

Infant and Young Child Feeding Counselling



A Community-Focused Approach

TRAINER'S GUIDE

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Acknowledgments

THE training package for *Infant and Young Child Feeding Counselling: A Community-Focused Approach* reflects a collaboration that draws on the experiences and past work of many individuals and groups. This package, including an integrated set of counselling cards, an *IYCF Counselling Trainer's Guide* and training aids, has been developed under the CARE Infant and Young Child Feeding in Emergencies (IYCF-E) Initiative, in partnership with URC/CHS. The community-focused counselling package was piloted and first used to support programming in the Dadaab Camps in northeastern Kenya, where the IYCF-E Initiative currently supports the work of the Dadaab IYCF Team, whose members include CARE Kenya, UNHCR, GTZ and NCCK. The work of the CARE IYCF-E Initiative is supported by a grant from a private donor to CARE USA.

The technical content of the training package is based on the WHO/UNICEF breastfeeding counselling, complementary feeding counselling, and infant and young child feeding integrated counselling courses. The approach draws from infant feeding and other behaviour change communication materials previously developed by URC/CHS in Tanzania, Niger, Benin and Guatemala, with support from USAID.

It also reflects training material developed by the Academy for Educational Development's LINKAGES Project and the IFE (Infant Feeding in Emergencies) Core Group's *IFE Module 2* for health and nutrition workers in emergency situations. The IFE Core Group is an interagency collaboration (ENN, IBFAN, CARE USA, UNICEF, UNHCR, WHO and WFP) focused on the development of policy and training materials to support appropriate infant and young child feeding in emergencies.

This version of the training package is a "living document" that has been updated following an initial pilot testing in the Dadaab Camps in May 2007. Additional adjustments are anticipated, based on future use and technical feedback.

Continued

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Introduction

THE *Infant and Young Child Feeding Counselling Trainer's Guide* is part of a training package to train low literacy, community-level Infant and Young Child Feeding (IYCF) Counsellors to help mothers, fathers and other caregivers optimally feed their infants and young children. The *Guide* is intended to equip trainers with basic counselling skills, and technical knowledge of key practices and messages related to breastfeeding, infant and young child complementary feeding, and feeding of the sick child. Basic counselling skills include: listening and learning, building the mother's/caregiver's confidence, providing support and practical help, and negotiating ("reaching-an-agreement" in Dadaab) by applying the "assess, analyze and act" steps.

The key practices are illustrated on an integrated set of 18 counselling cards, and described in a Message Booklet that accompanies the Trainer's Guide. Participants become familiar with the basic content of the key practices and messages through the use of the counselling cards. Hands-on practice is the focus of the IYCF Counsellors training, with emphasis on counselling skills and the effective use of the counselling cards and other visual materials. IYCF Counsellors may be TBAs, Community Health Workers (CHWs) or project staff with more advanced IYCF training who act as points of referral for the low-literate, less experienced IYCF Counsellors and together form a community network of IYCF support.

The *Infant and Young Child Counselling Trainer's Guide* and training aids were developed for use in low resource settings, without dependence on the use of slides or other media projection, flip charts or writing materials. (See Appendix 1 for the contents of the key and supporting messages of the counselling cards; see Appendix 2 for the training aids.)

Throughout the *IYCF Counselling Trainer's Guide* the trainers are referred to as Facilitators and the trainees as Participants.

Training Agenda

The *IYCF Counselling Trainer's Guide* is divided into 2–3 hour segments and can be conducted at different time intervals depending on various programme and human resource considerations. This modular approach allows for flexibility in scheduling training sessions, and also allows for practice between the teaching segments. Each individual session of the *IYCF Counselling Trainer's Guide* outlines specific learning objectives, activity details, time allotted, materials needed, and methodologies for the learning activities that Facilitators and Participants will use. The additional instructions in italics (and shaded portions) are intended for use when the Guide is used for preparing trainers of IYCF Counsellors.

Training methodology

The competency-based participatory training approach used in this 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. 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 practise. Participants also act as resource persons for each other, and benefit from clinical and/or community practise, working directly with breastfeeding mothers, pregnant women, and mothers/caregivers who have young children. Ideally,

the ratio of the number of Facilitators to Participants per training should be one to six. The training methodology used throughout the *IYCF Counselling Trainer's Guide* models the same type of training used with low literate Participants: no flip charts or writing materials, and pre and post assessments structured in a way that suggests the Participants may be non-literate.

Training Location

Wherever the training is planned, a clinical or community-based site should be readily available to support the practicum for counselling and negotiation (“reaching-an-agreement”) with mothers/caregivers on small doable infant and young child feeding practices. Prepare the practicum site by coordinating with clinic and/or community for arrival of Participants and arranging for space to practise the skills.

Overview of “Why We Are Here”

General objectives of the *IYCF Counselling - A Community-Focused Approach* training

This training is intended to accomplish the following:

1. Raise awareness among IYCF Counsellors on the importance of optimal breastfeeding and complementary feeding for children 0–23 months
2. Sensitize IYCF Counsellors about key contact points for meeting with mothers/fathers/caregivers to discuss and support optimal infant and young child feeding practices

3. Increase the knowledge of IYCF Counsellors in order to enable them to help mothers and caregivers to optimally feed their infants and young children from under 2 years
4. Enhance the skills of IYCF Counsellors to support mothers and caregivers. Skills include:
 - listening and learning
 - building the mother's/caregiver's confidence
 - providing support and practical help —for example, with attachment and positioning, and
 - negotiating ("reaching-an-agreement"), if modification of a behaviour is needed

Specific objectives of the *IYCF Counselling - A Community-Focused Approach* training

By the end of the training, Participants will be able to:

1. Describe practices and key messages on infant and young child feeding (IYCF) from 0– < 6 months, starting at 6 months, 6–8 months, 9–11 months and from 12–23 months
2. Describe practices and messages on feeding of the sick child less than 6 months and greater than 6 months
3. Identify ways to prevent and solve common breast conditions
4. Discuss insufficient milk, prevention and building up milk supply

5. Describe common situations, beliefs and myths affecting breastfeeding
6. Describe basic information of infant feeding in the following situations: 1) HIV-positive woman, and 2) severely malnourished infant or young child
7. Identify signs that require referral to a health post
8. Master counselling skills: listening and learning, building confidence, providing support and practical help, and negotiating ("reaching-an-agreement") by applying the "assess, analyze, and act" steps in order to promote behavioural change in mothers and caregivers so that they improve their IYCF-related practices
9. Demonstrate the use of the integrated set of counselling cards on breastfeeding, complementary feeding for children 6–23 months, hygiene, feeding of the sick child, and signs that require referral to the health post, and
10. Practise the initial visit of counselling and negotiating ("reaching-an-agreement") with a mother of a baby 0– < 6 months, and a mother of a baby 6–23 months (practise all counselling skills: listening and learning, building confidence, providing support and practical help, and negotiating ("reaching-an-agreement") by applying the "assess, analyze, and act" steps.

Additional Objectives of the Preparation of Trainers Course:

By the end of the training, Participants attending the Preparation of Trainers Course will also be able to:

1. Prepare a training format by outlining the objectives, activities, time allotted, materials needed, and methodologies described in the *IYCF Counselling Trainer's Guide*
2. Assign training responsibilities and tasks among Facilitators
3. Use the Training Package (integrated set of counselling cards, *IYCF Counselling Trainer's Guide*, and training aids) in the roll-out training of IYCF Counsellors

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 5. 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 3).

Review Energizers

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 s/he 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 are descriptions of several daily evaluations that Facilitators can select from at the end of each day (or session) to assess the knowledge and skills that have been acquired and/or to obtain feedback from Participants.

- A. 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
- B. “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 4 for Cut Outs)

5-Day IYCF Counselling Agenda

Time	Day 1	Day 2	Day 3	Day 4	Day 5
DAILY REVIEW					
8:30–10:30	Session 1 <ul style="list-style-type: none"> Introductions, Expectations, Why we are here? What do we know now? Overview of Training: effective counselling skills and use of counselling materials Administration and logistics Session 2 <ul style="list-style-type: none"> How to Counsel: Talking with Mother/Caregiver 	Session 4 (continued) <ul style="list-style-type: none"> Session 5 <ul style="list-style-type: none"> Common breast conditions: symptoms, prevention and solutions Insufficient milk: real or perceived 	Session 8 <ul style="list-style-type: none"> Practicum: How to counsel a mother with a baby less than 6 Months: community and/or facility practise practices for children 6–23 months 	Session 9 (continued) <ul style="list-style-type: none"> Complementary feeding practices for children from 6–23 months Session 10 <ul style="list-style-type: none"> Feeding the sick infant and young child 	Session 13 <ul style="list-style-type: none"> Practicum: How to counsel a mother with a baby less than 6 Months: community and/or facility practise
10:30–11:00					TEA BREAK
11:00–12:45		Session 3 <ul style="list-style-type: none"> Importance of Breastfeeding Key contact points to promote optimal infant and young child feeding 	Session 6 <ul style="list-style-type: none"> Common situations that can affect breastfeeding Identify signs that require moth-er/caregiver/family to seek care 	Session 8 (continued) <ul style="list-style-type: none"> Discussion and feedback of practicum experience 	Session 11 <ul style="list-style-type: none"> Infant feeding: HIV-positive mother and severe malnutrition of infant and young child Session 12 <ul style="list-style-type: none"> How to counsel: practice counselling with mothers of babies greater than 6 months
12:45					PRAYERS and LUNCH
14:00–15:45		Session 4 <ul style="list-style-type: none"> How to Breastfeed Making dolls & breast models Good attachment & positioning Signs of effective suckling Breastfeeding pattern How to hand express & store breastmilk 	Session 7 <ul style="list-style-type: none"> How to counsel: practice counselling with mothers of babies less than 6 months Listening and learning skills "Assess, analyze and act" steps to counselling Preparation for Practicum 	Session 9 <ul style="list-style-type: none"> Complementary feeding practices for children from 6–23 months 	Session 12 (continued) <ul style="list-style-type: none"> Listening and learning skills "Assess, analyze and act" steps to counselling Preparation for Practicum
15:45–16:00					DAILY EVALUATION
Task: talk to pregnant woman/mother/caregiver about what you have learned					

SESSION 1

Introductions, Expectations, Why We Are Here

Note to the Facilitator: Present an overview of objectives for this session (listed below) and the time allotted for this session.

Learning objectives

By the end of the session, Participants will be able to:

1. Begin to name fellow Participants and Facilitators
2. Discuss expectations
3. Explain “why we are here”
4. Become familiar with the integrated set of counselling cards
5. **For the Preparation of Trainers Course: Become familiar with the IYCF Counselling Trainer’s Guide**

Activities

- | | |
|------------|--|
| Activity 1 | Introductions (20 minutes) |
| Activity 2 | What do we know now? (20 minutes) |
| Activity 3 | “Why we are here”: compare the general and specific course objectives with the Participants’ expectations, and give an overview of the training (20 minutes) |
| Activity 4 | Present and review the integrated set of counselling cards (30 minutes) |
| Activity 5 | Discuss administration, ground rules and logistics (10 minutes) |
| Activity 6 | For the Preparation of Trainers Course: Present and review the IYCF Counselling Trainer’s Guide and training aids (20 minutes) |

Total Time 1 hour

Materials needed

- ✓ One copy of the integrated set of counselling cards for each participant
- ✓ One copy of “What do we know now?” pre-assessment guide for the Facilitator(s)
- ✓ **For the Preparation of Trainers Course: One IYCF Counselling Trainer’s Guide for each Participant and one or two complete sets of training aids per training team.**

ACTIVITY 1

Introductions and expectations (20 minutes)

Methodology: Introduce participant sitting beside you

- Ask Participants to talk to the person sitting beside them; each Participant introduces his/her neighbor by name, their expectation of the training, and something of interest (favourite colour).

ACTIVITY 2

“What do we know now?” (20 minutes)

Methodology: Participants sit in circle facing outwards

- Ask Participants to form a circle and sit so that their backs are facing the center.
- Explain that questions will be asked and ask Participants to raise one hand (with open palm) if they think the answer is “Yes”, to raise one hand (with closed fist) if they think the answer is “No”, and to raise one hand (pointing 2 fingers) if they “Don’t know”.

Pre-assessment: What do we know now?

	Yes	No	Don't know
1. A baby should breastfeed within an hour after birth.			
2. To produce enough milk, a mother should breastfeed frequently, day and night.			
3. Colostrum helps to protect babies from illnesses like diarrhea and respiratory infections.			
4. At 4 months, infants need water and other drinks in addition to breastmilk.			
5. At 9-11 months, a baby needs complementary foods 4 times a day.			
6. One sign of good attachment is that the newborn's chin touches the mother's breast.			
7. Breastfeeding benefits the baby, but not the mother.			
8. A mother can still successfully breastfeed her baby even if she thinks she does not have enough milk.			
9. A mother can prevent sore and cracked nipples by correctly attaching her baby to the breast.			
10. A baby begins to need foods in addition to breastmilk at about 6 months.			
11. A mother can produce enough milk to breastfeed twins.			

- One Facilitator reads the statement and another Facilitator records the answers and notes which topics (if any) present confusion.
- Advise Participants that these topics will be discussed in greater detail during the training.

ACTIVITY 3

Summary of purpose and learning objectives (20 minutes)

Methodology: Brainstorming; Facilitator discusses purpose and learning objectives of training (“why we are here”) with Participants

- Introduce learning objectives (general and specific objectives found in the Introduction of the *IYCF Counselling Trainer’s Guide*).
- Compare the objectives with the stated expectations of the Participants.
- Present an overview of training: build on Participants’ knowledge, practice counselling skills: listening and learning; building confidence; providing support and practical help (attachment and positioning); and negotiating (“reaching-an-agreement”) skills at training site and with mothers/caregivers in clinic or community settings by applying the “assess, analyze, and act” steps.
- **For the Preparation of Trainers Course, explain that this is a preparation for trainers, and they alone will receive the Trainer’s Guide. Participants of their “roll-out” trainings will ONLY receive the integrated set of counselling cards and key messages booklet.**

ACTIVITY 4

Present and review the integrated set of counselling cards (30 minutes)

Methodology: Buzz groups of 3 Participants

- Distribute the integrated set of counselling cards to each Participant and then ask Participants to form groups of 3.
- Explain that the counselling cards are going to be their tools to keep and that they are going to take a few minutes to examine the content of the counselling cards.
- Each group is to find the card that shows: a piece of fruit (CCs 11, 12, 13)
- Ask a group to report which counselling card(s) show the item.
- Ask the other groups if they agree, disagree or wish to add another counselling card.
- Repeat the process with the remaining items/characteristics. Find:
 - an IYCF counselor talking with a mother (CC 1)
 - a sign or symbol that indicates that something should happen during ‘the day and at night’, or that indicates the child should have ‘a meal or a snack’ (CCs 6, 10, 11, 12, 13)

- a sign or symbol that indicates that the child should have ‘a meal or a snack’ (CCs 12, 13)
- a grandmother or guardian with mother (CC 2b, 3)
- a sign or symbol that indicates that a young child should eat 3 times a day and 2 snacks (CC 13)
- a sick baby less than 6 months (CC 15)
- the card with the message that ‘hands should be washed with soap as well as water’ (CC 14)
- the card with the message that a young infant does not need water (CC 7)

ACTIVITY 5

Discuss administration, ground rules and logistics (10 minutes)

ACTIVITY 6

For the Preparation of Trainer’s Course: Present and review the IYCF Counselling Trainer’s Guide and training aids (20 minutes)

Methodology: Small groups according to training team

- **Distribute the IYCF Counselling Trainer’s Guide to each Participant, and a set of training aids to each group representing a training team.**
- **Ask small groups to examine the contents of the IYCF Counselling Trainer’s Guide and the set of training aids.**
- **Explain the following:**
 - **Facilitators will be modeling the training that Participants will in turn conduct**
 - **Participants will need to become familiar with the IYCF Counselling Trainer’s Guide and the training aids because they will be their tools in training IYCF Counsellors**
- **Together with Participants, go through Session 1 of the IYCF Counselling Trainer’s Guide, pointing out objectives, activities, time allocated, materials needed, and details/methodology of each activity.**
- **Guide discussion of Participants’ role as trainers.**

SESSION 2

How to Counsel: Talking with the Mother/Caregiver

Note to the Facilitator: Present an overview of objectives for this session (listed below) and the time allotted for this session.

Learning objective

By the end of the session, Participants will be able to:

1. Identify listening and learning skills and PRACTISE using them

Activities

Activity 1 Facilitators demonstrate listening and learning skills (*20 minutes*)

Activity 2 Participants practise listening and learning skills (*40 minutes*)

Total Time 1 hour

Materials needed

- ✓ Six listening and learning demonstration cases for Facilitators
- ✓ Practise exercises from Breastfeeding Counselling: A Training Course developed by WHO/UNICEF

ACTIVITY 1

Facilitators demonstrate listening and learning skills (20 minutes)

Methodology: Demonstration

- Explain that ‘listening and learning’ skills are the first set of skills to be learned and practised. Other skills are: building the mother’s/caregiver’s confidence; providing support and practical help; and negotiating (“reaching-an-agreement”) by applying the “assess, analyze, and act” steps.
- Prepare and demonstrate different role-plays of listening and learning skills using the following 6 exercises (team of 2 Facilitators).
- Ask Participants to identify the different skills.
- Discuss, summarize, and repeat the different listening and learning skills.

Note to the Facilitator: The following Listening and Learning demonstrations are from:
Breastfeeding Counselling: A Training Course developed by WHO/UNICEF

Demonstration 1:

Non-verbal communication

With each demonstration say exactly the same few words, and try to say them in the same way, for example: “*Good morning, Habiba. How is breastfeeding going for you and the baby?*”

A. Posture:

Hinders: stand with your head higher than the mother’s
Helps: sit so that your head is level with hers

B. Eye contact:

Helps: look at her and pay attention as she speaks
Hinders: look away at something else, or down at your notes

C. Barriers:

Hinders: sit behind a table, or write notes while you talk
Helps: remove the table or the notes

D. Taking time:

Helps: make her feel that you have time. Sit down and greet her without hurrying; then just stay quietly smiling at her, watching her breastfeed, and waiting for her to answer

Hinders: be in a hurry. Greet her quickly, show signs of impatience, and look at your watch

E. Touch:

Helps: touch the mother or baby appropriately

Hinders: touch her in an inappropriate way (*Note: If you cannot demonstrate an inappropriate touch, simply demonstrate not touching.*)

Demonstration 2:

Closed questions to which mother can answer 'yes' or 'no'

CW = IYCF Counsellor

CW: "Good morning, (name). I am (name), the IYCF Counsellor.
Is (name of baby) well?"

Mother: "Yes, thank you."

CW: "Are you breastfeeding him?"

Mother: "Yes".

CW: "Are you having any difficulties?"

Mother: "No".

CW: "Is he breastfeeding very often?"

Mother: "Yes".

Demonstration 3:

Open questions

CW: "Good morning, (name). I am (name), the community IYCF Counsellor.
How is (name of baby)?"

Mother: "He is well, and he is very hungry."

CW: "Tell me, how are you feeding him?"

Mother: "He is breastfeeding. I just have to give him one bottle feed in the evening."

CW: "What made you decide to do that?"

Mother: "He wants to feed too much at that time, so I thought that my milk is not enough".

Demonstration 4:

Using responses and gestures that show interest

CW: "Good morning, (name). How is breastfeeding going for you these days?"

Mother: "Good morning. It is going quite well, I think."

CW: "Mmm." (nods, smiles.)

Mother: "Well, I was a bit worried the other day, because he vomited."

CW: "Oh dear!" (raises eyebrows, looks interested.)

Mother: "I wondered if it was something that I ate, so that my milk did not suit him."

CW: "Aha!" (nods sympathetically).

Demonstration 5:

Reflecting back

CW: "Good morning (name). How are you and (name) today?"

Mother: "He wants to feed too much—he is taking my breast all the time!"

CW: "(Name) is feeding very often?"

Mother: "Yes. This week he is so hungry. I think that my milk is drying up."

CW: "He seems hungrier just for about a week?"

Mother: "Yes, and my sister is telling me that I should give him some bottle feeds as well."

CW: "Your sister says that he needs something more?"

Mother: "Yes. Which formula is best?"

Demonstration 6:

Avoid using judging words (2 skits)

Skit 1:

CW: "Good morning (name). Is (name) breastfeeding normally?"

Mother: "Well I think so."

CW: "Do you think you have enough breastmilk for him?"

Mother: "I don't know.....I hope so, but maybe not....." (She looks worried.)

CW: "Has he gained weight well this month? May I see his growth chart?"

Mother: "I don't know....."

Avoiding judging words

Skit 2:

CW: "Good morning (name). How is breastfeeding going for you and (name)?"

Mother: "It's going very well. We both enjoy it."

CW: "How is his weight? Can I see his growth chart?"

Mother: "Nurse said that he gained more than half a kilo this month. I was pleased."

CW: "He is obviously getting all the breastmilk that he needs."

ACTIVITY 2

Participants practise exercises from "Breastfeeding Counselling: A Training Course" developed by WHO/UNICEF (40 minutes)

Methodology: Small working groups

- Form small groups with a Facilitator in each group.

Open questions

- Facilitator reads the closed question: Do you breastfeed your baby? and changes it into an 'open' question: *How are you feeding your baby?*
- Next the Facilitator reads the 'closed' questions and asks Participants to change them into 'open' questions.
 1. Are you often away from your baby? Possible answer: *How many hours are you away from your baby on a daily basis?*
 2. Are your nipples sore? Possible answer: *Can you tell more about how your nipples feel?*
- Read the short story:

Joseph and Mabel bring 3-month-old Johnny to the clinic. They want to talk to you because he is not gaining weight.
- Ask Participants to mention two open questions that you would ask Joseph and Mabel. The questions must be ones that they cannot say just 'yes' or 'no' to.

Reflecting back what a mother says

- Facilitator reads the statement: My mother says that I don't have enough milk, and then asks Participants to decide which examples of the following statements show 'reflecting back':
 - a. Do you think you have enough?
 - b. Why does she think that?
- c. She says that you have a low milk supply?**
 - Mention that 'c' reflects back the original statement.
 - Read the statements and ask Participants to mention which answer correctly 'reflects back' the statement.
 1. My baby is passing a lot of stools—sometimes 8 in a day.
 - a. He is passing many stools each day?**
 - b. What are the stools like?
 - c. Does this happen every day, or only on some days?
 2. He doesn't seem to want to suckle from me.
 - a. Has he had any bottle feeds?
 - b. How long has been refusing?
 - c. He seems to be refusing to suckle?**
 - Ask Participants to 'reflect back' the following statements.
 - 3. Sometimes he doesn't pass a stool for 3 or 4 days. Possible response: *he doesn't pass stools for 3 or 4 days?*
 - 4. My husband says that our baby is old enough to stop breastfeeding now. Possible response: *your husband thinks the baby is old enough to stop breastfeeding?*
 - Read the short story:

You meet Cora in the market with her 2-month-old baby. You say how well the baby looks, and ask how she and the baby are doing. Cora says "Oh, we're doing fine. But he always seems especially hungry in the evening."
 - Ask Participants to reflect back what Cora says, and to encourage her to tell you more? Possible response: *so you're doing fine, but you think the baby is especially hungry in the evening? What makes you say this?*

Avoiding judging words

- Review the following list of judging words

Well	Normal	Enough	Problem	Crying 'too much'
good	correct	adequate	fail	unhappy
bad	proper	inadequate	failure	happy
badly	right	satisfied	succeed	fussy
	wrong	plenty of	success	colicky
		sufficient		

- Read the judging statement: Does he suckle well? and the example of putting the statement into a non-judging statement: *How do you feel he is suckling?*
- Ask Participants *to put the following judging questions into non-judging questions*
 1. Are his stools normal? Possible response: *can you tell me what his stools look like?*
 2. Is he gaining enough weight? Possible response: *can you please show me his weight card?*
 3. Do you have any problems breastfeeding? Possible response: *how is breastfeeding going?*
 4. Does he cry too much at night? Possible response: *how many times does he wake up at night?*
- Review listening and learning skills in plenary
 1. Use helpful non-verbal communication
 - Keep your head level with mother/parent/caregiver
 - Pay attention (eye contact)
 - Remove barriers (tables and notes)
 - Take time
 - Appropriate touch
 2. Ask open questions
 3. Use responses and gestures that show interest
 4. Reflect back what the mother says
 5. Avoid using judging words

SESSION 3

Importance of Breastfeeding

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objectives

By the end of the session, Participants will be able to:

1. List the common illnesses of babies in their communities
2. Reflect on how breastfeeding can prevent these common illnesses
3. Define colostrum and exclusive breastfeeding
4. Discuss community breastfeeding practices
5. List the key contact points where and when optimal infant and young child feeding practices can be promoted
6. Observe counselling cards 1–3 (antenatal, delivery, early post-partum) and name the optimal breastfeeding practices and/or messages
7. Review the benefits of breastfeeding for baby, mother and family

Activities

- Activity 1 Discussion on common illnesses of babies in the community and reflection on the relationship between breastfeeding and common illnesses of babies; definition and importance of colostrum; and definition of exclusive breastfeeding (*20 minutes*)
- Activity 2 Sharing of community breastfeeding practices (*20 minutes*)
- Activity 3 Key contact points to promote optimal infant and young child feeding (*20 minutes*)
- Activity 4 Observation of counselling cards 1–3 (antenatal, delivery, early post-partum) and discussion of the optimal breastfeeding practices and messages during these times (*45 minutes*)
- Activity 5 Review benefits of breastfeeding for baby, mother and family (*15 minutes*)

Total Time 2 hours

Materials needed

- ✓ Images of common illnesses in the community: diarrhoea, cough/pneumonia, malnutrition, vomiting, fever, anaemia
- ✓ Images of breastfeeding mother and baby, and healthy mother and baby
- ✓ Counselling cards 1-3: antenatal, delivery, and early post-partum optimal practices/messages

ACTIVITY 1

Discussion of common illnesses of babies in the community

(20 minutes)

Methodology: Brainstorm common illnesses of infants and young children, definition and importance of colostrum, and definition of exclusive breastfeeding

- Ask Participants: "What are the common illnesses of infants and young children in Dadaab?
- As Participants mention each illness, put an image of the illness on the floor or wall so that all can see.
- Probe until all images are displayed (perhaps skin disease will be mentioned, but there is no image).
- Put the 'breastfeeding mother and baby' in the centre of the other images.
- Asks Participants: what is the relationship between "these illnesses" and breastfeeding (especially respiratory and diarrhoeal infections)?
- Put the 'healthy mother and baby' in the centre as a result of breastfeeding.
- Ask Participants to define colostrum or the local name for the "first milk".
- Explain the importance of colostrum.
- Ask Participants to define exclusive breastfeeding.
- Discussion and summary.

Content for Activity 1

Colostrum is the fluid in the breast at the end of pregnancy and in the early postpartum period. It is thicker and more yellow than mature milk, rich in proteins and vitamins.

Components and Properties of Colostrum	Importance
Antibodies	Protect against infection and allergy
White cells	Protect against infection
Growth factors	Help intestines to mature and prevents allergies and food intolerance
Vitamin A	Reduces severity of some infections (e.g., measles and diarrhea) and prevents vitamin A-related eye disease
Purgative effects	Cleans meconium (dark black stool) to prevent jaundice in newborns

Modified: UNICEF/WHO – Breastfeeding counselling: A training course, 1993

Exclusive breastfeeding is giving an infant no food or drink, including water, apart from breastmilk (including expressed breastmilk), with the exception of drops or syrups containing vitamins, mineral supplements, or medicine.

ACTIVITY 2

Sharing of breastfeeding practices in the community (20 minutes)

Methodology: Brainstorm community breastfeeding practices

- Ask Participants to share community breastfeeding practices by answering the following questions:
 1. When do mothers in the community initiate breastfeeding?
 2. Until what age do mothers exclusively breastfeed (only breastfeeding with no water, liquids or solids)?
 3. How frequently do mothers breastfeed over a 24 hour period?
 4. Until what age do mothers breastfeed their babies (how many months/years)?
- Summarize practices.

ACTIVITY 3

Where are there opportunities for IYCF Counsellors to promote optimal infant and young child feeding? (20 minutes)

Methodology: Small groups

- Divide Participants into small groups and ask them to list the places and times (key contact points) where they can promote optimal infant and young child feeding practices.
- Ask one small group to share their answers with the whole group. Other small groups add additional points.
- Probe until the following points (where and when IYCF Counsellors can share information with mothers and caregivers/family members) are mentioned.

Content for Activity 3

Key contact points where and when IYCF Counsellors can share information with mothers and caregivers/family members:

- At every contact with a pregnant woman (at health post or in the community)
- At delivery in health centre or at home
- At postpartum contacts on days 2-3, and 5-7, and at 2 weeks, at home or in the community
- During family planning sessions at health post (or in the community)
- At EPI (immunization) and growth monitoring sessions at health post or in the community
- At every contact with mother or caregiver of a sick child

Information can also be shared at:

- Supplementary feeding programmes (SFPs)
- Therapeutic feeding centres (TFCs)
- Community therapeutic care programmes (CTCs)

ACTIVITY 4

Discuss the optimal breastfeeding practices and/or messages (45 minutes)

Methodology: Small working groups—Participants observe counselling cards 1, 2a, 2b, and 3 and name the breastfeeding practice(s) and key message(s) illustrated in the counselling cards (CCs)

- Explain that this activity will concentrate on learning the key messages. In Session 7 on “How to counsel a mother”, Participants will practise how to combine the messages with counselling skills: how to decide whether a mother needs additional information; prioritize and select among key messages, and present a small amount of relevant information as a suggestion, not a directive.
- Divide Participants into small groups, asking Participants in each group to use their counselling cards for the following exercise.
- Have each group study CC 1 and name the breastfeeding practice/s and/or key message/s that can be shared with the expectant mother.
- Ask one small group to share with the whole group and other small groups add additional points.
- Probe until the key and supporting messages (found in Appendix 2 of the IYCF Counselling Trainer’s Guide) are mentioned.
- Have the small groups repeat the process until CCs 2a, 2b, and 3 have been observed and studied, and the breastfeeding practice/s and/or key message/s are named.

ACTIVITY 5

Review the benefits of breastfeeding for the baby, mother and family (15 minutes)

Methodology: Circle and ball

- Ask Participants to form a circle.
- Throw the ball to one participant and ask her/him to name a benefit of breastfeeding for the baby, the mother or the family.
- When s/he has named a benefit of breastfeeding for the baby, the mother or the family, s/he in turn throws the ball to another participant and asks that participant to give another benefit of breastfeeding to the baby, mother or family.
- Continue until the following benefits of breastfeeding for the baby, mother or family have been mentioned.

Content for Activity 5

Benefits of Breastmilk for the Baby

- Saves babies' lives.
- The baby benefits from the colostrum, which protects him/her from diseases. The colostrum acts as a laxative cleaning the baby's stomach.
- Has all the baby needs for the first 6 months.
- Contains enough water for the baby's first 6 months.
- Provide food security in emergencies.
- Promotes adequate growth and development
- Stimulates optimal brain development
- Protects against diseases, especially against diarrhoea and respiratory infections.
- Is always clean, ready, and at the right temperature.
- Is easy to digest.

Benefits of Breastfeeding for the Mother

- Putting the baby to the breast immediately after birth helps expel the placenta, and reduces bleeding after delivery.
- The baby's suckling stimulates uterine contractions.
- Breastfeeding the baby immediately and frequently stimulates milk production.
- Breastfeeding the baby immediately and frequently prevents engorgement.
- Breastfeeding is economical.
- Breastfeeding stimulates bonding between a mother and her baby.
- Breastfeeding is good for maternal health.
- Breastfeeding protects against early pregnancy which helps protect a woman's own health and nutrition.
- Breastfeeding contributes to food security for the infant.

Benefits of Breastfeeding for the Family

- Decreased sickness
- Decreased medical expenses
- Protection against early pregnancy

SESSION 4

How to Breastfeed

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objectives

By the end of the session, Participants will be able to:

1. **For the Preparation of Trainers Course: Make dolls and model breasts**
2. Recognize good and poor attachment
3. Demonstrate good attachment and positioning
4. Explain the results of poor attachment
5. Describe effective suckling
6. Describe hand expression and storage of breastmilk; and how to cup feed

Activities

- Activity 1 **For the Preparation of Trainers Course: Making dolls and breast models (30 minutes)**
- Activity 2 Good attachment and positioning at the breast (*1 hour*)
- Activity 3 Signs of effective suckling (*30 minutes*)
- Activity 4 Breastfeeding pattern (frequency, duration, demand, night feeding), and exclusive breastfeeding (*30 minutes*)
- Activity 5 How to hand express and store breastmilk; and how to cup feed (*30 minutes*)

Total Time **2½–3 hours**

Materials needed

- ✓ **For the Preparation of Trainers Course: Materials to make dolls and breast models**
- ✓ Counselling cards 4 and 5 on attachment and positioning
- ✓ Dolls and/or babies

Note: If possible, make arrangements in advance to have breastfeeding women present to demonstrate positioning and attachment.

- ✓ Images of 'good attachment' and 'poor attachment', and 'How the breast makes milk'
- ✓ Counselling card 6: Breastfeed on Demand, Both Day and Night; CC 7: During the First 6 Months, Your Baby Needs ONLY Your Breastmilk; and CC 8: How to Hand Express Breastmilk and Cup Feed
- ✓ Photo of milk expression and cup feeding
- ✓ Small cup with liquid

ACTIVITY 1

For the Preparation of Trainer's Course: Making dolls and breast models (30 minutes)

Methodology: *Small groups from the same health post help each other make dolls and breast models*

- **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, 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).**
- **Participants work together to make their dolls.**
- **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 – Instructions for Making Cloth Breast Models, Appendix 1, Breastfeeding Management and Promotion in a Baby-Friendly Hospital, an 18 hour course for maternity staff, UNICEF/WHO 1993. Appendix 3.**

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

ACTIVITY 2

Good attachment and positioning at the breast (60 minutes)

Methodology: Small groups and Demonstration

- Form small groups of 6 Participants with a Facilitator in each group.
- Pass around to Participants the images of 'good attachment' and 'poor attachment'. Ask for comments and description of images.

- Using Counselling Card #4 AND if possible a real mother, point out and explain the 4 signs of good attachment: mouth open, more areola showing above than below the nipple, lower lip turned out, and chin touching breast. (Aim the baby's lower lip well below the nipple so that the nipple goes to the top of the baby's mouth and the baby's chin touches the breast.)
- Explain what happens if the attachment is wrong:
 - Sore and cracked nipples
 - Pain leads to poor milk release and slows milk production.
- Using Counselling Card #5 AND if possible a real mother, demonstrate and explain the various positions deliberately and clearly (point out when head should not be held, and do not hold baby too far out to the side) and repeat the 4 signs of good attachment: mouth open, more areola showing above than below the nipple, lower lip turned out, and chin touching breast.
- Explain how to help a mother attach and position a baby at her breast
 - always observe a mother before you help her
 - give a mother help only if she has difficulty
 - let the mother do as much as possible herself
 - make sure she understands what to do so that she can do it herself
- Demonstrate with participant how to help attach and position a baby (Facilitator acts as counsellor, and participant as mother)—see table below
- In working groups of 6, ask Participants to practise in triads with dolls or rolled-up towels/material: mother, counsellor and observer—helping 'mother' to use good attachment (4 signs) and good positioning. 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.)
- Mother and baby demonstrate attachment and positioning (or Facilitator demonstrates with a doll or rolled-up towel/material). Ask Participants to observe attachment and positioning and decide if mother is using good attachment and positioning, explain any differences they saw, and help mother to modify attachment and positioning.
- Recap counselling cards 4 and 5: how to help mother attach and position, and messages for the mother.
- Discussion and summary.

Content for Activity 2

How to help attach a baby

- Greet mother, introduce yourself
- Assess a 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
 - explain the 4 signs of good attachment
 - show mother how to support her breast with her hand to offer it to her baby (she should rest her fingers on her chest wall under her breast)
 - explain how she should touch her baby's lips with her nipple, so that he 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 lip below her nipple, so that his/her chin will touch her breast)
- Notice how the mother responds
- Look for all the signs of good attachment
- If the attachment is not good, try again

ACTIVITY 3

Signs of effective suckling (30 minutes)

Methodology: Small groups

- In small groups of 6 Participants, pass around to Participants the images of 'How the breast makes milk'.
- Ask Participants to explain how they think the breast makes milk.
- Follow the arrows with the Participants and explain that suckling at the nipple stimulates nerve pathways and sends a message to the brain to make milk and to "let down" the milk —makes the milk flow.
- Explain that 'the more the baby suckles and removes the milk, the more milk is produced' —builds up milk supply.
- Explain that **good suckling achieves EFFICIENT milk transfer**.
- Ask Participants: "what are the signs of effective suckling?"

- Probe Participants to mention the key and supporting messages (found in Appendix 1 of the IYCF Counselling Trainer's Guide—CC #4: How to attach baby to breast; fill-in the gaps.
 - To suckle well, a baby needs to be well attached at the breast.
 - The baby should be close to the breast, with a wide open mouth, so that s/he can take in plenty of the areola and not just the nipple.
 - You should see more areola above the baby's mouth than below; and the chin should touch the breast (this helps to ensure that the baby's tongue is under the areola so that s/he can press out the milk from below).
 - You may be able to see that the baby's lower lip is turned outwards (but it may be difficult to see if the chin is close to the breast).
 - Good attachment helps the baby to get the milk more easily.
 - Good attachment also helps the mother's milk flow well and ensures a good supply.
 - Good attachment helps to prevent sore and cracked nipples.
 - The infant takes slow deep suckles, sometimes pausing.
 - The mother may be able to see or hear her baby swallowing after one or two suckles.
 - Suckling is comfortable and pain free for mother.
 - Baby finishes the feed, releases breast and looks contented and relaxed.
 - The breast is softer after the feed.
- Discussion and summary.

ACTIVITY 4

Discuss breastfeeding pattern (frequency, duration, demand, night feeding), and exclusive breastfeeding.

Methodology: Participants observe counselling cards 6 and 7 and name the breastfeeding practice(s) and key message(s) demonstrated in the counselling cards

- Divide Participants into small groups, asking Participants in each group to use their counselling cards for the following exercise.
- Have each group study CCs 6 and 7 and name the breastfeeding practice/s and key message/s the cards represent.
- Ask one small group to share their results with the whole group. Other small groups add additional points.
- Probe until the key and supporting messages (found in Appendix 2 of the IYCF Counselling Trainer's Guide) are mentioned.
- Discussion and summary.

ACTIVITY 5

How to hand express and store breastmilk; and how to cup feed (30 minutes)

Methodology: Presentation/demonstration and triads

- Distribute Counselling Card #8
- Follow the steps in the Counselling Card very deliberately, so that Participants can copy this action afterwards.
- Ask a willing breastfeeding mother to demonstrate the technique of expressing breastmilk.
- If no breastfeeding mother is available, Facilitator can demonstrate the technique using the breast model.
- Ask Participants to practise using breast models.
- Ask Participants to list the “steps” of expression.
- In groups of 3 ask Participants to take turns explaining to each other how to express breastmilk, and how to store it.
- Explain storage procedures:
 - Store breastmilk in a clean, covered container. Milk can be stored 8–10 hours at room temperature in a cool place and 72 hours in the refrigerator.
 - Give infant expressed breastmilk from a cup.
 - Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.
- Distribute photo of milk expression and cup feeding.
- Demonstrate cup feeding:
 - Bring cup to the baby’s lower lip and allow baby to take small amounts of milk. Do not pour the milk into baby’s mouth.
- Pass around a doll and a cup with liquid in it for each participant to practise cup feeding technique.
- Discussion and summary with the whole group.

SESSION 5

Common Breast Conditions: Symptoms, Prevention and Solutions; and Insufficient Milk

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objectives

By the end of the session, Participants will be able to:

1. Recognise common breast conditions that can occur during breastfeeding
2. Describe the symptoms of the conditions
3. Describe how to prevent these conditions
4. Help mothers to overcome these conditions
5. Help mothers who have real or perceived insufficiency of milk

Activities

- Activity 1 Identify common breast conditions that can occur during breastfeeding
(15 minutes)
- Activity 2 Identify symptoms, prevention measures and treatment for 3 of the most common breast conditions *(30 minutes)*
- Activity 3 Discuss insufficient milk: perceived and real and how to build up milk supply *(30 minutes)*

Total Time 1 hour 15 minutes

Materials needed

- ✓ Photos of engorgement, sore/cracked nipple, blocked duct and mastitis, inverted nipples, Candida (thrush), and checking for thrush in baby's mouth

ACTIVITY 1

Identify common breast conditions that can occur during breastfeeding (15 minutes)

Methodology: Brainstorm

- Brainstorm common breast conditions that Participants have identified in their communities.
- As Participants mention each breast condition, put an image of the condition on the floor or wall so that all can see.
- Probe until all images are displayed.

ACTIVITY 2

Identify symptoms, prevention measures and solutions for 3 of the most common breast conditions (30 minutes)

Methodology: Small working groups

- Divide Participants into 3 working groups and assign a common breast condition, with corresponding photo, to each group: engorgement, sore and cracked nipples, or plugged ducts that can lead to mastitis.
- Ask each group to discuss symptoms, prevention and treatment of the assigned common breast condition.
- Each group presents their findings to the whole group.
- Discussion and summary with the whole group.
- Fill-in gaps using Table 1: Common breastfeeding conditions

ACTIVITY 3

Identify symptoms and prevention measures for insufficient milk: perceived or real, and how to build up milk supply (30 minutes)

Methodology: Small working groups

- In the same working groups, ask each group to discuss insufficient milk: perceived or real in terms of symptoms and prevention, and how to build up milk supply.
- Ask one group to present their findings to the whole group.
- Ask other groups to contribute any additional points.
- Discussion and summary with the whole group.
- Fill-in gaps using Table 2: Insufficient breastmilk

Table 1: Common Breastfeeding Conditions

Breast Condition	Prevention	Solutions
<p>Engorgement</p>  <p>Symptoms:</p> <ul style="list-style-type: none"> • Swelling • Tenderness • Warmth, • Slight redness • Pain • 24 hour fever • Skin shiny, tight and nipple flattened • Usually begins on the 3rd–5th day after birth 	<ul style="list-style-type: none"> • Good attachment • Start breastfeeding within an hour of birth • Breastfeed frequently on demand (as often and as long as baby wants) day and night: 10–12 times per 24 hours 	<ul style="list-style-type: none"> <input type="checkbox"/> Apply cold compresses to breasts to reduce swelling; then apply warmth to help milk to flow <input type="checkbox"/> Breastfeed more frequently <input type="checkbox"/> Offer both breasts <input type="checkbox"/> Improve attachment <input type="checkbox"/> Gentle stroking of breasts helps to stimulate milk flow <input type="checkbox"/> Press around areola to reduce oedema, to help baby to attach <input type="checkbox"/> Express milk to relieve pressure until baby can suckle <p><i>Warmth may be warm water, shower or bath if possible, warm dry cloth, not necessarily compress</i></p>
<p>Sore or Cracked Nipples</p>  <p>Symptoms:</p> <ul style="list-style-type: none"> • Breast/nipple pain • Cracks across top of nipple or around base • Occasional bleeding • May become infected 	<ul style="list-style-type: none"> • Good attachment • Do not use bottles • Do not use soap or creams on nipples 	<ul style="list-style-type: none"> <input type="checkbox"/> Do not stop breastfeeding <input type="checkbox"/> Improve attachment <input type="checkbox"/> Begin to breastfeed on the side that hurts less <input type="checkbox"/> Vary breastfeeding positions <input type="checkbox"/> Let baby come off breast by him/herself or remove the baby from the breast by breaking suction first <input type="checkbox"/> Apply drops of breastmilk to nipples and allow to air dry <input type="checkbox"/> Do not use soap or cream on nipples <input type="checkbox"/> Do not wait until the breast is full to breastfeed <input type="checkbox"/> Do not use bottles

Continued

Breast Condition	Prevention	Solutions
<p>Plugged Ducts and Mastitis</p>  <p>Symptoms of Plugged Ducts:</p> <ul style="list-style-type: none"> • Lump, tender, localized redness, feels well, no fever <p>Symptoms of Mastitis</p> <ul style="list-style-type: none"> • Hard swelling • Severe pain • Redness in one area • Generally not feeling well • Fever • Sometimes a baby refuses to feed as milk tastes more salty 	<ul style="list-style-type: none"> • Get support from the family to perform non-infant care chores • Ensure good attachment • Breastfeed on demand, and let infant finish/come off breast by him/herself • Avoid holding the breast in scissors hold • Avoid tight clothing 	<ul style="list-style-type: none"> <input type="checkbox"/> Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as s/he will) <input type="checkbox"/> Apply warmth (water, hot towel, warm sun etc.) <input type="checkbox"/> Hold baby in different positions, and ensure good attachment <input type="checkbox"/> 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 <input type="checkbox"/> Rest (mother) <input type="checkbox"/> Drink more liquids (mother) <input type="checkbox"/> If no improvement in 24 hours refer for antibiotics
<p>Flat and inverted nipples</p> 		<ul style="list-style-type: none"> <input type="checkbox"/> If nipples are FLAT, feed normally <input type="checkbox"/> Baby suckles from the breast—not from the nipple <input type="checkbox"/> Help is only needed to attach baby after delivery; nothing is useful before delivery, but nipples often improve at the time of birth <input type="checkbox"/> If nipple can be pulled out, then baby can pull it out too; if nipple goes in, still try to attach baby. Leaning over baby can help. <input type="checkbox"/> Help baby to attach as early as possible before milk comes in and there is risk of engorgement. Suckling early at delivery probably helps. Stimulating the nipple at delivery may help nipple to stand out more. <input type="checkbox"/> Try different positions <input type="checkbox"/> Entice baby with drops of expressed breastmilk on nipple <input type="checkbox"/> Express milk until baby is able to attach —send to more experienced counsellor <input type="checkbox"/> If nipples are large or elongated, try to get baby to take more breast into mouth

Continued

Breast Condition	Prevention	Solutions
<p>Candida (Thrush)</p> 		<ul style="list-style-type: none"> <input type="checkbox"/> Check for thrush in baby's mouth: white patches inside cheek or on tongue <input type="checkbox"/> Baby may have rash on bottom <input type="checkbox"/> Refer to health personnel to confirm diagnosis <input type="checkbox"/> Follow treatment directions of health personnel for both mother and baby
<p>Sore, red, itchy nipples white patches inside or on tongue, or maybe a rash on bottom</p> 		

Table 2: Insufficient Breastmilk

Insufficient Breastmilk	Prevention	Solutions
<p>Perceived by mother</p> <ul style="list-style-type: none"> • You “think” you do not have enough milk • (Baby restless or unsatisfied) <p>First decide if the baby is getting enough breastmilk or not (weight, urine output)</p>	<ul style="list-style-type: none"> • Start breastfeeding within an hour of birth • Stay with baby • Ensure good attachment • Encourage frequent demand feeding • Let baby finish first breast first • Breastfeed exclusively day and night • Avoid bottles • Encourage use of non-oestrogen family planning methods 	<ul style="list-style-type: none"> ❑ Listen to mother’s concerns and why she thinks she does not have enough milk ❑ Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother’s mental condition, baby or mother ill) ❑ Check baby’s weight and urine output (if poor weight gain refer) ❑ Build mother’s confidence—reassure her that she can produce enough milk ❑ Explain what the problem may be—growth spurts ❑ Explain fore and hind milk ❑ Check and improve attachment ❑ Suggest stopping any supplements—water, formulas, tea, or liquids ❑ Avoid separation from baby and care of baby by others ❑ Suggest improvements to feeding pattern. Feed baby frequently on demand, day and night. ❑ Finish the first breast first—let the baby come off the breast by him/herself ❑ Ensure mother gets enough to drink ❑ The breasts make as much milk as the baby takes—if s/he takes more, the breasts make more (the breast is like a “factory”—the more demand for milk, the more supply)
<p>Baby not getting enough Breastmilk</p> <ul style="list-style-type: none"> • Insufficient weight gain • Fewer than 6 wets/day 	<ul style="list-style-type: none"> • Same as above 	<ul style="list-style-type: none"> ❑ Same as above ❑ If no improvement in weight gain after 1 week, refer mother and baby to nearest health post

SESSION 6

Common Situations that Can Affect Breastfeeding; and Identifying Signs that Require Mother/Caregiver/Family to Seek Care

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objectives

By the end of the session, Participants will be able to:

1. Discuss common situations that can affect breastfeeding
2. Identify signs that require the mother/caregiver/family to seek care

Activities

- Activity 1 Discuss common situations that can affect breastfeeding (*60 minutes*)
Activity 2 Referral for difficult problems (*10 minutes*)
Activity 3 Identify signs requiring the mother/caregiver/family to seek care for their child (*20 minutes*)

Total Time 1½ hours

Materials needed

- / 2 envelopes, each with a set of images of common situations that can affect breastfeeding: sick mother, feeding a low birth weight baby (kangaroo mother care), malnourished mother, twins, refusal to breastfeed, pregnancy, and mother away from baby
- / Counselling Card 17: Signs Requiring the Mother/Caregiver/Family to Seek Care

ACTIVITY 1

Discuss Common Situations that can affect breastfeeding

(60 minutes)

Methodology: “Pick from the envelope”

- Divide Participants into two groups to play “pick from the envelope”.
- Give each group a basket with a set of images representing a common situation or belief that can affect breastfeeding.
- Each group is divided into 2 teams.
- One participant from team 1 is asked to “pick from the envelope,” look at the image, consult with other team members, and answer the question of how a woman with this situation or belief can be supported to successfully breastfeed her baby.
- Discussion.
- Then, one participant from team 2 “picks from the envelope” and answers (with the help of team) the next situation that can affect breastfeeding.
- Switch from one team to the other until all ‘common situations that can affect breastfeeding’ have been “picked from the envelope”.
- Discuss how stress can affect breastfeeding (no image available).
- Discussion and summary.

Content for Activity 1 on following page

Content for Activity 1

Common Situations that Can Affect Breastfeeding

Special Situation	Solutions
Sick Mother 	<ul style="list-style-type: none">When the mother is suffering from headaches, backaches, colds, diarrhea, or any other common illness (malaria, anemia, even cholera), she SHOULD CONTINUE TO BREASTFEED HER BABY.The mother needs to rest and drink plenty of fluids to help her recover.If mother does not get better, she should consult a doctor and say that she is breastfeeding.
Low Birth Weight Baby 	<ul style="list-style-type: none">Mother needs support for good attachment, and help with supportive holds.Feeding pattern: long slow feeds are OK—keep baby at the breast.Direct breastfeeding may not be possible for several weeks, but mothers should be encouraged to express breastmilk and feed the breastmilk to the infant using a cup.If the baby sleeps for long periods of time, try to loosely cover baby to help awaken him/her.Crying is the last sign of hunger. Earlier signs of hunger include a COMBINATION 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.
Kangaroo Mother Care 	<ul style="list-style-type: none">Position (placed between mother's naked breast with legs flexed and secured in a cloth that passes just under the infant's ears and is tied around the mother's chest)<ul style="list-style-type: none">– Skin-to-skin contact (SSC)– Provides warmth and stabilizes breathing– Mother's smell, touch, feel/warmth, voice, and taste of the breastmilk help to stimulate the baby to establish successful breastfeedingBreastfeeding (early and exclusive breastfeeding by direct expression or expressed breastmilk given by cup)Mother and baby are rarely separated
Malnourished mother 	<ul style="list-style-type: none">Mothers need to eat more food FOR HER OWN HEALTH ("feed the mother and let her breastfeed her baby").Mothers need to take vitamin A within 6 weeks after delivery, and a daily multivitamin, if available.Mothers can produce milk if the baby suckles

Continued

Common Situations that Can Affect Breastfeeding *Continued*

Special Situation	Solutions
Twins	<ul style="list-style-type: none">• A mother can exclusively breastfeed both babies.• THE MORE A BABY SUCKLES, THE MORE MILK THE MOTHER PRODUCES.• Mothers of twins produce enough milk to feed both babies if the babies breastfeed frequently and are well attached.• 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.
Baby who refuses the breast	<p>Usually refusal to breastfeed is the result of bad experiences, such as pressure on the head. Refusal may also result when mastitis results in the changed taste of the breastmilk (more salty).</p> <ul style="list-style-type: none">• Let the baby have lots of skin-to-skin contact; let baby have a good experience just cuddling mother before pressing to suckle• Do not pressure to breastfeed• Do not press back of head• Express and feed by cup until baby is willing to suckle• Express directly into baby's mouth• Let baby try lots of different positions• Avoid giving the baby teats and bottles• Check baby's mouth for signs of thrush• Wait for the baby to be wide awake and hungry (but not crying) before offering the breast.• Gently tease the baby's bottom lip with the nipple until s/he opens his/her mouth wide.
New pregnancy	<ul style="list-style-type: none">• In most countries a mother is encouraged to discontinue breastfeeding when she becomes pregnant. She may believe it is harmful to one or other baby to breastfeed while she is pregnant. Sometimes the mother's nipples feel tender if she is pregnant. It is perfectly safe to breastfeed two babies and will not harm either baby—there will be enough milk for both.• If baby is under 1 year of age, it may be more beneficial to the baby to continue breastfeeding to sustain health, growth, and development.• Mother needs to be encouraged to eat more times a day for her own health and to support both breastfeeding and the growth of the fetus.

Continued

Common Situations that Can Affect Breastfeeding *Continued*

Special Situation	Solutions
Stress 	<ul style="list-style-type: none">• Breastmilk does not spoil because of mother's stress, and production does not decrease. However, milk may not flow well temporarily.• If mother continues to breastfeed, milk flow will start again.• Keep baby in skin-to-skin contact with mother if she will permit.• Find reassuring companions to listen, give mother an opportunity to talk, and provide emotional support and practical help.• Try to relax and breastfeed baby.• Drink a warm beverage such as tea or warm water, to help relax and assist the let down reflex.• If necessary, provide temporary artificial feeds by cup.
Mother away from baby 	<ul style="list-style-type: none">• Mother should express milk and store the breastmilk for use while away from the baby; the baby should be fed this milk at times when s/he would normally feed.• Teach caregiver how to safely feed expressed breastmilk.• Mother should sleep with baby and allow infant to feed frequently at night and when she is at home.• Mother who is able to keep her infant with her at the work site should feed her infant frequently.

ACTIVITY 2

Referral for difficult problems (10 minutes)

Methodology: Brainstorm

- Brainstorm where and/or to whom the IYCF counsellors can go for referral when there are problems s/he is unable to handle.
- Discussion and summary.

ACTIVITY 3

Identify signs requiring the mother/caregiver/family to seek care (20 minutes)

Methodology: Brainstorm and small groups

- Brainstorm signs that require referral to the health post by mother/caregiver/family.
- Divide Participants into small groups.
- Ask each group to study Counselling Card 17 and to identify the signs that require referral to the health post by mother/caregiver/family.
- Ask one small group to share with the whole group the signs requiring referral to a health post by mother/caregiver/family shown in the Counselling Card 17. Other small groups to add additional points.
- Probe until the key and supporting messages (found in Appendix 1 of the IYCF Counselling Trainer's Guide) are mentioned.
- Discussion and summary:
 - Recognize signs requiring referral to the health post by mother/caregiver/family
 - Refer mother
 - Support mother
- Discussion and summary.

SESSION 7

How to Counsel: Practise Counselling with Mothers of Babies Less than 6 Months

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objectives

By the end of the session, Participants will be able to:

1. List counselling skills:
 - listening and learning
 - building the mother's/caregiver's confidence
 - providing support and practical help, and
 - negotiating ("reaching-an-agreement")
2. Describe the "assess, analyze and act" steps to counselling
3. Use a Counselling Card in counselling
4. Practise the process of counselling with a mother of a baby less than 6 months

Activities

- | | |
|------------|--|
| Activity 1 | List counselling skills, and describe the "assess, analyze and act" steps to counselling (<i>30 minutes</i>) |
| Activity 2 | Model the "assess, analyze and act" steps to Counselling to encourage mothers to try optimal breastfeeding practices: initial contact with mother of baby less than 6 months (<i>15 minutes</i>) |
| Activity 3 | Discuss model demonstration (<i>15 minutes</i>) |
| Activity 4 | Practise the "assess, analyze and act" steps to counselling in an initial contact with mother of baby less than 6 months (<i>60 minutes</i>) |
| Activity 5 | Discuss the "assess, analyze and act" steps to counselling for follow-up contact(s) (<i>20 minutes</i>) |
| Activity 6 | Prepare for practicum (<i>10 minutes</i>) |

Total Time 2½ hours

Materials needed

- ✓ 4 Case Studies of counselling for baby less than 6 months
- ✓ 4 follow-up Case Studies of counselling for baby less than 6 months
- ✓ Each participant has a set of counselling cards

ACTIVITY 1

List counselling skills and describe the “assess, analyze and act” steps to counselling (30 minutes)

Methodology: Brainstorming and description of “assess, analyze and act” steps of counselling

→ List counselling skills

- Brainstorm with whole group the kinds of counselling skills
- Probe until the following counselling skills have been mentioned: listening and learning (practiced in Session 2), building the mother’s/caregiver’s confidence, providing support and practical help, and negotiating (“reaching-an-agreement”)
- Fill-in gaps with a description of the “assess, analyze and act” steps of counselling

→ Describe the “assess, analyze and act” steps

Assess mother and baby situation

- Greet the mother/father and establish confidence
- Ask the mother about age of baby, current feeding practices, and health
- Ask questions to learn mother’s situation and concerns
- Listen to the concerns of the mother and father, and observe baby and mother
- Accept what mother is doing without disagreeing or agreeing
- Look for things that mother is doing right or that are going well to praise

Analyze

- Identify feeding difficulty, if any, and causes of the difficulty
- If there is more than one difficulty, prioritize difficulties
- Answer the mother’s questions (if any)

Act

- Depending on the age and situation of the baby, select and give small amount of RELEVANT INFORMATION on one or two of the following topics covered in the CCs; use CCs to help mother understand and remember the information.
- Benefits of colostrum (Session 3: Importance of Breastfeeding, and CCs 2a and 2b)
- That there is enough water for the baby in the breastmilk (CC 7)
- Benefits of exclusive breastfeeding until the baby is 6 months (CC 7)
- The risks of giving water to the baby
- How a baby suckles (attachment and positioning) (CCs 4 and 5)
- A baby's normal feeding pattern
- The breasts make as much milk as the baby takes—if he takes more, the breasts make more. The breast is like a “factory”—the more demand (for milk), the more supply (CC 6)
- Kangaroo Mother Care
 - Skin-to-skin contact (SSC)
 - Warmth
- When and how to express breastmilk and how to feed the baby with a cup (CC 8)
- When to start complementary foods and how to do it (more information later)
- Show relevant Counselling Card(s) and ask mother to comment on what she observes is happening in the card, and to relate it to her own situation.
- Ask the mother what she thinks about this information.
- Discuss with the mother/father different feasible options to overcome the difficulty.
- Suggest what the mother might do, giving her at least two possibilities, and ask her what she feels able to do.
 - Put as “suggestion not command” (meaning not telling a mother what to do)
 - Present options/small do-able actions (time-bound) and help mother select one that she can try
 - Give mother a say in the decision, and the opportunity to say no, or to choose another way
- Negotiate (“reach-an-agreement”) with the mother to try a new behaviour, or to take a further step such as discussing the suggestions with another family member.
- Make a follow-up appointment with mother.
- Praise the mother and thank her for her time.

ACTIVITY 2

Model the “assess, analyze and act” steps to counselling to encourage mothers to try optimal breastfeeding practices: initial contact with mother of baby less than 6 months (15 minutes)

Methodology: Demonstration

→ Model the “assess, analyze and act” steps

- Model (2 Facilitators) the initial counselling contact of an IYCF Counsellor to Tamima with 2-month son Ahmed (model the “assess, analyze and act steps”). (The facilitators should prepare this demonstration in advance).

Assess mother and baby situation

- Listen to what Tamina says [Tamina tells the Counsellor she breastfeeds, but does not produce enough milk, and so she feeds Ahmed other milk.]
- Ask a few questions to understand why Tamima thinks she does not have enough milk.
- Praise Tamina for breastfeeding Ahmed.

Analyze

- Tamina has apparent or real insufficiency of breastmilk.

Act

- Relate the reasons for apparent or real insufficiency breastmilk (key and supporting messages: Session 5).
- Check attachment and if possible weight gain or at least appearance and health of Ahmed.
- Ask Tamina how many times Ahmed has urinated during the last 24 hours (from this time yesterday to today).
- Show CCs 6 and 7: ‘Breastfeed on Demand, both Day and Night’ and ‘During the first 6 Months, Your Baby Needs ONLY Your Breastmilk’ and ask Tamina to comment on what she observes is happening in the card and to relate it to her own situation of insufficiency of breastmilk.
- If attachment is not good, show CCs 4 and 5: ‘How to Attach Baby to the Breast’ and ‘Breastfeeding Positions’ and ask Tamina to comment on what she observes is happening in the card and to relate it to how she attaches and positions Ahmed.
- Give relevant and small amount of information regarding the messages of CCs 4, 5, 6 and 7 using simple language.
- Ask Tamina what she thinks about this information.

- Discuss with Tamina different feasible options to overcome the difficulty of apparent or real insufficient milk.
- Put as “suggestion not command” (meaning not telling Tamina what to do).
- Present options/small do-able actions (time-bound) and help Tamina select one that she can try.
- Give Tamina a say in the decision, and the opportunity to say no, or to choose another way.
- Modify recommendations, if necessary, to suit Tamina’s preferences.
- Make a follow-up appointment with Tamina.
- Praise Tamina and thank her for her time.

ACTIVITY 3

Discuss model demonstration (15 minutes)

Methodology: Presentation and discussion

→ Discuss model demonstration

- Two Facilitators (Counsellor and Tamina) repeat initial counselling contact with Tamina, stopping after each step of “assess, analyze and act”
- Counsellor shows Counselling Card 4 and discusses with Tamina:
 1. Observe—What is happening in the Counselling Card?
 2. Relate to your own situation – What do you agree or disagree with? Why? What do people in your community do?
- Gives relevant and small amount of information regarding messages of Counselling Card 4 using simple language
- Asks Tamina what she thinks about this information.
- Repeats steps using Counselling Card 5, 6 and 7.
- Discusses different feasible options to overcome the difficulty of apparent or real insufficient milk.
- Helps Tamina select a small do-able actions (time-bound) that she can try.
- Makes a follow-up contact appointment.
- Discussion and repetition of “assess, analyze, and act” steps with Participants.

ACTIVITY 4

Practise the “assess, analyze, and act” steps to counselling in an initial contact with mother of baby less than months (60 minutes)

Methodology: Practise and role-play counselling skills during initial contact

→ Practise

Ask Participants to recall the optimal breastfeeding practices (CC 1).

Participants are divided into triads: mother, IYCF Counsellor, and observer.

- Practise Case Study 1: Ask the ‘mothers’ of the triads to gather together.
- A case study is read ONLY to the ‘mothers’ of the triads, and the ‘mothers’ return to their triads.
- The ‘Counsellor of each triad’ asks the mother about her situation, and practises the “assess, analyze, and act” steps: listening and learning, building confidence, providing support and practical help, negotiating (“reaching-an-agreement”), and showing relevant Counselling Card(s).
- In the triad the Observer’s task is to recall the skills the ‘Counsellor’ practised (observer’s checklist follows for each case study).

The Participants in the triads switch roles.

- Practise Case Study 2: A second case study is read ONLY to the ‘mothers’ of the triads, and the ‘mothers’ return to their triads.
- The ‘Counsellor of each triad’ asks the mother about her situation, and practises the “assess, analyze, and act” steps: listening and learning, building confidence, providing support and practical help, negotiating (“reaching-an-agreement”), and showing relevant Counselling Card(s).
- In the triad the Observer’s task is to recall the skills the ‘Counsellor’ practised (observer’s checklist follows for each case study).

The Participants once more switch roles in their triads.

- Practise Case Study 3: A third case study is read ONLY to the mothers of the triads, and the ‘mothers’ return to their triads.
- The ‘Counsellor of each triad’ asks the mother about her situation, and practises the “assess, analyze, and act” steps: listening and learning, building confidence, providing support and practical help, negotiating (“reaching-an-agreement”), and showing relevant Counselling Card(s).

- In the triad the Observer's task is to recall the skills the 'Counsellor' practised (observer's checklist follows for each case study).
- One triad demonstrates a case study in front of the whole group.
- Discussion and summary.
- Repeat process one more time with a more complicated case study (Case Study 4) that needs referral.

Case Studies for Activity 4

Case Study 1:

Initial Contact

Read to mother: You are Fatuma. Your son, Shukri, is two weeks old. You have been breastfeeding and you want to continue, but your nipples are very sore.

Checklist for Observer (of the 'Counsellor')—Did the Counsellor?

- Ask Fatuma questions, listen to her and accept Fatuma's practices and concerns.
- Praise Fatuma for breastfeeding her baby, Shukri.
- Observe how Fatuma breastfeeds.
- Observe that Shukri is not ATTACHED well (possibly).
- Explain that the nipple soreness could be due to the way that Shukri is suckling.
- Ask Fatuma if she would like the Counsellor to show her a different way to attach and hold Shukri.
- Show CCs 4 and 5: 'How to Attach Baby to the Breast' and 'Breastfeeding Positions' and ask Fatuma to comment on what she observes is happening in the card and to relate it to her own situation.
- Show Fatuma how to attach and position Shukri at her breast.
- Obtain an agreement with Fatuma: e.g. Fatuma agreed to try attaching and positioning Shukri in this way for the next couple of days to see if her nipples improve.
- Make a follow-up appointment with Fatuma.
- Praise Fatuma and thank her for her time.

Case Study 2:

Initial Contact

Read to mother: You are Murayo. Your daughter, Habiba, is three weeks old. You are breastfeeding Habiba because you know breastmilk is the best food for her. You are also giving Habiba sips of water because it is so hot.

Checklist for Observer (of the ‘Counsellor’)—Did the Counsellor?

- Ask Murayo questions, listen to her and accept Murayo’s practices and concerns.
- Praise Murayo for breastfeeding her baby, Habiba.
- ACCEPT that Murayo is giving water as well.
- Provide Murayo with information that breastmilk contains all the water Habiba needs during the first 6-months, even in very hot weather.
- Show Counselling Card 7: ‘During the first 6 Months, Your Baby Needs ONLY Your Breastmilk’ and ask Murayo to comment on what she observes is happening in the card and to relate it to her own situation.
- SUGGEST that Murayo consider the option of exclusively breastfeeding (giving only breastmilk and no other liquids), asking if Murayo would be willing to try exclusively breastfeeding Habiba for a few days.
- Murayo then wanted to discuss and says: “Well, but what if she is thirsty”, and then ‘Counsellor’ suggested breastfeeding more often and explained that Habiba will get more water that way.
- Obtain an agreement with Murayo: e.g. Murayo agreed to try exclusively breastfeeding for the next few days.
- Make a follow-up appointment with Murayo.
- Praise Murayo and thank her for her time.

Case Study 3:

Initial Contact

Read to mother: You are Tamima. You are pregnant with your second child. You come to visit the Counsellor with your mother. Your first child, Hussein, is 2½ years old. When Hussein was born you were very tired. Your mother took Hussein away for a few days to allow you to rest. Your mother plans to do the same after the new baby is born.

Checklist for Observer (of the ‘Counsellor’)—Did the Counsellor?

- Ask Tamina questions, listen to her and accept Tamina’s practices and concerns.
- Talk to Tamina and her mother, praise the mother for supporting Tamima, and agree that it is good for a new mother to rest after delivery.
- Explain the importance of starting breastfeeding very soon after birth, and of breastfeeding exclusively.
- Ask if it would be possible for Tamima’s mother to find a way to look after Tamima and her baby together, so that Tamima could rest and breastfeed the baby?
- Show CCs 2a, 2b and 3: ‘Delivery in Facility’, ‘Home Delivery’, and ‘Grandmother Offering Food to Breastfeeding Daughter/Daughter-in-law’ and ask Tamina to comment on what she observes is happening in the card(s) and to relate it to her own situation.
- Explain the importance of good nutrition for Tamina and ask if it would be possible for Tamina’s mother to see that Tamina eats more than usual.
- Obtain an agreement with Tamina’s mother: e.g. Tamima’s mother agreed to help Tamina with her other work and care for the older child while Tamina cares for the new baby; she also agreed to make sure Tamina eats an extra meal a day).
- Make a follow-up appointment with Tamina.
- Praise Tamina and thank her for her time.

Case Study 4:

Initial Contact

Read to mother: You are Saidia. You are breastfeeding your three month old, Mohammed. You have 2 other children. You and your husband want more children and you would like to become pregnant this year.

Checklist for Observer (of the ‘Counsellor’)—Did the Counsellor?

- Ask Saidia questions, listen to her and accept Saidia’s practices and concerns.
- Praise Saidia for breastfeeding Mohammed.
- Explain the importance of exclusively breastfeeding Mohammed for 6 months.
- Provide information about the importance of continuing to breastfeed Mohammed for 2 years.
- Show Counselling Card 6: ‘Optimal Child Spacing’ and ask Saidia to comment on what she observes is happening in the card and to relate it to her own situation.
- Explain that closely spaced pregnancies risk her health and that of the older baby and the newborn.
- Refer Saidia to the family planning counsellor.
- Obtain an agreement with Saidia: e.g. Saidia agreed to see the family planning counsellor.
- Make a follow-up appointment with Saidia.
- Praise Saidia and thank her for her time.

ACTIVITY 5

Discuss the “assess, analyze and act” steps to counselling for follow-up contact(s) (20 minutes)

Methodology: Brainstorm and practise

- With the whole group, brainstorm additional points to be discussed with mother during counselling for follow-up contact(s).
- Divide Participants into as many groups as there are Facilitators (with a Facilitator in each group).
- Read (Facilitator in each group) follow-up contact case study and ask one Participant in the small group to comment on what s/he would say to the mother during this follow-up contact.
- Ask if anyone has anything else to add?
- Ask Participants to reflect on the “assess, analyze and act” steps of counselling, asking the question: Did the Counsellor ? (See Activity 1 of Session 7 and follow the “assess, analyze and act” steps).
- When the first follow-up contact is complete, repeat the same process for the reminding follow-up contact case studies (4 follow-up contact case studies in total).
- Discussion and summary.

Content for Activity 5

Points to discuss in Follow-up Contact(s) Counselling

- Ask how the baby and mother are doing (is the baby better or worse?)
- Ask whether the mother tried (or continued) the agreed upon new behaviour.
- Congratulate mother for trying (or continuing) the new behaviour.
- If the mother did not try the new behaviour or gave up, ask why?
- Ask what happened when she tried (or continued) the new behaviour.
- Ask whether she made any changes to the new behaviour and why?
- Ask what difficulties she had, how she solved them, or help her find ways to solve the difficulties she might have had or think of alternatives.
- Listen to the mother’s questions, concerns and doubts.
- Ask whether she likes the new behaviour agreed upon and if she thinks she will continue or what to do if she does not continue.
- Praise the mother and motivate her to continue the new behaviour.
- Remind the mother to take the child to be weighed (attend EPI, immunizations and growth monitoring sessions).

- Tell the mother where she can get additional support from community-based health workers, health posts, or mother support groups.
- Agree on a date for the next contact.
- Depending on the age of the child:
 - talk to the mother about a new behaviour
 - encourage the mother to try a new behaviour

Follow-up contact case studies for Activity 5

Case Study 1:

Follow-up Contact

Fatuma tells you that her nipples are much better and Shukri who is one month old is breastfeeding well. Fatuma is wondering how she can know that Shukri is growing enough.

Did the Counsellor?

- Ask how Shukri and Fatuma are doing (is the baby better or worse?)
- Praise Fatuma for changing how Shukri was attached to her breast.
- Ask the number of times Shukri wets, frequency of feedings, Shukri's behaviour, crying etc.
- Show Counselling Card 6: 'Breastfeed on Demand, Both Day and Night' and ask Fatuma to comment on what she observes is happening in the card and to relate it to her own situation.
- Review with Fatuma that breastmilk contains all the nutrients Shukri needs in his first 6 months to grow strong and healthy
- SUGGEST that Fatuma continue exclusively breastfeeding Shukri on demand, both day and night.

Case Study 2:

Follow-up Contact

Murayo tells you that she is only giving breastmilk and Habiba, who is 3 months old, is breastfeeding well. Murayo tells you that she doesn't think she should exclusively breastfeed Habiba for 6 months and that Habiba needs food before then.

Did the Counsellor?

- Praise Murayo for trying the new practice of exclusively breastfeeding Habiba.
- Listen to her story and accepted Murayo's feelings.
- Review with Murayo information that breastmilk contains all the water Habiba needs during the first 6-months, even in very hot weather.
- Show Counselling Card 7: 'During the first 6 Months, Your Baby Needs ONLY Your Breastmilk' and asked Murayo to comment on what she observes is happening in the card and to relate it to her own situation.
- SUGGEST that Murayo continue exclusively breastfeeding Habiba.

Case Study 3:

Follow-up Contact with Tamina and her mother

Tamina's mother tells you that she still thinks her daughter needs to rest after the birth, "she will be weak and the breastmilk will not yet have come in".

Did the Counsellor?

- Ask how Tamina is doing.
- Listen to what the grandmother had to say, ask her about her own experiences when she gave birth and what the practices were then, and what the outcome was.
- Praise grandmother for being concerned about her daughter.
- Talk to grandmother again about early initiation and milk production, and the importance of colostrum.

Continued

Case Study 3: Continued

- Show CCs 2a or 2b and 3: 'Delivery in Facility', 'Home Delivery', and 'Grandmother Offering Food to Breastfeeding Daughter/Daughter-in-law' and ask Tamina's mother to comment on what she observes is happening in the card(s) and to relate it to her daughter's situation.
- SUGGEST that grandmother help her daughter get the rest she needs after delivery and keep mother and baby together.

Case Study 4:

Follow-up Contact

Saidia tells you she has been feeding Ali, who is 4 months old, as often and as long as he wants both day and night. Saidia tells you that she is talking to her husband about visiting the family planning counsellor together, but he still wants another baby soon.

Did the Counsellor?

- Ask how Saidia and Ali are doing.
- Praise Saidia for exclusively breastfeeding Ali.
- Congratulate Saidia for her intention of going together with her husband to see the family planning counsellor.
- Encourage Saidia to make an appointment to see the family planning counsellor.

ACTIVITY 6

Prepare for practicum (10 minutes)

- Participants form pairs (Facilitator needs to be sensitive to language and gender)
- Ask each Participant to bring his/her set of counselling cards
- Arrange time for meeting and transportation (if needed)

SESSION 8

How to Counsel a Mother with a Baby less than 6 Months: Community and/or Facility Practise and Feedback

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objective

By the end of the session, Participants will be able to:

1. Practise Counselling: listening and learning skills, building the mother's/caregiver's confidence, providing support and practical help, and negotiating ("reaching-an-agreement") with mothers of babies less than 6 months at health centers or in the community

Activities

Activity 1 Practise counselling: listening and learning skills, building the mother's/caregiver's confidence, providing support and practical help, and negotiating ("reaching-an-agreement" by applying the "assess, analyze and act" steps (*2 hours*)

Activity 2 Feedback on practise (*1 hour*)

Total Time 3 hours

Materials needed

✓ Counselling cards on breastfeeding practices: 2–9

Advance preparation

- Make an appointment at the health post a week ahead to do the field practise during immunization or weighing sessions, or
- Make an appointment with the community health worker a week ahead for community visits
- Prepare groups, give instructions the day before

ACTIVITY 1

Practise counselling: listening and learning skills, building the mother's confidence, providing support and practical help, and negotiating ("reaching-an-agreement" by applying the "assess, analyze and act" steps) (2 hours)

Methodology: Practise

- Before the Participants leave for the practice-site, briefly review Counselling skills: listening and learning, building the mother's confidence, providing support and practical help, negotiating ("reaching-an-agreement"), and use of counselling cards by applying the "assess, analyze, and act" steps.
- Divide Participants in pairs and explain the exercise: one Participant will practise Counselling: listening and learning skills, building the mother's confidence, providing support and practical help, negotiating ("reaching-an-agreement") and use of counselling cards by applying the "assess, analyze and act" steps with the mother, while the other Participant follows the dialogue in order to give feedback later.
- Participants change roles until each Participant practises at least 2 counselling activities.

ACTIVITY 2

Feedback on practise session (1 hour)

Methodology: Feedback discussion

- At training site, with the whole group, each pair of Participants will summarize for the group their use of listening and learning skills, building the mother's confidence, providing support and practical help, negotiating ("reaching-an-agreement") and use of counselling cards by applying the "assess, analyze and act" steps. Their summary should include the child's name and age, any difficulty identified, options suggested, and behaviour mother agreed to try.
- Participants receive and give feedback
- Discussion and summary

SESSION 9

Complementary Feeding Practices for Children from 6–23 Months

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objectives

By the end of the session, Participants will be able to:

1. Describe key practices/messages pertaining to child feeding from 6 to 23 months.
2. Describe the characteristics of complementary feeding for each age group with regard to: Frequency, Amount, Thickness (consistency), Variety (different foods), Active or responsive feeding, and Hygiene (FATVAH).
3. Compare the difference between runny soft foods (poor thickness/consistency) and correct thickness/consistency (first soft complementary foods should be thick enough to stay on spoon).

Activities

- Activity 1 Answer questions on current complementary feeding practices in your community for children from 6–23 months (*45 minutes*)
- Activity 2 Using the CCs, discuss the recommended (or optimal) infant and young child complementary feeding practices for children from 6–23 months and messages (*1 hour 45 minutes*)
- Activity 3 Demonstration of appropriate thickness/consistency of first soft foods (*30 minutes*)

Total Time 3 hours

Materials needed

- ✓ Counselling cards on key complementary feeding practices/messages for children from 6 – 23 months (CCs 10, 11, 12, 13, and 14)
- ✓ Image: ‘Feed more as the baby grows’
- ✓ Small amount of prepared porridge, small amount of milk, 2 bowls and 2 spoons

ACTIVITY 1

Answer questions on current complementary feeding practices in your community for children from 6–23 months (45 minutes)

Methodology: Small working groups/questions and answers

- Divide Participants into 5 working groups.
- Have each group answer 2 questions (Facilitators rotate among the groups and ‘read’ the questions).
- Remind Participants that questions relate to **Frequency**, **Amount**, **Thickness** (consistency), **Variety** (different foods), **Active** or responsive feeding, and **Hygiene**: **FATVAH**.
- **Group 1:** In your community,
 1. When does a baby begin to eat something else other than breastmilk?
 2. How many times a day does a baby eat: at 6 months, from 6–8 months, from 9–11 months, and from 12–23 months?
- **Group 2:** In your community,
 1. How much does a baby eat: at 6 months, from 6–8 months, from 9–11 months, and from 12–23 months?
 2. What is the thickness or consistency of the food a baby eats: at 6 months, from 6–8 months, from 9–11 months, and from 12–23 months?
- **Group 3:** In your community,
 1. What does a baby eat: at 6 months, from 6–8 months, from 9–11 months, and from 12–23 months?
 2. Are there foods a young child should not eat?
- **Group 4:** In your community,
 1. Who helps the young child eat?—mother or caregiver, brother or sister, no one?
 2. Does an infant and young child use a separate bowl/dish? Do you think a young child should use a separate bowl/dish?
- **Group 5:** In your community,

Facilitator needs to remind the Participants that the questions relate to FATVAH.

 1. What does a mother or caregiver do before preparing food, and before a young child eats?
 2. How long should breastfeeding continue?

- Have the small groups share their answers with the whole group.
- Review the characteristics of complementary feeding practices for children from 6–23 months: frequency, amount, thickness (consistency), variety (different foods), active feeding and hygienic preparation of food (FATVAH).
- Review with Participants the concept of active or responsive feeding (below)
- Discussion and fill-in gaps.

Content for Activity 1

Active or Responsive feeding

- Feed infants directly and assist older children when they feed themselves. Feed slowly and patiently, and encourage children to eat, but do not force them.
- If children refuse many foods, experiment with different food combinations, tastes, textures and methods of encouragement.
- Minimise distractions during meals if the child loses interest easily.
- Remember that feeding times are periods of learning and love—talk to children during feeding, with eye to eye contact.

ACTIVITY 2

Discuss the key complementary feeding practices and messages for children from 6–23 months (1½ hours)

Methodology: Participants observe counselling cards 10, 11, 12, 13, and 14 and name optimal complementary feeding practices and messages for children from 6–23 months

- Divide Participants into small groups, asking Participants in each group to use their counselling cards for the following exercise.
- Have each group study Counselling Card 10 and name the complementary feeding practice/s and message/s that the card represents for young children at 6 months.
- Ask one small group to share with the whole group the complementary feeding practices and messages shown in the Counselling Card. Other small groups should add additional points.
- Probe until the key and supporting messages (found in Appendix 1 of the *IYCF Counselling Trainer's Guide*) are mentioned.
- Have each small group repeat the process until the set of counselling cards on complementary feeding practices has been observed and studied (CCs11–14) and the key and supporting messages (found in Appendix 1 of the *IYCF Counselling Trainer's Guide* and the following table) are mentioned.

Content for Activity 2

Amounts of Foods to Offer

Age	Texture	Frequency	Amount of food an average child will usually eat at each meal*
6–8 months	Start with thick porridge, well mashed foods Continue with mashed family foods	2–3 meals per day plus frequent breastfeeds Depending on the child’s appetite 1–2 snacks may be offered	Start with 2–3 tablespoonfuls per feed Increase gradually to $\frac{1}{2}$ of a 250 ml cup
9–11 months	Finely chopped or mashed foods, and foods that baby can pick up	3–4 meals plus breastfeeds Depending on the child’s appetite 1–2 snacks may be offered	$\frac{1}{2}$ of a 250 ml cup/bowl
12–23 months	Family foods, chopped or mashed if necessary	3–4 meals plus breastfeeds Depending on the child’s appetite 1–2 snacks may be offered	$\frac{3}{4}$ to 1 250 ml cup/bowl
If baby is not breastfed, give in addition: 1–2 cups of milk per day, and 1–2 extra meals per day.			

WHO/CAH (Child and Adolescent Health) 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.

ACTIVITY 3

Review the key complementary feeding practices and messages for children from 6–23 months (30 minutes)

Methodology: Passing ball game

- Ask Participants to form a circle.
- Pass around the Image titled ‘Feed more as the baby grows’ and together look at **Frequency**, **Amount**, **Thickness** (consistency), and **Variety**.
- To consolidate new knowledge—throw the ball to one Participant and ask her/him to name a complementary feeding practice or message(s) for children from 6–23 months.
- When the Participant has named a complementary feeding practice or message for children from 6–23 months, s/he throws the ball to another Participant and asks that Participant to mention a different practice or message.
- Continue until all complementary feeding practices or messages for children from 6 – 23 months have been repeated.
- Review Guiding Principles for Complementary Feeding (below)

Content for Activity 3

Guiding Principles for Complementary Feeding

1. Practice exclusive breastfeeding from birth to 6 months of age and introduce complementary foods at 6 months of age (180 days) while continuing to breastfeed.
2. Continue frequent, on-demand breastfeeding until 2 years of age or beyond.
3. Practice active or responsive feeding, applying the principles of psychosocial care.
4. Practice good hygiene and proper food handling.
5. Start at 6 months of age with small amounts of food and increase the quantity as the child gets older, while maintaining frequent breastfeeding.
6. Gradually increase food consistency and variety as the infant grows older, adapting to the infant's requirements and abilities.
7. Increase the number of times that the child is fed complementary foods as the child gets older.
8. Feed a variety of nutrient-rich foods to ensure that all nutrient needs are met.
9. Use fortified complementary foods or vitamin-mineral supplements for the infant, as needed.
10. Increase fluid intake during illness, including more frequent breastfeeding, and encourage the child to eat favourite soft foods. After illness, give food more often than usual and encourage the child to eat more.

ACTIVITY 4

Demonstrate appropriate thickness/consistency of first soft foods (30 minutes)

Methodology: Demonstration of preparation of runny porridge and correct thickness/consistency porridge

- Bring a small amount of prepared porridge, a small amount of milk, 2 bowls and 2 spoons.
- In one bowl, mix some prepared porridge with too much milk. As a result the porridge runs off the spoon.
- Pass around the bowl with runny porridge to the Participants.
- In another bowl, mix some prepared porridge with a little milk. As a result the porridge is thicker and does not run off the spoon.
- Pass around the bowl with thicker porridge to the Participants.
- Discuss and compare correct and incorrect thickness/consistency of first soft foods.

SESSION 10

Feeding the Sick Infant and Young Child

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objectives

By the end of the session, Participants will be able to:

1. Counsel on infant and young child feeding during and after illness.
2. Explain the reasons for the recommended practices.

Activities

Activity 1 Current practices on feeding the sick infant and young child
(30 minutes)

Activity 2 Ideal feeding of the sick infant and young child *(30 minutes)*

Total Time 1 hour

Materials needed

- ✓ Counselling cards 15 and 16: Feeding the Sick Infant and Young Child (less than 6 months, and greater than 6 months)

ACTIVITY 1

Current practices in Feeding the Sick Infant and Young Child (30 minutes)

Methodology: Small working groups

- Divide Participants into 4 working groups.
- Ask 2 groups to discuss the current practices in your community for feeding a sick infant from 0 < 6 months during and after illness.
- Ask 2 groups to discuss the current practices in your community of feeding a sick infant and young child from 6–23 months during and after illness.
- Have one of each of the paired groups report to the whole group. Other group should not repeat the same information, but only add new information.
- Discussion and summary.

ACTIVITY 2

Feeding of the Sick Infant and Young Child (30 minutes)

Methodology: Observe/reflect on practices/messages on Feeding the Sick Infant and Young Child using counselling cards 15 and 16

- Divide Participants into small groups.
- Have each group:
 - study CCs 15 and 16: Feeding the Sick Infant and Young Child (less than 6 months and greater than 6 months) and name the practices and message(s).
 - discuss the prevention and management of diarrhoea for infants less than 6 months and for infants and young children greater than 6 months.
- Ask one small group to share with the whole group the feeding of the sick infant and young child practices and messages shown in the CCs 15 and 16. Other small groups add additional points.
- Probe until the key and supporting messages (found in Appendix 1 of the IYCF Counselling Trainer's Guide) are mentioned.
- Ask another group to share with the whole group the prevention and management of diarrhoea for infants less than 6 months and for infants and young children greater than 6 months. Other small groups add additional points. (below)
- Discussion and summary.

Content for Activity 2

Prevention of diarrhoea

- Exclusively breastfeeding from 0– < 6 months
- Wash hands washing before preparing food, feeding infants and young children, and after using the latrine and cleaning baby's bottom
- Dispose of wastes
- Keep drinking water in clean covered container
- Make sure your baby and young child are up-to-date on their immunizations
- Begin vitamin A supplementation twice yearly at 6 months
- Do not use feeding bottles

Management of infant and young child with diarrhoea

- Continue exclusive breastfeeding
- Increase frequency of breastfeeding to replace liquid lost, and after 6 months, increase breastfeeding and increase frequency of complementary foods
- Do not use feeding bottles
- Identify and treat underlying cause
- Seek help at health post

SESSION 11

Infant Feeding: HIV-positive Mother; and Severe Malnutrition of Infant and Young Child

Note to the Facilitator: *Present an overview of objectives (listed below) and the time allocated for this session.*

Learning objective

By the end of the session, Participants will be able to:

1. Describe basic information of infant feeding in the following circumstances:
1) HIV-positive mother, and 2) severe malnutrition of infant and young child.
(30 minutes)

Activity

- Activity 1. Present information of infant feeding in the following circumstances:
HIV-positive mother, and severe malnutrition of infant and young child
(30 minutes)

Total Time 30 minutes

ACTIVITY 1

Present information of infant feeding in the following circumstances: HIV-positive mother, and severe malnutrition of infant and young child (30 minutes)

Methodology: Presentation

- A. Present information on infant feeding when woman is HIV-positive.

HIV-positive woman

- Various infant feeding options should be discussed with the HIV-positive woman:
 1. Replacement feeding when acceptable, feasible, affordable, sustainable and safe
 - **Acceptable:** the mother perceives no barrier to replacement feeding (cultural or social, fear of stigma or discrimination)
 - **Feasible:** the mother (or family) has adequate time, knowledge, skills and other resources to prepare the replacement food and feed the infant up to 12 times in 24 hours
 - **Affordable:** the mother and family, with community or health-system support if necessary, can pay for the cost of purchasing/producing, preparing and using replacement feeding, including all ingredients: fuel, clean water, soap and equipment, without compromising the health and nutrition of the family.
 - **Sustainable:** availability of continuous and uninterrupted supply, and dependable system of distribution for all ingredients and products needed for safe replacement feeding, for as long as the infant needs it, up to one year of age or longer
 - **Safe:** replacement foods are correctly and hygienically prepared and stored and fed, preferable by cup.
 2. Exclusive breastfeeding for the first 6 months followed by cessation once replacement feeding is AFASS.
 3. Other breastmilk options:
 - expression and heat treatment of her own breastmilk
 - wet-nursing (breastfeeding from an HIV-negative woman)
- If an HIV-positive mother chooses to breastfeed, she should practice exclusive breastfeeding for the first 6 months, OR, she should formula feed exclusively.
- Mixed feeding is the most dangerous thing to do, and may increase HIV transmission.
- Prevent breast problems by breastfeeding frequently and on demand; make certain infant is well-attached and suckling well.

- Mothers who experience breast difficulties such as mastitis, cracked nipples, or breast abscess should breastfeed with the unaffected breast and express and discard milk from the affected breast.
- Mother should seek immediate care for a baby with thrush or oral lesions.
- At 6 months mother should introduce appropriate complementary foods.
- When baby is 6 months, refer HIV-positive mothers to an HIV counsellor who can review infant feeding options with the mother.

Note: The lactating woman should use condoms to protect herself from re-exposure.

B. Present information on breastfeeding when infant or young child is severely malnourished

Severely malnourished infants or young children

- Breastfeeding is protective when child is suspected of being malnourished or is visibly thin.
- Refer malnourished children for care which should include:
 - Assessment of child's feeding history and current feeding practices upon admission.
 - Monitoring breastfeeds (half an hour before each therapeutic feed) and weight gain during treatment.
 - Support for maintenance of milk supply before and after treatment in the 2 scenarios: separation of mother/baby or mother/baby together.
 - Supplemental suckling as recommended.
 - Correction of feeding problems and current feeding practices prior to discharge; development of follow-up plan to support the mother to feed appropriately following discharge.
- Support links between rehabilitation programs (supplementary, therapeutic and community therapeutic care programs) and community systems.

SESSION 12

How to Counsel: Practise Counselling with Mothers/Caregivers of Babies Greater than 6 Months

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objectives

By the end of the session, Participants will be able to:

1. List counselling skills:
 - listening and learning
 - building the mother's/caregiver's confidence
 - providing support and practical help, and
 - negotiating ("reaching-an-agreement")
2. Describe the "assess, analyze and act" steps to counselling
3. Use a Counselling Card in counselling
4. Practise the process of counselling with a mother of a young child from 6–23 months

Activities

- | | |
|------------|---|
| Activity 1 | List counselling skills, and describe the "assess, analyze and act" steps to counselling (<i>30 minutes</i>) |
| Activity 2 | Model the "assess, analyze and act" steps to Counselling to encourage mothers to try optimal complementary feeding practices: initial contact with mother of young child from 6–23 months (<i>15 minutes</i>) |
| Activity 3 | Discuss model demonstration (<i>15 minutes</i>) |
| Activity 4 | Practise the "assess, analyze and act" steps to counselling in an initial contact with mother of baby less than 6 months (<i>60 minutes</i>) |
| Activity 5 | Discuss the "assess, analyze and act" steps to counselling for follow-up contact(s) (<i>20 minutes</i>) |
| Activity 6 | Prepare for practicum (<i>10 minutes</i>) |

Total Time 2 ½ hours

Continued

Materials needed

- ✓ 4 Case Studies of counselling for young child 6–23 months
- ✓ 4 follow-up Case Studies of counselling for young child 6–23 months
- ✓ Each participant has a set of counselling cards

ACTIVITY 1

List counselling skills and describe the “assess, analyze and act” steps to counselling (30 minutes)

Methodology: Brainstorming and presentation

→ List counselling skills

- Brainstorm with whole group the kinds of counselling skills
- Probe until the following Counselling skills have been mentioned: listening and learning (practised in Session 2), building the mother’s/caregiver’s confidence, providing support and practical help, and negotiating (“reaching-an-agreement”)
- Fill-in gaps with a description of the “assess, analyze and act” steps of counselling

→ Describe the “assess, analyze and act” steps

Assess mother and baby situation

- Greet the mother/father and establish confidence
- Ask the mother about age of baby, current feeding practices, and health
- Ask questions to learn mother’s situation and concerns
- Listen to the concerns of the mother and father, and observe baby and mother
- Accept what mother is doing without disagreeing or agreeing
- Look for things that mother is doing right or that are going well to praise

Analyze

- Identify feeding difficulty, if any, and causes of the difficulty
- If there is more than one difficulty, prioritize difficulties
- Answer the mother’s questions (if any)

Act

- Depending on the age and situation of the baby, select and give small amount of RELEVANT INFORMATION using simple language on one or two of the following topics:
 - By the age of 6 months the stomach of the baby is ready to receive food other than breastmilk
 - Discuss the characteristics of complementary feeding: frequency, amount, thickness (consistency), and variety (different kinds of foods), active feeding, and hygiene (FATVAH)
 - During the first year, breastmilk continues to be the most important part of your baby's diet
 - At 6 months begin to give soft foods 2 times daily (2–3 tablespoons of soft foods each time)
 - From 6–8 months, give food 3 times daily (gradually increase to $\frac{1}{2}$ cup [250 ml] of food each time)
 - From 9–11 months, give food 3 times daily plus 1 snack (give $\frac{1}{2}$ cup [250 ml] of food each time)
 - From 12–23 months, give food 3 times daily plus 2 snacks (gradually increase to $\frac{3}{4}$ to 1 cup [250 ml] of food each time)
 - Increase the amount of food as baby gets older
 - Around 9 months begin to give solid foods
 - Enrich the diet by adding other cereals and legumes, fruits and vegetables, animal products
 - Talk to baby while feeding
 - Wash hands and utensils before preparation of food and feeding the baby
 - Store food in clean area; don't give food that was prepared the day before.
 - Continue breastfeeding up to 2 years and beyond
- If a feeding difficulty has been identified, show relevant Counselling Card(s) and ask mother to comment on what she observes is happening in the card, and to relate it to her own situation. If no feeding difficulty has been identified, congratulate mother and ask her to continue attending well baby growth promotion and monitoring sessions.
- Ask the mother what she thinks about this information.
- Discuss with the mother/father different feasible options to overcome the difficulty.
- Suggest what the mother might do, giving her at least two possibilities, and ask her what she feels able to do.
 - Put as "suggestion not command" (meaning not telling a mother what to do)

- Present options/small do-able actions (time-bound) and help mother select one that she can try
- Give mother a say in the decision, and the opportunity to say no, or to choose another way
- Negotiate (“reach-an-agreement”) with the mother to try a new behaviour, or to take a further step such as discussing the suggestions with another family member.
- Make a follow-up appointment with mother.
- Praise the mother and thank her for her time.

ACTIVITY 2

Model the “assess, analyze and act” steps to counselling to encourage mothers to try optimal complementary feeding practices: initial contact with mother of young child from 6–23 months (15 minutes)

Methodology: Demonstration

→ Model the “assess, analyze and act” steps

- Model (2 Facilitators) the initial Counselling contact of an IYCF Counsellor to Fatuma with 6 ½ month daughter Safio (model the “assess, analyze and act” steps). (The facilitators should prepare this demonstration in advance).

Assess mother and baby situation

- Listen to what Fatuma says [Fatuma tells the Counsellor she feeds her daughter watery porridge or anjera and gives water to Safio besides breastfeeding.]
- Ask a few questions to understand what foods Fatuma gives to Safio, how often and how much, and why Fatuma gives water to Safio.
- Praise Fatuma for breastfeeding Safio.

Analyze

- Fatuma needs guidance on optimal complementary feeding practices for Safio.

Act

- Check appearance and health of Safio
- Talk to Fatuma about the characteristics of complementary feeding: frequency, amount, thickness (consistency), variety (different kinds of food), active or responsive feeding and hygiene
- Show CCs 10 and 11: ‘Complementary Feeding at 6 Months’ and ‘Complementary Feeding from 6 – 8 Months’ and ask Fatuma to comment on what she observes is happening in the cards and to relate it to her own situation.

- Give relevant information and small amount of information regarding the messages of counselling cards 10 and 11, using simple language.
- Ask Fatuma what she thinks about this information.
- Discuss with Fatuma different feasible options to help her optimally feed Safio.
- Put as “suggestion not command” (meaning not telling Fatuma what to do).
- Present options/small do-able actions (time-bound) and help Fatuma select one that she can try
- Give Fatuma a say in the decision, and the opportunity to say no, or to choose another way
- Modify recommendations, if necessary, to suit Fatuma’s preferences.
- Make a follow-up appointment with Fatuma.

ACTIVITY 3

Discuss model demonstration (15 minutes)

Methodology: Presentation and discussion

→ Discuss model demonstration

- Two Facilitators (Counsellor and Fatuma) repeat initial counselling contact with Fatuma, stopping after each step of “assess, analyze and act”.
- Counsellor shows Counselling Card 10 and discusses with Fatuma:
 1. Observe—What is happening in the Counselling Card?
 2. Relate to your own situation—What do you agree or disagree with? Why? What do people in your community do?
- Give relevant and small amount of information regarding the messages of Counselling Card 10, using simple language.
- Ask Fatuma what she thinks about this information.
- Repeat steps using Counselling Card 11.
- Discuss different feasible options to guide Fatuma in offering complementary foods to Safio.
- Help Fatuma select small do-able actions (time-bound) that she can try.
- Make a follow-up contact appointment.
- Discussion and repetition of “assess, analyze, and act” steps with Participants.

ACTIVITY 4

Practise the “assess, analyze, and act” steps to counselling in an initial contact with mother of a young child from 6–23 months (60 minutes)

Methodology: Practise and role-play counselling skills during initial contact

→ Practise

Ask Participants to recall the optimal complementary feeding practices (Session 9).

Participants are divided into triads: mother, IYCF Counsellor, and observer.

- Practice Case Study 1: Ask the ‘mothers’ of the triads to gather together.
- A case study is read ONLY to the ‘mothers’ of the triads, and the ‘mothers’ return to their triads.
- The ‘Counsellor of each triad’ asks the mother about her situation, and practises the “assess, analyze, and act” steps: listening and learning, building confidence, providing support and practical help, negotiating (“reaching-an-agreement”), and showing relevant Counselling Card(s).
- In the triad the Observer’s task is to recall the skills the ‘Counsellor’ practised (observer’s checklist follows for each case study).

The Participants in the triads switch roles.

- Practice Case Study 2: A second case study is read ONLY to the ‘mothers’ of the triads, and the ‘mothers’ return to their triads.
- The ‘Counsellor of each triad’ asks the mother about her situation, and practises the “assess, analyze, and act” steps: listening and learning, building confidence, providing support and practical help, negotiating (“reaching-an-agreement”), and showing relevant Counselling Card(s).
- In the triad the Observer’s task is to recall the skills the ‘Counsellor’ practised (observer’s checklist follows for each case study).

The Participants once more switch roles in their triads.

- Practice Case Study 3: A third case study is read ONLY to the mothers of the triads, and the ‘mothers’ return to their triads.
- The ‘Counsellor of each triad’ asks the mother about her situation, and practises the “assess, analyze, and act” steps: listening and learning, building confidence, providing support and practical help, negotiating (“reaching-an-agreement”), and showing relevant Counselling Card(s).

- In the triad the Observer's task is to recall the skills the 'Counsellor' practised (observer's checklist follows for each case study).
- One triad demonstrates a case study in front of the whole group.
- Discussion and summary.
- Repeat process one more time with a more complicated case study (Case Study 4) that needs referral.

Case Studies for Activity 4

Case Study 1:

Initial Contact

Read to mother: You are Murayo. Your daughter Habiba is 12 months old and you give her porridge or anjera 2 times a day and bites of whatever you are feeding the family that day. You are also breastfeeding Habiba.

Checklist for Observer (of the 'Counsellor') – Did the Counsellor?

- Ask Murayo questions, listen to her and accept Murayo's practices and concerns.
- Praise Murayo for breastfeeding her baby, Habiba.
- Discuss with Murayo selected points of CCs 13 and 14: 'Complementary feeding for young children 12–23 months', and 'Hygiene'.
- Suggest what Murayo might do, give her at least two possibilities, and ask her what she feels able to do.
- Obtain agreement with Murayo to try a new behaviour: e.g. Murayo agrees to try feeding Habiba more times each day.
- Make a follow-up appointment with Fatuma.
- Praise Fatuma and thank her for her time.

Case Study 2:

Initial Contact

Read to mother: You are Fatuma. You have a 9 month-old daughter, Mariam, who is eating some watery porridge once a day. Mariam had diarrhea the last 2 days.

Checklist for Observer (of the ‘Counsellor’) – Did the Counsellor?

- Ask Fatuma questions, listen to her and accept Fatuma’s practices and concerns.
- Review with Fatuma selected points of CCs 12, 14, and 16: ‘Complementary feeding for young children 9 – 11 months’, ‘Hygiene’, and ‘Feeding sick young child greater than 6 months’.
- Suggest what Fatuma might do, gave her at least two possibilities, and asked her what she feels able to do.
- Obtain an agreement with Fatuma to try a new behaviour, or to take a further step.
- Made a follow-up appointment with Fatuma.
- Praised Fatuma and thank her for her time.

Case Study 3:

Initial Contact

Read to mother: You are Halima. You are breastfeeding your baby, Sheikh who is 7 months old, and you are not giving any foods to him.

Checklist for Observer (of the ‘Counsellor’) – Did the Counsellor?

- Ask Halima questions, listen to her and accept Halima’s practices and concerns.
- Review with Halima selected points of CCs 11 and 14: ‘Complementary feeding for young children 6 – 8 months’, and ‘Hygiene’.
- Suggest what Halima might do, give her at least two possibilities, and ask her what she feels able to do.
- Obtain an agreement with Halima to try a new behaviour, or to take a further step.
- Make a follow-up appointment with Halima.
- Praise Halima and thank her for her time.

Case Study 4:

Initial Contact

Read to mother: You are Halimo. Your baby Tamina is 6 ½ months old. You tell the ‘Counsellor’ that Tamina is too young for food because her stomach is too small. You mention that you will continue to only breastfeed her until she is older. Your husband and mother-in-law agree with you. Tamina has not gained weight in the last 2 weeks.

Checklist for Observer (of the ‘Counsellor’) – Did the Counsellor?

- Ask Halimo questions, listen to her and accept Halimo’s practices and concerns.
- Praise Halimo for breastfeeding her baby.
- Discuss with Halimo selected points of CCs 10 and 11: ‘Complementary feeding at 6 months’, and ‘Complementary feeding from 6–8 months’.
- Suggest what Halimo might do, giving her at least two possibilities, and ask her what she feels able to do.
- Refer her to the health post to be weighed, and to talk to the Health Worker there.
- Obtain an agreement with Halimo: e.g. to go to the health post.
- Make a follow-up appointment with Halimo.
- Praise Halimo and thank her for her time.

ACTIVITY 5

Discuss the “assess, analyze and act” steps to counselling for follow-up contact(s) (20 minutes)

Methodology: Brainstorm and practise

- With the whole group, brainstorm additional points to be discussed with mother during counselling for follow-up contact(s).
- Divide Participants into as many groups as there are Facilitators (with a Facilitator in each group).
- Read (Facilitator in each group) follow-up contact case study and ask one Participant in the small group to comment on what s/he would say to the mother during this follow-up contact.
- Ask if anyone has anything else to add?
- Ask Participants to reflect on the “assess, analyze and act” steps of counselling, asking the question: Did the Counsellor.....? (See Activity 1 of Session 12 and follow the “assess, analyze and act” steps).
- When the first follow-up contact is complete, repeat the same process for the remaining follow-up contact case studies (4 follow-up contact case studies in total).
- Discussion and summary.

Content for Activity 5

Points to discuss in Follow-up Contact(s) Counselling

- Ask how the baby and mother are doing (is the baby better or worse?)
- Ask whether the mother tried (or continued) the agreed upon new behaviour.
- Congratulate mother for trying (or continuing) the new behaviour.
- If the mother did not try the new behaviour or gave up, ask why?
- Ask what happened when she tried (or continued) the new behaviour.
- Ask whether she made any changes to the new behaviour and why?
- Ask what difficulties she had, how she solved them, or help her find ways to solve the difficulties she might have had or think of alternatives.
- Listen to the mother’s questions, concerns and doubts.
- Ask whether she likes the new behaviour agreed upon and if she thinks she will continue or what to do if she does not continue.
- Praise the mother and motivate her to continue the new behaviour.
- Remind the mother to take the child to be weighed (attend EPI immunizations and growth monitoring sessions).

- Tell the mother where she can get additional support from community-based health workers, health posts, or mother support groups.
- Agree on a date for the next contact.
- Depending on the age of the child:
 - talk to the mother about a new behaviour
 - encourage the mother to try a new behaviour

Follow-up Contact Case Studies for Activity 5

Case Study 1:

Follow-up Contact

Murayo announces that her 1 year old, Habiba, now eats whatever the family eats that day, once in the morning and once at night. Murayo tells you that she is planning to stop breastfeeding soon.

Did the Counsellor?

- Ask how she and Habiba are doing (is Habiba better or worse?)
- Listen to Murayo's story and accept her feelings.
- Listen to details of Habiba's behaviour.
- Ask Murayo why she is planning to stop breastfeeding.
- Talk with Murayo about continued frequent, on-demand breastfeeding until 2 years of age or beyond.
- SUGGEST that Murayo continue breastfeeding Habiba longer.
- Review with Murayo the points discussed in CC 13: 'Complementary feeding for young children 12–23 months':
 - In Habiba's 2nd year, breastmilk continues to make up 1/3 of her diet.
 - From 12 months onwards, feed Habiba 5 times a day (3 meals and 2 snacks).
- Obtain a new agreement with Murayo.
- Make a follow-up appointment with Murayo.
- Praise Murayo and thank her for her time.

Case Study 2:

Follow-up Contact

Fatuma tells you that she has been giving thick porridge to her 9-month old baby, Shukri, once a day. She is also breastfeeding more frequently and has noticed less diarrhoea.

Did the Counsellor?

- Ask how she and Shukri are doing (is Shukri better or worse?)
- Listen to Fatuma's story.
- Praise Fatuma for breastfeeding more frequently.
- Listen to details of Shukri's behaviour.
- Review with Fatuma the points discussed in CC 12: 'Complementary feeding for young children 9–11 months':
 - From 9 months onwards, feed Shukri 4 times a day (3 meals and 1 snack).
- Obtain a new agreement with Fatuma.
- Make a follow-up appointment with Fatuma.
- Praise Fatuma and thank her for her time.

Case Study 3:

Follow-up Contact

Halima says that her 7-month old baby, Sheikh, now eats porridge or anjera with lentils and some oil 2 times a day. Halima thinks her baby is doing very well.

Did the Counsellor?

- Ask how she and Sheikh are doing (is Sheikh better or worse?)
- Listen to Halima's story.
- Listen to details of Sheikh's behaviour.
- Praise Halima for how well Sheikh is doing.
- Review with Halima the points discussed in CC 11: 'Complementary feeding for young children 6–8 months':
 - From 6 months onwards, feed Sheikh 2-3 times a day.
- Obtain an agreement with Halima.
- Make a follow-up appointment with Halima.
- Praise Halima and thank her for her time.

Case Study 4:

Follow-up Contact

Safio tells you that she has still been feeding her near two-year old, Tamina, 3 times a day as well as continuing to breastfeed her.

Did the Counsellor?

- Ask how she and Tamina are doing (is Tamina better or worse?)
- Listen to Safio's story.
- Praise Safio for continuing to breastfeed Tamina.
- Listen to details of Tamina's behaviour.
- Praise Safio for how well Tamina is doing.
- Review with Safio the points discussed in CC 13: 'Complementary feeding for young children 12–23 months':
 - In Tamina's 2nd year, breastmilk continues to make up 1/3 of her diet.
 - From 12 months onwards, feed Tamina 5 times a day (3 meals and 2 snacks).
(F)
- Obtain a new agreement with Safio.
- Make a follow-up appointment with Safio.
- Praise Safio and thank her for her time.

ACTIVITY 6

Prepare for practicum (10 minutes)

- Participants form pairs (Facilitator needs to be sensitive to language and gender).
- Ask each participant to bring his/her set of counselling cards.
- Arrange time for meeting and transportation (if needed).

SESSION 13

How to Counsel a Mother/Caregiver with a Young Child from 6–23 Months: Community and/or Facility Practise and Feedback

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objective

By the end of the session, Participants will be able to:

1. Practise Counselling: listening and learning skills, building the mother's/caregiver's confidence, providing support and practical help, and negotiating ("reaching-an-agreement") with mothers of young children from 6–23 months at health centers or in the community

Activities

Activity 1 Practise counselling: listening and learning skills, building the mother's/caregiver's confidence, providing support and practical help, and negotiating ("reaching-an-agreement" by applying the "assess, analyze and act" steps (*2 hours*)

Activity 2 Feedback on practise (*1 hour*)

Total Time 3 hours

Materials needed

- ✓ Entire set of counselling cards on optimal breastfeeding practices and optimal complementary feeding practices for children from 0–23 months
- ✓ Counselling Card on Hygiene: 14

Advance preparation

- Make an appointment at the health post a week ahead to do the field practise during immunization or weighing sessions, or
- Make an appointment with the community health worker a week ahead for community visits
- Prepare groups, give instructions the day before

ACTIVITY 1

Practise counselling: listening and learning skills, building the mother's confidence, providing support and practical help, and negotiating ("reaching-an-agreement" by applying the "assess, analyze and act" steps (2 hours)

Methodology: Practise

- Before the Participants leave for the practice-site, briefly review Counselling skills: listening and learning, building the mother's confidence, providing support and practical help, negotiating ("reaching-an-agreement"), and use of counselling cards by applying the "assess, analyze, and act" steps.
- Divide Participants in pairs and explain the exercise: one Participant will practise Counselling: listening and learning skills, building the mother's confidence, providing support and practical help, negotiating ("reaching-an-agreement") and use of counselling cards by applying the "assess, analyze and act" steps with the mother, while the other Participant follows the dialogue in order to give feedback later.
- Participants change roles until each Participant practises at least 2 counselling activities.

ACTIVITY 2

Feedback on practise session (1 hour)

Methodology: Feedback discussion

- At training site, with the whole group, each pair of Participants will summarize for the group their use of listening and learning skills, building the mother's confidence, providing support and practical help, negotiating ("reaching-an-agreement") and use of counselling cards by applying the "assess, analyze and act" steps. Their summary should include the child's name and age, any difficulty identified, options suggested, and behaviour mother agreed to try
- Participants receive and give feedback
- Discussion and summary

SESSION 14

Final Evaluation of IYCF Counselling Training

Note to the Facilitator: Present an overview of objectives (listed below) and the time allocated for this session.

Learning objectives

By the end of the session, Participants will:

1. Examine “what have we learned this week?”
2. Evaluate the IYCF Counselling training

Activities

Activity 1 “What have we learned this week?” (*20 minutes*)

Activity 2 Evaluation of IYCF Counselling training and listen to results
(25 minutes)

Total Time 45 minutes

Materials needed

- / One copy of “What have we learned this week?” post-assessment for Facilitator

ACTIVITY 1

“What have we learned this week?” (*20 minutes*)

Methodology: Participants sit in circle facing outwards

- Ask Participants to form a circle and sit so that their backs are facing the center.
- Explain that questions will be asked and ask Participants to raise their hand (with open palm) if they think the answer is “Yes”, to raise their hand (with closed fist) if they think the answer is “No”, and to raise their hand (pointing 2 fingers) if they “Don’t know”.
- One Facilitator reads the questions and another Facilitator records the answers.
- Compare results of pre and post-assessments and share with Participants.

What have we learned this week?		Yes	No	Don't know
1.	A baby should breastfeed within an hour after birth.			
2.	To produce enough milk, a mother should breastfeed frequently, day and night.			
3.	Colostrum helps to protect babies from illnesses like diarrhea and respiratory infections.			
4.	At 4 months, infants need water and other drinks in addition to breastmilk.			
5.	At 9-11 months, a baby needs complementary foods 4 times a day.			
6.	One sign of good attachment is that the newborn's chin touches the mother's breast.			
7.	Breastfeeding benefits the baby, but not the mother.			
8.	A mother can still successfully breastfeed her baby even if she thinks she does not have enough milk.			
9.	A mother can prevent sore and cracked nipples by correctly attaching her baby to the breast.			
10.	A baby begins to need foods in addition to breastmilk at about 6 months.			
11.	A mother can produce enough milk to breastfeed twins.			

ACTIVITY 2

Evaluation of IYCF Counselling training and listen to results (25 minutes)

Methodology: Participants form buzz groups of 3

- Ask Participants to form buzz groups of 3.
- Explain that their suggestions will be used to improve future trainings.
- Explain that questions will be asked and that each group should discuss among themselves what they think.
- One Facilitator reads the following questions, one by one. After each question, ask buzz groups to share their comments (another Facilitator records the answers).
 - What did you like about the teaching method?
 - How will you use the counselling cards?
 - What did you learn in the practice at the health post or in the community?
 - Do you feel ready to counsel mothers/caregivers about infant and young child feeding?
 - What suggestions do you have to improve the training?
 - Do you have any other comments? Please share.

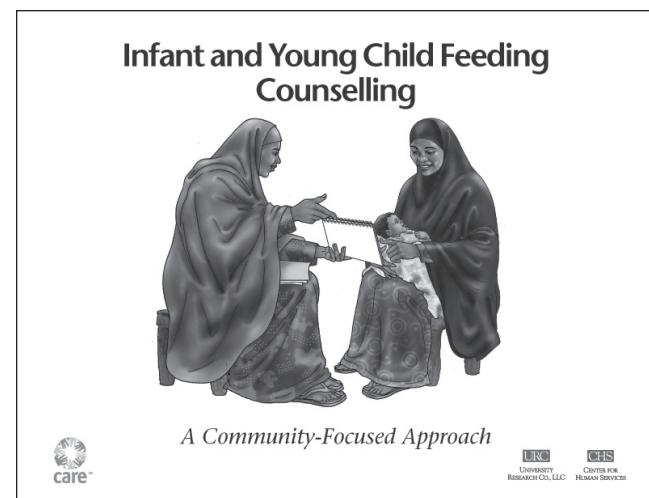
Notes

APPENDIX 1

Counselling Cards: Key and Supporting Messages

18 counselling cards

1. Antenatal
2. Delivery in Facility (Card 2a) / Home Delivery (Card 2b)
3. Grandmother Offering Food to Breastfeeding Daughter/Daughter-in-law
4. How to Attach Baby to the Breast
5. Breastfeeding Positions
6. Breastfeed on Demand, Both Day and Night
7. During the First 6 Months, Your Baby Needs ONLY Your Breastmilk
8. How to Hand Express Breastmilk and Cup Feed
9. Optimal Child Spacing
10. Complementary Feeding Starting at 6 Months
11. Complementary Feeding from 6–8 Months
12. Complementary Feeding from 9–11 Months
13. Complementary Feeding from 12–23 Months
14. Hygiene: Wash Your Hands with Soap and Water
15. Breastfeeding a Sick Baby Less than 6 Months
16. Breastfeeding a Sick Child Greater than 6 Months
17. Signs that Require Mother/Caregiver/Family to Seek Care



Antenatal

Key Messages

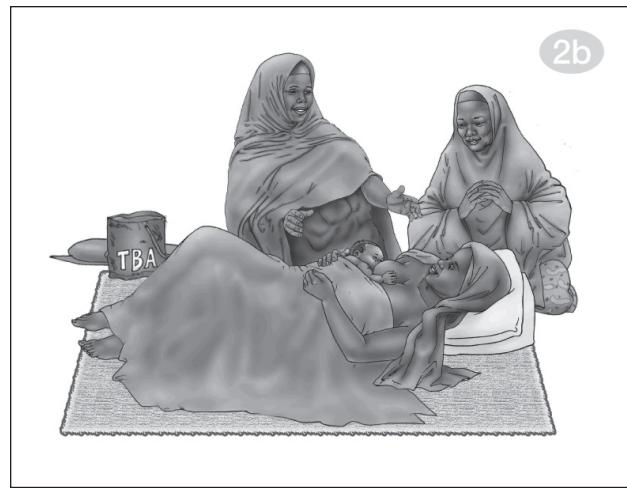
1. Breastfeed your baby within 1 hour of birth. (counselling cards 2a and 2b)
2. Breastfeed your baby frequently, day and night, to establish your breastmilk supply. (counselling card 6)
3. Exclusively breastfeed your baby by giving only your own milk for the first 6 months. (counselling card 7)
4. Make sure your baby is well attached to the breast. (counselling card 4)
5. Make sure baby is in a comfortable position at the breast and is able to effectively suckle in the first weeks and months. (counselling card 5)
6. You should eat to hunger and drink to thirst to keep you and your baby healthy and to prepare your body for breastfeeding.
 - Increase food intake: "an additional meal, more food than usual, and a varied diet".
 - Take vitamin A at delivery or within 6 weeks after delivery.
 - Eat foods rich in vitamin A (papaya, mangoes, carrots, pumpkins, liver).
 - Continue iron/folic acid supplementation to complete 6 months in total (during pregnancy and/or lactation).
 - Use iodized salt for the whole family.
 - Use treated bednets to reduce malaria infection.
 - If available, take de-worming treatment during 3rd trimester of pregnancy to reduce hookworm infection.
 - Reduce workload to ensure opportunity for rest to help conserve energy



Delivery in Facility (Card 2a) / Home Delivery (Card 2b)

Key Messages

- As soon as your baby is born, let the midwife put the naked baby between your breasts, cover him or her lightly and keep the baby there for at least one hour—or as long as you want. The baby may just rest for a time, keeping warm and learning how you feel and smell
- Your baby will start showing signs of interest in breastfeeding and may try to move to the breast within the hour. Let the baby start suckling then—this is the best time for you and your baby to learn about breastfeeding and to bond.
- The baby's suckling helps your womb contract, which pushes out the placenta and reduces bleeding. You may feel quite a strong contraction at this time; it is a good sign that things are working well.
- The first milk that comes is called colostrum. It is yellow and sticky and full of good things which help protect your baby. Make sure that your baby takes the colostrum.
- Breastfeeding from birth helps the milk “come in” and ensures plenty of breastmilk.



Supporting Messages

- It is easier for your baby to learn to suckle if he starts early while the breast is still soft.
- The amount of colostrum may be small, but even a few drops help protect your baby.
- Colostrum will help your baby pass his/her first dark stool.
- Your baby does not need water or other feeds given before breastfeeding (foods, sugar water or liquids/fluids). They can cause a delay in your milk “coming in” (or starting to flow) and can make your baby ill. Calves and baby goats do not need extra water after birth.

Grandmother Offering Food to Breastfeeding Daughter/ Daughter-in-law

For the caregiver of mother:

Key Messages

- Keep the mother and baby together from birth. Staying together helps the mother and baby rest and recover, breastfeed on demand (as often as the baby wants), and bond.
- Ensure that the breastfeeding mother eats an additional meal each day because she is eating for two, herself and the baby.



Supporting Messages

- Ensure that the breastfeeding mother eats the porridge from the PLP (Pregnant and Lactating Programme) and part of the extra ration that is given when the baby is registered. Eating more helps her maintain her health and the health of the baby.
- Bring food and water to the mother and let her breastfeed the baby.
- Mothers need to be prioritized for family food and need help with household work.
- Mothers need to take advantage of all opportunities to eat more food.

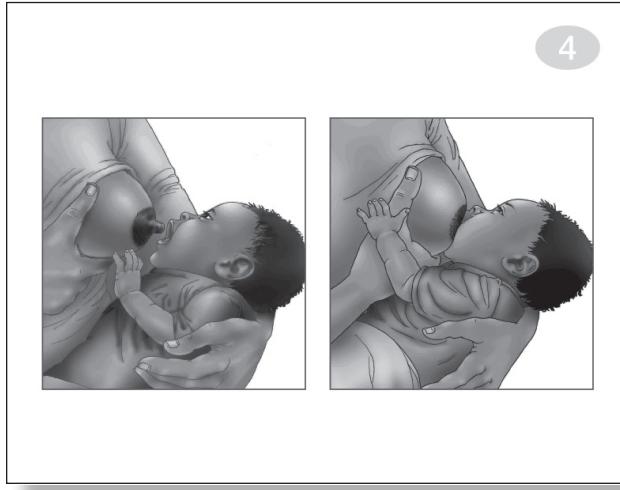
How to Attach Baby to the Breast

Skills

- Start with the baby's nose opposite your nipple, so that the baby has to reach up to the nipple.
- Touch the baby's lower lip with the nipple. Wait until the baby's mouth opens wide, and then quickly move the baby onto the breast.
- Aim the baby's lower lip well below the nipple so that the nipple goes to the top of the baby's mouth and the baby's chin

touches the breast (this helps to ensure that the baby's tongue is under the areola so that the baby can press out the milk).

- From the outside there should be more areola showing above than below the nipple (this is easier for the counsellor to see than you who cannot see what is below the baby's mouth).
- The baby's lower lip should be turned outwards (this is easier for the counsellor to see than you who cannot see what is below the baby's mouth).



4

Effective suckling

- To suckle well, a baby needs to be well attached at your breast.
- The baby's mouth should be open wide, so that s/he can take in plenty of the areola and not just the nipple.
- The baby should be held close to the breast.
- The baby takes slow deep suckles, sometimes pausing.
- You may be able to see or hear your baby swallowing after one or two suckles.
- Suckling is comfortable and pain free for you.
- Baby finishes the feed, releases breast and looks contented and relaxed.
- The breast is softer after the feed.
- Suckling well helps you produce milk and satisfy your baby.

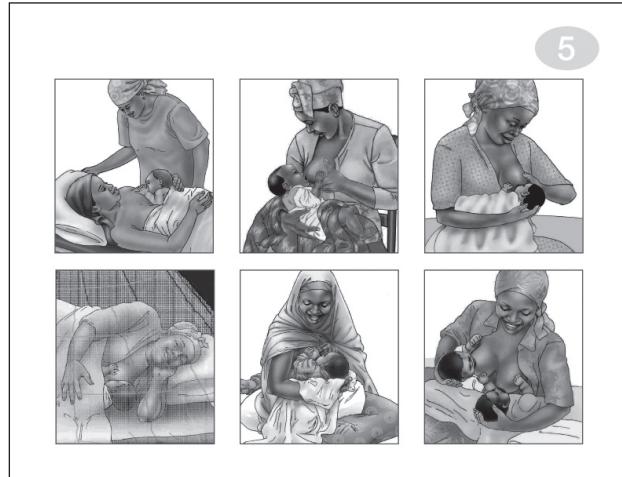
Risks of poor attachment

- Sore and cracked nipples.
- Poor milk release.
- Slow milk production.

Breastfeeding Positions

Skills

- To ensure good attachment, your baby needs to be well positioned at the breast. There are several different positions that you can use.
- You can breastfeed sitting or lying down or standing if you wish.
 - Cradle position** (most common position)
 - Opposite arm**—useful for newborns and small or weak babies, or any baby with a difficulty attaching
 - Lying down** (useful soon after delivery and at any time to rest while breastfeeding)
 - Under-arm position** (useful for twins and low-birth-weight babies)



Supporting Messages

- Whatever position you choose you need to be comfortable with your back supported.
- Bring the baby to you; do not lean forward to the baby.
- The baby's body should be straight, not bent or twisted, but with the head slightly back.
- The baby's body should be facing you and close to you so that you are supporting the baby's whole body, not just the neck and shoulders, with your hand and forearm.
- The baby should be able to look up into your face, not held flat to your chest or abdomen.
- Hold your breast with your fingers in a "C shape", with the thumb above the dark part of the breast (areola) and the other fingers below.
- Fingers should not be in "scissor hold" because this method tends to put pressure on the milk ducts and can pull the nipple out of the baby's mouth.

Breastfeed on Demand, Both Day and Night

Key Messages

- Breastmilk provides all the nourishment your baby needs for the first 6 months.
- Breastfeed the baby often, at least 8–10 times, day and night, to produce lots of breastmilk and ensure that your baby grows healthy. (Depending on age of baby, s/he may not need 10 feeds a day if suckling effectively.)
- Let baby suckle as long as s/he wants—let baby come off the breast him/herself. Do not take the baby off.



Supporting Messages

- More suckling makes more breastmilk (provided baby is well attached), and if a baby suckles less, the breasts make less breastmilk.
- The breasts make as much milk as the baby takes—if baby takes more, the breasts make more (the breast is like a “factory”—the more demand for milk, the more supply).
- Signs that a baby wants to breastfeed:

A combination of: (not just one alone)

- Restlessness
- Opening mouth and turning head from side to side
- Putting tongue in and out
- Sucking on fingers or fists

Note: Begin breastfeeding before the baby starts crying. Crying is a late sign of hunger.

- Feeds that are regularly more than half an hour (except in the first week or so or when baby is low-birth-weight) or feeds that are very frequent (more often than every 1–1.5 hours all the time) may be a sign that your baby is not well attached. Ask the counsellor to watch the baby feed, and try to improve the attachment.

During the First 6 Months, Your Baby Needs ONLY Your Breastmilk

Key Messages

- Breastfeeding makes your baby grow strong and healthy and helps to prevent diarrhoea and respiratory infections.
- Breastmilk is the best food and it is all that your baby needs for the first 6 months.
- Giving other feeds can make your baby ill.
- Do not give anything else to your baby before 6 months, NOT even water (tea, sugar water, gripe water, other animal milks, infant formula or porridge).
- Even during very hot weather, breastmilk can satisfy your baby's thirst during the first 6 months. *You may need additional water to satisfy your own thirst.*

7



Supporting Messages

- There is enough water for baby in your breastmilk.
- The risks of giving water to your baby are: Risk of diarrhea, baby's stomach getting full with water and feeding less, loosing weight, malnutrition, infrequent feeding leading to decreased breastmilk production.
- If your baby takes water or other liquids, s/he suckles the breast less and you produce less milk. This leads to poor growth of your baby.
- If you feed any other foods or liquids to your breastfed baby, you risk becoming pregnant in the first months after you give birth.
- Baby camels and goats do not need extra water when they are born.
- Breastfeeding is a natural resource for food security.

How to Hand Express Breastmilk and Cup Feed

- Sometimes you need to express milk for your baby:
 - if your baby is too weak or small to suckle effectively
 - if your baby is taking longer than usual to learn to suckle, for example because of inverted nipples
 - if you have to be away from your baby for some hours
 - to feed a low-birth-weight baby who cannot breastfeed
 - to feed a sick baby, who cannot suckle enough
 - to keep up the supply of breastmilk when you or baby is ill
 - to relieve engorgement or blocked duct
- To express milk follow these steps:
 - Wash hands
 - Prepare a clean container
 - Gently massage breasts in a circular motion—light massage is skin stimulation for the reflex
 - Position thumb on the upper edge of the areola and the other fingers on the underside of the breast behind the areola
 - Press the areola behind the nipple between the fingers and thumb
 - Milk may start to flow in drops, or sometimes in fine streams—collect it in the container
 - If it is very small drops of colostrum, it may help to collect it in a syringe direct from the nipple
 - Avoid rubbing the skin, which can cause bruising; or squeezing the nipple, which stops the flow of milk
 - For large breasts, first lift the breast
 - Rotate the thumb and finger positions and compress and release all around the areola
 - Express one breast for at least 3–5 minutes until the flow slows, then express other side, then repeat both sides again (20–30 minutes total)
- Store breastmilk in a clean, covered container. Milk can be stored 8–10 hours at room temperature in a cool place and 72 hours in the refrigerator.
- Give baby expressed breastmilk from a cup. Bring cup to the baby's lower lip and allow baby to take small amounts of milk. Do not pour the milk into baby's mouth.
- Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.



8

Optimal Child Spacing

Key Messages

- Feeding your baby only breastmilk for the first 6 months can help space births in a way that is healthy for both you and your baby.
- Optimal child spacing helps ensure healthy children and also protects you.
- You are not likely to become pregnant when you meet the following 3 criteria:
 - you have no return of menses, and
 - you exclusively breastfed your baby for 6 months, and
 - your baby is younger than 6 months
- When you no longer meet one of these criteria, you need to start a family planning method to avoid pregnancy



Supporting Messages

- When you do not exclusively breastfeed from birth you can become pregnant as early as 6 weeks after delivery. Closely spaced pregnancies risk your health, and that of the older baby and the newborn.
- If you want further information about child spacing, please go to the family planning clinic.

Complementary Feeding Starting at 6 Months

Key Messages

- Continue breastfeeding your baby on demand, day and night, to maintain his/her health and strength.
- Breastmilk continues to be the most important part of your baby's diet.
- At about 6 months, your baby is developmentally ready and begins to need other foods in addition to breastmilk.
- Think of the following characteristics when giving complementary foods to your baby:
F = Frequency, A = Amount, T = Thickness
(consistency), V = Variety (different kinds of foods), A = Active/responsive feeding, and H = Hygiene (FATVAH)
- Introduce soft food (mashed potato, mashed banana or porridge) at 6 months of age, 2-to-3 times a day. (F)
- Start with 2-3 tablespoonfuls per feed. (A)
- When possible use breastmilk, goat, camel, cow or sheep milk to prepare the soft food.
- The consistency of the soft food should be thick enough so that it does not run off the spoon. (T)
- Be patient and actively encourage your baby to eat. (A)
- Avoid using bottles to feed your baby. They are very difficult to keep clean and can make your baby sick with diarrhoea. (H)
- Foods given to the baby must be stored in hygienic conditions to avoid contamination and illness. (H)



Safe preparation and storage of complementary foods

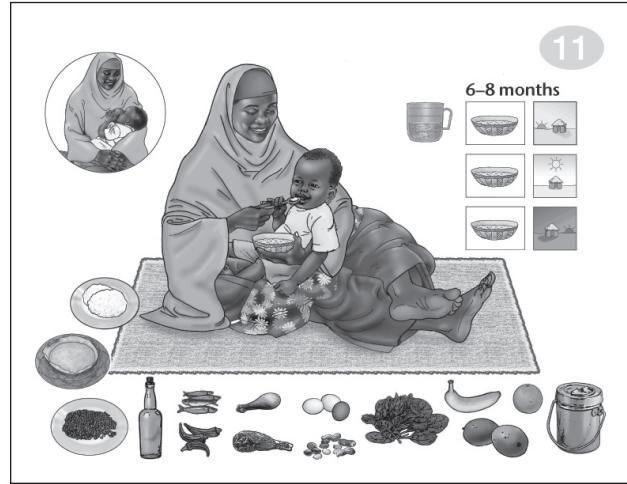
Guideline: practice good hygiene and proper food handling by

- Wash your own and baby's hands before food preparation and eating, and after using toilet and cleaning baby's bottom
- Use clean utensils to prepare and serve food; clean surface, keep clean utensils covered; use clean cups and bowls to feed children
- Treat water for drinking; keep drinking water in clean covered container
- Serve foods immediately after preparation
- Store foods safely: keep in tightly covered containers, store foods dry if possible

Complementary Feeding from 6–8 Months

Key Messages

- Continue breastfeeding your baby on demand, day and night to maintain his/her health and strength.
- Breastmilk continues to be the most important part of your baby's diet.
- Think of the following characteristics when giving complementary foods to your baby:
F = Frequency, A = Amount, T = Thickness (consistency), V = Variety (different kinds of foods), A = Active/responsive feeding, and H = Hygiene (FATVAH)
- From 7 months onwards, feed your baby 3 times a day. (F)
- Gradually increase the amount of food to $\frac{1}{2}$ of a 250 ml cup. Babies have small stomachs and can only eat small amounts at each meal. (A)
- Mash and soften the foods so the baby can easily chew and swallow; breastmilk or other animal milk can be used to prepare the soft food.
- Thicken the baby's food as the baby grows older, making sure that it is still able to easily swallow without choking. (T)
- Try to include at least a small bit of a food from each group in at least one meal per day, or as often as possible: a) wheat flour, bulgur flour, maize meal, CSB, or potatoes; b) lentils, green grams, beans or yellow split peas, c) meat, poultry, or fish, d) eggs, e) dark green vegetable, fruits such as mango, papaya, oranges or bananas, and f) oil or ghee. (V)
- Animal milks (goat, camel, etc.) are also useful sources of nutrients.
- If possible, also include groundnuts that have been roasted and then ground or smashed into a fine powder.
- Be patient and actively encourage your baby to eat. Use a separate plate to feed the baby to make sure s/he eats all the food given. (A)
- Foods given to the baby must be stored in hygienic conditions to avoid diarrhoea and illness. (H)



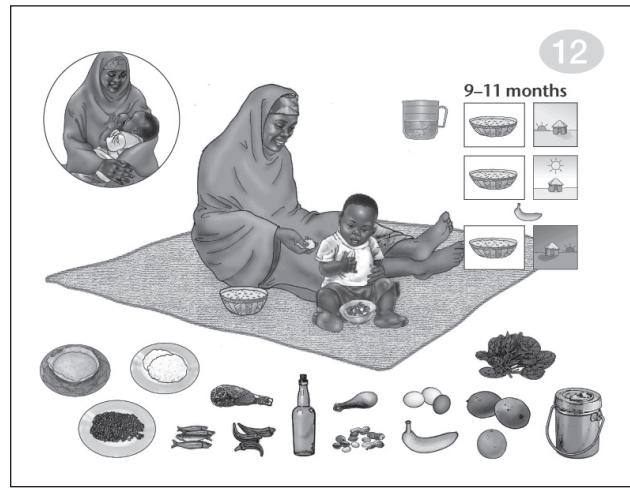
Complementary Feeding from 9–11 Months

Key Messages

- Continue breastfeeding your young child on demand, day and night to maintain his/her health and strength.
- Breastmilk continues to be the most important part of your young child's diet.
- Think of the following characteristics when giving complementary foods to your young child: F = Frequency, A = Amount, T = Thickness (consistency), V = Variety (different kinds of foods), A = Active/ responsive feeding, and H = Hygiene (FATVAH)
- From 9 months onwards, feed your young child 4 times a day (3 meals and 1 snack). (F)

Snacks:

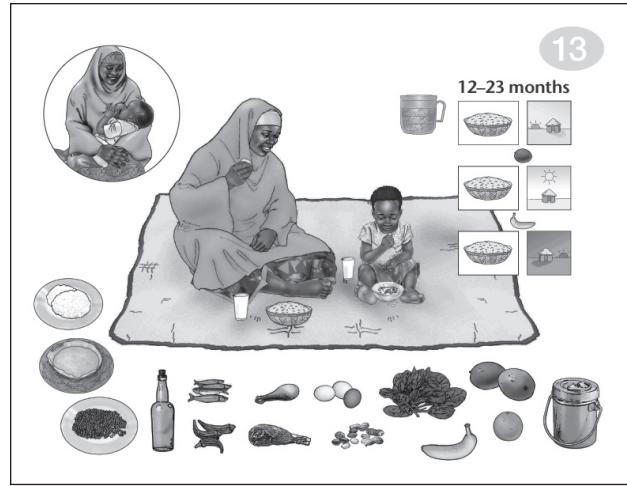
- extra foods between meals that are easy to prepare
- these extra foods are in addition to the meals—they do not replace meals
- good snacks provide energy and nutrients (not to be confused with sweets)
- (give examples of local snacks)
- Give your young child $\frac{1}{2}$ of a 250 ml cup/bowl at each feed. Young children have small stomachs and can only eat small amounts at each meal. (A)
- Thicken the young child's food as the child grows older, making sure that it is still able to easily swallow without choking; breastmilk or other animal milk can be used to prepare the food. (T)
- By 9 months the young child should be able to begin eating finger foods such as pieces of ripe mango and papaya, banana and vegetables
- Try to include at least a small bit of a food from each group in at least one meal per day, or as often as possible: a) wheat flour, bulgur flour, maize meal, CSB, or potatoes; b) lentils, green grams, beans or yellow split peas, c) meat, poultry, or fish, d) eggs, e) dark green vegetable, fruits such as mango, papaya, oranges or bananas, and f) oil or ghee. (V)
- Animal milks (goat, camel, etc.) are also useful sources of nutrients.
- If possible, also include groundnuts that have been roasted and then ground or smashed into a fine powder.
- Be patient and actively encourage your young child to eat. Use a separate plate to feed the young child to make sure s/he eats all the food given. (A)
- Foods given to the young child must be stored in hygienic conditions to avoid diarrhoea and illness. (H)



Complementary Feeding from 12 – 23 Months

Key Messages

- Continue breastfeeding your young child on demand, day and night to maintain his/her health and strength.
- In your young child's 2nd year, breastmilk continues to make up 1/3 of his/her diet.
- Think of the following characteristics when giving foods to your young child:
F = Frequency, A = Amount, T = Thickness (consistency), V = Variety (different kinds of foods), A = Active/responsive feeding, and H = Hygiene (FATVAH)
- From 12 months onwards, feed your young child 5 times a day (3 meals and 2 snacks). (F)



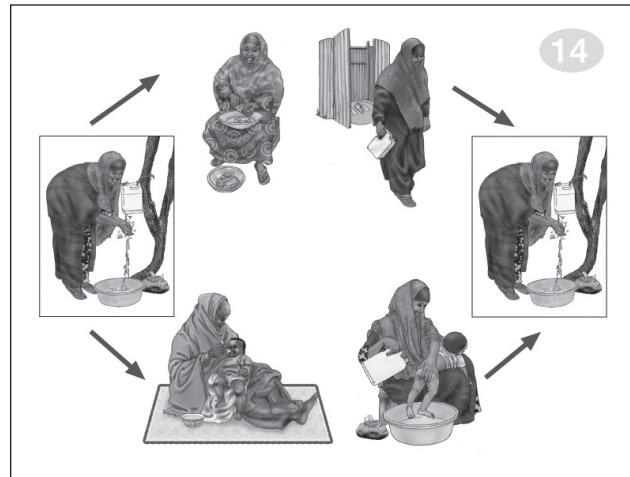
Snacks:

- extra foods between meals that are easy to prepare
- these extra foods are in addition to the meals—they do not replace meals
- good snacks provide energy and nutrients (not to be confused with sweets)
- (give examples of local snacks)
- Give your young child ¾ to 1 250 ml cup/bowl at each feed. (A)
- Cut the food into small pieces so the young child can easily chew and swallow.
- Thicken the young child's food as the child grows older, making sure that it is still able to easily swallow without choking. (T)
- By 12 months other solid foods can be given as many times as possible each day.
- Try to include at least a small bit of a food from each group in at least one meal per day, or as often as possible: a) wheat flour, bulgur flour, maize meal, CSB, or potatoes; b) lentils, green grams, beans or yellow split peas, c) meat, poultry, or fish, d) eggs, e) dark green vegetable, fruits such as mango, papaya, oranges or bananas, and f) oil or ghee. (V)
- Animal milks (goat, camel, etc.) are also useful sources of nutrients.
- If possible, also include groundnuts that have been roasted and then ground or smashed into a fine powder.
- Be patient and actively encourage your young child to eat. Use a separate plate to feed the young child to make sure s/he eats all the food given. Children eat more slowly than adults, so put the child's portion of the family meal in his own bowl. (A)
- Young children should be supervised during mealtime to make sure they eat all the food put on their plate. (A)
- Foods given to the young child must be stored in hygienic conditions to avoid diarrhoea and illness. (H)

Hygiene: Wash Your Hands with Soap and Water

Key Messages

- Wash your hands with soap (or ash) and water before preparing food, before eating, and before feeding young children.
- Wash your child's hands with soap (or ash) and water before s/he eats.
- Wash your hands with soap (or ash) and water after using the latrine or cleaning the baby's bottom.
- Feed your young child using clean hands, clean utensils and clean cups. Avoid using feeding bottles, as this may cause your young child to get diarrhoea.
- Keep foods in covered containers and store food dry, if possible.
 - Food should be tightly covered to prevent insects and dirt getting into it.
 - Food can be kept longer when it is in a dry form than when it is in liquid or semi-liquid form.

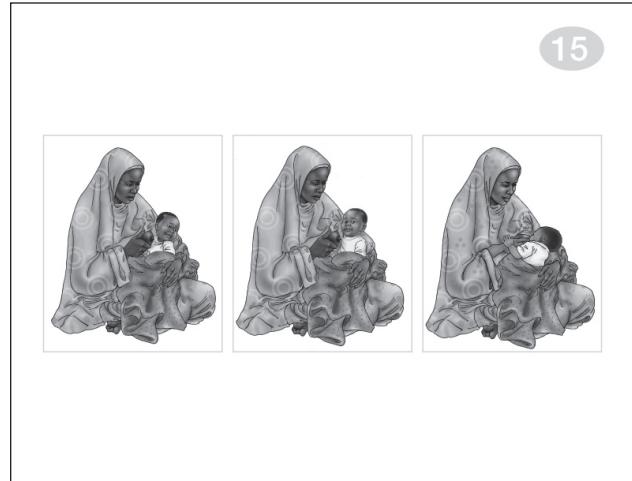


Breastfeeding a Sick Baby Less than 6 Months

Key Messages

- Breastfeeding more during illness will help baby fight the sickness and not lose weight.
- Breastfeeding also provides comfort to a sick baby.
- If the baby is too weak to suckle, it is important to express breastmilk to give 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.
- Practice exclusive breastfeeding from 0–6 months.

NOTE: The mother may need support to re-establish exclusive breastfeeding.



Feeding a Sick Child Greater than 6 Months

Key Messages

- During illness, increase the frequency of breastfeeding and offer additional food to your child to maintain his/her strength, reduce weight loss and recover faster. (Often ill young children breastfeed more frequently).
- Fluid and food requirements are higher during illness.
- Take time to patiently encourage your sick child to eat as his/her appetite may be decreased because of the illness.
- It is easier for a sick child to eat small frequent meals.
- Feed the child foods s/he likes in small quantities throughout the day.
- Offer the young child simple foods like porridge, even if s/he does not express interest in eating. Avoid spicy or fatty foods.
- Keep encouraging the young child to eat.



16

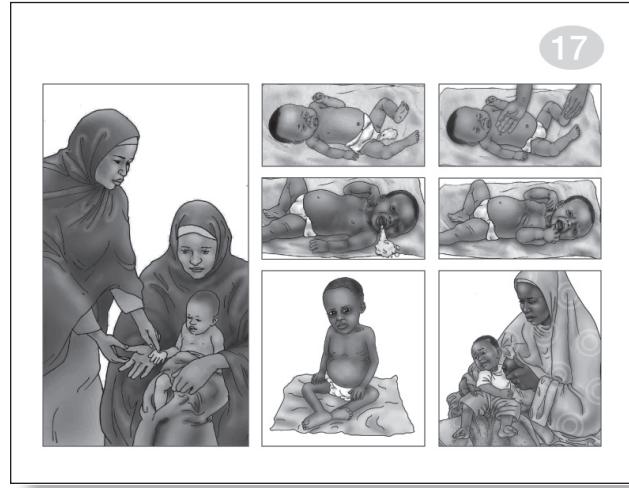
Feeding during recovery

- When your young child has recovered, give him/her one additional meal of solid food each day during the next two weeks. This will help the child regain weight lost during illness.
- Also breastfed more frequently during two weeks after recovery.
- Take enough time to actively encourage your young child to eat this extra food and breastfeed more frequently when his/her appetite returns.

Signs that Require Mother/Caregiver/Family to Seek Care

Take your baby or young child to health post if s/he shows the following signs:

- Anaemia (look for palmar pallor)
- Diarrhoea (blood in stool or persistent diarrhoea, sunken eyes)
- Fever (possible risk of malaria)
- Vomiting (cannot keep anything down)
- Respiratory infections (cough, pneumonia/chest in-drawing)
- Malnourished child:
visible wasting or oedema
- Refusal to eat



APPENDIX 2

Training Aids

Session 3

- ✓ Images of common illnesses in the community: diarrhoea, cough/pneumonia, malnutrition, vomiting, fever, anaemia
- ✓ Images of 'breastfeeding mother and baby', and 'healthy mother and baby'

Session 4

- ✓ Materials for making dolls and model breasts
- ✓ Doll(s)
- ✓ Images of 'good attachment' and 'poor attachment', and 'How the breast makes milk'

Note: If possible, make arrangements in advance to have breastfeeding women present to demonstrate positioning and attachment.

- ✓ Photo of milk expression and cup feeding
- ✓ Small cup with liquid

Session 5

- ✓ Photos of engorgement, sore/cracked nipple, and plugged duct/mastitis
- ✓ Photos of Candida (thrush), checking for thrush in baby's mouth, and inverted nipples

Session 6

- ✓ 2 sets of images of "common situations affecting breastfeeding":
 - sick mother,
 - feeding a low birth weight baby,
 - kangaroo mother care,
 - malnourished mother,
 - twins,
 - refusal to breastfeed,
 - pregnancy, and
 - mother away from baby

Session 9

- ✓ Image: 'Feed more as the baby grows'
- ✓ Small amount of prepared porridge, small amount of milk, 2 bowls and 2 spoons

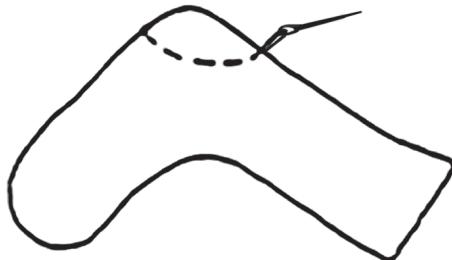
APPENDIX 3

Instructions for making cloth breast models

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

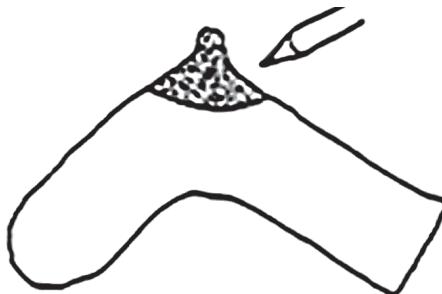
Skin Colour Sock

Around the heel of the sock, sew a circular running stitch (purse string suture) with a diameter of 4cm. Draw it together to 1.5 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 of the sock, use a felt-tip pen to draw a simple structure of the breast: alveoli, ducts, and nipple pores. Be sure the lactiferous sinuses will be in the areola area.



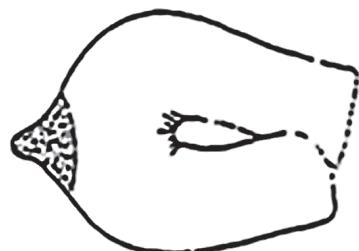
Putting the Two Socks Together

Stuff the heel of the white sock with anything soft. Hold the two 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 brown 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 positioning and attachment. Hold them in place with an old nylon stocking tied around the chest. The correct position of the fingers for hand expression and massage can also be demonstrated.



APPENDIX 4

Cut Outs for Daily Evaluation



