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Facilitator Guide

The Community
Infant and Young Child Feeding
Counselling Package

September 2013

ACKNOWLEDGEMENTS

This *Facilitator Guide* is part of *The Community Infant and Young Child Feeding (IYCF) Counselling Package,* developed under a strategic collaboration between the United Nations Children's Fund (UNICEF) New York and the combined technical and graphic team of Nutrition Policy Practice (NPP) and the Center for Human Services, the not-for-profit affiliate of University Research Co., LLC (URC/CHS). *The Community IYCF Counselling Package* includes the *Facilitator Guide,* Appendices, and *Training Aids* for training community workers; the *Participant Materials,* including training "handouts" and monitoring tools; a set of 28 *IYCF Counselling Cards* and companion *Key Messages Booklet*; 3 *Take-home Brochures*; and a *Planning and Adaptation Guide* including a "Clip Art" Compendium for use by national or local stakeholders in adapting this package for use in their own settings. All of the materials found in the *Community IYCF Counselling Package* are available in electronic format to facilitate their dissemination and adaptation.

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

The Community IYCF Counselling Package has been developed by the UNICEF New York team of Nune Mangasaryan, Senior Advisor, Infant and Young Child Nutrition; Christiane Ruder, Nutrition Specialist (Infant Feeding); Mandana Arabi, Nutrition Specialist (Complementary Feeding); and the NPP and URC/CHS team of Maryanne Stone-Jiménez, IYCF Training Expert; Mary Lung'aho, IYCF Community/ Emergencies Expert; and Peggy Koniz-Booher, IYCF Behaviour Change and Job Aids Expert. The package layout and illustrations were developed by Victor Nolasco, Senior Graphic Illustrator and Kurt Mulholland, Senior Graphic Artist. Breast photo acknowledgements include: breast engorgement: Mwate Chintu; sore/cracked nipple: F. Savage-King; plugged duct/mastitis: Chloe Fisher; inverted nipple: Dr. Armida Fernandes. Thanks to the many country teams involved in the development and pre-testing of previous materials.

The package was reviewed by WHO headquarters colleagues Carmen Casanovas (Technical Officer), Constanza Vallenas (Medical Officer) and the HIV component by Nigel Rollins (Scientist). External reviewers included Felicity Savage and Rukhsana Haider, and comments were received from Holly Blanchard (Maternal Child Health Integrated Program). The contribution of the Ministry of Health, UNICEF-Zambia, staff from partner agencies and the community workers who participated in the field test of the package in August 2010 in Lusaka, Zambia, is also acknowledged.

Additional input to the revised September 2012 edition was reviewed by a number of experts: Jane Lucas, UNICEF consultant for the early childhood development (ECD) component, Arnold Timmer, Senior Adviser, Micronutrients UNICEF, for multiple micronutrient powders (MNPs); and Nandita Sugandhi and Dr. Shaffiq Essajee, Clinton Health Access Initiative, and Tin Tin Sint, UNICEF, for IYCF in the context of HIV.

TABLE OF CONTENTS

ACRONYMS

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

INTRODUCTION

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

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

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

The Materials

The *Community IYCF Counselling Package* is comprised of the following 10 components:

i) The ***Facilitator Guide*** is intended for use in training CWs in technical knowledge related to key IYCF practices, essential counselling skills and the effective use of counselling tools and other job aids. This September 2012 edition contains material on early childhood development (ECD) as it relates to responsive feeding, and the addition of multiple micronutrient powders (MNPs) to complementary foods. Session 19 includes the development of Action Plans for Community-IYCF programming post-training.

ii) The ***Participant Materials*** include key technical content presented during the training ("handouts" from the *Facilitator Guide*) and tools for assessment of *IYCF 3-Step Counselling* ('assess, analyze and act') and supervision activities.

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

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

v) The ***Take-home Brochures*** are designed to complement the counselling card messages and are used as individual informational aids to remind mothers, fathers and other caregivers about key practices for pregnant women and lactating mothers, and

recommended breastfeeding and complementary feeding practices. The brightly coloured illustrations found in each brochure are intended to enhance each user's understanding of the information presented in the brochures, and to promote positive behaviours.

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

vii) The ***Planning Guide*** outlines a series of steps and includes some key points about the systems and structures needed to make IYCF counselling in the community function optimally and in a sustained way as part of a broader IYCF, or nutrition or health, programme.

viii) The ***Adaptation Guide*** provides a number of specific tools, or job aids, for use by national or local stakeholders interested in adapting the generic package for use in their setting. The *Adaptation Guide* recognizes that each country or setting potentially interested in working with this *Community IYCF Counselling Package* has unique socio-cultural differences, including dietary behaviours, clothing styles and linguistic characteristics that need to be taken into consideration and ultimately reflected in the training content and communication materials (both text and graphics). Suggestions are also made for bringing relevant stakeholders together to review the generic package, identify opportunities, clarify roles and responsibilities and decide on a process and timeline for adapting this set of tools.

ix) ***Supportive Supervision/Mentoring and Monitoring*** is a separate one-day training that aims to build skills of supervisors to mentor and monitor performance of community workers both in terms of the quality and coverage of activities, and to help strengthen performance where gaps are identified.

x) An ***Orientation Presentation*** (powerpoint) on the *Package* has been developed to provide an overview of the package and the training approach for various levels (national, sub-national, district) and partners as part of the process of introducing the package

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

Planning a Training

There are a series of steps to plan a training event that need careful consideration (see APPENDIX 1: Seven Steps in Planning a Training Event and APPENDIX 2: Roles and Responsibilities Before, During and After Training).

Pre-Training Preparation

1. The agency sponsoring a training event should select 2 individuals who will be trained as focal persons during both Training of Master Facilitators/Trainers and Training of Facilitators/Trainers (ToT) to co-facilitate in-country pre-training preparation of materials and training venues, including field practice sites. These might be persons also assigned post-training responsibility to 'drive the process'.

2. An invitation letter to attend training needs to include selection criteria for Participants and objectives of the specific training to be conducted (Training of Master Facilitators/ Trainers, Training of Facilitators/Trainers, and Training of Counsellors). The invitation

letter should also explicitly state expectations and responsibilities to be carried out post-training as well as the criteria to qualify for certification. This is to avoid the disappointment that may result when resources are invested in training inappropriate Participants. (See APPENDIX 3: Draft Invitation Letter and Screening Checklist to potential ToT candidates.)

When appropriate ask Participants to bring IYCF data from their region/district/ community, and to review national guidelines on IYCF and 'Infant feeding in context of HIV-AIDS'.

3. The training responsibilities for Master Facilitators/Trainers and Facilitators/Trainers (ToT) of IYCF Counsellors need to be reflected in job descriptions and TORs.

4. UNICEF/MOH should discuss and agree on the criteria for certification of Master Facilitators/Trainers and Facilitators/Trainers of IYCF Counsellors. Share these criteria with Participants as part of the selection process, so that they are clear before attending the course that certification will not be awarded until all criteria are met. NOTE: requirements for certification of Master Facilitators and Facilitators/Trainers might be the completion of two follow-on trainings. This will help to encourage Trainers to develop and save a complete set of training aids and other materials.

5. Prior to an orientation or training of Master Facilitators/Trainers, send Participants the *Facilitator Guide* and the *Key Message Booklet* to read and gain familiarity. On the first day of training, Participants will be randomly assigned sessions to deliver to the rest of their fellow Participants.

6. The maximum number of Participants for any training should not exceed 20. At least two Facilitators should conduct the training. Ideally, there will be one Facilitator for every 4 – 5 Participants. When the ratio exceeds this number it is impossible to oversee skills development ensuring competency. The Facilitators should be IYCF experts with community-based experience and skills in facilitating the training of community workers.

Specific Objectives of Training of Counsellors (ToC)

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

- Explain why IYCF practices matter
- Demonstrate appropriate use of counselling skills (*Listening and Learning*; *Building Confidence and Giving Support* [practical help]) and use the set of *IYCF Counselling Cards*
- Use the *IYCF 3-Step Counselling* ('assess, analyze and act') with a mother, father or other caregiver
- Describe recommended feeding practices through the first two years of life
- Describe how to breastfeed
- Identify ways to prevent and resolve common breastfeeding difficulties
- Describe practices for feeding the sick child and the child who has acute malnutrition

- Facilitate Action-oriented Groups and IYCF Support Groups
- Relate women's nutrition to life cycle
- Describe basic information on infant feeding in the context of HIV
- List how and when a child should receive counselling follow-up
- Identify signs that require referral to a health post
- Highlight key issues related to infant feeding in emergencies and apply the knowledge and skills to support IYCF in an emergency context

Specific Objectives of Training of Master Facilitators/Trainers (ToMT) and Training of Facilitators/Trainers (ToT) in addition to above content and skills:
- Orient Master Facilitators/Trainers and other Facilitators/Trainers to the UNICEF *Community IYCF Counselling* Package
- Develop Master and other Facilitators/Trainers capacity to plan, organize and conduct roll-out trainings on the *Community IYCF Counselling* package
- Equip Master and other Facilitators/Trainers with the principles of adult learning, effective training methodologies, visual aids and counselling skills
- Design Action Plan for roll-out trainings (ToT and ToC) and follow-up of Facilitators/Trainers and Counsellors

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

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

Training Materials: Structure
The *Facilitator Guide* is divided into 19 Sessions of 1 to 4 hour segments, divided over a 5-day training. The 5-day schedule is the basic course, with common content for Training of Trainers/ Facilitators and Training of Counsellors. A list of materials for the 6-day Training of Trainers/Facilitators is found in APPENDIX 4. APPENDIX 5 contains an alternative timetable for an abbreviated 3-day training course and APPENDIX 6, a 3-day agenda for training on *Integrating IYCF Support into Emergency Activities.*

More detailed sessions on IYCF in the contexts of emergencies, the sick and malnourished child and the child with severe acute malnutrition are found in APPENDIX 6:
- Session 6A: Community Worker Support for Infant and Young Child Feeding in Emergencies
- Session 6B: Feeding the Sick and Malnourished Child, and
- Session 6C: IYCF in the Context of CMAM.

It is strongly recommended to run all sessions of the training in one workshop rather than pursuing a modular approach. Where supervision reveals that the community workers have

not understood selected topics very well, the relevant sessions can be repeated during monthly meetings or supervision visits.

Supportive supervision/mentoring and monitoring checklists and tools are found in the separate one-day training: *Supportive Supervision/Mentoring and Monitoring for Community IYCF*. Community Worker and Supportive Supervision tools are also found in APPENDIX 7.

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

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

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

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

Training Methodology

The ultimate goal of training in the *Community IYCF Counselling Package* is to change the behaviour of both the CWs (the learning Participants) and the mothers, fathers and caregivers that they counsel. Hands-on practice is the focus of the training, with emphasis on counselling skills and the effective use of the *Counselling Cards* and *Take-home Brochures*. The competency-based participatory training approach used in the *Facilitator Guide* reflects key principles of behaviour change communication (BCC) with a focus on the promotion of small doable actions, and recognition of the widely acknowledged theory that adults learn best by reflecting on their own personal experiences. (See APPENDIX 8: Principles of Adult Learning). The approach uses the experiential learning cycle method and prepares Participants for hands-on performance of skills. The course employs a variety of training methods, including the use of counselling materials, visual aids, demonstrations, group discussion, case studies, role plays, and practice (See APPENDIX 9: Training Methodologies: Advantages, Limitations and Tips for Improvement). Participants also act as

resource persons for each other, and benefit from clinical and/or community practice, working directly with breastfeeding mothers, pregnant women, and mothers/fathers/ caregivers who have young children (See APPENDIX 10: Suggested Training Exercises, Review Energisers [group and team building], Daily Evaluations, APPENDIX 11: Tips for Training, and APPENDIX 12: Cut-outs for 'Happy Faces' for daily evaluations).
The training is based on proven participatory learning approaches, which include:

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

Using the *Counselling Cards* and *Key Messages Booklet*
The *IYCF 3-Step Counselling* guides counsellors through 3 important steps during an individual counselling session with a mother, father or caregiver and child.

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

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

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

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

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

Training Location and Field Practice Site

Wherever the training is planned, a clinical or community-based site should be readily available to support the practicum for counselling and reaching-an-agreement; during the practicum, Participants work with mothers/fathers/caregivers to identify small doable actions that will improve infant and young child feeding practices. The practicum site needs to be coordinated with clinic and/or community leaders for the arrival of Participants and for arrangement of space to practise the skills. Approximately 2 mother-child pairs will be required for each training Participant during each Field Practice session.

Post Training Follow-Up

The desired output of *Community IYCF Counselling Package* is the effective and continuing application of new skills and knowledge resulting in improved performance of both the CW and those who receive their counselling and follow-up. Participant mastery of new knowledge can be measured immediately through the pre/post tests that are built into the training. To assess and support the ability of Participant/CWs to appropriately apply the knowledge and counselling skills gained in training to the post-training work in the community, the training Facilitators (who may or may not be programme Supervisors) should observe and mentor Participants at their work place as soon as feasible following the completion of training, within at least 2 months after training. Ideally, Facilitators/ Supervisors should provide on-the-job support or mentoring and assist with problem-solving in work situations that include i) a counselling interaction with a mother/father/caregiver and child in a community or home setting, ii) during group education (Action-oriented Groups), and iii) during Support Group facilitation. Post-training follow-up will allow a Facilitator/ Supervisor/Mentor to determine the need for reinforcement of an individual Participant's knowledge and skills through ongoing supportive supervision and additional or refresher training.

Ongoing follow-up through a formalized system of supervision/mentoring will allow Supervisors/Mentors or Programme Managers to monitor CW retention or erosion of knowledge and the development of skills over time; to focus ongoing supportive supervision and problem-solving to meet the needs of individual CWs ; and to determine the need and timing for on-the-job training or other refresher training. Where supervision/mentoring of

individual CWs is not possible or deemed insufficient to meet all of the needs of the CWs, peer discussion and mentoring among a group of CWs might also be considered (i.e. a mix of different strategies could be used).

Action Plan

A program must determine how a realistic mix of IYCF support activities (a combination of individual counselling, IYCF support groups, and action-oriented groups) can help to provide support to all mothers/caregivers with children under 24 months of age. The development of a micro-plan for a sub-national area (e.g., District) will mirror the steps in developing a national strategy. It will be necessary to orient the stakeholders and gain their support in the development of the local strategy and action plan. The action plan should spell out roles and responsibilities for the full set of activities associated with implementing an IYCF support system, including discussion of responsibility for incentives where appropriate.

Orientation Day: This is Day-1 of the 6-Day Training of Master Facilitators/Trainers and Training of Facilitators/ Trainers (See pages 13-14)

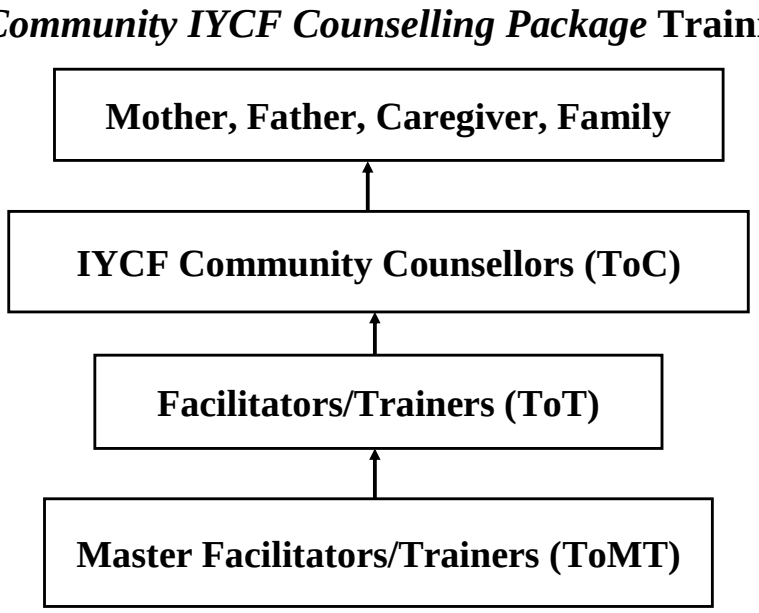
General Comments

1. Orientation Day consists of Session 1 of 5-day training: Introductions, pre-assessment, group norms, expectations and objectives; orientation to Package Materials; and Preparation of Sessions by Participants for the 5-day training

2. Explain why Participants and Facilitators sit in a circle:
   - All Participants and Facilitators can see each other
   - Facilitators are part of the circle, not 'instructors' who lecture
   - There are no barriers (tables) so that Participants can easily cross the circle and form working groups
   - Models openness

3. Facilitators model the training as it would be conducted in the community ('because we usually train the way we've been trained')
   - Model community setting sitting in a circle on mats, benches, chairs
   - No PowerPoint presentations

4. Session 1 - Learning Objective 2: Discuss Participants' expectations, compare with the objectives of the training and clarify the priorities/focus of the course.
   - Review the objectives outlined for each level of training (see different levels below) and prepare flipchart with written objectives for each level: Primary Objective of Training of IYCF Counsellors (ToC), Specific Objectives of Training of IYCF Counsellors (ToC), and Specific Objectives of Training of Master Facilitators/ Trainers and Training of Facilitators/Trainers (ToT) from pages 2 - 3 of introduction.
   - Explain use of the word Facilitator as one who facilitates adult learning



5. Session 1 - Learning Objective 4: Orientation to Materials
   - Elements of the UNICEF package (on flipchart)
     - *Facilitator Guide*

- *Participant Materials*
- Generic *Counselling Cards*
- *Key Message Booklet* (to accompany Counselling Cards)
- *Training Aids* (for use during trainings)
- 3 *Take-home Brochures* (for mothers/fathers/caregivers)
- *Planning & Adaptation Guide* (for countries that want to adapt the materials)

- Facilitator's Guide:
  - Location of 5-day and 3-day training schedules
  - Orientation to session layout
  - Appendices, including location of additional sessions
  - Location of Mood Meter
- Orientation to *Counselling Cards*, *Key Messages Booklet*, 3 *Take-home Brochures*, and *Training Aids*
- Mention use of OTTA (Observe, Think, Try, and Act) with Counselling Cards
- Discuss writing of 'Age' of infant and young child
- Discuss Food Groups at bottom of *Counselling Cards*
- Evening preparation: read the Introduction
- Session Assignments (in pairs) for Training of Master Facilitators/Trainers and Training of Facilitators/Trainers (ToT)

o Suggested division of Sessions for Participant pairs to prepare:

8 Pairs	**9 Pairs**	**10 Pairs**
• Sessions 2 & 15 • Sessions 3 & 12 • Sessions 4 & 17 • Sessions 5 & 10 • Session 6 • Sessions 7 & 8 • Sessions 11 & 14 • Sessions 13 & 16	• Sessions 2 & 15 • Session 3 • Sessions 4 & 17 • Sessions 5 & 10 • Session 6 • Sessions 7 & 8 • Sessions 11 & 14 • Sessions 12 & 13 • Session 16	• Sessions 2 & 15 • Session 3 • Session 4 • Sessions 5 & 10 • Session 6 • Sessions 7 & 8 • Sessions 11 & 14 • Session 12 • Sessions 13 & 17 • Session 16
Course Facilitators		
• Sessions 1, 9, 18 & 19		

- Preparation of assigned Sessions (in pairs): first read through the entire session; read the Training Tips; identify any Training Aids; prepare flipcharts and activities
- Please follow the instructions for the session activities. An objective of this training is to introduce new activities and methodologies.
- Following the session, there will be feedback and input from fellow Participants and an opportunity to discuss other methodologies or activities that might also have been used.
- Review plans for Day 1-training activities

o To begin early reflection and planning, distribute handouts from Session 19: Preparation of Action Plans:
- Handout 1: Country, Region, or District Action Plans
- Handout 2: Training Plan Template for Implementation of Community IYCF Programme
- Handout 3: DRAFT Terms of Reference (TOR) for Community-IYCF (Developed by Master Facilitators/Trainers in Nigeria – June 2011)

5- DAY TRAINING SCHEDULE – COMMUNITY IYCF COUNSELLING PACKAGE

<table>
<tr><th>TIME</th><th>DAY 1</th><th>DAY 2</th><th>DAY 3</th><th>DAY 4</th><th>DAY 5</th></tr>
<tr><td>08:00–
08:15</td><td rowspan="2">Session 1: 1½ hrs.
Introductions, pre-assessment, group norms, expectations and objectives

Session 2: 1½ hrs.
Why IYCF matters</td><td colspan="4">DAILY REVIEW</td></tr>
<tr><td>08:15–
10:30</td><td>Session 7: 1½ hrs.
Recommended IYCF practices: complementary feeding for children from 6 up to 24 months</td><td>Session 11: 2½ hr.
Field Practice
IYCF Assessment</td><td>Session 13: 2½ hr.
Field Practice
• IYCF Assessment
• Action-oriented group session
• IYCF Support Group</td><td>Session 16: 2 hrs.
Infant feeding in the context of HIV</td></tr>
<tr><td>10:30–
10:45</td><td colspan="5">T E A B R E A K</td></tr>
<tr><td>10:45–
12:45</td><td>Session 3: 1 hr.
Common Situations that can affect infant and young child feeding

Session 4: 1 hr.
How to Counsel: Part I
• Listening and Learning skills
• Behaviour change steps</td><td>Session 8: 1½ hr.
Complementary foods

Session 9: ½ hr.
• How to Counsel: Part II
- IYCF 3-Step Counselling
- Building Confidence and Giving Support skills
• Use of IYCF assessment form</td><td>Session 11: 1½ hr.
Field Practice and Feedback from Field Practice</td><td>Session 13: 1½ hr.
Field Practice and Feedback from Field Practice</td><td>Session 17: 1 hr.
Integrating IYCF support into community services (using CMAM as an example)

Session 18: 1 hr.
• Post-assessment
• Evaluation</td></tr>
<tr><td>12:45–
13:45</td><td colspan="5">L U N C H</td></tr>
</table>

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
13:45–15:45	**Session 5:** 2 hrs. Recommended IYCF practices: Breastfeeding	**Session 9 cont'd:** 1 hr. • How to Counsel: Part II - *IYCF 3-Step Counselling* - *Building Confidence and Giving Support s*kills Use of IYCF assessment form **Session 10:** 1 hr. Common Breastfeeding Difficulties	**Session 12:** 2 hr. • How to conduct: - Action-oriented Groups - IYCF Support Groups - Home Visits • Use of community-monitoring tools**:** - Action-oriented group - IYCF Support Group	**Session 14:** 1½ hrs. Women's Nutrition **Session 15:** ½ hr Feeding the Sick Child	**Session 19:** 3 hrs. Action Plans • Operational framework • Presentations to Participants
15:45–16:00	**T E A B R E A K**				
16:00–17:30	**Session 6:** 1½ hrs. How to breastfeed • How the breast works • Good attachment and positioning	**Session 10 cont'd:** ½ hr. **Preparation for Field Practice**	**Preparation for Field Practice**	**Session 15:** ½ hr Feeding the Sick Child	

6-DAY TRAINING OF MASTER FACILITATORS/TRAINERS – COMMUNITY IYCF COUNSELLING PACKAGE

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
08:15–08:30	**Session 1:** 1 hr. Introductions, pre-assessment, group norms, expectations and objectives **Orientation to *Community IYCF Counselling Package***	**Session 2:** 1½ hrs. Why IYCF matters **Session 3:** 1 hr. Common Situations that can affect infant and young child feeding	**DAILY REVIEW**			
08:30–10:30			**Session 7:** 1½ hrs. Recommended IYCF practices: complementary feeding for children from 6 up to 24 months **Session 8:** ½ hr. Complementary foods	**Preparation for Field visit** **Session 11:** 2½ hr. **Field Visit** • IYCF Assessment	**Session 13:** 2½ hr. **Field Visit** • IYCF Assessment • Action-oriented group • IYCF support group	**Session 16:** 2 hrs. Infant feeding in the context of HIV
10:30–10:45		**T E A B R E A K**				
10:45-12:45	**Orientation to *Community IYCF Counselling Package***	**Session 4:** 1 hr. How to Counsel: Part I • *Listening and Learning* skills • Behaviour change steps **Session 5:** 1 hr. Recommended IYCF practices: Breastfeeding	**Session 8 cont'd:** 1 hr. **Session 9:** 1½ hrs • How to Counsel: Part II - *IYCF 3-Step Counselling* - *Building Confidence and Giving Support s*kills • Use of IYCF assessment form	**Session 11:** 1½ hr. Field Visit and Feedback from field visit	**Session 13:** 1½ hr. Field Visit and Feedback from field visit	**Session 17:** 1 hr. Integrating IYCF support into community services (using CMAM as an example) **Session 18:** 1 hr. • Post-assessment • Evaluation

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
12:45–13:45		**L U N C H**				
13:45–15:45	**Preparation of Sessions by Participants**	**Session 5 cont'd:** 1 hr **Session 6:** 1 hr. How to breastfeed • How the breast works • Good attachment and positioning	**Session 10:** 1 hr. Common Breastfeeding Difficulties	**Session 12:** 2 hr. • How to conduct: - Action-oriented Groups - IYCF Support Groups - Home Visits • Use of community-monitoring tools**:** - Action-oriented group - IYCF support group	**Session 14:** 1½ hrs. Women's Nutrition **Session 15:** ½ hr When to bring the sick child to the Health Facility	**Session 19:** 3 hrs. • Action Plan • Operational framework • Presentations to Participants
15:45–16:00		**T E A B R E A K**				
16:00–17:30	**Preparation of Sessions by Participants**	**Session 6 cont'd:** ½ hr.	**Session 10 cont'd:** ½ hr.	**Preparation for Field Visit**	**Session 15 cont'd:** ½ hr	

SESSION 1. INTRODUCTIONS, EXPECTATIONS AND OBJECTIVES

Learning Objectives	Methodologies	Training Aids
1. Begin to name fellow Participants, Facilitators and resource persons.	Matching game	16 matching pair illustrations from Counselling Cards
2. Discuss Participants' expectations, compare with the objectives of the training and clarify the priorities/focus of the course.	Interactive presentation	
3. Identify strengths and weaknesses of Participant's IYCF knowledge.	Non-written pre-assessment	Pre-assessment questions for Facilitators
4. Present and review set of *Counselling Cards*, *Key Message Booklet* and *Take-home Brochures*.	Buzz groups of 3 Participants	• **Set of *Counselling Cards*** • ***Key Message Booklet*** • ***Take-home Brochures***

Materials:

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

Advance Preparation:

- Flipchart: Course objectives (pages 3 - 4 of Introduction)
- Flipchart (title only): Expectations

For Training of Master Trainers and Training of Trainers

- Flipchart: Course objectives for ToMT and/or ToT
- Flipchart: List of IYCF Package Materials

Duration: 1½ hours

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

***Methodology*:** Matching Game

Suggested Time: 30 minutes

Instructions for Activity:

1. Use illustrations from Counselling Cards (laminated if possible) cut in 2 pieces; each Participant is given a picture portion and is asked find his/her match; pairs of Participants introduce each other, giving their partner's first name, what community group he or she belongs to, work in IYCF, one expectation for the training, and something of human interest (favourite food, hobbies and/or colour, etc.)
2. When Participants introduce themselves, ask them to hold up their 'matching-pair picture' and describe it.
3. Facilitator writes expectations on flipchart.

Optional:

4. Facilitator asks Participants to brainstorm Group Norms; Facilitator lists on flipchart and list remains posted throughout the training.
5. Group decides on daily Time Keeper and Participant in charge of energizers.

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

***Methodology*:** Interactive presentation

Suggested Time: 10 minutes

Instructions for Activity:

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

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

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

Suggested Time: 20 minutes

Instructions for Activity:

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

OR

Methodology: Written pre-assessment

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

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

***Methodology*:** Buzz groups of 3 Participants

Suggested Time: 30 minutes

Instructions for Activity:

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

Brochure(s) which shows the item.

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

'Homework' assignment:

- Read through the CC messages for CC 1-8, and CC 11 in the Key Messages Booklet

Note:

1. On the 1st (or 2nd) day of training explain to Participants that on day-5 of training they will present their action plans to their fellow Participants.
2. To begin early reflection and planning, and in preparation for their presentations distribute Handouts from Session 19: Action Plans:
   - Handout 1: Instructions for developing Action Plans for Community-IYCF Programming by Country, Region or District
   - Handout 2:Training Plan Template for Implementation of Community IYCF Programme
   - Handout 3: DRAFT Terms of Reference (TOR) for Community-IYCF
3. Ask Participants to find time to meet together in their specific groups during the week
4. Task Participants to submit a written copy of their Action Plans on day-5 of training

Pre-assessment: What do we know now?

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

SESSION 2. WHY IYCF MATTERS

Learning Objectives	Methodologies	Training Aids
1. Define the terms IYCF, exclusive breastfeeding, complementary feeding and complementary foods.	• Brainstorming • Presentation	Illustrations: healthy well nourished child, food groups, mother giving complementary foods, breastfeeding mother surrounded by family, couple taking their child to health services, and water/sanitation
2. Recognize all the conditions needed for a healthy well nourished child.	Interactive presentation	
3. Describe what responsive feeding and care practices look like	• Group work • Interactive presentation • Demonstration • Brainstorming	
4. Share in-country data on IYCF.	Interactive presentation (bean distribution)	Packages of 100 beans each for 5 groups

Materials:

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

Advance preparation:

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

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

Duration: 1½ hours

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

***Methodology*:** Brainstorming; Presentation

Suggested Time: 10 minutes

Instructions for Activity:

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

Key Information

Infant = from birth up to 1 year (or 12 months of age)

Young Child (when used with IYCF) = from 12 months up to 2 years (or 24 months) of age

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

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

Complementary foods: any locally-available food (from your kitchen, garden or market) suitable as a complement to breast milk when breast milk becomes insufficient (at 6 months) to satisfy the nutritional requirements of the infant. (Foods need to be local, available, feasible and affordable.)

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

Methodology: Interactive Presentation

Suggested Time: 20 minutes

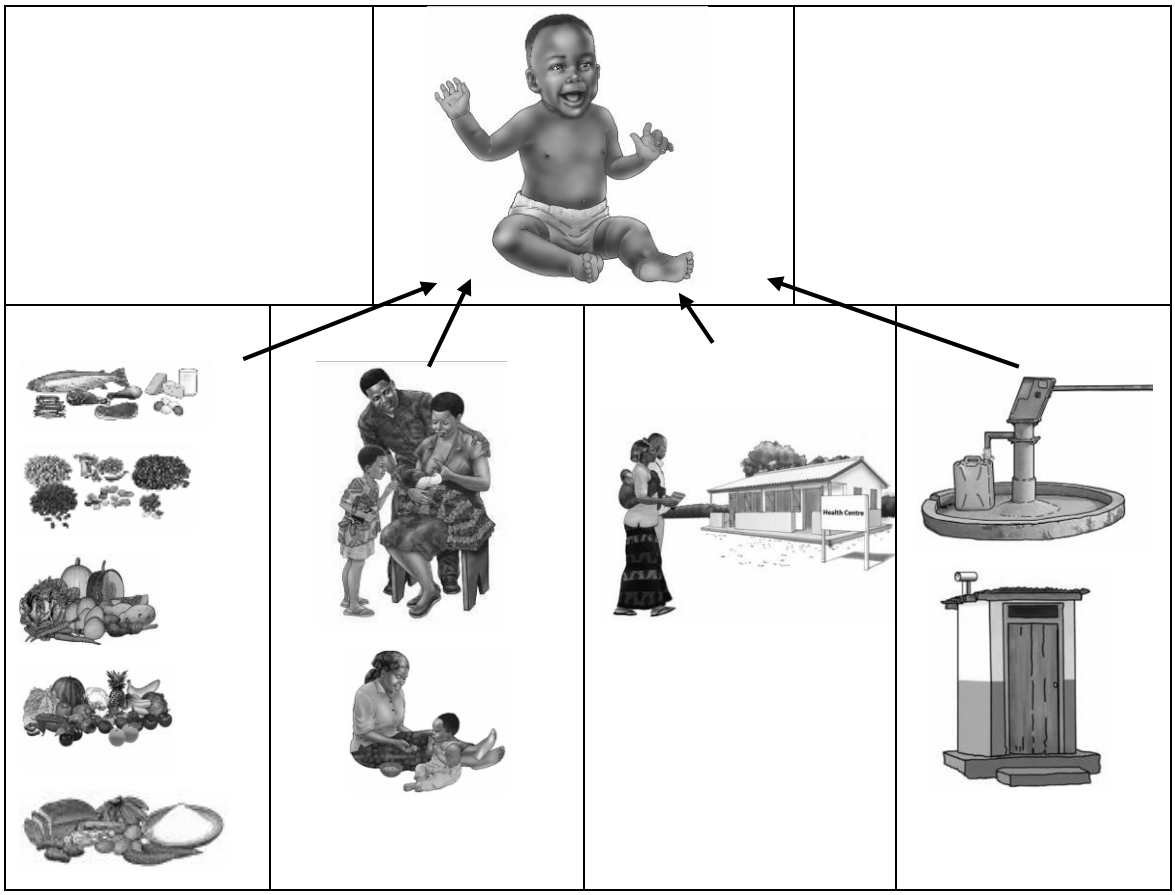
Instructions for Activity:

1. Ask 8 individuals to play the role of parents (4), and young children less than 2 years (4).
2. Tell participants that they are at the beginning of a river.
3. Have parent-child groups stand together: 1 parent (could be father or mother) and 1 child less than 2 years.
4. Hold up an illustration of a healthy baby and explain that you are putting it at the end of the river, opposite where groups of parents-children are standing. Explain that all parents want their young children to be healthy and well nourished – the 'goal' at the end of the river
5. Each parent-child group represents a stream flowing into the bigger river.
6. Give a complete set of 4 cards to each parent-child pair (food groups; care and feeding practices showing breastfeeding and complementary feeding; health care services; and water, hygiene and sanitation)
7. Say that there are 4 cards children *could* get but not every child will receive every card. Explain that the 4 cards are the 4 things children need to get to reach the end of the river.
8. Assign each child a number (1-4).
9. Say that children are now starting their journey.
10. Parents will give children 1 card at a time. Whenever a child receives a card, he or she moves forward a few steps. If the child isn't given a card, he or she doesn't move forward. Here are the cards children receive from their parent:
    - Child 1 receives 1 card only and dies
    - Child 2 receives 2 cards only and is stunted - falls to her knees and doesn't move forward any more
    - Child 3 receives 3 cards
    - Child 4 receives all 4 cards.
11. After children get cards and move (or not), ask:
    - What did each child get?
    - Is it enough to get the child all the way down the river?
    - What about the children who didn't get cards?
    - When the parents are unable to give all the cards to the children. What happens?
12. At the end of the exercise, ask:
    - What can we do to make sure that children get ALL of the food, care, health and support for health and sanitation that they need to be well nourished?
13. Discuss and summarize

Optional: Gender Issue

Ask Participants: What did you name your baby? If all 'parents/caregivers' have chosen male names, discuss "Why?'

Key Information



Food	*Feeding and care practices including responsive feeding*	*Health services*	*Water, hygiene and sanitation*

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

The window of opportunity for improving nutrition is small – from before pregnancy through the first 2 years of life (first 1000 days). Any damage to physical growth and brain development that occurs during this period is likely to be extensive and, if not corrected, irreversible.

Learning Objective 3: Describe what responsive feeding and care practices look like

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

Suggested Time: 30 minutes

Instructions for activity:

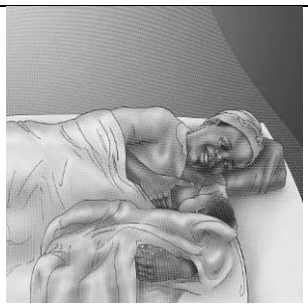
1. Form 6 groups
2. Distribute to each group 1 of the 6 illustrations shown below
3. Ask each group to:
   a. Observe and describe what baby/young child is doing?
   b. Observe and describe what mother/father is doing? (How is mother/father paying attention to baby/young child?)
4. Ask each group to share their findings with the large group
5. From the findings of the Participants, discuss the meaning of sensitivity and responsiveness

Note: If videos on Infant Feeding are available ask Participants to observe, describe and note differences between the different styles of feeding; discuss

6. Facilitator demonstrates/copies what a baby does to communicate hunger: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist
7. Brainstorm what responsive feeding and care practices look like
8. Ask Participants the following
   a. Why is sensitive and responsive care important?
   b. How does sensitive and responsive care promote brain development?
9. Discuss and fill-in gaps

Key Information

Responsive Feeding Illustrations from Counselling Cards

		
Counselling Card 2	**Counselling Cards 3 and 5**	**Counselling Card 8**

 **Counselling Card 11**	 ***Participant Materials 7.3:*** Recommended Complementary Feeding Practices	 **Counselling Card 16**

What responsive feeding looks like OR Definition of Responsive Feeding

1. mother/caregiver identifies, is aware of, and interprets infant/child's cues or signals and vocalizations that communicate feeding needs and wants (sensitivity)
2. mother/caregiver responds promptly and appropriately to the infant/child's cues or signals and needs for feeding care (responsiveness)

Importance of sensitivity and responsiveness:

- Improves infant/child's chances of:
  - good nutrition through responsive feeding
  - good health through attentive care-giving (talking, playing, and providing a stimulating environment – a child needs more than food to develop well)
  - cognitive development through responsive language and play
  - social and emotional development through nurturing and love
- The basis for a child's self-confidence and readiness to learn
- Following your child's lead promotes mental and social development
- Responsive stimulation improves cognitive development

How does sensitive and responsive care promote brain development?

Brain development:

- is highly sensitive to external influences during childhood that can have life-long effects
- is influenced by relationships with parents and other caregivers
- is affected by both nutrition and the environment
- requires responsive stimulation and good nutrition early

Care Practices

- Parents, family members (older children), fathers, child caretakers can participate in responsive feeding.
- The care that your infant/child receives affects his or her survival, growth and development
- Care refers to behaviours and practices of caregivers (mothers, siblings, fathers and childcare providers), and includes providing:
  - food
  - health care
  - stimulation
  - emotional support
- **The way the above practices are performed** – in terms of affection and responsiveness to the child – are critical to a child's survival, growth and development
- Both nutrition and the environment affect a child's development
- Care brings it all together

Note: Sensitivity, Responsive Feeding, Care and Stimulation are the basis of Early Childhood Development (ECD)

Learning Objective 4: Share in-country data on IYCF
***Methodology*:** Interactive presentation (bean distribution)
Suggested Time: 30 minutes

Instructions for activity:

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

Examples of in-country data (latest Demographic Health Survey)
Breastfeeding practices: region/district

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

■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
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❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

- Create another example of Exclusive Breastfeeding (infants less than 6 months): 56 infants out of 100 are exclusively breastfed for 6 months
- Substitute data from your region/country in the examples below, and illustrate your data for sharing with the community

Complementary feeding practices:
Create other examples:
- Early and late starting of complementary foods is a common problem
- Too little variety of foods is also a common problem, for example:
  - Upon introducing complementary foods: 50 out of 100 children from age 6 up to 9 months consumed fruits and vegetables
  - Only 10 out of 100 children from 6 up to 9 months of age consumed animal-source foods (meat, eggs)

Stunting:
- Create another example: 45 out of 100 children under 5 years are stunted.

Low birth weight: < 2.5 kilos
- Create another example: 10 out of 100 infants are underweight at birth.

Summary: the importance of infant and young child feeding during the first two years of life:
1. Undernutrition begins early, at about 3 months, with a rapid decline through 12 months.
2. The window of opportunity for improving nutrition is small – from before pregnancy through the first 2 years of life (1,000 days).
   a. Any damage to physical growth and brain development that occurs during this period, if not corrected, is irreversible
   b. The effects of undernutrition, including stunting, on mental and physical development contribute to poor productivity, low economic growth and the perpetuation of poverty

SESSION 3. COMMON SITUATIONS THAT CAN AFFECT BREASTFEEDING

Learning Objectives	Methodologies	Training Aids
1. Address common situations that can affect breastfeeding.	Fish Game	• Cards (fish shaped) with a common situation that can affect infant and young child feeding written on the underside • *Participant Materials 3.1*: Common Situations that can affect breastfeeding

Materials:

- Package of cards (fish shaped) with one common situation that can affect breastfeeding written on the underside: giving colostrum, Low Birth Weight (LBW) or premature baby, Kangaroo Mother Care (KMC), thin or malnourished mother, refusal to breastfeed, new pregnancy, mother away from baby, baby who cries a lot, sick mother, stress, twins, inverted nipple, mother's diet during pregnancy, mother's diet during breastfeeding

Duration: 1 hour

Learning Objective 1: Address common situations that can affect breastfeeding

***Methodology*:** Fish Game

Suggested Time: 1 hour

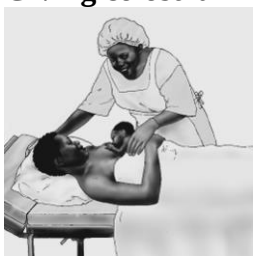
Instructions for Activity:

1. Divide the Participants into 2 groups assigning to each group a package of fish-shaped cards.
2. On the back of each card write a common situation or condition related to local breastfeeding beliefs. (A paper clip can be attached to the 'mouth' of the fish and another paper clip to the end of a string tied to a stick so that Participants might actually 'fish' for a card.)
3. Cards (fish) should be placed face-downward so Participants can 'fish' for a common situation that can affect breastfeeding
4. Ask Participants to fish (one card) and discuss i) How does this situation affect breastfeeding in your community, ii) What can be done about the situation? and iii) What do responsive feeding and care practices look like in the situation?
5. Prioritize selection of 'common situations' to reflect those most appropriate for the country situation by choosing 8 common situations from the following list or adapt them to the local situation: giving colostrum, Low Birth Weight (LBW) or premature baby, Kangaroo Mother Care (KMC), thin or malnourished mother, refusal to breastfeed, new pregnancy, mother

away from baby, baby who cries a lot, sick mother, stress, twins, inverted nipple, mother's diet during pregnancy, mother's diet during breastfeeding

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

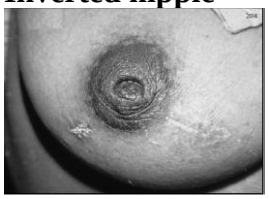
Participant Materials 3.1: Common Situations that can affect Breastfeeding

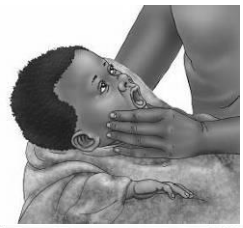
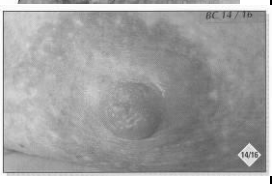
Common Situation	What to do
Giving colostrum 	• Local belief: Colostrum should be discarded; it is 'expired milk', not good, etc. • What we know: Colostrum contains antibodies and other protective factors for the infant. It is yellow because it is rich in vitamin A. • The newborn has a stomach the size of a marble. The few drops of colostrum fill the stomach perfectly. If water or other substances are given to the newborn at birth, the stomach is filled and there is no room for the colostrum. **Responsive Feeding and Care Practices** • Pays attention to baby: looks at baby; looks into baby's eyes; responds to baby's responses; asks, what is baby thinking?
Low Birth Weight (LBW) or premature baby 	• Local belief: the low birth weight baby or premature baby is too small and weak to be able to suckle/breastfeed • What we know: A premature baby should be kept in skin-to-skin contact with the mother; this will help to regulate his body temperature and breathing, and keep him in close contact with the breast. • A full-term LBW infant may suckle more slowly: allow him/her the time. • The breast milk from the mother of a premature baby is perfectly suited to the age of her baby, and will change as the baby develops (i.e., the breast milk for a 7-month old newborn is perfectly suited for an infant of that gestational age, with more protein and fat than the milk for a full-term newborn) • See Positioning Card #6, upper middle picture. • Mother needs support for good attachment, and help with supportive holds. • Feeding pattern: long slow feeds are OK – keep baby at the breast. • Direct breastfeeding may not be possible for several weeks, but mothers should be encouraged to express breast milk and feed the breast milk to the infant using a cup. • If the baby sleeps for long periods of time, and is wrapped up in several layers, open and take off some of the clothes to help waken him/her for the feed. • Crying is the <u>late</u> sign of hunger. Earlier signs of hunger include a **combination** of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist. One sign by itself may not indicate hunger. **Responsive Feeding and Care Practices** • Pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask, what is baby thinking? • Pay attention to/observe the signs/cues of hunger and learn to respond to baby: smile, go to baby, talk to baby to encourage her/him to communicate her/his wishes, show baby that you are preparing to breastfeed

Common Situation	What to do
Kangaroo Mother Care (KMC) 	• Position (baby is naked apart from nappy and cap and is placed in skin-to-skin contact between mother's naked breasts with legs flexed and held in a cloth that supports the baby's whole body up to just under his/her ears and which is tied around the mother's chest). This position provides: – Skin-to-skin contact (SSC) – Warmth – Maternal response is stimulated (sensitivity to baby's needs and responsiveness of mother) – Stabilisation of breathing and heart beat – Closeness to the breast – Mother's smell, touch, warmth, voice, and taste of the breast milk stimulate baby to establish successful breastfeeding – Early and exclusive breastfeeding by direct expression or expressed breast milk given by cup • Mother and baby are rarely separated • Immunity is improved – demonstrable even 6 months later • Reduces the infant's stress hormones – stress hormones can cause digestion to stop – reduction of stress is important for brain development • Baby interprets mother's reactions and learns to self-regulate or return to equilibrium **Responsive Feeding and Care Practices** • Pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask, what is baby thinking? • Leads to early recognition of illness • Fathers and other caregivers can also provide skin-to-skin care
Twins 	• A mother can exclusively breastfeed both babies. • The more a baby suckles and removes milk from the breast, the more milk the mother produces. • Mothers of twins produce enough milk to feed both babies if the babies breastfeed frequently and are well attached. • The twins need to start breastfeeding as soon as possible after birth – if they cannot suckle immediately, help the mother to express and cup feed. Build up the milk supply from very early to ensure that breasts make enough for two babies. • Explain different positions – cross cradle, one under arm, one across, feed one by one etc. Help mother to find what suits her. **Responsive Feeding and Care Practices** • Pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask, what is each baby thinking?
Refusal to breastfeed	**Baby who refuses the breast** Usually refusal to breastfeed is the result of bad experiences, such as pressure on the head. Refusal may also result when mastitis changes the taste of the breast milk (more salty). • Check baby for signs of illness that may interfere with feeding

Common Situation	What to do
	including signs of thrush in the mouth • Refer baby for treatment if ill • Let the baby have plenty of skin-to-skin contact; let baby have a good experience just cuddling mother before trying to make baby suckle; baby may not want to go near breast at first – cuddle in any position and gradually over a period of days bring nearer to the breast. • Let mother baby try lots of different positions • Wait for the baby to be wide awake and hungry (but not crying) before offering the breast • Gently touch the baby's bottom lip with the nipple until s/he opens his/her mouth wide • Do not force baby to breastfeed and do not try to force mouth open or pull the baby's chin down – this makes the baby refuse more • Do not hold baby's head • Express and feed baby by cup until baby is willing to suckle • Express directly into baby's mouth • Avoid giving the baby bottles with teats or dummies **Responsive Feeding and Care Practices** • Pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask, what is baby thinking? • Pay attention to/observe the signs/cues of hunger and learn to respond to baby: smile, go to baby, talk to baby to encourage her/him to communicate her/his wishes, show baby that you are preparing to breastfeed
New pregnancy 	• Local belief: a woman must stop breastfeeding her older child as soon as she learns she is pregnant. • What we know: It is important that a child be breastfed until s/he is at least 1 year old. • A pregnant woman can safely breastfeed her older child, but should eat very well herself to protect her own health (she will be eating for 3: herself, the new baby, and the older child). • Because she is pregnant, her breast milk will now contain small amounts of colostrum, which may cause the older child to experience diarrhoea for a few days (colostrum has a laxative effect). After a few days, the older child will no longer be affected by diarrhoea. • Sometimes the mother's nipples feel tender if she is pregnant. However, if there is no history of miscarriage, it is perfectly safe to continue breastfeeding while pregnant.

Common Situation	What to do
Mother away from baby 	• Local belief: a mother who works outside the home or is away from her baby cannot continue to breastfeed her infant (exclusively). • What we know: If a mother must be separated from her baby, she can express her breast milk and leave it to be fed to the infant in her absence. • Help mother to express her breast milk and store it to feed the baby while she is away. The baby should be fed this milk at times when he or she would normally feed. • Teach caregiver how to store and safely feed expressed breast milk from a cup. It may be stored safely at room temperature for up to 8 hours. • Mother should allow infant to feed frequently at night and whenever she is at home. • Mother who is able to keep her infant with her at the work site or to go home to feed the baby should be encouraged to do so and to feed her infant frequently. **Responsive Feeding and Care Practices** • Pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask, what is baby thinking?
Baby who cries a lot	• Help mother to try to figure out the cause of baby's crying and listen to her feelings: – Discomfort: hot, cold, dirty – Tiredness: too many visitors – Illness or pain: changed pattern of crying – Hunger: not getting enough breast milk; growth spurts: around 3 weeks; 6 weeks, and 3 months of age – Mother's foods: can be a certain food; sometimes cow's milk – Mother's drugs – Colic **Responsive Feeding and Care Practices** • Pay attention to/observe the signs/cues of hunger and learn to respond to baby: smile, go to baby, talk to baby to encourage her/him to communicate her/his wishes, show baby that you are preparing to breastfeed
Sick mother 	• When the mother is suffering from common illnesses she **should continue to breastfeed her baby.** (Seek medical attention for serious or long lasting illness). • The mother needs to rest and drink plenty of fluids to help her recover.

Common Situation	What to do
Stress 	• Mother's stress does not spoil breast milk, or result in decreased production. However, milk may not flow well temporarily. • If mother continues to breastfeed, milk flow will start again. • Keep baby in skin-to-skin contact if mother will allow it. • Find reassuring companions to listen, give mother an opportunity to talk, and provide emotional support and practical help. • Help mother to sit or lie down in a relaxed position and to breastfeed baby. • Show mother's companion how to give her a massage, such as a back massage, to help her to relax and her milk to flow • Give mother a warm drink such as tea or warm water, to help relax and assist the let down reflex.
Thin or malnourished mother 	• Local belief: A thin or malnourished mother cannot produce 'enough breastmilk'. • What we know: It is important that a mother be well-fed to protect her own health. • A mother who is thin and malnourished will produce a sufficient quantity of breastmilk (better quality than most other foods a child will get) if the child suckles frequently. • More suckling and removal of the breastmilk from the breast leads to production of more breastmilk. • Eating more will not lead to more production of breastmilk. • A mother needs to eat more food for **her own health** ("feed the mother and let her breastfeed her baby"). • Breastfeeding mothers need to take vitamin A within 6 weeks after delivery, and a daily multivitamin, if available. • If the mother is severely malnourished, refer to health facility
Inverted nipple 	• If the baby is positioned and latched-on well, most types of inverted nipples will not cause breastfeeding problems
Mother's diet during pregnancy 	• During pregnancy the body needs extra food each day – eat one extra small meal or "snack" each day • Drink whenever thirsty, but avoid taking tea or coffee with meals • No foods are forbidden. • The pregnant woman should avoid alcohol drinks and smoking. • Avoid non-food items like charcoal and clay. • **CC 1: Nutrition for pregnant and breastfeeding woman**

Common Situation	What to do
Mother's diet during breastfeeding 	• During breastfeeding the body needs extra food each day – eat two extra small meals or "snacks" each day • No one special food or diet is required to provide adequate quantity or quality of breast milk. • Breast milk production is not affected by maternal diet. • Mothers should be encouraged to eat more food to maintain their own health (eat from different food groups) • Some cultures claim that certain drinks help to 'make milk'; these drinks usually have a relaxing effect on the mother. • No foods are forbidden. • During breastfeeding the mother should limit alcohol content and avoid smoking. • **CC 1: Nutrition for pregnant and breastfeeding woman**
Thrush  	• Check for thrush in baby's mouth: white patches inside check or on tongue • Baby may have rash on bottom • Baby repeatedly pulls off the breast or refuses to breastfeed • Mother's symptoms: ▪ sore nipples with pain continuing between feeds, pain like sharp needles going deep into the breast, which is not relieved by improved attachment ▪ there may be a red or flaky rash on the areola, with itching and de-pigmentation • Refer to health personnel • Follow treatment directions of health personnel for both mother and baby **Responsive Feeding and Care Practices** • Pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask, what is baby thinking?

SESSION 4. HOW TO COUNSEL: PART I

Learning Objectives	Methodologies	Training Aids
1. Identify *Listening and Learning* skills.	Work in pairs	• *Participant Materials* 4.1: Counselling Skills
2. Explain why changing behaviour is difficult.	• Interactive Presentation • Group work • Demonstration	
3. Reflect on role of fathers in maternal and child nutrition.	Buzz groups of 3	**Cover of *Counselling Cards* (and others where men appear): Role of fathers in maternal and child nutrition**

Materials:

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

Advance Preparation:

- For each group of 4 Participants prepare:
  - 6 steps describing the mother/father/caregiver's state on "it", a specific practice (on separate pieces of paper): doesn't know about it; knows about it; intends to do it; tries it out; continues to do it; and tells others; and
  - The role of the CW in helping the mother/father/caregiver move between steps and facilitating the behaviour change (on pieces of paper of another color): provides information; encourages; reaches-an-agreement; praises and discusses benefits; and provides continuing support
- Flipchart: *Listening and Learning* skills
- Flipchart: Role of fathers in the nutrition of their wives/partners and infants/children

Duration: 1 hour

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

Instructions for Activity 1: 15 minutes
Listening

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

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Instructions for Activity 2: 10 minutes
Asking questions:

1. Everyone gets to ask me (Facilitator) 1 question. Facilitator will answer truthfully. [Facilitator stops Participants at just 1 question]
2. What did you get from this exercise? [Some types of questions bring out more information than others] Asking about 'age': gets you a specific piece of information (which is what you sometimes want).
3. Open-ended questions usually begin with why, how, when and where?
4. What things can you do to bring out more information?
   a) Reflect back what the Facilitator (mother/father/caregiver) says
   b) Listen to the Facilitator's (mother/father/caregiver's) concerns
   c) Avoid using judging words
5. Ask Participants to review together *Participant Materials* 4.1: *Listening and Learning* Skills
6. Ask Participants to observe the cover of the set of *Counselling Cards* and mention what *Listening and Learning* skills they observe in the illustration.
7. Discuss and summarize the different *Listening and Learning* skills
8. General rule of counseling: "We have 2 ears and 1 mouth, so we must listen twice as much as we

talk"

Key Information

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

Learning Objective 2: Explain why changing behaviour is difficult
***Methodology*:** Interactive Presentation; Group work
Suggested time: 25 minutes

Instructions for Activity:

1. Divide Participants into groups of 4
2. Give each group the 6 steps to behavior change: doesn't know about it; knows about it; intends to try it; tries it out; continues to do it; and tells other about it; and ask each group to put the steps in order of what comes first and what comes last
3. Ask Participants: What helps a person to move through the different steps?
4. Ask each group to add the role of the CW: provides information; encourages; reaches-an-agreement; praises/discusses benefits, and provides continuing support – at the point it is appropriate in the steps
5. The Facilitator leads a discussion of the change process asking such questions as:
   - What did you learn from this exercise?
   - Does everyone in a community go through the stages of change at the same pace?
   - Once a person reaches a certain stage of change, do they ever regress to a prior stage?
   - Does behavior change happen more effectively if it is planned or if it is unplanned?
6. Give each group 3 case studies. For each case study, group answers the questions:
   1) At what stage of the behaviour change process is the mother?
   2) What could the CW do next? And Why?
7. Discuss in large group.

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

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

Key Information

Note: The CW utilizes *Listening and Learning* skills throughout the entire process or steps of behaviour change. The 3-Step IYCF counselling process: Assess, Analyze and Act (Session 9) involves dialogue between the counsellor and mother/father/caregiver to define the issues, problem-solve and reach-an-agreement. We are trying not only to change the behaviour of mothers/fathers/caregivers, but also changing our own behavior as Facilitators/Trainers.

- Changing behavior is VERY DIFFICULT! It is not a linear process.
- Behaviour = action/doing
- Change = modification or adaptation or revision. It always involves motivators and barriers/obstacles
- Communication = ways of transmitting messages via interpersonal, mass media (radio/TV, print) Audio/visuals, community events, puppet, drama, etc.
- Behaviour change communication (BCC) is any communication (e.g., interpersonal, group talks, mass media, Support Groups, visuals and print materials, videos) that helps foster a change in behaviour in individuals, families, or communities.

Doesn't know about it: Caregiver has no knowledge of a problem, thus doesn't think at all about making a change. Or, maybe knows something and is aware of the problem, but has no thoughts of changing her behaviour.

Knows about it: Caregiver is aware of the problem. Thinks a bit about making the change; recognizes the importance of changing, but is not sure that s/he will change; has doubts about the results, the approval of other people.

Intends to try it: Caregiver has decided to do something. Maybe has tried in the recent past without succeeding. Planning to make a change, but only thinking about doing it.

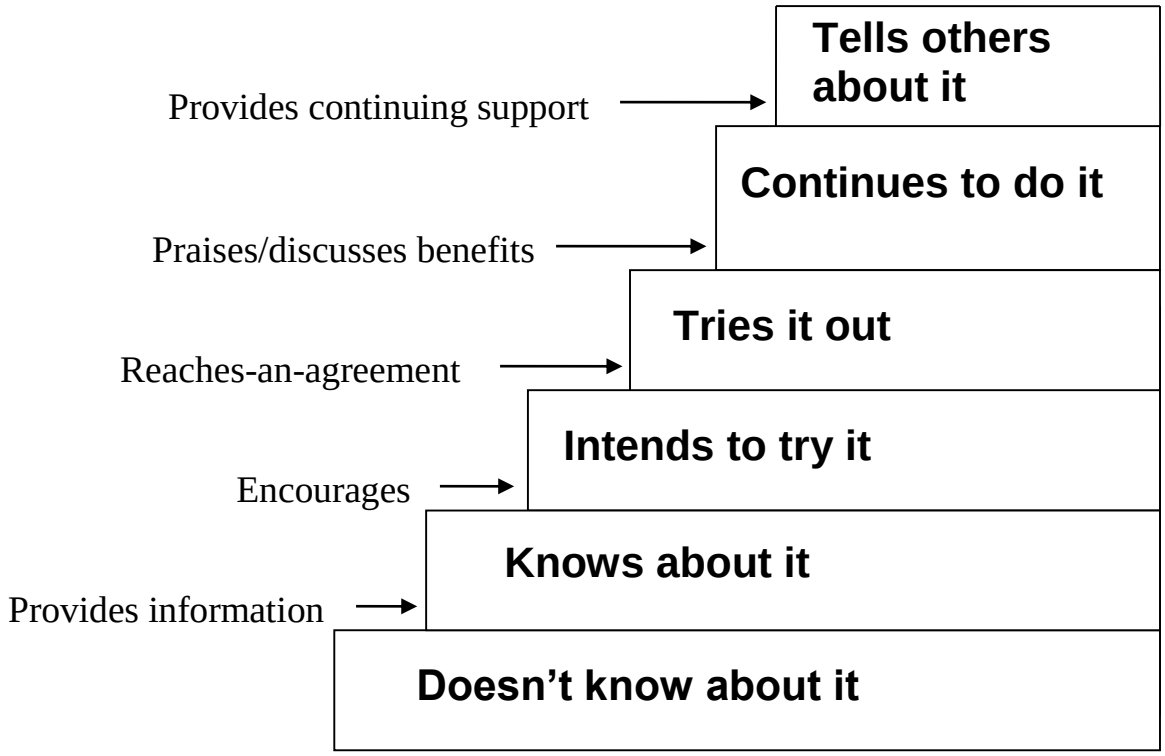
Tries it out: Caregiver is changing his/her mind but has not arrived at a permanent state of practicing the behaviour.

Continues to do it: The new behaviour is now a habit.

Tells others about it: Caregiver is now convinced of the benefits of the new behaviour and wants to tell others about it.

Stages of Change Model

Steps a person or group takes to change their practices and the role of the community worker



Behaviour Change Case Studies

1. A pregnant woman has heard new breastfeeding information, and her husband and mother-in-law also are talking about it. She is thinking about trying exclusive breastfeeding because she thinks it will be best for her child.

2. A mother has brought her 8–month-old child to the baby weighing session. The child is being fed watery porridge that the mother thinks is appropriate for the child's age. The child has lost weight. The community worker encourages her to give her child thickened porridge instead of watery gruel because the child is not growing.

3. The past month a community worker talked with a mother about gradually starting to feed her 7–month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day, so the mother feeds him accordingly.

Behaviour Change Case Studies (Answer Key)

1. Mother intends to try something new; CW works with the mother on reaching-an-agreement to try the new behaviour
2. Mother knows about it (has now heard about it); CW keeps encouraging the mother to try something new
3. Mother continues to do the new behaviour; CW continues to support mother in her new behaviour

Learning Objective 3: *Reflect on the role of fathers in maternal and child nutrition*
Methodology**:** Buzz Groups of 3
Suggested time: 10 minutes

Instructions for Activity:

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

Key Information

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

During pregnancy:

- Accompany wife/partner to antenatal clinics (ANC)
- Remind her to take her iron/folate tablets
- Provide extra food during pregnancy and lactation
- Talk with his mother (mother-in-law of wife) about feeding plan, beliefs and customs

During labour and delivery:

- Make sure there is a trained birth attendant
- Make arrangements for safe transportation to facility for birth
- Encourage breastfeeding immediately after birth
- Encourage giving the first thick yellowish milk (colostrum) to baby

After birth:

- Help with non-infant household chores
- Make sure the baby exclusively breastfeeds for the first 6 months
- Support the mother so that she has time to breastfeed
- Pay attention to baby: look at baby; look into baby's eyes; respond to baby's/young

child's responses; asks: what is baby thinking?

- Pay attention to/observe the signs/cues of hunger and learn to respond to the baby/young child: smile, go to baby, talk to baby to encourage her to communicate her wishes, show baby that you/mother are preparing to feed
- Discuss child spacing with wife/partner
- Provide a variety of food for child over six months.
- Feed the child older than 6 months.
- Accompany wife/partner to the health facility when infant/child is sick, for infant/child's Growth Monitoring Promotion (GMP) and immunizations
- Provide bed-nets for family in endemic malaria areas
- Encourage education of his girl children

Participant Materials 4.1: Counselling Skills

***Listening and Learning* skills**

1. Use helpful non-verbal communication
   - Keep your head level with mother/father/caregiver
   - Pay attention (eye contact)
   - Remove barriers (tables and notes)
   - Take time
   - Appropriate touch

2. Ask questions that allows mother/father/caregiver to give detailed information

3. Use responses and gestures that show interest

4. Listen to mother's/father's/caregiver's concerns

5. Reflect back what the mother/father/caregiver says

6. Avoid using judging words

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

SESSION 5. RECOMMENDED IYCF PRACTICES: BREASTFEEDING

Learning Objectives	Methodologies	Training Aids
1. Describe the risks of NOT breastfeeding for the infant, the mother, the family, and the community/nation.	Group work and rotation of flipcharts	*Participant Materials* 5.1: Importance of breastfeeding for infant/young child, mother, family, community/nation and the risks of artificial feeding
2. Identify the recommended breastfeeding practices and describe what responsive feeding and care practices look like	Group work	• *Participant Materials* 5.2: Recommended breastfeeding practices and possible points of discussion for counselling • ***Counselling Cards* for recommended breastfeeding practices: 1 to 5, and 11** • ***Key Message Booklet*** • ***Take-home Brochures:* How to Breastfeed Your Baby and Nutrition During Pregnancy and Breastfeeding**
3. Reflect on when and where counselling on recommended breastfeeding practices occur.	Brainstorming	*Participant Materials* 5.3: Recommended Schedule for visits from birth up to 6 months

Materials:

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

Duration: 2 hours

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

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

Suggested time: 30 minutes

Instructions for Activity:

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

Key Information

Risks of NOT breastfeeding

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

For the infant:

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

For the mother:

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

Learning Objective 2: Identify the recommended breastfeeding practices and describe what responsive feeding and care practices look like

***Methodology*:** Group work

Suggested time: 1 hour

Instructions for Activity 1: 30 minutes

A. Identify recommended breastfeeding practices through discussion

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

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Instructions for Activity 2: 30 minutes

B. Identify recommended breastfeeding practices and describe responsive feeding and care practices identified in *Counselling Cards*

1. In the same groups ask Participants to observe the following ***Counselling Cards*** and ***Take-home Brochures*** and match them with the posted recommended breastfeeding practices:
   - **CC 1: Nutrition for pregnant and breastfeeding woman**
   - **CC 2: Pregnant woman /delivery in facility**
   - **CC 3: During the first 6 months, your baby needs ONLY breast milk**
   - **CC 4: Importance of exclusive breastfeeding during the first 6 months**

- **CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply**
- **CC 6: Breastfeeding positions**
- **CC 7: Good attachment**
- **CC 11: Feeding the sick baby less than 6 months of age**
- **CC 12: Good hygiene (cleanliness) practices prevent disease *Take-home Brochure*: How to Breastfeed Your Baby**
- ***Take-home Brochure*: Nutrition During Pregnancy and Breastfeeding**

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Instructions for Activity 3: 15 minutes

C. Participant Materials

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

Key Information

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

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

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

***Methodology*:** Brainstorming

Suggested Time: 30 minutes

Instructions for Activity:

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

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

Importance of breastfeeding for the infant/young child

Breast milk:

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

Importance of breastfeeding for the mother

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

Importance of breastfeeding for the family

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

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

Importance of breastfeeding for the community/nation

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

Risks of artificial feeding (artificially-fed babies)

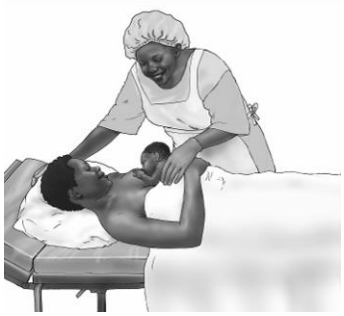
Note: the younger the infant is, the greater these risks.

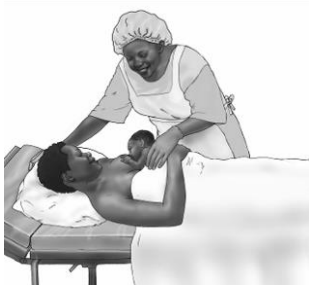
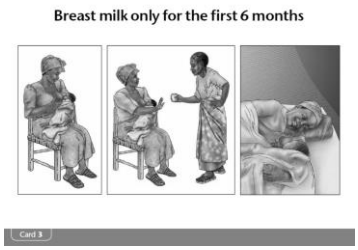
- Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months)
- Formula has no antibodies to protect against illness; the mother's body makes breast milk with antibodies that protect from the specific illnesses in the mother/child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

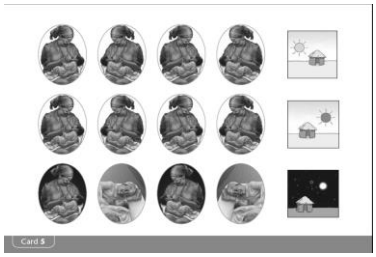
Risks of mixed feeding (mixed-fed baby in the first six months)

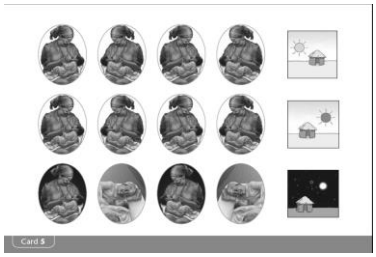
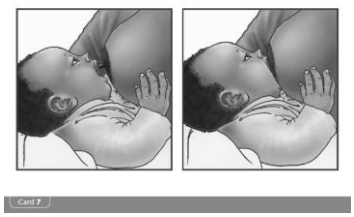
- Has a higher risk of death.
- Is ill more often and more seriously, especially with diarrhea: due to contaminated milk and water.
- More likely to get malnourished: gruel has little nutritional value, formula is often diluted, and both displace the more nutritious breast milk.
- Gets less breast milk: as the baby suckles less, the mother makes less milk.
- Much more likely to be infected with HIV than exclusively breastfed babies, because the gut is damaged by the other liquids and foods and thus allows the HIV virus to enter the lining of the gut more easily.

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

Recommended Breastfeeding Practice	**Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area**
Place infant skin-to-skin with mother immediately after birth 	• Skin-to-skin helps the "let down" of the colostrum/milk. • There may be no visible milk in the first hours. For some women it even takes a day or two to experience the "let down". It is important to continue putting the baby to the breast to stimulate milk production and let down. • Colostrum is the first thick, yellowish milk that protects baby from illness. • Frequent skin-to-skin contact between mother and infant: ▪ leads to bonding ▪ leads to better psychomotor, affective and social development of the infant **Responsive feeding and Care Practices** • When mother holds newborn skin-to-skin immediately after birth: ▪ helps mother and baby feel close (bonding begins the **first few hours** after birth) ▪ stimulates baby's brain development ▪ keeps baby warm and breathing well ▪ helps baby reach the breast easily • Look closely into baby's eyes • Smile at baby; newborn can see your face, hear your voice • Mother recognizes her child, looks into baby's eyes and "falls in love" • Fathers may "fall in love" as well if they see their infant at birth • Left undisturbed, a newborn will spontaneously move toward mother's breast – stimulated by senses of sight and smell • The close contact and attention help infants feel secure and loved, which is important for their growth and development • Responsive breastfeeding is training for responsive mothering; the breast is used not just to satisfy hunger, but also to console and comfort • The brains of breastfeeding mothers show a greater response to the sound of their babies' cries than do the brains of mothers who do not breastfeed • **CC 2: Pregnant woman / delivery in facility**

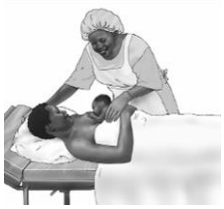
Recommended Breastfeeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
Initiate breastfeeding within the first hour of birth 	• Make sure baby is well positioned and attached. • This first milk 'local word' is called colostrum. It is yellow and full of antibodies which help protect your baby. • Colostrum provides the first immunization against many diseases. • DO NOT give GLUCOSE or GRIPE WATER after birth. • Breastfeeding frequently from birth helps the baby learn to attach and helps to prevent engorgement and other complications. • Give nothing else -- no water, no infant formula, no other foods or liquids -- to the newborn. • **CC 2: Pregnant woman / delivery in facility** • ***Take-home Brochure*: How to Breastfeed Your Baby** **Note:** Breastfeeding in the first few days • In the first few days, the baby may feed only 2 to 3 times/day. If the baby is still sleepy on day 2, the mother may express some colostrum and give it from a cup. **Responsive feeding and Care Practices** • Look closely into baby's eyes • Smile at baby; softly talk or sing to baby as s/he breastfeeds - newborn can see your face and hear your voice • Hold baby close • Breastfeeding stimulates the baby's senses: touch, taste, sight, smell, hearing; comforts child; promotes baby's brain development; and stimulates his or her eye and jaw (language) development
Exclusively breastfeed (no other food, water or drink) from 0 up to 6 months 	• Breast milk is all the infant needs for the first 6 months. • Do not give anything else to the infant before 6 months, not even water. • Breast milk contains all the water a baby needs, even in a hot climate. • Giving water will fill the infant and cause less suckling; less breast milk will be produced. • Water and other liquids and foods for an infant less than six months can cause diarrhoea. • **CC 3: During the first 6 months, your baby needs ONLY breast milk** • **CC 4: Importance of exclusive breastfeeding during the first 6 months** • ***Take-home Brochure*: How to Breastfeed Your Baby**

Recommended Breastfeeding Practice	**Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area**
	**Responsive feeding and Care Practices** • Look closely into baby's eyes • Smile at baby; softly talk or sing to baby as s/he breastfeeds - baby can see your face and hear your voice • Hold baby close • Mother is comfortable
Breastfeed frequently, day and night 	• After the first few days, most newborns want to breastfeed frequently, 8 to 12 times/day. Frequent breastfeeding helps produce lots of breast milk. • Once breastfeeding is well-established, breastfeed 8 or more times day and night to continue to produce plenty of (or lots of) breast milk. If the baby is well attached, contented and gaining weight, the number of feeds is not important. • More suckling (with good attachment) makes more breast milk. • **CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply** • **CC 6: Breastfeeding positions** • ***Take-home Brochure*: How to Breastfeed Your Baby** **Responsive feeding and Care Practices** • Look closely into baby's eyes • Smile at baby; softly talk or sing to baby as s/he breastfeeds - baby can see your face and hear your voice • Rest with baby
Breastfeed on demand every time the baby wants to breastfeed 	• Crying is a <u>late</u> sign of hunger. • Early signs that baby wants to breastfeed: – Restlessness – Opening mouth and turning head from side to side – Putting tongue in and out – Sucking on fingers or fists • **CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply** **Responsive feeding and Care Practices** • Breastfeed on cue/demand • Look closely into baby's eyes

Recommended Breastfeeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
	• Smile at baby; softly talk or sing to baby as s/he breastfeeds - baby can see your face and hear your voice • Rest with baby
Let infant finish one breast and come off by him/ herself before switching to the other breast 	• Switching back and forth from one breast to the other prevents the infant from getting the nutritious 'hind milk'. • The 'fore milk' has more water content and quenches infant's thirst; the 'hind milk' has more fat content and satisfies the infant's hunger. • **CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply** **Responsive feeding and Care Practices** • Offer baby the breast again (or other breast if baby has finished first) when baby releases breast: the baby's brain is stimulated from both sides
Good positioning and attachment  	• 4 signs of good positioning: baby's body should be straight, and facing the breast, baby should be close to mother, and mother should support the baby's whole body, not just the neck and shoulders with her hand and forearm. • 4 signs of good attachment: point and say 1, 2, 3, 4 where 1: mouth open wide; 2: lower lip turned out; 3: baby's chin touching breast; 4: more areola showing above than below nipple • **CC 6: Breastfeeding positions** • **CC 7: Good attachment** **Responsive feeding and Care Practices** • At the breast, the baby is positioned at just the right distance to be able to focus on mother's eyes; when mother feeds on one breast, and then change breasts for the next feed, the baby's brain is stimulated from both sides • With good attachment at the breast, the mother can see or hear the baby swallowing; baby's cheeks are rounded and not dimpled or indrawn. Mother responds with satisfaction and self-confidence.
Continue breastfeeding for 2 years of age or longer	• Breast milk contributes a significant proportion of energy and nutrients during the complementary feeding period (from 6 up to 2 years and beyond) and helps protect babies from illness. • **CC 13 to 17: Complementary Feeding *Counselling Cards*** **Responsive feeding and Care Practices**

Recommended Breastfeeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
	• Smile at baby; softly talk or sing to baby as s/he breastfeeds
Continue breastfeeding when infant or mother is ill 	• Breastfeed more frequently during and after child illness (including diarrhoea). • The nutrients and immunological protection of breast milk are important to the infant when mother or infant is ill. • Breastfeeding provides comfort to a sick infant. • **CC 11: Feeding the sick baby less than 6 months of age** **Responsive feeding and Care Practices** • Recognize and respond to signs of baby's illness • Encourage baby until he or she takes the breast again
Mother needs to eat and drink to satisfy her hunger and thirst 	• No one special food or diet is required to provide adequate quantity or quality of breast milk. • Breast milk production is not affected by maternal diet. • No foods are forbidden. • Mothers should be encouraged to eat more food to maintain their own health - two extra small meals or "snacks" each day. • **CC 1: Nutrition for pregnant and breastfeeding woman** • ***Take-home Brochure*: Nutrition During Pregnancy and Breastfeeding** **Responsive feeding and Care Practices** • Include baby in your daily routine • Respond and meet baby's feeding needs

Participant Materials 5.3: Recommended Schedule for visits from pregnancy up to 6 months post-partum

When	Discussion Points
Prenatal visits 	• Check infant feeding intentions • Check breasts (inverted nipples) • Discuss the following: ▪ Importance of skin-to-skin ▪ Good positioning and attachment ▪ Early initiation of breastfeeding (give colostrum) ▪ Breastfeeding in the first few days ▪ Exclusive breastfeeding from birth up to 6 months (avoid other liquids and food, even water) ▪ Breastfeeding on demand – up to 12 times day and night • Mother needs to eat one extra meal per day and drink a lot of fluids to be healthy • Encourage mother to take micronutrient supplements (or protein-energy supplements for undernourished mothers) • Attendance at IYCF Support Group • How to access CW if necessary
Delivery 	• Place baby skin-to-skin with mother • Good positioning and attachment • Early initiation of breastfeeding (give colostrum, avoid water and other liquids) • Breastfeeding in the first few days **Responsive feeding and Care Practices** • Look closely into baby's eyes • Smile at baby - newborn can see your face and hear your voice • Hold baby close
Neonatal visits Within the first week after birth (2 or 3 days and 6 or 7 days)	• Good positioning and attachment • Breastfeeding in the first few days • Exclusive breastfeeding from birth up to 6 months • Breastfeeding on demand – up to 12 times day and night • Ensure mother knows how to express her breast milk • Preventing breastfeeding difficulties (engorgement, sore and cracked nipples) • Vitamin A supplementation of mother (from birth to 6 weeks post-delivery) **Responsive Feeding and Care Practices** • At the breast, the baby is positioned at just the right distance to be able to focus on mother's eyes; when mother feeds on one breast, and then change breasts for the next feed, the baby's brain is stimulated from both sides • With good attachment at the breast, the mother can see or hear the baby swallowing; baby's cheeks are rounded and not

When	Discussion Points
	dimpled or indrawn. Mother responds with satisfaction and self-confidence. • Look closely into baby's eyes • Smile at baby; softly talk or sing to baby as you breastfeed - baby can see your face and hear your voice • Hold baby close • Mother is comfortable
Postnatal visits 1 month • Immunization Sessions • Growth Monitoring Promotion (GMP)	• Good positioning and attachment • Exclusive breastfeeding from birth up to 6 months • Breastfeeding on demand – up to 12 times day and night • Breastfeeding difficulties (plugged ducts which can lead to mastitis, and not enough breast milk) • Increase breast milk supply • Maintain breast milk supply • Continue to breastfeed when infant or mother is ill • Family planning • Prompt medical attention **Responsive feeding and Care Practices** • At the breast, the baby is positioned at just the right distance to be able to focus on mother's eyes; when mother feeds on one breast, and then change breasts for the next feed, the baby's brain is stimulated from both sides • With good attachment at the breast, the mother can see or hear the baby swallowing; baby's cheeks are rounded and not dimpled or indrawn. Mother responds with satisfaction and self-confidence. • Look closely into baby's eyes • Smile at baby; softly talk or sing to baby as you breastfeed - baby can see your face and hear your voice • Hold baby close • Mother is comfortable
6 weeks • Family planning sessions • GMP • Sick Child clinic • Community follow-up	
From 5 up to 6 months • GMP • Sick child Clinic • Community follow-up	• CW should not try to change positioning if infant is not having difficulties • Prepare mother for changes she will need to make when infant reaches 6 months (AT 6 months) • At 6 months, begin to offer foods 2 to 3 times a day - gradually introduce different types of foods (animal foods, staple, legumes, vegetables, and fruits) and continue breastfeeding

SESSION 6. HOW TO BREASTFEED

Learning Objectives	Methodologies	Training Aids
1. Briefly describe the anatomy of the breast and how the breast makes milk.	Group work	*Participant Materials* 6.1: Anatomy of the human breast
2. Demonstrate good positioning and attachment and describe what responsive feeding and care practices look like	• Role play • Observation • Group work • Practise	• *Participant Materials* 6.2: Good and Poor Attachment • **CC 6: Breastfeeding positions** • **CC 7: Good attachment** • ***Take-home Brochure*: How to Breastfeed Your Baby** • **CC 8: Feeding a low birth weight baby** • ***Key Message Booklet***
3. Describe hand expression and storage of breast milk; and how to cup feed.	• Brainstorming • Demonstration • Practise	• **CC 9: How to hand express breast milk and cup feed** • **CC10: When you are separated from your baby** • ***Key Message Booklet***
Additional Activity: Making dolls and breast models	Working groups help each other make dolls and breast models	*Participant Materials* 6.3: Instructions for Making Cloth Breast Models

Materials:

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

Advance Preparation:

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

Additional Activity: Making dolls and model breasts (See instructions on page 54)

- For dolls: paper rolled into a ball for the head covered in same fabric used for the body, elastic bands to help define neck, arms and legs, typical baby clothes if available, and a cloth or blanket to cover the doll.
- OR for each doll: bath towel folded in half, stuffed paper or cotton wrapped around a small plastic ball, and elastic bands
- For breast model: Use 2 socks, 1 sock resembling skin colour to show the outside of the breast, and another sock to show the inside of the breast
- *Participant Materials* 6.3: Instructions for Making Cloth Breast Models

Duration: 1½ hours

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

***Methodology*:** Group work

***Suggested Time*:** 15 minutes

Instructions for Activity:

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

Key Information

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

- When the baby suckles at the breast, stimulation of the nipple results in breast milk production and the release or let down of breast milk.
- *Suckling as well as removing plenty of milk from the breast* are essential for good milk supply.

- If the baby does not remove plenty of breast milk, less milk will be produced in that breast because the *presence of the milk inhibits milk production***.**
- The release of milk (sometimes called the ejection reflex) *can be affected by a mother's emotions* – fear, worry, pain, embarrassment
- Montgomery Glands secrete an oil-like substance that lubricates and cleans the nipple.

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

Learning Objective 2*:* Demonstrate good positioning and attachment and describe what responsive feeding and care practices look like

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

Suggested Time**:** 50 minutes

Instructions for Activity 1: 10 minutes

Demonstration or Role-Play

1. Using a real mother (if possible), Facilitator explains the 4 signs of good positioning and demonstrates how good positioning stimulates baby and allows mother to respond:
   1) The baby's body should be **straight**
   2) The baby's body should be **facing the breast**
   3) The baby should be **close to mother**
   4) Mother should **support** the baby's whole body
2. If no mother is present, one Facilitator acting as a Community Worker helps another Facilitator acting as a mother role play helping a mother position and attach baby to breast using a doll or rolled up towel
3. Demonstration: on one arm show with opposite hand the position of 1) buttocks of baby (slap hand), 2) head of baby (slap fore arm), 3) facing mother (slap stomach), and 4) passing baby's hand behind the mother's waist (swoop hand behind waist)
4. Explain that when a baby's head is positioned too far out at the crook of the mother's arm, the baby will have to tilt his head downward to attach to the breast, making it difficult to swallow; baby's had needs to be positioned further down on the fore arm
5. The Facilitator as Community Worker now explains to mother the 4 signs of attachment and demonstrates how good attachment stimulates baby and allows mother to respond:
   - Point and say 1, 2, 3, 4 where
     - 1: mouth open wide
     - 2: lower lip turned out
     - 3: baby's chin touching breast
     - 4: more areola showing above than below nipple
6. Ask Participants: what are the signs of effective suckling?

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Instructions for Activity 2: 10 minutes

Observation of illustrations: Attachment

1. **Distribute** from *Participant Materials* 6.2: Good and Poor Attachment (or refer to specific page in *Participant Materials*)
2. Ask Participants: "What is happening inside the baby's mouth in Good Attachment and Poor Attachment?" and explain the differences
3. Ask Participants; "What are the results of poor attachment (if baby is not attached well)?"
4. Draw Participants' attention to the Signs of Effective Suckling (*Key Information* below)
5. Orient Participants to Key Messages from ***Key Message Booklet***

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Instructions for Activity 3: 10 minutes

Group work: Positioning and Attachment

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

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Instructions for Activity 4: 20 minutes

Practise

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

Key Information

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

Activity 1: Demonstration or Role-Play – 10 minutes
How to help a mother position or hold her baby at the breast (especially important for newborns and infants up to 2 months; if older baby is properly attached positioning is not a priority) – refer Participants to their **CC 6: Breastfeeding positions**)

- The mother must be comfortable
- The four key points about baby's position are: **straight, facing the breast, close to mother, and supported**
- The infant is brought to the breast (not the breast to the infant)
- With good positioning at the breast, the baby is at the right distance to be able to focus on mother's eyes; when baby feeds on one breast, and then change breasts for the next feed, the baby's eyes and brain are stimulated from both sides
- Breastfeeding stimulates the baby's senses: touch, taste, sight, smell, hearing.
- Orient Participants to the Key Messages from ***Key Message Booklet***

How to help a mother attach her baby at the breast

- Explain the 4 signs of good attachment: point and say 1, 2, 3, 4 where 1: mouth open wide; 2: lower lip turned out; 3: baby's chin touching breast; 4: more areola showing above than below nipple
- To begin attaching the baby, the mother's nipple should be aimed at the baby's nose
- When the baby opens his or her mouth wide, bring the baby onto breast from below (rather than approaching the breast straight-on)
- Show mother how to hold her breast with her fingers in a C-shape, the thumb being above the areola and the other fingers below. The fingers need to be flat against chest wall to avoid getting in the baby's way. Make sure that the fingers are not too close to the areola so the baby can get a full mouthful of breast. Fingers should not be in "scissor hold" because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth.
- Explain how mother should touch her baby's lips with her nipple, so that the baby opens his/her mouth
- Explain that mother should wait until her baby's mouth opens wide
- Explain how to quickly move the baby to her breast (aiming her baby's lower lip well below her nipple, so that the nipple goes to the top of the baby's mouth and his/her chin will touch her breast) - baby should approach breast with nose to nipple (not mouth to nipple).
- Notice how the mother responds
- Look for all the signs of good attachment
- If the attachment is not good, try again (Don't pull the baby off as this will damage the breast and hurt).

- Good attachment is not painful; good attachment results in an effective suckling pattern (slow deep sucks with pauses)
- With good attachment at the breast, the mother can see or hear the baby swallowing; baby's cheeks are rounded and not dimpled or indrawn. Mother responds with satisfaction and self-confidence.
- Breastfeeding stimulates the baby's senses: touch, taste, sight, smell, hearing.

Activity 2: Observation of illustrations: Attachment – 10 minutes

Illustration #1 Good Attachment (inside baby's mouth)

- Baby has taken much of the areola and the underlying tissues into the mouth
- Baby has stretched the breast tissue out to form a long "teat"
- The nipple forms only about one third of the teat
- The baby is suckling from the breast, not the nipple
- The position of the baby's tongue: forward, over the lower gums and beneath the areola. The tongue is in fact cupped around the "teat" of breast tissue. (You cannot see that in the illustration, though you may see it when you observe a baby.)
- A wave goes along the baby's tongue from the front to the back. The wave presses the 'teat' of breast tissue against the baby's hard palate. This presses milk out of the milk ducts into the baby's mouth to be swallowed - Suckling Action
- **Signs of effective suckling**: slow deep sucks with pauses; you can see or hear the baby swallowing. Cheeks are rounded and not dimpled or indrawn. These signs show that the baby is getting enough milk.

Illustration #2 Poor Attachment (inside baby's mouth)

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

Results of poor attachment:

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

Activity 3: Group work – 10 minutes

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

'WHY' are we discussing different breastfeeding positions?

- To facilitate correct attachment to prevent sore and cracked nipples
- To alleviate pressure on nipple
- To provide comfort for mother after cesarean

Different breastfeeding positions for a variety of situations

1. Cradle position (most common position)
2. Cross cradle—useful for newborns and small or weak babies, or any baby with a difficulty attaching

3. Side-Lying
   - This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
   - The mother and infant are both lying on their sides and facing each other.
4. Under-arm
   - This position is best used:
     – after a Caesarean section
     – when the nipples are painful
     – for small babies
     – breastfeeding twins
   - The mother is comfortably seated with the infant under her arm. The infant's body passes by the mother's side and his/her head is at breast level.
   - The mother supports the infant's head and body with her hand and forearm.
5. Cross position for twins

Activity 4: Practise – 20 minutes
How to help a mother achieve good attachment (refer Participants to **CC 7: Good Attachment** and ***Take-home Brochure*****: How to Breastfeed Your Baby**)

- Greet mother, introduce yourself
- If the baby is poorly attached, ask mother if she would like some help to improve baby's attachment
  - Make sure mother is sitting in a comfortable, relaxed position
  - Be comfortable and relaxed yourself
  - Refer to Activity 1: How to help a mother attach her baby at the breast
- Remind the "mother" how to be responsive to her baby while practicing good positioning and attachment

Learning Objective 3: Describe hand expression and storage of breast milk; and how to cup feed

Methodology**:** Brainstorming; Demonstration; Practise

Suggested Time: 15 minutes

Instructions for Activity:

1. Ask Participants to state the reasons why a mother might need to express her breast milk
2. **Note:** mention that ALL mothers should learn to express after birth (i.e., before leaving the birth facility)
3. After discussion, show prepared flipchart with reasons to express breast milk
4. Facilitator demonstrates milk expression technique using a breast model
5. Facilitator demonstrates cup feeding

6. In groups of 3 review **CC 9: How to hand express breast milk and cup feed** and **CC 10: When you are separated from your baby**, and discuss what is happening in each illustration
7. Ask 2 Participants to describe what they observe and Facilitator fills-in gaps from *Key Information*
8. Orient Participants to Key Messages from the ***Key Message Booklet***
9. Discuss and summarize

Key Information

Reasons a mother needs to express milk for her baby:

- baby is too weak or small to suckle effectively
- baby is taking longer than usual to learn to suckle, for example because of inverted nipples
- to feed a low-birth-weight baby who cannot breastfeed (see Counselling Card 8)
- to feed a sick baby
- to keep up the supply of breast milk when mother or baby is ill
- to relieve engorgement or blocked duct
- mother has to be away from her baby for some hours

- *Points to consider when mother is separated from her baby*:
  - Learn to express your breast milk soon after your baby is born.
  - Breastfeed exclusively and frequently when you are with your baby.
  - Express and store breast milk before you leave your home so that your baby's caregiver can feed your baby while you are away.
  - Ask caregiver to pay attention to baby: look at baby; look into baby's eyes; respond to baby's responses; ask herself: what is baby thinking?
  - Express breast milk while you are away from your baby, even if you cannot store it. This will keep the milk flowing and prevent breast swelling.
  - Teach your baby's caregiver how to store expressed milk and use a clean open cup to feed your baby while you are away.
  - Take extra time for the feeds before separation from baby and when you return home Increase the number of feeds while you are with the baby. This means increasing night and weekend feedings.
  - If possible, carry the baby with you to your work place (or anytime you have to go out of the home for more than a few hours). If this is not possible, consider having someone bring the baby to you to breastfeed when you have a break.
  - Get extra support from family members in caring for your baby and other children, and for doing household chores.

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

Instructions for Activity:

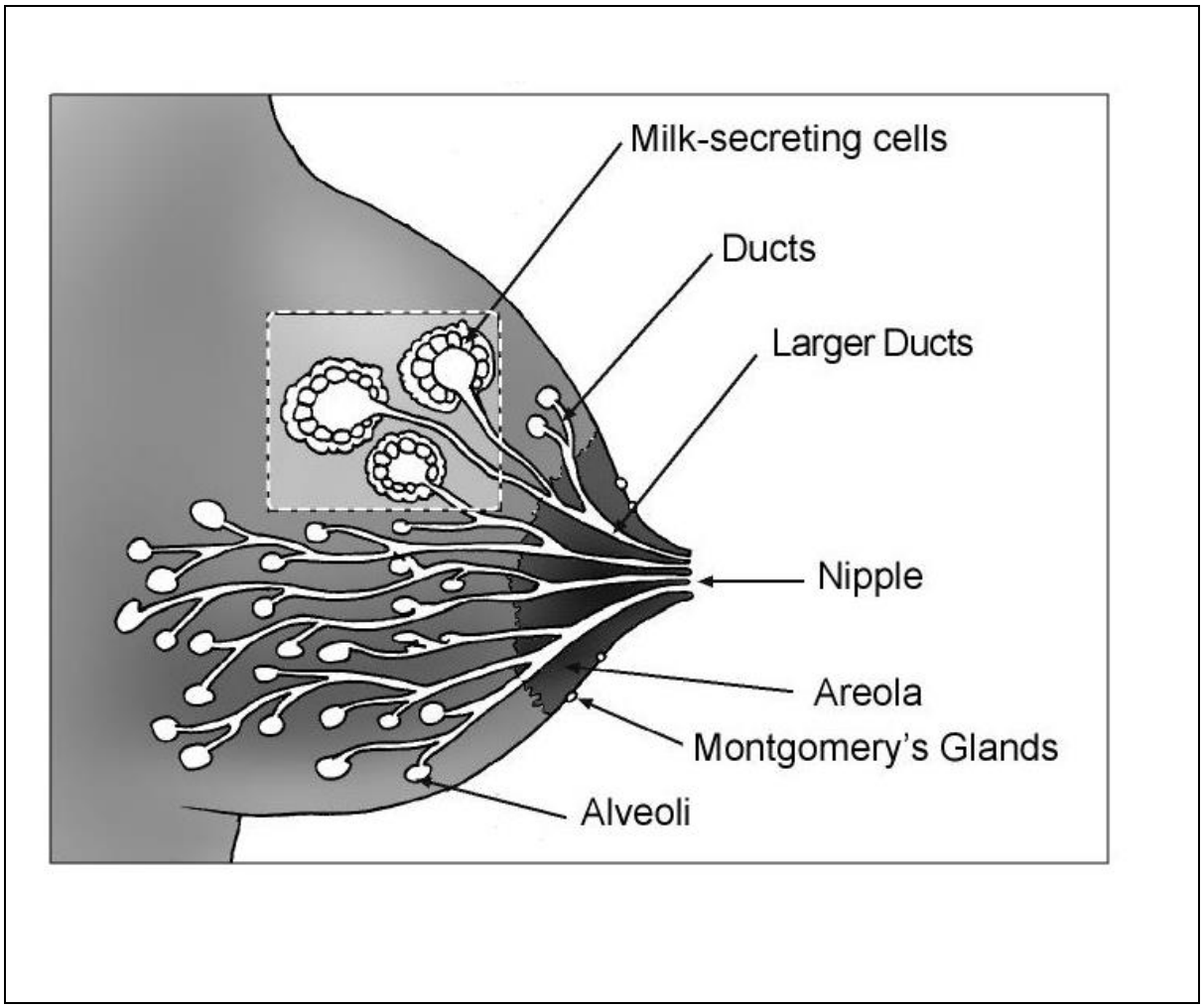
1. Demonstrate how to make a doll using simple materials (paper rolled into a ball for the head covered in same fabric used for the body, elastic bands to help define neck, arms and legs, typical baby clothes if available, and a cloth or blanket to cover the doll). See photo.

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

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

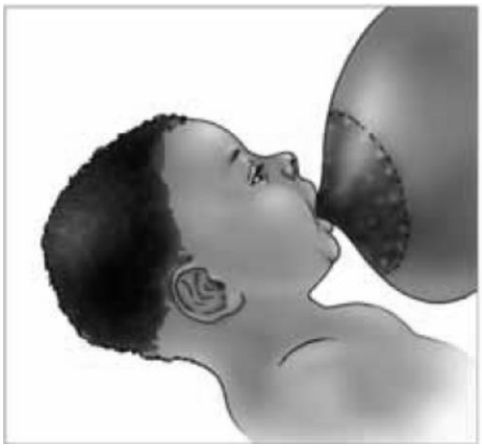
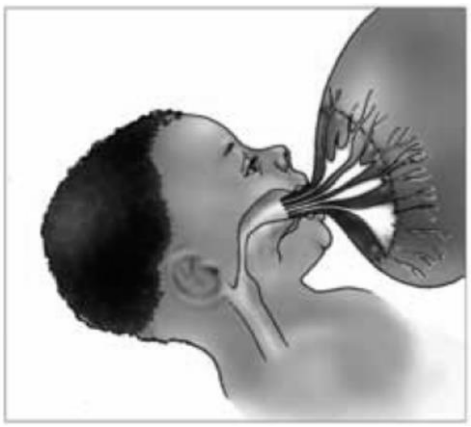
Another suggestion for making dolls: Fold a bath towel in half. Take the top middle part of the towel and form a rounded bunch of towel to make the 'head' of the baby (stuffed paper or cotton wrapped around a small plastic ball can help round out the 'head' of the baby). Secure with an elastic band around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

Participant Materials 6.1: Anatomy of the Human Breast



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

Participant Materials 6.2: Good and Poor Attachment

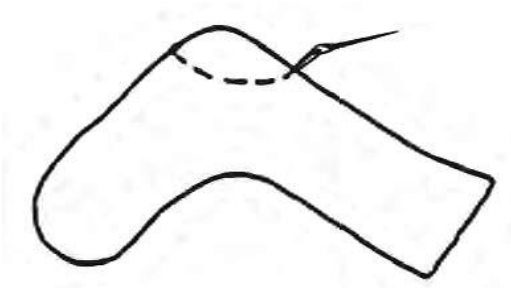
Good Attachment	
	
Poor Attachment	
	

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

Participant Materials 6.3: Instructions for making cloth breast models

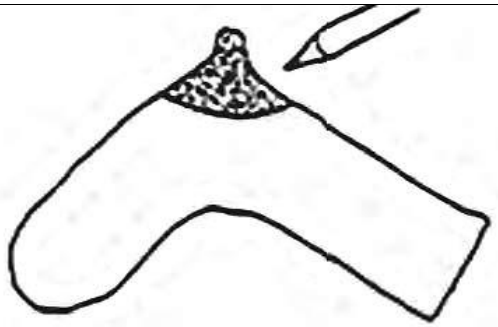
Use two socks: one sock in a brown or other colour resembling skin to show the outside of the breast, and the other sock white to show the inside of the breast.

Skin-colour sock
Around the heel of the sock, sew a circular running stitch (= purse string suture) with a diameter of 4cm. Draw it together to 1½ cm diameter and stuff it with paper or other substance to make a "nipple." Sew a few stitches at the base of the nipple to keep the paper in place. Use a felt-tip pen to draw an areola around the nipple.

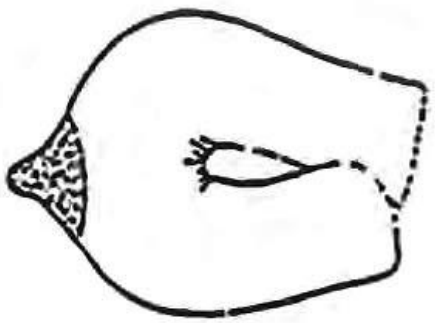


White sock
On the heel area of the sock, use a felt-tip pen to draw a simple structure of the breast: alveoli, ducts, and nipple pores.

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



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



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

Learning Objectives	Methodologies	Training Aids
1. Describe the importance of continued breastfeeding after 6 months.	• Brainstorming • Demonstration	3 glasses with water: completely full, ½ and ⅓ filled respectively
2. Describe what we should consider when thinking of complementary feeding for each age group: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Responsive feeding, and Hygiene.	Brainstorming	
3. Describe recommended practices and counselling discussion points pertaining to child feeding from 6 up to 24 months and describe what responsive feeding and care practices look like	Participatory presentation by working groups	• *Participant Materials* 7.1: Recommended complementary feeding practices • *Participant Materials* 7.2: Different types of locally, available foods • *Participant Materials* 7.3: Recommended complementary feeding practices and possible counselling discussion points • Illustrations of texture (thickness/consistency) of porridge (cup and spoon) • Training Aids: Illustrations of food groupings (animal-source foods, staples, legumes and seeds, vitamin A rich fruits & vegetables, other fruits and vegetables) and oils from *Training Aids Package*: Session 7 • **CC 12: Good hygiene (cleanliness) practices prevent disease** • ***Counselling Cards* for**

Learning Objectives	Methodologies	Training Aids
		complementary foods for each age group: CCs 13 to 17 • **CC 19: Feeding the sick child more than 6 months of age** • ***Key Message Booklet*** • ***Take-home Brochure*: How to Feed a Baby After 6 Months**
4. Optional ***Learning Objective 4:*** Describe feeding a non-breastfed child from 6 up to 24 months	Interactive presentation	• *Participant Materials* 7.1: Recommended complementary feeding practices • **CC Special Circumstance 3: How to feed the non-breastfed child aged 6 up to 24 months** • ***Key Message Booklet***

Materials:

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

Advance Preparation:

- 3 glasses with water: completely full, ½ and ⅓ filled respectively
- Flipchart: write in a column – A = Age of infant/young child, F = Frequency, A = Amount, T = Texture or thickness/consistency, V = Variety, R = Responsive feeding, and H = Hygiene
- 2 sets of chart content as described in Learning Objective 3, Activities 2 and 3: pieces of paper with the chart content from *Participant Materials*: 7.1: Recommended complementary feeding practices
- Illustrations of food groupings to place on chart from *Participant Materials* 7.1: Recommended complementary feeding practices
- 6 Cards with the following text: i) Add 1 to 2 extra meals; ii) 1 to 2 snacks may be offered; iii) Same as above according to age group; iv) Same as above according to age group; v) Same as above, plus 1 to 2 cups of milk per day; and vi) 2 to 3 cups of extra fluid especially in hot climates

Duration: 1½ hours

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

Methodology: Brainstorming; Demonstration

Suggested Time: 15 minutes

Instructions for Activity:

1. Ask Participants: How much energy is provided by breast milk for an infant/young child:
   - From 0 up to 6 months
   - From 6 up to 12 months
   - From 12 up to 24 months
2. Demonstrate the same information using 3 glasses: completely full, half (½) and one third (⅓) filled respectively - pour water into the glasses (the first to overflowing) to show the energy supplied by breast milk at various ages
3. Write on flipchart: breast milk supplies ALL of the 'energy needs' of a child from 0 up to 6 months, more than half of 'energy needs' of a child from 6 up to 12 months and a little less than half of 'energy needs' of a child from 12 up to 24 months; leave posted throughout the training

Key Information

Energy

- From 0 up to 6 months breast milk supplies all the 'energy needs' of a child
- From 6 up to 12 months breast milk continues to supply more than half the 'energy needs' of a child (60%); the other amount of 'energy needs' must be filled with complementary foods
- From 12 up to 24 months breast milk continues to supply a little less than half the energy needs of a child (40%); the missing 'energy needs' must be filled with complementary foods
- Besides nutrition, breastfeeding continues to:
  - provide protection to the child against many illnesses, and provides closeness, comfort, and contact that helps development.'

Responsive feeding and Care Practices

- Smile at baby; softly talk or sing to baby as you breastfeed

Learning Objective 2: Describe what we should consider when thinking of complementary feeding for each Age group: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Responsive feeding, and Hygiene (AFATVRH)

Methodology: Brainstorming

Suggested Time: 15 minutes

Instructions for Activity:

1. Review the definition of complementary feeding
2. Brainstorm with Participants the question: What should we consider when thinking of complementary feeding?
3. Probe until the following are mentioned: Age of infant/young child, Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Responsive feeding, and Hygiene
4. Discuss and summarize

Key Information

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

Things we should consider when talking about complementary feeding

A = Age of infant/young child

F = Frequency of foods

A = Amount of foods

T = Texture (thickness/consistency)

V = Variety of foods

R = Responsive feeding

H = Hygiene

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

Learning Objective 3: Describe recommended practices and possible points of discussion for counselling pertaining to child feeding from 6 up to 24 months and describe what responsive feeding and care practices look like

Methodology: Participatory presentation by working groups

Suggested Time: 1 hour

Instructions for Activity 1: 20 minutes

A. Participatory Presentation by working groups

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

……

Instructions for Activity 2: 20 minutes

B. Other Materials

1. Distribute Training Aid 1: Illustrations of texture (thickness/consistency) of porridge (cup and spoon) to describe recommended texture (thickness/consistency) of complementary foods
2. Distribute from *Participant Materials* 7.2: Different types of locally, available foods (or refer to specific page in *Participant Materials*) and orient Participants to variety and discuss the importance of iron and vitamin A
3. Distribute from *Participant Materials* 7.3: Recommended complementary feeding practices and possible counselling discussion points (or refer to specific page in *Participant Materials*) and orient Participants, drawing attention to additional counselling discussion points including what responsive feeding and care practices look like during complementary feeding
4. Ask Participants if there are other discussion points they want to add
5. Discuss and summarize

Key Information

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

Iron

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

Vitamin A

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

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

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

Instructions For Activity 3: 20 minutes

C. Group work:

1. Divide Participants into 5 working groups
2. Ask working groups to observe **CC 12: Good hygiene (cleanliness) practices prevent disease** and ask them what information the card contains
3. Assign each group one of the following cards and ask each group to explain what we should consider when thinking of complementary feeding for each age group: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Responsive feeding, and Hygiene in the following ***Counselling Cards*:**
   - **CC 13: Start Complementary Feeding when baby reaches 6 Months**
   - **CC 14: Complementary Feeding from 6 up to 9 Months**

- **CC 15: Complementary Feeding from 9 up to 12 Months**
- **CC 16: Complementary Feeding from 12 up to 24 Months**
- **CC 17: Food variety**

4. Each group will present their assigned card with the characteristics of complementary feeding in large group
5. Other groups to add any additional points; Facilitator fills-in gaps
6. Orient Participants to Key Messages from ***Key Message Booklet***
7. Ask working groups to observe **CC 19: Feeding the sick child more than 6 months of age** and ***Take-home Brochure*: How to Feed a Baby After 6 Months** and ask them what information the card and brochure contain
8. Discuss and summarize

'Homework' assignment:

- Read through the CC messages for CC 12 to 17, and CC 19

Key Information

- **CC 12: Good hygiene (cleanliness) practices prevent disease**
- **CC 13 to17: Complementary Feeding *Counselling Cards***
- **CC 19: Feeding the sick child more than 6 months of age**
- ***Key Message Booklet***
- ***Take-home Brochure*: How to Feed a Baby After 6 Months**

Optional

Learning Objective 4: Describe feeding a non-breastfed child from 6 up to 24 months

Methodology: Interactive presentation

Suggested Time: 15 minutes

Instructions for Activity:

1. Ask Participants the following question: When a mother is NOT breastfeeding, how should she feed her child from 6 up to 24 months of age?
2. Distribute 6 cards to participants that complete the bottom row of Complementary Feeding chart and ask them to place in correct space (See *Participant Materials* 7.1: Recommended complementary feeding practices):
   i) Add 1 to 2 extra meals
   ii) 1 to 2 snacks may be offered
   iii) Same as above according to age group
   iv) Same as above according to age group
   v) Same as above, plus 1 to 2 cups of milk per day
   vi) 2 to 3 cups of extra fluid especially in hot climates

3. Observe **CC Special Circumstance 3: Non-breastfed child from 6 up to 24 months**
4. Discuss and summarize

Key Information

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

- At about 6 months an infant is better able to tolerate undiluted animal milk and a variety of semi-solid foods.
- Add 1 to 2 **extra** meals and, depending on the child's appetite, offer 1 to 2 snacks
- Add 1 to 2 cups of milk per day
- Add about 2 to 3 cups/day of extra fluids in a hot climate)
- For infants 6 up to 12 months old, milk provides many essential nutrients and satisfies most liquid requirements. However, in some places, neither animal milk nor infant formula is available.
- Where suitable breast milk substitutes are not available, feed infant animal foods (meat, poultry, fish, eggs, or milk products), additional meals and/or specially formulated, fortified foods.
- Where neither breast milk substitutes nor animal milk or animal foods are available, nutrient requirements cannot be met unless specially formulated, fortified foods or nutrient supplements are added to the diet.
- Calcium-rich foods such as papaya, orange juice, guava, green leafy vegetables, and pumpkin should be consumed daily.
- Infants not fed milk should be offered plain, clean, boiled water several times a day to satisfy thirst.

Participant Materials 7.1: Recommended complementary feeding practices

Age	**Recommendations**			
	Frequency (per day)	**Amount of food an average child will usually eat at each meal (in addition to breast milk)**	**Texture (thickness/ consistency)**	**Variety**
At 6 months start complementary foods 	2 to 3 meals plus frequent breastfeeds	2 to 3 tablespoons Start with 'tastes'	Thick porridge/pap	Breast milk + Animal foods (local examples) + Legumes (local examples) + Staples (porridge, other local examples) + Fruits/ Vegetables (local examples) + Micronutrient Powder (country specific)
From 6 up to 9 months 	2 to 3 meals plus frequent breastfeeds 1 to 2 snacks may be offered	2 to 3 tablespoonfuls per feed Increase gradually to half (½) 250 ml cup/bowl	Thick porridge/pap Mashed/ pureed family foods	
From 9 up to 12 months 	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	Half (½) 250 ml cup/bowl	Finely chopped family foods Finger foods Sliced foods	
From 12 up to 24 months 	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	Three-quarters (¾) to 1 250 ml cup/bowl	Sliced foods Family foods	

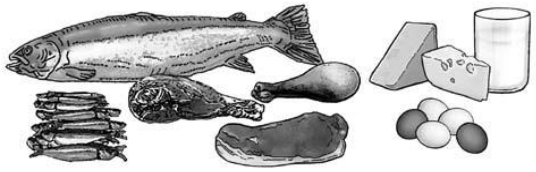
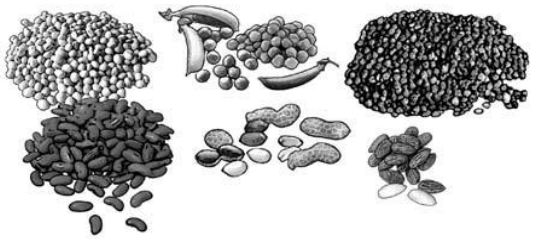
<table>
<tr><th>Age</th><th colspan="4">Recommendations</th></tr>
<tr><td>Note:
If child from 6 up to 24 months is not breastfed</td><td>Add 1 to 2 extra meals

1 to 2 snacks may be offered</td><td>Same as above according to age group</td><td>Same as above according to age group</td><td>Same as above,
plus 1 to 2 cups of milk per day
+
2 to 3 cups of extra fluid especially in hot climates</td></tr>
<tr><td>Responsive feeding (alert and responsive to your baby’s signs that she or he is ready-to-eat; actively encourage, but don’t force your baby to eat)</td><td colspan="4">• Be patient and actively encourage your baby to eat more food
• If your young child refuses to eat, encourage him/her repeatedly; try holding the child in your lap during feeding, or face him/her while he or she is sitting on someone else’s lap.
• Offer new foods several times, children may not like (or accept) new foods in the first few tries.
• Feeding times are periods of learning and love. Interact and minimize distraction during feeding.
• Do not force feed.
• Help your older child eat.</td></tr>
<tr><td>Hygiene</td><td colspan="4">• Feed your baby using a clean cup and spoon; never use a bottle as this is difficult to clean and may cause your baby to get diarrhoea.
• Wash your hands with soap and water before preparing food, before eating, and before feeding young children.
• Wash your child’s hands with soap before he or she eats.
Some ways to discuss a sensitive issue like hygiene:
• Find something to praise
• Use the CCs to point out ‘what we all should do’ within our homes (environmental hygiene) or for personal hygiene
• Use an Action-Oriented Group/Story (Session 13)</td></tr>
</table>

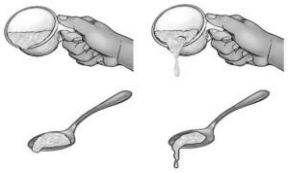
Adapted from WHO Infant and Young Child Feeding Counselling: An Integrated Course (2006)

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

Participant Materials 7.2: Different types of locally, available foods

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

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

Recommended Complementary Feeding Practice	**Possible Counselling Discussion Points** **Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area**
After baby reaches six months of age add complementary foods (such as thick porridge 2 to 3 times a day) to breastfeeds 	• Give Local Examples of first types of complementary foods • When possible, use milk instead of water to cook the porridge. Breast milk can be used to moisten the porridge. • **CC 12:Good hygiene (cleanliness) practices prevent disease** • **CC 13: Start Complementary Feeding when baby reaches 6 Months** • ***Take-home Brochure*: How to Feed a Baby After 6 Months** **Responsive Feeding and Care Practices** • Continue breastfeeding on demand (on cue) both day and night • Interact with baby while washing hands • Give baby time to get used to eating foods other than breast milk • Sit down with the child, be patient and actively encourage him/her to eat. • Hold baby in your lap • Do not force baby to eat
As baby grows older increase feeding frequency, amount, texture (thickness/ consistency) and variety 	• Gradually increase the frequency, the amount, the texture (thickness/consistency), and the variety of foods, especially animal-source • **CC 12: Good hygiene (cleanliness) practices prevent disease** • **CC 13 to 17: Complementary Feeding *Counselling Cards***

Recommended Complementary Feeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
Complementary Feeding from 6 up to 9 months Breastfeed plus give 2 to 3 meals and offer 1 to 2 snacks per day 	• Start with 2 to 3 tablespoonfuls of cooked porridge or mashed foods (give examples of cereals and family foods) • At 6 months these foods are more like 'tastes' than actual servings • Make the porridge with milk – especially breast milk; pounded groundnut paste (a small amount of oil may also be added) • Increase gradually to half (½) cup (250 ml cup). Show amount in cup brought by mother • Any food can be given to children after 6 months as long as it is mashed/chopped. Children do not need teeth to consume foods such as eggs, meat, and green leafy vegetables • **CC 12: Good hygiene (cleanliness) practices prevent disease** • **CC 14: Complementary Feeding from 6 up to 9 Months** • **CC 17: Food variety** • ***Take-home Brochure*: How to Feed a Baby After 6 Months** **Responsive Feeding and Care Practices** • Continue breastfeeding on demand (on cue) both day and night • Feed the child as soon as he or she starts to show early signs of hunger • Interact with baby while washing hands • Give baby time to get used to eating foods other than breast milk • Sit down with the child, be patient and actively encourage him/her to eat • Hold baby in your lap • Smile at baby
Complementary Feeding from 9 up to 12 months Breastfeed plus give 3 to 4 meals and offer 1 to 2 snacks per day 	• Give finely chopped, mashed foods, and finger foods • Increase gradually to ½ cup (250 ml cup). Show amount in cup brought by mother • Animal source foods are very important and can be given to young children: cook well and cut into very small pieces • **CC 12: Good hygiene (cleanliness) practices prevent disease** • **CC 15: Complementary Feeding from 9 up to 12 Months** • **CC 17: Food variety** • ***Take-home Brochure*: How to Feed a Baby After 6 Months** **Responsive Feeding and Care Practices** • Continue breastfeeding on demand (on cue) both day and night • Interact with baby while washing hands • Allow baby to participate in complementary feeding: encourage baby to hold food, encourage attempts to use a spoon

Recommended Complementary Feeding Practice	**Possible Counselling Discussion Points** **Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area**
	• Offer food the child can take and hold; the young child often wants to feed him/herself. Encourage him/her to, but make sure most of the food goes into his/her mouth. • Engage the child in "play" trying to make the eating session a happy and learning experience…not just an eating experience. • Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage 'conversation' by copying child's sounds/gestures • Encourage child to learn by copying what others do: if you want your child to eat a different food, show the child by eating the food yourself or asking an older child/another family member to demonstrate eating the food for the child. Respond to baby's surprise at a new taste or texture by communicating joy/surprise/ encouragement. • Accompany baby in his/her usual setting. (As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her social and affective development.) • Do not insist if the child does not want to eat. • If the child refuses to eat, wait or put it off until later. • Congratulate the child when he or she eats. • Offer new foods several times, children may not like (or accept) new foods in the first few tries • Follow child's lead
Complementary Feeding from 12 up to 24 months Give 3 to 4 meals and offer 1 to 2 snacks per day, with continued breastfeeding  	• Give family foods • Give three-quarter (¾) to one cup (250 ml cup/bowl). Show amount in cup brought by mother • Foods given to the child must be prepared and stored in hygienic conditions to avoid diarrhoea and illness • Food stored at room temperature should be used within 2 hours of preparation • **CC 12: Good hygiene (cleanliness) practices prevent disease** • **CC 16: Complementary Feeding from 12 up to 24 Months** • **CC 17: Food variety** • ***Take-home Brochure*: How to Feed a Baby After 6 Months** **Responsive Feeding and Care Practices** • Continue breastfeeding on demand (on cue) both day and night • Interact with baby while washing hands • Allow baby to participate in complementary feeding: encourage baby to hold food, encourage attempts to use a spoon.

Recommended Complementary Feeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
	• Offer food the child can take and hold; the young child often wants to feed him/herself. Encourage him/her to, but make sure most of the food goes into his/her mouth. • Offer family foods • Engage the child in "play" trying to make the eating session a happy and learning experience…not just an eating experience. • Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage 'conversation' by copying child's sounds/gestures • Encourage child to learn by copying what others do: if you want your child to eat a different food, show the child by eating the food yourself or asking an older child/another family member to demonstrate eating the food for the child. Respond to baby's surprise at a new taste or texture by communicating joy/surprise/ encouragement. • Accompany baby in his/her usual setting. (As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her social and affective development.) • Do not insist if the child does not want to eat. • If the child refuses to eat, wait or put it off until later. • Congratulate the child when he or she eats. • Offer new foods several times, children may not like (or accept) new foods in the first few tries • Follow child's lead
Give baby 2 to 3 different family foods: staple, legumes, vegetables/fruits, and animal foods at each serving 	Try to feed different food groups at each serving. For example: • Animal-source foods: flesh foods such as *chicken, fish, liver*, and *eggs* and *milk and milk products* **1 star*** • Staples: grains such as *maize, wheat, rice millet and sorghum* and roots and tubers such as *sweet potatoes, potatoes* **2 stars**** • Legumes such as *beans, lentils, peas, groundnuts* and seeds such as *sesame* **3 stars***** • Vitamin A-rich fruits and vegetables such as *mango, papaya, passion fruit, dark-green leaves, carrots, yellow sweet potato* and *pumpkin*, and other fruits and vegetables such as *banana, pineapple, watermelon, tomatoes, avocado, eggplant* and *cabbage* **4 stars****** • Add a small amount of fat or oil to give extra energy (additional oil will not be required if fried foods are given, or if baby seems healthy/ fat) • **CC 13–17: Complementary Feeding *Counselling Cards*** • ***Take-home Brochure*: How to Feed a Baby After 6 Months**

Recommended Complementary Feeding Practice	**Possible Counselling Discussion Points** **Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area**
	• **NOTE: foods may be added in a different order to create a 4 star food/diet. Adding animal-source foods is extremely important.**
Continue breastfeeding for two years of age or longer 	• During the first and second years, breast milk is an important source of nutrients for your baby • Breastfeed between meals and after meals; don't reduce the number of breast feeds • **CC 13 to 17: Complementary Feeding *Counselling Cards*** • ***Take-home Brochure*: How to Feed a Baby After 6 Months**
Be patient and actively encourage baby to eat all his/her food 	• At first baby may need time to get used to eating foods other than breast milk • Use a separate plate to feed the child to make sure he or she eats all the food given • **CC 12 to 17: Complementary Feeding *Counselling Cards*** • ***Take-home Brochure*: How to Feed a Baby After 6 Months** **Responsive Feeding and Care Practices** • Encourage child repeatedly; face child • Engage the child in "play" trying to make the eating session a happy and learning experience…not just an eating experience. • Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage 'conversation' by copying child's sounds/gestures • Encourage child to learn by copying what others do: if you want your child to eat a different food, show the child by eating the food yourself or asking an older child/another family member to demonstrate eating the food for the child. Respond to baby's surprise at a new taste or texture by communicating joy/surprise/ encouragement. • Accompany baby in his/her usual setting. (As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her social and affective development.) • Do not insist if the child does not want to eat. • If the child refuses to eat, wait or put it off until later. • Congratulate the child when he or she eats. • Offer new foods several times, children may not like (or accept) new foods in the first few tries • Follow child's lead

Recommended Complementary Feeding Practice	Possible Counselling Discussion Points Note: choose 2 to 3 most relevant to mother's situation and/or ADD other discussion points from knowledge of area
Wash hands with soap and water before preparing food, eating, and feeding young children. Wash baby's hands before eating. 	• Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses • Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom. • **CC 12: Good hygiene (cleanliness) practices prevent disease** **Responsive Feeding and Care Practices** • Interact with baby while washing hands
Feed baby using a clean cup and spoon	• Cups are easy to keep clean • **CC 13–17: Complementary Feeding *Counselling Cards***
Encourage the child to breastfeed more and continue eating during illness and provide extra food after illness 	• Fluid and food requirements are higher during illness. • Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness. • Take advantage of the period after illness when appetite is back to make sure the child makes up for loss of appetite during sickness. • **CC 19: Feeding the sick child more than 6 months of age** **Responsive Feeding and Care Practices** • Recognize and respond to signs of childhood illness • If child's appetite is decreased, encourage him or her to eat small frequent meals. • During illness give the baby small frequent meals and more fluids, including breast milk or other liquids. • Encourage the baby to eat a variety of (his or her) favourite soft foods. After illness feed more food and more often than usual for at least 2 weeks.

Note:

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

SESSION 8. COMPLEMENTARY FOODS

Learning Objectives	Methodologies	Training Aids
1. Give practical help to a mother/father/caregiver in preparing complementary foods for a baby over 6 months, discussing examples of local recipes	• Group work • Demonstration	• **CC 17: Food groups of complementary foods (pictures from CC 17 should be cut out separately from *Training Aids* package)** • ***Key Messages Booklet*** • *Participant Materials* 7.2: Different types of locally, available foods • *Participant Materials* 7.3: Recommended complementary feeding practices and possible counselling discussion points • Pictures/illustrations, names of foods written on separate cards, or different local foods: *animal-source foods, legumes and seeds, vitamin A rich fruits and vegetables, other fruits and vegetables, staples* and oils
2. Name the 5 keys to safer food	• Brainstorming	
3. Recognize and name any fortified foods and/or supplements that are available in the community	• Interactive presentation • Demonstration	Examples of locally fortified foods, and micronutrient supplements
The following objectives regarding Multiple Micronutrient Powders (MNPs) should only be applied in settings where MNPs are provided.		
4. Describe the importance of multiple micronutrient powders (MNPs)	• Brainstorming • Group work	
5. Demonstrate how to use multiple micronutrient powders (MNPs)	• Demonstration • Buzz groups	• **CC 18: How to Add Multiple Micronutrient Powders (MNPs) to Complementary Foods** • Sachets of MNPs

Materials:

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

Advance Preparation:

- Examples of locally fortified foods, and micronutrient supplements
- Bowl of semi-solid local food

Duration: 1½ hours

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

Methodology: Demonstration, Group work and Demonstration

Suggested Time: 50 minutes

Instructions for Activity 1: 15 minutes

A. Family Foods

1. Separate the 4 food groupings of CC17 and arrange on mat or table so all can see.
2. Spread illustrations of local available foods (or use real foods) on a mat or table. Ask Participant 'Mother/Caregiver' or CW to select those s/he has in her home (in the kitchen or back garden).
3. Instruct 'Mother/Caregiver' or CW to sort the different local available foods from her home into the 4 food groupings (by placing the food cards onto the correct food grouping picture).
4. Ask Participants for their feedback.
5. Discuss and summarize.

……

Instructions for Activity 2: 35 minutes

B. Preparation of Complementary Foods

1. Divide Participants into 4 groups
2. Give each group locally, available, feasible, affordable and seasonal foods (pictures/ illustrations or local foods: *animal-source foods, legumes and seeds, vitamin A rich fruits and vegetables, other fruits and vegetables, staples)* and oils
3. Ask each group to use the available foods to "prepare a meal" for one of the following age-groups:
   - At 6 months
   - From 6 up to 9 months

- From 9 up to 12 months
- From 12 up to 24 months

4. Ask each group to show and explain the "prepared food" to the entire group, discussing age-appropriate characteristics of complementary feeding: frequency, amount, texture (thickness/ consistency), variety, responsive feeding, and hygiene
5. With each food selected from a different food grouping, give the working group a star (drawn on a piece of paper). The working group tries to build a 4 star meal/bowl or plate for each age group.
6. **Note:** refer to *Participant Materials* 7.1: Recommended complementary feeding practices to address the need for milk products and extra fluids for a **non-breastfed child**.
   - Exclusive breast milk substitute from 0 up to 6 months
   - After 6 months of age, add the following:
     - 1 to 2 extra meals and offer 1 to 2 snacks (especially 'animal flesh' foods) i.e. 4 meals/day of family foods
     - 1 to 2 cups of milk per day
     - About 2 to 3 cups/day of extra fluids (especially in hot climates)
7. Discuss and summarize

Key Information

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

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

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

- Avoid giving sugary drinks
- Explain how mothers can add one single new food item to a child's diet each week
- When preparing foods for young children who are just beginning complementary feeding, use less salt and spices than used for family foods

- Use the term '4 star diet' rather than the general wording 'adequate' or 'appropriate' complementary feeding

At 6 months

- Babies have small stomachs and can only eat small amounts at each meal so it important to feed them frequently throughout the day (review *Participant Materials* 7.1: Recommended Complementary Feeding Practices)
- Start with the staple cereal to make porridge (e.g. corn, wheat, rice, millet, potatoes, sorghum)
- The consistency of the porridge should be thick enough to feed by hand
- When possible use milk instead of water to cook the porridge
- Use iodised salt to cook the porridge
- Continue breastfeeding to 24 months or older
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses

From 6 up to 9 months

- An 8-month old stomach holds about 200 ml or less than a cup
- To enrich the staple, add colourful (variety) foods including beans, peanuts, peas, lentils or seeds; orange/red fruits and vegetables (such ripe mango, papaya, and carrots, pumpkin); dark-green leaves (such as kale, chard), avocado. Soak beans and legumes before cooking to make them more suitable for feeding children
- Add animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products
- Mash and soften the added foods so your baby/child can easily chew and swallow.
- Amount: up to ½ cup (250 ml) 2 – 3 times a day.
- Offer additional nutritious snacks (such as fruit or bread or bread with nut paste) once or twice per day, as desired
- By 8 months the baby should be able to begin eating finger foods. It is important to give finger foods to children to eat by themselves only after they are able to sit upright.
- Use iodised salt
- Continue breastfeeding to 24 months or older
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses

From 9 up to 12 months

- To enrich the staple, add colourful (variety) foods including beans, peanuts, peas, lentils or seeds; orange/red fruits and vegetables (such ripe mango, papaya, and carrots, pumpkin); dark-green leaves (such as kale, chard), avocado
- Add animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products (whenever available)
- Amount: ½ cup (250 ml) 3 – 4 times a day
- Offer at least 1 to 2 snacks each day such as ripe mango and papaya, avocado, banana, other fruits and vegetables, fresh and fried bread products, boiled potato, sweet potato
- Use iodised salt
- Continue breastfeeding to 24 months or older

- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses

From 12 up to 24 months

- To enrich the staple, add colourful (variety) foods including beans, peanuts, peas, lentils or seeds; orange/red fruits and vegetables (such ripe mango, papaya, and carrots, pumpkin); dark-green leaves (such as kale, chard), avocado
- Add animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products every day at least in one meal (or at least 3 times /week)
- Amount: up to ¾ (250 ml) 3 – 4 times a day.
- Offer at least 1 to 2 snacks each day such as ripe mango and papaya, avocado, banana, other fruits and vegetables, fresh and fried bread products, boiled potato, sweet potato
- Use iodised salt
- Continue breastfeeding to 24 months or beyond
- Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses

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

- See *Participant Materials* 7.1: Recommended complementary feeding practices
- See *Participant Materials* 7.2: Different types of locally, available foods
- See **CC 12 to 18: *Counselling Cards* on Complementary Feeding**
- See **CC Special Circumstance 3: How to feed the non-breastfed child aged 6 up to 24 months**
- See ***Key Messages Booklet***
- See ***Take-home Brochure*: How to Feed a Baby After 6 Months**

Learning Objective 2: Name the 5 keys to safer food ***Methodology:*** Brainstorm ***Suggested Time***: 5 minutes
Instructions for Activity: 1. Ask Participants: what are the keys to safer food 2. After hearing comments, show flipchart with the 5 keys to safer food 3. Discuss

Key Information

5 keys to safer food:

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

4. Keep food at safe temperature; always reheat food after keeping it for more than 2 hours; reheat thoroughly until steaming. NOTE: the small amount of food to which multiple micronutrient powders (MNPs) have been added should NOT be reheated. See Learning Objective 4.
5. Use clean and safe water

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

Methodology: Interactive presentation; demonstration

Suggested Time: 5 minutes

Instructions for Activity:

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

Learning Objective 4: Describe the importance of Multiple Micronutrient Powders (MNPs)

Methodology: Brainstorming; Group work

Suggested Time: 20 minutes

Instructions for Activity:

1. Brainstorm the definition of Multiple Micronutrient Powders
2. Set-up 4 flipcharts throughout training room with the following headings:
   a. Why use MNPs
   b. How to Use MNPs
   c. Possible Side Effects of MNPs
   d. WHO should NOT be given MNPs
3. Assign Participants to one of the four flipcharts and ask them to respond to the flipchart title (5 minutes)
4. Ask each group to summarize their results
5. Discuss and fill-in gaps

Key Information

Definition of Multiple Micronutrient Powders (MNPs)

MNPs are vitamin and mineral powders that can be added directly to semi-solid cooked food prepared in the home for young children 6 up to 24 months of age. The single serving sachets allow families to fortify a young child's foods at an appropriate and safe level with needed vitamins and minerals, known as 'micronutrients'.

Why use MNPs

- Vitamin and mineral deficiencies impair the health and development of young children.
- MNPs improve the nutritional quality of food by adding micronutrients (vitamins and minerals) that are commonly insufficient in a young child's diet.
- Helps prevent deficiencies of key micronutrients, particularly iron, zinc, iodine and vitamin A
- MNPs can help improve your child's appetite
- Reduces anaemia and helps increase ability to learn and develop
- Micronutrients can help improve your child's immune system – increasing resistance to disease and infections
- MNPs are easy to use and highly acceptable among families and young children. They do not require a change in food practices or complicated measuring and can be added to a wide range of readily available foods prepared at home.
- MNPs do not conflict with breastfeeding duration or frequency. MNPs can be added to your child's food to improve the quality of the complementary foods.

How to Use MNPs

- Use only one sachet per day OR use 2-3 sachets per week. Since MNPs are not a medicine, there is no problem if you forget to give MNPs for one or more days. Just resume adding MNPs to your child's food the following day. Remember: do not give more than one full sachet per day.
- Do not share the food to which MNPs are added with other household members (the amount of minerals/vitamins in a single sachet is just the right amount for one child) aged 6 up to 60 months
- Food to which MNPs are added should be eaten within 30 minutes (as the iron in the MNPs will cause the food to darken).
- Prepare the food this way: Set aside a small portion of semi-solid or soft cooked food within the child's bowl. Shake the unopened sachet and then pour the entire contents into the small portion of food to make sure that the child eats all the valuable micronutrients in the first few spoonfuls. Mix the contents of the sachet well with the food you added it to. If child does not finish the food in which the MNPs have been mixed within 30 minutes, do not reheat the food later as the food may darken or change in color or taste
- Store unopened sachets in a cool, dry and clean place
- Continue to give MNPs during illness
- Do not add MNPs to any liquids or hot food.

Possible Side Effects of MNPs

- Any side effects are minimal and usually harmless/of short duration
  - Colour of stool: dark stool indicates that iron is being absorbed into your child's body
  - Consistency of stool: your child may have softer stools or a mild form of constipation during the first 4-5 days
- Use of MNPs complements vitamin A supplementation, but does not replace it. Both are needed.
- Accidental overdosing is highly unlikely. In order to reach toxicity levels as many as 20 sachets would have to be consumed.

WHO should NOT be given MNPs

- Children receiving RUTF (Ready to Use Therapeutic Food) for management of severe acute malnutrition
- Stop giving MNPs during treatment for malnutrition (CSB++ and RUSF) as children are already getting extra iron and the vitamins they need.
- Also stop giving MNPs to a child with a fever and who is being treated for an infectious disease

Note:

- In malaria-endemic areas, MNPs (and other measures that provide iron such as syrup and drops) can be given; however, other measures to prevent, diagnose and treat malaria should also be implemented.

Learning Objective 5: Demonstrate how to use Multiple Micronutrient Powders (MNPs)

Methodology: Demonstration; buzz groups

Suggested Time: 10 minutes

Instructions for Activity:

1. Facilitator demonstrates how to use MNPs following the 5 steps outlined in the **CC18: How to Add Multiple Micronutrient Powders (MNPs) to Complementary Foods**
2. Ask Participants to taste the MNPs in food
3. Distribute **CC18: How to Add Multiple Micronutrient Powders (MNPs) to Complementary Foods** and ask Participants to form groups of 3 to discuss the steps and content
4. Discuss Responsive Feeding and Care Practices
5. Discuss and fill-in gaps

Key Information

Responsive Feeding and Care Practices

- Interact with baby while washing hands
- Engage the child in "play" trying to make the eating session a happy and learning experience…not just an eating experience.
- Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage 'conversation' by copying child's sounds/gestures
- Accompany child in his/her usual feeding setting. (As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her social and affective development.)
- Congratulate the child when he or she eats.

Counselling Card 18: How to add Multiple Micronutrient Powders (MNPs) to Complementary Foods

1. Wash hands with soap.
2. Prepare cooked food – thick porridge, mashed potato (any semi-solid, soft mushy-like or solid food)
   - Make sure that the food is at ready-to-eat temperature
   - Do NOT add to hot food: if the food is hot, the iron will change the taste and colour of the food.
   - Do NOT add to any liquids (including water, tea, watery porridge): in cold liquids MNPs lump and don't mix but float on top; the iron will dissolve instantly and change the colour and taste of the food

2. Set aside a small portion of food that the child will be able to finish in a single setting

3. Shake one sachet to ensure the powder is not clumped
   - Tear open the sachet
   - Pour entire contents of the sachet into a small portion/amount of the child's food

4. Mix well

5. Encourage the child to finish the entire small portion of food mixed with MNPs, and then feed the child the rest of the food
   - The food should be consumed within 30 minutes of mixing in the MNPs. If the food stands for a longer time, the iron will change the colour and taste of the food, and your child might refuse to eat it
   - You can add the entire packet of MNPs to any meal. However only one sachet of MNPs should be given during a day.

SESSION 9. HOW TO COUNSEL: PART II

Learning Objectives	Methodologies	Training Aids
1. Name *Building Confidence* and *Giving Support skills*	Brainstorming	*Participant Materials* 9.1: *Building Confidence and Giving Support* skills
2. Describe *IYCF 3-Step Counselling* (assess, analyse and act)	• Demonstration • Interactive Presentation	*Participant Materials* 9.2: IYCF Assessment
3. Practise *IYCF 3-Step Counselling* with mother/father/caregiver	Practise	• *Participant Materials* 9.2: IYCF Assessment • *Participant Materials* 9.3: Observation Checklist for IYCF Assessment • Set of ***Counselling Cards*** • ***Key Messages Booklet*** • ***Take-home Brochure*: How to Breastfeed Your Baby** • ***Take-home Brochure*: How to Feed a Baby After 6 Months**

Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Flipchart: *Building Confidence* and *Giving Support* skills
- 3 Case Studies
- Photocopies of *Participant Materials* 9.2: IYCF Assessment (3 per Participant)
- Laminated copy of *Participant Materials* 9.2: IYCF Assessment (1 per Participant)

Advance Preparation:

- Facilitators practise demonstration of IYCF Assessment (*IYCF 3-Step Counselling*)
- On a separate paper, list the section 'Read to Mothers' from the 3 Case Studies

Duration: 2 hours

Learning Objective 1: Name *Building Confidence and Giving Support* skills
***Methodology*:** Brainstorming
Suggested Time: 10 minutes

Instructions for Activity:

1. Before you begin to practise counselling a mother/father/caregiver, ask yourself 'What helps to give a mother/father/caregiver confidence and support?
2. Probe until the skills in '*Key Information*' below have been mentioned.
3. Refer Participants to *Participant Materials* 9.1: *Building Confidence and Giving Support* skills
4. Discuss and summarize.

Key Information

Building Confidence and Giving Support skills

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

Learning Objective 2: Describe *IYCF 3-Step Counselling* (assess, analyse and act)
Methodology: Demonstration; Interactive Presentation
Suggested Time: 30 minutes

Instructions for Activity:

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

1. Review with Participants the *listening and learning* skills (Participant Materials 4.1: *Listening and learning* skills)
2. Ask Participants to follow along with *Participant Materials* 9.2: IYCF Assessment
3. Demonstrate assessment step between a mother (Tamina) with 7-month son Ahmed and Counsellor (Assess)
   Information for Facilitator/Tamina:

- breastfeeds whenever Ahmed cries
- feels she does not produce enough milk
- gives Ahmed some watery porridge 2 times a day (porridge is made from corn meal)
- does not give any other milks or drinks to Ahmed

4. Facilitator Counsellor completes *Participant Materials* 9.2: IYCF Assessment by following *IYCF 3-Step Counselling:*
5. ***Step 1: Assess***
    - Greets mother and introduces him/herself
    - Allows mother to introduce herself and the baby.
    - Uses *listening and learning* skills, and *building confidence and giving support* skills
    - Completes *Participant Materials* 9.2: IYCF Assessment
    - Listens to Tamina's concerns, and observes Ahmed and Tamina
    - Accepts what Tamina is doing without disagreeing or agreeing and praises Tamina for one good behaviour
6. ***Step 2: Analyze***

Facilitator to speak out loud to group during Step 2 – Analyze, and reveal how she will react to the information provided by the Mother/Caregiver in Step 3

Facilitator/Counsellor notes that:

- Tamina is waiting until Ahmed cries before breastfeeding him – a 'late sign' of hunger
- Tamina is worried she does not have enough breast milk
- Tamina is not feeding Ahmed age-appropriate complementary foods

7. ***Step 3: Act***

Facilitator/Counsellor:

- Praises Tamina for breastfeeding
- Asks Tamina about breastfeeding frequency and if she is breastfeeding whenever Ahmed wants and for as long as he wants, both day and night. Does Ahmed come off breast himself? Is Ahmed fed on demand? (Age-appropriate recommended breastfeeding practices)
- Suggests that Tamina breastfeed Ahmed when he shows interest in feeding (before he starts to cry)
- Shares with Tamina and discusses **CC 5: Breastfeed on demand, both day and night (8 to 12 times/day) to build up your milk supply** and ***Take-home Brochure*: How to Breastfeed Your Baby**
- Talks with Tamina about the characteristics of complementary feeding
- Presents options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary feeding: F = Frequency, T = Texture (thickness/consistency) and V = Variety
- Helps Tamina select one that she can try (e.g. breastfeed more frequently day and night,

thicken porridge, add family foods during this week)

- Shares with Tamina and discusses **CC 14: Complementary Feeding from 6 up to 9 Months** and ***Take-home Brochure*: How to Feed a Baby After 6 Months**
- Shares with Tamina Responsive Feeding and Care Practices depicted in CC 14
- Shares with Tamina **CC 18: How to add Multiple Micronutrient Powders (MNPs) to complementary foods** if MNPs are provided in her area.
- Asks Tamina to repeat verbally the agreed upon behaviour
- Tells Tamina that a Counsellor will follow-up with her at her next weekly visit
- Suggests where Tamina can find support (attend educational talk, IYCF Support Group in community, Supplementary Feeding Programme, and refer to Community Volunteer).
- Refers as necessary
- Thanks Tamina for her time

8. Discuss the demonstration with Participants and answer questions
9. Review and complete together/or talk through *Participant Materials* 9.2: IYCF Assessment
10. Discuss and summarize

Key Information

- Alternative names for Assess, Analyze and Act may be: Ask, Think, Discuss
- The *IYCF 3-Step Counselling* process involves:
  - *Assess* age appropriate feeding and condition of mother/father/caregiver and child: ask, listen and observe
  - *Analyze* feeding difficulty: identify difficulty and if there is more than one – prioritize, and
  - *Act* – discuss, suggest small amount of relevant information, agree on feasible doable option that mother/father/caregiver can try
- *Purpose:* provide IYCF information and support to the mother/father/caregiver
- See *Participant Materials* 9.2: IYCF Assessment
- Explain the *IYCF 3-Step Counselling*: Assess, Analyze, Act

Step 1: Assess

- Greet the mother/father/caregiver and ask questions that encourage her/him to talk, using *listening and learning, building confidence and giving support* skills.
- Complete *Participant Materials* 9.2: IYCF Assessment by asking the following questions:

  a) What is your name, and the child's name?

  b) Observe the general condition of mother/father/caregiver.

  c) What is the age of your child?

d) Has the child been recently sick? If presently sick, refer mother/father/caregiver to health facility.

e) In areas where child growth cards exist, ask mother/father/caregiver if you can check child's growth card. Is growth curve increasing? Is it decreasing? Is it levelling off? Does the mother father/caregiver know how the child is growing?

f) Ask the mother/father/caregiver how the child is doing, whether the child is gaining weight (don't just rely on the plots on the Growth Card)

g) In areas where there are no child growth cards, ask mother/father/caregiver how he or she thinks the child is growing?

h) Ask about the child's usual intake:

Ask mother about breastfeeding:

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

Observe mother and baby's general condition

Observe baby's position and attachment

Ask mother/father/caregiver about complementary foods:

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

Ask about other milks:

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

Ask about other liquids:

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

i) Does child use a cup? (If response is "no", then ask "What does child use to drink from?"

j) Who assists child to eat? Asks about responsive feeding and care practices.

k) Are there other challenges in feeding the child?

Step 2: Analyze

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

Step 3: Act

- Depending on the age of the baby and your analysis (above), select a small amount of INFORMATION RELEVANT to the mother father/caregiver's situation. (If there are no difficulties, praise the mother father/caregiver for carrying out the recommended breastfeeding and complementary feeding practices).
- Praise mother/father/caregiver.
- For any difficulty, discuss with mother/father/caregiver how to overcome the difficulty.
- Present options/small do-able actions (time-bound) and help mother/father/caregiver select one that she can try to overcome the difficulty.
- Share with mother/father/caregiver appropriate *Counselling Cards* and discuss
- Share Responsive Feeding and Care Practices depicted in CCs 13 - 16
- Share **CC 18: How to add Multiple Micronutrient Powders (MNPs) to complementary foods** if MNPs are provided in area.
- Ask mother/father/caregiver to repeat the agreed upon new behaviour to check her/his understanding.
- Let mother/father/caregiver know that you will follow-up with her/him at the next weekly visit.
- Suggest where mother/father/caregiver can find additional support (e.g. attend educational talk, IYCF Support Groups in community, confirm that the mother/father/caregiver knows (or knows how to access) the community worker), Supplementary Feeding Programme (if available) in cases where food availability is a constraint in feeding children, or a social protection programme for vulnerable children if available.
- Refer as necessary.
- Thank mother/father/caregiver for her time.

Learning Objective 3: Practise IYCF *3-Step Counselling*
Methodology: Practise
Suggested Time: 50 minutes

Instructions for Activity:

1. Participants are divided into groups of three: Mother, Counsellor, and Observer.
2. Distribute *Participant Materials* 9.2: IYCF Assessment (or refer to specific page in *Participant Materials*) to Counsellors.
3. Distribute *Participant Materials* 9.3: Observation Checklist for IYCF Assessment (or refer to specific page in *Participant Materials*) to Observers and review with Participants.
4. Distribute a set of ***Counselling Cards, Key Messages Booklet*** and **3** ***Take-home Brochures*** to each group of 3.
5. Practise Case Study 1: Ask the 'Mothers' of the working groups to gather together.
6. Read a case study to the 'Mothers' ONLY, and ask the 'Mothers' to return to their working groups. Note: The 'Mothers' need to be sure that they give all the information included in their 'Case study'.

7. EMPHASIZE to Participants the need to stick to the (minimal) information in the case studies and not embellish.
8. The Counsellor of each working group (of three) asks the 'Mother' about her situation, and practises the 'assess, analyze and act' steps with *listening and learning* skills and *building confidence and giving support* skills.
9. In each working group, the Observer's task is to record the skills the Counsellor used on *Participant Materials* 9.3: Observation Checklist for IYCF Assessment and to provide feedback after the Case Study.
10. Ask Participants (from the training of Master Trainers or the training of Trainers) to review Case Study answers in *Facilitator Guide*
11. The Participants in working groups switch roles and repeat the above steps using Case Studies 2 and 3.
12. One working group demonstrates a case study in front of the whole group.
13. Discuss and summarize.

Key Information

- See *Participant Materials*: 9.3: Observation Checklist for IYCF Assessment
- Case Studies

Case Studies to practise *IYCF 3-Step Counselling*

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

Case Study 1:

Read to 'Mothers': You are Fatuma. Your son, Shukri, is 18 months old. You are breastfeeding him on demand. You are giving Shukri milk and millet cereal 3 times a day.

Step 1: Assess

- Greet Fatuma and ask questions that encourage her to talk, using *listening and learning*, *building confidence and giving support* skills.
- Complete *Participant Materials* 9.2: IYCF Assessment
- **Observe** Fatuma and Shukri's general condition
- Listen to Fatuma's concerns, and observe Shukri and Fatuma
- Accept what Fatuma is doing without disagreeing or agreeing

Step 2: Analyze

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

Step 3: Act

- Praise Fatuma about continuing breastfeeding
- Talk with Fatuma about the characteristics of complementary feeding: frequency, amount, texture (thickness/consistency), variety, responsive feeding, and hygiene
- Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary foods, e.g. increase feeding frequency of foods to 4 times a day; ask about the amount of cereal Shukri receives and the possibility of increasing the amount; ask about the texture (thickness/consistency) of the cereal, and add other locally available family foods and help Fatuma select one or two that she can try or that she believes will be possible for her and she is willing to try
- Counsellor will select the portion of the information on the age-appropriate counselling card that is most relevant to Shukri's situation -- and discuss that information with Fatima:
  - **CC 12: Good hygiene (cleanliness) practices prevent disease**
  - **CC 16: Complementary Feeding from 12 up to 24 Months**
  - **CC 17: Food Variety**
  - ***Take-home Brochure*: How to Feed a Baby After 6 Months**
  - Shares with Fatuma Responsive Feeding and Care Practices depicted in CCs
  - Shares with Fatuma **CC 18: How to add Multiple Micronutrient Powders (MNPs) to complementary foods** if MNPs are provided in her area.
- Ask Fatuma to repeat the agreed upon behaviour
- Tell Fatuma that you will follow-up with her at her next weekly visit
- Suggest where Fatuma can find support (attend an action-oriented group, IYCF Support Group in community, Supplementary Food Programme, and refer to Community Worker).
- Refer as necessary
- Thank Fatuma for her time
- Discuss the demonstration with Participants
- Answer questions

<u>Case Study 2</u>:

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

Step 1: Assess

- Greet Justina and ask questions that encourage her to talk, using *listening and learning, building confidence and giving support* skills.
- Complete *Participant Materials* 9.2: IYCF Assessment
- **Observe** Justina and Marielena's general condition
- Listen to Justina's concerns, and observe Marielena and Justina
- Accept what Justina is doing without disagreeing or agreeing

Step 2: Analyze

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

Step 3: Act

- Praise Justina for breastfeeding
- Talk with Justina about the importance of breastfeeding
- Talk about breast milk being the best source of liquids for Marielena
- Discuss the risks of contaminated water
- Suggest that Marielena may have had diarrhoea last week because of contaminated water
- Talk with Justina about beginning complementary foods and why it is necessary for Justina at this age
- Talk with Justina about the characteristics of complementary feeding: frequency, amount, texture (thickness/consistency), variety, responsive feeding, and hygiene
- Present options/small do-able actions (time-bound) and help Justina select one or two that she can try, e.g. begin with a small amount of staple food (porridge, other local examples); add legumes, vegetable/fruit and animal foods; increase feeding frequency of foods to 3 times a day; talk about appropriate texture (thickness/consistency) of staple; assist Marielena during feeding times; and discuss hygienic preparation of foods
- Counsellor will select the portion of the information on the age-appropriate counselling card that is most relevant to Marielena's situation -- and discuss it with Justina:
  - **CC 12: Good hygiene (cleanliness) practices prevent disease**
  - **CC 14: Complementary Feeding from 6 up to 9 Months**
  - **CC 17: Food Variety**
  - ***Take-home Brochure*: How to Feed a Baby After 6 Months**
  - Shares with Justina Responsive Feeding and Care Practices depicted in CCs
  - Shares with Justina **CC 18: How to add Multiple Micronutrient Powders (MNPs) to complementary foods** if MNPs are provided in her area.
- Ask Justina to repeat the agreed upon behaviour
- Tell Justina that you will follow-up with her at her next weekly visit
- Suggest where Justina can find support (attend an action-oriented group, IYCF Support Group in community, Supplementary Food Programme, and refer to Community Worker).
- Refer as necessary
- Thank Justina for her time
- Discuss the demonstration with Participants
- Answer questions

Case Study 3:

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

Step 1: Assess

- Greet Rahima and ask questions that encourage her to talk, using *listening and learning, building confidence and giving support* skills.
- Complete *Participant Materials* 9.2: IYCF Assessment
- **Observe** Rahima and Anik's general condition
- Listen to Rahima's concerns, and observe Anik and Rahima
- Accept what Rahima is doing without disagreeing or agreeing

Step 2: Analyze

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

Step 3: Act

- Praise Rahima for breastfeeding
- Talk with Rahima about the importance of breastfeeding for at least 2 years
- Praise Rahima for giving Anik family foods 3 times a day
- Talk with Rahima about what to consider when giving complementary foods: Frequency, Amount, Texture (thickness/consistency), Variety, Responsive feeding and Hygiene
- Present options/small do-able actions (time-bound) and help Rahima select one or two that she can try, e.g. increase frequency of foods to 4 times a day; ask about the amount of food Anik receives; texture (thickness/consistency), and add other local available family foods
- Counsellor will select the portion of the information on the age-appropriate counselling card that is most relevant to Anik's situation -- and discuss it with Rahima:
  - **CC 12: Good hygiene (cleanliness) practices prevent disease**
  - **CC 16: Complementary Feeding from 12 up to 24 Months**
  - **CC 17: Food Variety**
  - ***Take-home Brochure*: How to Feed a Baby After 6 Months**
  - Shares with Rahima Responsive Feeding and Care Practices depicted in CCs
  - Shares with Rahima **CC 18: How to add Multiple Micronutrient Powders (MNPs) to complementary foods** if MNPs are provided in her area.
- Suggest it may be helpful for Anik to have his own plate
- Ask Rahima to repeat the agreed upon behaviour
- Tell Rahima that you will have someone come to follow-up with her in two days
- Suggest where Rahima can find support (attend an action-oriented group or an IYCF Support Group in community, and refer to Community Worker)

- Thank Rahima for her time
- Discuss the demonstration with Participants
- Answer questions

Participant Materials 9.1: Building Confidence and Giving Support skills

1. Accept what a mother/father/caregiver thinks and feels (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information)

2. Recognize and praise what a mother/father/caregiver and baby are doing correctly

3. Give practical help

4. Give a little, relevant information

5. Use simple language

6. Use appropriate counselling card or cards

7. Make one or two suggestions, not commands

Participant Materials 9.2: IYCF Assessment

	Name of Mother/ Father/Caregiver	**Name of Child**	**Age of child (completed months)**	**Number of older children**

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

Participant Materials 9.3: Observation Checklist for IYCF Assessment

Name of Counsellor: _____

Name of Observer: _____

Date of visit: _____

(√ for yes and × for No)

Did the Counsellor

Use Listening and Learning skills:

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

Use Building Confidence and Giving Support skills:

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

ASSESSMENT

(√ for yes and × for No)

Did the counsellor

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

Breastfeeding (with mother):

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

Fluids:

- ❑ Assess 'other fluid' intake?
- ❑ Assess feeding bottle use?

Foods:

- ❑ Assess 'other food' intake?

Responsive Feeding:

- ❑ Ask about whether the child receives assistance when eating?
- ❑ Asks about responsive feeding and care practices.

Hygiene:

- ❑ Check on hygiene related to feeding?

ANALYSIS

(√ for yes and × for No)

Did the counsellor?

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

  Record prioritized difficulty: _____

ACTION

(√ for yes and × for No)

Did the counsellor?

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

  Record agreed-upon behaviour: _____
- ❑ Ask the mother/father/caregiver if she or he has questions/concerns?
- ❑ Refer as necessary?
- ❑ Suggest where the mother/father/caregiver can find additional support?
- ❑ Agree upon a date/time for a follow-up session?
- ❑ Thank the mother/father/caregiver for her or his time?

SESSION 10. COMMON BREASTFEEDING DIFFICULTIES: SYMPTOMS, PREVENTION AND 'WHAT TO DO'

Learning Objectives	Methodologies	Training Aids
1. Identify common breastfeeding difficulties	Brainstorming	Photos of breast engorgement, sore/cracked nipple, plugged duct and mastitis
2. Describe the symptoms, and prevention of common breastfeeding difficulties, and prevention measures of "not enough" breast milk	Group work	• *Participant Materials* 10.1: Common breastfeeding difficulties • *Participant Materials* 10.2: "Not enough" breast milk • ***Take-home Brochure*: How to Breastfeed Your Baby**
3. Help mothers to overcome these common breastfeeding difficulties, and "not enough" breast milk		
4. Describe relactation	Interactive presentation	

Materials:

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

Advance Preparation:

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

Duration: 1½ hours

Learning Objective 1: Identify common breastfeeding difficulties
***Methodology*:** Brainstorming
Suggested Time: 10 minutes

Instructions for Activity:

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

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

Key Information

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

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

Learning Objective 3: Help mothers to overcome these common breastfeeding difficulties, and "not enough" breast milk

***Methodology*:** Group work

***Suggested Time*:** 65 minutes

Instructions for Activity:

1. Divide Participants into 4 working groups and assign a common breastfeeding difficulty, 1) breast engorgement (with photo), 2) sore and cracked nipples (with photo), 3) plugged ducts that can lead to mastitis (with photo), or 4) "not enough" breast milk.
2. Ask groups assigned to breast engorgement and sore and cracked nipples to discuss symptoms, prevention and "what to do" for the assigned common breastfeeding difficulty
3. Ask group assigned to plugged duct that can lead to mastitis to discuss symptoms of both plugged duct and mastitis, prevention and "what to do"
4. Ask group assigned to "not enough" breast milk to discuss prevention and "what to do" for "not enough" breast milk (perceived and real).
5. Each group presents their findings to the whole group.
6. Ask other groups to contribute any additional points.
7. Distribute from *Participant Materials* 10.1: Common breastfeeding difficulties (or refer to specific page in *Participant Materials*) and *Participant Materials* 10.2: "Not enough" breast milk (or refer to specific page in *Participant Materials*)

8. Ask Participants to use Participant Materials 10.1 and 10.2 as a checklist for groups' responses.
9. Facilitator fills-in gaps.
10. Address other common difficulties that were mentioned.
11. Distribute, and orient Participants to ***Take-home Brochure*: How to Breastfeed Your Baby**
12. Discuss and summarize.

Key Information

- See *Participant Materials* 10.1: Common breastfeeding difficulties
- See *Participant Materials* 10.2: "Not enough" breast milk
- "Not enough" breast milk is one of the most common reasons that mothers introduce breast milk substitutes or foods, and give up breastfeeding. However, true breast milk insufficiency is not as common as mothers believe.

Learning Objective 4: Describe relactation
***Methodology*:** Interactive Presentation
***Suggested Time*:** 15 minutes

Instructions for Activity:

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

Key Information

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

Who can relactate?

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

What is needed for successful relactation?

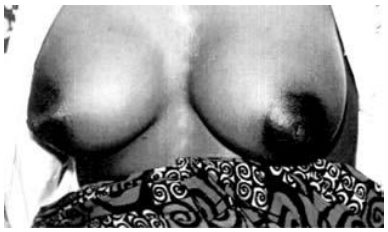
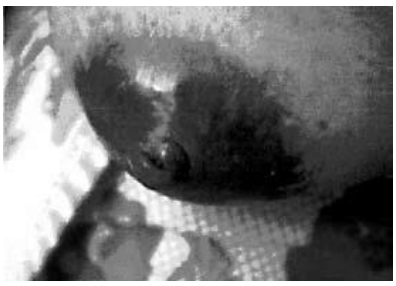
- Woman's motivation
- Infant's frequent suckling

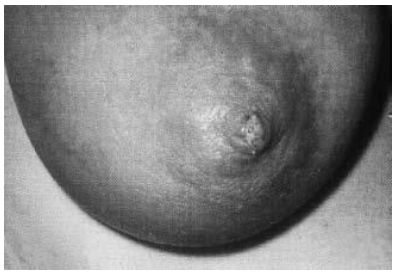
- Skilled staff with adequate time to spend helping mothers
- A designated area where progress can be followed
- Whenever possible women who have experience in relactation giving help to others
- Support for continued breastfeeding
- Sometimes a breastfeeding supplementer or a fine tube and syringe is required. Refer to health facility (management could also be done in the home by a CW with special training).

What is the length of time for relactation?

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

Participant Materials 10.1: Common Breastfeeding Difficulties

Breastfeeding Difficulty	Prevention	What to do
Breast Engorgement  **Symptoms:** • Occurs on both breasts • Swelling • Tenderness • Warmth • Slight redness • Pain • Skin shiny, tight and nipple flattened and difficult to attach • Can often occur on 3rd to 5th day after birth (when milk production increases dramatically and suckling not established)	❑ Keep mother and baby together after birth ❑ Put baby skin-to-skin with mother ❑ Start breastfeeding within an hour of birth ❑ Good attachment ❑ Breastfeed frequently on demand (as often and as long as baby wants) day and night: 8 to 12 times per 24 hours Note: on the first day or two baby may only feed 2 to 3 times	❑ Improve attachment ❑ Breastfeed more frequently ❑ Gently stroke breasts to help stimulate milk flow ❑ Press around areola to reduce swelling, to help baby to attach ❑ Offer both breasts ❑ Express milk to relieve pressure until baby can suckle ❑ Apply cold compresses to breasts to reduce swelling ❑ Apply warm compresses to help the milk flow before breastfeeding or expressing
Sore or Cracked Nipples  **Symptoms:** • Breast/nipple pain • Cracks across top of nipple or around base • Occasional bleeding • May become infected	❑ Good attachment ❑ Do not use feeding bottles (sucking method is different than breastfeeding so can cause 'nipple confusion') ❑ Do not use soap or creams on nipples	❑ Do not stop breastfeeding ❑ Improve attachment making certain baby comes onto the breast from underneath and is held close ❑ Begin to breastfeed on the side that hurts less ❑ Change breastfeeding positions ❑ Let baby come off breast by him/herself ❑ Apply drops of breast milk to nipples ❑ Do not use soap or cream on nipples ❑ Do not wait until the breast is full to breastfeed ❑ Do not use bottles

Breastfeeding Difficulty	Prevention	What to do
Plugged Ducts and Mastitis  **Symptoms of Plugged Ducts:** • Lump, tender, localized redness, feels well, no fever **Symptoms of Mastitis:** • Hard swelling • Severe pain • Redness in one area • Generally not feeling well • Fever • Sometimes a baby refuses to feed as milk tastes more salty	❑ Get support from the family to perform non-infant care chores ❑ Ensure good attachment ❑ Breastfeed on demand, and let infant finish/come off breast by him/herself ❑ Avoid holding the breast in scissors hold ❑ Avoid tight clothing	❑ Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as he or she will) ❑ Apply warmth (water, hot towel) ❑ Hold baby in different positions, so that the baby's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast. ❑ Ensure good attachment ❑ For plugged ducts: apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every 2-3 hours day and night ❑ Rest (mother) ❑ Drink more liquids (mother) ❑ If no improvement in 24 hours, refer ❑ If mastitis: express if too painful to suckle; expressed breast milk may be given to baby (if mother is not HIV-infected) ❑ If mastitis, seek treatment ❑ If there is pus, discard by expressing and continue breastfeeding

Participant Materials 10.2: "Not enough" Breast Milk

"Not enough" breast milk	Prevention	What to do
Perceived by mother • Mother "thinks" she does not have enough milk • (Baby restless or unsatisfied) First decide if the baby is getting enough breast milk or not (weight, urine and stool output)	❑ Put baby skin-to-skin with mother ❑ Start breast feeding within an hour of birth ❑ Stay with baby ❑ Ensure good attachment ❑ Encourage frequent demand feeding ❑ Let baby release first breast first ❑ Breastfeed exclusively day and night ❑ Avoid bottles ❑ Encourage use of suitable family planning methods	❑ Listen to mother's concerns and why she thinks she does not have enough milk ❑ Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother's mental condition, baby or mother ill) ❑ Check baby's weight and urine and stool output (if poor weight gain refer) ❑ Build mother's confidence – reassure her that she can produce enough milk ❑ Explain what the difficulty may be – growth spurts (around 3 weeks, 6 weeks, 3 months) or cluster feeds ❑ Explain the importance of removing plenty of breast milk from the breast ❑ Check and improve attachment ❑ Suggest stopping any supplements for baby – no water, formulas, tea, or liquids ❑ Avoid separation from baby and care of baby by others (express breast milk when away from baby) ❑ Suggest improvements to feeding pattern. Feed baby frequently on demand, day and night. ❑ Let the baby come off the breast by him/herself ❑ Ensure mother gets enough to eat and drink ❑ The breasts make as much milk as the baby takes – if he or she takes more, the breasts make more (the breast is like a 'factory' – the more demand for milk, the more supply) ❑ Take local drink or food that helps mother to 'make milk' ❑ Ensure that the mother and baby are skin-to-skin as much as possible.
Real "not enough" breast milk • Baby is not gaining weight: trend line on growth chart for infant less than 6 months is flat or slopes downward • For infants after day 4 up to 6 weeks: at least 6 wets and 3 to 4 stools/day	❑ Same as above	❑ Same as above ❑ If no improvement in weight gain after 1 week, refer mother and baby to nearest health post

SESSION 11. 1st FIELD PRACTICE AND FEEDBACK

Learning Objectives	Methodologies	Training Aids
1. Practise *IYCF 3-Step Counselling* by conducting an IYCF Assessment with mother/father/caregiver and a child 0 up to 24 months	Practise	• **Set of *Counselling Cards*** • ***Key Messages Booklet*** • **Set of 3 *Take-home Brochures*** • *Participant Materials* 9.2: IYCF Assessment • *Participant Materials* 9.3: Observation Checklist for IYCF Assessment
2. Reflect on strengths and weaknesses of counselling field practise.	Feedback exchange	• *IYCF Community Worker Tool 4:* Register for Pregnant Women and Mothers-Children (0 up to 24 months)

Materials:

- Set of *Counselling Cards*
- Photocopies of *Participant Materials* 9.2: IYCF Assessment (3 per Participant)
- Optional: Laminated *Participant Materials* 9.2: IYCF Assessment (1 per Participant)
- Photocopies of *IYCF Community Worker Tool 4:* Register for Pregnant Women and Mothers-Children (0 up to 24 months)

Advance preparation:

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

Duration: 4 hours

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

Methodology: Practise

Suggested Time: 3 hours (including travel)

Instructions for Activity:

1. In large group, review *IYCF 3-Step Counselling*
2. Divide Participants in pairs: one will counsel, problem solve, reach-an-agreement with the mother/father/caregiver of a child (0 up to 6 months) while the other follows the discussion with the observation checklist in order to give feedback later
3. Ask the counsellor to use the *Participant Materials* 9.2: IYCF Assessment
4. Ask the counsellor to share age-appropriate ***Counselling Cards*** and ***Take-home Brochures*** with mother/father/caregiver
5. Ask the observer to fill out *Participant Materials* 9.3: Observation Checklist for IYCF Assessment
6. Pairs switch roles: the other Participant will counsel, problem solve, reach-an-agreement with the mother/father/caregiver of a child (6 up to 24 months) while the Participant who previously counselled now follows the discussion with the observation checklist in order to give feedback later
7. Identify key gaps that need more time for practise and observation at the site

Key Information

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

Note: Refer to ***Key Information*** Session 9.

- See *Participant Materials* 9.2: IYCF Assessment
- See *Participant Materials* 9.3: Observation Checklist for IYCF Assessment

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

Methodology: Feedback Exchange

Suggested Time: 1 hour

Instructions for Activity:

1. At training site, in large group, ask each pair of Participants to summarize their counselling experience by filling-in the Summary Chart (see below) for visits (attached to the wall or on the mat)
2. Use the following Summary Chart to record each pair of Participants' field practice experience. Draw this table on flipchart paper and display it throughout the rest of the training. Add additional columns for other counselling sessions.
3. Table shows: Participants' names; child's name and age; growth card; number of older children
   - ASSESS: illness; breastfeeding (frequency and difficulties identified); complementary feeding: frequency, amount, texture (thickness/consistency), variety, responsive feeding, hygiene (and difficulties identified)
   - ANALYZE: difficulty identified, priorities determined
   - ACT: suggested options/proposals/alternatives to mother/father/caregiver; agreed upon small-doable actions –time bound/negotiated agreement
4. Participants receive and give feedback
5. Facilitators and Participants identify key gaps that need more practise/observation time at field practise site
6. Distribute and explain *IYCF Community Worker Tool 4:* Register for Pregnant Women and Mothers-Children (0 up to 24 months)
7. Ask Participants to fill-in *IYCF Community Worker Tool 4* based on the pregnant women and mothers-children they counseled during their field visit
8. Discuss and summarize

Summary Chart for Counselling During Field Practice

ASSESS															ANALYZE	ACT	
Participant names	Name/ Age child	Number of older children	Sickness	Growth Card	Breastfeeding		Breastfeeding Difficulties identified	Complementary Feeding (CF)						CF Difficulties identified	BF/CF Difficulties identified/ Priorities determined	Suggested options/ Proposals/ Alternatives to mother/ father/ caregiver	Agreed upon small-doable actions, time bound/ negotiated agreement
					Y/N	Freq		Freq	Amt	Texture	Variety	Responsive Feeding	Hygiene				

REGISTER and TRACKING FORMS: The following form is for use in situations where an IYCF Community Worker registers, provides support for and tracks the progress of a specific mother-child pair from the ante-natal period until the child reaches his/her second birthday. *If there is high mobile phone use and an SMS component to the programme, a column for the mobile number could be added so the counselor can follow up, send communication messages, etc.*

IYCF Community Worker Job Aid 4: Monthly Activity Log for a CW who provides IYCF Support to Pregnant Women and Mothers-Children (0 up to 24 months)[1]

District (facility, supervision area or other identifying information: adapt as appropriate): _____

Name of Community Worker: _____

Month: _____

Date of Activity	**Individual Counselling Pregnant Woman (# of women, mark with a /)**		**Individual Counselling Child 0 up to 24 months (# of caregiver-child pairs)**		**Action-oriented Group (# of groups conducted)**	**IYCF Support Group (# of groups facilitated)**	**Referral (# of referrals)**
	Record # of women counselled 1st time	Record # of women counselled during repeat or follow-up	Record # of women counselled 1st time	Record # of women counselled during repeat or follow-up			
Total for the month:							

NOTE below any issues to be discussed with Mentor/Supervisor:

[1] If there is high mobile phone use and an SMS component to the programme, a column for the mobile number could be added so the counselor can follow up, send communication messages, etc.

SESSION 12. ACTION-ORIENTED GROUPS, IYCF SUPPORT GROUPS, AND HOME VISITS

Learning Objectives	Methodologies	Training Aids
1. Facilitate an action-oriented group using the steps: Observe, Think, Try, and Act.	• Experiential (sharing experiences) • Discussion	• Set of ***Counselling Cards*** • *Participant Materials* 12.1: How to conduct an Action-oriented Group • *Participant Materials* 12.2: Observation checklist on how to conduct an Action-oriented Group
2. Facilitate an IYCF Support Group of mothers/fathers/ caregivers to help them support each other in their IYCF practices.	• Experiential (sharing experiences) • Discussion • Practise	• *Participant Materials* 12.3: Characteristics of an IYCF Support Group • *Participant Materials* 12.4: How to conduct an IYCF Support Group • *Participant Materials* 12.5: Observation Checklist for IYCF Support Group
3. Identify the steps in conducting a home visit.	Brainstorming	• ***Counselling Cards*** • ***Take-home Brochures***

Materials:

Some suggested topics for IYCF Support Groups (at training site or during field practice):

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

Advance Preparation:

- Prepare and practise 'Story'
- Prepare and practise 'Mini-drama'
- Prepare and practise 'Use of Visual'

Duration: 2 hours

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

Methodology: Experiential (sharing experiences)

Suggested Time: 45 minutes

Instructions for Activity: 45 minutes

1. Facilitator models an action-oriented group with Participants acting as community members by telling a story, conducting a drama, and using a visual (**Counselling Card**) on some aspect of IYCF – applying the steps: Observe, Think, Try and Act
2. Facilitator puts the letters OTTA on a flipchart with the words Observe, Think, Try and Act next to each letter
3. See examples of a story and mini drama scenarios (below)
   - Tell a story using OTTA: do not read the story, but practise before hand and tell it in an interesting tone; Facilitator can end the story or ask Participants to end the story
   - Conduct a mini drama using OTTA: role play the mini drama assigning Facilitators and/or Participants to the different roles
4. At the end of the story or mini drama ask the Participants/community members:
   a) What would you do in the same situation? Why?
   b) What difficulties might you experience?
   c) How would you be able to overcome them?
   d) What practical help would you give?
5. Facilitator demonstrates the use a **Counselling Card** using OTTA
6. After the story, mini drama, or visual the following questions are asked of the Participants:
   a. What did you like about the action-oriented group?
   b. How was the action-oriented group different from an educational talk?
7. Distribute and discuss *Participant Materials* 12.1: How to conduct an action-oriented group session: story, drama, or visual and *Participant Materials* 12.2: Observation checklist on how to conduct an action-oriented group (or refer to specific page in *Participant Materials*)
8. Discuss and summarize

Key Information

- See *Participant Materials* 12.1: How to conduct an action-oriented group session: story, drama, or visual – Observe, Think, Try, Act and *Participant Materials* 12.2: Observation checklist on how to conduct an action-oriented group: story, drama, or visual
- Traditionally, group or educational talks are organized to communicate ideas or convey information to a group. Usually a leader directs the group talk, and group participants ask and answer questions. An 'action-oriented' group is different. Facilitators encourage group participants **to personalize the information and to try something new or different (an action)** from what they normally do by following the sequence of activities below:
- Apply the steps:
  - Observe
  - Think
  - Try
  - Act
- Educational talks are effective for giving information but do not necessarily lead to changes in behaviour. Using the steps: Observe, Think, Try and Act during group talks can motivate group participants to change their behaviour.
- Explain to Participants that applying the steps: Observe, Think, Try and Act encourages group participants to reflect on and personalize their experiences so they can learn from them and make a decision to change their behaviour.

Story (example)

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

Mini-Drama Scenarios

Drama number 1

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

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

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

Drama number 2

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

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

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

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

Methodology: Experiential (sharing experiences)

Suggested Time: 75 minutes

Instructions for Activity 1: 30 minutes

Activity 1: Experience a Support Group

Methodology: Experiential (sharing experiences)

1. Select 5 participants
2. Facilitator and 5 participants sit in a circle as a "Support Group"
3. Ask other participants to form a circle around the "Support Group".
4. Ask members of the "Support Group" to share their own (or wife's, mother's, sister's) experience of breastfeeding. **Note**: only those in the 'Support Group' are permitted to talk.
5. Review *Participant Materials* 12.4: How to conduct an IYCF Support Group
6. Ask other Participants who observe the Support Group to fill out *Participant Materials* 12.5: Observation Checklist for Support Group

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Instructions for Activity 2: 15 minutes

Activity 2: Discuss the Support Group experience

Methodology: Discussion

1. Ask the following questions to the Support Group Participants after sharing their experiences:
   - What did you like about the Support Group?
   - How did it differ from a health education talk?
2. Ask Participants who observed the Support Group to share their observations, ideas and fill-out observation form: *Participant Materials* 12.5: Observation Checklist for IYCF Support Group
3. Ask Participants what contributions a Support Group can make to an IYCF program?

4. Distribute *Participant Materials* 12.3: Characteristics of an IYCF Support Group (or refer to specific page in *Participant Materials*)

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Instructions for Activity 3: 30 minutes

Activity 3: Practise conducting a Support Group

Methodology: Practise

1. Divide Participants in groups of 7
2. Each group chooses a topic out of basket for the Support Group meeting, or discusses 'your personal experiences with IYCF'
3. One Participant from each group will be Facilitator of the Support Group
4. Share observations:
   - What did you like about the Support Group?
   - How did it differ from a health education talk?
5. Ask the group to fill-out *Participant Materials* 12.5: Observation Checklist for IYCF Support Group
6. Discussion

Key Information

- *See Participant Materials* 12.1: How to Conduct an Action-oriented Group: Story, Drama/Role Play, or Visual using the steps Observe, Think, Try, and Act
- See *Participant Materials* 12.2: Observation Checklist on How to Conduct an Action-oriented Group: Story, Drama, or Visual, applying the steps Observe, Think, Try, and Act
- See *Participant Materials* 12.3: Characteristics of an IYCF Support Group
- *See Participant Materials* 12.4: How to Conduct an IYCF Support Group
- See *Participant Materials* 12.5: Observation Checklist for IYCF Support Group

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

Note: If Support Group numbers grow to exceed 12, consider splitting the group into two (with an experienced and trained mother/facilitator conducting each Support Group)

Learning Objective 3: Identify steps in conducting a home visit
Methodology: Brainstorming
Suggested Time: 15 minutes

Instructions for Activity:

1. Ask Participants to identify the steps in conducting a home visit
2. Write answers on flipchart
3. Probe until the following steps are mentioned:
    - Greeting and introduction
    - Establish comfortable setting with caregiver
    - *Building confidence and giving support* skills (list)
    - *Listening and learning* counselling skills (list)
    - *IYCF 3-Step Counselling* (describe)
    - During the Assess Step (ask, listen and observe), observe the home situation: Is there food? Are there feeding bottles?
    - Can use age appropriate ***Counselling Cards*** and ***Take-home Brochures***
4. Discussion

Participant Materials 12.1: How to Conduct an Action-oriented Group

INTRODUCE YOURSELF (AND CO-FACILITATOR)

INTRODUCE TODAY'S TOPIC FOR DISCUSSION by:

- Telling a story
- Conducting a mini-drama or role-play
- Using a visual

OTTA

- After the story, drama or visual, ask the group participants what they **OBSERVED**
  - ❑ What happened in the story/drama or visual?
  - ❑ What are the characters doing in the story/drama or visual?
  - ❑ How did the character feel about what he or she was doing? Why did he or she do that?

- Ask the group participants what they **THINK**:
  - ❑ Who do you know who does this (the behaviour/practice)?
  - ❑ How have they been able to do this (the behaviour/practice)?
  - ❑ What is the advantage of adopting the practice described in the story/drama or visual?

- Ask the group participants what they would be willing to **TRY**:
  - ❑ If you were the mother (or another character), would you be willing to try the new practice?
  - ❑ If people in this community were in the same situation, would they be willing to try this practice? Why? Why not?

- Ask the group participants if they could **ACT** in the same way:
  - ❑ What would you do in the same situation? Why?
  - ❑ What difficulties might you experience?
  - ❑ How would you be able to overcome them?
- Ask the group participants to repeat the key messages.

Reminder: If appropriate, set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried the new practice or encouraged someone to try it. How did they manage to overcome any obstacles? What did they figure out about THEIR children's early signs of hunger? What TIPS do they have for getting their children to try a new food?

Participant Materials 12.2: Observation Checklist on How to Conduct an Action-oriented Group

Did the Counsellor?

(√ for yes and × for No)

- ❑ Introduce him/herself?

Use Observe - ask the group participants:

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

Use Think - ask the group participants:

- ❑ Who do you know that does this (recommended behavior/practice)?
- ❑ How have they been able to do this (recommended behaviour/practice)?
- ❑ What is the advantage of adopting the practice described in the story/drama or visual?
- ❑ Discuss the key messages of today's topic?

Use Try – ask the group participants:

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

Use Act – ask the group participants

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

And

- ❑ Set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried the new practice or encouraged someone to try it, and how they managed to overcome any obstacles. What did they figure out about THEIR children's early signs of hunger? What TIPS do they have for getting their children to try a new food?

Participant Materials 12.3: Characteristics of an IYCF Support Group

A safe environment of respect, attention, trust, sincerity, and empathy

1. The group allows participants to:
   - Share infant feeding experience and information, and
   - Mutually support each other

   As a result Participants learn from each other, and are led to changing/modifying their attitudes and practices

2. 'Confidentiality' is a key principle of a Support Group: "what is said in the group stays in the group".

3. An IYCF Support Group is not a LECTURE or CLASS. All participants play an active role. The facilitator guides the discussion, but the discussion is not directed only to the facilitator, but among the participants ("cross-talk").

4. A Support Groups focuses on the importance of one-to-one communication. In this way all the participants can express their ideas, knowledge, and doubts, share experience, and receive and give support.

5. The sitting arrangement allows all participants to have eye-to-eye contact.

6. The group size varies from 3 to 12.

7. The group is facilitated by an experienced and trained facilitator/mother who listens and guides the discussion.

8. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older children, fathers, caregivers, and other interested women to attend.

9. The facilitator and the participants decide the length and frequency of the meetings (number per month).

Participant Materials 12.4: How to Conduct an IYCF Support Group

BEFORE THE SUPPORT GROUP:

- If possible arrange for someone to watch the older children during the Support Group session
- Arrange the seating in a circle so that all participants (maximum 12) can see each other

WELCOME PARTICIPANTS

- Support Group facilitator(s) is part of the circle and sits on same level as participants
- Welcome all participants, including babies and young children, and thank all for coming
- Introduce yourself (and Co-facilitator)
- Ask participants of Support Group to introduce themselves
- Remind participants that everything said is confidential

INTRODUCE TODAY'S TOPIC FOR DISCUSSION

- Use participants' names
- Ask questions that generate participation:
  - ❑ Does anyone here know someone who does this?
  - ❑ Why do you think s/he does this?
  - ❑ Does anyone want to share her or his experience?
  - ❑ Does anyone want to share a different experience?
  - ❑ What do you think "so and so" would say if you decided to do "such and such"?
  - ❑ What advantages does this practice have for the child/mother/family?
  - ❑ What difficulties have you experienced in this situation?
  - ❑ Were you able to resolve the difficulties? How? Why not?
- Encourage mothers/fathers/caregivers to share their own experiences
- Use *Listening and Learning* and *Building Confidence and Giving Support* skills
- Motivate quiet women/men to participate

MANAGE THE CONTENT

- ❑ Share information giving source (MOH, doctors, health personnel)
- ❑ Let participants know where they can receive nearest support
- ❑ Give advice only when asked
- ❑ Summarize ideas during the session
- ❑ Keep group focused on theme
- ❑ Summarize main points at the end of the session

- Make a note of any questions or issues that require more information; lets the group know you will seek this information from an expert

CLOSING

- Thank the participants for attending the IYCF Support Group
- Invite women/men to attend the next IYCF Support Group meeting (place, date, time and topic)
- Ask the group participants to:
  - ❑ Talk to a pregnant woman, a breastfeeding mother or father before the next meeting; share what they have learned during the IYCF Support Group, and report back
  - ❑ Come to the next meeting prepared to talk about what happened when they tried the new practice or encouraged someone to try it. How did they manage to overcome any obstacles? What are THEIR children's early signs of hunger? What TIPS do they have for getting their children to try a new food?

……..

ROLE OF SUPPORT GROUP FACILITATOR

- Provides an environment of interest and respect
- Listens to each participant
- Looks at each participant while the participant is talking
- Makes sure participants' doubts, concerns and questions are understood by repeating the doubts, concerns and questions
- Shares own experience to move the discussion along, but is brief
- Asks others to participate
- Asks one participant to respond to another's experience, doubt, concern, question

Participant Materials 12.5: Observation Checklist for IYCF Support Group

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

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

SESSION 13. 2nd FIELD PRACTICE AND FEEDBACK

Learning Objectives	Methodologies	Training Aids
1. Practise facilitating an action-oriented group or Support Group.	Practise	• *Participant Materials* 12.1: Observation Checklist on How to Conduct an Action-oriented Group: Story, Drama, or Visual • *Participant Materials* 12.3: Observation Checklist for IYCF Support Groups
If time permits: 2. Practise *IYCF 3-Step Counselling* by conducting an IYCF Assessment with mother/father/caregiver of a child from birth up to 24 months.		• **Set of *Counselling Cards*** • ***Key Messages Booklet*** • **Set of *Take-home Brochures*** • *Participant Materials* 9.2: IYCF Assessment • *Participant Materials* 9.3: Observation Checklist for IYCF Assessment
3. Reflect on strengths and weaknesses of counselling field practise.	Feedback exchange	• *IYCF Community Worker Tool 5*: Monthly Activity Log: IYCF Support to Pregnant Women and Mothers-Children (0 up to 24 months)

Materials:

- Set of ***Counselling Cards***

Advance preparation:

- Make an appointment at the health facility a week ahead to do the field practise during sessions where many mothers with children under 24 months will be present (for immunization, GMP or other services)
- Make an appointment with the community "leader" a week ahead for village visits
- Prepare groups, give instructions the day before
- If individual counselling cases are to be presented, add that information to the Summary Chart prepared for Field Practice #1.

Duration: 4 hours

Learning Objective 1: Practise facilitating an action-oriented group or a Support Group

Methodology: Practise

Suggested Time: 3 hours (including travel)

Instructions for Activity:

1. Pair (or group) the participants depending on local language skills and number of community participants
2. Ask half the pairs (or groups) to practise facilitating an Action-oriented Group using a story, mini-drama or visual
3. Ask Observer Participants to fill-in *Participant Materials* 12.1: Observation Checklist on How to Conduct an Action-oriented Group: Story, Drama, or Visual after the Action-oriented Group session
4. Ask the other half of pairs (or groups) to practice facilitating a Support Group. Choose a generic theme: 'your experience with infant and young child feeding'.
5. Ask Observer Participants to fill-in *Participant Materials* 12.3: Observation Checklist for IYCF Support Group after the Support Group
6. If time permits, pairs or groups can facilitate both an action-oriented group and a Support Group

Key Information:

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

If time permits

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

Methodology: Practise

Instructions for Activity:

1. In large group, review *IYCF 3-Step Counselling*
2. Divide Participants in pairs: one will counsel, problem solve, reach-an-agreement with the mother/father/caregiver of a child (0 up to 6 months) while the other follows the discussion with the observation checklist in order to give feedback later
3. Ask the counsellor to use the *Participant Materials* 9.2: IYCF Assessment
4. Ask the counsellor to share age-appropriate ***Counselling Cards*** and ***Take-home Brochures*** with mother/father/caregiver
5. Ask the observer to fill out *Participant Materials* 9.3: Observation Checklist for IYCF

Assessment

6. Pairs switch roles: the other Participant will counsel, problem solve, reach-an-agreement with the mother/father/caregiver of a child (6 up to 24 months) while the Participant who previously counselled now follows the discussion with the observation checklist in order to give feedback later

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

Methodology: Feedback Exchange

Suggested Time: 60 minutes

Instructions for Activity:

IYCF Support Groups and Action-oriented Groups

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

Individual Counselling

1. At training site, in large group, ask each pair of Participants to summarize their counselling experience by filling-in the Summary Chart for visits, attached to the wall or on the mat, and used after 1st Field Practice: Session 11
2. Participants receive and give feedback
3. Facilitators and Participants identify key gaps that need more practise/observation time at site
4. Discuss and summarize

Tally

1. Distribute and explain *IYCF Community Worker Tool 5*: Monthly Activity Log: IYCF Support to Pregnant Women and Mothers-Children (0 up to 24 months)
2. Ask Participants to fill-in *IYCF Community Worker Tool 5*: Monthly Activity Log: IYCF Support to Pregnant Women and Mothers-Children (0 up to 24 months) based on their IYCF activities during both days of field visit
3. Discuss and summarize

Community Worker Monthly Activity Log: ALL Community Workers who provide IYCF support to pregnant women and mothers/caregivers with children from 0 up to 24 months should complete the following form. Use this form to report the types and frequency of IYCF support activities performed during a month's reporting period.

IYCF Community Worker Job Aid 5: Example of Register from Zimbabwe: for use by CWs who are assigned to follow a Pregnant Woman and her Child up to 24 months[2]

District (facility, supervision area or other identifying information: adapt as appropriate): _____

Name of Community Worker: _____

	Date of enrollment by IYCF CW	Name of Mother	Name of Child	Date of birth of child, or Age of child (in months) if date not known*	IYCF Counselling (one √ for each time the woman receives IYCF counseling; an alternative option would be to put the date counseling provided)	Date of exit from programme	Comments (e.g. feeding problems, any referrals made, illnesses, reason for exit, etc.)
1.							
2.							
3.							

*Accurate measurement of age is critical for IYCF counselling, as feeding recommendations are based on the child's age. Supervisors must be trained to understand how to help counsellors determine accurate child age. Ideally, age can be determined from a record of the child's date of birth or a date known by someone in the family. For information on determining a child's age in months, see *Infant and Young Child Feeding Practices, Collecting and Using Data: a Step-by Step Guide, CARE USA , 2010, Table 6.2.1: Converting child's age form days to months*. If age cannot be determined from a record or the mother's report, then is must be estimated. Ideally, a local calendar can be established. For guidance on developing a local calendar, see FAO: *Guidelines for Estimating the Month and Year of Birth of Young Children*.

[2] This Register form is for use in situations where an IYCF Community Worker registers, provides support for and tracks the progress of a specific mother-child pair from the ante-natal period until the child reaches his/her second birthday.

SESSION 14. WOMEN'S NUTRITION

Learning Objectives	Methodologies	Training Aids
1. Describe the undernutrition cycle: undernourished child, teenager, pregnant woman, and baby.	• Brainstorming • Interactive presentation	Undernutrition cycle
2. Describe the actions that can break the undernutrition cycle in order to have a well nourished child, teenager, adult and pregnant woman, and baby.	Group work	• Illustrations of well nourished child, teenager, adult and pregnant woman, and baby • *Participant Materials* 14.1: Actions to break the undernutrition cycle • **CC 1: Nutrition for pregnant and lactating woman** • ***Key Messages Booklet*** • ***Take-home Brochure*: Nutrition During Pregnancy and Breastfeeding**
3. Describe the recommended interval for spacing children and the criteria for the Lactation Amenorrhoea Method (LAM)	• Interactive presentation • Group work	• **CC 20: Optimal family planning promotes improved health and survival for both mother and child** • ***Key Messages Booklet***

Materials:

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

Duration: 1½ hours

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

Methodology: Brainstorming; Interactive Presentation

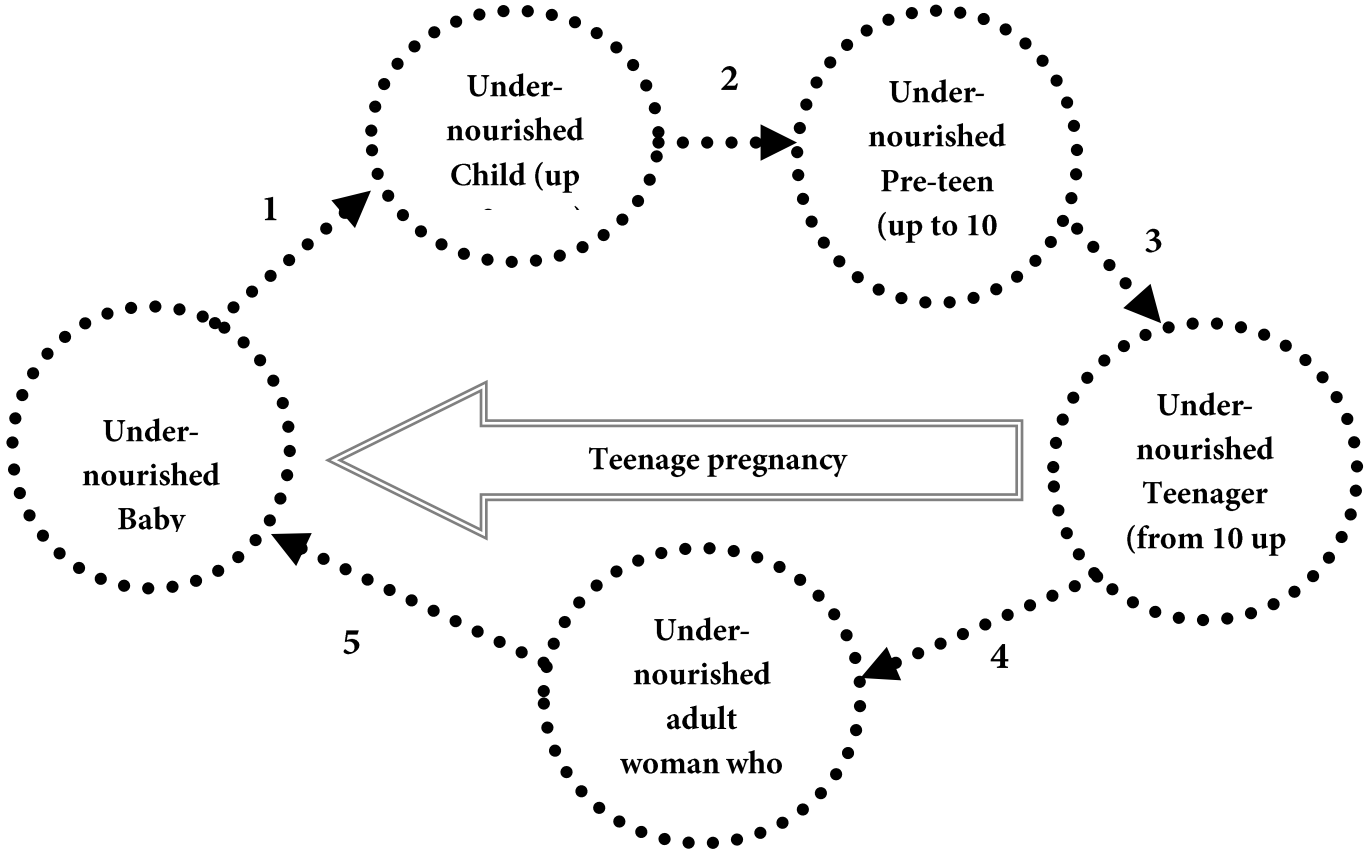
Suggested Time: 15 minutes

Instructions for Activity:

1. Facilitator draws 4 circles on a flipchart with arrows connecting the circles (see drawing below)
2. Facilitator writes undernourished child (up to 2 years), teenager (from 10 up to 19 years), pregnant woman, and baby – one for each circle
3. Facilitator explains that this diagram represents the undernutrition cycle
4. Ask Participants: What are the consequences of undernutrition for women?
5. After discussion, show prepared flipchart with consequences of undernutrition for women
6. Review information on Teenage Pregnancy from Key Messages booklet (CC 1)
7. Discuss and summarize

Key Information

Possible outcomes of undernutrition



Consequences of undernutrition for women

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

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

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

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

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

Learning Objective 2: Describe actions that can break the undernutrition cycle in order to have a well nourished child, pre-teen, teenager, woman, and baby

Methodology: Group work

Suggested Time: 45 minutes

Instructions for Activity:

1. Divide Participants into 5 groups and ask each group to focus on one point of the undernutrition cycle (one arrow) and think of recommendations that can break the cycle at that point (from undernourished to well nourished)
2. Each group will present their work in large group
3. As each group presents, place an illustration on the corresponding circle of the undernutrition cycle: 1) a well nourished baby, 2) a well nourished child up to 2 years old, 3) well nourished pre-teen (up to 10 years), 4) well nourished teenager (from 10 up to 19 years), and 5) well nourished adult woman and pregnant woman
4. Ask Participants the following question: Can a malnourished mother breastfeed her infant?
5. Facilitate a discussion and summary of the answers in large group
6. Distribute *Participant Materials* 14.1: Actions that can break the undernutrition cycle (or refer to specific page in *Participant Materials*) and review together
7. Ask working groups to observe **CC 1: Nutrition for pregnant and breastfeeding woman** and ***Take-home Brochure*: Nutrition During Pregnancy and Breastfeeding** and to comment on the counselling discussion points of the card
8. Orient Participants to the Key Messages from ***Key Messages Booklet***
9. Discuss and summarize

Key Information

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

See *Participant Materials* 14.1: Actions to break the undernutrition cycle

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

Methodology: Interactive presentation; Group work

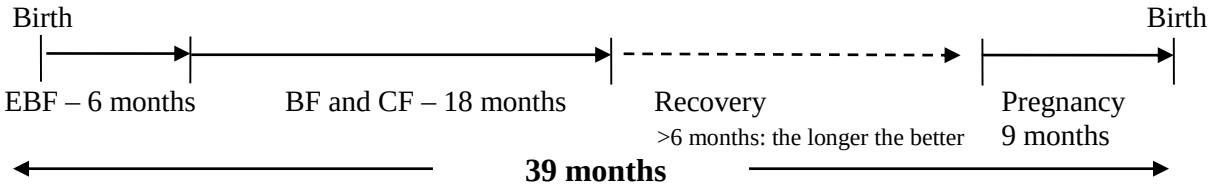
Suggested Time: 30 minutes

Instructions for Activity:

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

Key Information

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



Note: For the best maternal and child outcomes, the recommended interval between pregnancies is 39 months: six months exclusive breastfeeding, followed by at least 18 months additional breastfeeding with complementary foods, and at least six months of neither

breastfeeding nor pregnancy

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

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

L = Lactation
A = Amenorrhoea
M = Method

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

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

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

Family Planning Methods compatible with Breastfeeding

1. Non-hormonal methods – anytime post-partum
2. Progesterone only: injectables or implants – after 6 weeks post-partum (progesterone administered to a mother in the first 8 weeks post-partum may affect the quantity of her breast milk)
3. Combined oral contraceptives – after 6 months post-partum

Note for the community IYCF Counsellor on family planning methods:

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

Participant Materials 14.1: Actions that can break the undernutrition cycle

1. **How do we break the cycle so that an undernourished baby can become a well nourished child (up to 2 years)?**
   Prevent growth failure by:

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

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

2. **How do we break the cycle so that an undernourished child can become a well nourished pre-teen (up to 10 years)?**
   Promote appropriate growth by:
   - Increasing the food intake and variety
   - Encouraging different types of locally available foods – the 4 star diet as described above

- Preventing and seeking early treatment of infections
- Encouraging parents to give girls and boys equal access to education – undernutrition decreases when girls/women receive more education.
- Encouraging good hygiene practices
- Encouraging physical activity
- Encouraging use of Insecticide treated nets (ITNs)

3. How do we break the cycle so that an undernourished child can become a well nourished teenager (from 10 up to 19 years)?

Promote appropriate growth by:

- Increasing the food intake and variety to prepare for growth spurt
- Encouraging different types of locally available foods – the 4 star diet as described above
- Preventing and seeking early treatment of infections
- Encouraging parents to give girls and boys equal access to education – undernutrition decreases when girls/women receive more education.
- Avoiding processed/fast foods
- Avoiding intake of coffee/tea with meals
- Encouraging good hygiene practices
- Encouraging physical activity
- Encouraging use of Insecticide treated nets (ITNs)
- Fostering good body image

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

A. Improve women's nutrition and health by:

- Encouraging different types of locally available foods – the 4 star diet as described above
- Preventing and seeking early treatment of infections
- Encouraging good hygiene practices.
- Avoid consumption of coffee and tea with meals
- Avoid alcohol, smoking, and drugs

B. Encourage family planning by:

- Delaying first pregnancy until her own growth is completed (usually 20 to 24 years)
- Encouraging families to delay marriage for young girls (in some settings, it may be more politically-acceptable to use the wording 'delay pregnancy' than 'delay marriage')
- Visiting a family planning centre to discuss which family planning methods are available and most appropriate for their individual situations. *(Using a family*

planning method is important in order to be able to adequately space the births of her children)

C. Decrease energy expenditure by:

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

D. Encourage men's participation so that they:

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

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

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

- Increasing the food intake of women during pregnancy: eat one extra meal or "snack" (food between meals) each day; during breastfeeding eat 2 extra meals or "snacks" each day.
- Encouraging consumption of different types of locally available foods – the 4 star diet as described above.
- All foods are safe to eat during pregnancy and while breastfeeding.
- Begin antenatal care early in pregnancy so that pregnant woman can receive iron/folate (and other recommended supplements) as soon as she knows she is pregnant and continue for at least 3 months **after** delivery of the child.
- Giving vitamin A to the mother within 6 weeks after birth.
- Preventing and seeking early treatment of infections:
  - Completing anti-tetanus immunizations for pregnant women, (5 injections in total)
  - Using of insecticide treated bed nets
  - De-worming and giving anti-malarial drugs to pregnant women between 4th and 6th month of pregnancy.
  - Prevention and education on STI and HIV/AIDS transmission

- Encouraging good hygiene practices.
- Avoid consumption of coffee and tea with meals
- Avoid alcohol, smoking, and drugs

B. Space children to allow for rebuilding mother's nutrient stores between lactation and the next pregnancy

C. Decrease energy expenditure by:

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

D. Encourage men's participation so that they:

- Accompany their wives/partners to antenatal care and reminding them to take their iron/folate tablets
- Provide extra food for their wives/partners during pregnancy and lactation
- Help with household chores to reduce wives/partners' workload
- Encourage their wives/partners deliver at health facility
- Make arrangements for safe transportation to facility (if needed) for birth
- Encourage their wives/partners to put the babies to the breast immediately after birth
- Encourage their wives/partners to give the first thick yellowish milk to babies immediately after birth
- Provide Insecticide treated nets (ITNs) for their families and make sure that their pregnant wives/partners and small children get to sleep under the net every night

Note: HIV and Nutrition

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

SESSION 15. FEEDING THE SICK CHILD

Learning Objectives	Methodologies	Training Aids
1. Name the practices for feeding the sick child and describe what responsive feeding and care practices look like	Working groups – rotation of flipcharts	• **CC 11: Feeding your sick baby less than 6 months of age** • **CC 19: Feeding your sick child older than 6 months of age** • **CC 12: Good hygiene practices prevent disease**
2. Identify signs requiring the mother/father/caregiver to seek care for the child	• Brainstorming • Small Group Work	• **CC 22: When to bring your child to the health facility** • ***Key Message Booklet***

Materials

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

Duration: 1 hour

Learning Objective 1: Name the practices for feeding the sick child and describe what responsive feeding and care practices look like

Methodology: Working groups – rotation of flipcharts

Suggested Time: 45 minutes

Instructions for Activity

1. Divide participants into 4 groups
2. Set-up 4 flipcharts throughout the room with the following titles:
   a) How to feed a child less than 6 months old during illness?
   b) How to feed a child less than 6 months old after illness?
   c) How to feed a child older than 6 months during illness?
   d) How to feed a child older than 6 months after illness?

3. Ask each group to go to a flipchart and answer the question on that flipchart; after 2 minutes the Facilitator asks the groups to rotate to the next flipchart; repeat until all groups have a chance to visit each flipchart
4. Groups do not repeat the same information, but only add new information
5. Each team presents in plenary
6. Ask groups to observe and study **CC 11: Feeding your sick baby less than 6 months of age, CC 19: Feeding your sick child older than 6 months of age,** and to review **CC 12: Good hygiene practices prevent disease**
7. Review together Key Messages from ***Key Messages Booklet***
8. Discussion and summary

Key Information

- See counselling discussion points/messages on **CC 11: Feeding your sick baby less than 6 months of age**
- See counselling discussion points/messages on **CC 19: Feeding your sick child older than 6 months of age**

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

Note:

- During the first few days of life: baby's stools are dark green to black (colostrum helps to expel this tar-like stool called meconium)
- It is normal for the stools of the breastfed baby to be mostly liquid, with small curds that resemble cottage cheese. This is not diarrhoea.
- A breastfed baby should have two or more good-sized bowel movements every day for the first 6-8 weeks.
- At around the age of six weeks, the stooling pattern of a breastfed baby may change. It is not uncommon for the breastfed baby to skip days between bowel movements. Some babies skip every other day, some go every two or three days, some once every 5 - 7 days.

Sick baby under 6 months 	• A sick baby often does not feel like eating, but needs even more strength to fight the illness. • Breastfeed more frequently during diarrhoea to help the baby fight the sickness and not lose weight. • Breastfeeding also provides comfort to a sick baby. • If the baby is too weak to suckle, express breast milk to give to the baby either by cup or by expressing directly into the baby's mouth. This will help the mother keep up her milk supply and prevent engorgement. **Responsive Feeding and Care Practices** • Recognize and respond to signs of baby's illness • Encourage baby until he or she takes the breast again

Sick baby over 6 months 	• Increase breastfeeding during diarrhoea, and continue to offer favourite foods in small quantities. • During recovery, offer more foods than usual (an additional meal of solid food each day during the next two weeks) to replenish the energy and nutrients lost during illness. • Offer the young child simple foods like porridge, even if s/he does not express interest in eating. • Avoid spicy or fatty foods. • Breastfeed more frequently during two weeks after recovery. • Animal milks and other fluids may increase diarrhoea (the origin of the belief that milk brings about diarrhoea). However, this is not true of breast milk. Stop giving other milks, but give more fluids and water (and ORS if child is severely dehydrated). **Responsive Feeding and Care Practices** • Recognize and respond to signs of childhood illness • If child's appetite is decreased, encourage him or her to eat small frequent meals. • During illness give the baby small frequent meals and more fluids, including breast milk or other liquids. • Encourage the baby to eat a variety of (his or her) favourite soft foods. After illness feed more food and more often than usual for at least 2 weeks.

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

***Methodology*:** Brainstorming; Small Group Work

Suggested Time: 15 minutes

Instructions for Activity:

1. Ask participants to brainstorm signs that require mother/father/caregiver to refer child to health facility.
2. As Participants mention the signs that require referral place the illustrations on the wall or mat so all can see.
3. Ask Participants to study **CC 22**: **When to bring your child to the health facility**
4. Orient Participants to the Key Messages from ***Key Messages Booklet***
5. Discuss and summarise

Key Information

- See **CC 22**: **When to bring your child to the health facility** and ***Key Message Booklet***

SESSION 16. INFANT FEEDING IN THE CONTEXT OF HIV

Learning Objectives	Methodologies	Training Aids
1. Explain when and how HIV can be transmitted from mother to child and explain the risk of transmission with and without interventions.	• Brainstorming • Interactive presentation	• Draw 2 bar graphs on flipchart
2. Describe infant feeding in the context of HIV **(dependent on National Policy)**	• Brainstorming • Buzz groups • Group work	When National Policy is 'Breastfeed and receive ARVs': • **CC23a: Exclusively Breastfeed up to 6 months and take ARVs (for mother and/or baby)** • **CC 23b: Exclusively Breastfeed up to 6 months even when there are no ARVs** • Training Aid: Benefits and risks of different feeding methods for HIV exposed infants less than 6 months of age When National Policy is 'Avoid All Breastfeeding' OR when mother opts out of breastfeeding: • **CC Special Circumstance 1: Avoid ALL Breastfeeding** • **CC Special Circumstance 2: Conditions needed to Avoid ALL Breastfeeding** • ***Key Messages Booklet***
3. Describe feeding a child from 6 up to 24 months when an HIV positive mother breastfeeds or does NOT breastfeed	Group work	**CC Special Circumstance 3: Non-breastfed child from 6 up to 24 months**
4. Identify breast conditions of the HIV positive breastfeeding woman and refer for treatment.	Brainstorming	
5. Describe the role of the Community Worker (CW)	Group work	Flipchart with role of CWs

Learning Objectives	Methodologies	Training Aids
who has training in IYCF, but not in PMTCT		
Optional: Discuss the importance of early HIV testing and counselling for the mother and the infant (at 6 weeks) and confirmatory HIV testing and counselling at the end of breastfeeding.	To use in countries where HIV testing and counselling is low	

Materials:

- Flipchart papers and stand (+ markers + masking tape or sticky putty)
- Flipchart with 2 bar graphs
- Training Aid: 5 sets of illustrations on the benefits and risks of different feeding methods for HIV exposed infants less than 6 months of age
- Flipchart: role of the community worker trained in IYCF but not trained in PMTCT

Duration: 2 hours

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

Methodology: Brainstorming; Group work

Suggested Time: 30 minutes

Instructions for Activity:

1. Ask Participants the question: When can HIV be transmitted from mother-to-child (MTCT)?
2. Probe until Participants mention during pregnancy, labour and delivery, and breastfeeding
3. Ask the participants how HIV is passed on from an infected mother to the infant (through exposure to infected blood during delivery and body fluid – breastmilk - during breastfeeding)
4. On flipchart draw a bar chart to indicate infant outcomes at 2 years of when 100 HIV+ mothers breastfeed for 2 years and NO preventive actions are taken
5. Ask Participants: What is the risk of HIV passing to baby when NO preventive actions are taken?
6. On bar indicate Participants' answers
7. Then mark (65 not infected, 25 become infected during pregnancy, labour and delivery, and 10 become infected during breastfeeding) and compare to Participants' answers

8. Construct another bar chart indicating infant outcomes at 6 months when 100 HIV infected mothers practice exclusive breastfeeding for 6 months and both mother and infant take ARVs (95 are not infected, 2 become infected during pregnancy, labour and delivery, and 3 become infected during breastfeeding)
9. Ask Participants: What is the risk of HIV passing to baby when mother practices exclusive breastfeeding for 6 months and both mother and infant take ARVs?
10. On bar indicate Participants' answers
11. Then mark (95 not infected, 2 become infected during pregnancy, labour and delivery, and 3 become infected during breastfeeding) and compare to Participants' answers
12. Make sure the bar charts are labeled
13. Discuss and summarize

Key Information

If a woman is HIV positive..... What is the risk of HIV passing to her baby when NO preventive actions are taken?

- A baby born to a HIV infected mother can get HIV from the mother during pregnancy, labour and delivery, and throughout breastfeeding.
- **In the absence of any interventions**[3] to prevent or reduce HIV transmission, research has shown that if 100 HIV infected women get pregnant, deliver, and breastfeed for two years[4]:
  - About 25 may be infected with HIV during pregnancy, labour and delivery
  - About 10 may be infected with HIV through breastfeeding, if the mothers breastfeed their babies for 2 years
  - **About 65 of the babies will not get HIV**
  - The aim is to have infants who do not have HIV but still survive (HIV-free survival) Therefore the risks of getting HIV through breastfeeding have to be compared to the risks of increased morbidity and mortality associated with not breastfeeding.

If a woman is HIV positive.... What is the risk of passing HIV to her baby if both take ARVs and practise exclusive breastfeeding during the first 6 months?

[3] Interventions to reduce MTCT

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

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

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

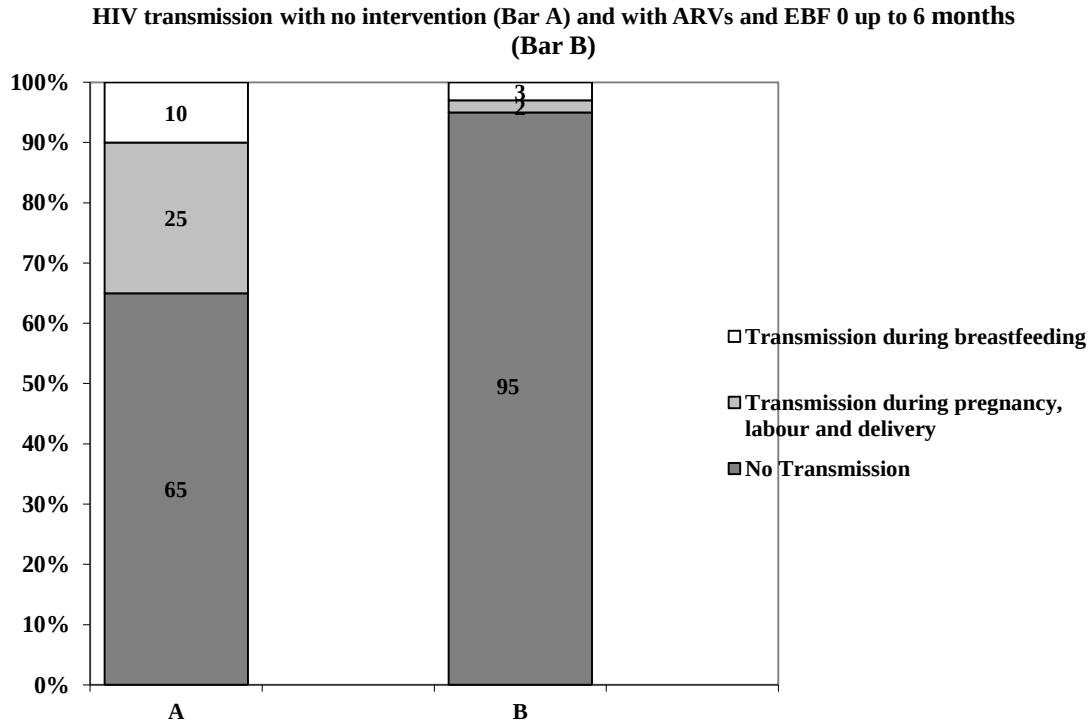
[4]DeCock KM et al. Prevention of mother-to-child HIV transmission in resource-poor countries: translating research into policy and practice. Journal of the American Medical Association, 2000, 283(9): 1175–1182

Risk of transmission decreases with ARV

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

Note:

- When mother takes ARVs from the time of HIV testing and as early as 14 weeks of pregnancy, the risk of transmission during pregnancy and labour and delivery is virtually non-existent. Some studies have also shown that the transmission during breastfeeding with ARVs can be as low as 1 out of 100 babies. Breastfeeding can continue for at least 12 months and/or until appropriate feeding is available.
  - While maternal infection with HIV during pregnancy or breastfeeding greatly increases the risk of transmission to the fetus or child; it is also important for the mother to avoid a new infection during these times.
  - The risk of HIV transmission from breastfeeding after 6 months is relatively low, especially with prophylaxis/ARVs



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

Methodology: Brainstorming; Buzz Groups; Group work

Suggested Time: 45 minutes

Instructions for Activity 1: 10 minutes

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

.....

Instructions for Activity 2: 15 minutes

1. Ask Participants to observe **CC 23a: Exclusively Breastfeed up to 6 months and take ARVs (for mother and/or baby)** and discuss
2. Ask Participants:
   - What should an HIV positive mother do if she does not have access to ARVs?
   - To observe **CC 23b: Exclusively Breastfeed up to 6 months even when there are no ARVs**

3. **ONLY if national policy is 'Avoid All Breastfeeding'**: ask Participants to observe **CC Special Circumstance 1: Avoid All Breastfeeding** and discuss
   - Point out that **CC Special Circumstance 2: Conditions needed to Avoid All Breastfeeding** is used with the HIV positive mother at the health facility, and the community worker supports the mother to implement the recommendations
4. Orient Participants to the Key Messages from *Key Messages Booklet*
5. Discuss and summarize

……..

Instructions for Activity 3: 15 minutes

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

…….....

Instructions for Activity 4: 20 minutes

a. Distribute 3 role-play exercises among the 5 groups and ask them to respond:
   i. A pregnant HIV positive woman says: "I am going to breastfeed my baby, but my husband now has a new job and he says he will be able to afford some formula. I plan to breastfeed and give my baby formula when my husband brings it home".
   ii. An HIV positive mother is exclusively breastfeeding her 6 week old daughter. Her daughter has tested negative and the mother wants to change her feeding method to formula feeding.
   iii. An HIV positive mother exclusively breastfed her son for 6 months and continued breastfeeding until her child was 9 months of age. She has decided to switch to formula feeding.

b. Ask 3 groups to share their responses; ask other groups if they agree or disagree and to make additional points

c. Discussion and Facilitator fills-in gaps

Activity 1: *Key Information*

Definitions

Definition	Requires that the infant receive	Allows the infant to receive	Does not allow the infant to receive
Exclusive breastfeeding (EBF)	Only breast milk (including milk	Drops, syrups, (vitamins, minerals,	Anything else; no water, drink or food

	expressed or from a wet nurse)	medicines or ORS) prescribed by doctor	

- **Replacement feeding** is the process of feeding a child who is not breastfeeding with a diet that provides all the nutrients the child needs until the child is fully fed on family food. During the first six months of life, replacement feeding should be with a suitable breast milk substitute, usually with infant formula, given exclusively (not mixed with breast milk or other foods). After six months the suitable breast milk substitute should be complemented with other foods. Animal milk is inappropriate for infants less than 6 months.

- **Mixed feeding** is giving breast milk plus other foods or drinks, including ready to use therapeutic foods **before the age of 6 months**. Giving solids or liquids to a breastfeeding chid less than 6 months increases HIV transmission risk. The mother should be advised to give EITHER Only Breast Milk (exclusively breastfeed) OR Only Replacement Milk (exclusively replacement feed) her child up to 6 months of age. (**Mixed feeding is dangerous for ALL infants less than 6 months, irrespective of knowing HIV status of mother.** In an HIV prevalent area, there is even more reason to support exclusive breastfeeding.) **Note:** A baby less than 6 months has immature intestines. Food or drinks other than breast milk before 6 months can cause damage to the baby's gut. This makes it easier for HIV virus and other viruses to pass to the baby.

- **Complementary feeding** means giving other foods in addition to breast milk to an infant starting from 6 months old. At 6 months breast milk alone is no longer sufficient to meet baby's nutritional needs and therefore other foods and liquids need to be given along with breast milk. In addition to breast milk, other foods are essential for baby's growth and development.

- **Continued breastfeeding** is breastfeeding after 6 months exclusivity. When the mother is HIV positive ARVs are given (for mother or baby), and breastfeeding can continue for up to 12 months.

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

Note: the WHO 2010 Guidelines call for the decisions on Infant Feeding in the Context of HIV to be made at national level.

Breastfeed and Take ARVs

A. HIV negative mother or mother of unknown status:

- Exclusively breastfeed for up to 6 months, add complementary foods at 6 months and continue breastfeeding for 2 years and beyond
- See *Participant Materials* 5.2: Recommended breastfeeding practices and possible counselling discussion points

B. HIV positive mother whose infant tests HIV negative or is of unknown HIV status:

1. **From birth up to 6 months:**
   a. Exclusively breastfeed from birth up to 6 months together with ARVs for mother OR infant
   - Exclusive breastfeeding in the first six months helps to significantly reduce the baby's risk of illness, malnutrition and death, and carries a relatively low average risk of transmission in the first six months as compared to mixed feeding.
   - Same recommended breastfeeding practices that apply for HIV negative mother and mother of unknown status
   - See *Participant Materials* 5.2: Recommended breastfeeding practices and possible counselling discussion points
   - Exclusively breastfeed from birth up to 6 months even when no ARVs are available

2. **From 6 up to 12 months:**
   - Breastfeeding and ARVs should continue until 12 months
   - Add complementary foods at 6 months and continue breastfeeding unless environmental and social circumstances are safe for, and supportive of replacement feeding.
   - In circumstances where ARVs are unlikely to be available, such as acute emergencies, breastfeeding of HIV exposed infants is also recommended to increase survival.

Cessation of breastfeeding at 12 months

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

Note: Adapt to country policies e.g. some national policies have extended continued breastfeeding for 18 or 24 months.

C. HIV positive mother whose infant is HIV positive:

1. **From birth up to 6 months:**
   - Exclusively breastfeed for up to 6 months
2. **From 6 up to 24 months**:
   - Add complementary foods at 6 months and continue breastfeeding for 2 years and beyond

Avoid All Breastfeeding OR when mother opts out of breastfeeding

1. **From birth up to 6 months:**
   - Avoid All Breastfeeding and feed baby exclusively with industrially produced infant formula

   Note: Replacement feeding is also accompanied with provision of ARVs for the mother and the infant (the latter for six weeks after delivery). The mother gives the baby only industrially produced infant formula (exclusive replacement feeding) from birth up to 6 months (no breastfeeding and no animal milk). Maintaining the mother's central role in feeding her baby is important for bonding and may also help to reduce the risks in preparation of replacement feeds.

2. **From 6 up to 24 months:**
   - Add foods at 6 months and continue to feed baby with industrially produced infant formula and/or animal milk (See Objective 3 below)

Activity 3: *Key Information*

Balance of Risks for Infant Feeding Options in the Context of HIV (for infants 0 up to 6 months)

	Only Breast Milk	**Only Replacement Milk**	**Mixed Feeding (Breast Milk and Replacement Milk)**
		 	  
Risk of HIV	YES	NO	YES
Risk of Sickness/ Mortality	SOME RISK BUT MUCH LOWER	YES	YES

Activity 4: *Key Information*

Key responses to role-play exercises

a. Role-play
- Mixed feeding is the worst practice, as it increases the risk of HIV transmission as well as exposing the infant to the risks of illness from contaminated formula made with dirty water and given in dirty bottles, and contaminated foods and other liquids.
- Breast milk has a substance that coats the lining of the baby's gut or intestine and protects it from harmful substances. When baby receives mixed feeding small sores in the baby's gut or intestine are formed, allowing larger molecules such as the HIV virus to enter.

b. Role-play
- Congratulate mother on having her baby tested
- Discuss dangers of mixed feeding
- Refer to health facility

c. Role-play
- Discuss the importance of breastfeeding in the 2nd year of life (supplies up to 40% energy needs of baby)
- Mothers who decide to stop breastfeeding at any time should stop gradually within one month.
- Refer to health facility for national policy on HIV positive mother and length of continued breastfeeding

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

Methodology: Interactive presentation

Suggested Time: 15 minutes

Instructions for Activity:

1. Ask Participants 2 questions:
   i) When an HIV positive mother breastfeeds, how should she feed her child from 6 up to 24 months?
   ii) When an HIV positive mother is NOT breastfeeding, how should she feed her child from 6 up to 24 months of age?
2. Distribute 6 cards that complete the bottom row of Complementary Feeding chart and ask participants to place in correct space (See *Participant Materials* 7.1: Recommended complementary feeding practices):
   i) Add 1 to 2 extra meals
   ii) 1 to 2 snacks may be offered
   iii) Same as above according to age group
   iv) Same as above according to age group
   v) Same as above, plus 1 to 2 cups of milk per day
   vi) 2 to 3 cups of extra fluid especially in hot climates
3. Observe **CC Special Circumstance 3: Non-breastfed child from 6 up to 24 months**
4. Discuss and summarize

Key Information

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

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

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

- At about 6 months an infant is better able to tolerate undiluted animal milk and a variety of semi-solid foods.
- Add 1 to 2 **extra** meals and, depending on the child's appetite, offer 1 to 2 snacks
- Add 1 to 2 cups of milk per day

- Add about 2 – 3 cups/day of extra fluids in a hot climate
- For infants 6 up to 12 months old, milk provides many essential nutrients and satisfies most liquid requirements. However, in some places, neither animal milk nor infant formula is available.
- Where suitable breast milk substitutes are not available, feed infant animal foods (meat, poultry, fish, eggs, or milk products), additional meals and/or specially formulated, fortified foods.
- Where neither breast milk substitutes nor animal milk or animal foods are available, nutrient requirements cannot be met unless specially formulated, fortified foods or nutrient supplements are added to the diet.
- Calcium-rich foods such as papaya, orange juice, guava, green leafy vegetables, and pumpkin should be consumed daily.
- Infants not fed milk should be offered plain, clean, boiled water several times a day to satisfy thirst.

Learning Objective 4: Identify breast conditions of the HIV positive mother and refer for treatment

Methodology: Brainstorming

Suggested Time: 15 minutes

Instructions for Activity:

1. Ask Participants to brainstorm the questions: What breast conditions need special attention (put up illustrations of breast conditions as each condition is mentioned). And what should the breastfeeding woman do when these breast conditions present themselves?
2. Ask Participants: what is heat-treating of breast milk? And when is it used?
3. Facilitator briefly explains "how to" heat-treat breast milk.
4. Discuss and summarize

Key Information

- An HIV positive mother with cracked nipples, mastitis (inflammation of the breast), or abscess has increased risk of transmitting HIV to her baby and so should:
  - stop breastfeeding from the infected breast and seek prompt treatment
  - continue breastfeeding on demand from uninfected breast
  - express breast milk from the infected breast(s) and either discard it or heat-treat it before feeding to baby
- An HIV positive mother with thrush/Candida (yeast infection of the nipple and breast) has increased risk of transmitting HIV to her baby and so should:
  - Not breastfeed from either breast
  - Discard or heat treat expressed breast milk
- Both infant and mother need to be treated for thrush

- Baby's symptoms:
  - white patches inside check or on tongue
  - maybe rash on baby's bottom
  - baby repeatedly pulls off the breast or refuses to breastfeed
- Mother's symptoms:
  - sore nipples with pain continuing between feeds, pain like sharp needles going deep into the breast, which is not relieved by improved attachment
  - there may be a red or flaky rash on the areola, with itching and de-pigmentation

Note: Cracked nipples and mastitis are discussed more fully in Session 10: Common breastfeeding difficulties – symptoms, prevention and 'what to do'

Mothers known to be HIV positive may consider **expressing and heat-treating breast milk** as *an interim feeding strategy*[5]:

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

Note: If baby is known to be HIV positive, a mother with cracked nipples and mastitis still needs to heat-treat expressed breast milk to prevent re-infection.

How to heat-treat breast milk

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

Note: Flash-heat[6] is a recently developed, simple method that a mother can implement over an outdoor fire or in her kitchen to heat-treat her breast milk. However, field studies are urgently needed to determine the feasibility of in-home flash-heating of breast milk.

[5] WHO.HIV and infant feeding: Revised Principles and Recommendations - Rapid Advice, November 2009

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

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

Methodology: Brainstorming

Suggested Time: 15 minutes

Instructions for Activity:

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

Key Information

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

- 'Know the facts: become educated'
- Explain the benefits of ARVs (special medicines) both for the mother's health if she needs them and for preventing transmission of HIV to her baby.) This is especially necessary when mother starts to take ARVs in early pregnancy and continues through breastfeeding.
- Support HIV positive woman to go to a health facility that provides ARVs
- Reinforce the ARV message at all contact points

- **Where national policy is '<u>Breastfeed and Take ARVs'</u>**:
  - Recommend breastfeeding practices (See *Participant Materials* 5.2: Recommended breastfeeding practices and possible counselling discussion points)
  - Identify breast conditions of the HIV positive mother and refer for treatment

  - **Where national policy is '<u>Avoid All Breastfeeding'</u>**
  - No mixed feeding
  - No dilution of formula
  - No animal milk in infants less than 6 months
  - Help mother read instructions on formula tin
  - Make sure mother is preparing formula correctly, feeding with a cup and not a bottle, washing hands and cleaning utensils properly

Refer to health facility if HIV positive mother changes feeding method or asks about changing feeding method

In high prevalence region:

- Refer breastfeeding mother who previously tested negative to health facility for repeat testing

Optional:

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

Methodology: Brainstorming

Instructions for Activities:

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

1. Ask Participants to brainstorm the importance of HIV counselling and testing for the mother
2. Probe until the following reasons are presented:
   - Forms the first step to prevention, care, treatment (including anti-retroviral treatment) and support
   - Encourages more people to be tested and to reduce the stigma surrounding HIV testing
   - Increases the number of people who know they are positive
   - Helps prevent further HIV transmission
   - For those who are HIV negative– promotes behaviour change towards "safe sex" and hence its importance for HIV prevention
   - Allows for management of infections like pneumonia and tuberculosis
   - Allows for ARVs (prevention drugs) during pregnancy and breastfeeding
   - Allows for ART (treatment drugs) for the mother's own health if she needs it

In high prevalence region:

- Refer breastfeeding mother who previously tested negative to health facility for repeat testing

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

1. Ask Participants to brainstorm responses to the question: Why is HIV counselling and testing important for the infant?
2. Probe until the following reasons are presented:
   - Allows for early diagnosis of an HIV positive child
   - HIV positive child can then be treated early with anti-retroviral drugs (ARVs), giving the child a good chance to grow normally and lead a long and healthy life
   - HIV positive child should be breastfed to 2 years or beyond and can be breastfed with confidence, as this helps protect the child from malnutrition and illness like diarrhoea
   - If the child tests negative, the mother should be encouraged in her practice that protects her baby and should continue to implement the national feeding policy: breastfeeding and ARVs, OR replacement feeding
3. Discuss and summarize.

SESSION 17. INTEGRATING IYCF SUPPORT INTO COMMUNITY SERVICES (using CMAM as an example)

Learning Objective	Methodologies	Training Aids
1. Identify how IYCF can be integrated into community services (using CMAM as an example).	Group work	• *Participant Materials* 17.1: Checklist – Integrating IYCF Support into CMAM Programming • **CC 21: Monitor the Growth of your Baby Regularly**

Materials:

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

Duration: 1 hour

Learning Objective 1: Identify how IYCF support can be integrated into community services (using CMAM as an example)

Methodology: Group work

***Suggested Time*:** 60 minutes

Instructions for Activity:

1. Ask Participants: What different community services or programmes exist in your community?
2. Form 4 working groups of Participants
3. If CMAM is one of the community services, use CMAM as an example and ask each group to list activities/interventions that could be included to integrate IYCF support into CMAM community services
4. If CMAM is not one of the community services, use another community service (e.g., GMP, ENA, SFP) and ask each group to list activities/interventions that could be included to integrate IYCF support into the community service
5. Ask groups to share their lists
6. After groups share, ask Participants to look at *Participant Materials* 17.1: Checklist – Integrating IYCF Support into CMAM Programming (or refer to specific page in *Participant Materials*) and review together
7. Review together CC 21: Monitor the growth of your baby regularly and key information from *Key Message Booklet* on CC 21
8. Discuss and summarize.
9. Orient Participants to Appendices:

- Session 6a. Infant and Young Child Feeding in Emergencies
- Session 6b: Feeding of the Sick and Malnourished Child
- Session 6c: IYCF in the Context of CMAM

Key Information

Skills, activities/interventions and materials used in integrating IYCF support into CMAM (or other) community services:

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

Materials:

- Counselling Cards on recommended breastfeeding practices
- **CC 12: Good hygiene (cleanliness) practices prevent disease**
- **CC 13 to 17: *Counselling Cards* for complementary foods for each age group**
- **CC 21: Monitor the growth of your baby regularly**
- ***Key Messages Booklet***
- *Take-home Brochures*
- *Participant Materials* 7.1: Recommended complementary feeding practices
- *Participant Materials* 7.2: Different types of locally, available foods
- *Participant Materials* 7.3: Recommended complementary feeding practices and possible points of discussion for counselling
- See *Participant Materials* 17.1: Checklist – Integrating IYCF Support into CMAM Programming

Participant Materials 17.1: Checklist – Integrating IYCF Support into CMAM Programming

1. Mobilisation and sensitisation

- ❑ Assess community IYCF practices: breastfeeding and complementary feeding
- ❑ Assess cultural beliefs that influence IYCF practises
- ❑ Identify locally affordable available and seasonal foods
- ❑ Analyze data to reach feasible behaviour and counselling discussion points (or messages)
- ❑ Ensure community knows their CWs

2. Admission

- ❑ Encourage mothers to continue breastfeeding
- ❑ Discuss any breastfeeding difficulty
- ❑ Share responsive feeding and care practices

3. Weekly or bi-weekly follow-up

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

4. Discharge (MOH)

- ❑ Encourage mothers to continue breastfeeding
- ❑ Support, encourage and reinforce recommended breastfeeding and complementary feeding practices
- ❑ Work with the mother/caregiver to address any ongoing child feeding problems
- ❑ Support, encourage and reinforce recommended complementary feeding practices using locally available foods
- ❑ Share responsive feeding and care practices
- ❑ Encourage monthly growth monitoring visits
- ❑ Improve health seeking behaviours
- ❑ Encourage mothers to take part in IYCF Support Groups
- ❑ Link mother to CW
- ❑ Set appointment for follow-up visit

5. Follow-up at home/community

- ❑ Conduct ongoing and periodic IYCF monitoring at home/community/other health facilities e.g. growth monitoring
- ❑ Home visits
- ❑ MUAC screening sessions
- ❑ Share responsive feeding and care practices
- ❑ Set appointment for follow-up visit

Other Contact Points:

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

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

Contact Points for Implementing the Essential Nutrition Actions (ENA) - at health facility or community outreach

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

Other Contact Points

- ❑ At PMTCT services
- ❑ Special consultations for vulnerable children if available, including HIV-exposed and infected children
- ❑ Link to social protection programme if available
- ❑ Set appointment for the next follow-up visit

SESSION 18. POST ASSESSMENT AND EVALUATION

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

Materials:

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

Duration: 1 hour

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

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

Suggested Time: 30 minutes

Instructions for Activity:

1. Explain that 15 questions will be asked, and that Participants will raise one hand with open palm if they think the answer is 'Yes', (with closed fist) if they think the answer is 'No', and point 2 fingers if they 'Don't know' or are unsure of the answer.
2. Ask Participants to form a circle and sit so that their backs are facing the centre.
3. One Facilitator reads the statements from the Post-assessment and another Facilitator records the answers and notes which topics (if any) still present confusion.
4. Share results of comparison of pre and post-assessment with Participants and review the answers of post assessment questions.

OR

Methodology: Written post-assessment

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

2. Ask Participants to write their code number (previously assigned by random drawing of numbers) on the post-assessment or a symbol of their choosing – to match both pre and post assessments).
3. Correct all the tests, identifying topics that still cause confusion and need to be addressed.
4. Create a simple graph of the pre- and post-assessment results: questions are indicated on the x-axis and correct answers on the y-axis, using different colours for pre- and post-assessment results.
5. Share results of pre and post-assessment with Participants and compare/review the answers

Learning Objective 2: Conduct evaluation of training
***Methodology*:** Written evaluation OR non-written evaluation – Buzz Groups
Suggested Time: 30 minutes

Instructions for Activity:

Methodology: written evaluation

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

OR

Methodology: non-written evaluation

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

Post-assessment: What have we learned?

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

End-of-Training Evaluation

Place a √ in the box that reflects your feelings about the following:

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

1. Which topics did you find most useful?

2. Which topics did you find least useful?

3. What are your suggestions to improve the training?

Other comments:

SESSION 19. ACTION PLANS

Learning Objectives	Methodologies	Training Aids
1. Prepare country, regional or district action plans.	Group work by country, region or district	• Handout 1: Instructions for developing Action Plans for Community-IYCF Programming by Country, Region or District • Handout 2:Training Plan Template for Implementation of Community IYCF Programme • Handout 3: DRAFT Terms of Reference (TOR) for Community-IYCF
2. Present country, regional or district action plans to fellow Participants	Interactive presentation	

Materials:

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

Duration: 3 hours

Learning Objective 1: Prepare country, regional or district action plans.
***Methodology*:** Group Work
Suggested Time: 1 hour 30 minutes

Instructions for Activity:

3. On the 1st (or 2nd) day of training explain to Participants that on day-5 of training they will present their action plans to their fellow Participants.
4. In preparation for their presentations distribute the following Handouts:
   - Handout 1: Instructions for developing Action Plans for Community-IYCF Programming by Country, Region or District
   - Handout 2: Training Plan Template for Implementation of Community IYCF Programme
   - Handout 3: DRAFT Terms of Reference (TOR) for Community-IYCF
3. Ask Participants to find time to meet together in their specific groups during the week
4. Task Participants to submit a written copy of their Action Plans on day-5 of training

Learning Objective 2: Present country, regional or district action plans to fellow participants

Methodology**:** Interactive presentation

Suggested Time: 1 hour 30 minutes

Instructions for Activity:

1. Ask groups by country, region or district to present their Action Plans
2. Ask other Participants for input and feedback
3. Collect copies of various Action Plans
4. Share Action Plans with organizing entities and MOH

Handout 1: Instructions for developing Action Plans for Community-IYCF Programming by Country, Region or District

Include:

- ACTIVITIES (including Adaptation, needs for more Formative Research, graphics, languages, etc.)
- WHO will be responsible; WHO will be trained, oriented
- WHEN
- WHERE
- RESOURCES/MATERIALS required
- FOLLOW-UP and RESPONSIBLE
- TARGET

Consider Operational Issues; Operational Models

- ENTRY POINTS for incorporating IYCF into Country and Community Programmes
  - Systems for Community Nutrition/Health Work that can absorb IYCF
  - Profile/Cadre of workers

- SYSTEMS
  - What systems are in place
  - Ratio of community workers to households (coverage by density of population)
  - How many Support Groups need to be created per health facility or administrative unit
  - Supervision

- PARTNERS

- DATA COLLECTION
  - What information should be collected (supervision systems, incentives, need for new cadre of workers, or can same workers cover both IYCF and CMAM?)
  - System for collecting data for routine performance monitoring (e.g., % of CWs trained on IYCF counselling and support; # and % of local administration areas with trained CWs conducting planned activities;, # and % of local administration areas with IYCF Support Groups meeting at least once per month; see Session on Planning, Supportive Supervision/Mentoring and Monitoring)
  - Get communities to reflect on progress toward targets for IYCF support (map catchment area)

- REFERRAL SYSTEMS for community identified cases
  - How to link Health System & Community

- OTHER QUESTIONS:
  - Suggested vision for taking Community IYCF to scale
  - Key challenges identified
  - Gaps

Handout 2: Training Plan Template for Implementation of Community IYCF Programme

Activity	Who	Number of Participants	When	Where	Resources/Materials Required	Follow-Up	Responsible	Target

Handout 3: DRAFT Terms of Reference (TOR) for Community-IYCF (Developed by Master Facilitators/Trainers in Nigeria – June 2011)

TOR for Counsellors

1. Conduct mapping and maintain record of eligible households (0 up to 24 months)
2. Sensitization of traditional leaders, religious leaders, women groups, market women association, teachers etc. at the community level
3. Carry out Home visits (conduct 10 home visits in a month and as required)
4. Carry out counseling sessions
5. Facilitate the establishment of Support Groups
6. Attend Support Group meetings and facilitate
7. Supervision of different Support Groups
8. Provide referral services as appropriate
9. Maintain activity report
10. Where CMAM is operational, they should be incorporated in the CMAM Support Group

TOR for Local Government Area (LGA)

1. Conduct community level training of counselors and Support Group facilitators
2. Responsible for implementation of training in their health facilities
3. Stepping down the training in their facilities
4. Monitoring and supervision of community Support Groups and counselors
5. Facilitate the establishment of community Support Groups
6. Ward focal persons to collate ward level data and submit to LGA (nutrition focal persons and M&E officers).

TOR for the State Level

1. Advocacy and stakeholders meeting
2. Mobilization of appropriate personnel for community IYCF training
3. Review draft TOR for TOR level training
4. Identify relevant training materials and resources required
5. Advocate for and mobilize resources for IYCF programmes in the state
6. Conduct a LGA Level TOT for IYCF
7. Monitoring and render supportive supervision and report activities of LGA level trained personnel
8. Ensure inclusion of every relevant stakeholder/integration of every IYCF effort within the state

TOR for Zonal level

1. A Skills acquisition and capacity development for state and zonal partners, development of zonal operational plan and production of training materials
2. Trainees to cascade training at state level
3. Conduct state level advocacy with stakeholders for resource mobilization
4. Reproduction of training materials
5. Development of harmonized integrated monitoring tool and share with FMOH for finalization
6. Conduct monitoring at state level. Collate and share with FMOH – monthly
7. Organize quarterly zonal review meetings with state, international NGOs and Zonal partners, share output with Federal Ministry of Health

TOR for National Level

1. Finalize and produce training materials and job aids on IYCF
2. Provide technical support for zonal and state level trainings
3. Harmonize existing monitoring and supervisory checklists
4. Conduct quarterly supervision and monitoring
5. Conduct capacity building on IYCF for tertiary institutions
6. Advocate for adequate funding for IYCF and mobilize funding from other sources
7. Coordinate activities of all partners on IYCF through regular review meetings

APPENDICES

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

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

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

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

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

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

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

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

Note:

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

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

Personnel	Before training	During training	After training
Management[7]	• Identify the **results** wanted • Assess needs and priorities (know the problem) • Develop strategy to achieve the results including follow-up and refresher trainings • Collaborate with other organizations and partners • Establish and institutionalize an on-going system of supportive supervision or mentoring • Commit resources • Take care of administration and logistics	• Support the activity • Keep in touch • Receive feedback • Continuously monitor and improve quality • Motivate • Management presence demonstrates involvement (invest own time, effort)	• Mentor learner • Reinforce behaviours • Plan practice activities • Expect improvement • Encourage networking among learners • Be realistic • Utilize resources • Provide supportive on-going supervision and mentoring • Motivate • Continuously monitor and improve quality

[7] Management includes stakeholders, ministries, organizations, and supervisors/mentors

Personnel	Before training	During training	After training
Facilitator	• Know audience (profile and number of learners) • Design course content (limit content to ONLY what is ESSENTIAL to perform) • Design course content to apply to work of learners • Develop pre- and post-assessments, guides, and checklists • Select practice activities, blend learning approaches and materials • Prepare training agenda	• Know profile of learners • Specify the jobs and tasks to be learned • Foster trust and respect • Use many examples • Use adult learning • Create practice sessions identical to work situations • Monitor daily progress • Use problem-centred training • Work in a team with other facilitators • Adapt to needs	• Provide follow up refresher or problem-solving sessions
Learner	• Know purpose of training and roles and responsibilities after training (clear job expectations) • Expect that training will help performance • Have community volunteers "self-select" • Bring relevant materials to share	• Create an action plan • Provide examples to help make the training relevant to your situation (or bring examples to the training to help develop real solutions and include findings from formative research conducted in your area to identify relevant examples)	• Know what to expect and how to maintain improved skills • Be realistic • Practise to convert new skills into habits • Accountable for using skills
Management and facilitator	• Establish selection criteria • Establish evaluation criteria • Establish criteria for adequate workspace, supplies, equipment, job aids • Specify the jobs and tasks to be learned	• Provide feedback	• Provide feedback • Monitor performance
Management and learner	• Conduct situational analysis of training needs	• Provide feedback	• Provide feedback • Monitor performance

Personnel	Before training	During training	After training
Management and facilitator and learner	• Conduct needs assessment • Establish goals • Establish objectives • Identify days, times, location (WHEN, WHERE) • Establish and commit to system of on-going supervision or mentoring	• Provide feedback	• Provide feedback • Monitor performance • Commit to system of on-going supervision or mentoring
Facilitator and learner	• Needs assessment feedback	• Provide feedback	• Provide feedback • Evaluate

APPENDIX 3: Draft Invitation Letter and Screening Checklist to potential TOT candidates

To whom it may concern,

The UNICEF Regional Office (APSSC) will hold a Training of Trainers (TOT) for Infant and Young Child Feeding (IYCF) Counselling in September 2011. Two trainings will be organized- the first in **Manila, Philippines from 5-10 September, for participants from Philippines, Nepal, and Laos**; the second training will be held in **Jakarta, Indonesia, from 12-17 September for participants from Indonesia, Bangladesh, and Timor Leste**.

The aim of the IYCF TOT is to develop a roster of trainers who will be in a position to take appropriate follow-up actions in country starting in 2011 through 2014 and beyond. As such, UNCIEF APSSC has implemented a process whereby potential TOT participants must undergo a screening before they are confirmed among the final list of participants. APSSC has asked for up to 8 nominees from each country in total (from different organizations), from which up to 6 of those meeting the criteria most closely will be selected to participate in the training. We are therefore requesting that each nominated participant provide some information about themselves, as outlined in the attachment to this letter.

We (UNICEF Country Office) can provide up to eight (8) nominees to become trainers for a Community IYCF counselling package. We must provide these nominations to the Regional Office (APSSC) by 10 August 2011. Please follow the instructions attached to this letter, and return the documents to us by <<Date/Time>>. We would also like to have a brief meeting/phone call with you on <<Date/Time>>. We will forward the information from each nominee to APSSC for rapid consideration and decision.

Given the substantial investment of resources to develop this capacity in up to 6 people from each country, it is essential that those nominated will be able to roll out the training once back in country. During the TOT, each participant will be asked to make an implementation "Plan of Action", which will be monitored every 6 months thereafter by UNICEF colleagues until December 2014.

TOT participants will receive a certification for completion of the course. It will be necessary for newly-trained Facilitators/Trainers to conduct cascade training before they can be certified. UNICEF will also require the participant's first 6-month "Plan of Action Monitoring Report" before the certificate will be granted.

Nominated candidates who are selected to participate in the TOT will also undertake an online test prior to attending the TOT. The online test will be administered by APSSC and will be separate from the screening process that accompanies this letter. The online test will be used both as an assessment of their current skills and as a baseline of their knowledge which can later be compared to a post training test.

We are excited about this opportunity and look forward to your prompt response.

With best regards,

ATTACHMENT: Screening Checklist for IYCF ToT Nominee

Your name: _____
Your country: _____
Organization: _____
Job title: _____
Email address: _____

Assessment of the Nominee to become a Facilitator/Trainer for the *Community IYCF Counselling Training Package*

Criteria	Guidance for completing the assessment
Current involvement in relevant work	
1. Currently involved in the promotion of infant and young child feeding (IYCF) for the Government (e.g. Ministry of Health, Nutrition agency), a training institution, an NGO, a UN agency or other type of institution specializing in nutrition and child health.	*Please attach a letter from your affiliated organization verifying that you are actively involved in the promotion of improved IYCF in your professional capacity. The letter should also confirm the scope of your professional duties (see the specific tasks listed under Criteria #9 below).*
Required skills exist	
2. Has previous training experience and skills, including strong communication skills	*On a separate piece of paper, list all relevant trainings that you have facilitated or co-facilitated (led) in the past 3 years and the approximate dates of the trainings.*
3. Has basic knowledge of IYCF.	*This refers to **your own knowledge**, not your ability to search documents or internet for the correct answers. Therefore, please schedule a call or conversation with your UNICEF colleagues to answer a few questions verbally.*
4. Has IYCF Program Experience	*Please write 1-2 paragraphs about (1) a challenge that you faced in trying to promote improved nutrition for young children in a professional context, (2) how you overcame that challenge, and (3) how that experience shaped your approach to the work which you are doing today.*
5. Proficient in English (mandatory)	*Please cite any available evidence of English proficiency. If TOEFL has ever been administered, please provide the scores of the most recent test. Or, confirm evidence of your English proficiency (refer to reports you have written, articles published, degrees obtained abroad in English language curricula, participation in international workshops, etc).*

Criteria	Guidance for completing the assessment
Personal Motivation	
6. Interested in becoming a Community IYCF Counseling Facilitator/Trainer (is motivated and enthusiastic) and to conduct in country training courses	*Please provide a personal statement of no more than one page outlining your motivation, interest, and commitment to becoming an IYCF Facilitator/Trainer (Criteria #6 and #7).*
7. Committed to mentoring community workers learn about how to support IYCF	*See above.*
8. Willing and able to attend the entire course (mandatory)	*Yes or No? Please refer to the dates and location mentioned in the letter to which this checklist is attached. If you are not sure who will fund your travel, please ask UNICEF office for clarification.*
In country follow up	
9. Scope for the following duties to become part of the candidate's job description (or for them to undertake the following duties through contractual agreements): • Conduct in country *Community IYCF Counselling Trainings* in at least some of the MYCNSIA sites • Provide follow-up assessment and mentoring of new counsellors • Submit a simple 1 page preformatted report on their accomplishments related to this training programme every 6 months	*This can be confirmed as part of the letter from the candidate's employer (Criteria #1). Alternatively, the UNICEF Nutrition Officer can confirm that the person has agreed to have an active role in rolling our training for IYCF counselling in the MYCNSIA program areas or other areas they are working in the coming 1-2 years or more.*

APPENDIX 4: List of Materials for Training of Trainers/Facilitators and Supervisors

Training Room Set-up:

- Facilitators and Participants seated in circle (without tables) or on mats if culturally appropriate
- Tables (5-6) scattered around periphery of room for group work and facilitation preparation
- Ideally: wall space for hanging flipchart material
- No equipment for power point presentations or sound system is required

Materials for Training of Master Trainers/Trainers and Counsellors:

- *Facilitator's Guide******: 1 per Participant
- *Training Aids*: 1 for every 2 Participants (single-sided, in colour, on heavy paper)
- *Participant Materials*: 1 per Participant
- Set of *Counselling Cards*: 1 per Participant (single-sided, in colour, on heavy paper)
- *Key Messages Booklet******: 1 per Participant
- 3 *Take-home Brochures*: 1 each per Participant (in colour, on paper: 40.1cm x 23cm, printed for 3-fold use)
- Name card materials: [e.g., hard paper, punch, safety pins]
- VIPP cards, various sizes (or stiff coloured paper)
- Flipchart paper, flipchart stands: 4
- **Broad or chisel** tip markers: black, blue, green; a few red
- Masking tape or sticky putty, glue sticks, stapler, staples, scissors
- Large envelopes for Individual Session preparation materials
- Dolls (life-sized); or medium sized bath towels and rubber bands: 1 for every two Participants
- Different types of locally available foods
- Certificate (see example of requirements on next page)

Materials for Training of Supervisors

SUPERVISION TOOLS:

- *Supportive Supervision Tool 1*: Observation Checklist for IYCF Counselling
- *Supportive Supervision Tool 2*: Observation Checklist for Action-oriented Groups Facilitation
- *Supportive Supervision Tool 3*: Observation Checklist for IYCF Support Groups
- *Supportive Supervision Tool 4*: Supervisor Record for Tracking Individual Community Worker Progress
- *Supportive Supervision Tool 5*: Supervisor's Monthly Activity Log

REPORTING FORMS: Supervisor Reports

- *Supportive Supervision Tool 6*: Monthly /(Quarterly/ Period) Summary Report: Supervisor's and Community Workers Activity Data
- *Supportive Supervision Tool 7:* Spatial/Geographic Coverage: Communities with CW trained in IYCF
- *Supportive Supervision Tool 8*: Training Register
- *Supportive Supervision Tool 9*: Training Report

Practicum Sessions:

- Transport arrangements for 2 site visits (Days 4 and 5)
- Make an appointment at the health facility a week ahead to do the field practise during immunization or weighing sessions, making sure that there will be mothers/fathers/caregivers with infants from 0 up to 6 months and young children from 6 up to 24 months, OR
- Make an appointment with the community "leader" a week ahead for village visits with the same age groups of infants and young children
- Additional copies of Tools:
  - *Participant Materials* 9.2: IYCF Assessment
  - *Participant Materials* 9.3: Observation Checklist for IYCF Assessment
  - *Participant Materials* 12.2: Observation Checklist on How to Conduct a Group Session: Story, Drama, or Visual, applying the steps Observe, Think, Try, and Act
  - *Participant Materials* 12.5: Observation Checklist for IYCF Support Groups
  - *IYCF Community Worker Tool 4:* Register for Pregnant Women and Mothers-Children (0 up to 24 months)
  - *IYCF Community Worker Tool 5*: Monthly Activity Log: IYCF Support to Pregnant Women and Mothers-Children (0 up to 24 months)

Counselling Seating:

- Mats, chairs or both

Country and in-country partners/stakeholders:

- *Planning Guide*: 1 per country, and 1 per in-country partner and stakeholder
- *Adaptation Guide:* 1 per country, and in-country partner and stakeholder
- *Supportive Supervision/Mentoring and Monitoring for Community IYCF:* 1 per country, and in-country partner and stakeholder

***Note:**

- For Training of Master Facilitators/Trainers and Training of Facilitators/Trainers: *Facilitator's Guide* and *Key Message Booklet* need to be read by Participants before attending Training; Participants in a Training of Master Facilitators/ Trainers will be assigned Sessions at random to prepare and deliver to fellow Participants.

Certification Requirements

Course organizers need to set criteria for course participants that encourage only those who will be able to function as actual trainers to attend a Master Training of Facilitators/Trainers.

To encourage newly-trained Master Facilitators/Trainers and Counsellors to put their knowledge and skills to immediate use, UNICEF and consultants developed a set of requirements for the award of certificates:

- The Master Facilitator/Trainer needs to conduct 2 cascade trainings for Facilitators/Trainers and/or Counsellors; and the Facilitator/Trainer needs to conduct 2 cascade trainings for Counsellors before they can be certified,
- Facilitators/Trainers need to conduct 2 cascade trainings for Counsellors before they can be certified,
- Newly trained Counsellors must counsel five mothers, as well as conduct two Action-oriented Groups or IYCF Support Groups.

APPENDIX 5: 3- Day Training – Community IYCF Counselling Package

<table>
<tr><th>TIME</th><th>DAY 1</th><th>DAY 2</th><th>DAY 3</th></tr>
<tr><td>08:15–
08:30</td><td rowspan="2">Session 1
Introductions, pre-assessment, group norms, expectations and objectives

Session 2
Why IYCF matters</td><td colspan="2">DAILY REVIEW</td></tr>
<tr><td>08:30–
10:30</td><td>Session 7
Recommended IYCF practices: complementary feeding for children from 6 up to 24 months

Session 8
Complementary foods</td><td>Session 11
Field Practice
IYCF Assessment</td></tr>
<tr><td>10:30–
10:45</td><td colspan="3">T E A B R E A K</td></tr>
<tr><td>10:45–
12:45</td><td>Session 3
Common Situations that can affect infant and young child feeding

Session 4
Part I: How to Counsel
• Listening and Learning skills
• Behaviour change steps</td><td>Session 9
• Part II: How to Counsel, Problem Solve, Reach-an-agreement
- IYCF 3-Step Counselling
- Building Confidence and Giving Support skills
• Use of IYCF assessment form</td><td>Session 11
Feedback from Field Practice</td></tr>
<tr><td>12:45–
13:45</td><td colspan="3">L U N C H</td></tr>
<tr><td>13:45–
15:45</td><td>Session 5
Recommended IYCF practices: Breastfeeding</td><td>Session 10
Common Breastfeeding Difficulties</td><td>Session 15
Feeding of the sick child</td></tr>
</table>

TIME	DAY 1	DAY 2	DAY 3
	Session 6 How to breastfeed • How the breast works • Good positioning and attachment	**Session 14** Women's Nutrition	**Session 16** Infant feeding in the context of HIV
15:45–16:00	**T E A B R E A K**		
16:00–16:30	**Session 6** cont'd	**Preparation for Field Practice**	**Session 18** Post-assessment and Evaluation

APPENDIX 6: 3-Day Training – Integrating IYCF Support into Emergency Activities

TIME	DAY 1	DAY 2	DAY 3
08:15–08:30	**Session 1** Introductions, pre-assessment, group norms, expectations and objectives **Session 5** Recommended IYCF practices: Breastfeeding	**DAILY REVIEW**	
08:30–10:30		**Session 9** • Part II: How to Counsel, Problem Solve, Reach-an-agreement - *IYCF 3-Step Counselling* - *Building Confidence and Giving Support s*kills • Use of IYCF assessment form	**Session 11** **Field Practice** • IYCF Assessment
10:30–10:45	**T E A B R E A K**		
10:45–12:45	**Session 6** How to breastfeed: Good positioning and attachment **Session 7** Recommended IYCF practices: complementary feeding for children from 6 up to 24 months	**Session 6C** IYCF support in the context of CMAM	**Session 11** Feedback from Field **Practice**
12:45–13:45	**L U N C H**		
13:45–15:45	**Session 6A** Infant Feeding in Emergencies **Session 6B** Feeding of the Sick and Malnourished Child	**Session 10** Common Breastfeeding Difficulties **Session 16** Infant feeding in the context of HIV	**Planning** Organization and follow-up of IYCF activities

TIME	DAY 1	DAY 2	DAY 3
15:45–16:00	**T E A B R E A K**		
16:00–16:30	**Session 6B** (cont'd)	**Preparation for Field Practice**	**Session 18** Post-assessment and Evaluation

SESSION 6A: Community Worker Support for IYCF in Emergencies

Learning Objectives	Methodologies	Training Aids
1. Describe the risks and challenges to feeding infants and young children in emergencies	• Brainstorming in working groups	Handout 6A: IYCF in Emergencies: Priority Information for Community Workers
2. Identify key measures necessary to support infant and young child feeding in emergencies and describe what responsive feeding and care practices look like • Recommended infant and young child feeding practices in emergencies • Simple ways to meet the needs of mothers, infants and young children	• Group work • Rotation of flip charts	
3. Role of Community Workers in protecting, promoting and supporting appropriate infant and young child feeding practices	• Buzz groups	

Materials:

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

Advance Preparation:

- Adapt case study to reflect emergency conditions that might occur in the area(s) from which training participants come
- Prepare 4 flipcharts and photos with heading 'Risks to infants and young children in emergencies'
- Prepare flipchart with following instructions/questions:
  - ADD TO the global breast- and complementary feeding recommendations any emergency-specific feeding recommendations
  - What simple measures can meet the needs of mothers, infants and young children in an emergency?
  - What could you do to deal with beliefs that may interfere with infant and young child feeding?

Duration: 1½ hours

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

***Methodology*:** Brainstorming in working groups

Suggested time: 20 minutes

Instructions for Activity

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

Key Information

Sample Case Study:

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

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

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

The children appear malnourished. Their skin has red spots, and their thin hair is coming out in clumps. Their mother is pleading to the world: 'Our children are dying of hunger. Please give us food.'

Risks to infants and young children in emergencies

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

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

Learning Objective 2: Identify key measures necessary to support infant and young child feeding in emergencies and describe what responsive feeding and care practices look like

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

Suggested time: 40 minutes

Instructions for Activity

1. Participants remain in the same 4 groups. Facilitators draw attention to flipcharts or cards previously posted (during Sessions 5 and 7) that list the global breastfeeding and complementary feeding recommendations.
   - Provide a flipchart paper to each group to answer the following instructions/questions:
   - ADD TO the global breast- and complementary feeding recommendations any emergency-specific feeding recommendations
   - What simple ways can meet the needs of mothers, infants and young children in an emergency?
   - What could you do to deal with beliefs that may interfere with infant and young child feeding?
2. One group presents their results; other groups add additional points
3. Orient Participants to Handout 6A: IYCF in Emergencies – Priority Information for Community Workers
4. Discuss and summarize in large group. Facilitator helps to fill in the gaps [framing the discussion around 'what can be done to support mothers/caregivers to care for their children in emergency situations']

Key Information

See *Handout* 6A: IYCF in Emergencies - Priority Information for Community Workers

1. Recommended infant and young child feeding practices in emergencies
2. Simple ways to meet the needs of mothers, infants and young children in am emergency
3. Information to address beliefs that interfere with infants and young child feeding in emergencies

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

Methodology: Buzz Groups

Suggested time: 30 minutes

Instructions for Activity

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

Key Information

Role of Community Workers in Supporting IYCF in Emergency Contexts

- Screen new arrivals to identify and refer mothers and/or infants/young children with severe malnutrition or feeding problems for immediate assistance
- Conduct ongoing screening to identify severely malnourished children and pregnant or lactating mothers and refer for further assessment and treatment
- Provide care to the caregiver: prioritize mothers/caregivers for access to water, food, shelter, medical care, social services and protection.
- Encourage households to register any newborn within 2 weeks of delivery to ensure access to i) the additional food ration to which the lactating mother is entitled, and to ii) extra breastfeeding support
- Identify or help to establish spaces where mothers can gather to rest, recuperate and feed and care for their young children; ensure the space is comfortable and culturally-appropriate for breastfeeding

- Advocate for access to food and water for mothers/caregivers while using the breastfeeding/child feeding and care space; ensure proximity to sanitation facilities and water for hand/and baby-washing
- Assess breastfeeding and complementary feeding practices (using IYCF 3-Step Counselling) and provide counselling and support for breastfeeding and complementary feeding in baby tents or counselling corners, as part of community health and nutrition services, at temporary health clinics, or during outreach/house to house activities
- Help mothers/caregiver to maintain, enhance or re-establish breastfeeding using relactation techniques
- Sensitize community members and community leaders on the life-saving benefits and importance of breastfeeding and the risks of artificial feeding
- Advocate for appropriate foods in any ration for complementary feeding of young children and supplementary feeding of pregnant and lactating mothers
- Establish and foster IYCF Support Groups and conduct Action-oriented Groups Help identify children who are orphaned or unaccompanied
- If breastfeeding by the natural mother is impossible, seek assistance for the mother/caregiver for help in making an appropriate choice among the alternatives
- Identify and refer any mothers/caregivers who need assistance with artificial feeding
- Report any formula donations and distributions in the community to the appropriate health workers and NGO staff

*Handout 6*A: Infant Feeding in Emergencies - Priority Information for Community Workers

Additions to recommended infant and young child feeding practices during emergencies

Breastfeeding practices

- The most effective way of protecting babies from illness, malnutrition and death is to ensure breastfeeding.
- **Any infant born after the onset of an emergency should be breastfed**
- **Mothers who have no previous experience with breastfeeding, or those separated from their support system, may need help** to get breastfeeding off to a good start, to deal with breast difficulties, and to build the mother's confidence. **Ensure the mother knows how to access IYCF assistance**.
- Exclusive **breastfeeding guarantees food and fluid security** for infants less than 6 months and provides active immune protection. Children over 6 months should continue to breastfeed until at least 2 years.
- Continued breastfeeding to 2 years and beyond contributes to the food and fluid security of the young child; it is especially important in contexts where water, sanitation and hygiene conditions are poor, and where **breast milk is likely to be the most nutritious and accessible food available for the young child** in emergency situations.
- **Keep mothers and their infants/young children receiving medical care together**; separating mothers from their children endangers breastfeeding, care and warmth for the infant, feeding and care of other children, and increases mothers' anxieties.
- Responsive feeding and Care Practices: See *Participant Materials* 5.2: Recommended Breastfeeding Practices and Possible Counselling Discussion Points

Complementary feeding practices

- Appropriate complementary foods should be introduced at 6 months and breastfeeding continued to 2 years and beyond
  - **The general food ration should contain commodities that are suitable as complementary foods for young children** – for example, include ready-to-use or easily-prepared complementary foods and supplementary foods appropriate for children from 6 up to 24 months of age
  - When possible, add inexpensive, locally available foods from the various food groups (grain, roots and tubers; legumes and nuts; fruits and vegetables; and animal source foods)
  - Special attention should be given to iron-rich foods from animal-sources, or fortified products, including iron-fortified foods specially formulated for infants and young children if iron-rich foods are not available
  - **A micronutrient fortified blended food** (e.g., corn soya blend, wheat soya blend) **should be included in the general ration for older infants/young children when a population is dependent on food aid**
  - **Additional nutrient-rich ready-to-use foods may be provided in supplementary feeding programmes or in 'blanket' feeding programmes to targeted age-groups**, especially those aged from 6 up to 24 months

  - **Multi-micronutrient powder can be added to the local foods or general food rations** given to children aged 6 months to 5 years and to pregnant and lactating women
  - **Ready-to-use therapeutic food is a type of medicine** food that is used in the treatment of severe acute malnutrition but is **not an infant complementary food**.
- Responsive feeding and Care Practices: See *Participant Materials* 7.3: Recommended Complementary Feeding Practices and Possible Counselling Discussion Points

2. **Simple ways to meet the needs of mothers/caregivers, infants and young children in an emergency**
   - Ensure that mothers/caregivers have priority access to food, water, shelter, security, medical care
   - Register households with children less than 2 years. Registration may require outreach to homes, camps for displaced people or other sites to find emergency-affected populations.
   - Register (within 2 weeks of delivery) mothers of all newborn infants. This helps to ensure they receive the additional household food rations for lactating mothers and children of complementary feeding age.
   - Divide mothers/caregivers of infants less than 1 year into groups needing different types of help: Basic Aid/Basic Support and More Skilled Help. Using assessment skills, identify infants who require immediate referral for urgent, life-saving support, and those who will receive assessment for infant and young child feeding status.
   - Basic Aid: provide general information and support to:
     - Ensure that suckling is effective
     - Build mother's confidence and help milk flow
     - Provide information on how increase milk production
     - Encourage age-appropriate feeding
     - Highlight the risks of artificial feeding, including mixed feeding
   - Provide Skilled Help for:
     - Low birth weight (LBW) infants
     - Babies visibly thin or underweight
     - Babies who refuse breast
     - Malnourished mothers who need help with breastfeeding
     - Mothers who are traumatized or rejecting their infants, and for caregivers of babies without mothers or separated from their mothers.
   - Groups of mothers/caregivers with similar problems may be formed, e.g.:
     - Mothers who need help to increase their breast milk production
     - Mothers no longer breastfeeding who want to relactate
     - Wet nurses to provide feeding for infants with no other source of breast milk; in many emergency contexts, the benefits to child survival of wet-nursing may outweigh the risks of HIV transmission and this option should be considered where local assessment shows that wet nursing is acceptable and government approves

  - Caregivers who require support to safely artificially feed (in a separate site)
- Provide secure and supportive places (designated shelters, baby corners or mother-baby tents, child-friendly spaces) for mother/caregivers of infants and young children. This offers privacy for breastfeeding mothers (important for a displaced population or those in transit) and enables access to basic IYCF and peer-to-peer support.
- Integrate breastfeeding support, including individual counselling and help with difficulties, in key services: e.g., antenatal and reproductive health activities, early childhood development and psychosocial services, selective feeding programmes).
- Protect and support the nutritional, physical and mental health of pregnant and lactating women
- Include infant and young child feeding in early, rapid assessment.
- Involve experts in analysis to help identify priority areas for support and any need for further assessment
- Stop donations of breast milk substitutes and prevent the donations being distributed to the general population ('spillover' phenomenon).
- Involve local/national breastfeeding experts

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

Belief	Explanation
Milk quantity or quality is affected by disasters that cause great stress (earthquake, flood, tsunami, drought, conflict, displacement) Stress will make a mother's milk dry up. Stress will make the milk go bad.	• It is not true that stress makes milk dry up or go bad. A hand or shoulder massage can help the mother feel less stressed and will help her breast milk flow more easily when she breastfeeds. A safe, quiet and private space with supportive counsellors and peers can also help. • Stressful or traumatic situations can interfere with when or how often a mother feeds her baby. If a mother breastfeeds less frequently, she will produce less breast milk. • Babies and young children may be disturbed by stressful situations and become difficult to settle down for feeding. But both mothers and babies will be reassured by more breastfeeding. • More frequent breastfeeds will help the mother make more milk if she is concerned she doesn't have enough. Keeping the baby close, day and night, will reassure the baby and help the mother breastfeed more and thus make more milk.
Mothers must have enough or the right kind of food or water to produce good breast milk.	• No special foods are needed to produce good quality breast milk. • Many nutrients in breast milk are not affected by maternal nutritional status (including iron and vitamin D). • Even malnourished mothers can breastfeed. Only the most severely malnourished will face some problems to breastfeed well. • The additional rations distributed to breastfeeding women will be used for the mother's own nutrition while she continues to breastfeed, protecting her baby from diarrhoea. Some nutrients will be deficient in breast milk (most importantly, B vitamins, vitamin A

Belief	Explanation
	and iodine); therefore, maternal supplementation will benefit the nursing child as well.
A woman who has been raped cannot breastfeed.	The experience of violence does not spoil breast milk or the ability to breastfeed. However, all traumatized women need special attention and support. There may be traditional practices that restore a woman's readiness to breastfeed after sexual trauma.
If a mother has been breastfeeding her baby and giving infant formula or other milks, she cannot return to exclusive breastfeeding. If a mother has stopped breastfeeding, she cannot start again.	The mother can return to exclusive breastfeeding. She can increase her milk supply by reducing the amount of formula given to her baby and by breastfeeding more frequently. The mother can return to breastfeeding. Letting the baby suckle at the breast will start the milk flowing again. It may take a few days to a couple of weeks for there to be enough breast milk, depending on how long it has been since she stopped.
The most urgent and important need in an emergency is to give formula to babies.	This is not true. The most important action is to protect and support breastfeeding. Formula is not needed except in a small number of cases where the baby has no possibility to be breastfed, like orphaned and unaccompanied children. Formula is very risky for babies in an emergency. The dirty water, bottles and other utensils cause diarrhoea and malnutrition and the baby might die. The supplies might run out. Breast milk doesn't run out, is safe and is the best food for the baby.

SESSION 6B: Feeding the Sick and Malnourished Child

Learning Objectives	Methodologies	Training Aids
1. Describe the relationship between illness, recovery and feeding.	• Brainstorming • Interactive presentation	
2. Name the practices for feeding the sick child and describe what responsive feeding and care practices look like	• Group work with rotation of flip charts	• **CC 12: Good hygiene (cleanliness) practices prevent disease** • **CC 11: Feeding the sick baby less than 6 months of age** • **CC 19: Feeding the sick child more than 6 months of age** • ***Key Messages Booklet***
3. Recognize the signs of severe acute malnutrition.	• Brainstorming	• Two pictures/illustrations of malnourished children: a very thin child, and a swollen child • **CC 21: Regular growth promotion and monitoring** • ***Key Messages Booklet***
4. Describe home management of the sick child, and 'When to bring your child to the health facility	• Brainstorming	• **CC 22: When to bring your child to the heath facility** • ***Key Messages Booklet***

Materials

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

Duration: 2 hours

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

Methodology: Brainstorming; Interactive Presentation

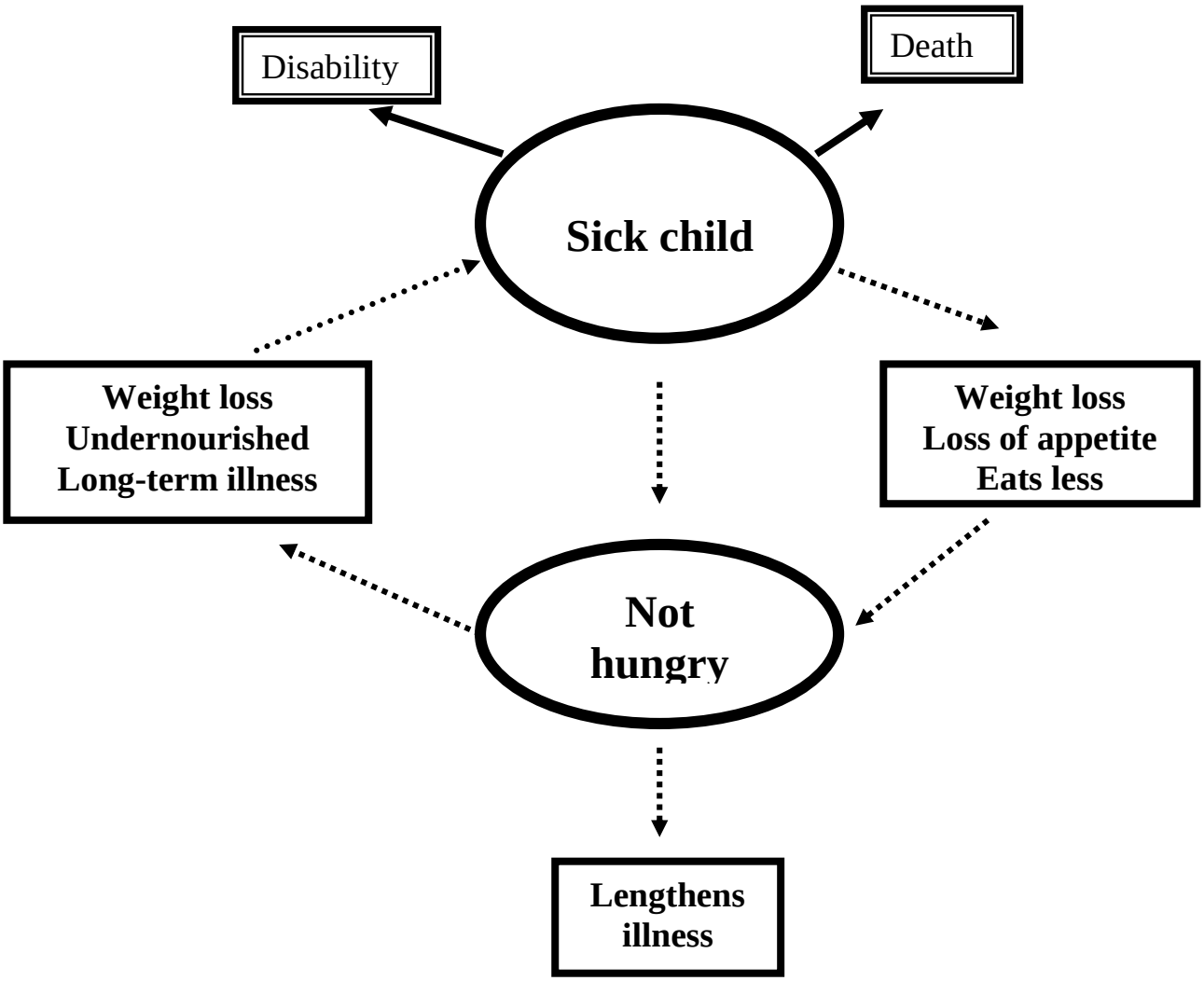
Suggested Time: 20 minutes

Instructions for Activity

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

Key Information

Relationship between illness and feeding



Relationship between feeding and illness

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

Learning Objective 2: Name the practices for feeding the sick child and describe what responsive feeding and care practices look like

Methodology: Group Work

Suggested Time: : 40 minutes

Instructions for Activity:

1. Set-up 4 flipcharts throughout the room and divide participants into 5 groups; each group will spend 3 minutes at each flipchart answering the following:
   a) How to feed a child less than 6 months old during illness
   b) How to feed a child less than 6 months old after illness
   c) How to feed a child older than 6 months during illness
   d) How to feed a child older than 6 months after illness
2. Groups do not repeat the same information, but only add new information.
3. After 3 minutes the groups rotate to another flipchart
4. Each team presents to large group
5. Ask groups to observe and study **CC 11: Feeding the sick baby less than 6 months of age, CC 19: Feeding the sick child more than 6 months of age,** and to review **CC 12: Good hygiene (cleanliness) practices prevent disease**
6. Orient Participants to Key Messages from ***Key Messages Booklet***
7. Discuss and summarize

Key Information

- See counselling discussion points/messages on **CC 11: Feeding the sick baby less than 6 months of age**
- See counselling discussion points/messages on **CC 19: Feeding the sick child more than 6 months of age**
- See counselling discussion points/messages on **CC 12: Good hygiene (cleanliness) practices prevent disease**

Sick baby under 6 months 	• A sick baby often does not feel like eating, but needs even more strength to fight the illness. • Breastfeed more frequently during diarrhoea to help the baby fight the sickness and not lose weight. • Breastfeeding also provides comfort to a sick baby. • If the baby is too weak to suckle, express breast milk to give to the baby either by cup or by expressing directly into the baby's mouth. This will help the mother keep up her milk supply and prevent engorgement. **Responsive Feeding and Care Practices** • Recognize and respond to signs of baby's illness • Encourage baby until he or she takes the breast again
Sick baby over 6 months 	• Increase breastfeeding during diarrhoea, and continue to offer favourite foods in small quantities. • During recovery, offer more foods than usual (an additional meal of solid food each day during the next two weeks) to replenish the energy and nutrients lost during illness. • Offer the young child simple foods like porridge, even if s/he does not express interest in eating. • Avoid spicy or fatty foods. • Breastfeed more frequently during two weeks after recovery. • Animal milks and other fluids may increase diarrhoea (the origin of the belief that milk brings about diarrhoea). However, this is not true of breast milk. Stop giving other milks, but give more fluids and water (and ORS if child is severely dehydrated). **Responsive Feeding and Care Practices** • Recognize and respond to signs of childhood illness • If child's appetite is decreased, encourage him or her to eat small frequent meals. • During illness give the baby small frequent meals and more fluids, including breast milk or other liquids. • Encourage the baby to eat a variety of (his or her) favourite soft foods. After illness feed more food and more often than usual for at least 2 weeks.

Learning Objective 3: Recognize the signs of severe acute malnutrition
Methodology: Brainstorming
Suggested Time: 30 minutes

Instructions for Activity

1. Ask Participants: What happens to the child with acute malnutrition?
2. On the wall tape 2 pictures of malnourished children: a very thin child, and a swollen child
3. Ask participants to describe the conditions in the pictures
4. Ask Participants: what should the community worker (CW) do?
5. Refer to **CC 21: Regular growth monitoring and promotion** and review counselling points for discussion/messages
6. Orient Participants to Key Messages from ***Key Messages Booklet***
7. Show MUAC tapes used in a local CMAM programme (where there is a CMAM programme)
8. Discussion and fill-in gaps

Key Information

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

Very thin children

Very thin children often show other specific clinical manifestations including:

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

Children with swelling

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

What should the community worker do?

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

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

Methodology: Brainstorming

Suggested Time: 30 minutes

Instructions for Activity

1. On 4 different flipcharts write one of the following topics: 1) prevention of diarrhoea, 2) management of child with diarrhoea, 3) signs of severe dehydration, and 4) general danger signs of illness
2. In large group ask participants to brainstorm the answers; Facilitator writes responses in the appropriate column
3. Ask the 4 groups to observe and study **CC 22: When to bring your child to the health facility**
4. Ask 2 groups to share their observations and others to add additional points
5. Review together Key Messages from *Key Messages Booklet*
6. Discuss and summarize

Key Information

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

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

2. **Management of child with diarrhoea**
   - Continue exclusive breastfeeding if less than 6 months
   - Increase liquids and foods if older than 6 months, and increase frequency of breastfeeding
   - Increase frequency of feedings
   - Never use bottle feeding
   - Refer to health facility

3. **Signs of severe dehydration**
   - Sunken eyes, dryness of eyes
   - Skin pinch goes back very slowly
   - Lethargic or unconscious
   - Failure to suckle, drink or feed

SESSION 6C: IYCF in the Context of CMAM

Learning Objectives	Methodologies	Training Aids
1. Identify what IYCF information should go into a discharge plan from OTP (outpatient therapeutic programme) of CMAM.	• Interactive Presentation • Group Work	• *Participant Materials* 6C: IYCF discharge plan checklist
2. Explain transition to family foods as child's appetite increases during recovery and when RUTF treatment course ends and describe what responsive feeding and care practices look like	• Group work	• Illustrations of texture (thickness/ consistency) of porridge (cup and spoon) • **CC 12: Good hygiene (cleanliness) practices prevent disease** • ***Counselling Cards* for complementary foods for each age group: CCs 13 to 17** • ***Key Messages Booklet*** • ***Take-home Brochure*: How to Feed Baby After 6 Months** • *Participant Materials* 7.1: Recommended complementary feeding practices • *Participant Materials* 7.2: Different types of local, available foods • *Participant Materials* 7.3: Recommended complementary feeding practices and possible counselling discussion points • **CC 12: Good hygiene (cleanliness) practices prevent disease** • **CC 11: Feeding the sick baby less than 6 months of age** • **CC 19: Feeding the sick child more than 6 months of age** • ***Key Messages Booklet***
3. Describe how the Community Worker conducts follow-up of a child after discharge from outpatient care.	• Buzz Groups	

Materials

- Flipchart papers (+ markers + masking tape)

Duration: 1½ hours

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

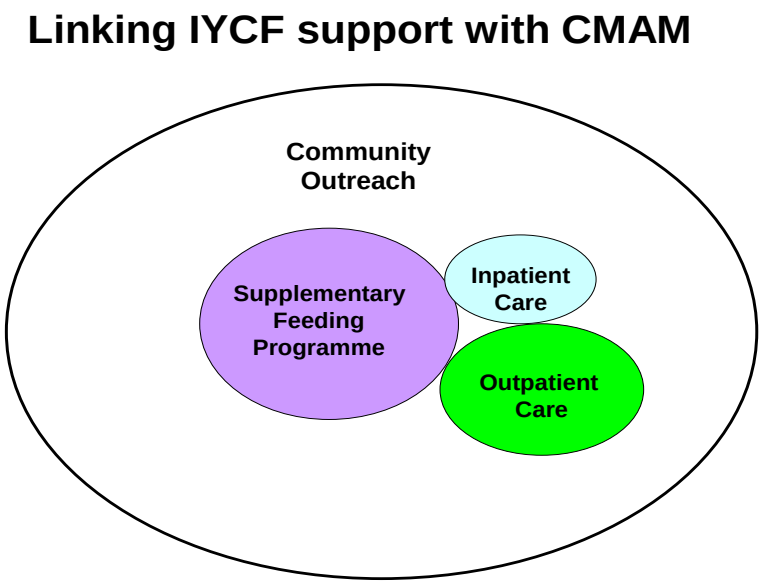
Methodology: Interactive Presentation; Group Work

Suggested Time: 30 minutes

Instructions for Activity

1. Present an overview of CMAM
2. Form small working groups of 5 Participants.
3. Ask each group to list recommendations that should be included in the discharge plan to discuss with mother/caregiver and to identify the best contact points/opportunities in the CMAM programme to provide IYCF counselling
4. Ask one group to report back, and other groups to add additional information.
5. Distribute *Participant Materials* 6C: IYCF discharge plan checklist (or refer to specific page in *Participant Materials*)
6. Discuss and summarize.

Key Information



- *Participant Materials* 6C: IYCF discharge plan checklist

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

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

During Community Outreach: screening and group education

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

Learning Objective 2: Explain transition to family foods as child's appetite increases during recovery and when RUTF treatment course ends and describe what responsive feeding and care practices look like

Methodology: Group Work

Suggested Time: : 40 minutes

Instructions for Activity

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

Key Information

- **CC 12: Good hygiene (cleanliness) practices prevent disease**
- **CC 13 to 17: *Counselling Cards* for complementary foods for each age group**
- ***Key Messages Booklet***
- ***Take-home Brochures***

- *Participant Materials* 7.1: Recommended complementary feeding practices
- *Participant Materials* 7.2: Different types of local, available foods
- *Participant Materials* 7.3: Recommended complementary feeding practices and possible counselling discussion points

Note:

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

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

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

Methodology: Buzz groups

Suggested Time: 20 minutes

Instructions for Activity

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

Key Information

Follow-up of child after discharge from outpatient care

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

Messages must be reinforced by practise

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

Other activities

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

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

Participant Materials 6C: IYCF Follow-up Plan Checklist

1. Mobilisation and sensitisation

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

2. Admission

- ❑ Encourage mothers to continue breastfeeding
- ❑ Discuss any breastfeeding difficulty
- ❑ Share responsive feeding and care practices

3. Weekly or bi-weekly follow-up

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

4. Discharge (MOH)

- ❑ Encourage mothers to continue breastfeeding
- ❑ Support, encourage and reinforce recommended breastfeeding and complementary feeding practices
- ❑ Work with the mother/caregiver to address any ongoing child feeding problems
- ❑ Support, encourage and reinforce recommended complementary feeding practices using locally available foods
- ❑ Share responsive feeding and care practices
- ❑ Encourage monthly growth monitoring visits
- ❑ Improve health seeking behaviours
- ❑ Encourage mothers to take part in IYCF Support Groups
- ❑ Link mother to CW
- ❑ Set appointment for follow-up visit

5. Follow-up at home/community

- ❑ Conduct ongoing and periodic IYCF monitoring at home/community/other health facilities e.g. growth monitoring
- ❑ Home visits
- ❑ MUAC screening sessions
- ❑ Share responsive feeding and care practices
- ❑ Set appointment for follow-up visit

Other Contact Points

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

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

Contact Points for Implementing the Essential Nutrition Actions (ENA) - at health facility or community outreach

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

Other Contact Points

- ❑ At PMTCT services
- ❑ Special consultations for vulnerable children if available, including HIV-exposed and infected children
- ❑ Link to social protection programme if available
- ❑ Set appointment for the next follow-up visit

APPENDIX 7: Job Aids for Community Worker and Tools for Supervisors

Job Aids for Community Workers (6)

IYCF Community Worker Job Aid 1: IYCF Assessment[8]

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

[8] *Participant Materials* 9.2: IYCF Assessment

IYCF Community Worker Job Aid 2: How to Facilitate an Action-oriented Group[9]

INTRODUCE YOURSELF (AND CO-FACILITATOR)

INTRODUCE TODAY'S TOPIC FOR DISCUSSION by:

- Telling a story
- Conducting a mini-drama or role-play
- Using a visual

OTTA

- After the story, drama or visual, ask the group participants what they **OBSERVED**
  - ❑ What happened in the story/drama or visual?
  - ❑ What are the characters doing in the story/drama or visual?
  - ❑ How did the character feel about what he or she was doing? Why did he or she do that?

- Ask the group participants what they **THINK**:
  - ❑ Who do you know who does this (the behaviour/practice)?
  - ❑ How have they been able to do this (the behaviour/practice)?
  - ❑ What is the advantage of adopting the practice described in the story/drama or visual?

- Ask the group participants what they would be willing to **TRY**:
  - ❑ If you were the mother (or another character), would you be willing to try the new practice?
  - ❑ If people in this community were in the same situation, would they be willing to try this practice? Why? Why not?

- Ask the group participants if they could **ACT** in the same way:
  - ❑ What would you do in the same situation? Why?
  - ❑ What difficulties might you experience?
  - ❑ How would you be able to overcome them?
- Ask the group participants to repeat the key messages.

Reminder: If appropriate, set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried the new practice or encouraged someone to try it. How did they manage to overcome any obstacles?

[9] *Participant Materials* 12.1: How to Conduct an Action-oriented Group

IYCF Community Worker Job Aid 3: How to Facilitate an IYCF Support Group[10]

BEFORE THE SUPPORT GROUP:

- If possible arrange for someone to watch the older children during the Support Group session
- Arrange the seating in a circle so that all participants (maximum 12) can see each other

WELCOME PARTICIPANTS

- Support Group facilitator(s) is part of the circle and sits on same level as participants
- Welcome all participants, including babies and young children, and thank all for coming
- Introduce yourself (and Co-facilitator)
- Ask participants of Support Group to introduce themselves
- Remind participants that everything said is confidential

INTRODUCE TODAY'S TOPIC FOR DISCUSSION

- Use participants' names
- Ask questions that generate participation:
  - ❑ Does anyone here know someone who does this?
  - ❑ Why do you think s/he does this?
  - ❑ Does anyone want to share her or his experience?
  - ❑ Does anyone want to share a different experience?
  - ❑ What do you think "so and so" would say if you decided to do "such and such"?
  - ❑ What advantages does this practice have for the child/mother/family?
  - ❑ What difficulties have you experienced in this situation?
  - ❑ Were you able to resolve the difficulties? How? Why not?
- Encourage mothers/fathers/caregivers to share their own experiences
- Use *Listening and Learning* and *Building Confidence and Giving Support* skills
- Motivate quiet women/men to participate

MANAGE THE CONTENT

- ❑ Share information giving source (MOH, doctors, health personnel)
- ❑ Let participants know where they can receive nearest support
- ❑ Give advice only when asked
- ❑ Summarize ideas during the session
- ❑ Keep group focused on theme
- ❑ Summarize main points at the end of the session
- Make a note of any questions or issues that require more information; lets the group know you will seek this information from an expert

[10] *Participant Materials* 12.4: How to Conduct an IYCF Support Group

CLOSING

- Thank the participants for attending the IYCF Support Group
- Invite women/men to attend the next IYCF Support Group meeting (place, date, time and topic)
- Ask the group participants to:
  - ❑ Talk to a pregnant woman, a breastfeeding mother or father before the next meeting; share what they have learned during the IYCF Support Group, and report back
  - ❑ Come to the next meeting prepared to talk about what happened when they tried the new practice or encouraged someone to try it. How did they manage to overcome any obstacles?

……
…..

ROLE OF SUPPORT GROUP FACILITATOR

- Provides an environment of interest and respect
- Listens to each participant
- Looks at each participant while the participant is talking
- Makes sure participants' doubts, concerns and questions are understood by repeating the doubts, concerns and questions
- Shares own experience to move the discussion along, but is brief
- Asks others to participate
- Asks one participant to respond to another's experience, doubt, concern, question
- Make note of kind and number of Participants

IYCF Community Worker Job Aid 3a: Support Group Attendance

Date _____ District_____

Facilitator(s) Name(s) _____

IYCF Community Worker Job Aid 4: Monthly Activity Log for a CW who provides IYCF Support to Pregnant Women and Mothers-Children (0 up to 24 months)[11]

District (facility, supervision area or other identifying information: adapt as appropriate): _____

Name of Community Worker: _____

Month: _____

Date of Activity	**Individual Counselling Pregnant Woman (# of women, mark with a /)**		**Individual Counselling Child 0 up to 24 months (# of caregiver-child pairs)**		**Action-oriented Group (# of groups conducted)**	**IYCF Support Group (# of groups facilitated)**	**Referral (# of referrals)**
	Record # of women counselled 1st time	Record # of women counselled during repeat or follow-up	Record # of women counselled 1st time	Record # of women counselled during repeat or follow-up			
Total for the month:							

NOTE below any issues to be discussed with Mentor/Supervisor:

[11] If there is high mobile phone use and an SMS component to the programme, a column for the mobile number could be added so the counselor can follow up, send communication messages, etc.

IYCF Community Worker Job Aid 5: Example of Register from Zimbabwe: for use by CWs who are assigned to follow a Pregnant Woman and her Child up to 24 months[12]

District (facility, supervision area or other identifying information: adapt as appropriate): _____

Name of Community Worker: _____

	Date of enrollment by IYCF CW	Name of Mother	Name of Child	Date of birth of child, or Age of child (in months) if date not known*	IYCF Counselling (one √ for each time the woman receives IYCF counseling; an alternative option would be to put the date counseling provided)	Date of exit from programme	Comments (e.g. feeding problems, any referrals made, illnesses, reason for exit, etc.)
1.							
2.							
3.							

*Accurate measurement of age is critical for IYCF counselling, as feeding recommendations are based on the child's age. Supervisors must be trained to understand how to help counsellors determine accurate child age. Ideally, age can be determined from a record of the child's date of birth or a date known by someone in the family. For information on determining a child's age in months, see *Infant and Young Child Feeding Practices, Collecting and Using Data: a Step-by Step Guide, CARE USA , 2010, Table 6.2.1: Converting child's age form days to months*. If age cannot be determined from a record or the mother's report, then is must be estimated. Ideally, a local calendar can be established. For guidance on developing a local calendar, see FAO: *Guidelines for Estimating the Month and Year of Birth of Young Children*.

[12] This Register form is for use in situations where an IYCF Community Worker registers, provides support for and tracks the progress of a specific mother-child pair from the ante-natal period until the child reaches his/her second birthday.

Tools for Supervisors/Mentors (9)

Instructions for conducting a mentoring visit

1. Schedule a time for your visit with the Community Worker in advance.
2. Review the CW's records and activities conducted since your last mentoring visit.
3. Ask how the CW feels about his/her work: what is going well; is s/he experiencing any difficulties? How did the worker do with any changes s/he has worked on since the last mentoring visit? Praise what is going well.
4. Observe an IYCF support activity (individual counselling, Action-oriented Group or Support Group) session. Ask the CW to introduce you to the mother/caregiver and explain briefly why you are there. You should then ask mother's/caregiver's permission to observe, and explain that you will record no names and that all personal information will remain confidential.
5. Sit so that you can observe the CW and mother, but not distract either.
6. As the Community Worker talks with the mother, make notes on the Observation Checklist so that you can provide feedback to the CW once the session has ended and the mother departed. (You will not have to complete the checklist nor submit it to anyone; rather, it is for your guidance in observing and mentoring the CW).
7. In any one counselling session, there will not be an opportunity for the counsellor to use all of the skills listed in the checklist; therefore, make brief notes to help you remember those skills which were used, and as importantly -- those which were not used when there was an appropriate opportunity.
8. To help you locate the appropriate information for IYCF Counselling, the counselling checklist, for example, is divided into 3 parts: i) skills related to the 3-Step Counselling process; ii) skills related to the appropriate handling of content and materials related to breastfeeding, complementary feeding; and iii) skills related to communication. A Counsellor's total score for a counselling session can range from 0-6 points.
9. If a counsellor passes along mis-information or fails to correct mis-information provided by a group member, find a way to present the correct information to the mother/caregiver without having the IYCF Counsellor lose credibility in her/his role in the community.
10. At the end of the session (and after the mother has departed), discuss your observations with the CW, and together decide on a [change – small, do-able action – etc.] the CW can work to improve before the next mentoring visit).
11. Following the supportive supervision/mentoring session, transfer key information for your ongoing work with the CW onto the *Supportive Supervision Tool 4*: Supervisor's Record for Tracking Individual Community Worker Progress, and record the date of your supervision activity in *Supportive Supervision Tool 5: Monthly Activity Log*. You will compile this information with other data into *Supportive Supervision Tool 6*: Monthly/ (Quarterly/Period) Summary Report: Supervisor's & Community Workers' Activity Data, which will be submitted (monthly) to the District Office (other).
12. Gather monitoring data. A mentoring visit may be an opportunity for the Supervisor to talk with mothers about their experiences around infant and young child feeding, and to periodically collect data from a small number of mothers to help track progress toward results.

    NOTE that it will be necessary for every programme to adapt these or similar forms to ensure a smooth fit with District (or other) monitoring systems.

Keeping Records

Following the supportive supervision/mentoring session, you will transfer key information for your ongoing work with the CW onto the *Supportive Supervision Tool 4*: Supervisor's Record for Tracking Individual Community Worker Progress, and record the date of your supervision activity in *Supportive*

Supervision Tool 5: Monthly Activity Log. This information will be compiled with other data into *Supportive Supervision Tool 9*: Monthly Summary of IYCF Routine Programme Monitoring Data, which will be submitted (monthly) to the District Office (other). NOTE that it will be necessary for every programme to adapt these or similar forms to ensure a smooth fit with District (or other) monitoring systems.

Gather monitoring data. A mentoring visit may be an opportunity for the Supervisor to talk with mothers about their experiences around infant and young child feeding, and to periodically collect data from a small number of mothers to help track progress toward results.

Supportive Supervision Tool 1: Observation Checklist for IYCF Counselling

Name of Community Worker: _____**Position**:_____

Community/Location: _____**Name of Mentor/Supervisor**: _____

Date of Supportive Supervision: _____

PLACE check (√) under correct box for each activity. Where several activities contribute to the SCORE for each SKILL, the SKILL should be scored as 'Sufficient' only when all activities are checked as either N/A or Sufficient performance.

Did the Community Worker …					**RECORD**
SKILL # 1 INFANT AGE	**N/A for this visit**	**Did not obtain information on infant age**	**Asked about infant age, but did not ask for confirming evidence**	**Asked about infant age and attempted confirmation from record or maternal report on date of birth**	**Comments/ Observations**
Obtain correct infant age					
SCORE: SKILL #1 Sufficient = 1 Not sufficient = 0					**SCORE #1**
IYCF 3-STEP COUNSELLING					
SKILL #2 STEP 1: ASSESS	**N/A for this visit**	**Not done**	**Limited performance**	**Sufficient performance**	**Comments/ Observations**
Assess Breastfeeding (with mother)					
Assess the current breastfeeding status					
Check for breastfeeding difficulties					
Observe a breastfeed (if necessary)					
Assess use of infant feeding bottle					
Complementary Feeding at appropriate age					
Assess 'other food' and 'other fluid' intake					
Assess AFATVRH					
Complete Assessment before going on to Analyse or Act					

Did the Community Worker …					**RECORD**
SCORE: SKILL #2 **Sufficient = 1** **Not sufficient = 0**					**SCORE #2**
SKILL#3 **STEP 2: ANALYZE**	**N/A for this visit**	**Not done**	**Limited performance**	**Sufficient performance**	**Comments/ Observations**
Considered deviation from age-appropriate recommended practices					
Considered issues reported by mother					
Correctly prioritized the most important issues for action					
SCORE: SKILL #3 **Sufficient = 1** **Not sufficient = 0**					**SCORE #3**
SKILL #4 **STEP 3: ACT**	**N/A for this visit**	**Not done**	**Limited performance**	**Sufficient performance**	**Comments/ Observations**
Praise the mother/father/ caregiver for positive practices					
If difficulty, address the reasons					
Discuss limited and relevant information					
Help mother problem-solve, as appropriate					
Encourage mother/caregiver to try new practice					
Agree upon action					
SCORE: SKILL #4 **Sufficient = 1** **Not sufficient = 0**					**SCORE #4**
SKILL #5 **APPROPRIATE USE of MATERIALS**	**N/A for this visit**	**Not done**	**Limited performance**	**Sufficient performance**	**Comments/ Observations**
Use of CCs to reinforce good					

Did the Community Worker …					**RECORD**
breastfeeding practices:					
Point out characteristics of CF using appropriate CC for age group					
Use of CCs to reinforce good hygiene practices					
Show how to add micronutrient supplements for home fortification					
SCORE: SKILL #5 **Sufficient = 1** **Not sufficient = 0**					**SCORE #5**
SKILL #6 COMMUNICATION SKILLS	**N/A for this visit**	**Not done**	**Limited performance**	**Sufficient performance**	**Comments/ Observations**
Use Listening and Learning skills					
Use good non-verbal communication					
Ask questions that allow for detailed information					
Use Building Confidence and Giving Support skills					
Accept what mother/father/caregiver thinks and feels					
Give practical help					
SCORE: SKILL #6 **Sufficient = 1** **Not sufficient = 0**					**SCORE #6**
TOTAL SCORE					**__ (of 6 possible points)**

Supportive Supervision Tool 2: Observation Checklist for Action-oriented Group Facilitation

Name of Community Worker: _____**Position**:_____

Community/Location: _____ **Name of Mentor/Supervisor**: _____

Date of visit: _____

	Did the Community Worker	1=Satisfactory 0 = Not Satisfactory	Comments
1.	**SKILL #1: OBSERVE**		
	After the story, drama or visual, ask group participants what they **OBSERVED:** a. What happened in the story/drama or visual? b. What are the characters doing in the story/drama or visual? c. How did the character feel about what he or she was doing? Why did he or she do that?		
SCORE SKILL #1: Use of OBSERVE			
2.	**SKILL #2: THINK**		
	Ask the group participants what they **THINK** about what they observed: a. Who do you know that does this (recommended behaviour/practice)? b. How have they been able to do this (recommended behaviour/practice)? c. Discuss the key messages of today's topic? d. Discuss: what is the **advantage** of adopting the practice described in the story/drama or visual?		
SCORE SKILL #2: Use of THINK			
3.	**SKILL #3: TRY**		
	Ask the group participants whether they would be willing to **TRY** what they observed. Why, why not? a. If you were the mother (or another character), would you be willing to try the new practice? b. Would people in this community try this practice in the same situation? Why?		
SCORE SKILL #3: Use of TRY			
4.	**SKILL #4: ACT**		
	Ask the group participants if they could **ACT** in the same way. Why, why not? a. What would you do in the same situation? Why? b. What difficulties might you experience? c. How would you be able to overcome them? d. To repeat the key messages?		
SCORE SKILL #4: Use of ACT			
5.	**SKILL #5: SHARE**		
	Ask group participants to come ready to talk about what happened when they tried the new practice and how they managed to overcome any obstacles. **Share** what they have learned with a pregnant woman or breastfeeding mother.		
SCORE SKILL #5: Use of SHARE			
TOTAL SCORE: Action-oriented Group Facilitation		**____ (of 5 possible points)**	

Supportive Supervision Tool 3: Observation Checklist for IYCF Support Group Facilitation

Community:	**Place:**	
Date: **Time:**	**Theme:***	
Name of IYCF Group Facilitator(s): ----------	**Name of Mentor/Supervisor:** ----------	
SKILL #1: Manage Process	**1=Satisfactory 0=Not Satisfactory**	**Comments**
• Participants sit in circle. • Facilitator(s) introduce themselves to the group • Facilitator(s) clearly explain the day's theme • Facilitator(s) ask questions that **generate participation** • Facilitator(s) **motivate the quiet women/men to participate**		
SCORE SKILL #1: Skilled Management of Process		
SKILL #2: Use of Counselling Skills		
Did the Facilitator(s) appropriately apply: • Listening and Learning skills • Building Confidence and Giving Support skills		
SCORE SKILL #2: Use of Counselling Skills		
SKILL #3: Facilitate Discussion		
The Facilitator(s): • encourage mothers/fathers/ caregivers to **share their own experiences** • draw out ways that other participants have **solved problems** • **guide discussion**		
SCORE SKILL #3: Facilitate Discussion		
SKILL #4: Manage Content & Materials		
The Facilitator(s): • ensure that **'correct/good' behaviours/beliefs and attitudes are emphasized** • **correct any misinformation**, as necessary • note any **unanswered questions** • use CC and Training Aids, as appropriate		
SCORE SKILL #4: Manage Content & Materials		
SKILL #5 Motivate Continued Participation		
• The Facilitator(s) thank the women/men for attending the IYCF support group and invites them		

to attend the next IYCF support group (place, date and theme) • The Facilitator(s) ask Participants to talk to a pregnant woman or breastfeeding mother before the next meeting, share what they have learned, and report back		
SCORE SKILL #5: Motivate Continued Participation		
SKILL #6: Monitor attendance		
• The Facilitator(s) complete and submit Support Group attendance form		
SCORE SKILL #6: Complete/Submit Attendance Form		
TOTAL SCORE: IYCF Support Group Facilitation	**____ (of 6 possible points)**	

RECORD: Number of participants attending the IYCF support group: _____
Mentor/Supervisor: indicate questions and resolved difficulties:
Mentor/Supervisor: provide feedback to Facilitator(s):

* The day's theme might change if there is a mother/father/caregiver that has a feeding issue she or he feels an urgent need to discuss

Supportive Supervision Tool 4: Supervisor's Record for Tracking Individual Community Worker Progress

Name of Community Worker: _____**Position**:_____

Community/Location: _____ **Name of Mentor/Supervisor**: _____

Year: _____

	Activities	Record Date of Visit	Y/N	Comments/Agreed upon recommendations
1.	CW Activity Log reviewed	Q1	Yes ____ No ____	
		Q2	Yes ____ No _____	
		Q3	Yes ____ No _____	
		Q4	Yes ____ No _____	
2.	Follow-up issues identified during last supportive supervisory session	Q1	Yes ____ No _____	
		Q2	Yes ____ No _____	
		Q3	Yes ____ No _____	
		Q4	Yes ____ No _____	
SKILLS Observed INDIVIDUAL COUNSELLING		**Record Total Score**	**Positive aspects**	**Areas for improvement**
1.	3-Step Counselling process • Age • Assess • Analyze • Act (4 points)	Q1		
		Q2		
		Q3		
		Q4		
2.	Management of Materials: Breastfeeding and Complementary Feeding (1 point)	Q1		
		Q2		
		Q3		
		Q4		
3.	Communication Skills (1 point)	Q1		
		Q2		
		Q3		
		Q4		

Session 12. Action-oriented Groups, and IYCF Support Groups

	Activities	Record Date of Visit	Y/N	Comments/Agreed upon recommendations
TOTAL POINTS (Total out of 6 points)		Q1		
		Q2		
		Q3		
		Q4		
SKILLS		**Record Score**	**Positive aspects**	**Areas for improvement**
4.	ACTION-ORIENTED GROUP FACILITATION TOTAL POINTS (Total out of 5 points)	Q1		
		Q2		
		Q3		
		Q4		
5.	IYCF SUPPORT GROUP FACILITATION TOTAL POINTS (Total out of 6 points)	Q1		
		Q2		
		Q3		
		Q4		
	Activities	**Yes/No**	**Prioritized actions Agreed upon recommendations**	
6.	Prioritized action before next supervisory visit	Q1		
		Q2		
		Q3		
		Q4		
	Activities	**Date of next SS Visit**	**Concrete Steps before Next Visit**	
7.	Date of next supervisory visit	Q1		
		Q2		
		Q3		
		Q4		

Supportive Supervision Tool 5: Supervisor's Log: Summary of Monthly Activities

Name of Mentor/Supervisor: _____**Position**:_____

Location: _____

Monthly or Quarterly Report: Year: _____

	Activities	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total number of visits per year
1.	Total number of Community Workers assigned to Supervisor					
2.	Number of supervision visits scheduled					
3.	Number of planned supervision visits completed					
4.	% of planned supervision visits completed					
5.	**Tracking Number of Visits to Individual Community Workers***: Transfer this information from SS Tool 4 for each CW					
a.	CW 1 (Record name)					
b.	CW 2					
c.	CW 3					
d.	CW 4					
e.	CW 5					
f.	Etc.					

*NOTE: Names of ALL Community Workers mentored by Supervisor should be included in this list

Supportive Supervision Tool 6: Monthly/(Quarterly/Period) Summary Report: Supervisor's and Community Workers Activity Data

Supervision Area: _____

Supervisor Name: _____

Reporting Month: _____

Table for aggregating data from CW monthly (quarterly/period) activity logs
Instructions: record summary data for each CW for the reporting period (monthly/quarterly/other). Information in the row for CW1 should summarize: the number of pregnant women the CW counselled for the first time; the number of pregnant women the CW counselled on a repeat visit; the same information for counselling mother-child under 24 month pairs; the number of Action-oriented Group conducted; the number of IYCF Support Group sessions the CW facilitated during the reporting period [from CW Tool 4: Monthly Activity Log]; and whether the CW received a supervision visit and was observed providing individual counselling (number or yes/no) or facilitating an Action-oriented Group (number or yes/no); or an IYCF Support Group (number or yes/no) [from SS Tools 2 and 3]

	CW Activity						**Supportive Supervision/Mentoring**			**Referral**
	Individual Counselling Pregnant woman		Individual Counselling Child 0 up to 24 months		Action-oriented Group Sessions	IYCF Support Group Sessions	Supervision: Individual Counselling # or Y/N	Supervision: Action-oriented Group # or Y/N	Supervision: IYCF Support Group # or Y/N	
	First visit	Repeat visit	First visit	Repeat visit						
CW 1										
CW 2										
CW3										
CW4										
TOTALS										

Supportive Supervision Tool 7: Spatial/Geographic Coverage – Communities with Community Workers trained in IYCF

District: _____

Month: _____

Supervision Area	Community	Number of pregnant women and children <24 months*	Number of CWs per community (target number) required)	Number of CWs active per community	Number of active CWs trained in IYCF	Communities with at least 1 IYCF-trained CW (√)
Supervision Area A	Community 1					
	Community 2					
	Community 3					
Supervision Area B	Community 4					
	Community 5					
	Community 6					
	Community 7					
Supervision Area C	Community 8					
	Community 9					

*Information on the current size of the target population (pregnant women and children <24 months) is critical to determining the number of CWs required. Use data from *Appendix 5: Data for IYCF Programme Planning* to determine the numbers of pregnant women and children <24 months. State the ratio of target population number per CW to determine the number of CWs required.

Indicators:

% of CWs trained in IYCF Counselling = # of IYCF-trained active CWs / total number of active CWs

% of communities with at least 1 trained IYCF CW = # communities with at least 1 IYCF-trained active CW / total number of communities

Supportive Supervision Tool 8: Training Register

At District level: create a Register that Tracks the CWs Trained in IYCF by Supervision Area

Track:

- target # of CWs trained in IYCF required in District (by Supervision Area)
- # *active* and trained CWs achieved
- % of target # of active and trained CWs achieved

For Monthly Reporting (by Supervision Area):

- target # of CWs trained in IYCF required in Supervision Area: _____
- # of CWs active during reporting period: _____
- # of *active* CWs trained in IYCF: _____
- % of *active* CWs trained in IYCF: _____

Supportive Supervision Tool 9: Training Report

Supervision Area: _____

Date: _____

Name of Trainers: _____

Date of Training: _____

Location of Training: _____

Name of CWs trained	CW contact details	Village/community where the CW lives
CW 1		
CW 2		
CW 3		
CW 4		
CW 5		

APPENDIX 8: Principles of Adult Learning[13]

1. **Dialogue:** Adult learning is best achieved through dialogue. Adults have enough life experience to dialogue with facilitator/trainer about any subject and will learn new attitudes or skills best in relation to that life experience. Dialogue needs to be encouraged and used in formal training, informal talks, one-on-one counselling sessions or any situation where adults learn.

2. **Safety in environment and process**: Make people feel comfortable making mistakes. Adults are more receptive to learning when they are both **physically and psychologically comfortable**.
   - Physical surroundings (temperature, ventilation, overcrowding, and light) can affect learning.
   - Learning is best when there are no distractions.

3. **Respect**: Appreciate learners' contributions and life experiences. Adults learn best when their experience is acknowledged and new information builds on their past knowledge and experience.

4. **Affirmation**: Learners need to receive praise for even small attempts.
   - People need to be sure they are correctly recalling or using information they have learned.

5. **Sequence and reinforcement**: Start with the easiest ideas or skills and build on them. Introduce the most important ones first. Reinforce key ideas and skills repeatedly. People learn faster when information or skills are presented in a structured way.

6. **Practice**: Practise first in a safe place and then in a real setting.

7. **Ideas, feelings, actions**: Learning takes place through thinking, feeling and doing and is most effective when it occurs across all three.

8. **20/40/80 rule**: Learners remember more when visuals are used to support the verbal presentation and best when they practise the new skill. We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do.

9. **Relevance to previous experience:** People learn faster when new information or skills are related to what they already know or can do.

   Immediate relevance: Learners should see how to use and apply what they have learned in their job or life immediately

[13] Adapted from J. Vella.1994. *Learning to Listen, Learning to Teach*.

Future relevance: People generally learn faster when they realise that what they are learning will be useful in the future.

10. **Teamwork**: Help people learn from each other and solve problems together. This makes learning easier to apply to real life.

11. **Engagement**: Involve learners' emotions and intellect. Adults prefer to be **active participants** in learning rather than passive recipients of knowledge. People learn faster when they actively process information, solve problems, or practise skills.

12. **Accountability**: Ensure that learners understand and know how to put into practice what they have learned.

13. **Motivation**: Wanting to learn
    - People learn faster and more thoroughly when they want to learn. The trainer's challenge is to create conditions in which people want to learn.
    - Learning is natural, as basic a function of human beings as eating or sleeping.
    - Some people are more eager to learn than others, just as some are hungrier than others. Even in one individual, there are different levels of motivation.
    - All the principles outlined will help the learner become motivated.

14. **Clarity**
    - Messages should be clear.
    - Words and sentence structures should be familiar. Technical words should be explained and their understanding checked.
    - Messages should be VISUAL.

15. **Feedback:** Feedback informs the learner in what areas s/he is strong or weak.

APPENDIX 9: Training Methodologies: Advantages, Limitations, and Tips for Improvement

Training method	Advantages	Limitations	Tips for Improvement
Small group discussion in a group of no more than 7 participants who discuss and summarise a given subject or theme. The group selects a chairperson, a recorder, and/or someone to report to plenary.	• Can be done anytime and anywhere • Allows two-way communication • Lets group members learn each other's views and sometimes makes consensus easier • Allows group members to take on different roles (e.g., leader, recorder) to practice facilitation techniques • Involves active participation • Lets participants ask and learn about unclear aspects • Often lets people who feel inhibited share • Can produce a strong sense of sharing or camaraderie • Challenges participants to think, learn, and solve problems	• Strong personalities can dominate the group. • Some group members can divert the group from its goals. • Some participants may try to pursue their own agendas. • Conflicts can arise and be left unresolved. • Ideas can be limited by participants' experience and prejudices.	• Outline the purpose of the discussion and write questions and tasks clearly to provide focus and structure. • Establish ground rules (e.g., courtesy, speaking in turn, ensuring everyone agrees with conclusions) at the beginning. • Allow enough time for all groups to finish the task and give feedback. • Announce remaining time at regular intervals. • Ensure that participants share or rotate roles. • Be aware of possible conflicts and anticipate their effect on the group's contribution in plenary. • Reach conclusions but avoid repeating points already presented in plenary.
Buzz group (2– 3 participants) can allow participants to discuss their immediate reactions to information presented, give definitions, and share examples and experiences	• Gives everyone a chance and time to participate • Makes it easier to share opinions, experiences, and information • Often creates a relaxed atmosphere that allows trust to develop and helps participants express opinions freely • Can raise energy level by getting participants to talk after listening to information • Does not waste time moving participants	• Discussion is limited. • Opinions and ideas are limited by participants' experience. • Participants may be intimidated by more educated participants or find it difficult to challenge views.	• Clearly state the topic or question to be discussed along with the objectives. • Encourage exchange of information and beliefs among different levels of participants.
Brainstorming: A spontaneous process through which group members' ideas and opinions on	• Allows many ideas to be expressed quickly • Encourages open-mindedness (every idea should be acceptable, and judgement should be suspended)	• The ideas suggested may be limited by participants' experiences and prejudices. • People may feel embarrassed or if they	• State clearly the brainstorming rule that there is no wrong or bad idea. • Ensure a threat-free, non-judgemental

Training method	Advantages	Limitations	Tips for Improvement
a subject are voiced and written for selection, discussion, and agreement. All opinions and ideas are valid.	• Gives everyone an opportunity to contribute • Helps stimulate creativity and imagination • Can help make connections not previously seen • Is a good basis for further reflection • Helps build individual and group confidence by finding solutions within the group	have nothing to contribute. • Some group members may dominate, and others may withdraw.	atmosphere so that everyone feels he or she can contribute. • Ask for a volunteer to record brainstorming ideas. • Record ideas in the speaker's own words. • State that the whole group has ownership of brainstorming ideas. • Give participants who haven't spoken a chance to contribute.
Plenary or whole group discussion: The entire group comes together to share ideas	• Allows people to contribute to the whole group • Enables participants to respond and react to contributions • Allows facilitators to assess group needs • Enables people to see what other group members think about an issue • Allows individuals or groups to summarise contents	• Can be time consuming • Doesn't give each participant a chance to contribute • Some individuals may dominate the discussion. • Consensus can be difficult if decisions are required. • Some group members may lose interest and become bored. • Contribution from a limited number of participants can give a false picture of the majority's understanding of an issue.	• Appoint someone to record the main points of the discussion. • Appoint a timekeeper. • Pose a few questions for group discussion. • Use buzz groups to explore a topic in depth. • Ask for contributions from participants who haven't shared their views.
Role play: Imitation of a specific life situation that involves giving participants details of the "person" they are asked to play	• Helps start a discussion • Is lively and participatory, breaking down barriers and encouraging interaction • Can help participants improve skills, attitudes, and perceptions in real situations • Is informal and flexible and requires few resources • Is creative • Can be used with all kinds of groups, regardless of their education levels	• Possibility of misinterpretation • Reliance on goodwill and trust among group members • Tendency to oversimplify or complicate situations	• Structure the role-play well, keeping it brief and clear in focus. • Give clear and concise instructions to participants. • Carefully facilitate to deal with emotions that arise in the follow-up discussion. • Make participation voluntary.
Drama: Unlike role-play in that the actors are briefed in advance on what to say and do and can	• Commands attention and interest • Clearly shows actions and relationships and makes them easy to understand • Is suitable for people who cannot read or write	• Audience cannot stop the drama in the middle to question what is going on • Can be drawn out and time consuming	• Encourage actors to include the audience in the drama. • Follow the drama by discussion and analysis to make it an effective learning tool.

Training method	Advantages	Limitations	Tips for Improvement
rehearse. As a result, the outcome is more predictable. Drama is often used to illustrate a point.	• Involves the audience by letting them empathise with actors' feelings and emotions • Does not require many resources • Can bring people together almost anywhere	• Tends to simplify or complicate situations	• Keep it short, clear, and simple.
Case study: Pairs or small groups are given orally or in writing a specific situation, event, or incident and asked to analyse and solve it.	• Allows rapid evaluation of trainees' knowledge and skills • Provides immediate feedback • Increases analytical and thinking skills • Is the best realistic alternative to field practice	• Sometimes not all trainees participate.	• Make the situation, event or incident real and focused on the topic. • Initiate with simple case studies and gradually add more complex situations. • Speak or write simply.
Demonstration with return demonstration: A resource person performs a specific operation or job, showing others how to do it. The participants then practice the same task.	• Provides step-by-step process to participants • Allows immediate practice and feedback • Checklist can be developed to observe participants' progress in acquiring the skill		• Explain different steps of the procedure. • Resource person demonstrates an inappropriate skill, then an appropriate skill, and discusses the differences. • Participants practise the appropriate skill and provide feedback to each other. • Practise.
Game: A person or group performs an activity characterised by structured competition that allows people to practice specific skills or recall knowledge.	• Entertains • Competition stimulates interest and alertness • Is a good energizer • Helps recall of information and skills	• Some participants feel that playing games doesn't have a solid scientific or knowledge base. • Facilitators should participate in the game.	• Be prepared for "on the spot" questions because there is no script. • Give clear directions and adhere to allotted time.
Field Practice Participants and facilitators visit a health facility or community setting to observe a task or procedure and practice.	• Puts training participants in real-life work situations • Allows participants to reflect on real-life work situations without work pressures • Best format to use knowledge and practice skills	• Time consuming • Needs more resources	• Before the visit, coordinate with site, give clear directions before arrival, divide participants into small groups accompanied by the facilitator • Provide reliable transportation • Meet with those responsible on arrival

Training method	Advantages	Limitations	Tips for Improvement
			• Provide opportunity to share experiences and give and receive feedback
VIPP (Visualization in participatory programming): Coloured cards varying in shape and size allow participants to quickly classify problems to find solutions.	• Allows visualisation of problems, ideas and concerns in a simple way • Allows everyone to participate • Gives participants who tend to dominate a discussion equal time with quieter participants	• Used more by members of the same organization to evaluate progress and revise objectives and strategies • Time consuming • Needs more resources	• Apply modified version of VIPP if problems arise in training that can be dealt with quickly.
Action plan preparation: Allows participants to synthesise knowledge, skills, attitudes, and beliefs into a doable plan; bridges classroom activities with practical application at work site	• Team building for participants from the same site, district, or region • Two-way commitment between trainers and institutions • Basis for follow up, action and supervision	• Time consuming • Requires work on action plan after hours to support action plan development	
Talk or presentation: Involves imparting information through the spoken word, sometimes supplemented with audio or visual aids	• Is time-efficient for addressing a subject and imparting a large amount of information quickly • Facilitates structuring the presentation of ideas and information • Allows the facilitator to control the classroom by directing timing of questions • Is ideal for factual topics (e.g., steps on conducting HIV testing) • Stimulates ideas for informed group discussion	• Lack of active participation • Facilitation and curriculum centred, essentially one-way learning • No way to use experience of group members • Can be limited by facilitators' perception or experience • Can sometimes cause frustration, discontent, and alienation within the group, especially when participants cannot express their own experience	**<u>Build interest</u>** • Use a **lead-off story or interesting visual** that captures audience's attention. • Present an **initial case problem** around which the lecture will be structured. • Ask participants **test questions** even if they have little prior knowledge to motivate them to listen to the lecture for the answer. **<u>Maximise understanding and retention</u>** • Reduce the major points in the lecture to **headlines** that act as verbal subheadings or

Training method	Advantages	Limitations	Tips for Improvement
			memory aids and arrange in logical order. • Give **examples and analogies**, using real-life illustrations of the ideas in the lecture and, if possible, comparing the material and the participants' knowledge and experience. • Use **visual backup** (flipcharts, transparencies, brief handouts, and demonstrations) to enable participants to see as well as hear what you are saying. • Set a **time limit.** **<u>Involve participants during the lecture</u>** • Interrupt the lecture periodically to challenge participants to give examples of the concepts presented or answer **spot quiz** questions. • **Illustrate activities** throughout the presentation to focus on the points you are making. **<u>Reinforce the lecture</u>** • **Allow time for feedback**, comments, and questions • **Apply the problem** by posing a problem or question for participants to solve based on the information in the lecture. • Ask participants to review the contents of the lecture together or give them a self-scoring test. • **Avoid distracting gestures or mannerisms** such as playing with the chalk,

Training method	Advantages	Limitations	Tips for Improvement
			ruler, or watch or adjusting clothing.

APPENDIX 10: Suggested Training Exercises, Review Energisers and Daily Evaluation

Training Exercises

Forming Small Groups

1. Depending on the number of Participants (for example, 20), and the number of groups to be formed (for example, 5) ask Participants to count off numbers from 1 to 4. Begin to count in a clockwise direction. On another occasion begin to count counter-clockwise.

2. Depending on the number of Participants (for example, 16), and the number of groups to be formed (for example, 4), collect 16 bottle caps of 4 different colours: 4 red, 4 green, 4 orange, and 4 black. Ask Participants to select a bottle cap. Once selected, ask Participants to form groups according to the colour selected.

3. Sinking ship: ask Participants to walk around as if they were on a ship. Announce that the ship is sinking and life boats are being lowered. The life boats will only hold a certain number of Participants. Call out the number of persons the life boats will hold and ask Participants to group themselves in the number called-out. Repeat several times and finish with the number of Participants you wish each group to contain (for example, to divide 15 Participants into groups of 3, the last "life boat" called will be the number 5).

The following are descriptions of several **review energizers** that Facilitators can select from at the end of each session to reinforce knowledge and skills acquired.

1. Participants and Facilitators form a circle. One Facilitator has a ball that he or she throws to one Participant. The Facilitator asks a question of the Participant who catches the ball. The Participant responds. When the Participant has answered correctly to the satisfaction of the group, that Participant throws the ball to another Participant asking him/her a question in turn. The Participant who throws the ball asks the question. The Participant who catches the ball answers the question.

2. Form 2 rows facing each other. Each row represents a team. A Participant from one team/row asks a question to the Participant opposite her/him in the facing team/row. That Participant can seek the help of her/his team in responding to the question. When the question is answered correctly, the responding team earns a point and then asks a question of the other team. If the question is not answered correctly, the team that asked the question responds and earns the point. Questions and answers are proposed back and forth from team to team.

3. Form 2 teams. Each person receives a counselling card or a visual image. These visual aids are answers to questions that will be asked by a Facilitator. When a question is asked, the Participant who believes s/he has the correct answer will show her counselling card or visual image. If correct, s/he scores a point for her/his team. The team with the most correct answers wins the game.

4. From a basket, a Participant selects a counselling card or visual image and is asked to share the practices/messages; feedback is given by other Participants. The process is repeated for other Participants.

5. Form 2 circles. On a mat in the middle of the circle a set of Counselling Cards is placed "face down". A Participant is asked to choose a counselling card and tell the other Participants in what situations an IYCF Counsellor can share the practices/messages the counselling card represents. One Facilitator is present in each circle to assist in responding.

Daily Evaluations

The following examples are descriptions of several evaluations that Facilitators can select at the end of each day (or session) to assess the knowledge and skills acquired and/or to obtain feedback from Participants.

1. Form buzz groups of 3 and ask Participants to answer one, two, or all of the following questions in a group*:
   1) What did you learn today that will be useful in your work?
   2) What was something that you liked?
   3) Give a suggestion for improving today's sessions.

   * *Ask a Participant from each buzz group to respond to the whole group*

2. 'Happy Faces' measuring Participants' moods. Images of the following faces (smiling, neutral, frowning) are placed on a bench or the floor and Participants (at the end of each day [or session]) are asked to place a stone or bottle cap on the "face" that best represents their level of satisfaction (satisfied, mildly satisfied and unsatisfied). (See APPENDIX 10: Cut-outs of 'Happy Faces')

	MOOD Meter		
DAY			
1			
2			
3			
4			
5			

APPENDIX 11: Training Tips

1. **Preparation:**
   - Read the entire set of materials prior to beginning the preparation for your sessions. Link the content of your session to what has come before.
   - When multiple Facilitators/Facilitator Teams lead a training, it will be necessary for an individual or a team to take responsibility for linking the sessions together. Facilitation teams could share responsibility for this task, with teams taking responsibility for half-day or whole day periods of time.
   - For Field Practice: identify Translators, as necessary. Pair local language speaker with a non-local language speaker when possible. For group sessions practice, provide a translator for non-local language Observers.

2. **Size of Training Group:**
   - If Participant numbers exceed (18), consider breaking into 2 groups (if there are 2 Facilitators)

3. **Summary Table: beginning each session**
   - This table summary is for the Facilitator; there is no need to read its contents to Participants

4. **Names of Participants and Facilitators**
   - Ask Participants and Facilitators to use their own names during the training (not 'training' names) so that follow-up of Community Counsellors can be made more easily.
   - Write first name only and in large letters
   - Participants can be issued a notebook and pen, but mention that they do not need to take notes

5. **Time Keeper**
   - Co-facilitator needs to keep track of time

6. **Learning Objectives**:
   - Don't write the learning objectives on a flip chart
   - Rather tell Participants what you are going to tell them (i.e., briefly state the learning objectives); then tell them (cover the content); then tell them what you've just told them (i.e., quickly summarize the learning objectives)

7. **Pre- and Post-Assessments**
   - Give feed back and discuss results immediately.
   - Draw a graph of the pre- and post-assessment results and discuss any question that Participants answered incorrectly
   - Share written evaluation results

8. **Facilitator(s):**
   - As much as possible, sit at same level as Participants
   - Use Participants' names
   - When co-facilitating, one of the Facilitators should always be attentive to the group to help with recognizing confusion, unanswered questions, etc.
   - Don't turn your back on Participants; use your Co-Facilitator to write on flip chart

- Do not text when facilitating
- During small group work, Facilitators should move from group to group to see that the instructions are clear
- Ask groups to do their assignment and then talk about it - i.e. don't explain too much before group has a chance to do the assignment
- Ask groups to present their work
- Use *Participant Materials* after the activity, not before it (unless otherwise mentioned)
- Where more than one Facilitator participates in an activity (e.g., in mother-to-mother Support Groups or during field practice activities), ensure that the Facilitators are interspersed among other Participants rather than sit together as a group.
- Asking questions of Participants: Post the question to the entire group so that every Participant ponders the correct response in a relaxed manner; if nobody volunteers a response, ask/call on someone to move things along
- Use an Energizer to bring a group together
- Getting the Attention of a noisy, non-focused group: 'When I say 'Hi', you respond 'Hello' (and vice versa)
- Don't repeat wrong information; the Participants or Mothers will remember this. Rather, focus on the 'right' information
- If there are quiet Participants or no one responds to a question, call on Individuals by name. Everyone should participate in sessions
- Do not move to stand in front of a Participant; it will be difficult for other Participants to see and hear what is being said.
- If one Participant tends to dominate a discussion, transfer attention to other Participants –e.g., 'Can we hear from someone from the other side of the circle?'
- Correct any misinformation stated in a group session immediately. If Facilitator does not know about an issue raised, acknowledge not knowing about the issue and say 'I will find out and get back to you'
- If someone in a Support Group voices a very strong opinion, Facilitator may accept what the Participant says ('That's 1 opinion) and then ask other Participants 'Do any of you have another experience, another opinion?'
- Work to narrow the knowledge-practice gap (in your own training behaviour as well as mothers' IYCF practices)

9. **Use simple language**: 'the first milk (colostrum) protects against illness'; avoid using words or technical language like immune factors, and the naming of hormones

10. **Use of Visuals** (during training sessions, one-on-one counselling, in Action-Oriented Groups, IYCF Support Groups):
    - Turn illustration or other materials used for demonstration toward the mother/father/ caregiver or audience
    - Invite the mother/father/caregiver or audience to share what they see on the cards, and what they think it means using OTTA (Observe, Think, Try and Act). Facilitator should not use cards to say 'Do This, Do That'
    - Make certain every visual that will be used by Counsellors is reviewed during training

11. **Forming groups**
    - Give instructions to the entire group; THEN direct Participants to break into smaller working groups

- Use different ways to form groups: counting numbers from one side; counting numbers from the other side; groupings by birthdays; groupings by first initial of name; groupings by colours; sinking ship game; picking numbers randomly; etc.
- After the 1st group presents, ask additional groups to add only points not already mentioned

12. Writing on Flip Charts:

- Use broad-tipped markers
- Black and blue inks are easier colours to see from a distance. Use green and red to highlight key words, making flipcharts attractive and content memorable
- Print using both capital and small letters (easier for the brain to interpret than all caps)
- Facilitator: Don't turn your back to the Participants to write on flip chart. Let your Co-Facilitator do the writing while you continue to facilitate the session
- Turn over prepared flipcharts that are not being used at the moment

13. Adult Learning:

- Facilitators: don't first give answers yourself (even to questions directed at you); rather, invite participant contributions. Then fill-in with additional information
- Draw Participants' attention to useful information in the training materials (Appendices, etc.) that will not be covered during the training sessions
- Keep to time schedule. **Sometimes 'Less is More'**
- Focus on determining that Participants understand key content
- Seating in a Circle: Participants are seated in a circle so that **everyone can see all** other Participants. As necessary, remind Participants to keep the circle arrangement

14. Field Practice:

Prior to the Field Practice:

- Identify facilities with an appropriate number of mothers/children less than 24 months as close as possible to the training site. Make arrangements well in advance of the training dates. Confirm arrangements the week (and day) prior to the Field Practice session(s)
- Determine if it will be appropriate to bring mats for Group Sessions (Field Practice 2)
- Identify Translators, as necessary. Pair local language speaker with a non-local language speaker when possible. For group sessions, provide a translator for non-local language observers
- Prepare Participants' for the Field Practice:
  - For individual counselling, divide Participants into pairs (taking into consideration those who do or do not speak the local language and translation requirements) and list on a flip chart
  - For group sessions, identify the Participants who will act as Facilitators/Co-Facilitators, and those who will be observers. Discuss seating arrangements for all Participants and translators.
- The day before: review the Field Practice and Feedback process, and outline the materials they will need to bring to the Field Practice
- The morning of Field Practice: remind Participants of the process once the group arrives at the Facility, the materials they need to bring, and what they should do upon return to the classroom.

At the Field Practice site:

- Introduce Course Facilitators and Session Facilitators to 'In Charge'.
- Session Facilitators (with Facility staff) should assign Participant pairs to the mothers
- Before taking photographs: ask permission
- Provide feedback to your partner immediately after counselling a mother, and before you counsel a second mother/caregiver
- Course Facilitators and Session Facilitators: thank 'In-Charge' before leaving.

15. Delays: Some delays will occur. Make use of time for review, to sing (to keep up spirits).

16. Other useful tips

- If Session Facilitators' don't complete their sessions: consider completing the unfinished material as part of the next day's review session
- Don't ask a Participant to demonstrate something (e.g., positioning) unless you know for certain s/he knows how to do it correctly. Participants remember what has been demonstrated, so it must be correct
- Session Facilitators are responsible for picking up after their session, ensuring that flip charts are posted together on the Learning Gallery wall, making sure that flip charts are ready for the next Facilitators, and any borrowed training aid materials are returned to the material table and/or Course Facilitators
- Use time during the training to begin to put together your own training materials resources
- If the course needs to be shortened: Don't reduce the time for Field Practice; rather, reduce the course content
- **Gallery of Review**: Post all flipcharts around the training room; everyone – especially community participants – likes to see their work. For the final day of training, arrange flipcharts in a logical order, covering all content but leaving flipchart titles exposed. Conduct a quick review of course content during a summary 'Gallery Walk'
- **Photos**: Include a separate photo (head shot) and name of each participant in an Appendix of the Training Report to facilitate identification during supportive supervision, ongoing training, etc. [under 'Names of Participants and Facilitators

17. Supportive Supervision

- Learning to counsel requires development of skills over time, somewhat like the process of learning to drive a car. A new driver is not sent onto the road alone and unsupervised after classroom instruction. A newly trained counsellor also benefits from supportive supervision and mentoring

APPENDIX 12: Cut-outs of ‘Happy Faces’