/> Stay with baby</li> <li><input type="checkbox"/> Ensure good attachment</li> <li><input type="checkbox"/> Encourage frequent demand feeding</li> <li><input type="checkbox"/> Let baby release first breast first</li> <li><input type="checkbox"/> Breastfeed exclusively day and night</li> <li><input type="checkbox"/> Avoid bottles</li> <li><input type="checkbox"/> Encourage use of suitable family planning methods</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Listen to mother’s concerns and why she thinks she does not have enough milk</li> <li><input type="checkbox"/> Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother’s mental condition, baby or mother ill)</li> <li><input type="checkbox"/> Check baby’s weight and urine and stool output (if poor weight gain refer)</li> <li><input type="checkbox"/> Build mother’s confidence – reassure her that she can produce enough milk</li> <li><input type="checkbox"/> Explain what the difficulty may be - growth spurts (2 to 3 weeks, 6 weeks, 3months) or cluster feeds</li> <li><input type="checkbox"/> Explain the importance of removing plenty of breast milk from the breast</li> <li><input type="checkbox"/> Check and improve attachment</li> <li><input type="checkbox"/> Suggest stopping any supplements for baby – no water, formulas, tea, or liquids</li> <li><input type="checkbox"/> Avoid separation from baby and care of baby by others (express breast milk when away from baby)</li> <li><input type="checkbox"/> Suggest improvements to feeding pattern. Feed baby frequently on demand, day and night.</li> <li><input type="checkbox"/> Let the baby come off the breast by him/herself</li> <li><input type="checkbox"/> Ensure mother gets enough to eat and drink</li> <li><input type="checkbox"/> The breasts make as much milk as the baby takes – if he or she takes more, the breasts make more (the breast is like a ‘factory’ – the more demand for milk, the more supply)</li> <li><input type="checkbox"/> Take local drink or food that helps mother to ‘make milk’</li> <li><input type="checkbox"/> Ensure that the mother and baby are skin-to-skin as much as possible.</li> </ul>
<p><b>Real “not enough” breast milk</b></p> <ul style="list-style-type: none"> <li>Baby is not gaining weight: trend line on growth chart for infant less than 6 months is flat or slopes downward</li> <li>For infants after day 4 up to 6 weeks: at least 6 wets and 3 to 4 stools/day</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Same as above</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Same as above</li> <li><input type="checkbox"/> If no improvement in weight gain after 1 week, refer mother and baby to nearest health post</li> </ul>

## SESSION 12. 1st FIELD VISIT AND FEEDBACK

Learning Objectives	Methodologies	Training Aids
<ol style="list-style-type: none"> <li>1. Practise <i>IYCF 3-Step Counselling</i> by conducting an IYCF Assessment of Mother/Child Pair with mother/father/caregiver and a child 0 up to 24 months.</li> <li>2. <del>Identify key gaps that need more practise/observation time at site.</del></li> </ol>	Practise	<ul style="list-style-type: none"> <li>• <b>Set of Counselling Cards</b></li> <li>• <b>Key Messages Booklet</b></li> <li>• <b>Set of 3 Take-home Brochures</b></li> <li>• <i>Participant Materials 10.1: IYCF Assessment of Mother/Child Pair</i></li> <li>• <i>Participant Materials 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair</i></li> </ul>
<ol style="list-style-type: none"> <li>2. Reflect on strengths and weaknesses of counselling field practise.</li> </ol>	Feedback exchange	

### Materials:

- Set of *Counselling Cards*
- Photocopies of *Participant Materials 10.1: IYCF Assessment of Mother/Child Pair* (3 per Participant)
- Optional: Laminated *Participant Materials 10.1: IYCF Assessment of Mother/Child Pair* (1 per Participant)

### Advance preparation:

- Make an appointment at the health facility a week ahead to do the field practise during immunization or weighing sessions, or
- Make an appointment with the community “leader” a week ahead for village visits
- Prepare groups, give instructions the day before
- Flipchart: Enlarged copy of summary sheet for Counselling (several flipcharts size)

**Duration:** 4 hours

**Learning Objective 1:** Practise counselling with mothers/caregivers of a child 0 up to 24 months

**Methodology:** Practise

**Suggested Time:** 3 hours (including travel)

**Instructions for Activity:**

1. In large group, review *IYCF 3-Step Counselling*
2. Divide Participants in pairs: one will counsel, problem solve, reach-an-agreement with the mother/father/caregiver of a child (0 up to 6 months) while the other follows the discussion with the observation checklist in order to give feedback later
3. Ask the counsellor to use the *Participant Materials 10.1: IYCF Assessment of Mother/Child Pair*
4. Ask the counsellor to share age-appropriate ***Counselling Cards*** and ***Take-home Brochures*** with mother/father/caregiver
5. Ask the observer to fill out *Participant Materials 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair*
6. Pairs switch roles: the other Participant will counsel, problem solve, reach-an-agreement with the mother/father/caregiver of a child (6 up to 24 months) while the other follows the discussion with the observation checklist in order to give feedback later
7. Identify key gaps that need more time for practise and observation at the site

**Key Information**

- The *IYCF 3-Step Counselling* process involves:
  - **Assess** age appropriate feeding and condition of mother/father/caregiver & child: ask, listen and observe
  - **Analyze** feeding difficulty: identify difficulty and if there is more than one - prioritize, answer mother/father/caregiver's questions, and
  - **Act** – discuss, suggest small amount of relevant information, give practical help to the breastfeeding mother, agree on feasible doable option that mother/father/caregiver can try

**Note:** Refer to **Key Information** Session 10.

- See *Participant Materials 10.1: IYCF Assessment of Mother/Child Pair*
- See *Participant Materials 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair*

**Learning Objective 2:** Reflect on strengths and weaknesses of counselling field practise

**Methodology:** Feedback Exchange

**Suggested Time:** 60 minutes

**Instructions for Activity:**

1. At training site, in large group, ask each pair of Participants to summarize their counselling experience by filling-in the summary sheet for visits (attached to the wall or on the floor)
2. Use the following chart as a sample to record each pair of Participant's field visit experience. Draw this table on flipchart paper and display it throughout the rest of the training. Add additional columns for other counselling sessions
3. Table shows: Participants' names; child's name and age; number of older children
  - ASSESS: illness; number of older children; breastfeeding (frequency and difficulties); complementary feeding: frequency, amount, texture (thickness), variety, active feeding, hygiene
  - ANALYZE: difficulty identified, priorities determined;
  - ACT: suggested options/proposals to mother/alternatives; agreed upon actions/small-doable actions –time bound/negotiated agreement
4. Participants receive and give feedback
5. Facilitators and Participants identify key gaps that need more practise/observation time at site
6. Discuss and summarize



## Sample Summary Sheet for Counselling During Field Visits

ASSESS														ANALYZE	ACT	
Participants' names	Name/Age of child	Illness	Number of older children	Breastfeeding		Breastfeeding Difficulties identified	Complementary Feeding (CF)						CF Difficulties identified	Difficulties identified/ Priorities determined	Suggested options/ Proposals to mother/ Alternatives	Agreed upon actions/ small-doable actions, time bound/ negotiated agreement
				Y/N	Freq.		Freq	Amt	Texture	Variety	Active Feeding	Hygiene				

## SESSION 13. ACTION-ORIENTED GROUPS, IYCF SUPPORT GROUPS, AND HOME VISITS

Learning Objectives	Methodologies	Training Aids
1. Facilitate an action-oriented group using the steps: Observe, Think, Try, and Act.	<ul style="list-style-type: none"> <li>• Experiential (sharing experiences)</li> <li>• Discussion</li> </ul>	<ul style="list-style-type: none"> <li>• Set of <i>Counselling Cards</i></li> <li>• <i>Participant Materials</i> 13.1: How to conduct an action-oriented group session: story, drama, or visual – Observe, Think, Try, Act</li> </ul>
2. Facilitate an IYCF support group of mothers/fathers/caregivers to help them support each other in their IYCF practices.	<ul style="list-style-type: none"> <li>• Experiential (sharing experiences)</li> <li>• Discussion</li> <li>• Practise</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Participant Materials</i> 13.2: Characteristics of an IYCF Support Group</li> <li>• <i>Participant Materials</i> 13.3: Observation Checklist for IYCF Support Groups</li> <li>• <i>Participant Materials</i>: 13.4: IYCF support group attendance</li> </ul>

### Materials:

**Some suggested topics for IYCF support groups** (at training site or during field practice):

1. Importance of breastfeeding for mother, baby, family (1 to 3 different topics)
2. Techniques of breastfeeding:
  - positioning and attachment
3. Prevention, symptoms, and solutions of common breastfeeding difficulties:
  - breast engorgement, cracked/sore nipples, blocked ducts that can lead to mastitis, and “not enough” milk
4. Common situations or beliefs that can affect breastfeeding:
  - sick baby or mother, malnourished mother, twins, mother away from baby, low birth weight baby, pregnancy, etc.
5. Introduction of complementary foods after 6 months
6. Working mothers:
  - some possible solutions to help make breastfeeding possible

### Advance Preparation:

- Prepare and practise ‘Story’
- Prepare and practise ‘Mini-drama’

**Community IYCF Counselling Package: Facilitator Guide**

- Prepare and practise ‘Visual’

**Duration:** 2 hours

**Learning Objective 1:** Facilitate an action-oriented group using the steps: Observe, Think, Try, Act

**Methodology:** Experiential (sharing experiences)

**Suggested Time:** 30 minutes

**Instructions for Activity 1:** 30 minutes

1. Facilitator models an action-oriented group with Participants acting as community members by telling a story, conducting a drama, and using a visual (**Counselling Card**) on some aspect of IYCF - applying the steps: Observe, Think, Try and Act
2. Facilitator puts the letters OTTA on a flipchart with the words Observe, Think, Try and Act next to each letter
3. See examples of a story and mini drama scenarios (below)
  - Tell a story: do not read the story, but practise before hand and tell it in an interesting tone; Facilitator can end the story or ask Participants to end the story
  - Conduct a mini drama: role play the mini drama assigning Facilitators and/or Participants to the different roles
4. At the end of the story or mini drama ask the Participants/community members:
  - a) What would you do in the same situation? Why?
  - b) What difficulties might you experience?
  - c) How would you be able to overcome them?
  - d) What practical help would you give?
4. Facilitator demonstrates the use a **Counselling Card** using OTTA
5. Discuss and summarize

**Key Information**

- See *Participant Materials* 13.1: How to conduct an action-oriented group: story, drama, or visual – Observe, Think, Try and Act
- Traditionally, group talks are organized to communicate ideas or convey information to a group. Usually a leader directs the group talk, and group participants ask and answer questions. An ‘action-oriented’ group is different. Facilitators encourage group participants **to personalize the information and to try something new or different (an action)** from what they normally do by following the sequence of activities below:
- Apply the steps:
  - Observe
  - Think
  - Try
  - Act

## Session 13. Action-oriented Groups, IYCF Support Groups, and Home Visits

- Health talks are effective for giving information but do not necessarily lead to changes in behaviour. Using the steps: Observe, Think, Try and Act during health talks can motivate group participants to change their behaviour.
- Explain to Participants that applying the steps: Observe, Think, Try and Act is used to encourage group participants to reflect on and personalize their experiences so they can learn from them and make a decision to change their behaviour.

### Story (example)

Once upon a time in a village not far from here a young woman Miriam had her first baby, a son, whom she named Thomas. She heard the community worker talk about giving only breast milk to babies until they were 6 months old. She wanted to do what the community worker was saying, but both her mother and mother-in-law told her that the baby would need more than her breast milk to grow strong and healthy in those first months. Of course she wanted Thomas to be a healthy boy and so she breastfed Thomas and gave him porridge and water from the time he was 1 month old. He has been sick. Now Thomas is 2 months old and the community worker who did a home visit the other day told Miriam to take Thomas to the health facility.

### Mini-Drama Scenarios

#### *Drama number 1*

*Mother:* Your baby is 7 months old and you are giving him porridge once a day. You are afraid your husband may not agree to buy any more food.

*Husband:* You do not think that your wife needs money to buy anything extra for your child.

*Community Worker:* You are doing a home visit. You help the mother and father identify foods they can give the baby and increase to three times the number of feeds each day.

#### *Drama number 2*

*Mother:* Your baby is 10 months old and you are breastfeeding. You go to work and leave the child with the grandmother, who feeds him.

*Grandmother:* You watch your 10-month old grandchild every day when your daughter is at work. You feed him porridge twice a day.

*Community Worker:* You try to get the mother and grandmother together and make recommendations to them both to increase 1) number of times the baby receives food, 2) the amount of food that the child is eating, and 3) the thickness of foods, and to add other locally available foods.

**Objective 1, Activity 2:** Discussion on the action-oriented group experience

**Methodology:** Discussion

**Suggested Time:** 15 minutes

**Instructions for Activity 2:** 15 minutes

1. After the story, mini drama, or visual (use of Poster or enlarged *Counselling Card*) the following questions are asked of the Participants:
  - What did you like about the action-oriented group?
  - How was the action-oriented group different from an educational talk?
2. Distribute and discuss *Participant Materials* 13.1: How to conduct an action-oriented group: story, drama, or visual applying the steps – Observe, Think, Try and Act (or refer to specific page in *Participant Materials*)

**Learning Objective 2:** Facilitate an IYCF support group of mothers/fathers/caregivers to help them support each other in their IYCF practices.

**Methodology:** Experiential (sharing experiences)

**Suggested Time:** 75 minutes

**Instructions for Activity 1:** 30 minutes

**Activity 1:** Experience a support group: **Methodology:** Experiential (sharing experiences)

1. Select 5 participants
2. Facilitator and 5 participants sit in a circle as a “support group”
3. Ask other participants to form a circle around the “support group”.
4. Ask members of the “support group” to share their own (or wife’s, mother’s, sister’s) experience of breastfeeding. **Note:** only those in the ‘support group’ are permitted to talk.
5. Facilitator models how to fill-out *Participant Materials* 13.4: IYCF support group attendance
6. Ask other Participants who observe the support group to fill out *Participant Materials* 13.3: Observation Checklist for Support Groups

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**Instructions for Activity 2:** 15 minutes

**Activity 2:** Discuss the support group experience

**Methodology:** Discussion

1. Ask the following questions to the support group Participants after sharing their experiences:
  - What did you like in the support group?
  - How is the support group different from an educational talk?
  - Were your questions answered?
2. Ask Participants who observed the support group to share their observations, ideas and fill-

out observation form: *Participant Materials* 13.3: Observation Checklist for IYCF Support Groups

3. Ask Participants what contributions a support group can make to an IYCF program?
  4. Distribute *Participant Materials* 13.2: Characteristics of an IYCF Support Group (or refer to specific page in *Participant Materials*)
- .....

**Instructions for Activity 3:** 30 minutes

**Activity 3:** Practise conducting a support group

**Methodology:** Practise

1. Divide Participants in groups of 7
2. Each group chooses a topic out of basket for the support group meeting, or just discuss ‘your personal experiences with IYCF’
3. One Participant from each group will be Facilitator of the support group
4. Share observations:
  - What did you like about the support group?
  - How did it differ from a health education talk
  - Where questions answered?
5. Ask the group to fill-out *Participant Materials* 13.3: Observation Checklist for IYCF Support Groups
6. Discussion

### **Key Information**

- See *Participant Materials* 13.2: Characteristics of an IYCF Support Group
- See *Participant Materials* 13.3: Observation Checklist for IYCF Support Groups
- See *Participant Materials* 13.4: IYCF support group attendance

**Definition:** An IYCF support group on infant and young child feeding is a group of mothers/fathers/caregivers who promote recommended breastfeeding and complementary feeding behaviours, share their own experiences and provide mutual support. Periodic support groups are facilitated by experienced mothers who have infant and young child feeding knowledge and have mastered some group dynamic techniques. Group Participants **share their experiences, information and provide mutual support.**

**Note:** If support group numbers grow to exceed 12, consider splitting the group into two (with a trained counsellor conducting each support group)

*Participant Materials* 13.1: How to Conduct an Action-oriented Group Session: Story, Drama, or Visual applying the steps Observe, Think, Try and Act

**INTRODUCE YOURSELF**

**OBSERVE**

- Tell a story; conduct a drama to introduce a topic or hold a visual so everyone can see it.
- Ask the group participants:
  - ☐ What happened in the story/drama or visual?
  - ☐ What are the characters in the story/drama or visual doing?
  - ☐ How did the character feel about what he or she was doing? Why did he or she do that?

**THINK**

- Ask the group participants:
  - ☐ Whom do you agree with? Why?
  - ☐ Whom do you disagree with? Why?
  - ☐ What is the advantage of adopting the practice described in the story/drama or visual?
- Discuss the messages of today's topic.

**TRY**

- Ask the group participants:
  - ☐ If you were the mother (or another character), would you be willing to try the new practice?
  - ☐ Would people in this community try this practice in the same situation? Why?

**ACT**

- Repeat the key messages.
- Ask the group participants:
  - ☐ What would you do in the same situation? Why?
  - ☐ What difficulties might you experience?
  - ☐ How would you be able to overcome them?

Set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried out the new practice or encouraged someone to try it and how they managed to overcome any obstacles.

## ***Participant Materials 13.2: Characteristics of an IYCF Support Group***

### **A safe environment of respect, attention, trust, sincerity, and empathy.**

1. The group allows participants to:
  - Share infant feeding experience and information, and mutually support each other
  - Strengthen or modify certain attitudes and practices
  - Learn from each other
2. The group enables participants to reflect on their experience, doubts, difficulties, popular beliefs, myths, information, and infant feeding practices. In this safe environment participants have the knowledge and confidence to decide to strengthen or modify their infant feeding practices.
3. ‘Confidentiality’ is a key principle of a support group: “what is said in the group stays in the group”.
4. IYCF Support Groups are not LECTURES or CLASSES. All participants play an active role. The Facilitator guides the discussion, but the discussion is not directed only to the Facilitator, but among the Participants (“cross-talk”).
5. Support groups focus on the importance of one-to-one communication. In this way all the participants can express their ideas, knowledge, and doubts, share experience, and receive and give support.
6. The sitting arrangement allows all participants to have eye-to-eye contact.
7. The group size varies from 3 to 12.
8. The group is facilitated by an experienced Facilitator/Mother who listens and guides the discussion.
9. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older children, fathers, caregivers, and other interested women to attend.
10. The Facilitator and the participants decide the length of the meeting and frequency of the meetings (number per month).



### Participant Materials 13.3: Observation Checklist for IYCF Support Groups

<b>Community:</b>		<b>Place:</b>	
<b>Date:</b>	<b>Time:</b>	<b>Theme:</b>	
<b>Name of IYCF Group Facilitator(s):</b>		<b>Name of Supervisor:</b>	
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-----		-----	
Did	✓	Comments	
1. The Facilitator(s) introduce themselves to the group?			
2. The Facilitator(s) clearly explain the day's theme?*			
3. The Facilitator(s) ask questions that generate participation?			
4. The Facilitator(s) motivate the quiet women/men to participate?			
5. The Facilitator(s) apply skills for <i>Listening and Learning, Building Confidence and Giving Support</i>			
6. The Facilitator(s) adequately manage content?			
7. Mothers/fathers/caregivers share their own experiences?			
8. The Participants sit in a circle?			
9. The Facilitator(s) invite women/men to attend the next IYCF support group (place, date and theme)?			
10. The Facilitator(s) thank the women/men for attending the IYCF support group?			
11. The Facilitator(s) ask women to talk to a pregnant woman/man or breastfeeding mother before the next meeting, share what they have learned, and report back?			
12. Support Group attendance form checked?			
Number of women/men attending the IYCF support group:			
<b>Supervisor/Mentor:</b> indicate questions and resolved difficulties:			
<b>Supervisor/Mentor:</b> provide feedback to Facilitator(s):			

\* The day's theme might change if there is a mother who has a feeding issue that she feels an urgent need to discuss

## Participant Materials 13.4: IYCF Support Group Attendance

Date \_\_\_\_\_ District \_\_\_\_\_

Facilitator(s) Name(s) \_\_\_\_\_



## SESSION 14. 2nd FIELD VISIT AND FEEDBACK

Learning Objectives	Methodologies	Training Aids
1. Practise facilitating an action oriented group or support group.	Practise	<ul style="list-style-type: none"> <li>• <i>Participant Materials</i> 14.1: Observation Checklist on How to Conduct an Action Oriented Group: Story, Drama, or Visual</li> <li>• <i>Participant Materials</i> 13.3: Observation Checklist for IYCF Support Groups</li> <li>• <i>Participant Materials</i> 13.4: IYCF support group attendance</li> </ul>
If time permits: 2. Practise <i>IYCF 3-Step Counselling</i> by conducting an IYCF Assessment of Mother/Child Pair with mother/father/caregiver and a child from 0 up to 24 months.		<ul style="list-style-type: none"> <li>• <b>Set of Counselling Cards</b></li> <li>• <b>Key Messages Booklet</b></li> <li>• <b>Set of Take-home Brochures</b></li> <li>• <i>Participant Materials</i> 10.1: IYCF Assessment of Mother/Child Pair</li> <li>• <i>Participant Materials</i> 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair</li> </ul>
3. Reflect on strengths and weaknesses of counselling field practise.	Feedback exchange	

### Materials:

- Set of *Counselling Cards*

### Advance preparation:

- Make an appointment at the health facility a week ahead to do the field practise during immunization or weighing sessions, or
- Make an appointment with the community “leader” a week ahead for village visits
- Prepare groups, give instructions the day before
- If one-to-one counselling cases are to be presented, add that information to the Flipchart prepared for Field Visit #1.

**Duration:** 4 hours

**Learning Objective 1:** Practise facilitating an action oriented group or a support group

**Methodology:** Practise

**Suggested Time:** 3 hours (including travel)

**Instructions for Activity:**

1. Pair (or group) the participants depending on local language skills and number of community participants
2. Ask half the pairs (or groups) to practise facilitating an action oriented group using a story, mini-drama or visual
3. Ask Observer Participants to fill-in *Participant Materials* 14.1: Observation Checklist on How to Conduct an Action Oriented Group: Story, Drama, or Visual after the action oriented group session
4. Ask the other half of pairs (or groups) to practice facilitating a support group. Choose a generic theme: 'your experience with infant and young child feeding'.
5. Ask Observer Participants to fill-in *Participant Materials* 13.3: Observation Checklist for IYCF Support Groups after the support group
6. Ask Observer Participants to fill-in the *Participant Materials* 13.4: IYCF support group attendance is filled out after the support group
7. If time permits, pairs or groups can facilitate both an action-oriented group and a support group

**Key Information:**

- In IYCF support groups, cross-talk should occur among support group Participants rather than most conversation being directed toward Facilitator.
- Action-oriented groups: use Counselling Cards to illustrate a point, but not to lecture.

**If time permits**

**Learning Objective 2:** Practise *IYCF 3-Step Counselling* with mothers/caregivers of a child from birth up to 24 months

**Methodology:** Practise

**Instructions for Activity:**

1. In large group, review *IYCF 3-Step Counselling*
2. Divide Participants in pairs: one will counsel, problem solve, reach-an-agreement with the mother/father/caregiver of a child (0 up to 6 months) while the other follows the discussion with the observation checklist in order to give feedback later
3. Ask the counsellor to use the *Participant Materials* 10.1: IYCF Assessment of Mother/Child Pair
4. Ask the counsellor to share age-appropriate *Counselling Cards* and *Take-home*

**Brochures** with mother/father/caregiver

5. Ask the observer to fill out *Participant Materials* 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair
6. Pairs switch roles: the other Participant will counsel, problem solve, reach-an-agreement with the mother/father/caregiver of a child (6 up to 24 months) while the other follows the discussion with the observation checklist in order to give feedback later

**Learning Objective 3:** Reflect on strengths and weaknesses of counselling field practise

**Methodology:** Feedback Exchange

**Suggested Time:** 60 minutes

**Instructions for Activity:**

**Support Groups and Action-oriented Groups**

1. Ask Facilitators of action-oriented groups and support groups:
  - What did you like about facilitating the action-oriented group and facilitating the support group?
  - What were the challenges?
  - Fill-in the sentence: I feel confident to facilitate an action-oriented group or support group because.....
2. Ask Observers of action oriented groups and support groups to comment on the facilitation of the groups, the Observer Checklist, Attendance, and discuss the challenges?
3. Discuss and summarize

**Individual Counselling**

1. At training site, in large group, ask each pair of Participants to summarize their counselling experience by filling-in the summary sheet for visits, attached to the wall or on the mat, and used after 1<sup>st</sup> Field Visit: Session 12
2. Participants receive and give feedback
3. Facilitators and Participants identify key gaps that need more practise/observation time at site
4. Discuss and summarize

*Participant Materials* 14.1: Observation Checklist on How to Conduct an Action Oriented Group: Story, Drama, or Visual, applying the steps Observe, Think, Try, and Act

**Did the Counsellor?**

(✓ for yes and × for No)

☐ Introduce him/herself?

**Use Observe** - ask the group participants:

- ☐ What happened in the story/drama or visual?
- ☐ What are the characters in the story/drama or visual doing?
- ☐ How did the character feel about what he or she was doing? Why did he or she do that?

**Use Think** - ask the group participants:

- ☐ Whom do you agree with? Why?
- ☐ Whom do you disagree with? Why?
- ☐ What is the advantage of adopting the practice described in the story/drama or visual?
- ☐ Discuss the key messages of today's topic?

**Use Try** – ask the group participants:

- ☐ If you were the mother (or another character), would you be willing to try the new practice?
- ☐ Would people in this community try this practice in the same situation? Why?

**Use Act** – ask the group participants

- ☐ What would you do in the same situation? Why?
- ☐ What difficulties might you experience?
- ☐ How would you be able to overcome them?
- ☐ To repeat the key messages?

## SESSION 15. WOMEN'S NUTRITION

Learning Objectives	Methodologies	Training Aids
1. Describe the undernutrition cycle: undernourished baby, girl-child, teenager, and pregnant woman	<ul style="list-style-type: none"> <li>Brainstorming</li> <li>Interactive presentation</li> </ul>	
2. Describe the actions that can break the undernutrition cycle in order to have a well nourished child, teen, woman, and baby	Group work	<ul style="list-style-type: none"> <li><i>Participant Materials</i> 15.1: Actions to break the undernutrition cycle</li> <li>Illustrations of well nourished child, adolescent, adult and pregnant woman, and baby</li> <li><b>CC 1: Nutrition for pregnant and lactating woman</b></li> <li><i>Key Messages Booklet</i></li> <li><i>Take-home Brochure: Nutrition During Pregnancy and Breastfeeding</i></li> </ul>
3. Name the recommended time for spacing children and the criteria for the Lactation Amenorrhoea Method (LAM)	<ul style="list-style-type: none"> <li>Interactive presentation</li> <li>Group work</li> </ul>	<ul style="list-style-type: none"> <li><b>CC 20: Optimal family planning promotes improved health and survival for both mother and child</b></li> <li><i>Key Messages Booklet</i></li> </ul>

### Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Flipchart: Bullet points of consequences of undernutrition for women
- Illustrations of well nourished child, teenager, adult woman and pregnant woman, and baby

**Duration:** 1½ hours

**Learning Objective 1:** Describe the undernutrition cycle: child, teenager, adult and pregnant woman, and baby

**Methodology:** Brainstorming; Interactive Presentation

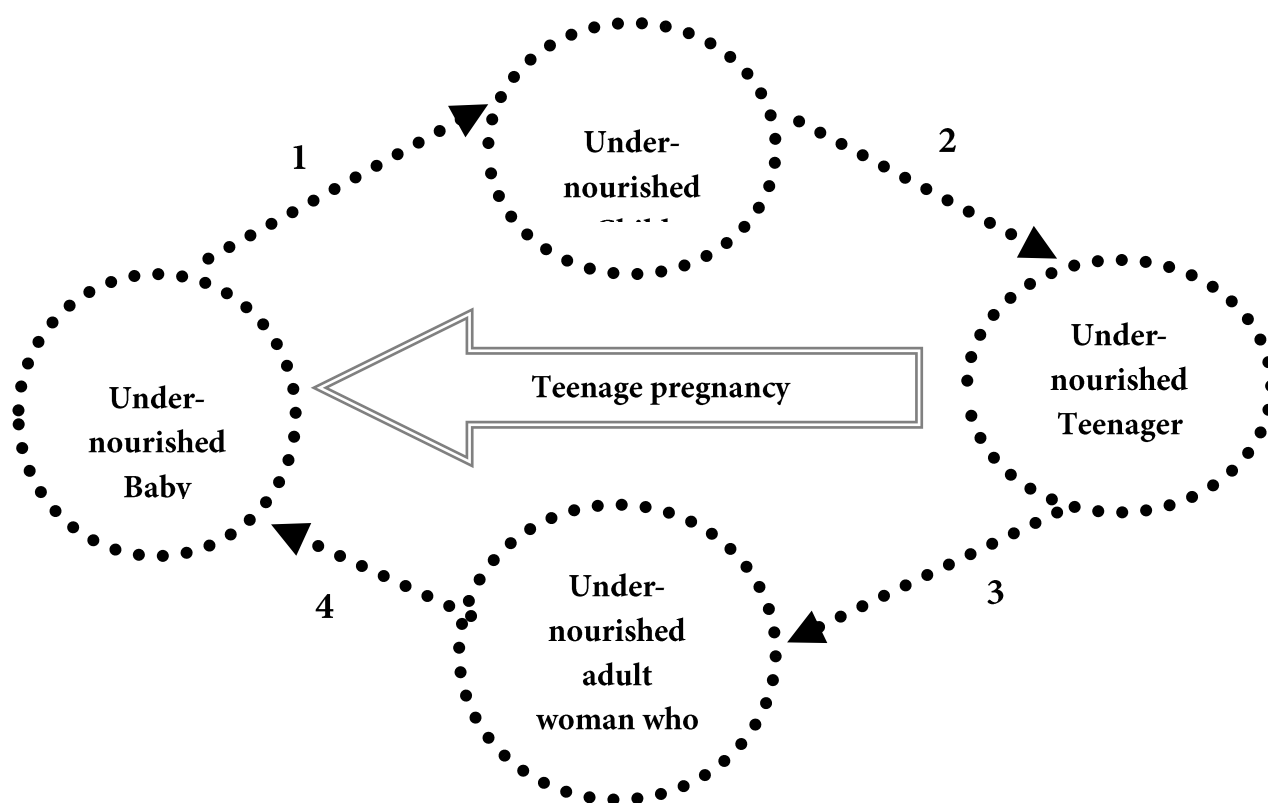
**Suggested Time:** 15 minutes

**Instructions for Activity:**

1. Facilitator draws 4 circles on a flipchart with arrows connecting the circles (see diagram below)
2. Facilitator writes undernourished child, teenager, pregnant woman, and baby – one for each circle
3. Facilitator explains that this diagram with represents the undernutrition cycle
4. Ask Participants: What are the consequences of undernutrition for women?
5. After discussion, show prepared flipchart with consequences of undernutrition for women
6. Discuss and summarize

**Key Information**

*Possible outcomes of undernutrition*



*Consequences of undernutrition for women*

**Community IYCF Counselling Package: Facilitator Guide**



- Increased infection due to weakened immune system
- Weakness and tiredness
- Lower productivity
- Decreased ability to care for children
- Difficult labour due to small bone structure
- Increased risk of complications in the mother leading to death during labour and delivery
- Increased risk of death if mother bleeds during or after delivery
- Increased risk of giving birth to an underweight child who, if female, will be at greater risk of a more difficult labour during her own pregnancy unless the undernutrition cycle is broken

**Note:** Some girls have their first pregnancy during the teen years when they are still growing themselves:

- Teenage mother and the growing baby compete for nutrients
- When the teenage mother does not complete her growth cycle, she is at risk for a more difficult labour if her pelvis is small.

**Learning Objective 2:** Describe actions that can break the undernutrition cycle in a child, teen, woman, and baby

**Methodology:** Group work

**Suggested Time:** 45 minutes

**Instructions for Activity:**

1. Divide Participants into 4 groups and ask each group to focus on one point in the undernutrition cycle (one arrow) and think of recommendations that can break the cycle at that point (from undernourished to well nourished)
2. Each group will present their work in large group
3. As each group presents, place an illustration on the corresponding circle of the undernutrition cycle: 1) a well nourished baby, 2) a well nourished child, 3) well nourished teenager, and 4) well nourished adult woman and pregnant woman
4. Ask Participants the following question: Can a malnourished mother breastfeed her infant?
5. Facilitate a discussion and summary of the answers in large group
6. Distribute *Participant Materials* 15.1: Actions to can break the undernutrition cycle (or refer to specific page in *Participant Materials*) and review together
7. Ask working groups to observe **CC 1: Nutrition for pregnant and breastfeeding woman** and **Take-home Brochure: Nutrition During Pregnancy and Breastfeeding** and to comment on the counselling discussion points of the card
8. Orient Participants to the Key Messages from *Key Messages Booklet*
9. Discuss and summarize

### ***Key Information***

- Actions to improve child survival must start long before woman becomes pregnant.
- Actions should start by improving the woman's health status, and solving her economic and social problems.

See *Participant Materials* 15.1: Actions to break the undernutrition cycle

*Some factors affecting teenage and women's nutrition*

- Nutrient intake: beliefs and culture, cravings
- Child spacing
- Heavy workload
- Physical exercise
- Body image
- Alcohol, tobacco, caffeine

**Teenage mother:** needs extra care, more food and more rest than an older mother. She needs to nourish her own body, which is still growing, as well as her growing baby.

**Good nutrition for a woman is key for child survival and growth**

***Learning Objective 3:*** Name the recommended time for spacing children and the criteria for the Lactation Amenorrhoea Method (LAM)

***Methodology:*** Interactive presentation; Group work

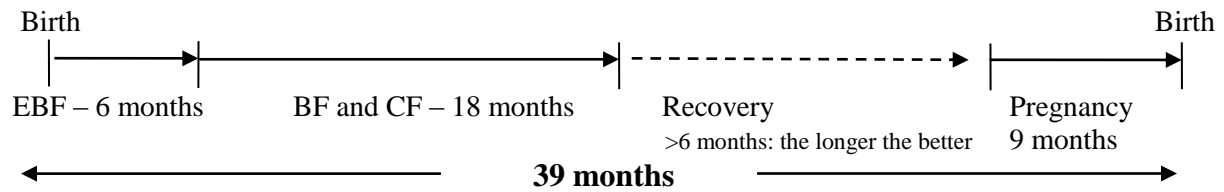
***Suggested Time:*** 30 minutes

#### **Instructions for Activity:**

1. Ask Participants what is the recommended time for spacing children? After hearing comments, use a timeline showing the breakdown of recommended practices leading to optimal child spacing; let participants fill in the number of months
2. Explain that the recommended time between babies is at least 3 years
3. Ask Participants to discuss how women in the communities relate breastfeeding and child spacing
4. Ask Participants to brainstorm the definition of LAM and LAM criteria
5. Describe LAM and the LAM criteria and what to do when the criteria are not met (to continue to prevent pregnancy)
6. Divide Participants into 3 groups
7. Ask the 3 groups to observe **CC 20: Optimal family planning promotes improved health and survival for both mother and child** and role of the IYCF Counsellor. Do not discuss each Family Planning method individually.
8. Orient Participants to the Key Messages from *Key Messages Booklet*
9. Review information on Adolescent Pregnancy from Key Messages booklet (CC 1)
10. Discuss and fill-in gaps

## Key Information

There should be an inter-birth spacing of **at least** 39 months (more than 3 years)



**Note:** Data from The Nutritional Institute of Central America and Panama (INCAP) suggest six months exclusive breastfeeding, followed by at least 18 months additional breastfeeding with complementary foods, and at least six months of neither breastfeeding nor pregnancy for best child outcomes. This would be inter-birth spacing of 39 months. (Merchant, Martorell, and Hass, 1990)

- See **CC 20: Optimal family planning promotes improved health and survival for both mother and child** and *Key Messages Booklet for CC 20*

### LAM

Breastfeeding is essential to child survival. It has many benefits for the child as well as for the mother, including birth spacing.

L = Lactation

A = Amenorrhoea

M = method

*LAM is **more than 98%** effective if the 3 following criteria are met:*

1. Amenorrhoea (no menses) - no bleeding after 8 weeks of birth
2. Exclusive breastfeeding is practiced - no more than 4 hrs between breastfeeds and no more than one 6-hour period (in 24 hrs) between breastfeeds
3. The infant is less than 6 months of age

**Note:** when a woman no longer meets one of the 3 criteria at any point during the first six months, she immediately needs to begin another family planning method to prevent pregnancy.

### Family Planning Methods compatible with Breastfeeding

1. Non-hormonal methods – anytime post-partum
2. Progesterone only: injectables or implants – after 6 weeks post-partum
3. Combined oral contraceptives – after 6 months post-partum

### Note for the community IYCF Counsellor on family planning methods:

- Encourage mother and partner to seek family planning counselling at their nearest health facility.
- Communicate with fathers on the importance of child spacing/family planning
- Pregnancy before the age of 18 increases the health risks for the mother and her baby.

## Participant Materials 15.1: Actions to break the undernutrition cycle

### 1. How do we break the cycle so that an undernourished baby can become a well-nourished child?

*Prevent growth failure by:*

- Encouraging early initiation of breastfeeding
- Exclusive breastfeeding 0 up to 6 months
- Encouraging timely introduction of complementary foods at 6 months with continuation of breastfeeding up to 2 years or beyond
- Feeding different food groups at each serving. For example:
  - Animal-source foods: flesh foods such as *chicken, fish, liver*, and *eggs and milk, and milk products* **1 star\*** (**Note: animal foods should be started at 6 months**)
  - Staples: grains such as *maize, rice millet and sorghum* and roots and tubers such as *cassava, potatoes* **2 stars\*\***
  - Legumes such as *beans, lentils, peas, groundnuts* and seeds such as *sesame* **3 stars\*\*\***
  - Vitamin A-rich fruits and vegetables such as *mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin*, and other fruits and vegetables such as *banana, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage* **4 stars\*\*\*\*** (**NOTE: foods may be added in a different order to create a 4 star food/diet.**)
- Provide micronutrient supplements according to local protocols
- Oil and fat such as oil seeds, margarine, ghee and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy. Infants only need a very small amount (no more than half a teaspoon per day).
- Using iodated salt
- Feeding sick child frequently for 2 weeks after recovery



*Other 'non-feeding' actions:*

- Appropriate hygiene
- Attending GMP and Immunization sessions
- Use of Insecticide treated nets (ITNs)
- Deworming
- Prevention and treatment of infections
- Vitamin A supplementation
- Provide early stimulation and care

### 2. How do we break the cycle so that an undernourished child can become a well-nourished teen?

*Promote appropriate growth by:*

- Increasing the food intake and variety
- Encouraging different types of locally available foods as described above
- Delaying first pregnancy until her own growth is completed (usually 20 to 24 years)
- Preventing and seeking early treatment of infections

- Encouraging parents to give girls and boys equal access to education - undernutrition decreases when girls/women receive more education.
- Encouraging families to delay marriage for young girls; in some settings, it may be more politically-acceptable to use the wording 'delay pregnancy' than 'delay marriage'
- Avoiding processed/fast foods
- Avoiding intake of coffee/tea with meals
- Encouraging good hygiene practices
- Encouraging physical activity
- Encouraging use of Insecticide treated nets (ITNs)



### 3. How do we break the cycle so that an undernourished teen can become a well-nourished adult and pregnant woman?

#### A. Improve women's nutrition and health by:

- Encouraging different types of locally available foods
- Preventing and seeking early treatment of infections
- Encouraging good hygiene practices.
- Avoid consumption of coffee and tea with meals
- Avoid alcohol, smoking, and drugs



#### B. Encourage family planning by:

- Visiting a family planning centre to discuss which family planning methods are available and most appropriate for their individual situations. (*Using a family planning method is important in order to be able to adequately space the births of her children*)

#### C. Decrease energy expenditure by:

- Delaying the first pregnancy to 20 years of age or more
- Encouraging couples to use appropriate family planning methods
- Obtain adequate exercise; avoid heavy teen labor



#### D. Encourage men's participation so that they:

- Understand the importance of delaying the first pregnancy until their wives/partners are at least 20 years of age
- Provide Insecticide treated nets (ITNs) for use by their families and making sure the pregnant wives/partners and children get to sleep under the net every night
- Encourage girls and boys equal access to education

**4. How do we break the cycle so that an undernourished pregnant adult woman can give birth to a well-nourished baby?**

*A. Improve women's nutrition and health during pregnancy by:*

- Increasing the food intake of women during pregnancy: eat one extra meal or “snack” (food between meals) each day; during breastfeeding eat 2 extra meals or “snacks” each day.
- Encouraging consumption of different types of locally available foods. All foods are safe to eat during pregnancy and while breastfeeding.
- Giving iron/folate supplementation (or other recommended supplements for pregnant women) to the mother as soon as mother knows she is pregnant and continue for at least 3 months **after** delivery of the child.
- Giving vitamin A to the mother within 6 weeks after birth.
- Preventing and seeking early treatment of infections:
  - Completing anti-tetanus immunizations for pregnant women, (5 injections in total)
  - Using of insecticide treated bed nets
  - De-worming and giving anti-malarial drugs to pregnant women between 4<sup>th</sup> and 6<sup>th</sup> month of pregnancy.
  - Prevention and education on STI and HIV/AIDS transmission
- Encouraging good hygiene practices.
- Avoid consumption of coffee and tea with meals
- Avoid alcohol, smoking, and drugs



*B. Decrease energy expenditure by:*

- Delaying the first pregnancy to 20 years of age or more
- Encouraging families to help with women's workload, especially during late pregnancy
- Resting more, especially during late pregnancy
- Decrease heavy labor

*C. Encourage men's participation so that they:*

- Accompany their wives/partners to antenatal care and reminding them to take their iron/folate tablets
- Provide extra food for their wives/partners during pregnancy and lactation
- Help with household chores to reduce wives/partners' workload
- Encourage their wives/partners deliver at health facility
- Make arrangements for safe transportation to facility (if needed) for birth
- Encourage their wives/partners to put the babies to the breast immediately after birth

- Encourage their wives/partners to give the first thick yellowish milk to babies immediately after birth
- Provide Insecticide treated nets (ITNs) for their families and make sure that their pregnant wives/partners and small children get to sleep under the net every night

**Note: HIV and Nutrition**

- If woman is HIV-infected, she needs extra food to give her more energy. HIV puts an additional strain on her body and may reduce her appetite. Eating a variety of foods is important.
- An HIV-infected pregnant woman needs to attend PMTCT services

## SESSION 16. FEEDING THE SICK CHILD

Learning Objectives	Methodologies	Training Aids
1. Name the practices for feeding the sick child	Working groups	<ul style="list-style-type: none"> <li>• <b>CC 17: Feeding your sick baby less than 6 months of age</b></li> <li>• <b>CC 18: Feeding your sick child older than 6 months of age</b></li> <li>• <b>CC 11: Good hygiene practices prevent disease</b></li> </ul>
2. Identify signs requiring the mother/father/caregiver to seek care	<ul style="list-style-type: none"> <li>• Brainstorming</li> <li>• Small Group Work</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CC 24: When to bring your child to the health facility</b></li> <li>• <b>Key Message Booklet</b></li> </ul>

### Materials

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Illustrations: refusal to feed, vomiting, diarrhoea, convulsions, respiratory infection, fever, malnutrition

**Duration:** 1 hour

**Learning Objective 1:** Name the practices for feeding the sick child

**Methodology:** Working groups

**Suggested Time:** 45 minutes

### Instructions for Activity

1. Divide participants into 4 groups
2. Set-up 4 flipcharts throughout the room with the following titles:
  - a) How to feed a child less than 6 months old during illness?
  - b) How to feed a child less than 6 months old after illness?
  - c) How to feed a child older than 6 months during illness?
  - d) How to feed a child older than 6 months after illness?
3. Ask each group to go to a flipchart and answer the question on that flipchart; after 2 minutes the Facilitator asks the groups to rotate to the next flipchart; repeat until all groups have a chance to visit each flipchart
4. Groups do not repeat the same information, but only add new information.





5. Each team presents in plenary
6. Ask groups to observe and study **CC 17: Feeding your sick baby less than 6 months of age**, **CC 18: Feeding your sick child older than 6 months of age**, and to review **CC 11: Good hygiene practices prevent disease**
7. Review together Key Messages from *Key Messages Booklet*
8. Discussion and summary

### Key Information

- See counselling discussion points/messages on **CC 17: Feeding your sick baby less than 6 months of age**
- See counselling discussion points/messages on **CC 18: Feeding your sick child older than 6 months of age**

**Diarrhoea:** more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes

**Note:** many babies have frequent stools for as long as they are exclusively breastfed. This is not diarrhoea.

<p><b>Sick baby under 6 months</b></p> 	<ul style="list-style-type: none"> <li>• A sick child often does not feel like eating, but needs even more strength to fight the illness.</li> <li>• Breastfeed more frequently during diarrhoea to help the baby fight the sickness and not lose weight.</li> <li>• Breastfeeding also provides comfort to a sick baby.</li> <li>• If the baby is too weak to suckle, express breast milk to give to the baby either by cup or by expressing directly into the baby's mouth. This will help the mother keep up her milk supply and prevent engorgement.</li> </ul>
<p><b>Sick baby over 6 months</b></p> 	<ul style="list-style-type: none"> <li>• Increase breastfeeding during diarrhoea, and continue to offer favourite foods in small quantities.</li> <li>• During recovery, offer more foods than usual (an additional meal of solid food each day) during recuperation (for the next two weeks) to replenish the energy and nutrients lost during illness.</li> <li>• Offer the young child simple foods like porridge, even if s/he does not express interest in eating.</li> <li>• Avoid spicy or fatty foods.</li> <li>• Breastfeed more frequently during two weeks after recovery.</li> <li>• Animal milks and other fluids may increase diarrhoea (the origin of the belief that milk brings about diarrhoea). However, this is not true of breast milk. Stop giving other milks or fluids, even water (except ORS if child is severely dehydrated).</li> </ul>

**Learning Objective 2:** Identify signs requiring the mother/father/caregiver to seek care

**Methodology:** Brainstorming; Small Group Work

**Suggested Time:** 15 minutes

**Instructions for Activity:**

1. Ask participants to brainstorm signs that require referral to health facility by mother/father/caregiver.
2. As Participants mention the signs that require referral place the illustrations on the wall or floor so all can see.
3. Ask Participants to study **CC 24: When to bring your child to the health facility** and the key and supporting messages (found in *Key Message Booklet*) to identify the signs that require referral to the health facility by mother/father/caregiver
4. Discuss and summarise

**Key Information**

- See **CC 24: When to bring your child to the health facility** and *Key Message Booklet*

## SESSION 17. IYCF IN THE CONTEXT OF HIV

Learning Objectives	Methodologies	Training Aids
1. Explain when the HIV virus can be transmitted from mother to child and explain the risk of transmission with and without interventions.	<ul style="list-style-type: none"> <li>Brainstorming</li> <li>Group work</li> </ul>	<ul style="list-style-type: none"> <li><b>CC 21: If a woman is HIV-infected..... What is the risk of HIV passing to her baby when NO preventive actions are taken?</b></li> <li><b>CC 22: If a woman is HIV-infected..... What is the risk of HIV passing to her baby when both take ARVs and practice exclusive breastfeeding for 6 months?</b></li> <li><b>Key Messages Booklet</b></li> </ul>
2. Describe infant feeding in the context of HIV ( <b>dependent on National Policy</b> )	<ul style="list-style-type: none"> <li>Brainstorming</li> <li>Buzz groups</li> <li>Group work</li> </ul>	<p><u>When National Policy is exclusive breastfeeding and ARVs:</u></p> <ul style="list-style-type: none"> <li><b>CC 23a: Exclusively Breastfeed and Take ARVs</b></li> <li><b>CC 23b: Exclusively Breastfeed even when there are no ARVs</b></li> <li>Training Aid: Benefits and risks of different feeding methods for HIV-exposed infants less than 6 months of age</li> </ul> <p><u>When National Policy is Avoid All Breastfeeding OR when mother opts out of exclusive breastfeeding:</u></p> <ul style="list-style-type: none"> <li><b>CC Special Circumstance 1: Avoid ALL Breastfeeding</b></li> <li><b>CC Special Circumstance 2: Conditions needed to Avoid ALL Breastfeeding</b></li> <li><b>Key Messages Booklet</b></li> </ul>
3. Describe feeding a child from 6 up to 24 months when an HIV-infected mother breastfeeds or does NOT breastfeed	Group work	<b>CC Special Circumstance 3: Non-breastfed child from 6 up to 24 months</b>

## Session 17. IYCF in the Context of HIV

Learning Objectives	Methodologies	Training Aids
4. Identify breast conditions of the HIV-infected breastfeeding woman and refer for treatment.	Brainstorming	
5. Describe the role of the Community Worker (CW) who has training in IYCF, but not in PMTCT	Group work	Flipchart with role of CWs
<b>Optional:</b> Discuss the importance of HIV testing and counselling for the mother and the infant (at 6 weeks).	To use in countries where HIV testing and counselling is low	

### Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Training Aid: 5 sets of illustrations on the benefits and risks of different feeding methods for HIV-exposed infants less than 6 months of age
- Flipchart: role of the community worker trained in IYCF but not trained in PMTCT

**Duration:** 2 hours

**Learning Objective 1:** Explain when the HIV virus can be transmitted from mother to child and explain the risk of transmission with and without interventions

**Methodology:** Brainstorming; Group work

**Suggested Time:** 30 minutes

### Instructions for Activity:

1. Brainstorm with Participants when the HIV virus can be transmitted from mother-to-child (MTCT)
2. Probe until Participants mention during pregnancy, labour and delivery, and breastfeeding
3. Form working groups of 5 Participants
4. Ask Participants to look at **CC 21: If a woman is HIV-infected..... What is the risk of HIV passing to her baby when NO preventive actions are taken?** and ask groups to observe and examine the number of children (out of 100) who will not be infected with HIV, and those who will be infected during pregnancy, labour and delivery, and breastfeeding when NO preventive actions are taken, mother is exclusively breastfeeding for 6 months and

continuing to breastfeed for 2 years.

5. Ask one group to explain *Counselling Card 21*.
6. Ask Participants to look at **CC 22: If a woman is HIV-infected..... What is the risk of HIV passing to her baby when both take ARVs and practice exclusive breastfeeding for 6 months?** and ask groups to observe and examine the number of children (out of 100) who will not be infected with HIV, and those who will be infected during breastfeeding.
7. Ask one group to explain *Counselling Card 22*.
8. Orient Participants to the Key Messages from *Key Messages Booklet*
9. Discuss and summarize

### Key Information

#### **CC 21: If a woman is HIV-infected..... What is the risk of HIV passing to her baby when NO preventive actions are taken?**

- A baby born to a HIV-infected mother can get HIV from the mother during pregnancy, labour and delivery, and breastfeeding.
- **In the absence of any interventions<sup>1</sup>** to prevent or reduce HIV transmission, research has shown that if 100 HIV-infected women get pregnant, deliver, and breastfeed for two years<sup>2</sup>:
  - About 25 may be infected with HIV during pregnancy, labour and delivery
  - About 10 may be infected with HIV through breastfeeding, if the mothers breastfeed their babies for 2 years
  - **About 65 of the babies will not get HIV**
  - The aim is to have infants who do not have HIV but still survive (HIV-free survival) Therefore the risks of getting HIV through breastfeeding have to be compared to the risks of increased morbidity and mortality associated with not breastfeeding.

#### **CC 22: If a woman is HIV-infected..... What is the risk of passing HIV to her baby if both take ARVs and practise exclusive breastfeeding during the first 6 months?**

<sup>1</sup> Interventions to reduce MTCT

**During pregnancy:** HIV counselling and testing; primary prevention; prevent, monitor, and treat STIs, malaria, opportunistic infections; provide essential ANC, including nutrition support; ARVs; counselling on safe sex; partner involvement; infant feeding options; family planning; self care; preparing for the future.

**During labor and delivery:** ARVs; keep delivery normal; minimize invasive procedures – artificial rupture of membranes (AROM), episiotomy, suctioning; minimize elective C- Section; minimize vaginal cleansing; minimize infant exposure to maternal fluids

**During post-partum and beyond:** Early BF initiation and support for EBF if breastfeeding is infant feeding choice; prevent, treat breastfeeding conditions; care for thrush and oral lesions; support replacement feeding if that is infant feeding choice; ARVs for mother and infant for duration of breastfeeding period; immunizations, and growth monitoring and promotion for baby; insecticide-treated mosquito nets; address gender issues and sexuality; counsel on complementary feeding at 6 months; treat illness immediately; counsel on safe sex; and offer family planning counselling

<sup>2</sup>DeCock KM et al. Prevention of mother-to-child HIV transmission in resource-poor countries: translating research into policy and practice. *Journal of the American Medical Association*, 2000, 283(9): 1175–1182

**Risk of transmission decreases with special treatment or prevention medicines (ARVs)**

- A pregnant women living with HIV should be given special medicines to decrease the risk of passing HIV to her infant during pregnancy, birth, or breastfeeding
- Her baby may also receive a special medicine to decrease the risk of getting HIV during the breastfeeding period
- To reduce HIV transmission through breastfeeding, exclusive breastfeeding in the first six months is combined with provision of antiretroviral medicines for the mother OR the baby. **This is the best way for a mother to breastfeed her infant safely.**
- If a 100 HIV-infected women and their babies take ARVs and practise exclusive breastfeeding during the first 6 months:
  - About 2 babies are infected during pregnancy and delivery
  - About 3babies are infected during breastfeeding
  - **About 95 babies will not get HIV**

**Note:** When mother takes ARVs from 14 weeks of pregnancy, the risk of transmission during pregnancy and labour is virtually non-existent. Some studies have also shown that the transmission during breastfeeding with ARVs is as low as 1 out of 100 babies.

**Learning Objective 2:** Describe infant feeding in the context of HIV (**dependent on National Policy**)

**Methodology:** Brainstorming; Buzz Groups; Group work

**Suggested Time:** 45 minutes

**Instructions for Activity 1:** 10 minutes

Ask Participants to define: exclusive breastfeeding, replacement feeding and mixed feeding

.....  
**Instructions for Activity 2:** 15 minutes

1. Ask Participants to observe **CC 23a: Exclusively Breastfeed and Take ARVs** and discuss
2. Ask Participants:
  - What should an HIV-infected mother do if she does not have access to ARVs?
  - Ask buzz groups to observe **CC 23b: Exclusively Breastfeed even when there are no ARVs**
3. **ONLY if national policy is replacement feeding:** ask Participants to observe **CC Special Circumstance 1: Avoid All Breastfeeding** and discuss
  - Point out that **CC Special Circumstance 2: Conditions needed to Avoid All Breastfeeding** is used with the HIV-infected mother at the health facility, and the community worker supports the mother to implement the recommendations
4. Orient Participants to the *Key Messages Booklet*
5. Discuss and summarize

.....

**Instructions for Activity 3: 20 minutes**

1. Form 5 groups and give to each group Training Aid: Benefits and risks of different feeding methods for HIV-exposed infants less than 6 months of age (in the absence of ARVs)
  - Three cards, each one with an **illustration** depicting rate of transmission of HIV with mode of infant feeding: only breast milk, only replacement milk, and mixed feeding;
  - Three cards with **titles**: only breast milk, only replacement milk, and mixed feeding;
  - Legend cards.
2. Ask working groups to match the illustration cards with the correct title.
3. Ask 1 group to show and explain their matches; ask other groups if they agree or disagree and to make additional points
4. Ask Participants: “Why is mixed feeding especially dangerous?”
5. Discussion and Facilitator fills-in gaps

## ***Key Information***

### **Activity 1:**

#### **Definitions**

- **Exclusive breastfeeding:** only breast milk, no other food or drink (including water) is given to the infant.
- **Replacement feeding** is the process of feeding a child who is not breastfeeding with a diet that provides all the nutrients the child needs until the child is fully fed on family food. *During the first six months of life, replacement feeding should be with a suitable breast milk substitute, usually with infant formula, given exclusively (not mixed with breast milk or other foods). After six months the suitable breast milk substitute should be complemented with other foods.*
- **Mixed feeding** is giving breast milk plus other foods or drinks, including ready to use therapeutic foods) before the age of 6 months. *Giving solids or liquids to a breastfeeding child less than 6 months increases HIV transmission risk. The mother should be advised to EITHER exclusively breastfeed OR exclusively replacement feed her child up to 6 months of age. (Mixed feeding is dangerous for ALL infants less than 6 months, irrespective of knowing HIV status of mother. In an HIV prevalent area, there is even more reason to support exclusive breastfeeding.)*
- **Note:** A baby less than 6 months has immature intestines. Food or drinks other than breast milk can cause damage to the baby’s stomach. This makes it easier for HIV and other diseases to pass to the baby.

**Activity 2:** (from WHO 2010 Guidelines)

**HIV un-infected mother or mother of unknown status:**

Exclusively breastfeed for up to 6 months, add complementary foods at 6 months and continue breastfeeding for 2 years and beyond

**HIV-infected mother whose infant is HIV uninfected or of unknown HIV status:**

Mother has **two main options** for feeding her baby (depending on national policy).

**1. Exclusively breastfeed together with ARVs for mother OR infant**

- Exclusive breastfeeding in the first six months helps to significantly reduce the baby's risk of illness, malnutrition and death, and carries a relatively low average risk of transmission in the first six months as compared to mixed feeding.
- Same recommended breastfeeding practices that apply for HIV-negative mother and mother of unknown status (See *Participant Materials 5.2: Recommended breastfeeding practices and possible counselling discussion points*)
- Breastfeeding and ARVs should continue until 12 months

**Exclusively breastfeed even when no ARVs are available**

- The 2010 WHO Guidelines on HIV and Infant Feeding, Principles and recommendations for infant feeding in the context of HIV and a summary of evidence state: *When a national authority has decided to promote and support breastfeeding and ARVs, but ARVs are not yet available, mothers should be counselled to exclusively breastfeed in the first six months of life and continue breastfeeding thereafter unless environmental and social circumstances are safe for, and supportive of replacement feeding.*
- *In circumstances where ARVs are unlikely to be available, such as acute emergencies, breastfeeding of HIV-exposed infants is also recommended to increase survival.*

**Cessation of breastfeeding at 12 months**

WHO recommends against early, abrupt or rapid cessation of breastfeeding. Mothers known to be HIV-infected who decide to stop breastfeeding at any time should stop gradually within one month. Mothers or infants who have been receiving ARV prophylaxis should continue prophylaxis for one week after breastfeeding is fully stopped.

**HIV-infected mother whose infant is HIV-infected:**

Exclusively breastfeed for up to 6 months, add complementary foods at 6 months and continue breastfeeding for 2 years and beyond



## 2. If National Policy is Avoid All Breastfeeding OR if mother opts out of exclusive breastfeeding:

### Avoid All Breastfeeding feed using industrially produced infant formula

**Note:** The replacement feeding option is also accompanied with provision of ARVs for the mother and the infant (the latter for six weeks after delivery)

The mother gives the baby industrially produced infant formula from birth (no breastfeeding). Maintaining the mother's central role in feeding her baby is important for bonding and may also help to reduce the risks in preparation of replacement feeds.

### Activity 3:

#### Balance of Risks for Infant Feeding Options in the Context of HIV

	<b>Exclusive Breastfeeding</b>	<b>Exclusive Replacement Feeding</b>	<b>Mixed Feeding</b>
<b>Risk of HIV</b>	Yes	No	Yes
<b>Risk of Morbidity/Mortality</b>	Much lower risk, but doesn't eliminate the risk entirely	Yes	Yes

- Mixed feeding is the worst option, as it increases the risk of HIV transmission as well as exposing the infant to the risks of illness from contaminated formula made with dirty water and given in dirty bottles, and contaminated foods and other liquids.
- Breast milk contains an epidermal factor that coats the lining of the baby's gut or intestine and protects it from harmful substances. When baby receives mixed feeding small lesions in the baby's gut or intestine are formed allowing larger molecules to enter such as the HIV virus.
- **Note:** After 6 months the baby who is not breastfed needs an additional 1 to 2 cups of milk per day

**Note:** the following Table is added for only Master Facilitators/Trainers

#### ART/ARV Options for Mother and Baby

<b>Viral Load</b>	<b>Mother</b>	<b>Baby</b>
High viral load (i.e., low CD4 count)	Life-long (ART) treatment	NVP for 6 weeks
Low viral load (high CD4 count)	ARVs up to 1 week after BF stops (prevention)	NVP for 6 weeks
Low viral load (high CD4 count)	ARVs for 1 week after birth (prevention)	NVP for 1 week after breastfeeding stops

**Learning Objective 3:** Describe feeding a child from 6 up to 24 months when an HIV-infected mother breastfeeds or does NOT breastfeed

**Methodology:** Group work

**Suggested Time:** 15 minutes

**Instructions for Activity:**

1. Ask Participants 2 questions:
  - a) When an HIV-infected mother breastfeeds, how should she feed her child from 6 up to 24 months?
  - b) When an HIV-infected mother is NOT breastfeeding, how should she feed her child from 6 up to 24 months of age?
2. Distribute 6 cards to participants that complete the bottom row of Complementary Feeding chart and ask them to place in correct space (See *Participant Materials 7.1: Recommended complementary feeding practices*)
3. Observe **CC Special Circumstance 3: Non-breastfed child from 6 up to 24 months**
4. Discuss and summarize

**Key Information**

**When HIV-infected mother is breastfeeding, how should she feed her child from 6 up to 24 months of age?**

- Once an infant reaches 6 months of age, the mother should continue to breastfeed (along with ARVs for mother and child) up to 12 months, but then should stop breastfeeding when a nutritionally adequate diet without breast milk can be provided.
- Same recommended complementary feeding practices that apply for HIV-negative mother and mother of unknown status (See *Participant Materials 7.3: Recommended complementary feeding practices and possible counselling discussion points*)

**When HIV-infected mother is NOT breastfeeding, how should she feed her child from 6 up to 24 months of age?**

- At about 6 months an infant is better able to tolerate undiluted animal milk and a variety of semi-solid foods.
- Add 1 to 2 **extra** meals and, depending on the child's appetite, offer 1 to 2 snacks
- Add 1 to 2 cups of milk per day
- Add about 2 cups/day of extra fluids (in addition to the 1 to 3 cups/day of water that is estimated to come from milk and other foods in a temperate climate, and 3 to 4 cups/day in a hot climate)
- For infants 6 up to 12 months old, milk provides many essential nutrients and satisfies most liquid requirements. However, in some places, neither animal milk nor infant formula is available.

- Mother or caregiver needs to feed infant animal foods (meat, poultry, fish, eggs, or milk products), additional meals and/or specially formulated, fortified foods where suitable breast milk substitutes are not available.
- Calcium-rich foods such as papaya, orange juice, guava, green leafy vegetables, and pumpkin should be consumed daily.
- Infants not fed milk should be offered plain, clean, boiled water several times a day to satisfy thirst.
- Where neither breast milk substitutes nor animal milk or animal foods are available, nutrient requirements cannot be met unless specially formulated, fortified foods or nutrient supplements are added to the diet.

**Learning Objective 4:** Identify breast conditions of the HIV-infected mother and refer for treatment

**Methodology:** Brainstorming

**Suggested Time:** 15 minutes

**Instructions for Activity:**

1. Ask Participants to brainstorm the questions: What breast conditions of breastfeeding woman need special attention? And what should the breastfeeding woman do when these breast conditions present themselves?
2. Discuss and summarize

**Key Information**

- An HIV-infected mother with cracked nipples, mastitis (inflammation of the breast), abscess, or thrush/Candida (yeast infection of the nipple and breast) has increased risk of transmitting HIV to her baby and so should:
  - stop breastfeeding from the infected breast and seek prompt treatment
  - continue breastfeeding on demand from uninfected breast
  - express breast milk from the infected breast(s) and either discard it or heat-treat it before feeding to baby
  - thrush: no breastfeeding from either breast; heat treat expressed breast milk; treat both mother and infant

**Note:** Cracked nipples and mastitis are discussed more fully in Session 11: Common breastfeeding difficulties – symptoms, prevention and what to do’

**Mothers known to be HIV-infected** may consider **expressing and heat-treat breast milk** as an *interim feeding strategy*<sup>3</sup>:

<sup>3</sup> WHO.HIV and infant feeding: Revised Principles and Recommendations - Rapid Advice, November 2009

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- In special circumstances such as when the infant is born with low birth weight or is otherwise ill in the neonatal period and unable to breastfeed; **or**
- When the mother is unwell and temporarily unable to breastfeed or has a temporary breast health problem such as mastitis; **or**
- To assist mothers to stop breastfeeding.

### How to heat-treat breast milk

- Express breast milk into a glass cup/jar
- Add water to a pot to make a water bath up to the 2<sup>nd</sup> knuckle of the index finger, over the level of the breast milk in the glass cup/jar (Note that the glass cup/jar must be taller than the water level in the pot)
- Bring water to the boiling point. The water will boil at 100° C, while the temperature of the breast milk in the glass cup/jar reaches about 60° C and will be safe and ready to use.
- Remove the breast milk from the water and cool the breast milk to the room temperature (not in fridge).
- Give the baby the breast milk by cup.
- Once breast milk is heat-treated, it should be used within 8 hours.

**Note:** Flash-heat<sup>4</sup> is a recently developed, simple method that a mother can implement over an outdoor fire or in her kitchen to heat-treat her breast milk. However, field studies are urgently needed to determine the feasibility of in-home flash-heating of breast milk.

**Learning Objective 5:** Describe the role of the Community Worker who has training in IYCF, but not in PMTCT

**Methodology:** Brainstorming

**Suggested Time:** 15 minutes

#### Instructions for Activity:

1. Ask the groups to identify the role of the IYCF Counsellor
2. After discussion, show prepared flipchart on the role of the IYCF counsellor
3. Compare the responses with list previously prepared
4. Discuss and summarize

**Role of the Community Worker** (What do CWs trained in IYCF but not trained in PMTCT need to know and do?):

- Explain the benefits of ARVs, both for the mother's health if she needs them and for preventing transmission of HIV to her baby

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<sup>4</sup> Israel-Ballard K et al. Flash heat inactivation of HIV-1 in human milk. A potential method to reduce postnatal transmission in developing countries. J Acquir Immun Defic Syndr 45 (3): 318-323, 2007

- Support HIV-infected women to go to a health facility that provides ARVs
- Reinforce the ARV message at all contact points
- ‘Know the facts; become educated’
- Where national policy is exclusively breastfeeding:
  - Recommend breastfeeding practices (See *Participant Materials 5.2: Recommended breastfeeding practices and possible counselling discussion points*)
  - Identify breast conditions of the HIV-infected mother and refer for treatment
- Only where national policy is exclusively replacement feeding:
  - No mixed feeding
  - No dilution of formula
  - Help mother read instructions on formula tin
  - Make sure mother is preparing formula correctly, feeding with a cup and not a bottle, washing hands and cleaning utensils properly
- Refer to health facility if HIV-infected mother changes feeding option or no longer meets the requirements for her chosen feeding option

**Optional:**

Discuss the importance of HIV testing and counselling for the mother and for the infant (at 6 weeks)

**Methodology:** Brainstorming

**Instructions for Activities:**

**A. Importance of testing and counselling for the mother:**

1. Ask Participants to brainstorm the importance of HIV testing and counselling for the mother
2. Probe until the following reasons are presented:
  - HIV counselling and testing forms the first step to prevention, care, treatment (including anti-retroviral treatment) and support
  - Encourages more people to be tested and to reduce the stigma surrounding HIV testing.
  - Increases the number of people who know they are infected.
  - Helps prevent further HIV transmission.
  - For those not infected with HIV - promotes behaviour change towards "safe sex" and hence its importance for HIV prevention.
  - Allows for management of infections like pneumonia and tuberculosis
  - Allows for ARVs (prevention drugs) during pregnancy and breastfeeding
  - Allows for ART (treatment drugs) for the mother's own health if she needs it

**B. Importance of early testing for the infant (at 6 weeks)**

1. Ask Participants to brainstorm responses to the question: Why is HIV counselling and testing important for the infant?
2. Probe until the following reasons are presented:
  - Allows for early diagnosis of an HIV-infected child
  - HIV-infected child can then be treated early with anti-retroviral drugs (ARVs), which improves chances of survival
  - HIV-infected child should be breastfed to 2 years or beyond and can be breastfed with confidence, as this helps protect the child from malnutrition and illness like diarrhoea
  - If the child is negative, the mother continues to implement the feeding option she has chosen to give the best chance of HIV-free survival and reduced death and sickness: breastfeeding and ARVs, breastfeeding, no breastfeeding
3. Discuss and summarize.

## SESSION 18. INTEGRATING IYCF SUPPORT INTO COMMUNITY SERVICES (using CMAM as an example)

Learning Objectives	Methodologies	Training Aids
1. Identify how IYCF can be integrated into community services (using CMAM as an example)	Group work	<ul style="list-style-type: none"> <li>• <i>Participant Materials</i> 18.1: Checklist – Integration of IYCF Support into CMAM Programming</li> <li>• <b>CC 19: Monitor the Growth of your Baby Regularly</b></li> </ul>

### Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)

**Duration:** 1 hour

**Learning Objective 1:** Identify how IYCF support can be integrated into CMAM community services

**Methodology:** Group work

**Suggested Time:** 60 minutes

### Instructions for Activity:

1. Ask Participants: What different community services or programmes exist in your community?
2. Form 4 working groups of Participants
3. If CMAM is one of the community services, use CMAM as an example and ask each group to list activities/interventions that could be included to integrate IYCF support into CMAM community services
4. Ask groups to share their lists
5. After groups share, ask Participants to look at *Participant Materials* 18.1: Checklist – Integration of IYCF Support into CMAM Programming (or refer to specific page in *Participant Materials*) and review together
6. Review together CC 19: Monitor the growth of your baby regularly and *Key Message Booklet* on CC19
7. Discuss and summarize.
8. Orient Participants to Appendices:
  - Session 5a. Infant and Young Child Feeding in Emergencies
  - Session 5b: Feeding of the Sick and Malnourished Child
  - Session 5c: IYCF in the Context of CMAM

***Key Information***

**Skills, activities/interventions and materials used in integrating IYCF support into CMAM community services:**

- Use *Listening and Learning* skills, and *Build Confidence and Giving Support* skills
- Conduct *3-Step Counselling* on recommended IYCF practices
- Conduct action-oriented groups (use of stories, role-plays and visuals)
- Conduct support groups
- Use *Counselling Cards* and *Take-home Brochures*
- Conduct home visits
- Use messaging

**Materials:**

- Counselling Cards on recommended breastfeeding practices
- **CC 11: Good hygiene (cleanliness) practices prevent disease**
- **CC 12 to 16: Counselling Cards for complementary foods for each age group**
- **CC 19: Monitor the growth of your baby regularly**
- *Key Messages Booklet*
- *Take-home Brochures*
- *Participant Materials 7.1: Recommended complementary feeding practices*
- *Participant Materials 7.2: Different types of locally, available foods*
- *Participant Materials 7.3: Recommended complementary feeding practices and possible points of discussion for counselling*
- *Participant Materials 7.4: Active/Responsive Feeding for Young Children*
- See *Participant Materials 18.1: IYCF follow-up plan checklist*



## *Participant Materials* 18.1: Checklist – Integration of IYCF Support into CMAM Programming

### **1. Mobilisation and sensitisation**

- ☐ Assess community IYCF practices: breastfeeding and complementary feeding
- ☐ Analyze of data to reach feasible behaviour and counselling discussion points (or messages)
- ☐ Identify locally, available and seasonal foods
- ☐ Ensure that community know who are CWs
- ☐ Assess cultural beliefs that influence IYCF practises

### **2. Admission**

- ☐ Encourage mothers to continue breastfeeding
- ☐ Discuss any breastfeeding difficulty

### **3. Weekly or bi-weekly follow-up**

- ☐ Encourage mothers to continue breastfeeding
- ☐ Discuss any breastfeeding difficulty
- ☐ Assess age-appropriate feeding: child's age and weight, child's (usual) fluid and food intake, and breastfeeding difficulties the mother perceives
- ☐ Initiate *IYCF 3-Step Counselling* on recommended breastfeeding practices when appetite returns and/or at 4 weeks before discharge
- ☐ Conduct action-oriented group (story, drama, use of visuals)
- ☐ Facilitate IYCF support groups

### **4. Discharge (MOH)**

- ☐ Encourage mothers to continue breastfeeding
- ☐ Support, encourage and reinforce recommended breastfeeding practices
- ☐ Work with the mother/caregiver to address any ongoing child feeding problems she anticipates
- ☐ Support, encourage and reinforce recommended complementary feeding practices using locally available foods
- ☐ Encourage monthly growth monitoring visits
- ☐ Improve health seeking behaviours
- ☐ Encourage mothers to take part in IYCF support groups
- ☐ Link mother to CW

**5. Follow-up at home/community**

- ☐ Conduct ongoing and periodic IYCF monitoring at home/community/other health facilities e.g. growth monitoring
- ☐ Home visits
- ☐ MUAC screening sessions

**Contact Points to Integrate IYCF into CMAM (other than OTP) - at health facility or community outreach**

- ☐ Growth Monitoring Promotion (GMP)
- ☐ Antenatal Care (ANC) at health facility
- ☐ Stabilisation Centres (SC)
- ☐ Supplementary Feeding Programme (SFP)
- ☐ Community follow-up (CW)
  - Action-oriented group session
  - IYCF support groups

**Contact points for implementing the Essential Nutrition Actions (ENA) - at health facility or community outreach**

- ☐ At every contact with a pregnant woman
- ☐ At delivery
- ☐ During postpartum and/or family planning sessions
- ☐ At immunization sessions
- ☐ During Growth Monitoring Promotion
- ☐ At every contact with mothers or caregivers of sick children

**Other contact points**

- ☐ Special consultations for vulnerable children if available, including HIV-exposed and infected children
- ☐ Link to social protection programme if available

**And**

- ☐ Set appointment for the next follow-up visit

## SESSION 20. POST ASSESSMENT AND EVALUATION

Learning Objectives	Methodologies	Training Aids
1. Identify strengths and weaknesses of Participant's IYCF knowledge post training.	Non-written post assessment OR written post assessment	
2. Conduct evaluation of training.	Non-written evaluation – Buzz Groups OR written evaluation	

### Materials:

- Post-assessment questions for Facilitators (or for Participants in the case of a written post-assessment)
- Evaluation questions or forms

**Duration:** 1 hour

**Learning Objective 1:** Identify strengths and weaknesses of Participant's IYCF knowledge post training

**Methodology:** Non-written Post-assessment

**Suggested Time:** 30 minutes

### Instructions for Activity:

1. Explain that 12 questions will be asked, and that Participants will raise one hand (with open palm) if they think the answer is 'Yes', will raise one hand (with closed fist) if they think the answer is 'No', and will raise one hand (pointing 2 fingers) if they 'Don't know' or are unsure of the answer.
2. Ask Participants to form a circle and sit so that their backs are facing the centre.
3. One Facilitator reads the statements from the Post-assessment and another Facilitator records the answers and notes which topics (if any) present confusion.
4. Share results of pre and post-assessment with Participants and review the answers of post assessment questions.

OR

**Methodology:** Written post-assessment

1. Pass out copies of the post-assessment to the participants and ask them to complete it individually.

2. Ask participants to write their code number (previously assigned by random drawing of numbers) on the pre-assessment or a symbol of their choosing – to match both pre and post assessments).
3. Correct all the tests, identifying topics that still cause confusion and need to be addressed.
4. Share results of pre and post-assessment with Participants and review the answers of post assessment questions

***Learning Objective 2:*** Conduct evaluation of training

***Methodology:*** Non-written evaluation – Buzz Groups

***Suggested Time:*** 30 minutes

**Instructions for Activity:**

1. Ask Participants to form Buzz Groups.
2. Explain that their suggestions will be used to improve future trainings.
3. Ask the groups to discuss the following:
  - What did you like the most and the least about the methodologies used in the training?
  - What did you like about the materials?
  - What did you like about the field practise?
  - Which sessions did you find most useful?
  - What are your suggestions to improve the training?
  - Do you have any other comments?
4. Ask different Buzz Groups to respond to the questions.
5. Discuss and summarize

OR

***Methodology:*** Written evaluation

1. Distribute end-of-training evaluations to Participants and ask them to write their comments.
2. Have Participants fill the form without writing their name on it.
3. Tick the corresponding box: good, average, unsatisfactory
4. Explain that their suggestions will be used to improve future trainings.

## Post-assessment: What have we learned?

#		Yes	No	Don't know
1.	The purpose of an IYCF support group is to share personal experiences on IYCF practices.			
2.	Poor infant feeding during the first 2 years of life harms growth and brain development.			
3.	A child aged 6 up to 9 months needs to eat at least 2 times a day in addition to breastfeeding.			
4.	A pregnant woman needs to eat 1 more meal per day than usual.			
5.	At 4 months, infants need water and other drinks in addition to breast milk.			
6.	Giving ONLY information to a mother on how to feed her child is effective in changing her infant feeding practices.			
7.	A woman who is malnourished can still produce enough good quality breast milk for her baby.			
8.	The more milk a baby removes from the breast, the more breast milk the mother makes.			
9.	The mother of a sick child should wait until her child is healthy before giving him/her solid foods.			
10.	At six months, the first food a baby takes should have the texture or consistency of breast milk so that the young baby can swallow it easily.			
11.	During the first six months, a baby living in a hot climate needs water in addition to breast milk.			
12.	A young child (aged 6 up to 9 months) should not be given animal foods such as fish and meat.			
13.	A newborn baby should always be given colostrum.			
14.	An HIV-infected mother should never breastfeed.			
15.	Men play an important role in how infants and young children are fed.			

## Post-assessment: What have we learned?

#		Yes	No	Don't know
1.	The purpose of an IYCF support group is to share personal experiences on IYCF practices.	X		
2.	Poor infant feeding during the first 2 years of life harms growth and brain development.	X		
3.	A child aged 6 up to 9 months needs to eat at least 2 times a day in addition to breastfeeding.	X		
4.	A pregnant woman needs to eat 1 more meal per day than usual.	X		
5.	At 4 months, infants need water and other drinks in addition to breast milk.		X	
6.	Giving ONLY information to a mother on how to feed her child is effective in changing her infant feeding practices.		X	
7.	A woman who is malnourished can still produce enough good quality breast milk for her baby.	X		
8.	The more milk a baby removes from the breast, the more breast milk the mother makes.	X		
9.	The mother of a sick child should wait until her child is healthy before giving him/her solid foods.		X	
10.	At six months, the first food a baby takes should have the texture or consistency of breast milk so that the young baby can swallow it easily.		X	
11.	During the first six months, a baby living in a hot climate needs water in addition to breast milk.		X	
12.	A young child (aged 6 up to 9 months) should not be given animal foods such as fish and meat.		X	
13.	A newborn baby should always be given colostrum.	X		
14.	An HIV-infected mother should never breastfeed.		X	
15.	Men play an important role in how infants and young children are fed.	X		

## End-of-Training Evaluation

Place a  $\checkmark$  in the box that reflects your feelings about the following:

	Very Good	Good	Unsatisfactory
Training objectives			
Methods used			
Materials used			
Field Practise			

1. Which sessions did you find most useful?
2. Which sessions did you find least useful?
3. What are your suggestions to improve the training?

Other comments:

## **APPENDICES**



## APPENDIX 1: Seven Steps in Planning a Training/Learning Event

**Who:** The learners (think about their skills, needs and resources) and the facilitator(s)/trainer(s)

**Why:** Overall purpose of the training and why it is needed

**When:** The time frame should include a precise estimate of the number of learning hours and breaks, starting and finishing times each day and practicum sessions

**Where:** The location with details of available resources, equipment, how the venue will be arranged and practicum sites

**What:** The skills, knowledge and attitudes that learners are expected to learn—the content of the learning event (keep in mind the length of the training when deciding on the amount of content)

**What for:** The achievement-based objectives—what participants will be able to do after completing the training

**How:** The learning tasks or activities that will enable participants to accomplish the “what for”.

### **Note:**

- In order to facilitate the hands-on practical nature of the field site visits, ideally, no more than five-seven Participants should accompany each Facilitator in any one field practical session.
- Provide sufficient time for transport to and from field sites.
- Programme time for debriefing and discussion of site visits.
- Be aware of the schedules of the sites you are visiting.

## APPENDIX 2: Roles and Responsibilities Before, During and After Training

Personnel	Before training	During training	After training
<b>Management<sup>5</sup></b>	<ul style="list-style-type: none"> <li>Identify the <b>results</b> wanted</li> <li>Assess needs and priorities (know the problem)</li> <li>Develop strategy to achieve the results including refresher trainings and follow-up</li> <li>Collaborate with other organizations and partners</li> <li>Establish and institutionalize an on-going system of supportive supervision or mentoring</li> <li>Commit resources</li> <li>Take care of administration and logistics</li> </ul>	<ul style="list-style-type: none"> <li>Support the activity</li> <li>Keep in touch</li> <li>Receive feedback</li> <li>Continuously monitor and improve quality</li> <li>Motivate</li> <li>Management presence demonstrates involvement (invest own time, effort)</li> </ul>	<ul style="list-style-type: none"> <li>Mentor learner</li> <li>Reinforce behaviours</li> <li>Plan practice activities</li> <li>Expect improvement</li> <li>Encourage networking among learners</li> <li>Be realistic</li> <li>Utilize resources</li> <li>Provide supportive on-going supervision and mentoring</li> <li>Motivate</li> <li>Continuously monitor and improve quality</li> </ul>

<sup>5</sup> Management includes stakeholders, ministries, organizations, and supervisors/mentors

Personnel	Before training	During training	After training
<b>Facilitator</b>	<ul style="list-style-type: none"> <li>• Know audience (profile and number of learners)</li> <li>• Design course content (limit content to ONLY what is ESSENTIAL to perform)</li> <li>• Design course content to apply to work of learners</li> <li>• Develop pre- and post-assessments, guides, and checklists</li> <li>• Select practice activities, blend learning approaches and materials</li> <li>• Prepare training agenda</li> </ul>	<ul style="list-style-type: none"> <li>• Know profile of learners</li> <li>• Specify the jobs and tasks to be learned</li> <li>• Foster trust and respect</li> <li>• Use many examples</li> <li>• Use adult learning</li> <li>• Create practice sessions identical to work situations</li> <li>• Monitor daily progress</li> <li>• Use problem-centred training</li> <li>• Work in a team with other facilitators</li> <li>• Adapt to needs</li> </ul>	<ul style="list-style-type: none"> <li>• Provide follow up refresher or problem-solving sessions</li> </ul>
<b>Learner</b>	<ul style="list-style-type: none"> <li>• Know purpose of training and roles and responsibilities after training (clear job expectations)</li> <li>• Expect that training will help performance</li> <li>• Have community volunteers “self-select”</li> <li>• Bring relevant materials to share</li> </ul>	<ul style="list-style-type: none"> <li>• Create an action plan</li> <li>• Provide examples to help make the training relevant to your situation (or bring examples to the training to help develop real solutions and include findings from formative research conducted in your area to identify relevant examples)</li> </ul>	<ul style="list-style-type: none"> <li>• Know what to expect and how to maintain improved skills</li> <li>• Be realistic</li> <li>• Practise to convert new skills into habits</li> <li>• Accountable for using skills</li> </ul>
<b>Management and facilitator</b>	<ul style="list-style-type: none"> <li>• Establish selection criteria</li> <li>• Establish evaluation criteria</li> <li>• Establish criteria for adequate workspace, supplies, equipment, job aids</li> <li>• Specify the jobs and tasks to be learned</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> <li>• Monitor performance</li> </ul>
<b>Management and learner</b>	<ul style="list-style-type: none"> <li>• Conduct situational analysis of training needs</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> <li>• Monitor performance</li> </ul>

Personnel	Before training	During training	After training
<b>Management and facilitator and learner</b>	<ul style="list-style-type: none"> <li>• Conduct needs assessment</li> <li>• Establish goals</li> <li>• Establish objectives</li> <li>• Identify days, times, location (WHEN, WHERE)</li> <li>• Establish and commit to system of on-going supervision or mentoring</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> <li>• Monitor performance</li> <li>• Commit to system of on-going supervision or mentoring</li> </ul>
<b>Facilitator and learner</b>	<ul style="list-style-type: none"> <li>• Needs assessment feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Provide feedback</li> <li>• Evaluate</li> </ul>

## APPENDIX 3: List of Materials for Training of Trainers

### Training Room Set-up:

- Facilitators and Participants seated in circle (without tables)
- Tables (6-8) scattered around edge of room for group work and facilitation preparation
- Ideally: wall space for hanging flipchart material

### Materials:

- *Facilitator's Guide*: 1 per Facilitator
- *Training Aids*: 2 per training
- *Participant Materials*: 1 per counsellor/Participant
- Set of *Counselling Cards*: 1 per Facilitator and 1 per Participant
- *Key Messages Booklet*: 1 per Facilitator and 1 per Participant
- *Take-home Brochures*: 1 per Facilitator and 4 per Participant
- Name card materials: [e.g., hard paper, punch, safety pins]
- Skills Assessment Self-Rating forms
- VIPP cards, various sizes (or stiff coloured paper)
- Flipchart paper, flipchart stands: 4
- Markers: black, blue, green; a few red
- Masking tape or sticky putty, glue stick, stapler, staples, scissors
- Large envelopes for Individual Session preparation materials
- Behaviour Change Case Studies
- Dolls (life-sized); or bath towels and rubber bands: 1 for every two Participants
- 3 clear glasses (identical size)
- Local bowls and utensils/spoons
- Different types of locally available foods
- Local cups (examples, including one 250 ml)
- Counselling Case Studies
- Small sets HIV activity cards
- Certificate (requirements)

### Practicum Sessions:

- Transport arrangements
- Additional copies of Tools:
  - *Participant Materials* 10.1: IYCF Assessment of Mother/Child Pair
  - *Participant Materials* 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair
  - *Participant Materials* 13.3: Observation Checklist for IYCF Support Groups
  - *Participant Materials* 13.4: IYCF Support Group Attendance
  - *Participant Materials* 14.1: Observation Checklist on How to Conduct a Group Session: Story, Drama, or Visual, applying the steps Observe, Think, Try, and Act

### Counselling Seating:

- Mats, chairs or both

### In-country partners/stakeholders:

- *Planning & Adaptation Guide*: 1 per partner and stakeholder

## APPENDIX 4: 3- Day Training – Community IYCF Counselling Package

TIME	DAY 1	DAY 2	DAY 3
08:15–08:30	<b>Session 1</b> Introductions, pre-assessment, group norms, expectations and objectives	<b>DAILY REVIEW</b>	
08:30–10:30	<b>Session 2</b> Why IYCF matters	<b>Session 7</b> Recommended IYCF practices: complementary feeding for children from 6 up to 24 months  <b>Session 8</b> Complementary foods for children from 6 up to 24 months  <b>Session 9</b> Complementary Feeding Beliefs	<b>Session 13</b> <b>Field Visit</b> <ul style="list-style-type: none"> <li>IYCF Assessment of mother/child pair</li> </ul>
10:30–10:45	<b>T E A   B R E A K</b>		
10:45–12:45	<b>Session 3</b> Breastfeeding Beliefs  <b>Session 4</b> Part I: How to Counsel <ul style="list-style-type: none"> <li><i>Listening and Learning</i> skills</li> <li>Behaviour change steps</li> </ul>	<b>Session 10</b> <ul style="list-style-type: none"> <li>Part II: How to Counsel, Problem Solve, Reach-an-agreement               <ul style="list-style-type: none"> <li><i>IYCF 3-Step Counselling</i></li> <li><i>Building Confidence and Giving Support</i> skills</li> </ul> </li> <li>Use of IYCF assessment form for mother/child pair</li> </ul>	<b>Session 13</b> Feedback from field visit

<b>TIME</b>	<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>
12:45– 13:45	<b>L U N C H</b>		
13:45– 15:45	<b>Session 5</b> Recommended IYCF practices: Breastfeeding  <b>Session 6</b> How to breastfeed <ul style="list-style-type: none"> <li>• How the breast works</li> <li>• Good positioning and attachment</li> </ul>	<b>Session 11</b> Common Breastfeeding Difficulties  <b>Session 15</b> Women’s Nutrition	<b>Session 16</b> Feeding of the sick child  <b>Session 17</b> Infant feeding in the context of HIV
15:45– 16:00	<b>T E A B R E A K</b>		
16:00– 16:30	<b>Session 6</b> cont’d	<b>Preparation for Field visit</b>	<b>Session 20</b> Post-assessment and Evaluation

## APPENDIX 5a: 3-Day Training – IYCF Support into Emergency Activities

TIME	DAY 1	DAY 2	DAY 3
08:15–08:30	<b>Session 1</b> Introductions, pre-assessment, group norms, expectations and objectives	<b>DAILY REVIEW</b>	
08:30–10:30	<b>Session 5</b> Recommended IYCF practices: Breastfeeding	<b>Session 10</b> <ul style="list-style-type: none"> <li>Part II: How to Counsel, Problem Solve, Reach-an-agreement <ul style="list-style-type: none"> <li><i>IYCF 3-Step Counselling</i></li> <li><i>Building Confidence and Giving Support skills</i></li> </ul> </li> <li>Use of IYCF assessment form for mother/child pair</li> </ul>	<b>Session 13 Field Visit</b> <ul style="list-style-type: none"> <li>IYCF Assessment of mother/child pair</li> </ul>
10:30–10:45	<b>T E A   B R E A K</b>		
10:45–12:45	<b>Session 6</b> How to breastfeed: Good positioning and attachment  <b>Session 7</b> Recommended IYCF practices: complementary feeding for children from 6 up to 24 months	<b>Session 5C</b> IYCF support in the context of CMAM	<b>Session 13</b> Feedback from field visit



<b>TIME</b>	<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>
12:45– 13:45	<b>L U N C H</b>		
13:45– 15:45	<b>Session 5A</b> Infant Feeding in Emergencies  <b>Session 5B</b> Feeding of the Sick and Malnourished Child	<b>Session 11</b> Common Breastfeeding Difficulties  <b>Session 17</b> Infant feeding in the context of HIV	<b>Planning</b> Organization and follow-up of IYCF activities
15:45– 16:00	<b>T E A   B   R E A   K</b>		
16:00– 16:30	<b>Session 5B</b> (cont'd)	<b>Preparation for Field visit</b>	<b>Session 20</b> Post-assessment and Evaluation

## SESSION 5A. INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES

Learning Objectives	Methodologies	Training Aids
2. Describe the risks and challenges to feeding infants and young children in emergencies	<ul style="list-style-type: none"> <li>Brainstorming in working groups</li> </ul>	Handout 4A: IYCF in Emergencies: Priority Information for Community Workers
3. Identify key measures necessary to support infant and young child feeding in emergencies <ul style="list-style-type: none"> <li>Recommended infant and young child feeding practices in emergencies</li> <li>Simple measures to meet the needs of mothers, infants and young children</li> </ul>	<ul style="list-style-type: none"> <li>Group work</li> <li>Rotation of flip charts</li> </ul>	
4. Role of Community Workers in protecting, promoting and supporting appropriate infant and young child feeding practices	<ul style="list-style-type: none"> <li>Buzz groups</li> </ul>	

### Materials:

- Flipchart papers and stand (+ markers + masking tape)

### Advance Preparation:

- Adapt case study to reflect emergency conditions that might occur in the area(s) from which training participants come
- Flipchart with following instructions/questions:
  - ADD TO the global breast- and complementary feeding recommendations any emergency-specific feeding recommendations
  - What simple measures can meet the needs of mothers, infants and young children in an emergency?
  - What could you do to deal with beliefs that may interfere with infant and young child feeding?

**Duration:** 1½ hours

**Learning Objective 1:** Describe the risks and challenges to feeding infants and young children in emergencies

**Methodology:** Brainstorming in working groups

**Instructions for Activity**

1. Facilitator reads the case study to large group
2. Divide Participants into 4 groups. Ask groups to brainstorm and list the risks to infants and young children in emergencies as they move from table to table (with flipchart paper that has at the top a picture(s) showing different aspects of emergencies to help stimulate additional ideas about risks in different environments). Include beliefs that may interfere with feeding practices during emergencies.
3. Each group has 3 minutes at each flipchart to write as many points as they can think of (without repeating those already listed); the groups then rotate to the next flipchart and continue with the exercise
4. In large group, ask each working group to read out the points listed on the flipchart next to them.
5. Discuss and summarize in large group. Facilitator helps to fill in gaps.

**Key Information**

**Sample Case Study:**

One year old Mahmoud is living with his family in a makeshift camp along a roadside in a contested area along the Pakistan-Afghanistan border. The 17 families have been displaced for over 1 month when severe flooding ravaged their home area. They fled together, spending 5 days walking toward the nearest large town, living in open field and eating whatever they could forage.

Mahmoud and his seven siblings, all under the age of nine, now huddle beneath a blanket extended over a mud flood. Mahmoud holds an empty feeding bottle. Flies swarm all over the children. The stench of human and animal waste is overwhelming in the hot, humid air. There is no sanitation, just shallow, open ditches of raw sewage that attract flies and mosquitoes.

There is little else in the tent: only one cooking pot, a few cushions and two pieces of children's clothing. There is no food today – and no milk for Mahmoud, who is crying with hunger. 'It has been a month since he had any milk', says his mother, who is holding her infant twins. On a good day, when Mahmoud's father can compete with the others for handouts from passers-by, the children eat once a day, usually in the evenings.

The children appear malnourished. Their skin has red spots, and their thin hair is coming out in clumps. Their mother is pleading to the world: 'Our children are dying of hunger. Isn't there any way we can be helped with food?'

### **Risks to infants and young children in emergencies.**

**NOTE:** The youngest babies are at the greatest risk of becoming sick or malnourished, or even dying.

- Separation from mother and family
  - Lack of shelter
  - Insecurity and lack of privacy
  - Contaminated environment, dirty water, poor sanitation
  - Lack of sufficient, familiar, and nutritious food
  - Poor availability of fuel, cooking equipment
  - Lack of health care
  - Being artificially fed
  - Little experience in IYCF support among emergency-assisting community
  - Beliefs held by either the emergency-affected community or the emergency-assisting community (about the impact of emergency-related factors – e.g., food quality and quantity; stress; rape) that may interfere with the feeding of infants and young children.
- See #3 under *Key Information: Learning Objective 2.*

***Learning Objective 2:*** Identify key measures necessary to support infant and young child feeding in emergencies

***Methodology:*** Group Work: Rotation of flipcharts

#### **Instructions for Activity**

1. Participants remain in the same 4 groups. Facilitators draw attention to flipcharts or cards previously posted that list the global breastfeeding and complementary feeding recommendations.
  - Provide a flipchart paper to each group to answer the following instructions/questions:
  - ADD TO the global breast- and complementary feeding recommendations any emergency-specific feeding recommendations
  - What simple measures can meet the needs of mothers, infants and young children in an emergency?
  - What could you do to deal with beliefs that may interfere with infant and young child feeding?
2. One group presents their results; other groups add additional points
3. Orient Participants to Handout 4A: IYCF in Emergencies – Priority Information for Community Workers
4. Discuss and summarize in large group. Facilitator helps to fill in the gaps [framing the discussion around ‘what can be done to support mothers/caregivers to care for their children in emergency situations’]

## ***Key Information***

### **Risks to infants and young children in emergencies**

**NOTE:** The youngest babies are at the greatest risk of becoming sick or malnourished, or even dying.

- Separation from mother and family; orphaned
- Lack of shelter
- Insecurity and lack of privacy
- Contaminated environment, dirty water, poor sanitation
- Lack of sufficient, familiar, and nutritious food
- Poor availability of fuel, cooking equipment
- Lack of health care
- Being artificially fed
- Little experience in IYCF support among emergency-assisting community
- Beliefs held by either the emergency-affected community or the emergency-assisting community (about the impact of emergency-related factors – e.g., food quality and quantity; stress; rape) that may interfere with the feeding of infants and young children.

See *Handout 4A: IYCF in Emergencies - Priority Information for Community Workers*

***Learning Objective 3:*** Role of Community Workers in protecting, promoting and supporting recommended infant and young child feeding practices in emergencies

***Methodology:*** Buzz Groups

#### **Instructions for Activity**

1. Ask Participants to form groups of 3 with their neighbours
2. Ask Participants the question: What can Community Workers do to protect, promote and support recommended IYCF practices in emergencies?
3. Ask groups to list possible roles of Community Workers in emergencies
4. Ask 1 group to share and others to add only additional information
5. Probe until the points in 'Key Information' are mentioned
6. Discussion and summarize

## ***Key Information***

### **Role of Community Workers**

Objective: to improve the delivery of preventive and curative health care in emergencies

- Give access to individuals unfamiliar with health care system in emergency context (e.g., help mobilize communities)
- Help identify malnourished children; monitor health and nutritional status
- Help with client-provider communication
- Provide cultural linkages and social support; overcome distrust; act as role model and advocate; as necessary, change personal behaviour to reflect role
- Encourage adherence to health recommendations and medical care

### **Activities**

- Assess breastfeeding and complementary feeding practices (as part of IYCF 3-Step Counselling)
- Provide counselling on breastfeeding and complementary feeding in “counselling corners”, “baby tents”, temporary health clinics or outreach/house to house activities; also form and strengthen Support Groups and conduct action-oriented group sessions
- Conduct MUAC screening to find severely malnourished children
- Sensitize community members and community leaders on the life-saving benefits and importance of breastfeeding and the risks of artificial feeding
- Monitor formula donations and distributions in the community and alert health workers and NGO staff
- Help to identify those children who are orphaned or unaccompanied and who need help with artificial feeding
- Teach and help caregivers to feed non-breastfed infants safely with formula

## Handout 5A: Infant Feeding in Emergencies - Priority Information for Community Workers

### 1. Recommended infant and young child feeding practices in emergencies (ADDITIONS to global recommendations in bold)

#### *Breastfeeding practices*

- The most effective way of protecting babies from illness, malnutrition and death is to breastfeed them.
- Breast milk gives baby the best and safest food and enough water, and helps to fight illness.
- All newborns should be put to the breast within 1 hour of birth. This will safeguard the health of both the mother and the infant.
- Babies under 6 months should not be given anything except breast milk. Giving a baby under 6 months water, breast milk substitutes (whether infant formula, milk or milk powders, teas) or solid food under emergency circumstances is dangerous. It can cause diarrhoea and can be fatal.
- Exclusive **breastfeeding guarantees food and fluid security** for infants less than 6 months and provides active immune protection.
- Children over 6 months should continue to breastfeed until at least 2 years.
- Continued breastfeeding to 2 years and beyond contributes to the food and fluid security of the young child; it is especially important in contexts where water, sanitation and hygiene conditions are poor, and where **breast milk is likely to be the most nutritious and accessible food available for the young child** in emergency situations.

#### *Complementary feeding practices*

- Appropriate complementary foods should be introduced at 6 months and breastfeeding continued to 2 years and beyond
  - **the general food ration should contain commodities that are suitable as complementary foods for young children** – for example ready-to-use complementary foods and supplementary foods appropriate for children from 6 up to 24 months of age
  - when possible, add inexpensive, locally available foods (special attention should be given to animal-source foods)
  - **a micronutrient fortified blended food** (e.g., corn soya blend, wheat soya blend) **should be included in the general ration for older infants/young children when a population is dependent on food aid**
  - **additional nutrient-rich ready-to-use foods may be provided in supplementary feeding programmes or in ‘blanket’ feeding programmes to targeted age-groups**, especially those aged from 6 up to 24 months
  - **multi-micronutrient powders can be added to the local foods or general food rations** given to children aged 6 months to 5 years and to pregnant and lactating women
  - the food should be prepared and given to the baby or young child hygienically

- **Ready-to-use therapeutic food is a type of medicine** food that is used in the treatment of severe acute malnutrition but is **not an infant complementary food**.

## 2. Simple measures to meet the needs of mothers, infants and young children in an emergency

- Ensure that mothers have priority access to food, water, shelter, security, medical care
- Register households with children less than 2 years.  
Registration may require outreach to homes, camps for displaced people or other sites to find emergency-affected populations.
- Register (within 2 weeks of delivery) mothers of all newborn infants.  
This helps to ensure they receive the additional household food rations for lactating mothers and children of complementary feeding age.
- Divide mothers/caregivers of infants less than 1 year into groups needing different types of help: Basic Aid/Basic Support and More Skilled Help. Using assessment skills, identify infants who require immediate referral for urgent, life-saving support, and those who will receive assessment for infant and young child feeding status.
- Basic Aid: provide general information and support to:
  - Ensure that suckling is effective
  - Build mother's confidence and help milk flow
  - Provide information on how increase milk production
  - Encourage age-appropriate feeding
  - Highlight the risks of artificial feeding, including mixed feeding
- Skilled Help for low birth weight (LBW) infants; babies visibly thin or underweight; babies who refuse breast; for malnourished mothers who need help with breastfeeding; for mothers who are traumatized or rejecting their infants, and for caregivers of babies without mothers or separated from their mothers. Groups of mothers/caregivers with similar problems may be formed, e.g.:
  - Mothers who need help to increase their breast milk production
  - Mothers no longer breastfeeding who want to relactate
  - Wet nurses to provide feeding for infants with no other source of breast milk; in many emergency contexts, the benefits to child survival of wet-Nursing may outweigh the risks of HIV transmission and this option should be considered where local assessment shows that wet nursing is acceptable and government approves
  - Caregivers who require support to safely artificially feed (in a separate site)
- Provide secure and supportive places (designated shelters, baby corners or mother-baby tents, child-friendly spaces) for mother/caregivers of infants and young children. This offers privacy for breastfeeding mothers (important for a displaced population or those in transit) and enables access to basic IYCF and peer-to-peer support.
- Integrate breastfeeding support, including individual counselling and help with difficulties, in key services: e.g., antenatal and reproductive health activities, early childhood development and psychosocial services, selective feeding programmes).



- Protect and support the nutritional, physical and mental health of pregnant and lactating women
- Include infant and young child feeding in early, rapid assessment.
- Involve experts in analysis to help identify priority areas for support and any need for further assessment
- Stop donations of breast milk substitutes and prevent the donations being distributed to the general population ('spillover' phenomenon).
- Involve local/national breastfeeding

### 3. Information to address beliefs that interfere with infant and young child feeding in emergencies.

Belief	Explanation
<p>Milk quantity or quality is affected by disasters that cause great stress (earthquake, flood, tsunami, drought, conflict, displacement)</p> <p>Stress will make a mother's milk dry up.</p> <p>Stress will make the milk go bad.</p>	<ul style="list-style-type: none"> <li>• It is not true that stress makes milk dry up or go bad. A hand or shoulder massage can help the mother feel less stressed and will help her breast milk flow more easily when she breastfeeds. A safe, quiet and private space with supportive counsellors and peers can also help.</li> <li>• Stressful or traumatic situations can interfere with when or how often a mother feeds her baby. If a mother breastfeeds less frequently, she will produce less breast milk.</li> <li>• Babies and young children may be disturbed by stressful situations and become difficult to settle down for feeding. But both mothers and babies will be reassured by more breastfeeding.</li> <li>• More frequent breastfeeds will help the mother make more milk if she is concerned she doesn't have enough. Keeping the baby close, day and night, will reassure the baby and help the mother breastfeed more and thus make more milk.</li> </ul>
<p>Mothers must have enough or the right kind of food or water to produce good breast milk.</p>	<ul style="list-style-type: none"> <li>• No special foods are needed to produce good quality breast milk.</li> <li>• Many nutrients in breast milk are not affected by maternal nutritional status (including iron and vitamin D).</li> <li>• Even malnourished mothers can breastfeed. Only the most severely malnourished will face some problems to breastfeed well.</li> <li>• The additional rations distributed to breastfeeding women will be used for the mother's own nutrition while she continues to breastfeed, protecting her baby from diarrhoea. Some nutrients will be deficient in breast milk (most importantly, B vitamins, vitamin A and iodine); therefore, maternal supplementation will benefit the nursing child as well.</li> </ul>
<p>A woman who has been raped cannot breastfeed.</p>	<p>The experience of violence does not spoil breast milk or the ability to breastfeed. However, all traumatized women need special attention and support. There may be traditional practices that restore a woman's readiness to breastfeed after sexual trauma.</p>
<p>If a mother has been breastfeeding her baby and giving infant formula or other</p>	<p>The mother can return to exclusive breastfeeding. She can increase her milk supply by reducing the amount of formula given to her baby</p>

<b>Belief</b>	<b>Explanation</b>
<p>milks, she cannot return to exclusive breastfeeding.</p> <p>If a mother has stopped breastfeeding, she cannot start again.</p>	<p>and by breastfeeding more frequently.</p> <p>The mother can return to breastfeeding. Letting the baby suckle at the breast will start the milk flowing again. It may take a few days to a couple of weeks for there to be enough breast milk, depending on how long it has been since she stopped.</p>
<p>The most urgent and important need in an emergency is to give formula to babies.</p>	<p>This is not true. The most important action is to protect and support breastfeeding. Formula is not needed except in a small number of cases where the baby has no possibility to be breastfed, like orphaned and unaccompanied children. Formula is very risky for babies in an emergency. The dirty water, bottles and other utensils cause diarrhoea and malnutrition and the baby might die. The supplies might run out. Breast milk doesn't run out, is safe and is the best food for the baby.</p>

## SESSION 5B: FEEDING OF THE SICK AND MALNOURISHED CHILD

Learning Objectives	Methodologies	Training Aids
1. Describe the relationship between illness, recovery and feeding.	<ul style="list-style-type: none"> <li>Brainstorming</li> <li>Interactive presentation</li> </ul>	
2. Name the practices for feeding the sick child.	<ul style="list-style-type: none"> <li>Group work with rotation of flip charts</li> </ul>	<ul style="list-style-type: none"> <li><b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> <li><b>CC 17: Feeding the sick baby less than 6 months of age</b></li> <li><b>CC 18: Feeding the sick child more than 6 months of age</b></li> <li><b><i>Key Messages Booklet</i></b></li> </ul>
3. Recognize the signs of severe acute malnutrition.	<ul style="list-style-type: none"> <li>Brainstorming</li> </ul>	<ul style="list-style-type: none"> <li>Two pictures/illustrations of malnourished children: a very thin child, and a swollen child</li> <li><b>CC 19: Regular growth promotion and monitoring</b></li> <li><b><i>Key Messages Booklet</i></b></li> </ul>
4. Describe home management of the sick child, and ‘When to bring your child to the health facility	<ul style="list-style-type: none"> <li>Brainstorming</li> </ul>	<ul style="list-style-type: none"> <li><b>CC 24: When to bring your child to the health facility</b></li> <li><b><i>Key Messages Booklet</i></b></li> </ul>

### Materials

- Flipchart papers (+ markers + masking tape)
- Two pictures/illustrations of undernourished children: a very thin child, and a swollen child

**Duration:** 2 hours

**Learning Objective 1:** Describe the relationship between illness, recovery and feeding

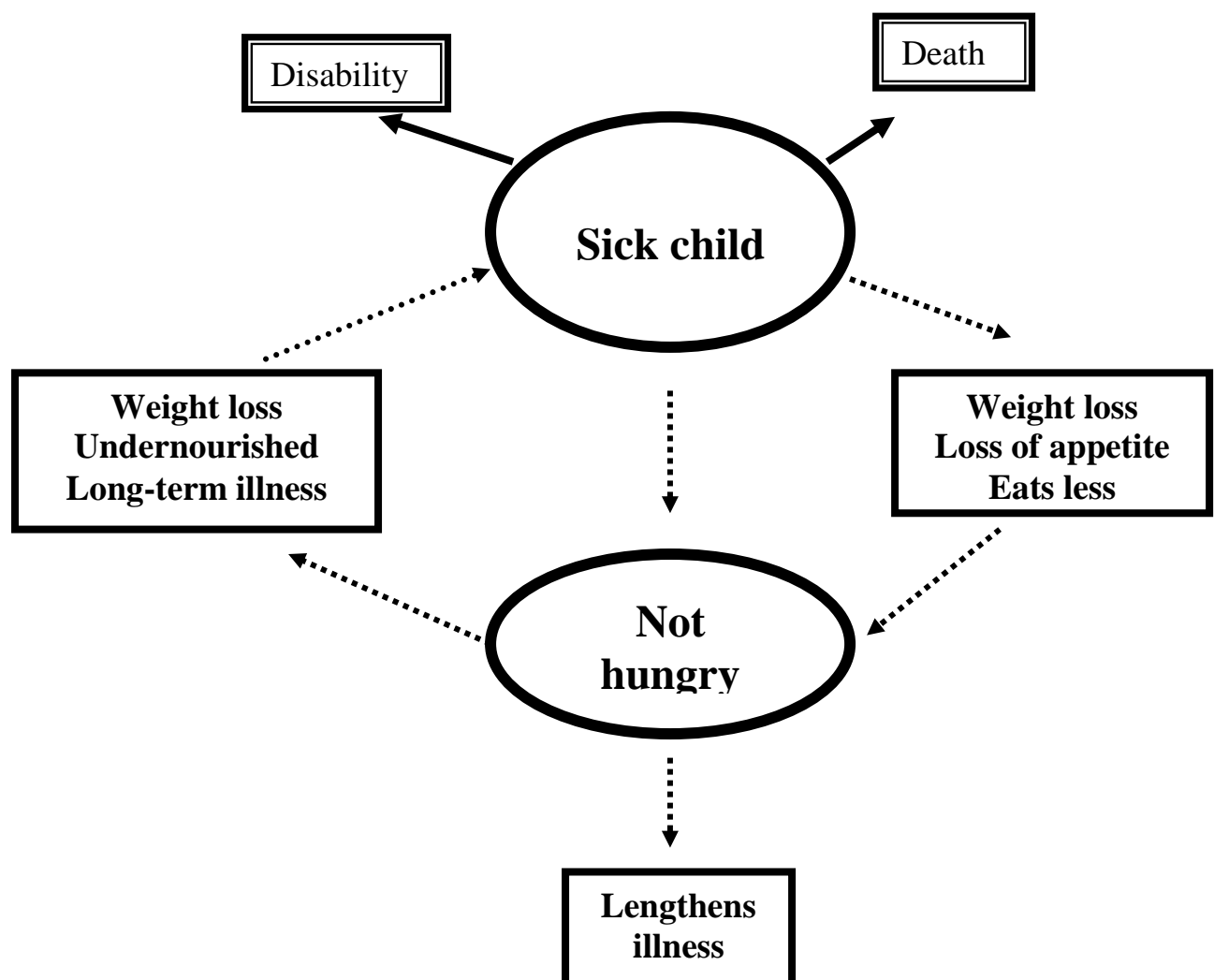
**Methodology:** Brainstorming; Interactive Presentation

**Instructions for Activity**

1. Ask Participants what is the relationship between feeding and illness
2. Compare answers with 'Relationship between feeding and illness' described below
3. Ask Participants what the sick child feeding practices are in their community
4. Discuss and summarize

**Key Information**

**Relationship between illness and feeding**



*Relationship between feeding and illness*

- A sick child (diarrhoea, ARI, measles, fever) usually does not feel like eating.
- But he or she needs even more strength to fight sickness.
- Strength comes from the food he or she eats.
- If the child does not eat or breastfeed during sickness, he or she will take more time to recover.
- The child is more likely to suffer long-term sickness and malnutrition that may result in a physical or intellectual disability. The child takes more time to recover, or the child's condition may worsen; he or she might even die.
- Therefore, it is very important to encourage the sick child to continue to breastfeed or drink fluids and eat during sickness, and to eat even more during recuperation in order to quickly regain strength.

***Learning Objective 2:*** Name the practices for feeding the sick child

***Methodology:*** Group Work

**Instructions for Activity:**

9. Set-up 4 flipcharts throughout the room and divide participants into 5 groups; each group will spend 3 minutes at each flipchart answering the following:
  - a) How to feed a child less than 6 months old during illness
  - b) How to feed a child less than 6 months old after illness
  - c) How to feed a child older than 6 months during illness
  - d) How to feed a child older than 6 months after illness
10. Groups do not repeat the same information, but only add new information.
11. After 3 minutes the groups rotate to another flipchart
12. Each team presents to large group
13. Ask groups to observe and study **CC 17: Feeding the sick baby less than 6 months of age**, **CC 18: Feeding the sick child more than 6 months of age**, and to review **CC 11: Good hygiene (cleanliness) practices prevent disease**
14. Orient Participants to Key Messages from ***Key Messages Booklet***
15. Discuss and summarize

***Key Information***

- See counselling discussion points/messages on **CC 17: Feeding the sick baby less than 6 months of age**
- See counselling discussion points/messages on **CC 18: Feeding the sick child more than 6 months of age**
- See counselling discussion points/messages on **CC 11: Good hygiene (cleanliness) practices prevent disease**

### ***Learning Objective 3:*** Recognize the signs of severe acute malnutrition

***Methodology:*** Brainstorming

#### **Instructions for Activity**

1. Ask Participants: What happens to the child with acute malnutrition?
2. On the wall tape 2 pictures of malnourished children: a very thin child, and a swollen child
3. Ask participants to describe the conditions in the pictures
4. Ask Participants: what should the community worker (CW) do?
5. Refer to **CC 19: Regular growth monitoring and promotion** and review counselling points for discussion/messages
6. Orient Participants to Key Messages from ***Key Messages Booklet***
7. Show MUAC tapes used in a local CMAM programme (where there is a CMAM programme)
8. Discussion and fill-in gaps

### ***Key Information***

- Children can become acutely malnourished if they have too little food in combination with a lot of disease. This can happen both during “abnormal” situations of severe food shortages and emergencies, and also in “normal” situations, for example as a result of poor feeding and care practices, poverty, frequent illness and lack of health care.
- Some young children will develop severe acute malnutrition. They may become very thin or have swollen body parts.
- Children are often assessed for acute malnutrition by looking for signs of severe thinness by measuring their mid-upper arm circumference with a special coloured tape called a MUAC tape and by looking for oedema or swelling in both legs or feet (or other sites).
- Children with either extreme thinness or swelling (or a combination of both) require immediate care.

#### ***Very thin children***

Very thin children often show other specific clinical manifestations including:

- Severe weight loss
- Ribs stick out
- Arms and legs look very thin (wasted, flabby muscles)
- Buttocks look wrinkled (‘baggy pants’)
- May have sunken eyes
- Mild skin and hair changes
- May have Increased appetite (eats greedily)
- Mood change (irritable)

### *Children with swelling*

- Swelling (oedema, pitting type) on both of the lower limbs but can also be located on the child's hands, face, eyelids, belly or it can spread to the whole body. Oedema means the body collects too much fluid.
- Loss of appetite
- Lack of interest in surroundings, no energy
- Mood change (irritable)
- Hair changes (straightening of hair and presence of different colour bands of the hair indicating periods of good and poor nourishment (flag sign). Straightening of hair at the bottom and curling on the top giving an impression of a forest (Forest sign) and brittle, thinning and easily pluckable hair.
- In severe cases, there may be changes to the skin (skin flakes and peels off, sores, infections)
- Children with swelling are at great risk of death.

### *What should the community worker do?*

When a child with severe thinness or swelling is identified in the community, refer the mother to the nearest health facility, to a Community-based Management of Acute Malnutrition (CMAM) site, or a Therapeutic Feeding Centre.

**Learning Objective 4:** Describe home management of the sick child, and signs that require mother/caregiver/ family to seek care

**Methodology:** Brainstorming

#### **Instructions for Activity**

1. On 4 different flipcharts write one of the following topics: 1) prevention of diarrhoea, 2) management of child with diarrhoea, 3) signs of severe dehydration, and 4) general danger signs of illness
2. In large group ask participants to brainstorm the answers; Facilitator writes responses in the appropriate column
3. Ask the 4 groups to observe and study CC 26: When to bring your child to the health facility
4. Ask 2 groups to share their observations and others to add additional points
5. Review together Key Messages from *Key Messages Booklet*
6. Discuss and summarize

### **Key Information**

**Note:** Review recommendations for feeding of the sick child and for home management to ensure compliance with national recommendations. Ensure that terms used when talking about malnutrition and its treatment, as well as growth monitoring, reflect those used in national programmes.

**1. Prevention of diarrhoea**

- Exclusive breastfeeding for the first 6 months
- Hand washing before preparing food
- Hand washing before feeding infants and young children
- Hand washing after using the toilet
- Appropriate disposal of wastes
- Personal and environmental hygiene
- Adequate and safe water supply
- Vaccinations
- Vitamin A supplementation
- Avoid bottle feeding

**2. Management of child with diarrhoea**

- Continue exclusive breastfeeding if less than 6 months
- Increase liquids and foods if older than 6 months, and increase frequency of breastfeeding
- Increase frequency of feedings
- Never use bottle feeding
- Refer to health facility

**3. Signs of severe dehydration**

- Sunken eyes, dryness of eyes
- Skin pinch goes back very slowly
- Lethargic or unconscious
- Failure to suckle, drink or feed



## SESSION 5C: IYCF IN THE CONTEXT OF CMAM

Learning Objectives	Methodologies	Training Aids
1. Identify what IYCF information should go into a discharge plan from OTP (outpatient therapeutic programme) of CMAM.	<ul style="list-style-type: none"> <li>Interactive Presentation</li> <li>Group Work</li> </ul>	<ul style="list-style-type: none"> <li><i>Participant Materials C:</i> IYCF discharge plan checklist</li> </ul>
2. Explain transition to family foods as child's appetite increases during recovery and when RUTF treatment course ends.	<ul style="list-style-type: none"> <li>Group work</li> </ul>	<ul style="list-style-type: none"> <li>Illustrations of texture (thickness/ consistency) of porridge (cup and spoon)</li> <li><b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> <li><i>Counselling Cards</i> for complementary foods for each age group: CCs 12 to 16</li> <li><i>Key Messages Booklet</i></li> <li><i>Take-home Brochure: How to Feed Baby After 6 Months</i></li> <li><i>Participant Materials 7.1:</i> Recommended complementary feeding practices</li> <li><i>Participant Materials 7.2:</i> Different types of local, available foods</li> <li><i>Participant Materials 7.3:</i> Recommended complementary feeding practices and possible counselling discussion points</li> <li><i>Participant Materials 7.4:</i> Active/Responsive feeding for young children</li> <li><b>CC 11: Good hygiene (cleanliness) practices prevent disease</b></li> <li><b>CC 17: Feeding the sick baby less than 6 months of age</b></li> <li><b>CC 18: Feeding the sick child more than 6 months of age</b></li> <li><i>Key Messages Booklet</i></li> </ul>
3. Describe how the Community Worker conducts follow-up of a child after discharge from outpatient care.	<ul style="list-style-type: none"> <li>Buzz Groups</li> </ul>	

## Materials

- Flipchart papers (+ markers + masking tape)

**Duration:** 1 hour

**Learning Objective 1:** Identify what IYCF information should go into a discharge plan from OTP (outpatient therapeutic programme) of CMAM

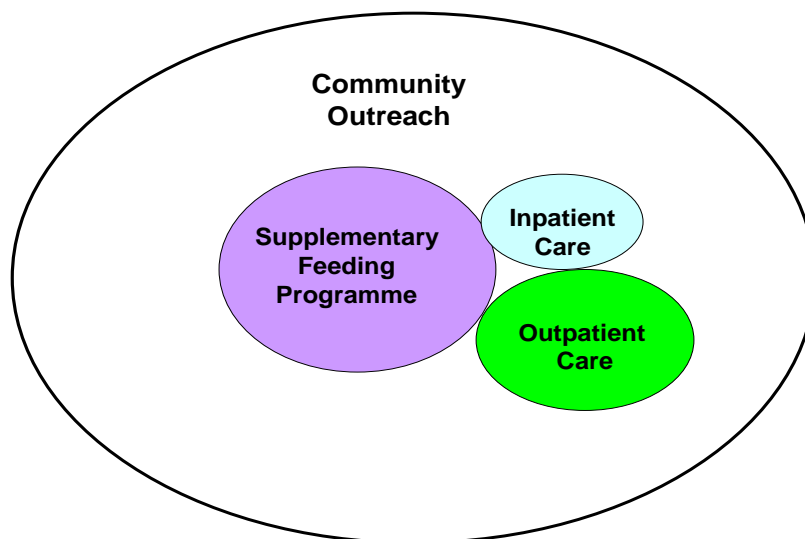
**Methodology:** Interactive Presentation; Group Work

### Instructions for Activity

9. Present an overview of CMAM
10. Form small working groups of 5 Participants.
11. Ask each group to list recommendations that should be included in the discharge plan to discuss with mother/caregiver and to identify the best contact points/opportunities in the CMAM programme to provide IYCF counselling
12. Ask one group to report back, and other groups to add additional information.
13. Distribute *Participant Materials C: IYCF discharge plan checklist* (or refer to specific page in *Participant Materials*)
14. Discuss and summarize.

## Key Information

### Linking IYCF support with CMAM



- *Handout 4C: IYCF discharge plan checklist*

**Note:** Adapt recommendations for discharge of a child from the CMAM program to reflect the terms, personnel and activities (e.g., CMAM, RUTF, CHW, GMP or other terms) in national programmes.

*Contact points/opportunities in the CMAM programme to provide IYCF counselling:*

During Community Outreach: screening and group education

- At supplementary feeding sites
- During follow-up visits at out-patient care
- At discharge from outpatient care
- During in-patient care

***Learning Objective 2:*** Explain transition to family foods as child's appetite increases during recovery and when RUTF treatment course ends

***Methodology:*** Group Work

#### **Instructions for Activity**

1. Divide Participants into 3 working groups and assign a child of a different age to each group: 8 months, 11 months and 20 months. (Each child was enrolled in a CMAM program and is nearly ready for discharge).
2. Ask each group to describe what they would discuss with the mother/caregiver about helping the child transition to family foods in such a way that the child is prevented from getting severe acute malnutrition again
3. Each working group has a set of *Counselling Cards*, *Key Messages Booklet*, *Take-Home Brochures* and *Participant Materials* on recommended IYCF (infant and young child feeding) practices
4. Ask each group to present their case.
5. Give feedback, discuss and summarize.

### ***Key Information***

- **CC 11: Good hygiene (cleanliness) practices prevent disease**
- **CC 12 to 16: *Counselling Cards* for complementary foods for each age group**
- ***Key Messages Booklet***
- ***Take-home Brochures***
- ***Participant Materials 7.1: Recommended complementary feeding practices***
- ***Participant Materials 7.2: Different types of local, available foods***

- *Participant Materials 7.3: Recommended complementary feeding practices and possible counselling discussion points*
- *Participant Materials 7.4: Active/Responsive feeding for young children*

**Note:**

- Continue to breastfeed
- Gradually give your baby a 4-star diet:
  - Animal-source foods: meat, chicken, fish, liver; and eggs and milk and milk products (**1 star\***)
  - Staples: grains, roots, tubers (**2 star\*\***)
  - Legumes: beans, lentils, peas; and seeds (**3 stars\*\*\***)
  - Fruits /Vegetables: especially vitamin A-rich fruits - papaya, mango, passion fruit, oranges; and vitamin A-rich vegetables - dark-green leaves, carrots, pumpkins, yellow sweet potato (**4 stars\*\*\*\***)
- Use iodised salt
- Give 1 – 2 snacks: extra foods between meals that are easy to prepare, clean, safe and locally available and can be eaten as finger foods (give examples)
- Be patient and actively encourage your baby to eat.
- Use a clean spoon or cup to give foods or liquids to child.
- Foods given to your child must be stored in hygienic conditions to avoid diarrhoea and illness.

Wash hands with soap and water before preparation of food and feeding child; and after using the toilet and washing baby's bottom.

***Learning Objective 3:*** Describe how the Community Worker (CW) should conduct follow-up of a child after discharge from outpatient care

***Methodology:*** Buzz groups

**Instructions for Activity**

1. Ask Participants to form buzz groups of 3 and list the ways in which the CW can conduct follow-up of a child after discharge from CMAM
2. Ask buzz groups to share the tasks of the CW
3. Discuss and summarize.

## ***Key Information***

### *Follow-up of child after discharge from outpatient care*

- Growth Monitoring Promotion (GMP) or well baby sessions
- Immunization sessions
- At every contact with mothers or caregivers of sick children
- Community follow-up
  - Action-oriented group session
  - IYCF support groups
  - MUAC screening sessions
- Supplementary Feeding Programme (SFP)

### *Messages must be reinforced by practise*

- Practise good hygiene
- Continue optimal feeding of infants and young children from 6 up to 24 months
- Practise frequent and active feeding
- Identify local foods to give to young children

### *Other activities*

- Identify undernutrition (when to bring children to outpatient care)
- Manage diarrhoea and fever
- Recognise danger signs
- Assess what challenges may be hindering the child's recovery
- Support the family to help the child recover through counselling, education and close monitoring of the child's progress

Make sure the child is enrolled in and attending any support programmes that are available, such as supplementary feeding or a social protection programme

## Handout 5C: IYCF Follow-up Plan Checklist

### 1. Mobilisation and sensitisation

- ☐ Assess community IYCF practices: breastfeeding and complementary feeding
- ☐ Analyze data to reach feasible behaviour and counselling discussion points (or messages)
- ☐ Identify locally, available and seasonal foods
- ☐ Ensure that community know who are CWs
- ☐ Assess cultural beliefs that influence IYCF practises

### 2. Admission

- ☐ Encourage mothers to continue breastfeeding
- ☐ Discuss any breastfeeding difficulty

### 3. Weekly or bi-weekly follow-up

- ☐ Encourage mothers to continue breastfeeding
- ☐ Discuss any breastfeeding difficulty
- ☐ Assess age-appropriate feeding: child's age and weight, child's (usual) fluid and food intake, and breastfeeding difficulties the mother perceives
- ☐ Initiate *IYCF 3-Step Counselling* on recommended breastfeeding practices when appetite returns and/or at 4 weeks before discharge
- ☐ Conduct action-oriented group session (story, drama, use of visuals)
- ☐ Facilitate IYCF support groups

### 4. Discharge (MOH)

- ☐ Encourage mothers to continue breastfeeding
- ☐ Support, encourage and reinforce recommended breastfeeding practices
- ☐ Work with the mother/caregiver to address any ongoing child feeding problems she anticipates
- ☐ Support, encourage and reinforce recommended complementary feeding practices using locally available foods
- ☐ Encourage monthly growth monitoring visits
- ☐ Improve health seeking behaviours
- ☐ Encourage mothers to take part in IYCF support groups
- ☐ Link mother to CW

### 5. Follow-up at home/community

- ☐ Conduct ongoing and periodic IYCF monitoring at home/community/other health facilities e.g. growth monitoring
- ☐ Home visits
- ☐ MUAC screening sessions

**Contact Points to Integrate IYCF into CMAM (other than OTP) - at health facility or community outreach**

- ☐ Growth Monitoring Promotion (GMP)
- ☐ Antenatal Care (ANC) at health facility
- ☐ Stabilisation Centres (SC)
- ☐ Supplementary Feeding Programme (SFP)
- ☐ Community follow-up (CW)
  - Action-oriented group session
  - IYCF support groups

**Contact points for implementing the Essential Nutrition Actions (ENA) - at health facility or community outreach**

- ☐ At every contact with a pregnant woman
- ☐ At delivery
- ☐ During postpartum and/or family planning sessions
- ☐ At immunization sessions
- ☐ During Growth Monitoring Promotion
- ☐ At every contact with mothers or caregivers of sick children

**Other contact points**

- ☐ Special consultations for vulnerable children if available, including HIV-exposed and infected children
- ☐ Link to social protection programme if available

**And**

- ☐ Set appointment for the next follow-up visit

## APPENDIX 6: Supervision

### Objectives of ‘Supportive Supervision’

1. Guide, support and motivate staff & community workers to perform their designated tasks
2. Facilitate improved worker performance (enhanced staff & community worker skills and knowledge). Possible avenues:
  - Scheduled supervisory visits to individual workers
  - Non-scheduled supervisory visits to individual workers
  - On-the-job refresher training
  - Problem-solving group supervision sessions
3. Monitor and report on the following in your supervision area (as appropriate):
  - Implementation of:
    - Training of trainers
    - Training of IYCF counsellors
    - Training of mother support group facilitators
    - Individual counselling sessions
    - Action-oriented group sessions
    - Mother support group sessions
    - Other activities
  - Coverage of the target population in your supervision area:
    - Percent of target mothers reached by individual counselling, mother support group sessions, action-oriented group sessions, other (using LQAS methodology, for example; determine reporting period)
  - Result of program activities in your supervision area:
    - Comprehension of key information by target audience, retention of key information by target audience (using LQAS methodology, for example; determine reporting period)



## Supervision Checklist

The following checklist assumes that activities and targets for supervisory activities have been defined and that a monitoring system is in place. Adapt this list as is appropriate for your program.

### Training Needs (by Supervision Area)

- \_\_\_ Target number of IYCF Counsellors required in supervision area (establish target with Programme Manager)
- \_\_\_ Number of Counsellors active during the reporting period
- \_\_\_ #/% of active IYCF Counsellors trained
  
- \_\_\_ Target number of Mother Support Group Facilitators required in supervision area
- \_\_\_ Number of Facilitators active during the reporting period
- \_\_\_ #/% active Mother Support Group Facilitators trained

### Program Implementation: Supervision Activities

#### A. CHECKLIST of activities to be conducted during supervisory visit with an IYCF Counsellor

- ☐ Set schedule for supervisory visit with Counsellor
- ☐ Observe entire IYCF counselling session
- ☐ Complete Observation Checklist (*Participant Materials* 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair)
- ☐ Share results of observation checklist and discuss with Counsellor
- ☐ Document your feedback to Counsellor
- ☐ Document comments by Counsellor
- ☐ Identify Needs to support Counsellor
- ☐ Actions Required \_\_\_\_\_ by Date \_\_\_\_\_ Person responsible \_\_\_\_\_
- ☐ Scheduled date of next supervision visit: \_\_\_\_\_
- ☐ Signature of IYCF Counsellor acknowledging receipt of supervision  
\_\_\_\_\_
- ☐ Supervisor's signature: \_\_\_\_\_
- ☐ Report submitted to Programme Manager (date): \_\_\_\_\_

## **B. CHECKLIST of activities to be conducted during supervision visit with a Mother Support Group Facilitator**

- ☐ Set schedule for supervisory visit with Facilitator
- ☐ Observe entire Support Group session
- ☐ Complete Observation Checklist (*Participant Materials* 13.3: Observation Checklist for Support Groups)
- ☐ Share results of observation checklist and discuss with Facilitator
- ☐ Document your feedback to Facilitator
- ☐ Document comments by Facilitator
- ☐ Identify Needs to support Facilitator
- ☐ Actions Required \_\_\_\_\_ by Date \_\_\_\_\_ Person responsible \_\_\_\_\_
- ☐ Scheduled date of next supervision visit: \_\_\_\_\_
- ☐ Signature of Facilitator acknowledging receipt of supervision \_\_\_\_\_
- ☐ Supervisor's signature: \_\_\_\_\_
- ☐ Report submitted to Programme Manager (date): \_\_\_\_\_

### **Supervisor Monitoring**

#### Caseload:

- ☐ Collect IYCF Counselling Sessions Monitoring Form from IYCF Counsellor (per time period)
- ☐ Collect completed Support Group Attendance Monitoring Form (*Participant Materials* 13.4: Support Group Attendance Monitoring Form) from Facilitators (per time period)

#### Program Coverage:

- ☐ Percent target mothers (in supervision area) receiving individual IYCF counselling (per time period)
- ☐ Percent target mothers (in supervision area) attending a mother support group meeting (per time period)

## **Programme Manager Oversight of Supervision**

### **Training**

- ☐ Training of Trainers: % of total target number of Trainers who have been trained
- ☐ Training of Counsellors: % of total target number of Counsellors who have been trained (by Supervision Area)
- ☐ Training of Facilitators: % of total target number of Facilitators who have been trained (by Supervision Area)

### **Program Supervision**

#### Program Supervision of IYCF Counsellors:

- ☐ Percent of IYCF Counsellors who receive at least one supervisory visit per agreed time period (set time period: quarter, for example).

#### Program Supervision of Mother Support Group Facilitators:

- ☐ Percent of Mother Support Group Facilitators who receive at least one supervisory visit per agreed time period

### **Reporting**

#### Reporting Form Submission

- ☐ Percent of Supervisors who complete and submit reporting forms (define time period: within X days of close of reporting period)

*Participant Materials 10.1: IYCF Assessment of Mother/Child Pair*

	<b>Name of Mother/ Caregiver</b>	<b>Name of Child</b>		<b>Age of child (completed months)</b>	
<b>Observation of mother/ caregiver</b>					
<b>Child Illness</b>	Child ill	Child not ill		Child recovering	
<b>Growth Curve Increasing</b>	Yes	No		Levelling off/Static	
<b>Tell me about Breastfeeding</b>	Yes	No	When did BF stop?	Frequency: times/day	Difficulties: How is breastfeeding going?
<b>Complemen- tary Foods</b>	Is your child getting anything else to eat?	What	Frequency: times/day	Amount: how much (Ref. 250 ml)	Texture: how thick
	Staple (porridge, other local examples)				
	Legumes (beans, other local examples)				
	Vegetables/Fruits (local examples)				
	Animal: meat/fish/ offal/bird/eggs				
<b>Liquids</b>	Is your child getting anything else to drink?	What	Frequency: times/day	Amount: how much (Ref. 250 ml)	Bottle Use? Yes/No
	Other milks				
	Other liquids				
<b>Other challenges?</b>					
<b>Mother/ caregiver assists child</b>	Who assists the child when eating?				
<b>Hygiene</b>	Feeds baby using a clean cup and spoon	Washes hands with clean, safe water and soap before preparing food, before eating, and before feeding young children		Washes child's hands with clean, safe water and soap before he or she eats	

## *Participant Materials* 10.2: Observation Checklist for IYCF Assessment of Mother/Child Pair

Name of Counsellor: \_\_\_\_\_

Name of Observer: \_\_\_\_\_

Date of visit: \_\_\_\_\_

(✓ for yes and × for No)

### **Did the Counsellor**

#### ***Use Listening and Learning skills:***

- ☐ Keep head level with mother/parent/caregiver?
- ☐ Pay attention? (eye contact)
- ☐ Remove barriers? (tables and notes)
- ☐ Take time?
- ☐ Use appropriate touch?
- ☐ Ask open questions?
- ☐ Use responses and gestures that show interest?
- ☐ Reflect back what the mother said?
- ☐ Avoid using judging words?
- ☐ Allow mother/parent/caregiver time to talk?

#### ***Use Building Confidence and Giving Support skills:***

- ☐ Accept what a mother thinks and feels?
- ☐ Listen to the mother/caregiver's concerns?
- ☐ Recognize and praise what a mother and baby are doing correctly?
- ☐ Give practical help?
- ☐ Give a little, relevant information?
- ☐ Use simple language?
- ☐ Make one or two suggestions, not commands?

### **ASSESSMENT**

(✓ for yes and × for No)

### **Did the counsellor**

- ☐ Assess age accurately?
- ☐ Check mother's understanding of child growth curve? (if GMP exists in area)
- ☐ Check on recent child illness?

**Breastfeeding:**

- ☐ Assess the current breastfeeding status?
- ☐ Check for breastfeeding difficulties?
- ☐ Observe a breastfeed?

**Fluids:**

- ☐ Assess 'other fluid' intake?

**Foods:**

- ☐ Assess 'other food' intake?

**Active Feeding:**

- ☐ Ask about whether the child receives assistance when eating?

**Hygiene:**

- ☐ Check on hygiene related to feeding?

**ANALYSIS**

(✓ for yes and × for No)

**Did the counsellor?**

- ☐ Identify any feeding difficulty?
- ☐ Prioritize difficulties? (if there is more than one)

Record prioritized difficulty: \_\_\_\_\_

**ACTION**

(✓ for yes and × for No)

**Did the counsellor?**

- ☐ Praise the mother/caregiver for doing recommended practices?
- ☐ Address breastfeeding difficulties e.g. poor attachment or poor breastfeeding pattern with practical help.
- ☐ Discuss age-appropriate feeding recommendations and possible discussion points?
- ☐ Present one or two options? (time-bound) that are appropriate to the child's age and feeding behaviours
- ☐ Help the mother select one or two that she can try to address the feeding challenges?
- ☐ Use appropriate **Counselling Cards** and **Take-home Brochures** that are most relevant to the child's situation - and discuss that information with mother/caregiver?
- ☐ Ask the mother to repeat the agreed-upon new behaviour?

Record agreed-upon behaviour: \_\_\_\_\_

- ☐ Ask the mother if she has questions/concerns?
- ☐ Refer as necessary?
- ☐ Suggest where the mother can find additional support?
- ☐ Agree upon a date/time for a follow-up session?
- ☐ Thank the mother for her time?

*Participant Materials 13.3: Observation Checklist for IYCF Support Groups*

<b>Community:</b>		<b>Place:</b>	
<b>Date:</b>	<b>Time:</b>	<b>Theme:</b>	
<b>Name of IYCF Group Facilitator(s):</b> ----- -----		<b>Name of Supervisor:</b> ----- -----	
<b>Did</b>	<b>✓</b>	<b>Comments</b>	
13. The Facilitator(s) introduce themselves to the group?			
14. The Facilitator(s) clearly explain the day's theme?			
15. The Facilitator(s) ask questions that generate participation?			
16. The Facilitator(s) motivate the quiet women/men to participate?			
17. The Facilitator(s) apply skills for <i>Listening and Learning, Building Confidence and Giving Support</i>			
18. The Facilitator(s) adequately manage content?			
19. Mothers/fathers/caregivers share their own experiences?			
20. The Participants sit in a circle?			
21. The Facilitator(s) invite women/men to attend the next IYCF support group (place, date and theme)?			
22. The Facilitator(s) thank the women/men for attending the IYCF support group?			
23. The Facilitator(s) ask women to talk to a pregnant woman/man or breastfeeding mother before the next meeting, share what they have learned, and report back?			
24. Support Group monitoring form checked and corrected, as necessary?			
Number of women/men attending the IYCF support group:			
<b>Supervisor/Mentor:</b> indicate questions and resolved difficulties:			
<b>Supervisor/Mentor:</b> provide feedback to Facilitator(s):			

## Participant Materials 13.4: Support Group Attendance

Date \_\_\_\_\_ District \_\_\_\_\_

Facilitator(s) Name(s) \_\_\_\_\_





*Participant Materials* 14.1: Observation Checklist for How to Conduct a Group Session: Story, Drama, or Visual, applying the steps Observe, Think, Try, and Act

**Did the Counsellor?**

(✓ for yes and × for No)

☐ Introduce him/herself?

**Use Observe** - ask the group participants:

- ☐ What happened in the story/drama or visual?
- ☐ What are the characters in the story/drama or visual doing?
- ☐ How did the character feel about what he or she was doing? Why did he or she do that?

**Use Think** - ask the group participants:

- ☐ Whom do you agree with? Why?
- ☐ Whom do you disagree with? Why?
- ☐ What is the advantage of adopting the practice described in the story/drama or visual?
- ☐ Discuss the key messages of today's topic?

**Use Try** – ask the group participants:

- ☐ If you were the mother (or another character), would you be willing to try the new practice?
- ☐ Would people in this community try this practice in the same situation? Why?

**Use Act** – ask the group participants

- ☐ What would you do in the same situation? Why?
- ☐ What difficulties might you experience?
- ☐ How would you be able to overcome them?
- ☐ To repeat the key messages?

## *Participant Materials* 18.1: IYCF Follow-up Plan Checklist

### **1. Mobilisation and sensitisation**

- ☐ Assess community IYCF practices: breastfeeding and complementary feeding
- ☐ Analyze of data to reach feasible behaviour and counselling discussion points (or messages)
- ☐ Identify locally, available and seasonal foods
- ☐ Ensure that community know who are CWs
- ☐ Assess cultural beliefs that influence IYCF practises

### **2. Admission**

- ☐ Encourage mothers to continue breastfeeding
- ☐ Discuss any breastfeeding difficulty

### **3. Weekly or bi-weekly follow-up**

- ☐ Encourage mothers to continue breastfeeding
- ☐ Discuss any breastfeeding difficulty
- ☐ Assess age-appropriate feeding: child's age and weight, child's (usual) fluid and food intake, and breastfeeding difficulties the mother perceives
- ☐ Initiate *IYCF 3-Step Counselling* on recommended breastfeeding practices when appetite returns and/or at 4 weeks before discharge
- ☐ Conduct action-oriented group session (story, drama, use of visuals)
- ☐ Facilitate IYCF support groups

### **4. Discharge (MOH)**

- ☐ Encourage mothers to continue breastfeeding
- ☐ Support, encourage and reinforce recommended breastfeeding practices
- ☐ Work with the mother/caregiver to address any ongoing child feeding problems she anticipates
- ☐ Support, encourage and reinforce recommended complementary feeding practices using locally available foods
- ☐ Encourage monthly growth monitoring visits
- ☐ Improve health seeking behaviours
- ☐ Encourage mothers to take part in IYCF support groups
- ☐ Link mother to CW

### **5. Follow-up at home/community**

- ☐ Conduct ongoing and periodic IYCF monitoring at home/community/other health facilities e.g. growth monitoring
- ☐ Home visits
- ☐ MUAC screening sessions

**Contact Points to Integrate IYCF into CMAM (other than OTP) - at health facility or community outreach**

- ☐ Growth Monitoring Promotion (GMP)
- ☐ Antenatal Care (ANC) at health facility
- ☐ Stabilisation Centres (SC)
- ☐ Supplementary Feeding Programme (SFP)
- ☐ Community follow-up (CW)
  - Action-oriented group session
  - IYCF support groups

**Contact points for implementing the Essential Nutrition Actions (ENA) - at health facility or community outreach**

- ☐ At every contact with a pregnant woman
- ☐ At delivery
- ☐ During postpartum and/or family planning sessions
- ☐ At immunization sessions
- ☐ During Growth Monitoring Promotion
- ☐ At every contact with mothers or caregivers of sick children

**Other contact points**

- ☐ Special consultations for vulnerable children if available, including HIV-exposed and infected children
- ☐ Link to social protection programme if available

**And**

- ☐ Set appointment for the next follow-up visit

## APPENDIX 7: Principles of Adult Learning<sup>6</sup>

1. **Dialogue:** Adult learning is best achieved through dialogue. Adults have enough life experience to dialogue with facilitator/trainer about any subject and will learn new attitudes or skills best in relation to that life experience. Dialogue needs to be encouraged and used in formal training, informal talks, one-on-one counselling sessions or any situation where adults learn.
2. **Safety in environment and process:** Make people feel comfortable making mistakes. Adults are more receptive to learning when they are both **physically and psychologically comfortable**.
  - Physical surroundings (temperature, ventilation, overcrowding, and light) can affect learning.
  - Learning is best when there are no distractions.
3. **Respect:** Appreciate learners' contributions and life experience. Adults learn best when their experience is acknowledged and new information builds on their past knowledge and experience.
4. **Affirmation:** Learners need to receive praise for even small attempts.
  - People need to be sure they are correctly recalling or using information they have learned.
5. **Sequence and reinforcement:** Start with the easiest ideas or skills and build on them. Introduce the most important ones first. Reinforce key ideas and skills repeatedly. People learn faster when information or skills are presented in a structured way.
6. **Practice:** Practise first in a safe place and then in a real setting.
7. **Ideas, feelings, actions:** Learning takes place through thinking, feeling and doing and is most effective when it occurs across all three.
8. **20/40/80 rule:** Learners remember more when visuals are used to support the verbal presentation and best when they practise the new skill. We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do.
9. **Relevance to previous experience:** People learn faster when new information or skills are related to what they already know or can do.

**Immediate relevance:** Learners should see how to use and apply what they have learned in their job or life immediately

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<sup>6</sup> Adapted from J. Vella.1994. *Learning to Listen, Learning to Teach*.

**Future relevance:** People generally learn faster when they realise that what they are learning will be useful in the future.

10. **Teamwork:** Help people learn from each other and solve problems together. This makes learning easier to apply to real life.

11. **Engagement:** Involve learners' emotions and intellect. Adults prefer to be **active participants** in learning rather than passive recipients of knowledge. People learn faster when they actively process information, solve problems, or practise skills.

12. **Accountability:** Ensure that learners understand and know how to put into practice what they have learned.

13. **Motivation:** Wanting to learn

- People learn faster and more thoroughly when they want to learn. The trainer's challenge is to create conditions in which people want to learn.
- Learning is natural, as basic a function of human beings as eating or sleeping.
- Some people are more eager to learn than others, just as some are hungrier than others. Even in one individual, there are different levels of motivation.
- All the principles outlined will help the learner become motivated.

14. **Clarity**

- Messages should be clear.
- Words and sentence structures should be familiar. Technical words should be explained and their understanding checked.
- Messages should be VISUAL.

15. **Feedback:** Feedback informs the learner in what areas s/he is strong or weak.

## APPENDIX 8: Training Methodologies: Advantages, Limitations, and Tips for Improvement

Training method	Advantages	Limitations	Tips for Improvement
<b>Small group discussion</b> in a group of no more than 7 participants who discuss and summarise a given subject or theme. The group selects a chairperson, a recorder, and/or someone to report to plenary.	<ul style="list-style-type: none"> <li>• Can be done anytime and anywhere</li> <li>• Allows two-way communication</li> <li>• Lets group members learn each other's views and sometimes makes consensus easier</li> <li>• Allows group members to take on different roles (e.g., leader, recorder) to practice facilitation techniques</li> <li>• Involves active participation</li> <li>• Lets participants ask and learn about unclear aspects</li> <li>• Often lets people who feel inhibited share</li> <li>• Can produce a strong sense of sharing or camaraderie</li> <li>• Challenges participants to think, learn, and solve problems</li> </ul>	<ul style="list-style-type: none"> <li>• Strong personalities can dominate the group.</li> <li>• Some group members can divert the group from its goals.</li> <li>• Some participants may try to pursue their own agendas.</li> <li>• Conflicts can arise and be left unresolved.</li> <li>• Ideas can be limited by participants' experience and prejudices.</li> </ul>	<ul style="list-style-type: none"> <li>• Outline the purpose of the discussion and write questions and tasks clearly to provide focus and structure.</li> <li>• Establish ground rules (e.g., courtesy, speaking in turn, ensuring everyone agrees with conclusions) at the beginning.</li> <li>• Allow enough time for all groups to finish the task and give feedback.</li> <li>• Announce remaining time at regular intervals.</li> <li>• Ensure that participants share or rotate roles.</li> <li>• Be aware of possible conflicts and anticipate their effect on the group's contribution in plenary.</li> <li>• Reach conclusions but avoid repeating points already presented in plenary.</li> </ul>
<b>Buzz group (2– 3 participants)</b> can allow participants to discuss their immediate reactions to information presented, give definitions, and share examples and experiences	<ul style="list-style-type: none"> <li>• Gives everyone a chance and time to participate</li> <li>• Makes it easier to share opinions, experiences, and information</li> <li>• Often creates a relaxed atmosphere that allows trust to develop and helps participants express opinions freely</li> <li>• Can raise energy level by getting participants to talk after listening to information</li> <li>• Does not waste time moving participants</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion is limited.</li> <li>• Opinions and ideas are limited by participants' experience.</li> <li>• Participants may be intimidated by more educated participants or find it difficult to challenge views.</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly state the topic or question to be discussed along with the objectives.</li> <li>• Encourage exchange of information and beliefs among different levels of participants.</li> </ul>
<b>Brainstorming:</b> A spontaneous process through which group members' ideas and opinions on	<ul style="list-style-type: none"> <li>• Allows many ideas to be expressed quickly</li> <li>• Encourages open-mindedness (every idea should be acceptable, and judgement should be suspended)</li> </ul>	<ul style="list-style-type: none"> <li>• The ideas suggested may be limited by participants' experiences and prejudices.</li> <li>• People may feel embarrassed or if they</li> </ul>	<ul style="list-style-type: none"> <li>• State clearly the brainstorming rule that there is no wrong or bad idea.</li> <li>• Ensure a threat-free, non-judgemental</li> </ul>

Training method	Advantages	Limitations	Tips for Improvement
a subject are voiced and written for selection, discussion, and agreement. All opinions and ideas are valid.	<ul style="list-style-type: none"> <li>• Gives everyone an opportunity to contribute</li> <li>• Helps stimulate creativity and imagination</li> <li>• Can help make connections not previously seen</li> <li>• Is a good basis for further reflection</li> <li>• Helps build individual and group confidence by finding solutions within the group</li> </ul>	<ul style="list-style-type: none"> <li>• have nothing to contribute.</li> <li>• Some group members may dominate, and others may withdraw.</li> </ul>	<p>atmosphere so that everyone feels he or she can contribute.</p> <ul style="list-style-type: none"> <li>• Ask for a volunteer to record brainstorming ideas.</li> <li>• Record ideas in the speaker's own words.</li> <li>• State that the whole group has ownership of brainstorming ideas.</li> <li>• Give participants who haven't spoken a chance to contribute.</li> </ul>
<b>Plenary or whole group discussion:</b> The entire group comes together to share ideas	<ul style="list-style-type: none"> <li>• Allows people to contribute to the whole group</li> <li>• Enables participants to respond and react to contributions</li> <li>• Allows facilitators to assess group needs</li> <li>• Enables people to see what other group members think about an issue</li> <li>• Allows individuals or groups to summarise contents</li> </ul>	<ul style="list-style-type: none"> <li>• Can be time consuming</li> <li>• Doesn't give each participant a chance to contribute</li> <li>• Some individuals may dominate the discussion.</li> <li>• Consensus can be difficult if decisions are required.</li> <li>• Some group members may lose interest and become bored.</li> <li>• Contribution from a limited number of participants can give a false picture of the majority's understanding of an issue.</li> </ul>	<ul style="list-style-type: none"> <li>• Appoint someone to record the main points of the discussion.</li> <li>• Appoint a timekeeper.</li> <li>• Pose a few questions for group discussion.</li> <li>• Use buzz groups to explore a topic in depth.</li> <li>• Ask for contributions from participants who haven't shared their views.</li> </ul>
<b>Role play:</b> Imitation of a specific life situation that involves giving participants details of the "person" they are asked to play	<ul style="list-style-type: none"> <li>• Helps start a discussion</li> <li>• Is lively and participatory, breaking down barriers and encouraging interaction</li> <li>• Can help participants improve skills, attitudes, and perceptions in real situations</li> <li>• Is informal and flexible and requires few resources</li> <li>• Is creative</li> <li>• Can be used with all kinds of groups, regardless of their education levels</li> </ul>	<ul style="list-style-type: none"> <li>• Possibility of misinterpretation</li> <li>• Reliance on goodwill and trust among group members</li> <li>• Tendency to oversimplify or complicate situations</li> </ul>	<ul style="list-style-type: none"> <li>• Structure the role-play well, keeping it brief and clear in focus.</li> <li>• Give clear and concise instructions to participants.</li> <li>• Carefully facilitate to deal with emotions that arise in the follow-up discussion.</li> <li>• Make participation voluntary.</li> </ul>
<b>Drama:</b> Unlike role-play in that the actors are briefed in advance on what to say and do and can	<ul style="list-style-type: none"> <li>• Commands attention and interest</li> <li>• Clearly shows actions and relationships and makes them easy to understand</li> <li>• Is suitable for people who cannot read or write</li> </ul>	<ul style="list-style-type: none"> <li>• Audience cannot stop the drama in the middle to question what is going on</li> <li>• Can be drawn out and time consuming</li> <li>• Tends to simplify or</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage actors to include the audience in the drama.</li> <li>• Follow the drama by discussion and analysis to make it an effective learning tool.</li> </ul>

Training method	Advantages	Limitations	Tips for Improvement
rehearse. As a result, the outcome is more predictable. Drama is often used to illustrate a point.	<ul style="list-style-type: none"> <li>• Involves the audience by letting them empathise with actors' feelings and emotions</li> <li>• Does not require many resources</li> <li>• Can bring people together almost anywhere</li> </ul>	complicate situations	<ul style="list-style-type: none"> <li>• Keep it short, clear, and simple.</li> </ul>
<b>Case study:</b> Pairs or small groups are given orally or in writing a specific situation, event, or incident and asked to analyse and solve it.	<ul style="list-style-type: none"> <li>• Allows rapid evaluation of trainees' knowledge and skills</li> <li>• Provides immediate feedback</li> <li>• Increases analytical and thinking skills</li> <li>• Is the best realistic alternative to field practice</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes not all trainees participate.</li> </ul>	<ul style="list-style-type: none"> <li>• Make the situation, event or incident real and focused on the topic.</li> <li>• Initiate with simple case studies and gradually add more complex situations.</li> <li>• Speak or write simply.</li> </ul>
<b>Demonstration with return demonstration:</b> A resource person performs a specific operation or job, showing others how to do it. The participants then practice the same task.	<ul style="list-style-type: none"> <li>• Provides step-by-step process to participants</li> <li>• Allows immediate practice and feedback</li> <li>• Checklist can be developed to observe participants' progress in acquiring the skill</li> </ul>		<ul style="list-style-type: none"> <li>• Explain different steps of the procedure.</li> <li>• Resource person demonstrates an inappropriate skill, then an appropriate skill, and discusses the differences.</li> <li>• Participants practise the appropriate skill and provide feedback to each other.</li> <li>• Practise.</li> </ul>
<b>Game:</b> A person or group performs an activity characterised by structured competition that allows people to practice specific skills or recall knowledge.	<ul style="list-style-type: none"> <li>• Entertains</li> <li>• Competition stimulates interest and alertness</li> <li>• Is a good energizer</li> <li>• Helps recall of information and skills</li> </ul>	<ul style="list-style-type: none"> <li>• Some participants feel that playing games doesn't have a solid scientific or knowledge base.</li> <li>• Facilitators should participate in the game.</li> </ul>	<ul style="list-style-type: none"> <li>• Be prepared for "on the spot" questions because there is no script.</li> <li>• Give clear directions and adhere to allotted time.</li> </ul>
<b>Field visit:</b> Participants and facilitators visit a health facility or community setting to observe a task or procedure and practice.	<ul style="list-style-type: none"> <li>• Puts training participants in real-life work situations</li> <li>• Allows participants to reflect on real-life work situations without work pressures</li> <li>• Best format to use knowledge and practice skills</li> </ul>	<ul style="list-style-type: none"> <li>• Time consuming</li> <li>• Needs more resources</li> </ul>	<ul style="list-style-type: none"> <li>• Before the visit, coordinate with site, give clear directions before arrival, divide participants into small groups accompanied by the facilitator</li> <li>• Provide reliable transportation</li> <li>• Meet with those responsible on arrival</li> <li>• Provide opportunity to</li> </ul>



Training method	Advantages	Limitations	Tips for Improvement
			share experiences and give and receive feedback
<b>VIPP</b> (Visualization in participatory programming): Coloured cards varying in shape and size allow participants to quickly classify problems to find solutions.	<ul style="list-style-type: none"> <li>Allows visualisation of problems, ideas and concerns in a simple way</li> <li>Allows everyone to participate</li> <li>Gives participants who tend to dominate a discussion equal time with quieter participants</li> </ul>	<ul style="list-style-type: none"> <li>Used more by members of the same organization to evaluate progress and revise objectives and strategies</li> <li>Time consuming</li> <li>Needs more resources</li> </ul>	<ul style="list-style-type: none"> <li>Apply modified version of VIPP if problems arise in training that can be dealt with quickly.</li> </ul>
<b>Action plan preparation:</b> Allows participants to synthesise knowledge, skills, attitudes, and beliefs into a doable plan; bridges classroom activities with practical application at work site	<ul style="list-style-type: none"> <li>Team building for participants from the same site, district, or region</li> <li>Two-way commitment between trainers and institutions</li> <li>Basis for follow up, action and supervision</li> </ul>	<ul style="list-style-type: none"> <li>Time consuming</li> <li>Requires work on action plan after hours to support action plan development</li> </ul>	
<b>Talk or presentation:</b> Involves imparting information through the spoken word, sometimes supplemented with audio or visual aids	<ul style="list-style-type: none"> <li>Is time-efficient for addressing a subject and imparting a large amount of information quickly</li> <li>Facilitates structuring the presentation of ideas and information</li> <li>Allows the facilitator to control the classroom by directing timing of questions</li> <li>Is ideal for factual topics (e.g., steps on conducting HIV testing)</li> <li>Stimulates ideas for informed group discussion</li> </ul>	<ul style="list-style-type: none"> <li>Lack of active participation</li> <li>Facilitation and curriculum centred, essentially one-way learning</li> <li>No way to use experience of group members</li> <li>Can be limited by facilitators' perception or experience</li> <li>Can sometimes cause frustration, discontent, and alienation within the group, especially when participants cannot express their own experience</li> </ul>	<p><b><u>Build interest</u></b></p> <ul style="list-style-type: none"> <li>Use a <b>lead-off story or interesting visual</b> that captures audience's attention.</li> <li>Present an <b>initial case problem</b> around which the lecture will be structured.</li> <li>Ask participants <b>test questions</b> even if they have little prior knowledge to motivate them to listen to the lecture for the answer.</li> </ul> <p><b><u>Maximise understanding and retention</u></b></p> <ul style="list-style-type: none"> <li>Reduce the major points in the lecture to <b>headlines</b> that act as verbal subheadings or memory aids and arrange in logical order.</li> </ul>

Training method	Advantages	Limitations	Tips for Improvement
			<ul style="list-style-type: none"> <li>• Give <b>examples and analogies</b>, using real-life illustrations of the ideas in the lecture and, if possible, comparing the material and the participants' knowledge and experience.</li> <li>• Use <b>visual backup</b> (flipcharts, transparencies, brief handouts, and demonstrations) to enable participants to see as well as hear what you are saying.</li> <li>• Set a <b>time limit</b>.</li> </ul> <p><b><u>Involve participants during the lecture</u></b></p> <ul style="list-style-type: none"> <li>• Interrupt the lecture periodically to challenge participants to give examples of the concepts presented or answer <b>spot quiz</b> questions.</li> <li>• <b>Illustrate activities</b> throughout the presentation to focus on the points you are making.</li> </ul> <p><b><u>Reinforce the lecture</u></b></p> <ul style="list-style-type: none"> <li>• <b>Allow time for feedback</b>, comments, and questions</li> <li>• <b>Apply the problem</b> by posing a problem or question for participants to solve based on the information in the lecture.</li> <li>• Ask participants to review the contents of the lecture together or give them a self-scoring test.</li> <li>• <b>Avoid distracting gestures or mannerisms</b> such as playing with the chalk, ruler, or watch or adjusting clothing.</li> </ul>

## APPENDIX 9: Suggested Training Exercises, Review Energisers (group and team building), and Daily Evaluation

### Training Exercises

#### Forming Small Groups

1. Depending on the number of Participants (for example, 20), and the number of groups to be formed (for example, 5) ask Participants to count off numbers from 1 to 4. Begin to count in a clockwise direction. On another occasion begin to count counter-clockwise.
2. Depending on the number of Participants (for example, 16), and the number of groups to be formed (for example, 4), collect 16 bottle caps of 4 different colours: 4 red, 4 green, 4 orange, and 4 black. Ask Participants to select a bottle cap. Once selected, ask Participants to form groups according to the colour selected.
3. Sinking ship: ask Participants to walk around as if they were on a ship. Announce that the ship is sinking and life boats are being lowered. The life boats will only hold a certain number of Participants. Call out the number of persons the life boats will hold and ask Participants to group themselves in the number called-out. Repeat several times and finish with the number of Participants you wish each group to contain (for example, to divide 15 Participants into groups of 3, the last "life boat" called will be the number 5).

The following are descriptions of several **review energizers** that Facilitators can select from at the end of each session to reinforce knowledge and skills acquired.

1. Participants and Facilitators form a circle. One Facilitator has a ball that he or she throws to one Participant. The Facilitator asks a question of the Participant who catches the ball. The Participant responds. When the Participant has answered correctly to the satisfaction of the group, that Participant throws the ball to another Participant asking him/her a question in turn. The Participant who throws the ball asks the question. The Participant who catches the ball answers the question.
2. Form 2 rows facing each other. Each row represents a team. A Participant from one team/row asks a question to the Participant opposite her/him in the facing team/row. That Participant can seek the help of her/his team in responding to the question. When the question is answered correctly, the responding team earns a point and then asks a question of the other team. If the question is not answered correctly, the team that asked the question responds and earns the point. Questions and answers are proposed back and forth from team to team.
3. Form 2 teams. Each person receives a counselling card or a visual image. These visual aids are answers to questions that will be asked by a Facilitator. When a question is asked, the Participant who believes s/he has the correct answer will show her counselling card or visual image. If correct, s/he scores a point for her/his team. The team with the most correct answers wins the game.

4. From a basket, a Participant selects a counselling card or visual image and is asked to share the practices/messages; feedback is given by other Participants. The process is repeated for other Participants.
5. Form 2 circles. On a mat in the middle of the circle a set of Counselling Cards is placed “face down”. A Participant is asked to choose a counselling card and tell the other Participants in what situations an IYCF Counsellor can share the practices/messages the counselling card represents. One Facilitator is present in each circle to assist in responding.

### **Daily Evaluations**

The following examples are descriptions of several evaluations that Facilitators can select at the end of each day (or session) to assess the knowledge and skills acquired and/or to obtain feedback from Participants.

1. Form buzz groups of 3 and ask Participants to answer one, two, or all of the following questions in a group\*:
  - 1) What did you learn today that will be useful in your work?
  - 2) What was something that you liked?
  - 3) Give a suggestion for improving today’s sessions.

*\* Ask a Participant from each buzz group to respond to the whole group*
2. ‘Happy Faces’ measuring Participants’ moods. Images of the following faces (smiling, neutral, frowning) are placed on a bench or the floor and Participants (at the end of each day [or session]) are asked to place a stone or bottle cap on the “face” that best represents their level of satisfaction (satisfied, mildly satisfied and unsatisfied). (See APPENDIX 7: Cut-outs of ‘Happy Faces’)

## APPENDIX 10: Training Tips

### 1. Preparation:

- Read the entire set of materials prior to beginning the preparation for your sessions. Link the content of your session to what has come before.
- When multiple Facilitators/Facilitator Teams lead a training, it will be necessary for an individual or a team to take responsibility for linking the sessions together. Facilitation teams could share responsibility for this task, with teams taking responsibility for half-day or whole day periods of time.
- For Field Practice: identify Translators, as necessary. Pair local language speaker with a non-local language speaker when possible. For group sessions practice, provide a translator for non-local language Observers.

### 2. Size of Training Group:

- If Participant numbers exceed (18), consider breaking into 2 groups (if there are 2 Facilitators)

### 3. Summary Table: beginning each session

- This table summary is for the Facilitator; there is no need to read its contents to Participants

### 4. Names of Participants and Facilitators

- Ask Participants and Facilitators to use their own names during the training (not 'training' names) so that follow-up of Community Counsellors can be made more easily.
- Write first name only and in large letters
- Participants can be issued a notebook and pen, but mention that they do not need to take notes

### 5. Time Keeper

- Co-facilitator needs to keep track of time

### 6. Learning Objectives:

- Don't write the learning objectives on a flip chart
- Rather tell Participants what you are going to tell them (i.e., briefly state the learning objectives); then tell them (cover the content); then tell them what you've just told them (i.e., quickly summarize the learning objectives)

### 7. Pre- and Post-Assessments

- Give feed back and discuss results immediately.
- Draw a graph of the pre- and post-assessment results and discuss any question that Participants answered incorrectly
- Share written evaluation results

### 8. Facilitator(s):

- As much as possible, sit at same level as Participants
- Use Participants' names
- When co-facilitating, one of the Facilitators should always be attentive to the group to help with recognizing confusion, unanswered questions, etc.
- Don't turn your back on Participants; use your Co-Facilitator to write on flip chart

- Do not text when facilitating
  - During small group work, Facilitators should move from group to group to see that the instructions are clear
  - Ask groups to do their assignment and then talk about it - i.e. don't explain too much before group has a chance to do the assignment
  - Ask groups to present their work
  - Use *Participant Materials* after the activity, not before it (unless otherwise mentioned)
  - Where more than one Facilitator participates in an activity (e.g., in mother-to-mother support groups or during field practice activities), ensure that the Facilitators are interspersed among other Participants rather than sit together as a group.
  - Asking questions of Participants: Post the question to the entire group so that every Participant ponders the correct response in a relaxed manner; if nobody volunteers a response, ask/call on someone to move things along
  - Use an Energizer to bring a group together
  - Getting the Attention of a noisy, non-focused group: 'When I say 'Hi', you respond 'Hello' (and vice versa)
  - Don't repeat wrong information; the Participants or Mothers will remember this. Rather, focus on the 'right' information
  - If there are quiet Participants or no one responds to a question, call on Individuals by name. Everyone should participate in sessions
  - Do not move to stand in front of a Participant; it will be difficult for other Participants to see and hear what is being said.
  - If one Participant tends to dominate a discussion, transfer attention to other Participants –e.g., 'Can we hear from someone from the other side of the circle?'
  - Correct any misinformation stated in a group session immediately. If Facilitator does not know about an issue raised, acknowledge not knowing about the issue and say 'I will find out and get back to you'
  - If someone in a support group voices a very strong opinion, Facilitator may accept what the Participant says ('That's 1 opinion) and then ask other Participants 'Do any of you have another experience, another opinion?'
  - Work to narrow the knowledge-practice gap (in your own training behaviour as well as mothers' IYCF practices)
- 9. Use simple language:** 'the first milk (colostrum) protects against illness'; avoid using words or technical language like immune factors, and the naming of hormones
- 10. Use of Visuals** (during training sessions, one-on-one counselling, in Action-Oriented Groups, Support Groups):
- Turn illustration or other materials used for demonstration toward the mother/father/caregiver or audience
  - Invite the mother/father/caregiver or audience to share what they see on the cards, and what they think it means using OTTA (Observe, Think, Try and Act). Facilitator should not use cards to say 'Do This, Do That'
  - Make certain every visual that will be used by Counsellors is reviewed during training
- 11. Forming groups**
- Give instructions to the entire group; THEN direct Participants to break into smaller working groups

- Use different ways to form groups: counting numbers from one side; counting numbers from the other side; groupings by birthdays; groupings by first initial of name; groupings by colours; sinking ship game; picking numbers randomly; etc.
- After the 1<sup>st</sup> group presents, ask additional groups to add only points not already mentioned

## 12. Writing on Flip Charts:

- Use broad-tipped markers
- Black and blue inks are easier colours to see from a distance. Use green and red to highlight key words, making flipcharts attractive and content memorable
- Print using both capital and small letters (easier for the brain to interpret than all caps)
- Facilitator: Don't turn your back to the Participants to write on flip chart. Let your Co-Facilitator do the writing while you continue to facilitate the session
- Turn over prepared flipcharts that are not being used at the moment

## 13. Adult Learning:

- Facilitators: don't first give answers yourself (even to questions directed at you); rather, invite participant contributions. Then fill-in with additional information
- Draw Participants' attention to useful information in the training materials (Appendices, etc.) that will not be covered during the training sessions
- Keep to time schedule. **Sometimes 'Less is More'**
- Focus on determining that Participants understand key content
- Seating in a Circle: Participants are seated in a circle so that **everyone can see all** other Participants. As necessary, remind Participants to keep the circle arrangement

## 14. Field Practice:

Prior to the Field Practice:

- Identify facilities with an appropriate number of mothers/children less than 24 months as close as possible to the training site. Make arrangements well in advance of the training dates. Confirm arrangements the week (and day) prior to the Field Practice session(s)
- Determine if it will be appropriate to bring mats for Group Sessions (Field Practice 2)
- Identify Translators, as necessary. Pair local language speaker with a non-local language speaker when possible. For group sessions, provide a translator for non-local language observers
- Prepare Participants' for the Field Practice:
  - For one-to-one counselling, divide Participants into pairs (taking into consideration those who do or do not speak the local language and translation requirements) and list on a flip chart
  - For group sessions, identify the Participants who will act as Facilitators/Co-Facilitators, and those who will be observers. Discuss seating arrangements for all Participants and translators.
- The day before: review the Field Practice and Feedback process, and outline the materials they will need to bring to the Field Practice
- The morning of Field Practice: remind Participants of the process once the group arrives at the Facility, the materials they need to bring, and what they should do upon return to the classroom.

**At the Field Practice site:**

- Introduce Course Facilitators and Session Facilitators to 'In Charge'.

- Session Facilitators (with Facility staff) should assign Participant pairs to the mothers
- Before taking photographs: ask permission
- Provide feedback to your partner immediately after counselling a mother, and before you counsel a second mother/caregiver
- Course Facilitators and Session Facilitators: thank ‘In-Charge’ before leaving.

**15. Delays:** Some delays will occur. Make use of time for review, to sing (to keep up spirits).

#### **16. Other useful tips**

- If Session Facilitators’ don’t complete their sessions: consider completing the unfinished material as part of the next day’s review session
- Don’t ask a Participant to demonstrate something (e.g., positioning) unless you know for certain s/he knows how to do it correctly. Participants remember what has been demonstrated, so it must be correct
- Session Facilitators are responsible for picking up after their session, ensuring that flip charts are posted together on the Learning Gallery wall, making sure that flip charts are ready for the next Facilitators, and any borrowed training aid materials are returned to the material table and/or Course Facilitators
- Use time during the training to begin to put together your own training materials resources
- If the course needs to be shortened: Don’t reduce the time for Field Practice; rather, reduce the course content
- **Gallery of Review:** Post all flipcharts around the training room; everyone – especially community participants – likes to see their work. For the final day of training, arrange flipcharts in a logical order, covering all content but leaving flipchart titles exposed. Conduct a quick review of course content during a summary ‘Gallery Walk’
- **Photos:** Include a separate photo (head shot) and name of each participant in an Appendix of the Training Report to facilitate identification during supportive supervision, ongoing training, etc. [under ‘Names of Participants and Facilitators

#### **17. Supportive Supervision**

- Learning to counsel requires development of skills over time, somewhat like the process of learning to drive a car. A new driver is not sent onto the road alone and unsupervised after classroom instruction. A newly trained counsellor also benefits from supportive supervision and mentoring



## ANNEX 11: Cut-outs of 'Happy Faces'

