

Mother-to-Mother Support Groups

TRAINER'S MANUAL



This document was produced through support provided by the United States Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the United States Agency for International Development.

For more information, please contact:

**The Infant & Young Child Nutrition
(IYCN) Project**

455 Massachusetts Ave. NW, Suite 1000
Washington, DC 20001 USA
Tel: (202) 822-0033
Fax: (202) 457-1466
Email: info@iycn.org
www.iycn.org

PATH

ACS Plaza, 4th Floor
Lenana Road
P.O. Box 76634-00508
Nairobi, Kenya
Tel: 254-20-3877177
Email: kenyainfo@path.org

IYCN is implemented by PATH in collaboration with CARE;
The Manoff Group; and University Research Co., LLC.

Acknowledgments

This manual was originally prepared by PATH in Kenya with funding support from the United Nations Children’s Fund (UNICEF) and technical review and oversight from the Kenya Ministry of Public Health and Sanitation. The Infant & Young Child Nutrition (IYCN) Project updated this manual to reflect the 2010 World Health Organization (WHO) *Guidelines on HIV and Infant Feeding*.

Content for this manual is based on several key mother-to-mother support and infant and young child feeding publications including:

- *Training of Trainers for Mother-to-Mother Support Groups* (LINKAGES)
- *Behavior Change Communication for Improved Infant Feeding – Training of Trainers for Negotiating Sustainable Behavior Change* (LINKAGES)
- *Community-Based Breastfeeding Support: A Training Curriculum* (Wellstart International)
- *Infant Feeding Counselling: An Integrated Course* (WHO/UNICEF)
- *Preparation of Trainer’s Course: Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics Instructional Planning Training Package*. (CARE/Window of Opportunity Project)

We are grateful to these authors for excellent information and activities. Complete citations are available in the reference section of this manual.

About PATH

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH’s work improves global health and well-being.

For more information, please visit www.path.org.

About the Infant & Young Child Nutrition Project

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

For more information, please visit www.iycn.org.

Table of contents

Acknowledgments.....	i
Notes to the trainer.....	1
Training schedule.....	3
1. Welcome, expectations, objectives, and pretest.....	5
2. Local health situation.....	7
3. Overview of mother-to-mother support groups.....	8
4. Benefits of breastfeeding.....	12
5. Starting breastfeeding immediately.....	14
6. How the breast makes milk (support group practice).....	16
7. Positioning and attachment.....	18
8. Exclusive breastfeeding.....	20
9. Exclusive breastfeeding (support group practice).....	22
10. Lactational amenorrhea method (LAM).....	24
11. Breastfeeding challenges.....	26
12. Breastfeeding in special situations.....	27
13. Expressing breastmilk.....	29
14. Infant feeding and HIV.....	33
15. Feeding babies at 6 months.....	36
16. Complementary feeding.....	38
17. Preparing food safely.....	41
18. Helping children to eat.....	42
19. Complementary feeding (support group practice).....	43
20. Feeding HIV-exposed children from 6 months.....	44
21. Eating during pregnancy and breastfeeding.....	44
22. Infant feeding beliefs and myths.....	50
23. Support group topics.....	52
24. Support group practice.....	53
25. Support and reporting.....	54
26. Activity plans.....	55
27. Post-test and training evaluation.....	56
Handout 1. Support group observation checklist.....	57
Handout 2. Proper attachment.....	58
Handout 3. Risks of different feeding methods.....	59
Handout 4. Mother-to-mother support group reporting form.....	60
Handout 5. Pre-test/Post-test.....	61
Handout 6. Pre-test/Post-test Answer Key.....	62
Handout 7. Training evaluation form.....	63
References.....	64

Notes to the trainer

Methodology

Conduct the entire training workshop in a circle to reinforce the atmosphere of respect, attention, trust, sincerity, and empathy that characterizes a mother-to-mother support group. New knowledge, attitudes, and skills are reinforced through practice facilitating and participating in mother-to-mother support groups. Use the checklists during each of the practice sessions to guide the participants' experiences and provide a tool for performance evaluation. Use the results of the pre- and post-test tools to identify content areas that have been difficult for participants to grasp.

Daily evaluation activities

Conduct daily evaluations using the method suggested below or invent your own.

- At the end of each day, ask the participants to answer three questions written on a piece of paper: 1) What did you like? 2) What should be changed or improved? 3) What did you learn? Ask participants to fold up their answers and place them in a hat. The following morning redistribute all of the answers. Ask participants to read the response they were handed. This allows participants to evaluate the day's activities in confidence.
- Alternatively, ask two or three participants to be representatives for the day. At the end of each day, meet with them to discuss what the participants liked, what they would like changed, etc. This is another way to ensure that participants' opinions, needs, and concerns are addressed.

Mother-to-mother support groups overview

Mother-to-mother support groups (MtMSG) are groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition (IYCN). These women also support each other as they care for children ages 0–5 years. One member of each group will be trained on IYCN, as well as on basic group facilitation techniques. This person will be responsible for engaging group members in discussion about IYCN and providing basic health education in an interactive, participatory manner.

To maximize the effectiveness and sustainability of such groups, mobilization efforts should focus on identifying and recruiting existing community groups with women members instead of forming entirely new groups. Groups should be recruited based on their interest in IYCN and their regular meeting times, as well as their ability to identify one key member who can undergo training on IYCN.

Possible groups for mobilization include:

- Women's groups
- Church groups
- Married adolescent groups
- Breastfeeding groups
- Groups for preventing mother-to-child transmission (PMTCT) of HIV
- Groups for people living with HIV/AIDS (PLHA)

By using groups of women who already meet on a regular basis, we can tap into sustainable, ongoing mechanisms to spread additional information about IYCN. The women get together

for other reasons, but can supplement this work with additional sessions and information on IYCN.

If forming a completely new group, it's important that women understand the purpose of these sessions and feel confident they can manage their own group. MtMSG will not be financially sustained in any way. It's a group formed for the purpose of providing support and sharing information about IYCN.

How to create low-cost demonstration materials

How to make a model doll

- Find any large fruit or vegetable, a towel or other strong thick cloth, and some rubber bands or string.
- Put the fruit or vegetable in the middle of the cloth, and tie the cloth around it to form the baby's 'neck' and 'head.'
- Bunch the free part of the cloth together to form the baby's legs and arms, and tie them into shape.
- If the cloth is rather thin, you may like to stuff some other cloth inside to give the doll more of a 'body.'

How to make a model breast

- Use a pair of near skin-colored socks, or stockings, or an old sweater or T-shirt.
- Make the cloth into a round bag shape, and stuff it with other cloth or foam rubber to make it breast-shaped.
- Stitch a 'purse string' around a circle in the middle of the breast to make a nipple.
- Stuff the nipple with foam or cotton.
- Color the areola with a felt pen.

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

Training schedule

Day 1	Day 2	Day 3	Day 4
1. Welcome, expectations and objectives, pre-test 2. Local health situation	Day 1 Review 9. Exclusive breastfeeding (support group practice)	Day 2 Review 16. Complementary feeding	21. Eating during pregnancy and breastfeeding 22. Infant feeding beliefs and myths
Tea 10:00–10:15			
3. Overview of mother-to-mother support groups 4. Benefits of breastfeeding 5. Starting breastfeeding immediately	10. Lactational amenorrhea method (LAM) 11. Breastfeeding challenges 12. Breastfeeding in special situations	17. Preparing food safely 18. Helping children to eat	23. Support group topics 24. Support group practice
Lunch 1:00–2:00			
6. How the breast makes milk (support group practice) 7. Positioning and attachment	13. Expressing breastmilk 14. Infant feeding and HIV	19. Complementary foods (support group practice)	25. Support and reporting 26. Activity plans
Tea 4:00–4:15			
8. Exclusive breastfeeding	15. Feeding babies at 6 months	20. Feeding HIV-exposed children from 6 months	27. Post-test and training evaluation

1. Welcome, expectations, objectives, and pretest

Materials and preparation

- Flip chart, note cards, masking tape, markers
- Flip chart with learning objectives (covered until presented at the end of the session)
- Copies of *Handout 5. Pre-test* for each participant (if appropriate)
- Pens

Time: 60 minutes

Activity

1. Open the workshop and welcome participants. Review the training schedule and logistics.
2. Divide participants into pairs. Ask each pair to introduce themselves and agree on one expectation they share for the workshop. After 3–5 minutes, ask each pair to introduce each other to the larger group and share the expectation. Facilitators should write each expectation on a flip chart sheet.
3. Compare participant expectations to workshop objectives.

Infant feeding objectives

At the end of the training the participants will be able to:

- Name three benefits of breastfeeding for the baby and for the mother.
- State why early initiation of breastfeeding is important.
- Help a mother of a 0–2-month-old baby with correct positioning and attachment.
- Define exclusive breastfeeding.
- Identify three common challenges of breastfeeding along with their prevention, symptoms, and solutions.
- Identify the age at which to begin introducing foods.
- Describe a baby's first foods (local, available, and affordable).
- Describe the management of breastfeeding in three special breastfeeding situations.
- Name three popular beliefs and myths about breastfeeding and explain how they relate to optimal breastfeeding practices.

Mother-to-mother support group objectives

At the end of the training the participants will be able to:

- Facilitate a breastfeeding mother-to-mother support group.
 - Name four characteristics of a mother-to-mother support group.
 - Name three characteristics of a facilitator in a mother-to-mother support group.
 - Define three requirements for selecting a mother-to-mother support group facilitator.
 - Name three necessary components for organizing mother-to-mother support groups.
 - Explain why an information system is important.
 - Explain why follow-up and support are important to the mother-to-mother support group.
4. Administer pre-test as appropriate. Depending on participants' education level, the pre-test can be photocopied and passed out for participants to complete, or the questions can be asked aloud. If the pre-test will be conducted aloud, ask participants to form a circle

and sit with their backs facing the centre. Explain that 15 statements will be read aloud and they should respond yes or no by raising their hands. 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 two fingers) if they “Don’t know.” One facilitator will read the statement while another facilitator records participants’ answers and notes which topics present confusion.

2. Local health situation

Objectives

- Describe the short- and long-term effects of malnutrition of women and children
- Explain how exclusive breastfeeding prevents common childhood illnesses and malnutrition

Materials and preparation

- Flip chart, note cards, masking tape, markers
- Post an A4 sheet on the wall with the heading “Illnesses that cause the death of children”

Time: 30 minutes

Activity

1. Ask: What are some of the common illnesses and diseases that make children in our community fall sick? As a participant raises her hand, pass her a note card and ask her to write it down. [Participants should mention the following: diarrhea, colds, coughs, pneumonia, malnutrition, earaches, malaria, tuberculosis, measles, fever, anemia, AIDS.]
2. Collect all the note cards. Explain that we want to talk about the most dangerous illnesses for children. Read one card at a time and ask if this illness causes children to die. Post all note cards that participants describe as leading to death on the wall under the heading “Illnesses that cause the death of children.”
3. Ask: Why do infants in your community suffer from these illnesses? Listen to participants’ responses and add the following if necessary.
 - Giving water to the child before 6 months
 - Giving solid foods early
 - Using bottles
 - Giving animal milk before 6 months
 - Stopping breastfeeding early
 - Poor hygiene
 - Lack of public sanitation
4. Ask: Which of these illnesses on the wall could be prevented by exclusive breastfeeding?
5. Present the following information:
 - More than half of all child deaths are associated with malnutrition, which weakens the body’s resistance to illness. Poor diet, frequent illness, and inadequate or inattentive care of young children can lead to malnutrition.
 - If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child’s physical and mental growth and development may be slowed. This cannot be made up when the child is older—it will affect the child for the rest of his or her life.
 - Children have the right to a caring, protective environment and to nutritious food and basic health care to protect them from illness and promote growth and development.

3. Overview of mother-to-mother support groups

Objectives

- Describe a support group
- List characteristics of a mother-to-mother support groups

Materials and preparation

- Flip chart
- Markers

Time: 60 minutes

Activity

1. Ask: What does the word “support” mean to you?

2. Listen to their responses and then share the following:

Feeling support usually means that we feel a sense of trust, acceptance, self-worth, value, and respect. When we are supported we can share information better, learn new skills, talk about our thoughts and feelings, and feel connected to others.

3. Ask: What is a support group?

4. Listen to the participants and, if necessary, add to their responses with:

A support group is formed when people come together with a common interest or life experience. It may be informal or formal, but includes the following:

- Safe environment
- Sense of respect
- Sharing information
- Availability of practical help
- Sharing responsibility
- Acceptance
- Learning together and from each other
- Emotional connection

5. Ask: What is a mother-to-mother support group?

6. Listen to the participants and add to their responses with:

It is a meeting where pregnant women and mothers with young children, as well as other people with similar interests, come together in a safe place to exchange ideas, share experiences, give and receive information, and at the same time, offer and receive support in breastfeeding, child rearing, and women’s health. Mother-to-mother support group activities can take place within an existing women’s support group.

7. Share the following characteristics of a mother-to-mother support group:
 - Groups have up to 15 participants.
 - Members decide how often they meet.
 - Members decide how long their meetings are.
 - Members support each other through sharing experiences and information.
 - The group is made up of pregnant and lactating women and other interested people.
 - Facilitation is by a breastfeeding counselor with experience (with a co-facilitator who has less experience).
 - The group is open, allowing for new members.
 - Members decide on the topics to be discussed.
8. Explain that as facilitators they are responsible for:
 - Identifying future participants.
 - Choosing the date, time, and meeting place.
 - Preparing for the topic.
 - Inviting participants to the meeting.
9. Ask: How can you use your existing women's/community group to support pregnant women and mothers?
10. Explain that the number of participants in a group should not be more than 15, because communication is difficult in larger groups. If you have more than 15 participants on a regular basis you should form another group.
11. Ask: How do you choose the time and the place for meeting, and how often to meet?

Note their responses on a flip chart under the headings: Time, Place, and Frequency. Explain that they should consider the following:

- Time: It should not interfere with the primary activities of the members (preparation of meals, washing, market days, chores, work schedules, etc.).
 - Accessibility: If it is a home, it should not be more than 15–25 minutes walking distance from the homes of members. If the community is spread out, the health centre, church, or school could be a good alternative.
 - Place: The place should be safe so that members can bring their children.
12. Explain that a facilitator should do the following to prepare for a meeting:
 - Think of who was invited and prepare a topic that would be of interest to them and that they are able to discuss.
 - Prepare questions that will generate a discussion.
 - Think about questions new mothers usually have about their experiences.
 - Review the content so you feel prepared to answer questions.
 13. Ask: What is a first meeting of a support group like? Listen to participants and add the following:
 - At the beginning of the meeting, the facilitator greets and welcomes everyone.
 - She explains the objectives of the meeting.
 - She asks each participant to introduce themselves, tell the others how they feel about being there, what they expect from the group, and to answer a question as an ice breaker. For example: Share an experience when you felt truly supported.

- After introductions, the participants make agreements about how the group will function.
14. Ask: What is needed for a group to function with safety and trust for all members? Listen to participants' answers and write them on a flip chart. The word "rule" will probably be mentioned.
15. Review the following suggestions for the rules (or agreements) for support groups:
- Any personal experience or information shared during the groups should not be discussed outside the group.
 - Each person has the right to express themselves, give suggestions, and propose activities or topics.
 - Each person defines the type of support she needs in the group—for example, advice, support, information, or just being listened to.
 - Each person has the right to be listened to and the duty to listen to others.

Ask: Are there any other rules or agreements that should be added?

16. Present the following information:

Support group meetings can focus on one topic or be open. When the support group is open, the facilitator asks each participant if she would like a turn doing the introduction and may make a list of people who wish to participate during that meeting. Participants then take turns discussing topics of personal interest, sharing information, or requesting support from each other. The participants in the group may decide they wish to have an agreed topic for each meeting and they decide on the topic. Groups may decide to have a combination, with some meetings open for discussion and some meetings structured, or meetings that have times that are structured and times that are open. Whatever the decisions, they should be made and agreed upon by the group as part of the process to set rules for the meeting.

17. Explain that to begin a support group meeting:
- If a group has an open structure, the facilitator may ask for any announcements that participants have, ask people how they are feeling, and ask whether they would like to have a turn to speak.
 - If the group is more structured, the facilitator may announce the topic, give a brief introduction, and then ask a question to generate a discussion.
 - Topics are decided based on the interests of the group members.
18. Ask: How can you maintain active participation by the group? Listen to their responses and add the following as needed:
- Ask other questions to encourage discussion.
 - When there is a question, the facilitator should direct it to the group to see if another member can answer it.
 - Facilitators should talk only when there are questions that the group cannot answer or to offer an explanation or correct information to clarify some confusion.
 - The best support group meeting is one when the members have spoken more than the facilitator.

19. Explain that at the end a support group meeting a facilitator should:
 - Ask participants to say a few words about how they felt during the meeting.
 - Ask participants how to improve the next meeting.
 - Ask participants if there are any topics they would like to discuss during the next meeting.

20. Ask: How can a support group help to improve infant feeding practices? Listen to participants and then share the following:
 - Support groups allow us to reach a larger number of mothers (and interested community members) in order to offer them information and support.
 - Information and support are given to help prevent problems and barriers to exclusive breastfeeding and can lead to the appropriate introduction of complementary foods.
 - Sharing experiences helps women to overcome these barriers; a supportive environment helps mothers to adopt and continue optimal infant feeding practices.
 - Mother support groups have been shown to be an effective way to improve infant feeding practices all over the world.

21. Answer any questions that participants have about mother-to-mother support groups.

4. Benefits of exclusive breastfeeding

Objectives

- Name three benefits of breastfeeding for the baby
- Name three benefits of breastfeeding for the mother
- Name three benefits of breastfeeding for the family and community

Materials and preparation

- Note cards, markers, tape
- A4 sheets with the following:
 - Benefits of exclusive breastfeeding for the baby
 - Benefits of exclusive breastfeeding for the mother
 - Benefits of exclusive breastfeeding for the family and community

Time: 60 minutes

Activity

1. Share the following information:
 - The Government of Kenya is committed to promoting, protecting, and supporting optimal infant and young child feeding practices, because feeding children properly can have important health, social, and economic benefits.
 - During the first 6 months, optimal infant and young child feeding practices include:
 - Starting to breastfeed within the first 30 minutes to 1 hour of birth.
 - Giving only breastmilk (and no other foods or liquids—not even water) whenever the baby wants for the first 6 months.
 - These optimal infant feeding practices are necessary to ensure that babies start to grow and develop properly.
 - After the first 6 months, breastmilk continues to be important for a child's growth and development. In later sessions we will talk more about feeding children older than 6 months.
2. Divide participants into groups of four or five. Pass out several note cards and one pen to each small group. Assign a number to each small group by having one representative from each group count off 1, 2, or 3 around the room until each small group has a number (1, 2, or 3).
3. Read aloud the following instructions:
 - All ones should write down all the benefits of exclusive breastfeeding for the baby.
 - All twos should write down all the benefits of exclusive breastfeeding for the mother.
 - All threes should write down all the benefits of exclusive breastfeeding for the family and community.

Allow 5 minutes.

4. Ask all of the ones to share benefits they wrote down and post them on the wall under their heading (if a benefit has already been mentioned by another group, they do not need to say it again).

5. Ask all of the twos to share benefits they wrote down and post them on the wall under their heading.
6. Ask all of the threes to share benefits they wrote down and post them on the wall under their heading.
7. Ask participants to look at all of the benefits. Facilitate a discussion with the following questions:
 - Are any missing for any of the three categories? Allow participants to write and post any additional benefits.
 - Are any not in the correct category?
8. Review the benefits participants identified and add any of the following that were not listed:

Benefits of exclusive breastfeeding		
Baby	Mother	Family and community
Supplies everything the baby needs to grow well during the first 6 months of life.	Reduces blood loss after birth (immediate breastfeeding).	Is available 24 hours a day.
Digests easily and does not cause constipation.	Is always ready at the right temperature.	Reduces the need to buy medicine because the baby is sick less often.
Protects against diarrhea and pneumonia.	Saves time and money.	Is always ready at the right temperature.
Provides antibodies to illnesses.	Makes night feedings easier.	Delays new pregnancy, helping to space and time pregnancies.
Protects against infection, including ear infections.	Delays return of fertility.	Reduces time lost from work to care for a sick baby.
During illness helps keep baby well-hydrated.	Reduces the risk of breast and ovarian cancer.	Children perform better in school.
Reduces the risks of allergies.	Promotes bonding.	More children survive.
Increases mental development.		
Promotes proper jaw, teeth, and speech development.		
Suckling at breast is comforting to baby when fussy, overtired, ill, or hurt.		
Promotes bonding.		
Is the baby's first immunization.		

9. Ask: Which of these benefits are most important to mothers? Encourage participants to discuss and answer any questions.

5. Starting breastfeeding immediately

Objectives

- List the benefits of early initiation

Materials and preparation

- Note cards
- Markers
- Flip chart with the following questions:
 - Who is with a woman when she gives birth?
 - What do family members do to prepare before birth and at the time of the birth?
 - Who delivers the baby?
 - What is done with the baby immediately after birth?
 - Where is the baby placed?
 - What is given to the baby to eat or drink as soon as it is born? Why?
 - When does a mother start to breastfeed? Why?

Time: 45 minutes

Activity

1. Facilitate a discussion with participants about practices in their communities using the following questions. Allow several participants to share their thoughts and experiences.
 - Who is with a woman when she gives birth?
 - What do family members do to prepare before birth and at the time of the birth?
 - Who delivers the baby?
 - What is done with the baby immediately after birth?
 - Where is the baby placed?
 - What is given to the baby to eat or drink as soon as it is born? Why?
 - When does a mother start to breastfeed? Why?
2. Ask: What do the breasts make during the first three days after a woman gives birth?
3. Listen to participants' responses and add:

During the first three days the breasts make a yellow, thick liquid that is the first milk.
4. Ask: Why is it important for the baby to have this first milk?
5. After participants discuss this question, add:
 - It helps protect babies against viruses and bacteria. It is like the baby's first immunization.
 - It cleans the baby's stomach and helps protect the digestive track.
 - It has all the food and water the baby needs.
 - Putting the baby in skin-to-skin contact helps regulate the baby's temperature.
6. Present the following information:
 - The Ministry of Health recommends that women begin to breastfeed within the first 30 minutes of birth.

- There are many benefits to mothers and babies if breastfeeding is started very soon after giving birth.
 - Early initiation of breastfeeding helps stop bleeding.
 - The earlier you put the child to the breast, the faster the milk comes. This will help mothers to make enough breastmilk.
 - Starting breastfeeding soon after birth helps reduce the risk of newborns dying.
7. Ask: Do women in our community start to breastfeed as soon as they should? Why or why not? How can we support women in our community to start breastfeeding right after giving birth?

6. How the breast makes milk (support group practice)

Objectives

- Describe how the breast makes milk
- List qualities of a mother-to-mother support group

Materials

Copies of *Handout 1: Support group observation checklist*

Time: 60 minutes

Activity

Note to facilitator: During this activity you will demonstrate the role of support group facilitator by conducting a support group meeting with the theme of “how the breast makes milk.” Participants including workshop facilitator(s) sit at the same level in a circle and share their own experience or that of mothers, sisters, or daughters. All participants experience attendance at a support group (this is not a group role play).

Be sure to demonstrate how a support group:

- Provides a safe environment of respect, attention, trust, sincerity, and empathy.
 - Allows women to share breastfeeding information and personal experiences, support each other through their own experience, strengthen or modify certain attitudes and practices, and learn from each other.
 - Allows women to reflect on their experiences, doubts, challenges, popular beliefs, myths, information, and adequate breastfeeding practices.
 - Is NOT like a LECTURE or CLASS. All participants play an active role.
 - Allows all participants to have eye-to-eye contact through the sitting arrangement.
 - Is facilitated by an experienced breastfeeding mother who listens and guides the discussion.
1. Welcome all participants to the mother-to-mother support group. Remind participants of the rules/agreements that were made earlier.
 2. Ask: Do the size of a woman’s breasts affect how much milk she can make for her baby? Encourage participants to discuss.
 3. Ask: Do you think it is possible for a woman to produce enough to feed a baby only breastmilk for 6 months?
 4. Ask: Is it common for women to feel like they are not making enough milk? Encourage participants to share their experiences and those of their relatives and friends.
 5. Share the following information.
 - Almost all women can make enough milk to feed their baby only breastmilk for 6 months and continue breastfeeding until their baby is 2 years or older.
 - The size of a woman’s breast does not affect how much milk she can make.
 - Even women who are sick or thin can make enough milk for their baby.
 - When a baby suckles at the breast, the tongue and the mouth touch the nipple.

- The (nerves in the) nipple sends a message to the mother's brain that the baby wants milk.
 - The brain responds and tells the body to make the milk flow for this feed and to make milk for the next feed. The more the baby suckles, the more milk is produced.
 - How a mother feels and what she thinks can affect how her milk flows. If a woman is happy and confident that she can breastfeed, her milk flows well. But if she doubts whether she can breastfeed, her worries may stop the milk from flowing.
6. Ask: Has anyone ever noticed how your thoughts and feelings affect your milk?
 7. Ask if participants have any questions or experiences that they would like to share. Thank participants for participating.
 8. After the practice support group, discuss the experience of being in a support group. Encourage participants to reflect on and describe the characteristics of a mother-to-mother support group by asking the following questions:
 - What did you like about the support group?
 - What didn't you like?
 - Were any doubts about breastfeeding answered?
 - How was this different from an educational talk?
 - How would you describe the environment of the support group?

7. Positioning and attachment

Objectives

- Describe correct positioning and attachment of the infant to the breast
- Demonstrate alternative positions for mothers and babies while breastfeeding
- Help a mother of a baby 0–2 months old with correct positioning and attachment

Materials and preparation

- Copies of *Handout 2: Proper attachment*
- Dolls

The demonstrations in this session need a lot of practice if they are to be effective. One trainer leads the session. Another trainer helps with the demonstration of helping a mother who is sitting. To prepare ahead of time:

- Ask a trainee to help you with the demonstration.
- Explain that you want her to play a mother who needs help to position her baby.
- Ask her to decide on a name for herself and her ‘baby.’ She can use her real name if she likes.
- Explain what you want to happen as follows:
 - You will demonstrate how to help a mother who is sitting.
 - She will sit holding the doll in the common way, with the doll across the front.
 - You will greet her and ask how breastfeeding is going, and she will say that it is painful and that she has sore nipples.
 - You will ask her to ‘breastfeed’ the doll, while you observe.
 - She will hold it in a poor position: loosely, supporting only its head, with its body away from hers, so that she has to lean forward to get her breast to its mouth. She will pretend that breastfeeding is painful. You will then help her to sit more comfortably and to improve the doll’s position.
 - When the position is better, she should say “Oh! That feels better.”

Time: 60 minutes

Activity

1. Ask: How do you know that a baby is properly attached to the breast and being held in the right position? Allow participants to discuss.
2. Pass out copies of Handout 2 showing proper attachment. Review the following information as needed:
 - Baby should be facing the breast.
 - Baby and mother should be stomach to stomach.
 - Baby’s back and the head should be in a straight line
 - Mother should bring the baby to the breast.
 - Baby’s mouth should be wide open.
 - Baby should take the areola, not only the nipple, in her/his mouth.
 - Mother should support baby’s buttocks with her palm.
 - Baby’s chin should touch the breast.
 - Baby’s lower lip should be curled outward.

- Baby will take slow, deep sucks if attachment is correct.
 - Baby may be heard swallowing.
 - Baby is calm at the breast.
3. Conduct the demonstration with a co-facilitator as described above. Ask participants if they have any questions.
 4. Divide participants into pairs to practice helping mothers with proper positioning and attachment. Give them the following instructions for a role play:
 - Decide who will be the mother and who will be the support group facilitator. The mother with a 1-month-old has raised her hand at the meeting and says that she is worried that her baby is not feeding properly and it hurts to breastfeed.
 - The facilitator should practice giving the mother advice on how to properly position and attach.

Facilitators should go around the room, observe, and answer questions.

5. After 5–10 minutes, invite participants back to the larger group and ask for a couple of participants to talk about their role play. Specifically, talk about how the mother was not properly positioned or attached and the advice she gave.
6. Answer any questions participants have and remind them that there are many positions a mother can use to breastfeed. In any position, the important thing is for the baby to take enough of the breast into his mouth so that he can suckle effectively. Also, positioning and attaching the baby correctly at the breast helps prevent sore nipples.

8. Exclusive breastfeeding

Objectives

- Define exclusive breastfeeding
- Identify and share ways for women to overcome barriers to exclusive breastfeeding

Materials and preparation

- Flip chart, markers, tape
- Flip chart with the following questions:
 - When and how many times a day do mothers breastfeed in your community?
 - Why do women breastfeed?
 - At what age do most babies start to eat foods and liquids other than breastmilk?
 - What are the reasons why women in our community give foods and liquids other than breastmilk to their young babies?

Time: 60 minutes

Activity

1. Divide participants into five groups. Ask each group to respond to the questions on the prepared flip chart based on current practices in their communities:
2. After 10–15 minutes, invite participants back to the larger group. Ask participants to share their answers to the questions and facilitate discussion. Note the reasons why women start giving other foods and liquids on a flip chart sheet.
3. Share the following information with participants and answer any questions.

The Government of Kenya and international health experts recommend giving babies only breastmilk (and nothing else) from the time they are born until they are 6 months old. This is called exclusive breastfeeding

4. Ask: Why do you think this is recommended? Encourage participants to discuss and remember the benefits we discussed earlier.
5. Present the following information:
 - Breastmilk is the perfect food for babies. It has everything that a baby needs to grow and develop for the first 6 months.
 - Babies who take only breastmilk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed.
 - For the first 6 months, babies do not need any other foods or liquids, not even animal milk, water, porridge, or fruits. Breastmilk has enough water so even babies in hot climates do not need water.
 - Giving other foods and liquids (including animal milk and water) to babies during the first 6 months is very dangerous for their health and can make them sick.
 - Human breastmilk is perfect for human babies, just as cow's milk is perfect for baby cows and goat's milk is perfect for baby goats. We never see baby goats drinking cow's milk because animal milks are different for each animal.

6. Review the reasons why women do not exclusively breastfeed (listed on the flip chart). Ask if there are any other reasons that are not on the list. Divide participants into small groups so that each group has one reason. Pass out flip chart paper and markers to each group. Ask each small group to write down the advice they would give to mothers to overcome this reason.
7. After 15 minutes, ask each group to present their flip chart sheets and summarize the discussion they had. Encourage other participants to ask questions and offer other suggestions.
8. Explain that, even though breastfeeding is common in Kenya, we know that almost all babies take other foods and liquids in addition to breastmilk before 6 months. This means that every day most babies in Kenya face a risk of illness, malnutrition, and death. Almost every mother can exclusively breastfeed successfully. Those who might lack the confidence to breastfeed need the encouragement and practical support of the baby's father and their family, relatives, and neighbors, and the wider community. Everyone should have access to information about the benefits of exclusive breastfeeding. This is why mother-to-mother support groups are so important. Answer any questions participants have about exclusive breastfeeding and review the key messages below.

Key messages:

- Breastfeed exclusively for the first 6 months, giving no water, other liquids, or solid foods.
- Put the baby to the breast immediately after birth and allow the baby to remain with the mother.
- Breastfeed frequently day and night as often and as long as the baby wants.
- Breastmilk contains enough water.
- Continue breastfeeding even if the mother or the baby becomes ill.
- Avoid using bottles, pacifiers (dummies), or other artificial nipples.
- Mothers need to eat and drink enough to satisfy hunger and thirst.

9. Exclusive breastfeeding (support group practice)

Objectives

- Define exclusive breastfeeding
- Identify and share ways for women to overcome barriers to exclusive breastfeeding

Materials and preparation

Two copies each of note cards with one of the following written on it:

1. You have a 2-month-old and your mother-in-law has started to give the baby mashed paw paw.
2. Your husband brought home a tin of commercial infant formula for your 6-week-old baby because he wants to support you.
3. When you go to the market you leave your 4-month-old baby with your sister-in-law, who feeds your baby uji.
4. Your 3-month-old baby cries often and you worry that you are not making enough breastmilk, so you think you should start to give cow's milk.
5. It is very hot where you live and you think you need to give your 4-month-old baby water.

Time: 45 minutes

Activity

Note: Two facilitators are needed for this activity. Once participants are divided into two groups, each facilitator should follow the instructions below for their group. About 15 minutes into the group role play, ask for a volunteer to take over facilitation responsibility and to continue facilitating for the remainder of the session.

1. Explain that we will practice a support group again. Divide participants into two groups. (Separate the groups into two rooms if possible).
2. Pass out role-play cards to some of the participants. Those who do not get a card should imagine that they are a more experienced mother.
3. Welcome all participants to the mother-to-mother support group. Remind participants of the rules/agreements that were made earlier.
4. Explain that today we are going to talk about feeding our babies from birth to 6 months. Ask: How are we supposed to feed our babies from birth until 6 months? Allow participants to discuss.
5. Explain that in Kenya almost all babies start eating other foods and liquids before 6 months. However, it is very dangerous for the baby's health to do this. Babies should not be given any other foods or liquids before the age of 6 months. Ask: Has this advice been challenging for anyone to follow? Encourage participants to share their experiences. After each participant shares her experience, ask if other participants have had similar problems and how they have addressed them. Ask other participants to offer advice and examples from their own lives for how to overcome these challenges.

6. Ask for a volunteer to take over as facilitator for the rest of the session, while participants continue to share their challenges and advice.
7. After the practice support group, discuss the experience. Encourage participants to reflect on and describe the characteristics of a mother-to-mother support group by asking the following questions:
 - What did you like about the support group?
 - What didn't you like?
 - Were any doubts about breastfeeding answered?
 - How would you describe the environment of the support group?
8. Review the checklists for common breastfeeding challenges (found in their participants' manuals).

10. Lactational amenorrhea method (LAM)

Objectives

- List the three criteria for LAM
- Describe the benefits to mothers and children of waiting to become pregnant again

Materials and preparation

- Flip chart, markers, tape
- Flip chart with the following questions:
 - When and how many times a day do mothers breastfeed in your community?
 - Why do women breastfeed?
 - At what age do most babies start to eat foods and liquids other than breastmilk?
 - What are the reasons why women in our community give foods and liquids other than breastmilk to their young babies?

Time: 30 minutes

Activity

1. Explain that one of the benefits of exclusive breastfeeding is that it can help prevent pregnancy. Ask: Have you heard that breastfeeding can prevent pregnancy? Do you know anyone who has experienced this? Allow participants to discuss.
2. Present the following information:
 - Breastfeeding alone does not prevent pregnancy, but exclusive breastfeeding is one of three criteria that must be met for preventing pregnancy. The lactational amenorrhea method (LAM) is a contraceptive method based on natural infertility resulting from exclusive breastfeeding. To use LAM, a woman must meet three criteria:
 - The woman's menstrual periods have not resumed.
 - The baby must be exclusively breastfed on demand, frequently, day and night.
 - The baby must be under 6 months old.When any one of the three criteria changes, another contraceptive method must be started immediately.
 - Explain what each of the words mean
 - Lactational = exclusive breastfeeding, on demand, day and night.
 - Amenorrhea = no menstrual bleeding after 2 months post-partum.
 - Method = a modern, temporary (6 months post-partum) contraceptive method.
 - Exclusive breastfeeding on demand changes a woman's body by delaying ovulation and menstruation during the first 6 months after giving birth. Since a woman is not ovulating she cannot become pregnant. However, after 6 months, the chance of ovulation increases. Research has shown LAM to be very effective at preventing pregnancy. For example, if 100 women use LAM during the first 6 months post-partum, 1 or at most 2 women will become pregnant.

3. Explain that research studies have shown that mothers should wait two years after giving birth before becoming pregnant again. Ask: Why do you think this is recommended? Allow participants to discuss.
4. Explain that waiting to become pregnant again has benefits for mothers and for babies. Present the following information:
 - Mothers are less likely to die in childbirth.
 - Mothers are less likely to miscarry
 - Their newborns are less likely to die, be underweight, or be born early.
 - Babies grow up bigger, stronger, and healthier.
 - Older children are more likely to be healthy and grow well.
5. Answer any questions participants may have.

11. Breastfeeding challenges

Objectives

- Identify common breastfeeding challenges
- Share information on their prevention, symptoms, and management

Materials and preparation

- Flip chart, markers, tape
- Participants' manual: Checklists on common breastfeeding difficulties

Time: 30 minutes

Activity

1. Divide participants into eight groups and assign two breastfeeding challenges to each group. Ask the groups to discuss the difficulty and its prevention, symptoms, and management using the information in their participants' manuals and their own experience (and the experience of other women in their communities). Breastfeeding challenges include:
 - Engorgement
 - Low milk supply
 - Sore/cracked nipples
 - Plugged ducts that can lead to breast infection (mastitis)
2. Invite participants back to the larger group. Ask each group to present the difficulty it discussed. Ask whether other participants have anything to add. Answer questions, correct misinformation, and add any information that was not discussed.
3. Facilitate discussion with the following questions:
 - What other challenges have you or other women in your community experienced?
 - What breastfeeding resources are available in the community?
 - Where and to whom can referrals be made?
4. Answer any questions participants have and share the following key messages with participants:
 - Position and attach correctly. It helps prevent breastfeeding challenges.
 - Continue to breastfeed baby on demand, day and night, while managing the difficulty.
 - With information and support, most women can overcome breastfeeding challenges.

12. Breastfeeding in special situations

Objectives

- List special situations for mothers and infants that can interfere with breastfeeding.
- Advise mothers on infant feeding options during these special situations.

Materials and preparation

- Flip chart, markers, tape
- Facilitator's manual

Time: 45 minutes

Activity

1. Ask what are some special situations for mothers and infants that can keep a woman from breastfeeding? Encourage participants to brainstorm based on the experiences of participants and the women in their communities.
2. Write the situations participants mention on a flip chart. Add the following if they are not mentioned:
 - Sick baby or mother
 - Premature baby
 - Malnourished mother
 - Twins
 - Daily separation of mother from her infant
 - New pregnancy
 - Cleft palate
 - Stress
 - Inverted nipples

Note: If participants mention HIV infection, explain that we will talk about it in an upcoming session.

3. Divide participants into pairs for a role play. Ask one person to play the role of a mother and the other to play the role of a mother-to-mother support group facilitator. Explain that the mother should choose a situation off of the list and ask the facilitator for advice. Encourage the participants playing the role of the facilitator to use their manuals, which have information and suggestions for each of these situations. Allow 5 minutes for this role play. Ask participants to switch roles and select a new situation to role play for another 5 minutes.
4. After both role plays ask participants to discuss the role plays. Using the following questions:
 - a. What situation did you discuss? What advice did you give?
 - b. Do you have any questions or need any additional information?

Encourage participants to ask each other questions and correct any misinformation.

5. Review the following key messages:

- Mothers need more support to continue breastfeeding in special situations.
- Breastfeed exclusively or express the milk and give it with a cup.

13. Expressing breastmilk

Objectives

- Explain to a mother the steps of expressing breastmilk by hand
- Demonstrate how to select and prepare a container for expressed breastmilk
- Describe how to store breastmilk

Materials and preparation

- Flip chart, markers, tape
- Examples of suitable containers to collect expressed breastmilk, which would be available to mothers (for example, cups and jars)
- Old socks to use as a breast model

Time: 60 minutes

Activity

1. Ask: Do you know women who express their breastmilk? What are some reasons why women would express their breastmilk? Allow participants to discuss. Write participants' ideas on a flip chart. Participants may mention the following:
 - Leave breastmilk for a baby when his mother goes out or goes to work.
 - Feed a low-birth-weight baby who cannot breastfeed.
 - Feed a sick baby, who cannot suckle enough.
 - Keep up the supply of breastmilk when a mother or baby is ill.
 - Prevent leaking when a mother is away from her baby.
 - Help a baby to attach to a full breast.
 - Help with breast health conditions (engorgement).
2. Explain the following:
 - There are many situations in which expressing breastmilk is useful and important to enable a mother to initiate or to continue breastfeeding.
 - All mothers should learn how to express their milk, so that they know how if needed.
 - Breastmilk can be stored for about eight hours at room temperature (or up to 24 hours in a refrigerator).
3. Ask: Has anyone ever expressed breastmilk? Do you know anyone who has expressed their breastmilk? Encourage participants to share their experiences.
4. Explain that a mother's milk may not flow as well when she expresses as when she breastfeeds. Ask: What can a mother do to help her milk flow?
5. Wait for a few replies, but participants should mention all of the following ways a mother can help her milk flow. Present them if they do not.

Help the mother psychologically:

- Build her confidence.
- Try to reduce any sources of pain or anxiety.
- Help her to have good thoughts and feelings about the baby.

Help the mother practically. Help or advise her to:

- Sit quietly and privately or with a supportive friend. Some mothers can express easily in a group of other mothers who are also expressing for their babies.
 - Hold her baby with skin-to-skin contact if possible. She can hold her baby on her lap while she expresses. If this is not possible, she can look at the baby. If this is not possible, sometimes even looking at a photograph of her baby helps.
 - Warm her breasts. For example, she can apply a warm compress, or warm water, or have a warm shower. Warn her that she should test the temperature to avoid burning herself.
 - Stimulate her nipples. She can gently pull or roll her nipples with her fingers.
 - Massage or stroke her breasts lightly. Some women find that it helps if they stroke the breast gently with finger tips or with a comb. Some women find that it helps to gently roll their closed fist over the breast towards the nipple.
 - Ask a helper to rub her back.
6. With another facilitator, demonstrate how to rub a mother's back. Ask participants to look in their manuals at the illustration. Explain the following:
- She should sit at the table resting her head on her arms, as relaxed as possible.
 - The other facilitator remains clothed, but explain that with a mother it is important for her breasts and her back to be naked.
 - Make sure that the chair is far enough away from the table for her breasts to hang free.
 - Explain what you will do, and ask her permission to do it.
 - Rub both sides of her spine with your thumbs, making small circular movements, from her neck to her shoulder blades.
 - Ask her how she feels, and if it makes her feel relaxed.
 - Ask participants to work in pairs and briefly practice the technique of rubbing a mother's back.
7. Make these points:
- Hand expression is the most useful way to express milk. It needs no appliance, so a woman can do it anywhere, at any time.
 - A woman should express her own breastmilk. The breasts are easily hurt if another person tries.
 - If you are showing a woman how to express, show her on your own body as much as possible, while she copies you, or point to places on her body without touching her. If you need to touch her to show her exactly where to press her breast, ask her permission first and be very gentle.
 - Explain how to prepare a container for the expressed breastmilk.
 - Show participants some of the containers to hold the expressed breastmilk that you have collected. Choose a cup, glass, jug, or jar with a wide mouth.
 - Wash the cup in soap and water. (She can do this the day before).
 - Pour boiling water into the cup, and leave it for a few minutes. Boiling water will kill most of the germs.
 - When ready to express milk, pour the water out of the cup.
 - Give the demonstration of how to express breastmilk by hand using a model breast, or practice on the soft part of your arm or with an old sock. You can draw a nipple and areola on your arm/sock.
 - Always teach a mother to do this herself. Do not express her milk for her. Touch her only to show her what to do, and be gentle.

8. Review the following steps for expressing breastmilk.
 - Wash her hands thoroughly.
 - Sit or stand comfortably, and hold the container near her breast.
 - Put her thumb on her breast ABOVE the nipple and areola, and her first finger on the breast BELOW the nipple and areola, opposite the thumb. She supports the breast with her other fingers (see participants' manual).
 - Press her thumb and first finger slightly inward toward the chest wall. She should avoid pressing too far or she may block the milk ducts.
 - Press her breast behind the nipple and areola between her finger and thumb. She should press on the larger ducts beneath the areola. Sometimes in a lactating breast it is possible to feel the ducts. They are like pods, or peanuts. If she can feel them, she can press on them.
 - Press and release, press and release. This should not hurt—if it hurts, the technique is wrong.
 - At first no milk may come, but after pressing a few times, milk starts to drip or flow out.
 - Press the areola in the same way from the SIDES, to make sure that milk is expressed from all segments of the breast.
 - Avoid rubbing or sliding her fingers along the skin. The movement of the fingers should be more like rolling.
 - Avoid squeezing the nipple itself. Pressing or pulling the nipple cannot express the milk. It is the same as the baby sucking only the nipple.
 - Express one breast for at least 3–5 minutes, until the flow slows, and then express the other side; then repeat both sides. She can use either hand for either breast and change when they tire.
 - Explain that to express breastmilk adequately takes 20–30 minutes, especially in the first few days when only a little milk may be produced. It is important not to try to express in a shorter time.

9. Ask: How often should a mother express her breastmilk? Encourage participants to discuss and add the following as needed.
 - Usually as often as the baby would breastfeed, but it depends on the reason for expressing the milk.
 - To establish lactation to feed a low-birth-weight or sick newborn she should start to express milk on the first day, as soon as possible after delivery. She may only express a few drops of milk at first, but it helps breastmilk production to begin, in the same way that a baby suckling soon after delivery helps breastmilk production to begin.
 - She should express as much as she can as often as her baby would breastfeed. This should be at least every three hours, including during the night. If she expresses only a few times, or if there are long intervals between expressions, she may not be able to produce enough milk.
 - To keep up her milk supply to feed a sick baby, she should express at least every three hours.
 - To build up her milk supply, if it seems to be decreasing after a few weeks, express very often for a few days (every two hours or even every hour), and at least every three hours during the night.

- To leave milk for a baby while she is at work, express as much as possible before she goes to work, to leave for her baby. It is also very important to express while at work to help keep up her supply.
 - To relieve symptoms, such as engorgement, or leaking at work, express only as much as is necessary.
 - Ask participants to practice the technique. Ask them to practice the rolling action of the fingers on a model breast or on their arms. Tell them to make sure to avoid pinching.
10. Ask: Why are cups safer and better than bottles for feeding a baby? Allow participants to discuss and share any of the points below that have not been mentioned.
- Cups are easy to clean with soap and water, if boiling is not possible.
 - Cups are less likely than bottles to be carried around for a long time giving bacteria time to breed.
 - Cup-feeding is associated with less risk of diarrhea, ear infections, and tooth decay.
 - A cup cannot be left beside a baby, for the baby to feed himself. The person who feeds a baby by cup has to hold the baby and look at him, and give him some of the contact that the baby needs.
 - A cup does not interfere with suckling at the breast.
11. Facilitate a discussion with the following questions:
- Are there women in your community who could benefit from knowing how to express their milk?
 - Are there any cultural beliefs that might keep women from expressing their milk?
 - How would you support women to express breastmilk? What advice would you give them?

14. Infant feeding and HIV

Objectives

- Name how HIV is transmitted from infected mothers to their children
- Explain how to make breastfeeding safer for HIV-positive mothers
- Offer support and advice to HIV-positive mothers on how to feed their babies
- Describe how to feed an HIV-positive child
- Refer group members for preventing mother-to-child transmission (PMTCT) services in their community

Materials

- Blank A4 sheets, tape, markers
- Copies of *Handout 3: Risk of different feeding methods*

Time: 75 minutes

Activity

1. Ask: When can HIV be transmitted from HIV-infected mothers to their children? Allow participants to answer [during pregnancy, during labor and delivery, and through breastfeeding].
2. Ask: What advice would you give to a pregnant woman about how to feed her baby? Encourage participants to share their thoughts.
3. Ask: Will most children born to mothers who are HIV infected become infected with HIV themselves? Allow participants to discuss.
4. Explain that even when women do not use PMTCT services most children will not become infected. There are ways to reduce the risk of HIV transmission, which is why it is important for all pregnant women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.
5. Present the following information:

Mothers who are HIV positive have two recommended options for how to feed their children: giving only breastmilk or giving only commercial infant formula (called replacement feeding because it replaces breastmilk) for the first 6 months. The Government of Kenya promotes exclusively breastfeeding for 6 months with continued breastfeeding through at least 12 months for HIV-positive mothers.

- For exclusive breastfeeding, although there is a risk of HIV infection through breastfeeding, there is new information that shows that exclusive breastfeeding lowers the risk of HIV transmission by half as compared with mixed feeding (mixed feeding means breastfeeding and also giving other foods and liquids to an infant younger than 6 months). If the mother's viral load is low, whether as a result of antiretroviral prophylaxis or treatment, the risk of HIV transmission through breastfeeding is far less.

- For replacement feeding, there is double the chance that a baby will die from other infections (like diarrhea or pneumonia) by 6 months. There is no difference in the chance of HIV infection and death between a child who is exclusively breastfed and a child who is exclusively replacement fed.
 - Because it can be difficult for women to feed their baby replacement foods in a clean and safe way and never breastfeed, exclusive breastfeeding is often the safest choice for HIV-positive mothers in our community.
6. Pass out Handout 3. Present the following:
- Imagine these 20 babies were all born to HIV-infected mothers who have not used PMTCT services.
 - Circle 5 babies. About 5 out of the 20 babies will be infected with HIV during pregnancy, labor, or birth if their mothers do not go for PMTCT services during pregnancy. The risk is lower if women use PMTCT services.
 - For breastfeeding, a baby's risk of infection depends on how long he or she is breastfed. Between 1 and 4 babies are infected during breastfeeding. Explain that for our example, we will use 3. Circle 3 babies in the next column.
 - If mothers exclusively breastfed for 6 months the number of babies infected would be less than 1, but as we know most women do not exclusively breastfeed. Mixed feeding, giving other foods and/or liquids as well as breastmilk before 6 months, has the greatest risk of HIV infection and death from other illnesses.
 - Explain that it is important for women to know their status during pregnancy so they can learn how to reduce the risk of HIV transmission to their baby.
7. Referring again to Handout 3, ask: How many babies will not become infected with HIV? [12 – Most babies do not become infected. This is without PMTCT interventions. When women use PMTCT services the number of HIV-infected children is even lower.]
8. Share the following information:
- For most HIV-positive women in our community, **exclusive** breastfeeding is the best way to feed their babies for the first 6 months, with continued breastfeeding through at least 12 months.
 - Although giving only formula (and never breastfeeding) can reduce the risk of HIV transmission, it can double the number of children who become sick and die from other illnesses. For this reason, exclusive breastfeeding for the first 6 months, and continued breastfeeding through at least 12 months, is the safest option for most women in our community.
 - We need to support HIV-positive women to exclusively breastfeed and be sure that people know about the dangers of giving other foods and liquids while breastfeeding before 6 months. At 6 months, HIV-positive mothers should introduce complementary foods and continue breastfeeding through 12 months. At 12 months, mothers should talk with a health worker again about how best to feed their babies and about whether stopping breastfeeding would be appropriate.
 - If, despite recommendations to exclusively breastfeed, mothers think that they can safely feed their children using infant formula and not breastfeeding, they should talk with a health worker to learn if this would be an appropriate option for them and how to do this safely.
 - As a mother-to-mother support group facilitator, you can help support women to feed their babies safely regardless of the option they choose.

9. Ask: Why do you think mixed feeding is so dangerous? Why do you think giving formula is so dangerous?
10. Explain that now HIV testing is available for 6-week-old children born to HIV-positive women. Ask: What advice would you give to a woman who has a child who tests positive for HIV? [The recommendation for children who test HIV positive is to exclusively breastfeed, even if they were being fed formula before—this way they can benefit from all of the protective qualities in breastmilk.]
11. Ask: How can we support HIV-positive women to exclusively breastfeed for 6 months, and to continue breastfeeding for at least 12 months? What services are available in our community to help women who are HIV positive? Encourage participants to share their opinions and write them on a flip chart.

15. Feeding babies at 6 months

Objectives

- Explain when children should start to eat food in addition to breastmilk
- Describe the importance of feeding children properly at 6 months
- Explain that breastfeeding continues to be important for children until 2 years of age and beyond

Materials

- Flip chart sheets, blank A4 sheets, tape, markers
- Participants' manuals
- Flip chart with the following questions
 - When do babies begin to eat something else other than breastmilk?
 - What do babies eat?
 - How much do babies eat at each meal?
 - How many times a day do babies eat?
 - How is the food prepared?
 - What is done to make sure that the food is clean and safe?
 - What, if any, utensils do mothers or caregivers use to feed children?
 - Do children have a separate dish?
 - Does someone help them to eat? Who?
 - How do caregivers know if children are hungry? Had enough to eat?

Time: 60 minutes

Activity

1. Divide participants into groups of 5 and ask them to answer the following questions based on the practices in their communities (display the flip chart sheet):
 - When do babies begin to eat something else other than breastmilk?
 - What do babies eat?
 - How much do babies eat at each meal?
 - How many times a day do babies eat?
 - How is the food prepared?
 - What is done to make sure that the food is clean and safe?
 - What, if any, utensils do mothers or caregivers use to feed children?
 - Do children have a separate dish?
 - Does someone help them to eat? Who?
 - How do caregivers know if children are hungry? Had enough to eat?

Pass out blank A4 sheets and pens to participants and ask them to select one group member to note their responses so they can refer to their notes in the larger group.

2. After 5–10 minutes, invite representatives from each group to share their responses. Summarize current practices.
3. Share information on local nutritional status of children 6–24 months old and discuss how feeding practices affect children's nutritional status and well-being. [In Kenya, almost one out of every three children under the age of 5 is too short for their age—in Western

and Nyanza provinces it is almost one out of every three children, at 30 percent and 31 percent].

4. Facilitate a discussion using these additional questions:
 - What are the signs of a healthy, well-nourished child?
 - Why are some children short for their age?
 - Why are some children sick more often than others?
 - Why do some young children have a blank or listless look?
 - What happens to children who did not eat properly?

5. Share the following information:
 - At 6 months, children start to need a variety of other foods in addition to breastmilk.
 - Before 6 months, breastmilk provides everything a baby needs, but at 6 months and as babies continue to grow they need other foods.
 - Breastmilk continues to be an important source to help children grow well and protect them from illnesses until 2 years and beyond.
 - The foods that are given to children at 6 months are called complementary foods, because they complement breastmilk—they do not replace breastmilk.
 - Appropriate complementary feeding promotes growth and prevents stunting among children 6–24 months old. Stunting (when children are short for their age), which shows that children are malnourished, is permanent and affects intelligence. Rates of malnutrition usually peak during this time, with lifelong consequences. Malnutrition is the underlying cause of over one-third of deaths for children under 5. Of that one-third, 80 percent of these deaths are a result of mild or moderate malnutrition.
 - Appropriate complementary feeding involves continued breastfeeding and giving the right amount of good quality foods.
 - Babies 6–12 months old are especially vulnerable, because they are just learning to eat. Babies this age must be fed soft foods frequently and patiently. These foods should be given in addition to breastmilk; they do not replace breastmilk.
 - Malnutrition affects health, intelligence, productivity, and ultimately a country's potential to develop.
 - Weight gain is a sign of good health and nutrition. It is important to continue to take children to the health facility for regular check-ups and immunizations and to monitor growth and development.
 - After 6 months of age, children should receive vitamin A supplements twice a year or take multiple micronutrients on a daily basis. Encourage mothers to consult a health care provider for the proper advice.
 - If a mother is HIV positive, it is important for her to consult a health care provider when her baby is 12 months old for counseling on infant feeding options, such as safer breastfeeding or the use of other suitable milks.

6. Answer any questions participants have.

16. Complementary feeding

Objectives

- List good first foods for children
- Divide foods into food groups
- Describe healthy meals for children at different ages
- Help women overcome challenges to appropriate complementary feeding

Materials

- Local, available, affordable foods (include healthy and unhealthy options and breast models)
- Three signs, each placed at a different table: 0–6 months, 6–12 months, 12–24 months
- Flip chart with three columns: Body building, Energy giving, Protecting

Time: 75 minutes

Activity

1. Ask for volunteers to go over to the table where food is displayed and ask them to select a food that is good for babies and to place it on the other table near the appropriate age sign (0–6 months, 6–12 months, and 12–24 months). Continue until all the food has been placed. *Note that in the 0–6 category there should only be breast models.*
2. Ask participants to walk around the room with you and look at each table. Ask if there is anything that people think should be moved or removed. Correct any information that is not correct. It is important to emphasize that there are many cultural beliefs about what foods can and cannot be given to babies—correct any myths. Also, emphasize that the kinds of foods given to babies and children aged 6–12 and 12–24 months are similar; they are often just prepared in a different way, and older children eat larger quantities, more often.
3. Using the same foods, divide participants into six groups. Place all of the food on one table. Make each group responsible for a different age group (7 months, 9 months, 11 months, 14 months, 18 months, and 22 months). Ask the groups to “go to market” and select food to make meals to prepare for a child their assigned age for one day. Explain that they should plan how to combine foods, how many meals to prepare, how to prepare them, and how much they would give to a baby.
4. After 15 minutes, ask participants to have a representative from their group present their meals for the day to the group. Encourage other participants to ask questions and offer any suggestions.
5. After each group presents, ask: Are these meals similar to what most children that age eat in our community? How are they similar? How are they different?
6. Ask participants to put the food back onto one table. Ask for volunteers to organize the food into categories with support from other participants.

7. Present prepared flip chart with table and food group headings:

Body building Make children strong	Energy giving Give children energy	Protecting Prevent and fight illness
Participants may list: Beans, dengu, meat, chicken, fish, and egg yolks	Participants may list: Rice, potatoes, ugali, maize, millet, and matoke	Participants may list: Fruits and vegetable like leafy greens, carrots, pumpkin, oranges, mangoes, and paw paws

8. Ask participants to name examples of common foods that are available in their communities and to say what group they belong to.
9. Explain that when you feed children, try to give food from at least two different food groups at each meal. Do you think this is possible? What are some possible combinations based on foods that you normally prepare for your family? What are foods that you have given to your children? Some foods are better than others—what foods are especially good for children and why?
10. Facilitate a discussion with the following questions:
- How should food be prepared for children? [Mashed, soft, etc.]
 - Should uji be thin or thick? Why? [It should be thick enough to stay on the spoon. Otherwise it is too watery and will not give children enough energy.]
11. Explain that as children grow they need to eat more. To be sure they are eating enough, mothers can breastfeed more often, give more food, feed children more often, and give foods that have a lot of energy even in small amounts (like fats and oils).
12. Explain that the participants' manual provides information about the amounts of food to give at different ages. Ask participants to turn to their manuals and review the guidelines below.
- 6 months
- Two to three tablespoons at each meal
 - Two meals each day
- 7–8 months
- One-half cup at each meal
 - Three meals each day
- 9–11 months
- Three-fourths of a cup at each meal
 - Three meals each day
 - One snack
- 12–24 months
- One cup at each meal
 - Three meals each day
 - Two snacks

Ask: What are common measures that women in your communities use to know how much they are feeding their children? Do these recommendations make sense for women in your community? Is there a better way that you could explain it?

13. Explain that, when you share information with mothers in your groups, it might help to first talk with them about what they are doing and then help them to decide what they could realistically do to improve their current practices—for example, give more food, feed more often, or give more variety. Telling mothers to make many changes at once is not likely to lead to positive changes in behavior.
14. Ask: What are some of the challenges that women and families in our communities face that prevent them from feeding their 6–24 month old children appropriately? [Possible answers: lack accurate information, heavy workloads limit time to help feed children, perception that there is not enough food.] Note participants' responses on a flip chart.
15. (For each response noted on the flip chart) Ask: How can we help women to overcome these challenges? Encourage participants to share experiences.
16. Ask: How do you know if a child is growing well? Where can you take your child to be weighed and measured? How often should you take your child to be weighed and measured? Do most mothers in our communities take children to be weighed and measured as often as they should?

17. Preparing food safely

Objectives

- Describe how to safely store, clean, prepare, and serve food
- List times when mothers/caregivers should wash their hands

Time: 30 minutes

Activity

1. Explain that how we store, clean, prepare, and cook food is also important. Ask: Why is this important? What are the risks if we do not handle food properly? Encourage participants to discuss. After participants discuss, explain that more than half of all illnesses and deaths among young children are caused by germs that get into their mouths through food or water or dirty hands.
2. Ask: How can we store, clean, prepare, and cook food safely? Encourage participants to discuss. Correct any incorrect information, and mention the following additional information as needed:
 - Cooked food should be eaten without delay or thoroughly reheated.
 - Store cooked food in a covered container and use it within one hour. Always reheat food well if it has been sitting.
 - Wash all bowls, cups, and utensils with clean water and soap.
 - Only use water that is from a safe source or is purified. Water containers need to be kept covered to keep the water clean.
 - Raw or leftover food can be dangerous. Raw food should be washed or cooked.
 - Food, utensils, and food preparation surfaces should be kept clean. Food should be stored in covered containers.
 - Safe disposal of all household rubbish helps prevent illness.
3. Explain that washing our hands with clean, running water and soap is very important. When are the times that we should wash our hands? Allow participants to discuss and mention the following as needed: before cooking food, before and after feeding a baby, after changing nappies or going to the toilet, and after touching animals.
4. Ask: Are these behaviors common in our community? How can you help support women and families to practice these behaviors?

18. Helping children to eat

Objectives

- Describe how to encourage young children to eat
- Explain why responsive feeding is important

Materials

- Flip chart sheet, markers, tape

Time: 30 minutes

Activity

1. Ask participants to imagine a young child eating. What comes to mind? Participants may mention the following:
 - When a child is learning to eat, he often eats slowly and is messy. He may be easily distracted.
 - He may make a face, spit some food out, and play with the food. This is because the child is learning to eat.
 - A child needs to learn how to eat, to try new food tastes and textures.
 - A child needs to learn to chew, move food around in the mouth, and swallow food.
 - A child needs to learn how to get food effectively into the mouth, how to use a spoon, and how to drink from a cup.

Explain that it is very important for caregivers to encourage the child to learn to eat the foods offered.

2. Facilitate a discussion by asking the following questions:
 - How do you encourage your children to eat?
 - How do you know your child has eaten enough?
3. Summarize the discussion and share the following information:
 - Feed infants directly and assist older children when they feed themselves.
 - Offer favorite foods and encourage children to eat when they lose interest or have depressed appetites.
 - If children refuse many foods, experiment with different food combinations, tastes, textures, and methods for encouragement.
 - Talk to children during feeding.
 - Look at children when you are feeding.
 - Feed slowly and patiently and minimize distractions during meals.
 - Do not force children to eat.
4. Emphasize these points:
 - A child needs food, health, and care to grow and develop. Even when food and health care are limited, good care-giving can help make best use of these limited resources.
 - Care refers to the behaviors and practices of the caregivers and family that provide the food, health care, stimulation, and emotional support necessary for the child's healthy growth and development.

19. Complementary feeding (support group practice)

Objectives

- Facilitate a support group on complementary feeding
- Evaluate a mother-to-mother support group session

Materials and preparation

- Checklist
- Identify and prepare four participants to be the facilitators during this support group practice. Explain that their topic will be complementary feeding and that when they start to ask people about their experiences, a mother will share her story. Help participants prepare to facilitate. Their job is to welcome participants, start the support group, allow the “mother” to talk first, encourage other participants to provide the mother with support and advice, and correct any misinformation
- Identify four participants to play the role of a mother with a 9-month-old baby who is not growing well. Ask her to read the role play instructions and prepare for her role.
- Note card with role play instructions:

You are a mother with a 9-month-old baby. This is your first child. You have been giving watery uji in a bottle, you still breastfeed, and you give pieces of chapati and sometimes mashed mangoes. You took your child to be measured and the nurse told you that he was not growing properly and had not grown since last month. You are very worried and upset. You do not know what to do.

Time: 90 minutes

Activity

1. Ask four to eight volunteer facilitators to come forward. Divide participants into four to eight groups and assign a volunteer facilitator to each group. Ask for a volunteer from each group to be the observer. Provide each observer with the checklist and pens.
2. Give participants 45 minutes to enact their role play. Ideally one facilitator should be with each group.
3. After the practice session, ask the observers to report their findings to the larger groups.
4. Ask participants to share their experience facilitating. Ask: What was challenging? What went well? What other support do they need?
5. Ask the “mother” to share her experience receiving advice and support.

20. Feeding HIV-exposed children from 6 months

Objectives

By the end of this session, participants will be able to:

- Explain when children of HIV-positive mothers should begin to eat solid foods
- Give advice to a woman who is HIV positive on how to feed her 6-month-old baby
- List special considerations for a baby born to a mother with HIV

Time: 90 minutes

Activity

1. Ask: What advice would you give to a woman who is HIV positive about how to feed her baby when the baby is 6 months old? Allow participants to discuss.
2. After participants discuss, present the following:
 - At 6 months it is important for an HIV-positive mother to introduce complementary foods and continue breastfeeding to 12 months of age.
 - A mother should continue breastfeeding after 6 months so that her baby can continue to get the benefits of breastmilk.
 - It is especially important for children with mothers who are HIV infected to eat the right kinds and right amounts of safely prepared foods in addition to breastfeeding. The information we discussed earlier about complementary feeding in general can be shared with women who are HIV positive.
3. Ask: Should there be any special considerations for a baby born to a mother with HIV? Allow participants to discuss.
4. Explain that children of HIV-positive women must receive early treatment for illnesses and careful growth monitoring to make sure they are healthy. Mothers and caregivers can:
 - Be sure the baby receives ARVs immediately after birth to reduce the risk of HIV transmission.
 - Bring the baby for follow-up visits.
 - Make sure the baby receives all immunizations by the time he or she is 1 year old.
 - Bring the baby to the health facility if the baby has a fever, diarrhea, chronic cough, malaria, hookworm, or other infections.
 - Also, HIV-infected children are at a high risk of getting sick and being underweight. HIV-infected infants need to eat more even if they do not have any symptoms. It is important that the following problems receive medical attention:
 - Not eating enough (poor appetite, eating very little, or only liking certain foods).
 - Stomach pain.
 - Feeding difficulties (poor sucking, swallowing, or breathing).
 - Nausea, vomiting, diarrhea.
 - Weight loss or failure to gain weight adequately.
5. Ask: At what age can a baby be tested for HIV? [Answer: 6 weeks.]

6. Explain the following:
 - All babies have antibodies passed on from their mothers as a natural way to protect babies while they are developing their own immune systems. All babies born to HIV-infected mothers have HIV antibodies from their mothers, regardless of whether the babies are HIV infected themselves. Their mothers' antibodies will stay in their bodies for 12 to 18 months. HIV antibody tests on babies younger than 18 months will only show if the mother is infected, and cannot tell the difference between infected and uninfected children.
 - There is a test that can check babies for the virus itself. This test can be used with babies who are as young as 6 weeks. To test for the virus in children, a small needle prick is performed on the child's foot and the blood is dripped onto paper. The blood dries and the paper is transported in a sealed bag or envelope to a lab where the specimen is tested for HIV. Babies who test negative should be brought back for repeat testing at 12 and 18 months.
 - Testing at 6 weeks is used to help identify children who are HIV positive so they can start to receive treatment. It should not be used to change infant feeding decisions. For example, if an HIV-positive woman is exclusively breastfeeding, she should continue to breastfeed even if the child tests negative. The child's status does not change what is safest.
7. Ask: What infant feeding advice would you give to an HIV-positive woman who brought her baby in for testing at 6 weeks and when the results came learned that her baby is HIV positive? Encourage participants to discuss.
8. Explain that the recommendation for children who test HIV positive is to exclusively breastfeed, even if they were being fed formula before—this way they can benefit from all of the protective qualities in breastmilk. At 6 months a mother should continue breastfeeding and start to give complementary foods. Also, if her baby tests negative, a mother who is breastfeeding should continue to breastfeed.
9. Ask: What can caregivers do to help keep children born to HIV-positive women healthy, even before learning the child's status?
10. Present the following information:
 - Be brought for routine well-baby and immunization visits. Waiting until a child falls ill can be too late. Children's immune systems are not as developed as adults' and they can get sick quicker.
 - Receive routine immunizations (including measles and BCG) according to the recommended schedule.
 - Bringing children to be weighed each month is important for all babies, but it is especially important for HIV-exposed children. Many HIV-infected children are underweight during the course of their illness. Research shows that an HIV-infected child's nutritional status is closely related to the child's survival.
 - It is important for caregivers to know the signs and symptoms most commonly associated with HIV infection in children so they can get treatment immediately.
 - If a child has a fever, diarrhea, ear infections, or is not growing well, it is important for the caregivers to bring HIV-exposed children (and non-exposed children) to a facility immediately.
 - Safe infant feeding in the first 2 years of life or longer is important for child survival and development.

- Giving only breastmilk for the first 6 months—which means giving no other foods or liquids, not even water—will be the safest choice for most women in our community. HIV-positive women who choose to breastfeed should be encouraged and supported to do so exclusively.
- It is important for parents and caregivers to understand the risks of giving babies born to HIV-positive mothers other foods and liquids while breastfeeding during the first 6 months. This is called mixed feeding and can significantly increase the risk of HIV transmission and the risk of death from diarrhea, pneumonia, and other infections.
- It is important for women and caregivers who want to give formula (despite the recommendation to exclusively breastfeed for 6 months) to talk with a health worker about whether or not this can be done safely. For most families in our community, exclusive breastfeeding for the first 6 months is the safest option.
- Babies and children born to mothers with HIV can live healthy lives. It is important for them to be tested early for HIV (from 6 weeks of age using a special HIV-testing method, and again at 12 months and 18 months).
- Practice good personal and food hygiene to prevent common infections, and encourage mothers to seek prompt treatment for any infections or other health-related problems.
- There is medicine that can be given to babies and children to help prevent common illnesses and infections in children who are HIV exposed.
 - This medicine is called Cotrimoxazole, Bactrim, Septra, or Septrin.
 - Cotrimoxazole can help prevent the most common cause of death in young children with HIV—pneumonia—as well as protect against malaria and bacterial infections.
 - Cotrimoxazole is recommended for all HIV-exposed infants from 6 weeks through at least 1 year of age.
 - Cotrimoxazole is given once a day, from 6 weeks of age until the age of 12 months and can be continued for longer periods if recommended by a health worker.

11. Explain that many HIV-positive women in our community who choose to breastfeed when their baby is born stop breastfeeding before their child reaches 6 months of age. Ask: What are the risks of stopping breastfeeding early?

12. After participants discuss, explain that:

- When mothers try to stop breastfeeding before 6 months of age they often continue to breastfeed while they start feeding their babies other food or fluids. This is mixed feeding, which can cause diarrhea and increase the risk of HIV transmission.
- It is very challenging for mothers to be able to provide a safe and nutritious diet without breastmilk. It is important for mothers to consider the risk of HIV transmission compared with the many risks of not breastfeeding. Formula-fed infants have a higher risk of illness and death. Also, studies have shown that stopping breastfeeding early (at 4 to 6 months) increases the risk of illness and death, does not improve HIV-free survival, and is challenging for mothers.
- Breastmilk saves babies, even when their mothers are HIV positive.
- At 12 months, mothers should talk with health care providers again about how best to feed their babies. If a mother cannot safely provide an adequate diet to replace breastmilk, she should continue to breastfeed.

- When a baby is 12 months old, stopping breastfeeding may become less difficult for the mother, less likely to cause disapproval or stigma, and less expensive than at an earlier age.
- For some HIV-positive mothers, 12 months is a good time to stop breastfeeding. For many others, it may be better to continue breastfeeding when starting to give soft foods.
- The right time to stop breastfeeding must always be a mother's choice and is best made by talking with a health worker.

13. Explain that babies born to mothers who are HIV infected can live long and healthy lives if they receive medical care and treatment early. It is important to bring HIV-exposed children to a health facility often and to find out if a child is HIV infected so that medical interventions can be taken to help the baby. However, many families wait to seek treatment until a child becomes very ill, and many do not want to bring their children in for testing. Ask: What can you do in your community to help children born to mothers who are HIV positive to stay healthy and receive treatment early?

21. Eating during pregnancy and breastfeeding

Objectives

- Describe how women need to eat at different stages in their life
- List key messages on maternal nutrition

Materials

- Checklist
- Flip chart sheet, markers, tape
- Prepared flip chart with woman's life drawn as a timeline marking these key times in her life: birth, infancy, childhood, adolescence, reproductive years (not pregnant or lactating), pregnant, lactating, menopause, old age, death

Time: 60 minutes

Activity

1. Present the prepared flip chart. Ask participants to name important stages in a woman's life when she should change how she eats. Mark the timeline at each of the stages identified by participants.
2. Ask participants to discuss how a woman should eat at each of these points and why. Ask them about the consequences of not making these changes.
3. Be sure that participants discuss all of the following information:

At any age women should

- Eat more food if underweight to protect health and establish reserves for pregnancy and lactation.
- Eat a variety of foods to get all of the vitamins and nutrients needed.
- Eat several fruits and vegetables daily.
- Eat animal products as often as possible.
- Use iodated salt.

During adolescence and before pregnancy women should

- Eat more food for the adolescent "growth spurt" and for energy reserves for pregnancy and lactation.
- Delay the first pregnancy to help ensure full growth and nutrient stores (after age 18).

During pregnancy women should

- Eat an extra meal a day for adequate weight gain to support fetal growth and future lactation.
- Take iron/folic acid tablets daily.

During breastfeeding, women should

- Eat an extra, healthy meal (made of a variety of foods) each day.
- Take two high-dose vitamin A capsules (200,000 IU) within 24 hours of each other, as soon after delivery as possible, but no later than 8 weeks post-partum, to build

stores, improve the vitamin A content of breastmilk, and reduce infant and maternal morbidity. This helps women to recover from childbirth and prevents illness.

4. Ask: Do women follow the recommendations that we just discussed? Why not?
5. Ask: What are the consequences of women not eating properly, especially during pregnancy and lactation?
6. Ask: What advice would you give to women in your group to help them to eat properly during pregnancy and lactation? Encourage participants to share experiences and ask each other questions.
7. Answer any questions that participants may have and share the following key messages:
8. Pregnant or breastfeeding women should:
 - Eat an extra meal every day.
 - Eat a variety of fruits and vegetables every day and use iodated salt.
 - Eat animal products as often as possible.
 - Take iron/folic acid during pregnancy
 - Take vitamin A supplements after giving birth.

22. Infant feeding beliefs and myths

Objectives

- Name three popular beliefs and myths about breastfeeding and explain how they relate to optimal breastfeeding practices
- Respond to popular beliefs and myths about breastfeeding that participants or community members acknowledge

Materials

- Flip chart sheet, markers, tape

Time: 30 minutes

Activity

1. Brainstorm the breastfeeding beliefs and myths that participants and community members acknowledge. Divide these beliefs into those that do not affect breastfeeding, those that are positive, and those that are negative. Discuss beliefs and myths that affect breastfeeding practices. Participants may mention the following:
 - Mother cannot eat certain foods when breastfeeding
 - Colostrum should be discarded because it is not good for the newborn baby
 - Mother who is angry, scared or stressed should not breastfeed
 - Mother who is sick should not breastfeed
 - Mother who is pregnant should not breastfeed
 - Breastmilk is not enough to meet a baby's needs.
 - Every baby needs water
 - Do not start breastfeed until the milk comes in/lets down
 - Babies who are given formula grow faster, are fatter and healthier than breastfed babies
 - If mothers do not eat enough they cannot breastfeed
 - Babies need more than breast milk especially if they cry a lot
 - If a baby is sick, s/he should stop breastfeeding
 - Breastfeeding may spoil a woman's figure (breasts sag)
 - Once breastfeeding is stopped, breastfeeding cannot be started again
2. Ask participants to explain how they would address these topics if a participant mentioned them about it in a support group.
3. Ask: Have you ever heard of parents waiting to take their child to a health facility (or taking children to traditional healers) and the child dying?
4. Explain that it is common for caregivers to wait to take children for care at a facility. Share the following information:
 - Young infants can become ill suddenly and may need to be seen and treated urgently by a health provider.
 - If a child is not feeding well, has fever or diarrhea, is vomiting, is losing weight or becoming thin, has difficulty breathing, or has other signs that he or she may not be

well, it is important to have him or her examined at the nearest health centre or hospital.

- It is also important for caregivers to take children for routine immunizations, vitamin A supplementation twice yearly, and continued growth monitoring until they are 5 years of age.
- Women who are HIV positive can take their children for HIV testing at 6 weeks of age to learn if they are infected with HIV and begin to receive treatment and care.

5. Ask: How can we encourage families to take their children to a health facility for treatment?

23. Support group topics

Objectives

- List possible themes for support group meetings
- Identify their own themes based on their group's needs

Materials

- Flip chart sheet, markers, tape

Time: 20 minutes

Activity

1. Facilitate a brainstorming session by asking participants to list all of the possible topics that could be discussed in a mother-to-mother support group. Write participants' responses on a flip chart. Examples of possible topics include:
 - Advantages of breastfeeding
 - Starting breastfeeding immediately
 - How the breast makes milk
 - Positioning and attachment
 - Exclusive breastfeeding
 - Lactational amenorrhea method (LAM)
 - Breastfeeding challenges
 - Breastfeeding in special situations
 - Expressing breastmilk
 - Infant feeding and HIV
 - Feeding babies at 6 months
 - Complementary feeding
 - Preparing foods safely
 - Helping children to eat
 - Eating during pregnancy and breastfeeding
 - Infant feeding beliefs and myths
2. Ask: Are there any themes should not be discussed. If so, which? Why? Allow participants to discuss.

24. Support group practice

Objectives

- Facilitate a mother-to-mother support group
- Observe and provide suggestions for improvement

Materials

- Flip chart sheet, markers, tape
- 5 copies of *Handout 1: Support group observation checklist*

Time: 75 minutes

Activity

1. Ask for five to eight volunteers to practice facilitating a mother-to-mother support group. Divide remaining participants into five to eight groups. Ask for one volunteer from each group to serve as the observer. Pass out copies of the observation checklist to the observers. Allow facilitators to select the topic for their group based on the topics proposed in the session above. Explain that all other participants should play the role of mothers with children 2 years old and younger.
2. Give participants 30 minutes to enact their role play. Ideally one trainer should be with each group (if there are not enough trainers, move between groups).
3. After the practice session, invite the participants back to the large group. Ask the observers to report their findings to the groups.
4. Ask participants to share their experience facilitating. Ask: What was challenging? What went well? What other support do they need?
5. Ask the “mothers” to share their experience participating in the support group. Ask: What did they enjoy? How could it have been better?

25. Support and reporting

Objectives

- Complete the reporting form
- Explain ways for facilitators to support each other

Materials

- Flip chart sheet, markers, tape

Time: 30 minutes

Activity

1. Ask participants to turn to the reporting form in their manual. Facilitate a discussion with the following questions:
 - What do you think this form is for?
 - When would you use this form?
 - How do you fill it out?
 - Why would it be important to complete this form?
2. Explain how the forms will be used. These reporting forms will be utilized to capture information about how many people are being reached with the support groups, what type of topics are being discussed, and what kind of questions are generated in the discussions. Furthermore, the reports will help us to collect feedback from facilitators of MtMSG about the participants' manual, problems they encounter, and additional ways that they would like to be supported in the future.
3. Explain that, just as breastfeeding mothers need support, support group facilitators also need to be supported. Although facilitating a support group is very rewarding, there are times when it can be challenging and it is really helpful to talk to another facilitator to problem solve and share experiences. Ask participants to identify a partner from their district and exchange contact information.
4. Ask: How can you support each other? Encourage participants to discuss and note their responses on the flip chart. [Suggest the following: co-facilitate groups until they become more comfortable, observe each other's support groups and provide each other feedback and suggestions for improvement, keep each other motivated to follow their activity plan, etc.]

26. Activity plans

Objectives

- Create and implement a 6-month work plan

Materials

- Activity plan in participants' manual

Time: 75 minutes

Activity

1. Ask participants to pair off with the partner that they identified in the previous session. At first they should talk with each other about how they plan to mobilize a mother-to-mother support group or form a mother-to-mother support group within their existing group—what do they think they can do, based on what they have learned from this training.
2. After 10 minutes, explain that creating an activity plan with a goal and objectives can help them achieve the goal and make positive changes in their groups and communities. Present the activity plan template, defining each of the headings and sharing examples.
3. Ask participants to work individually for 15–20 minutes to create a personal activity plan. Ask participants to identify an overall goal (based on the changes they identified earlier), along with activities that can help them reach their goal. For each activity, ask participants describe the activity, timeline, resources available, and how they will know if they have been successful.

Goal:			
Objective			
Activity	Timeline	Resources available	Measures of success
Objective			
Activity	Timeline	Resources available	Measures of success

4. Ask participants to form small groups by district. Ask each participant to present their plan to the people in their groups. One facilitator should be with each group. Encourage group members to ask each other questions and offer suggestions.

27. Post-test and training evaluation

Objectives

- Assess what was learned during the workshop and what areas need further clarification
- Compare knowledge at the end of the training with the pre-test results
- Clarify doubts regarding key content of training

Materials

- Copies of *Handout 5: Pre-test/Post-test* (if appropriate)
- Copies of *Handout 7: Training evaluation*

Time: 60 minutes

Activity

1. Ask: Do you have any questions on infant feeding or mother-to-mother support groups. Encourage other participants to answer questions and refer participants to the Facilitator's Manual.
2. If participants completed a written pre-test: Distribute post-tests and ask participants to write their names on them. Clarify questions participants may have, but do not influence in any way the responses nor allow participants to talk among themselves. Give 5-minute and 2-minute warnings. Collect the tests. Grade the tests and compare performance between the pre- and post-test scores and the questions missed. Return both pre-tests and post-tests to participants and allow time for them to review and ask questions. Call attention to topics that need further clarification.

If participants completed an oral pre-test: Ask participants to form a circle and sit with their backs facing the centre. Explain that 15 statements will be read aloud and they should respond yes or no by raising their hands. 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 two fingers) if they "Don't know." One facilitator will read the statement while another facilitator records participants' answers and notes which topics present confusion. Compare performance between the pre- and post-test and the questions missed. Call attention to topics that need further clarification and present correct information and answer any questions.

3. Distribute end-of-training evaluations to participants and ask them to write their comments. Explain that their suggestions will be used to improve future workshops.

Handout 1. Support group observation checklist

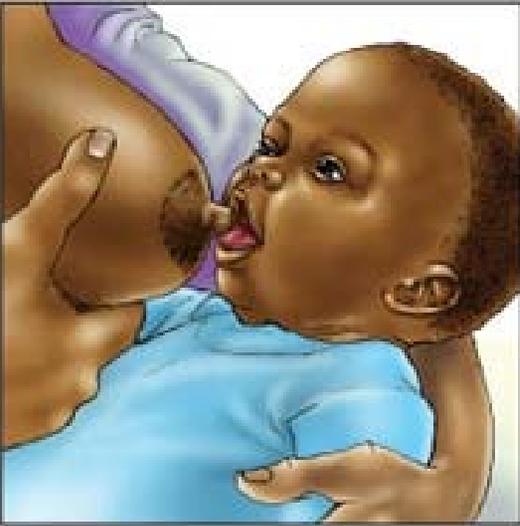
Community: _____ Place: _____

Date: _____ Time: _____ Theme: _____

Group facilitator(s): _____

- The facilitator(s) introduce themselves to the group.
- The facilitator(s) clearly explain the day's theme.
- The facilitator(s) ask questions that generate participation.
- The facilitator(s) motivate the quiet women to participate.
- The facilitator(s) apply communication skills.
- The facilitator(s) adequately manage content.
- The facilitator(s) adequately distribute the tasks between themselves.
- Mothers share their own experiences.
- The participants sit in a circle.
- The facilitator(s) fill out the information sheet on their group.
- The facilitator(s) invite women to attend the next mother-to-mother support group (place, date, and theme).
- The facilitator(s) thank the women for participating.
- The facilitator(s) ask women to talk to a pregnant woman or breastfeeding mother in their community before the next meeting, share what they have learned, and report back.

Handout 2. Proper attachment



From: Ministry of Health and Social Welfare [Kingdom of Lesotho]. Infant Feeding Counseling Cards. Maseru; 2008.

Handout 3. Risks of different feeding methods

Risk of HIV infection and death by different infant feeding method during the first 6 months of life

Only breastmilk



Healthy babies without HIV infection

Commercial infant formula



Babies who die from diarrhoea, pneumonia, or other infections

Mixed feeding

(Breastmilk + other milks, liquids, and foods)



Babies with HIV infection

Handout 4. Mother-to-mother support group reporting form

Facilitator's name: _____

Nearest health facility: _____

Name of group: _____

District: _____

Sub-location: _____

Meeting date	Topic	Number of participants

Challenges: _____

Questions: _____

Successes: _____

Handout 5. Pre-test/Post-test

		YES	NO
1	To prevent sore and cracked nipples, it is important for a mother to be sure the baby is attached correctly at her breast.		
2	To produce enough milk, a mother should breastfeed frequently, day and night.		
3	Telling a mother what to do is the best way to improve how she feeds her child.		
4	Breastfeeding has many benefits for the baby, but not many for the mother.		
5	At 4 months, infants need other liquids and soft foods in addition to breastmilk.		
6	HIV-positive women should never breastfeed.		
7	Young babies (less than 6 months) should be given water when the weather is hot.		
8	When a mother begins to give foods to a baby, she needs to start with thin, watery porridge.		
9	Sick children should continue to breastfeed often.		
10	The newborn baby's chin touching the mother's breast is a sign of good attachment		
11	A mother who does not eat enough healthy foods cannot make enough good breastmilk for her baby.		
12	When feeding a child, the mother or the caregiver should be patient and interact actively with the child.		
13	The mother should wait until the sick child is healthy before giving him/her more food.		
14	A mother-to-mother support group is the same as an educational talk.		
15	From 6 months of age, babies and young children need to eat a variety of foods, including eggs and meat.		

Handout 6. Pre-test/Post-test Answer Key

		YES	NO
1	To prevent sore and cracked nipples, it is important for a mother to be sure the baby is attached correctly at her breast.	X	
2	To produce enough milk, a mother should breastfeed frequently, day and night.	X	
3	Telling a mother what to do is the best way to improve how she feeds her child.		X
4	Breastfeeding has many benefits for the baby, but not many for the mother.		X
5	At 4 months, infants need other liquids and soft foods in addition to breastmilk.		X
6	HIV-positive women should never breastfeed.		X
7	Young babies (less than 6 months) should be given water when the weather is hot.		X
8	When a mother begins to give foods to a baby, she needs to start with thin, watery porridge.		X
9	Sick children should continue to breastfeed often.	X	
10	The newborn baby's chin touching the mother's breast is a sign of good attachment	X	
11	A mother who does not eat enough healthy foods cannot make enough good breastmilk for her baby.		X
12	When feeding a child, the mother or the caregiver should be patient and interact actively with the child.	X	
13	The mother should wait until the sick child is healthy before giving him/her more food.		X
14	A mother-to-mother support group is the same as an educational talk.		X
15	From 6 months of age, babies and young children need to eat a variety of foods, including eggs and meat.	X	

Handout 7. Training evaluation form

Please answer the questions as honestly as you can to help improve future trainings.

Place a ✓ in the box that reflects your feelings about the statement.

	Good	Fair	Poor
1. I would rate this training overall as...			
2. The content was...			
3. The amount of information was ...			
4. Materials and visual aids were...			
5. Trainer facilitation was...			
6. The practice exercises were ...			

7. The length of the training was (please circle)

- (a) Too long
- (b) Too short
- (c) Just right

8. What could have made this training better?

9. Should anything be left out in future training?

10. List one thing you will do differently after participating in this training.

Comments:

References

Cadwell K, Turner Maffei C. *Pocket Guide to Lactation Management*. Sudbury, MA: Jones and Bartlett Publishers; 2008.

CARE/Window of Opportunity Project. *Preparation of Trainer's Course: Mother-to-Mother Support Group Methodology, and Breastfeeding and Complementary Feeding Basics Instructional Planning Training Package*. Atlanta, GA: CARE; Draft.

LINKAGES. *Behavior Change Communication for Improved Infant Feeding – Training of Trainers for Negotiating Sustainable Behavior Change*. Washington, DC: AED; 2004.

LINKAGES. *Mother-to-Mother Support for Breastfeeding: Frequently Asked Questions*. Washington, DC: AED; 2004.

LINKAGES. *Training of Trainers for Mother-to-Mother Support Groups*. Washington, DC: AED; 2003.

Measure DHS. *Nutrition of Young Children and Mothers in Kenya*. Africa Nutrition Chartbooks. Calverton, MD: ORC Macro; 2004.

Ministry of Health and Social Welfare [Kingdom of Lesotho]. *Infant Feeding Counseling Cards*. Maseru, Lesotho; 2008.

Ministry of Health. *National Strategy on Infant and Young Child Feeding 2007–2010*. Nairobi, Kenya; 2007.

Ministry of Health, National AIDS/STI Control Programme (NAS COP). *Infant and Young Child Feeding in the Context of HIV and AIDS: Kenyan National Counselling Cards*. Nairobi, Kenya; 2008.

Ministry of Public Health and Sanitation. “Giving Our Children the Best” A National Strategic Communication & Advocacy Plan for Infant & Young Child Feeding Practices in Kenya [draft].

Pan American Health Organization (PAHO). *Guiding Principles for Complementary Feeding of the Breastfed Child*. Washington, DC: PAHO; 2001.

PATH. *Community Health Workers' Manual*. Nairobi, Kenya; PATH; 2007.

United Nations Children's Fund (UNICEF). *Facts for Life*. New York, NY: UNICEF; 2002.

Wellstart International. *Community-Based Breastfeeding Support: A Training Curriculum*. San Diego, CA: Wellstart International; 1996.

World Health Organization (WHO). *Complementary Feeding: Family Foods for Breastfed Children*. Geneva, Switzerland: WHO; 1998.

World Health Organization (WHO), United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS. *Infant and Young Child Feeding Counselling: An Integrated Course*. Geneva, Switzerland: WHO; 2006.