

# Disability-Inclusive IYCF Package: Entry Points & Tools

Developed by:

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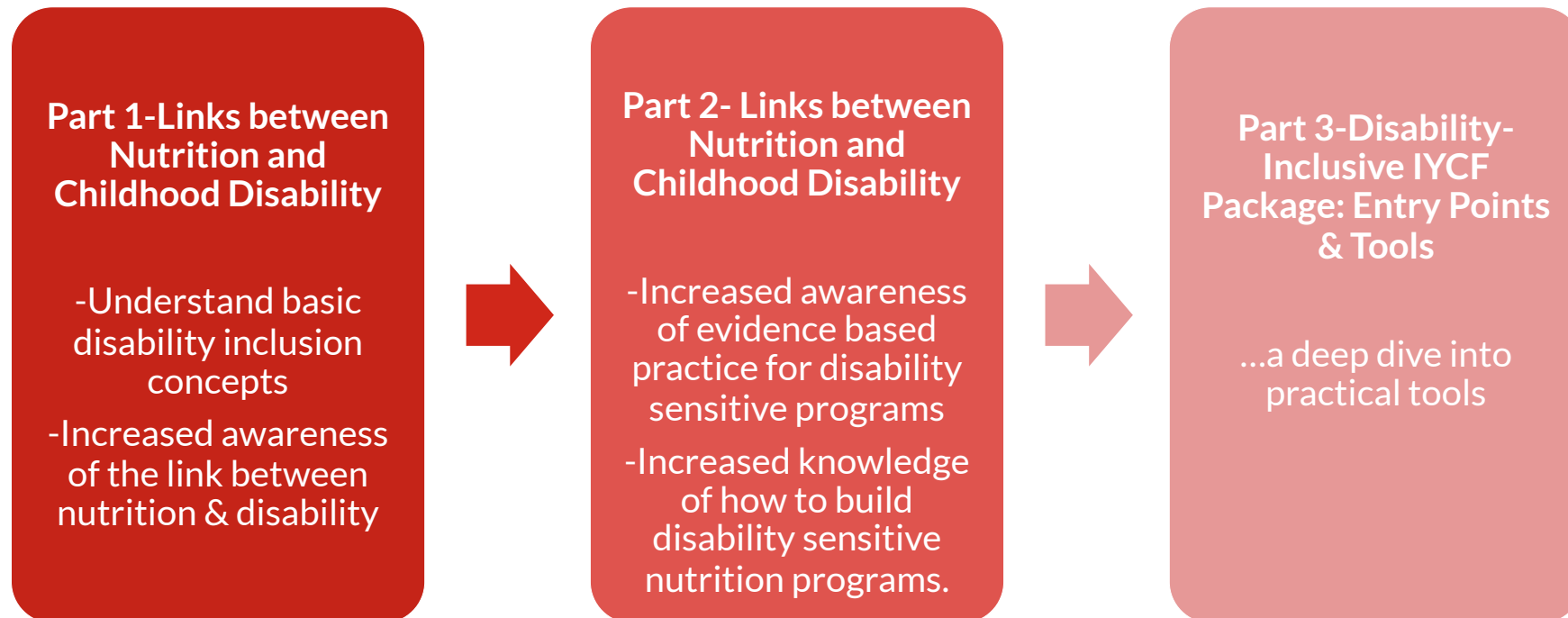
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# Save the Children's Nutrition & Disability Learning Series

For more information on these Save the Children's trainings, please email: [disabilityinfo@savethechildren.org](mailto:disabilityinfo@savethechildren.org)





# About the Disability-Inclusive IYCF Package

This package of practical tools is intended...

- for health and nutrition frontline workers, technical officers, programme managers, specialists, academics and any other professionals who are implementing Infant and Young Child Feeding (IYCF) programming, in development or emergency/humanitarian settings
- to present global resources that support the inclusion of mothers, infants, and young children with disabilities in nutrition programming according to various levels of the IYCF model

After using the Disability-Inclusive IYCF Package, IYCF-E hub users will be able to...

Adapt various aspects of existing IYCF activities and/or develop new IYCF programming to be inclusive of:

- Pregnant or lactating women with disabilities
- Caregivers with disabilities
- Infants and young children with disabilities

**Note:** this package of practical tools was originally developed for Save the Children staff, and has been modified to be open access for those working in infant and young child nutrition in emergencies and humanitarian contexts

# Disability Inclusive IYCF: Index

Click to navigate between the sections of this document

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[Section 2 – Individuals within the Household](#)

[Section 3 – Community Level](#)

[Section 4 – Health System Level](#)

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[Section 6 – Monitoring & Evaluation](#)

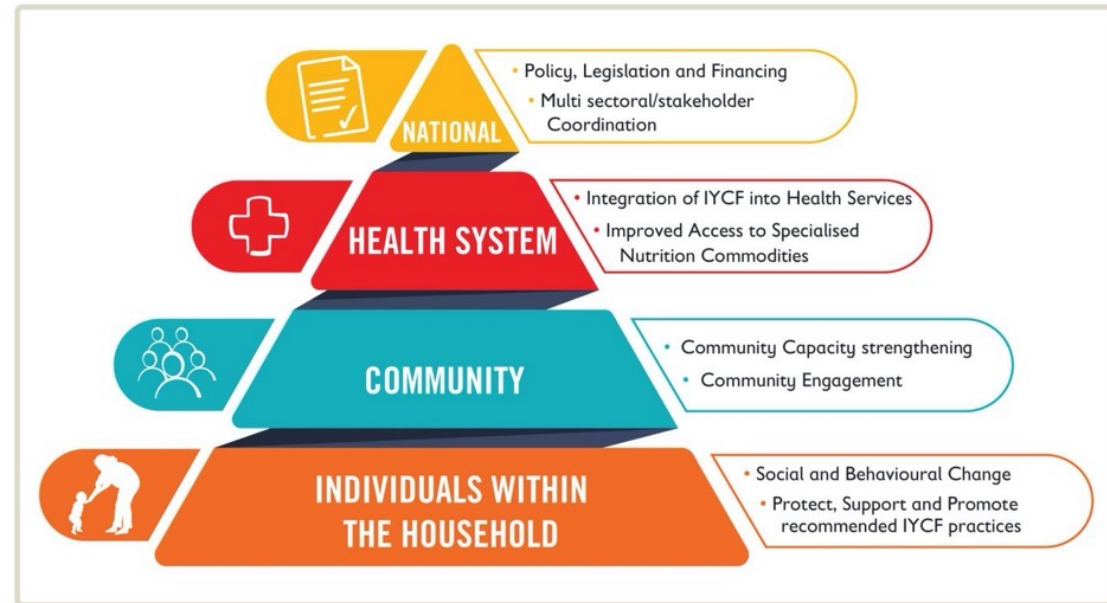


Image Source: [Nourishing the Youngest Common Approach Comprehensive Overview](#), page 6

# How to Use this PowerPoint Document

Learners can review all sections sequentially, or can jump to a particular section based on the relevant entry point according to the IYCF model

- Individuals within a Household
- Community
- Health System
- National

Project Managers and MEAL staff can refer to the [Monitoring & Evaluation section](#) at the end

There are 2 icons for easy reference throughout the Inclusive IYCF Package...



Practical Tools / Technical Guidance Documents



Implementation / Programming Tips



IYCF in Emergencies (IYCF-E)

# Inclusive IYCF

## Section 1-Brief Background & Definitions



# Section 1-Brief Background & Definitions

## Learning Outcomes

### Section 1 – Brief Background & Definitions

By the end of Section 1, the learner will be able to....

1. Define key terms related to “Inclusive IYCF”
2. Describe the Twin Track Approach as it relates to IYCF



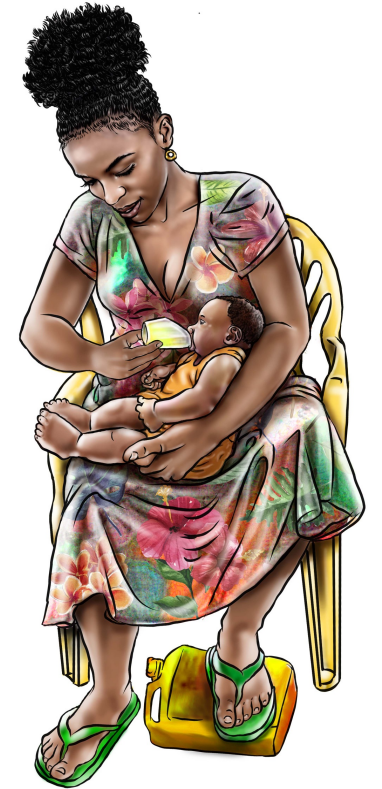
Section 2 – Individuals within the Household

Section 3 – Community Level

Section 4 – Health System Level

Section 5 – National Level

Section 6 – Monitoring & Evaluation



*Image Credit:* Thanks to [USAID Advancing Nutrition](#) for the adaptation and use of this image ([Disability - Feeding a child with a disability - 06 - RCEL](#)) accessed from the USAID Advancing Nutrition-UNICEF IYCF Digital Image Bank ([iycf.advancingnutrition.org](http://iycf.advancingnutrition.org)). Commercial use, redistribution, or selling of these images and materials is prohibited.

# Section 1-Brief Background & Definitions

Term	Definition (Source)
Infant and Young Child Feeding (IYCF)	Feeding of infants (<12 mos) and young children (12-23 mos) <i>(From Save the Children's Nourishing the Youngest Common Approach Package)</i>
Inclusion	The practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of other minority groups. <i>(From Oxford Dictionary)</i>
Disability	Disability is <u>not a characteristic of the individual</u> but <u>it is the result of the interaction</u> of the person with an <u>impairment</u> and <u>barriers</u> in his/her <u>environment</u> . <i>(From World Health Organization (WHO))</i>
Disability Inclusion	is the process that ensures that all persons with disabilities enjoy their full and fundamental rights and freedoms to fully and effectively participate with and within their families, communities, and societies without barriers and on an equal basis as those without disabilities.
Person with disability	those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others
Early Childhood Development (ECD)	Early childhood development is defined as the cognitive, physical, language, motor, social and emotional development between 0 - 8 years of age. It is a unique window of opportunity for children's development, which occurs as the result of the interaction between the environment and the child. <i>(From UNICEF, WHO)</i>

For more details on relevant terminology, you can visit:

<https://www.advancingnutrition.org/resources/disability-resource-bank/terminology>



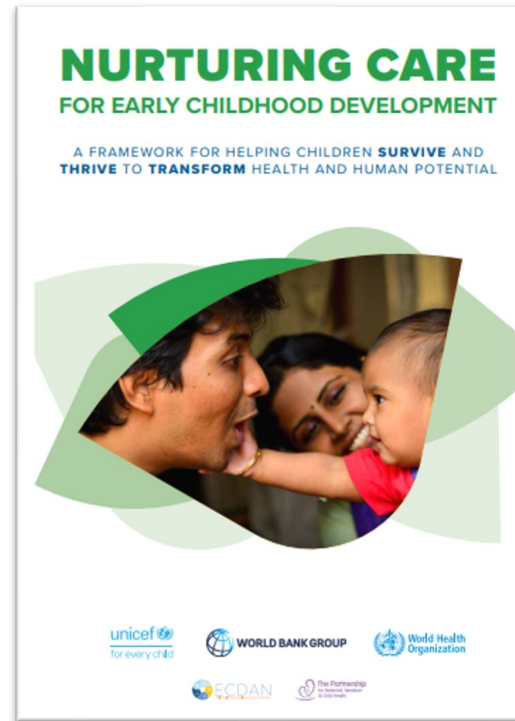


# Section 1-Brief Background & Definitions

**Nurturing Care Framework** - Global framework to provide strategic direction on holistic development of children from pregnancy to age three

Nurturing care is the set of conditions that provide for children's **health, nutrition, security and safety, responsive caregiving** and opportunities for early learning.

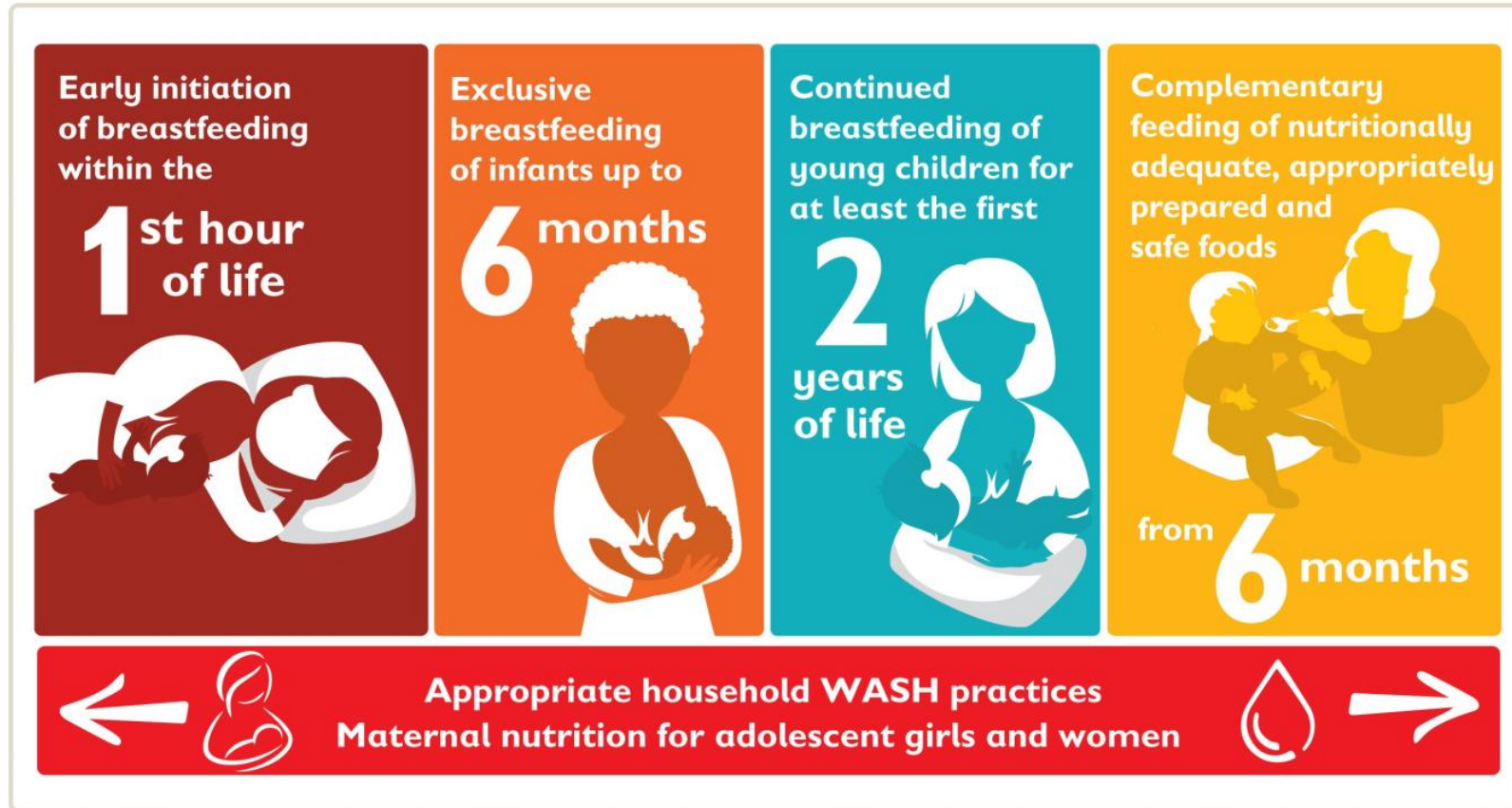
Nurturing children means keeping them **safe, healthy and well nourished**, paying attention and responding to their needs and interests, encouraging them to explore their environment and interact with caregivers and others.



Source: Nurturing Care for Early Childhood Development: [A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential \(2018\)](#):

# Section 1-Brief Background & Definitions

## Definitions



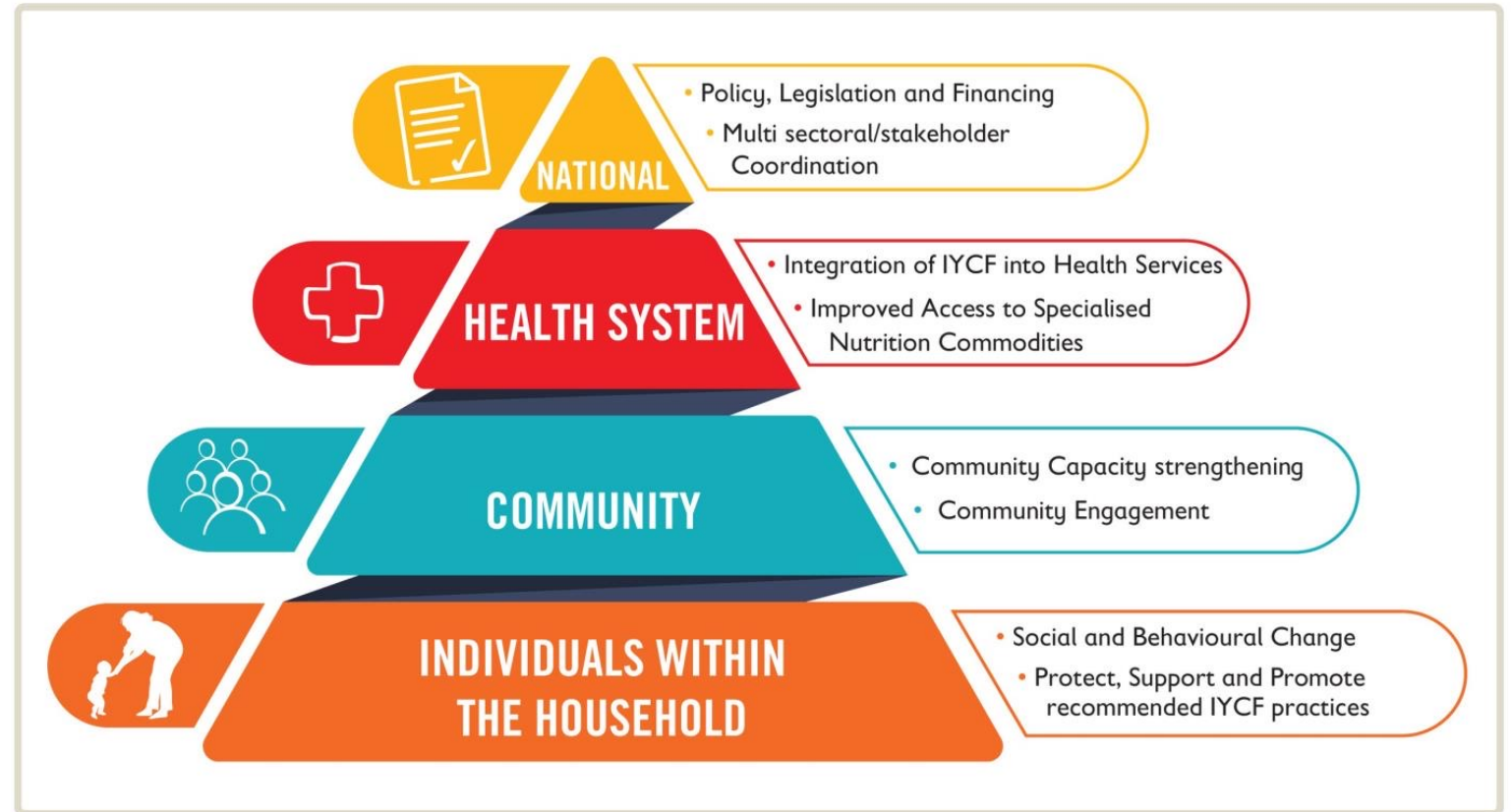
Source: Page 3 "[Nourishing the Youngest Common Approach](#) Comprehensive Overview"

# Nourishing the Youngest Common Approach



## IYCF Model – Different Actions at Different Levels

Figure 3: IYCF Model



Source: Page 6 “[Nourishing the Youngest Common Approach Comprehensive Overview](#)”



# Section 1-Brief Background & Definitions

## Evidence for Integrating ECD into Health & Nutrition

### Improving Early Childhood Development: WHO Guideline

Enabling young children to achieve their full developmental potential is a human right and an essential requisite for sustainable development. Given the critical importance of enabling children to make the best start in life, the health sector, among other sectors, has an important role and responsibility to support nurturing care for early childhood development.



**RECOMMENDATIONS**  
In order to improve early childhood development, WHO recommends:

- 1 RESPONSIVE CAREGIVING**  
All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.  
Strength of recommendation: Strong  
Quality of evidence: Moderate (for responsive care)
- 2 PROMOTE EARLY LEARNING**  
All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.  
Strength of recommendation: Strong  
Quality of evidence: Moderate (for early learning)
- 3 INTEGRATE CAREGIVING AND NUTRITION INTERVENTIONS**  
Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.  
Strength of recommendation: Strong  
Quality of evidence: Moderate
- 4 SUPPORT MATERNAL MENTAL HEALTH**  
Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.  
Strength of recommendation: Strong  
Quality of evidence: Moderate

**RESEARCH GAPS**  
The GDG noted the limited evidence available and prioritized specific knowledge areas for further research. These areas are listed later in the guideline.

**PLANS FOR UPDATING THE GUIDELINE**  
The WHO Steering Group will continue to follow research developments in the area of interventions to improve ECD. After five years, or if significant new evidence emerges before then or there are concerns that one or more recommendations in the guideline may no longer be valid, relevant WHO departments will coordinate a guideline update.

Source: The World Health Organization (2020) [Improving Early Childhood Development: WHO Guideline](#).



# Section 1-Brief Background & Definitions

## Evidence for Integrating ECD into Health & Nutrition

### Strategic Impact Evaluation - Save the Children in Bangladesh

...to test the impact of adding child stimulation component to a national nutrition program. The evaluation found that almost all families that received the additional services, including informational cards on child development and picture books, reported using them, and their children showed small to modest gains in cognitive, linguistic and physical development compared with children whose families were not offered the program.

Giving parents the tools they need during a critical window in their children's development can create real change in the lives of those who need it most and as the evidence underscores, it's also possible without creating large and expensive new programs from scratch. Meeting parents where they already are— in this case, the health clinic or in their homes—and providing them supplementary information can go a long way in making sure that children have the tools early on to reach their full potential. It can also be a cost-effective way to support child

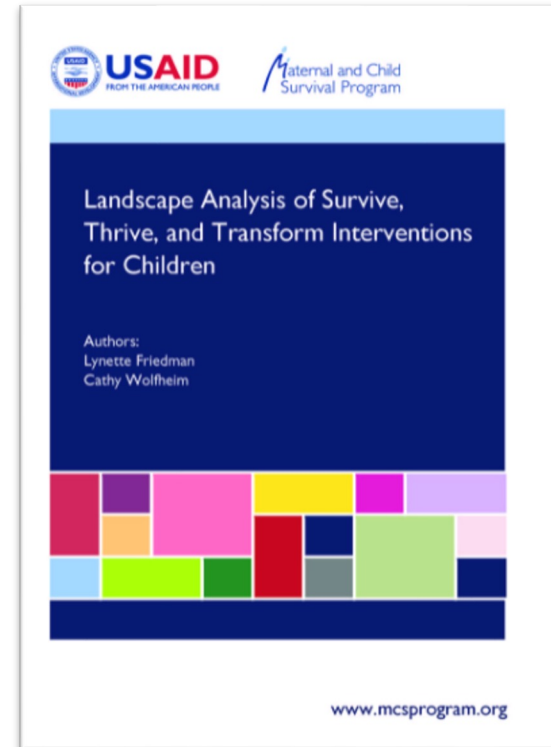


Source: The World Bank (2017) [From Evidence to Policy- Bangladesh: Can child stimulation messages be added to an existing platform for delivering health and nutrition information?](#)

# Section 1-Brief Background & Definitions

## Evidence for Integrating ECD into Health & Nutrition

There is strong evidence to support the effects of Early Childhood Development (ECD) on health and on longer-term education and development, and in particular, on the nutritional status of children. Global tools and guidance are readily available, and ECD can be implemented through health facilities and community health structures. In all three countries, ECD connected to nutrition is the umbrella under which other health- or non-health sector interventions are linked. (page 33)



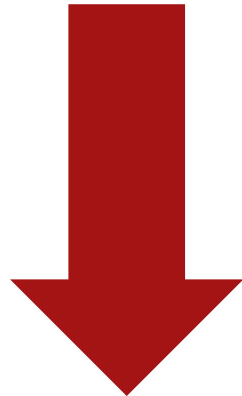
Source: USAID-Maternal and Child Survival Program (2019) [Landscape Analysis of Survive, Thrive and Transform Interventions for Children:](#)



# Section 1-Brief Background & Definitions

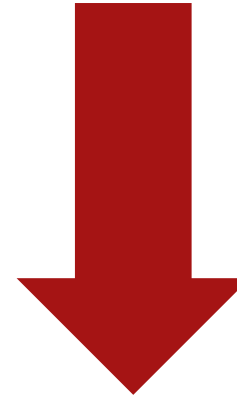
## Twin Track Approach

Pregnant women with disabilities, mothers with disabilities, and infants and young children with disabilities need...



The same IYCF services all receive, with adaptations that reduce their barriers to participation and benefitting.

**mainstreamed** disability inclusion



Specific IYCF services tailored to their specific requirements

**targeted** disability inclusion



# Section 1-Brief Background & Definitions

## General Disability-Inclusive Communication Tips

The terminology used to address children and adolescents with disabilities or to talk about them in materials can either diminish or empower them.

- Use person-first terminology (e.g., ‘child with a disability’, not ‘disabled child’; ‘girl who is blind’ or ‘girl with a vision impairment’ rather than ‘blind girl’).
- Do not use terms that have negative connotations, such as suffer, suffering, victim or handicapped. Say ‘wheelchair user’ rather than ‘wheelchair bound’ or ‘confined to a wheelchair’.
- Use ‘persons without disabilities’ rather than ‘normal’ or ‘regular’ persons.
- Do not use acronyms to refer to children with disabilities (CWD) and persons with disabilities (PWD).
- Use appropriate terminology for different types of disabilities: physical, visual/vision, hearing, intellectual and psychosocial impairments



Copied from: [UNICEF including children with disabilities in humanitarian action](https://www.unicef.org/documents/tips-communicating-children-disabilities)

Additional Resource:  
<https://www.unicef.org/documents/tips-communicating-children-disabilities>

# Section 1-Brief Background & Definitions

## Pause & Reflect

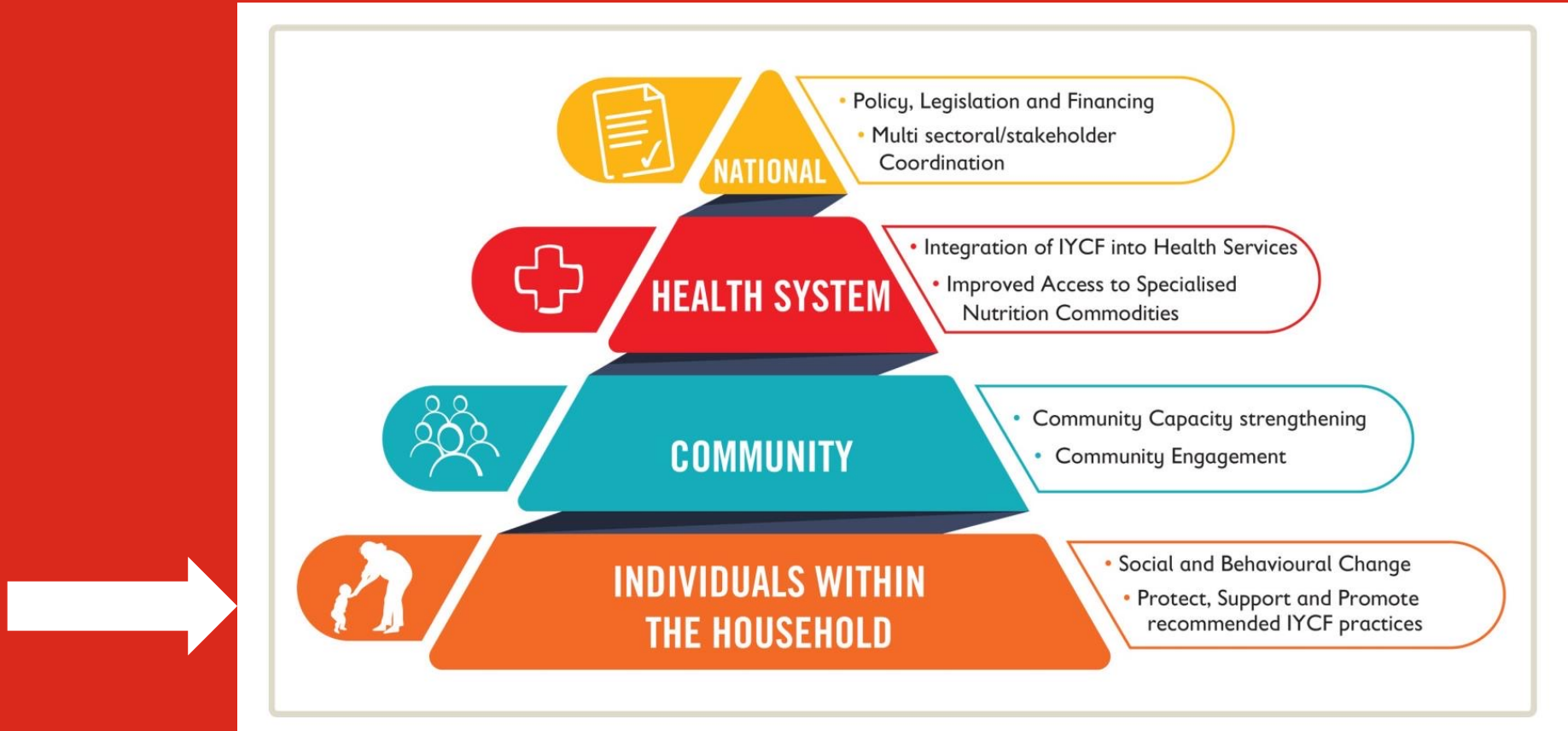
These summary questions are intended to help you integrate the knowledge from [“Section 1-Brief Background & Definitions”](#) into your daily work:

In the country or region where you work...

1. Is the intersection of child development and malnutrition discussed among relevant stakeholders?
2. Has the Twin Track Approach been discussed and applied in programming (Education, Health, Child Protection)?
3. Is Early Childhood Development integrated into existing or anticipated Health and Nutrition programming?

# Inclusive IYCF

## Section 2-Individuals within the Household



# Section 2-Individuals within the Household

## Learning Outcomes

### Section 1 – Brief Background & Definitions

### Section 2 – Individuals within the Household



By the end of Section 2, the learner will be able to...

1. Understand ways to improve accessibility of an IYCF project's SBCC Strategy and IEC materials
2. Identify ways to adapt existing caregiver and child-focused IYCF activities to be more disability inclusive
3. Identify Inclusive IYCF skills that can be taught to project staff and implementers in order to support caregivers with disabilities and children with disabilities to feed
4. Describe several techniques for identifying difficulties and improving breastfeeding and complementary feeding in children with disabilities

### Section 3 – Community Level

### Section 4 – Health System Level

### Section 5 – National Level

### Section 6 – Monitoring & Evaluation



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# Section 2-Individuals within the Household

## Overview & Index

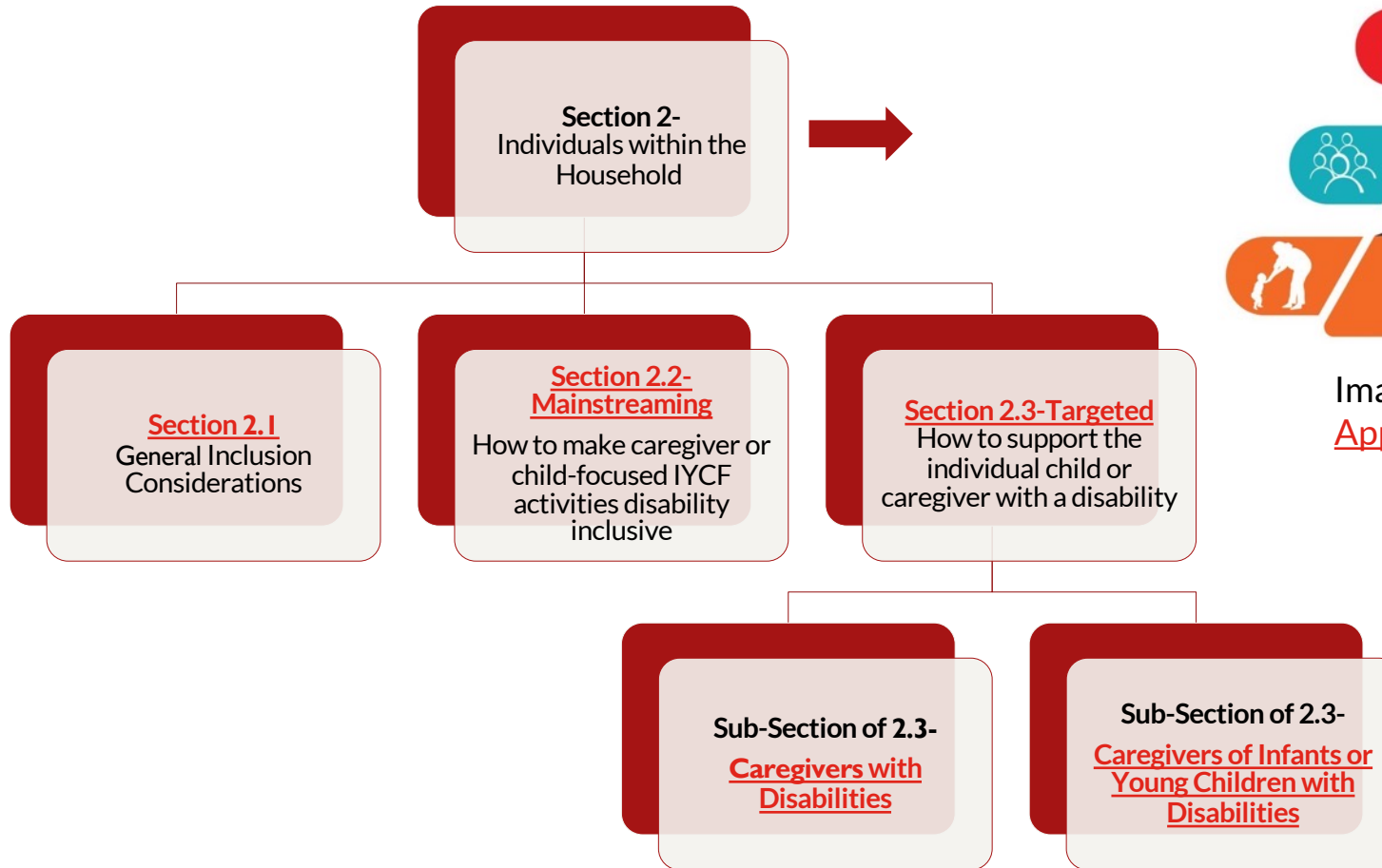


Image Source: [Nourishing the Youngest Common Approach Comprehensive Overview](#), page 6





# Section 2-Individuals within the Household

## Definition

Primary Audience: Mother and child pair and their household and key decision makers (father, grandmother)



INDIVIDUAL AND HOUSEHOLD LEVEL	
DEVELOPMENT	HUMANITARIAN/EMERGENCY
<p><b>Promote IYCF Behaviours using Social and Behaviour Change Communication (SBCC)<sup>33</sup> strategy:</b></p> <ul style="list-style-type: none"> <li>- Interpersonal communication through individual counselling and support groups</li> <li>- Measure changes in IYCF practices, norms and determinants and use of services</li> </ul>	<p><b>Protect and promote recommended IYCF behaviours:</b></p> <ul style="list-style-type: none"> <li>- Individual skilled counselling (where possible identify and use existing national expertise)</li> <li>- Interpersonal communication through support groups (mother-to-mother support groups, mother-care groups, community care groups) within the protracted emergency response</li> <li>- Increase the awareness of the importance of IYCF and the range of services so that the affected populations actively make use of IYCF-E services</li> </ul>

Source: page 7  
“[Nourishing the Youngest Common Approach Comprehensive Overview](#)”



# Section 2-Individuals within the Household

## Twin Track Approach

Mainstream	Targeted
Monitoring growth <u>and</u> development	Strengthen caregiver skills and confidence for improving growth and development
Counselling on IYCF (including responsive caregiving)	Identifying and addressing feeding difficulties in infant and young children with disabilities
Mother Baby Areas are accessible for caregivers and children with various types of impairments (physical, sensory, intellectual, communication)	Emergency Response Plan is inclusive of caregivers with disabilities and infants and young children with disabilities

# Section 2.1- Individuals within the Household:

## General Considerations for Disability Inclusion



*Image Credit:* Thanks to [USAID Advancing Nutrition](#) for the adaptation and use of this image ([Disability - Feeding a child with a disability - 01 - RCEL](#)) accessed from the USAID Advancing Nutrition-UNICEF IYCF Digital Image Bank ([iycf.advancingnutrition.org](http://iycf.advancingnutrition.org)). Commercial use, redistribution, or selling of these images and materials is prohibited.



# Section 2.1 Considerations for Disability Inclusion

## Disability Inclusion Social & Behaviour Change Communication (SBCC) Strategy

How can you ensure that mothers with disabilities AND babies and young children with a disability access and benefit from IYCF Programming on an equal basis as others?

Ensure that mothers with disabilities and/or children with disabilities are visible in nutrition-related communication campaigns and messaging  
(e.g., photos of children and women with disabilities included in IEC materials)

Ensure that communication materials are produced in at least two formats (e.g., written and audio)

Regularly follow up to check that infant and caregiver are OK (i.e. mental health, well-being, nutrition & growth)

Find out where caregivers of infant with health condition or disability live

Monitor child's growth and development

Help caregiver to find practical solutions to feed infant. If solutions cannot be found, refer to a health facility

Refer caregiver to appropriate health facility if infant has an obvious impairment or is not meeting growth or developmental milestones



# Section 2.1 Considerations for Disability Inclusion

## Accessible information and physical spaces

Nutrition-related education must be available in formats that can be easily understood by pregnant and new mothers (or other caregivers) with disabilities

Possible Activity: Contract local radio station to convert written IYCF IEC materials into audio format and broadcast in target areas.

Resources:

[UNICEF Inclusive Communication Module](#),  
[CBM Digital Accessibility Toolkit](#)



Physical accessibility of IYCF services is an important consideration for:

- Mother with a disability
- Caregiver of a young child with a disability



See [“Section 4-Health System”](#) for physical accessibility suggestions and resources





## Section 2.2-Individuals within the Household:

### Mainstreaming -

How to make caregiver or child-focused IYCF-E activities disability inclusive



# Section 2.2-Mainstreaming

## Integrating Child Development into Growth Monitoring

### Home-Based Records

#### Goal:

- Job aid for health providers r.e. developmental milestones
- Empower parents to monitor their own child's progress with both growth and development
- Reference document to facilitate communication between caregiver and home visitor or service provider

#### Examples:

- Immunization & Growth Monitoring record
- Maternal & Child Health (MCH) handbook

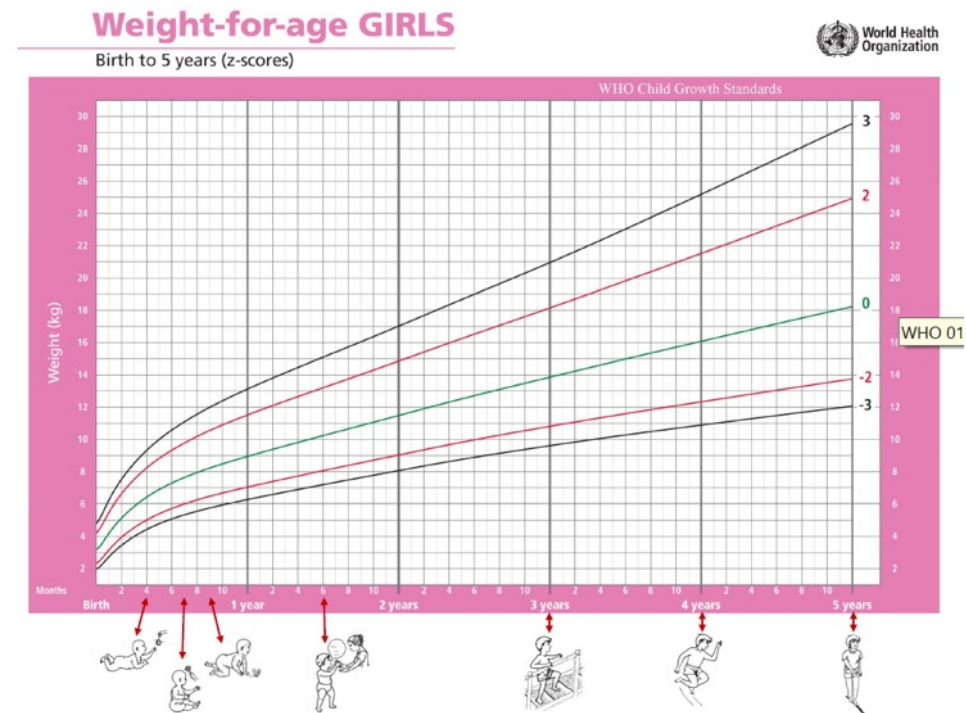




# Section 2.2- Mainstreaming

## Integrating Child Development into Growth Monitoring

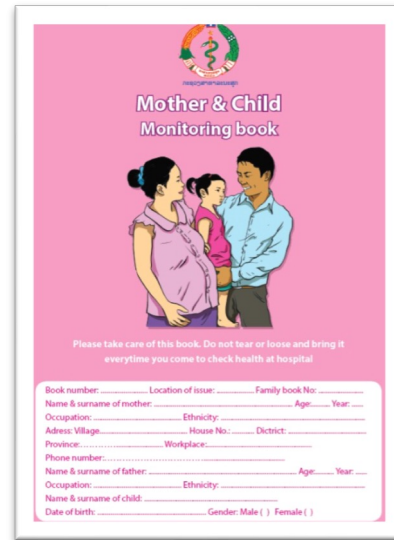
- Examples from WHO
- Developmental milestones, pictorial “nudge”
- Note the 2 different formatting options



# Section 2.2-Mainstreaming

## Integrating Child Development into Growth Monitoring

- Example – Home-Based Record
- Mother & Child Monitoring Book (MCH Handbook), Laos



### 2-3 months

#### How to feed your child

- Feed until baby shows signs of fullness like relaxed hands and body or baby stops drinking.
- Feed baby whenever they show hunger signs. like licking lips, sticking out tongue or sucking hand.
- Do not give anything other than breastmilk to your baby; no water, no rice, no formula.
- Feed baby fully before leaving him or her with another caregiver.
- Allow your baby to breastfeed frequently at night if you must be away in the daytime.
- Go to health centre or hospital if you have any problems breastfeeding



#### How to help you child to develop

- Place baby on back and on tummy for play time
- Place toys that they can try to reach and move during play time
- Prop or hold your baby so they can see what is happening nearby
- Make sounds/play music for your baby

#### Immunizations

- OPV
- Penta
- PCV
- RVV

#### What your child should be able to do:

- Laugh
- Try to reach toys or touch face with both hands
- Lift or move head when on stomach or back
- Focus eyes on faces and familiar objects
- Breastfeed at least 8 times per day and night

If your baby is not doing one or several of the above, go see a health worker

#### How to feed your child

- Gradually increase the amount of food you give to your baby/child at each meal.
- Feed your child similar food to what everyone in the family eats at least 3 times per day and continue breastfeeding
- Fruits are good snacks for your child.
- Wash your hands and the your child's hands with soap and water before feeding him/her
- Make meal time fun and encourage your child to eat more.

#### How to help you child to develop

- Encourage child to walk and pick up toys from floor
- Offer spoon and cups when eating and drinking
- Offer crayons or pencils to draw on paper
- Teach your child parts of the body
- Make the play area safe to prevent accidents



### 12-18 months

#### Immunizations

- MR2

#### What your child should be able to do:

- Walk forwards and backwards
- Say at least 3 words
- Say "Sabaidee" with hands
- Eat frequently throughout the day. Be able to drink from an open cup
- Be able to feed themselves by hand or spoon

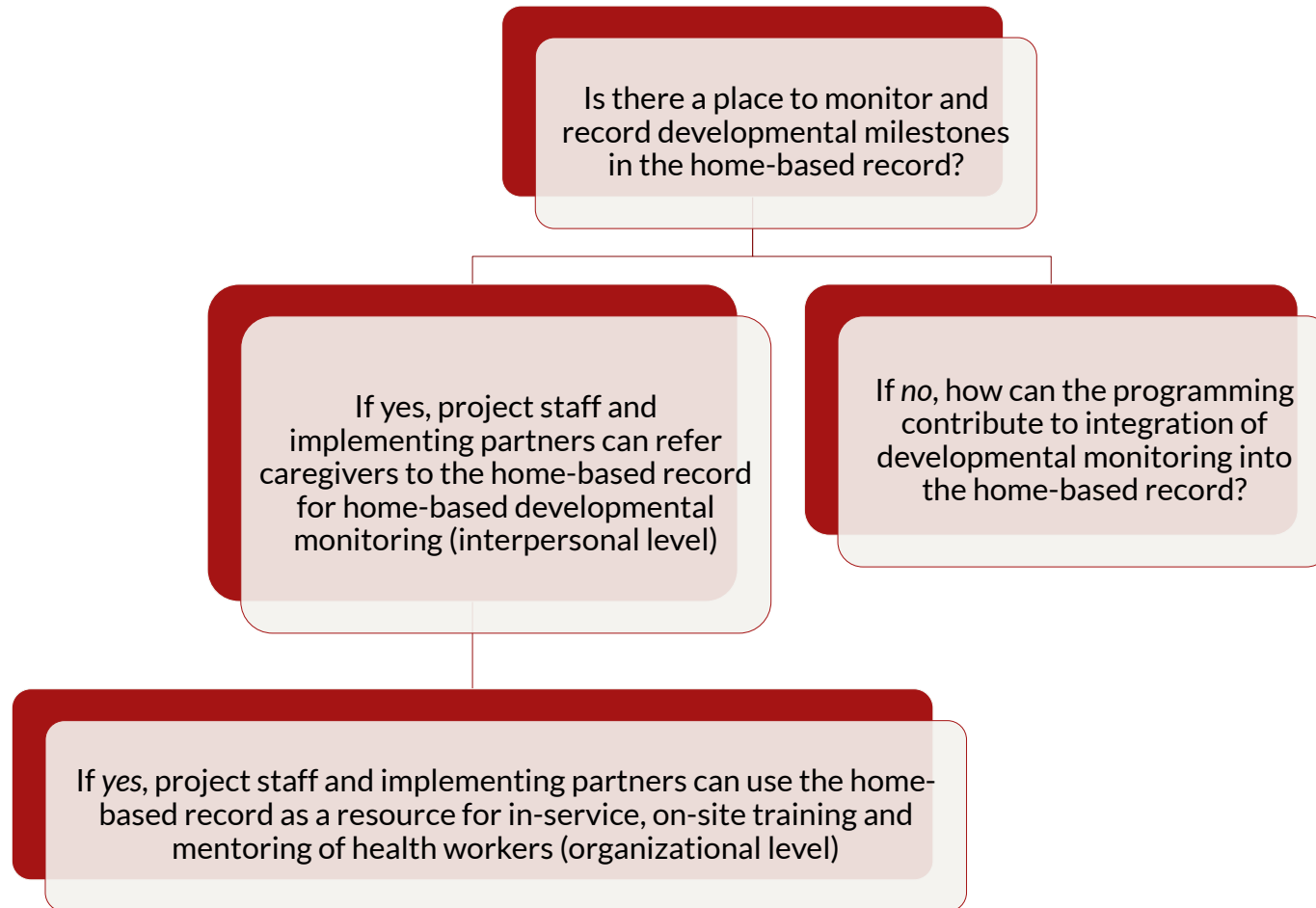
If your baby is not doing one or several of the above, go see a health worker





# Section 2.2- Mainstreaming

## Programming Tips - Home-Based Records





# Section 2.2- Mainstreaming

## Developmental Monitoring Integrated into Primary Care

WHO convened technical meeting in June 2020 to discuss developmental monitoring in primary care and determine a way forward

- Review and analysis recommended three open-access tools:
  - Guide for Monitoring Childhood Development (GMCD)
  - Modified Checklist for Autism in Toddlers (mCHAT)
  - Malawi Rapid Neurodevelopmental Assessment / Identification of Disability in Early Childhood (IDEC)
- **In progress:**
  - Practice guide for strengthening health and nutrition services to more comprehensively support nurturing care, and this guidance will include a section on developmental monitoring.



Source:

<https://apps.who.int/iris/handle/10665/335832?locale-attribute=es&>





# Section 2.2- Mainstreaming

## Developmental Milestone Assessment

Feeding and appropriate nutrition is directly linked to optimal early childhood development.

To find more resources on Identifying Disabilities, including development milestone screening and assessment, visit USAID Advancing Nutrition’s Feeding & Disability Resource Bank, [“Identifying Disabilities”](#) section

The screenshot shows the USAID Advancing Nutrition website. The header includes the USAID logo and navigation links: WHO WE ARE, WHAT WE DO, WHERE WE WORK, RESOURCES, NEWS, EVENTS. Below the header, it states "USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project." and "SUBSCRIBE TO UPDATES". The main content area is titled "Identifying Disabilities" and includes the following text:

Children's healthy development depends on an intricate relationship among mind, body, and environment. Monitoring children's development, especially during the early years, provides insights into the way they are growing intellectually, physically, and emotionally, and enables early identification of children with developmental delays or disability.

By monitoring developmental milestones, which are the skills that most children are able to perform by a certain age, health care providers can offer information and services to match the abilities and needs of each child and their family. In addition to their use in guiding counseling and support to children and families, using tools for identifying children with developmental delays and disabilities is an essential first step to be able to track the participation and outcomes of children with disabilities in nutrition programs and other services which can contribute to strengthening services for children with disabilities and feeding difficulties.

Use the resources in this section to monitor children's development and identify disabilities early.

We found **18** resource(s)

There is an illustration of a woman and a man sitting on a rug with a child, and a link to "Go back to the Feeding and Disability Resource Bank homepage". Social sharing options for Twitter, Facebook, and LinkedIn are also visible.

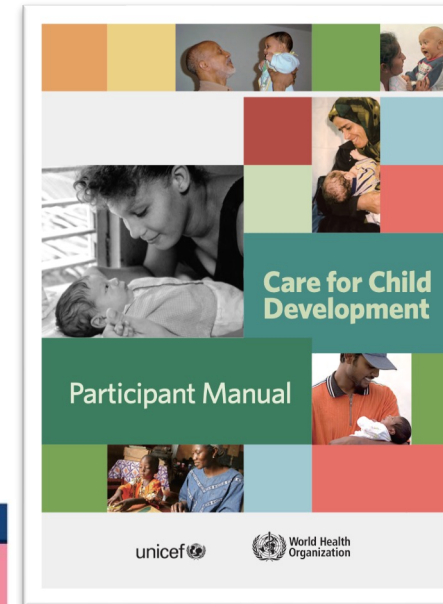
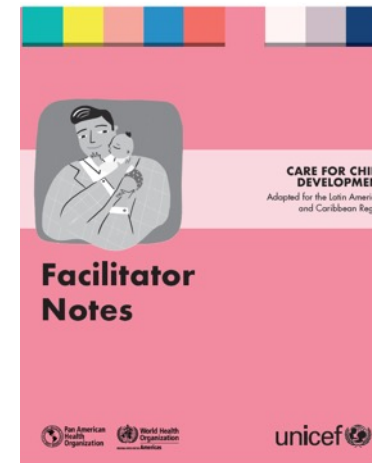


# Section 2.2- Mainstreaming

## Integrating Child Development into Health Encounters

### UNICEF & WHO Care for Child Development Package (CCD)

- Developed to be used with UNICEF & WHO's Integrated Management of Childhood Illnesses (IMCI), Infant Young Child Feeding (IYCF), and Maternal and Newborn Health Care (MNHC) packages.
- Recommendations can help all children, particularly those at risk of or demonstrating developmental delay or disabilities
- The CCD package adapted to the Latin America and Caribbean region has some additional considerations for inclusion of children with a disability.



- Facilitator Manual
- Participant Manual
- Guide for Clinical Practice

Source:

<https://www.who.int/publications/i/item/9789241548403>





# Section 2.2- Mainstreaming

## Integrating Child Development into Health Encounters

### UNICEF & WHO Care for Child Development Package (CCD)

- Counseling cards + Checklist include simple child development messages based on child's age that could be integrated into IYCF counselling messages
- USAID Advancing Nutrition has built upon the CCD messaging, with an increased focus on responsive care and other practices, in the Responsive Care and Early Learning (RCEL) Addendum

Counsel the family on  
**Care for Child Development**

**Counselling Cards**



Source:

[https://apps.who.int/iris/bitstream/handle/10665/75149/9789241548403\\_eng\\_Counselling\\_cards.pdf?sequence=14&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/75149/9789241548403_eng_Counselling_cards.pdf?sequence=14&isAllowed=y)



Counsel the Family about Problems in  
**Care for Child Development**

**If the mother does not breastfeed, counsel the mother to:**

Hold the child close when feeding, look at the child, and talk or sing to the child.

**If caregivers do not know what the child does to play or communicate:**

- Remind caregivers that children play and communicate from birth.
- Demonstrate how the child responds to activities.

**If caregivers feel too burdened or stressed to play and communicate with the child:**

- Listen to the caregivers feelings, and help them identify a key person who can share their feelings and help them with their child.
- Build their confidence by demonstrating their ability to carry out a simple activity.
- Refer caregivers to a local service, if needed and available.

**If caregivers feel that they do not have time to play and communicate with the child:**

- Encourage them to combine play and communication activities with other care for the child.
- Ask other family members to help care for the child or help with chores.

**If caregivers have no toys for the child to play with, counsel them to:**

- Use any household objects that are clean and safe.
- Make simple toys.
- Play with the child. The child will learn by playing with the caregivers and other people.

**If the child is not responding, or seems slow:**

- Encourage the family to do extra play and communication activities with the child.
- Check to see whether the child is able to see and to hear.
- Refer the child with difficulties to special services.
- Encourage the family to play and communicate with the child through touch and movement, as well as through language.

**If the mother or father has to leave the child with someone else for a period of time:**

- Identify at least one person who can care for the child regularly, and give the child love and attention.
- Get the child used to being with the new person gradually.
- Encourage the mother and father to spend time with the child when possible.













**If it seems that the child is being treated harshly:**

Recommend better ways of dealing with the child.

- Encourage the family to look for opportunities to praise the child for good behaviour.
- Respect the child's feelings. Try to understand why the child is sad or angry.
- Give the child choices about what to do, instead of saying "don't".



Recommendations for  
**Care for Child Development**

NEWBORN, BIRTH UP TO 1 WEEK	1 WEEK UP TO 6 MONTHS	6 MONTHS UP TO 9 MONTHS	9 MONTHS UP TO 12 MONTHS	12 MONTHS UP TO 2 YEARS	2 YEARS AND OLDER
<p><b>Your baby learns from birth</b></p>  <p><b>PLAY</b> Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.</p>  <p><b>COMMUNICATE</b> Look into baby's eyes and talk to your baby. When you are breastfeeding in a good time. Even a newborn baby sees your face and hears your voice.</p>	 <p><b>PLAY</b> Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, big ring on a string.</p>  <p><b>COMMUNICATE</b> Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.</p>	 <p><b>PLAY</b> Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon.</p>  <p><b>COMMUNICATE</b> Respond to your child's sounds and interests. Call the child's name, and see your child respond.</p>	 <p><b>PLAY</b> Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.</p>  <p><b>COMMUNICATE</b> Tell your child the names of things and people. Show your child how to say things with hands, like "bye-bye". Sample toy: doll with face.</p>	 <p><b>PLAY</b> Give your child things to stack up, and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips.</p>  <p><b>COMMUNICATE</b> Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.</p>	 <p><b>PLAY</b> Help your child count, name and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.</p>  <p><b>COMMUNICATE</b> Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. Sample toy: book with pictures.</p>

- Give your child affection and show your love
- Be aware of your child's interests and respond to them
- Praise your child for trying to learn new skills





# Section 2.2 – Mainstreaming

## Evidence - Care for Child Development (CCD) Efficacy

The Pakistan Early Childhood Development Scale Up (PEDS) Trial tested the effects on child development and growth of two intervention packages : Care for Child Development (CCD) and Enhanced Nutrition (EN) along with a third package that combined both the CCD and EN.

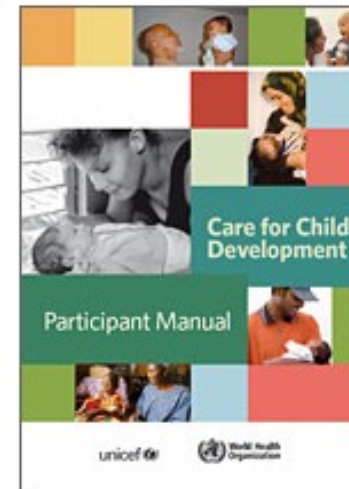
Summary of Outcomes of the study shows the following:

- The combined Care for Child Development and Enhance Nutrition Intervention proved to be effective in the greatest range of outcomes.
- The combined intervention was effective at improving children’s development and improving early linear growth of young children.

Sources:

Evidence Summary, <https://advocacy.thp.org/2014/02/care-for-child-development-improving-the-care-of-young-children-unicef-and-who/>

Lancet Article: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60455-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60455-4/fulltext)



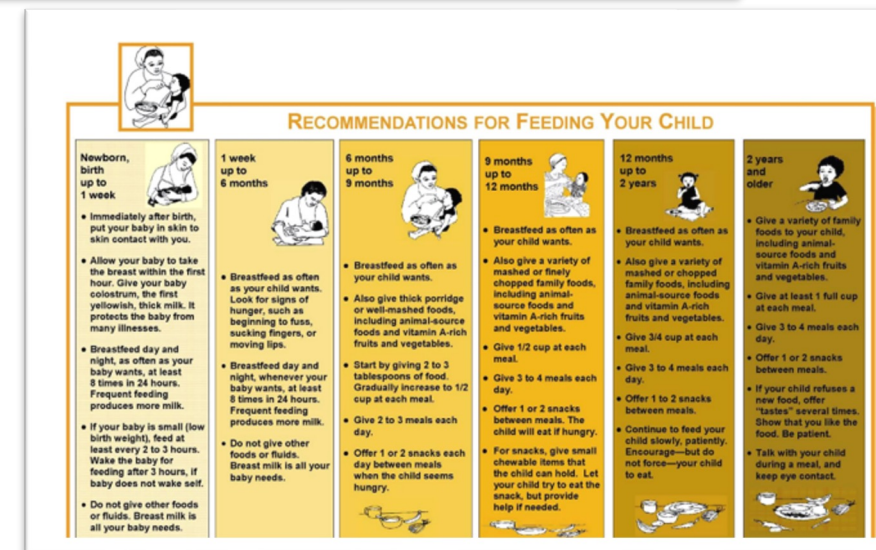


# Section 2.2- Mainstreaming

## Caring for Newborns and Children in the Community: A training course for Community Health Workers “Caring for the child’s healthy growth and development”

This UNICEF & WHO training course for Community Health Workers (CHWs) includes Counselling Cards

- Cards include general tips for playing and communicating at different ages/stages that are already integrated into nutrition messaging at the same age/stage
- Cards can be used by CHWs during community case management and growth monitoring



Source:

[https://apps.who.int/iris/bitstream/handle/10665/204356/9789241504997\\_CounsellingCards\\_eng.pdf?sequence=2&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/204356/9789241504997_CounsellingCards_eng.pdf?sequence=2&isAllowed=y)



# Section 2.2- Mainstreaming

## Responsive Care and Early Learning Addendum for IYCF Counseling

USAID Advancing Nutrition has developed a package of counselling materials for integration in IYCF to promote:

- Responsive Care and Feeding
- Early Learning
- Monitoring Child Development
- Caring for the Caregiver
- Addressing Feeding Difficulties



Source: <https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum>





# Section 2.2- Mainstreaming

## Integrating Child Development into Nutrition Messages example

IEC material (poster) prototype featuring child development images along with nutrition/feeding messages

- Primary message = Nutrition
- Secondary message = Developmental Milestones (pictorial nudge)



Source: iDE & Melon Rouge (Example from World Bank-supported Cambodia Nutrition Project)

# Section 2.2- Mainstreaming

## Relation between IYCF & the Nurturing Care Framework (NCF)

- Responsive caregiving includes responsive feeding, which is especially important for low-weight or ill infants
- 
- Before young children learn to speak, the engagement between them and their caregivers is expressed through cuddling, eye contact, smiles, vocalizations and gestures.
- These mutually enjoyable interactions create an emotional bond, which helps young children to understand the world around them and to learn about people, relationships and language. These social interactions also stimulate connections in the brain.
- Note: Children with disabilities and their mothers can benefit from extra opportunities for bonding and stimulation.



Image Source: <https://nurturing-care.org/what-is-nurturing-care/>



Source: UNICEF & WHO (2012) "[Guidance Note: Integrating Early Childhood Development \(ECD\) activities into Nutrition Programmes in Emergencies. Why, What, and How](#)"



# Section 2.2- Mainstreaming

## Responsive Feeding & the Nurturing Care Framework (NCF)

Feeding and eating are about more than nutrients. It is an opportunity to assist many different facets of child development from sensory, motor, to cognitive and executive function and self-regulation skills.

Responsive feeding is a two-way process or reciprocal relationship whereby parent notices the child's cues and responds appropriately to the cue. This assists to develop the foundations of a trusting relationship that supports the child's development.



Source: UNICEF ECARO & ISSA (2016) "[Supporting Families for Nurturing Care: Resource Modules for Home Visitors, Module 16: Responsive Feeding](#)"





# Section 2.2- Mainstreaming

## Introduce Feeding from a Responsive Caregiving Perspective

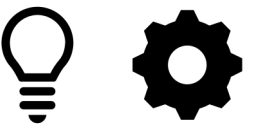
### Possible Activity:

During IYCF(E) counseling sessions, health staff and health and nutrition promoters will include messages on how breastfeeding provides the opportunity for mothers to show warmth and love to their babies and communicate through singing, touch, and facial expression.

NOTE: This resource provides suggestions on how to integrate child development into emergency nutrition programmes including: nutrition materials, one-to-one counseling, home visits, and messaging during queues for supplement distribution



Source:  
UNICEF & WHO (2012 "[Guidance Note: Integrating Early Childhood Development \(ECD\) activities into Nutrition Programmes in Emergencies. Why, What, and How](#)")



# Section 2.2- Mainstreaming

## Introduce Feeding from a Responsive Caregiving Perspective

Possible Activity:

Videos demonstrating responsive feeding are shown in the waiting areas while caregivers are in queue for IYCF services

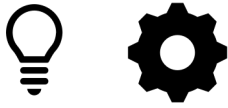
Resource:

*This video\* for caregivers shows how to feed their young child with a warm and interactive feeding approach that will help him develop close emotional connections and healthy lifelong eating habits.*

\*Available in multiple languages



Source: UNICEF (2018) "[How to Feed Your Young Child with Care-Nutrition Series](#)", produced by Global Health Media Project



# Section 2.2- Mainstreaming

## Introduce Feeding from a Responsive Caregiving Perspective

Possible Activity:

Organize an in-service for health workers on the components of nurturing care, especially the relationship between feeding and responsive caregiving.

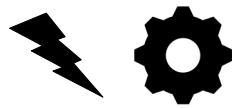
Resource:

*This video\* for health workers shows how to feed a young child with a warm and interactive feeding approach that helps him develop close emotional connections and healthy lifelong eating habits.*

\*Available in multiple languages



Source: UNICEF (2018) "[How to Feed the Young Child with Care-Nutrition Series](#)", produced by Global Health Media Project



# Section 2.2- Mainstreaming

## Humanitarian/Emergency (IYCF-E) Contexts

- **Integrate Early Childhood Development into IYCF-E - activities,**
- (to benefit all children, particularly those with or at risk of developmental delay)
- IYCF-E Toolkit → References → Programme Planning → A. Activities → e. [Psychosocial & Developing the Child](#)
- [Infant and Young Child Feeding in Emergencies \(IYCF-E\) Toolkit](#): Rapid start-up for emergency nutrition personnel

**IYCF-E IN THE CONTEXT OF COVID-19 RESOURCES**

**CLICK HERE TO VIEW**

The IYCF-E toolkit has been designed as a resourceful collection of information and practical tools to begin implementation of IYCF-E programmes for a rapid start-up in case of an emergency.

The IYCF-E toolkit is envisioned to make available ready to use tools and resources that will allow advisors, managers, coordinators and officers to rapidly access needed technical input and begin implementation as soon as possible, without needing to spend time searching for certain tools.

To learn more about how to easily navigate and use the IYCF-E toolkit, please view this short [explainer video](#).





## Section 2.3-Individuals within the Household:

Targeted –  
How to support the individual child or caregiver with a disability



*Image Credit:* Thanks to [USAID Advancing Nutrition](#) for the adaptation and use of this image ([Disability - Feeding a child with a disability - 04 - RCEL](#)) accessed from the USAID Advancing Nutrition-UNICEF IYCF Digital Image Bank ([iycf.advancingnutrition.org](http://iycf.advancingnutrition.org)). Commercial use, redistribution, or selling of these images and materials is prohibited.



# Section 2.3- Targeted

## Definition

Primary Audience: Mother and child pair and their household and key decision makers (father, grandmother)



INDIVIDUAL AND HOUSEHOLD LEVEL	
DEVELOPMENT	HUMANITARIAN/EMERGENCY
<p><b>Promote IYCF Behaviours using Social and Behaviour Change Communication (SBCC)<sup>33</sup> strategy:</b></p> <ul style="list-style-type: none"> <li>- Interpersonal communication through individual counselling and support groups</li> <li>- Measure changes in IYCF practices, norms and determinants and use of services</li> </ul>	<p><b>Protect and promote recommended IYCF behaviours:</b></p> <ul style="list-style-type: none"> <li>- Individual skilled counselling (where possible identify and use existing national expertise)</li> <li>- Interpersonal communication through support groups (mother-to-mother support groups, mother-care groups, community care groups) within the protracted emergency response</li> <li>- Increase the awareness of the importance of IYCF and the range of services so that the affected populations actively make use of IYCF-E services</li> </ul>

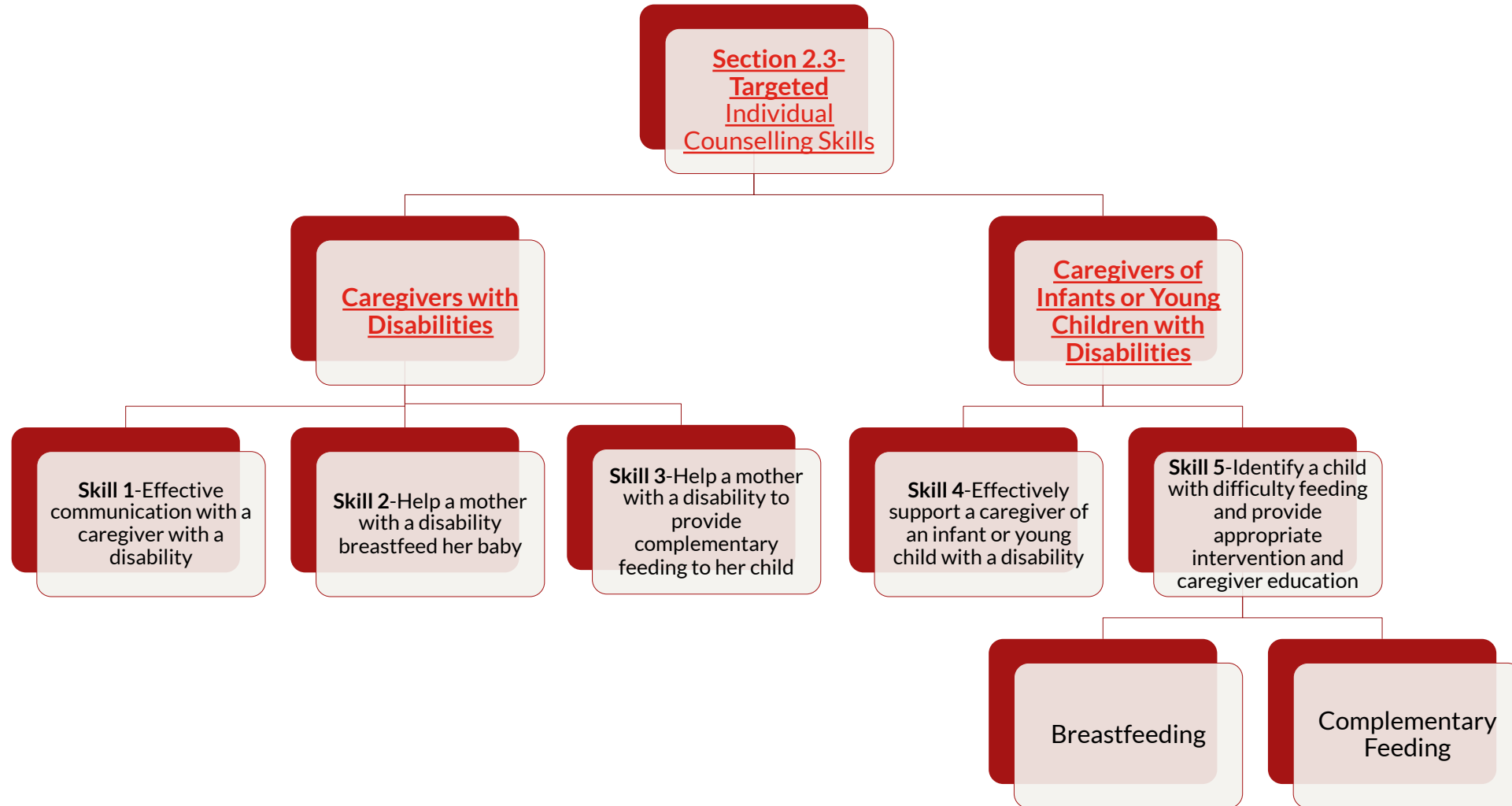
Source: page 7 “[Nourishing the Youngest Common Approach Comprehensive Overview](#)”





# Section 2.3- Targeted

## Overview – Targeted, Individual Counselling Skills





## Section 2.3- Targeted Individuals in the Household

### Pregnant women or mothers with disabilities

Image Source: Thanks to [URC](#) for the adaptation and use of this image ([Maternal health - When to visit the health clinic - pregnancy - 03 - Kenya Dadaab](#)) accessed from the USAID Advancing Nutrition-UNICEF IYCF Digital Image Bank ([iycf.advancingnutrition.org](http://iycf.advancingnutrition.org)). Commercial use, redistribution, or selling of these images and materials is prohibited.

# Skill 1 - Effective communication with a caregiver with a disability

## Section 2.3- Targeted

### Definitions from Save the Children's Nourishing the Youngest Common Approach



Source: p. 11, "[Nourishing the Youngest Common Approach Comprehensive Overview](#)"

#### Box 2: Interpersonal Communication (IPC)

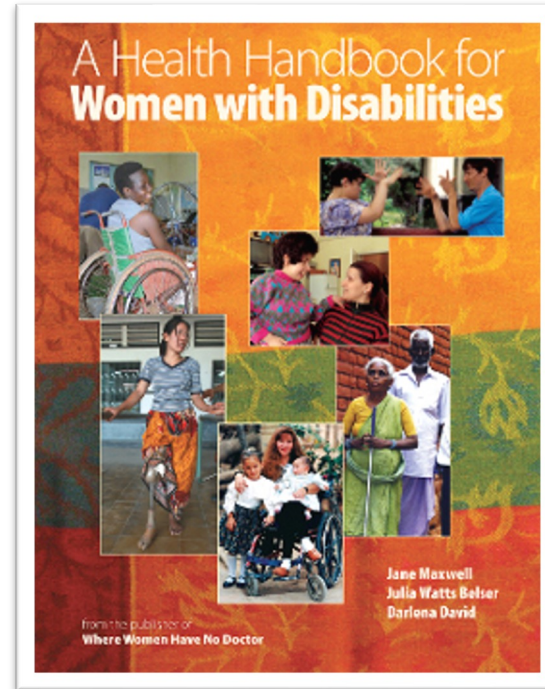
Effective interpersonal communication is essential in IYCF programming. IPC employs a process of negotiation with the caregiver and household members to identify small, 'doable' (achievable) behaviours which caregivers can easily integrate into their daily life. IPC is most effective if caregivers receive accessible and relevant information, if they are listened to, have their difficulties acknowledged, have their questions answered and if there is a caring and supportive atmosphere.

**In emergency settings**, IPC (often called skilled counselling) is often focused on identifying and acknowledging the stress and (potential) trauma caused by the crisis and the potential effect that this has had on the feeding and caring practices of the mother/caregiver. IPC in an emergency should have a strong psychosocial and mental health component that includes listening, reassuring and supporting the mother/caregiver. IPC should acknowledge that the ongoing disruption, violence and limited availability and access to quality services impacts on the mother/caregiver's capacity to nurture and care for the child, and beside addressing the specific feeding issues, IPC should aim at identifying and proposing viable solutions for the mother/caregiver and their children.



# Skill 1 - Effective communication with a caregiver with a disability

## Section 2.3- Targeted



### A woman who is deaf or has difficulty hearing



*Look at me and not at my sign language interpreter or at the family member who interprets my home signs.*

- Make sure you have her attention before speaking. If she is not facing you, touch her gently on the shoulder.
- Do not shout or exaggerate your speech.
- Look directly at her, and do not cover your mouth with anything.
- Ask her what is the best way of communicating.

### A woman who has difficulty moving

- Do not assume she is mentally slow.
- If possible, sit so that you are at eye level with her.
- Do not move any crutches, sticks, walkers, or wheelchairs without the woman's permission or without arranging for their return.
- If she is a wheelchair user, do not lean on or touch her wheelchair without her permission.

*Speak directly with me and not to my family member or caregiver.*



### A woman who does not speak clearly

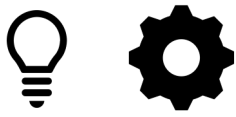


*Do not pretend you understand me if you do not.*

- Even though her speech may be slow or difficult to understand, this does not mean she has any difficulties learning or understanding.
- Ask her to repeat anything you do not understand.
- Ask questions she can answer by "yes" or "no."
- Let her take as much time as she needs to explain her problem. Be patient.

Copied from: Hesperian Health Guides (2007). [A Health Handbook for Women with Disabilities](#) Chapter 2, pages 41-43





# Skill 2 - Help a mother with a disability breastfeed her baby

## Section 2.3- Targeted

### Additional Considerations:

- Hygienic conditions (to adequately clean a breast pump)
- High risk of Breast Milk Substitute (BMS) use

Many disabled women can breastfeed their babies if they find a comfortable position.



Use pillows or some rolled-up cloth under the baby.

If you have good use of your arms and upper body, you should be able to breastfeed the baby with no problems. Make sure the baby, especially the baby's head, is well supported and that you sit or lie in a position that is comfortable for you.

If you have limited use of your arms and upper body, try to find at least one comfortable position for breastfeeding. Ask someone to help you if necessary. Here are some suggestions:



Many women find it easier to lie on their sides with their babies beside them supported by pillows or rolled-up cloth.



If you cannot use your arms and upper body, you can breastfeed with help from family members or friends. Explain to them how to position the baby so that you can breastfeed. If necessary, ask them to hold the baby in position, especially the baby's head. Even though you are not holding the baby in your arms, the baby will still be able to see your face and feel the warmth and familiar smell of your body.

If it is difficult for you to hold your breast, wear a bra

(brassiere) with a wide hole cut around the entire nipple. You may be able to buy a 'nursing bra' made to support the breasts and with a way to cover and uncover the nipple for breastfeeding. Or you can wrap some cloth around your chest and across your breast with a hole cut out to expose the nipple. You can also tie a length of rolled-up cloth around your upper



Copied from: Hesperian Health Guides (2007). [A Health Handbook for Women with Disabilities](#) Chapter 12, pages 256-257;



# Skill 2 - Help a mother with a disability breastfeed her baby

## Section 2.3- Targeted

Fig. 8.4 A mother breastfeeding her baby lying down

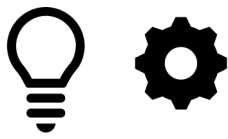


### Main points to emphasize:

- Alternative positions for breastfeeding (e.g. sidelying or reclined)
- Plenty of skin-to-skin contact will facilitate bonding and help with breastmilk supply

Source: [IYCF Counselling Integrated Course-Participant's Manual](#) (p. 46)





# Skill 2 - Help a mother with a disability breastfeed her baby

## Section 2.3- Targeted

If it is difficult for you to hold your breast, wear a bra (brassiere) with a wide hole cut around the entire nipple. You may be able to buy a 'nursing bra' made to support the breasts and with a way to cover and uncover the nipple for breastfeeding. Or you can wrap some cloth around your chest and across your breast with a hole cut out to expose the nipple. You can also tie a length of rolled-up cloth around your upper body under your breasts.



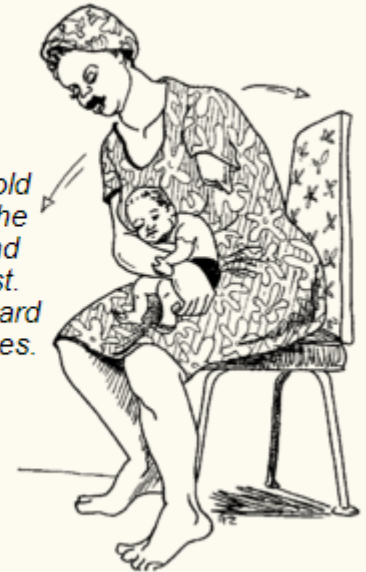
Copied from: Hesperian Health Guides (2007). [Health Handbook for Women with Disabilities](#) Chapter 12, pages 256-257

**Suggestion:** this content should be reviewed by a local technical staff member with breastfeeding knowledge to ensure alignment with other training materials

### Helping the baby burp (wind)

During feeding, some babies swallow air, which can make them uncomfortable. You can help a baby bring up this air if you can hold it on your shoulder or chest and rub its back, or rub its back while it sits or lies on your lap.

*If you have only one arm or limited strength in one arm, hold the baby on your knees with the baby facing away from you and your good arm across its chest. Then rock forward and backward until the baby burps and relaxes.*





# Skill 3 - Help a mother with a disability to provide complementary feeding to her child

## Section 2.3- Targeted

### Possible Activity:

Health and Nutrition Promoters or health staff can support women with disabilities to provide complementary foods, after six months of age, to older infants and young children

### Practical Examples:

- Sitting to the side of the young child to feed her/him without having to lean forward
- Place young child on an elevated surface so that mother with a disability can more easily reach her/him



# Skill 3 - Help a mother with a disability to provide complementary feeding to her child

## Section 2.3- Targeted

### Consideration:

If a mother with a disability has difficulty feeding her baby, (e.g. by spoon) then could consider skipping spoon feeding and purees and progressing directly to the baby self-feeding finger foods (“baby-led weaning”)

Copied from: Hesperian Health Guides (2007). [Health Handbook for Women with Disabilities](#) Chapter 12, pages 256-257

### If you cannot see well

Always remember to wash and rinse your hands with soap and clean water.



Sit the baby in a comfortable and safe place so he will not topple over. Put the food in a sturdy bowl or container and position it so the baby cannot kick it over.

**To feed a baby with your fingers** and without a spoon, give only a small amount each time that feels no larger than a pea or bean.

**To feed a baby with a spoon**  
1. Use one hand to put a small amount of food onto a small spoon. Hold the spoon close to the round eating end, and push off any excess food from the spoon with another finger of the same hand.

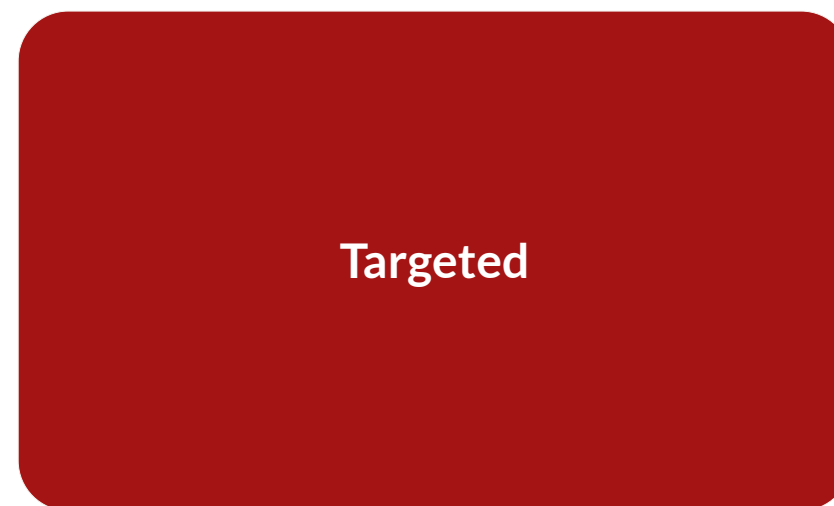
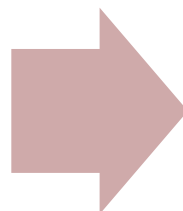
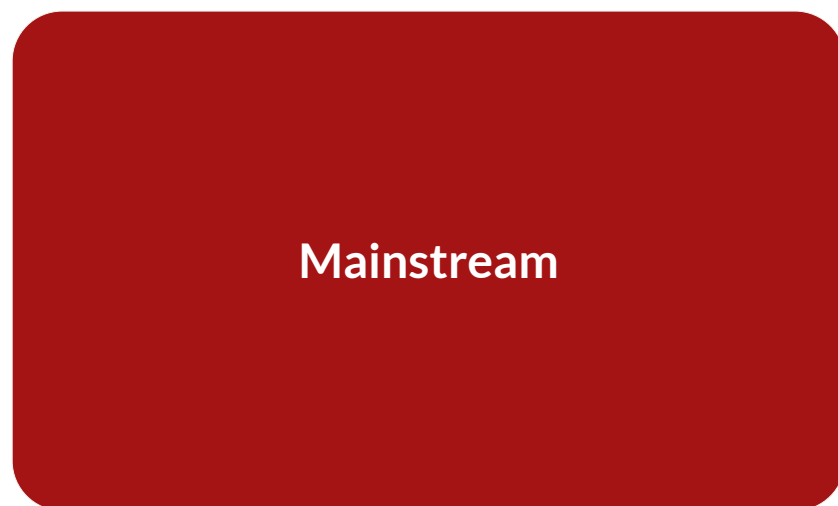


2. Place the thumb of your other hand on the baby's chin, just under the mouth. Using your thumb as a guide, put the spoon containing the food into the baby's mouth.



# Transition from Mainstream to Targeted Disability-Inclusive IYCF Services

## Section 2.3- Targeted



**During mainstream services, IF** a family member or health provider is concerned with a child's:

- **feeding,**
- **growth, and/or**
- **development**

**THEN,** the health provider should provide **targeted IYCF services** and/or refer the child and family to **specialized services** (e.g. specialized counseling, early intervention, rehabilitation)

# Skill 4 - Effectively support a caregiver of an infant or young child with a disability



## Section 2.3- Targeted

- Progressing through the various stages of grief (Shock and Denial; Pain and Guilt; Anger and Bargaining; Depression, Reflection and Loneliness; Acceptance and Hope)
  - Caregivers may need validation of their feelings
  - Caregivers may need to be connected with a support network
- **Acceptance and hope for their child with a disability**
  - Disability is part of human diversity
  - All children have value



**Note:** Mental Health & Psychosocial Support is especially important in Humanitarian settings



# Skill 4 - Effectively support a caregiver of an infant or young child with a disability



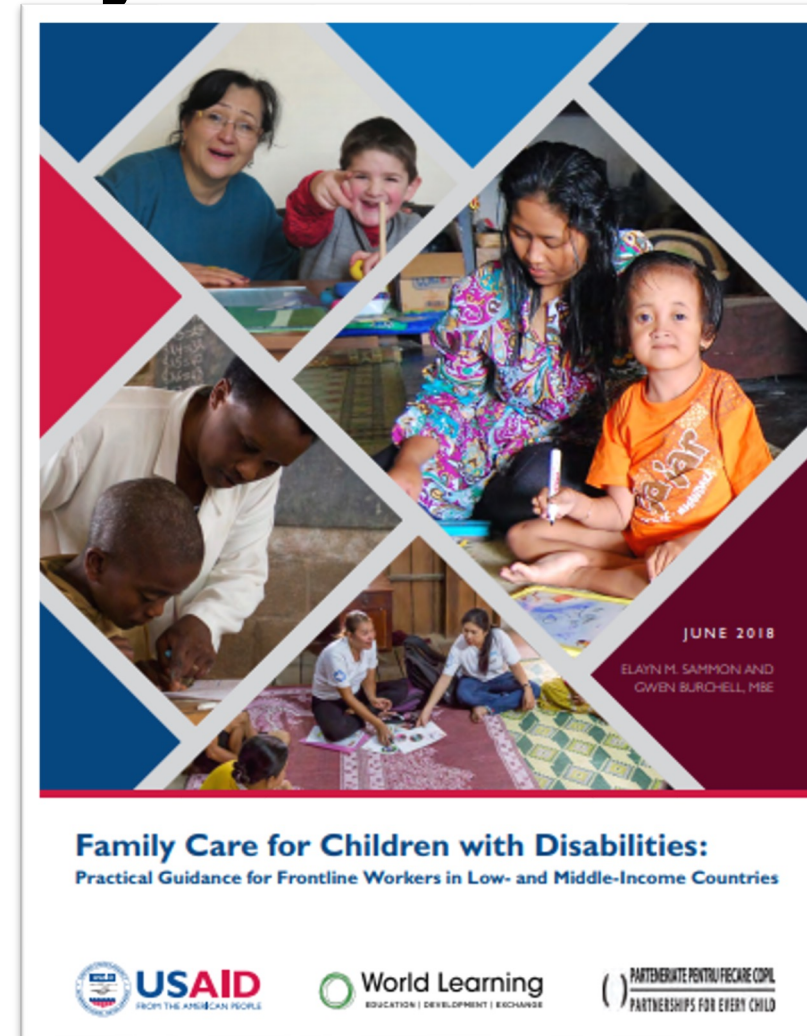
## Section 2.3- Targeted

### Possible Activity:

- Provide in-service training for health workers on how to talk to families and caregivers about their child with a disability

### Resource:

- [Family Care for Children with Disabilities](#): Practical Guidance for Frontline Workers in Low- and Middle-Income Countries, (2018):



# Skill 5: Identify a child with difficulty feeding\* and provide appropriate intervention and caregiver education



\*Breastfeeding, Artificial Feeding, Complementary Feeding

## Section 2.3- Targeted

USAID Advancing Nutrition's Feeding & Disability Resource Bank

Two relevant sections:

- [“Identifying Feeding Difficulties”](#)
- [“Managing Feeding Difficulties”](#)

The screenshot shows the top navigation bar with the USAID logo and links for WHO WE ARE, WHAT WE DO, WHERE WE WORK, RESOURCES, NEWS, and EVENTS. Below the navigation bar, the page title is "Identifying Feeding Difficulties". The main content area includes a paragraph explaining that feeding difficulties are broad and complex, followed by a bulleted list of challenges: sensory processing problems, poor attachment, difficulty coordinating suck/swallow, poor suction, selective eating, restricted food intake, tongue tie, and oral-motor impairments. To the right of the text is an illustration of a woman sitting and holding a child. At the bottom right, there is a link: "Go back to the Feeding and Disability Resource Bank homepage".

The screenshot shows the top navigation bar with the USAID logo and links for WHO WE ARE, WHAT WE DO, WHERE WE WORK, RESOURCES, NEWS, and EVENTS. Below the navigation bar, the page title is "Managing Feeding Difficulties". The main content area includes a paragraph explaining that feeding is a key interaction between caregivers and children, followed by a paragraph about mealtimes. To the right of the text is an illustration of a family sitting around a table eating. At the bottom right, there is a link: "Go back to the Feeding and Disability Resource Bank homepage". Below the link are social media sharing icons for Twitter, Facebook, and LinkedIn, and a section titled "Resource Bank Sections".

# Skill 5: Identify a child with difficulty feeding\* and provide appropriate intervention and caregiver education



\*Breastfeeding, Artificial Feeding, Complementary Feeding

## Section 2.3- Targeted

Interventions Typically Include:

- Modify Texture or Consistency (foods or liquids)
- Modify Delivery (e.g. positioning or pacing)
- Build Feedings Skills (infant, young child, caregiver)



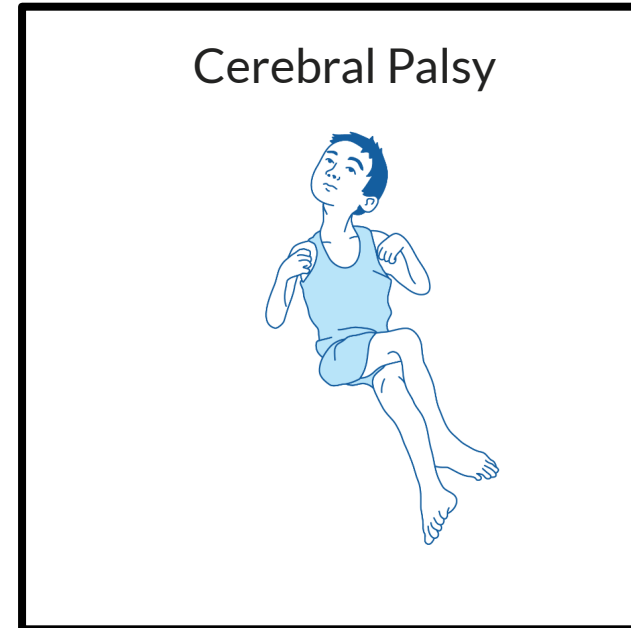
Photo Credit: Partners In Health/Inshuti Mu Buzima

# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education

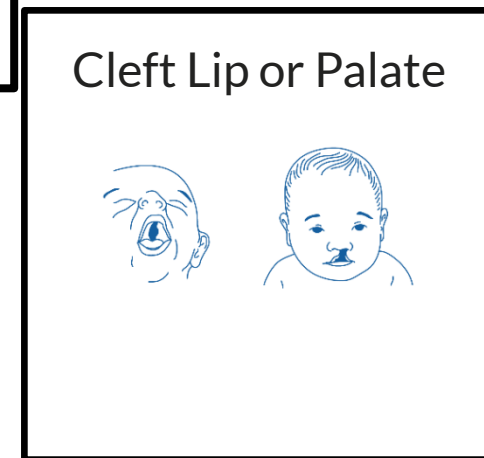
## Section 2.3- Targeted

Examples of some of the difficulties feeding, experienced by infants and children with a disability:

Breastfeeding	Complementary Feeding
Difficulty latching	Difficulty chewing
Coordination of suck/swallow	Difficulty swallowing (dysphagia)
Muscle tone (floppy/stiff)	Unable to self-feed appropriately
Aspiration	Aspiration



A child's feeding skills (ability to take in nutrients) are directly related to his/her entire body's physical and intellectual development







# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education

## Section 2.3- Targeted



HOLT INTERNATIONAL'S FEEDING AND POSITIONING MANUAL:  
GUIDELINES FOR WORKING WITH BABIES AND CHILDREN

Key Open-Access Resource:  
[Holt International's Feeding and Positioning Manual: Guidelines for Working with Babies and Children](#)

Suggestion: technical content should be reviewed by an IYCF Specialist to ensure appropriateness for the context and alignment with other trainings

### GETTING STARTED

#### THIS MANUAL HAS TWO PURPOSES:

- ① To be used as a reference tool to assist caregivers with feeding infants and children.
- ② To be used as a training tool to assist caregivers with sharing knowledge and skills with others within their work, home and community.

#### THIS MANUAL IS BROKEN DOWN INTO FOUR MAIN PARTS THAT INCLUDE 12 CHAPTERS:

- PART 1: Feeding Fundamentals
- PART 2: Feeding Across the Ages
- PART 3: Supporting Positive Feeding Development Across Special Populations
- PART 4: Appendix: Strategies, Handouts and Information for Caregivers and Communities

Each chapter consists of multiple sections that break down the information so that it is easier to find. You can find this breakdown of specific content and matching page numbers in the table of contents. Additionally:

- CHAPTERS 1-8 are the "meat" of the manual, offering an abundance of information.
- CHAPTER 9 offers extra strategies, techniques, illustrations, handouts and training activities.
- CHAPTERS 10-12 offer descriptions of special words used in the manual, guidance for finding more resources and another avenue for navigating the manual.

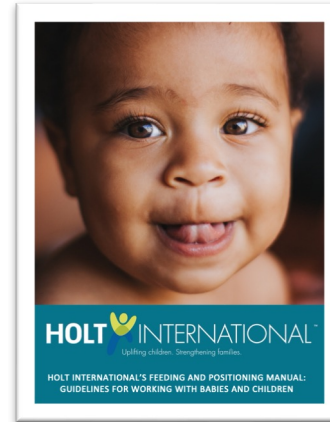
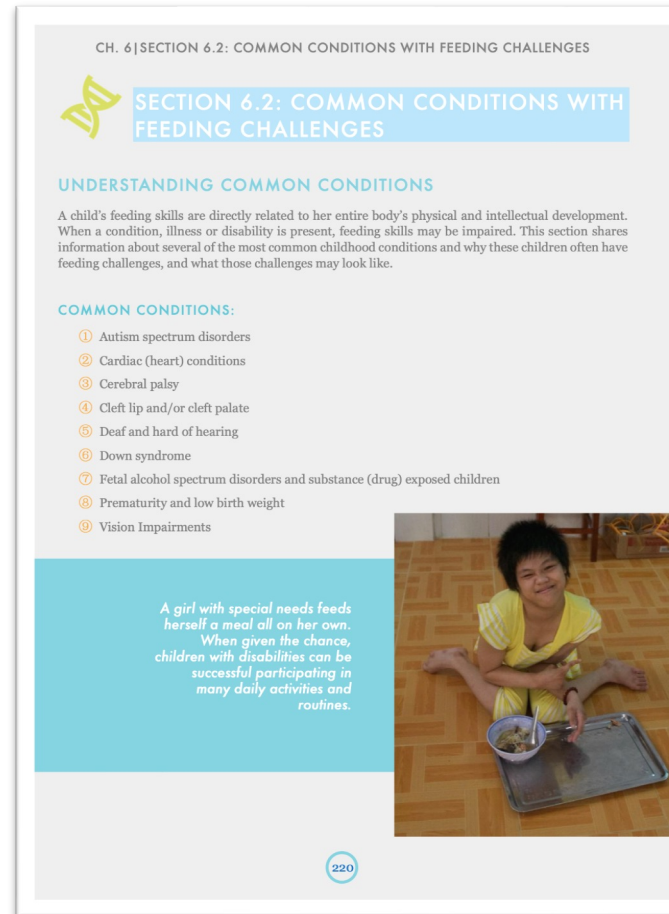
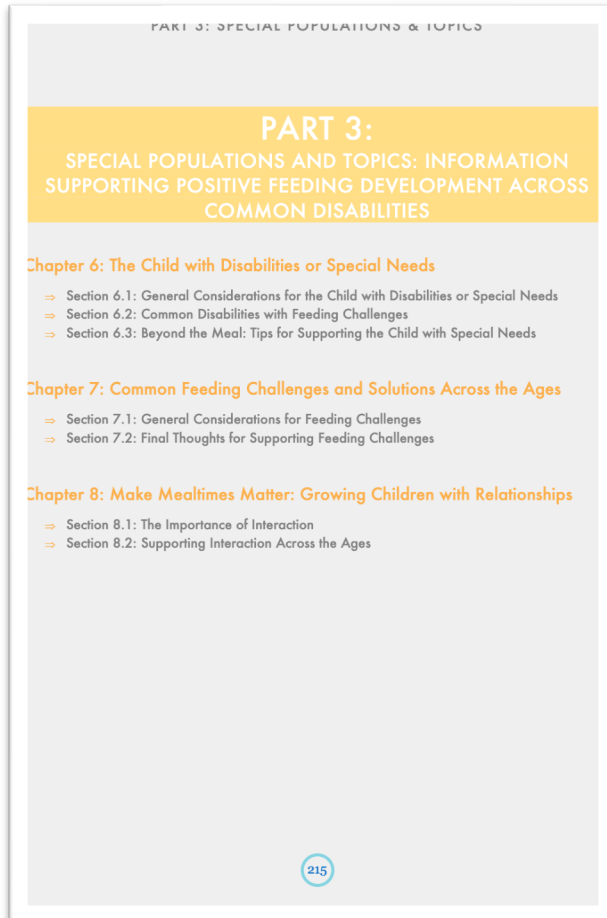
Page 7



# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted



Excerpts from  
Pages 215 & 220

Note: Technical or programming staff can contact Holt International directly to request the **training materials** that accompany the Manual

Source: [Holt International's Feeding and Positioning Manual: Guidelines for Working with Babies and Children](#)



# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted Individuals in the Household

Note: there is also guidance on Artificial/Bottle Feeding, that could be relevant to infant and young children with disabilities in alternative care (Pages 375-376)

### COMMON YOUNG CHILD FEEDING CHALLENGES:

- Challenge ① The sleepy, hard to wake baby
- Challenge ② The fussy baby who is hard to calm
- Challenge ③ The baby who tires easily
- Challenge ④ The baby who has difficulty sucking
- Challenge ⑤ The baby who coughs, chokes or gags
- Challenge ⑥ The baby who frequently spits up
- Challenge ⑦ Special population: The baby who has cleft lip and/or palate
- Challenge ⑧ Special population: The baby who is born early
- Challenge ⑨ Special population: The baby who is born substance exposed

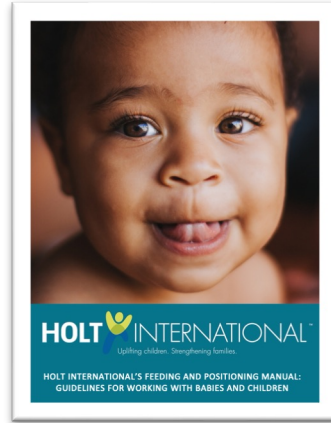
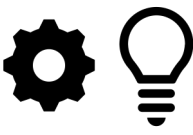
### COMMON OLDER CHILD FEEDING CHALLENGES:

- Challenge ⑩ The child who has problems with muscle tone
- Challenge ⑪ The child who has difficulties with structures of the mouth
- Challenge ⑫ The child who has a sensitive sensory system
- Challenge ⑬ The child who has trouble biting and/or chewing
- Challenge ⑭ The child who has problems swallowing

Source: [Holt International's Feeding and Positioning Manual: Guidelines for Working with Babies and Children](#)

Excerpts from Pages 243 & 244

# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted

### Training Suggestions:

- IYCF trainer can co-facilitate the topics with a Disability Specialist (e.g. someone from a child-specific Organisation of Persons with Disabilities (OPD) or NGO supporting children with disabilities)
- A Rehabilitation Specialist (e.g. Physical Therapist, Occupational Therapist, or Speech Therapist) could also co-facilitate these topics
- Suggest integrating the disability-specific content into the general IYCF training package, rather than as a standalone training.
- Specialised training topics (e.g. supportive children with a sensitive sensory system) would likely need to be delivered by a specialised organisation

Examples of Topics Covered in [Holt International's Feeding and Positioning Manual: Guidelines for Working with Babies and Children](#) (pages 380-385)

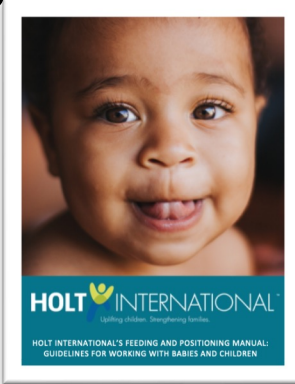
COMMON POSITIONING ISSUES AND SOLUTIONS

COMMON SENSORY FEEDING ISSUES AND SOLUTIONS

COMMON ORAL MOTOR FEEDING ISSUES AND SOLUTIONS



# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted

- Complementary Feeding

COMMON CUP DRINKING ISSUES AND SOLUTIONS

COMMON SPOON FEEDING ISSUES AND SOLUTIONS

COMMON SELF-FEEDING ISSUES AND SOLUTIONS

COMMON ORAL MOTOR FEEDING ISSUES AND SOLUTIONS

COMMON SENSORY FEEDING ISSUES AND SOLUTIONS

COMMON POSITIONING ISSUES AND SOLUTIONS

Topics Covered in [Holt International's Feeding and Positioning Manual: Guidelines for Working with Babies and Children](#) (pages 376-385):

CH. 9|9M: COMMON FEEDING ISSUES AND SOLUTIONS

COMMON SELF-FEEDING ISSUES AND SOLUTIONS

COMMON ISSUES	POSSIBLE SOLUTIONS
Accessing utensil, bowl/plate, cup is difficult due to physical, visual or cognitive impairments	<ul style="list-style-type: none"> <li>Ensure child is appropriate age and showing necessary developmental skills for spoon feeding (<a href="#">Chapter 1, Section 6</a>)</li> <li>Use a different position or modify current position to one that offers additional body support and follows key elements of positioning (<a href="#">Chapter 1, Section 1</a>)</li> <li>Use a different chair, table, or seating arrangement</li> <li>Adapt utensils, cups, plates and bowls to match child's specific needs (<a href="#">Appendix 9C</a>)</li> <li>Use bowls and plates that stick to surfaces and don't easily move during meals</li> <li>Use mats, plates or baking pans with edges that help a child find food more easily</li> <li>Offer frequent opportunities to practice self-feeding</li> </ul>
Dropping food from utensil frequently	<ul style="list-style-type: none"> <li>Watch for feeding cues that indicate when a child is hungry and thirsty and full (<a href="#">Appendix 9L2</a>)</li> <li>Offer frequent opportunities to practice using spoons</li> <li>Eat from a spoon with a child to help them learn</li> <li>Use a different spoon – child may need smaller size or lighter weight (<a href="#">Appendix 9H</a>)</li> <li>Offer small amounts of food at a time on a spoon</li> <li>Offer food textures that stick to a spoon and don't easily slip off</li> <li>Provide positive feedback for a child when they use a spoon correctly (i.e., "Wow, well done eating with your spoon, Simone.")</li> </ul>
Feedings take longer than 30 minutes	<ul style="list-style-type: none"> <li>Determine the main reason why</li> <li>Check positioning and follow key elements of positioning (<a href="#">Chapter 1, Section 1</a>)</li> <li>Offer smaller, more frequent feedings</li> <li>Talk, sing and interact with child during feeding to increase engagement and participation</li> <li>Consider modifying utensils, cups, plates and bowls to support child's success with self-feeding (<a href="#">Appendix 9I</a>)</li> </ul>
Refusing to feed self	<ul style="list-style-type: none"> <li>Determine the main reason why</li> <li>Watch for feeding cues that indicate when a child is hungry or thirsty and full (<a href="#">Appendix 9L2</a>)</li> <li>Use calming strategies before and during feeding (<a href="#">Appendix 9K</a>)</li> <li>Use a different position that may increase child's comfort</li> <li>Use a different spoon</li> <li>Offer frequent opportunities to practice eating from a spoon and feeding themselves</li> <li>Offer opportunities for child to see others feeding themselves during and outside of meals</li> <li>Offer support feeding child, gradually encouraging them to participate more in the process</li> </ul>

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# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted Individuals in the Household




COMMON FEEDING CHALLENGES	EXAMPLES (WHAT IT LOOKS LIKE)
Inefficient Feedings	<ul style="list-style-type: none"> <li>Poor latch on breast or bottle for sucking due to cleft opening</li> <li>Falls asleep during feeds or "gives up" easily due to poor and inefficient sucking and eating skills</li> <li>Liquids or foods flow out of nose during and after feedings</li> <li>Regular bottles and nipples do not work well with these children</li> </ul>
Increased Risk of Aspiration	<ul style="list-style-type: none"> <li>Frequent coughing, choking, gagging or vomiting on foods and liquids</li> <li>Wet vocal quality during and following feeds → possible sign of aspiration</li> <li>Liquids and foods that get stuck in nose can travel down near airway resulting in choking and/or aspiration</li> <li>Frequent lung illnesses or infections</li> </ul>
Long Feedings	<ul style="list-style-type: none"> <li>Feedings can take over 30 minutes</li> </ul>
Oral Motor Challenges	<ul style="list-style-type: none"> <li>Difficulty sucking, chewing and swallowing liquids and foods</li> <li>Difficulty transitioning to other food textures, especially those that require chewing</li> <li>Delayed oral-motor skills for eating harder textures because of late introductions to them</li> </ul>
Sensory Sensitivities and Food Aversions	<ul style="list-style-type: none"> <li>Prefers "easier" (softer) foods over "harder" textured foods</li> <li>Avoids liquids, foods and even feedings knowing that they feel uncomfortable or cause pain</li> <li>Easily overwhelmed by environments, types of foods, liquids and bottles, spoons or cups offered and touch provided to and around the face</li> </ul>
Growth and Nutrition Concerns	<ul style="list-style-type: none"> <li>Due to reduced intake at feedings, restricted intake and possible development of oral aversions</li> </ul>

Cleft Palate Covered in [Holt International's Feeding and Positioning Manual: Guidelines for Working with Babies and Children](#) (pages 227-228):

CH. 6 | SECTION 6.2: COMMON CONDITIONS WITH FEEDING CHALLENGES

### CLEFT LIP AND/OR PALATE (CL/P)



**WHAT IS CLEFT LIP/PALATE?**

Cleft lip and/or cleft palate are both birth defects of the face. A child is born with a "cleft" or split in the upper lip, nose and/or roof of the mouth (palate). A child can have a cleft lip, a cleft palate or in some cases both. Children typically require many surgeries over several years to repair a cleft.

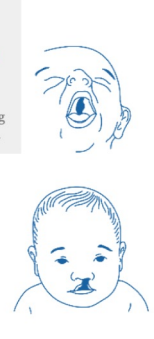
**Children with CL/P may have:**

- Difficulty making sounds and talking (speech or language delays)
- Failure to thrive (lack of expected normal physical growth)
- Problems with teeth development and chewing (teeth may be absent, poorly aligned or grow sideways in the mouth)
- Frequent ear infections and possible hearing loss, if gone untreated

**WHY ARE FEEDING CHALLENGES COMMON?**

There are several reasons children with CL/P may have feeding challenges including:

- Heightened sensitivities of the face due to frequent medical procedures may lead children to react to feedings by crying, pulling away from bottles/spoons/cups or showing discomfort with touch.
- Discomfort with feedings (from food coming out of nose, coughing, choking, pain from mouth/face procedures, etc.) may lead to food refusals.
- Difficulty sucking due to the cleft opening(s) may cause challenges with breast and bottle feeding because of the inability to create pressure while sucking.
- Face and mouth (including teeth) abnormalities can make chewing certain textures of food difficult or uncomfortable.
- Difficulty keeping foods/liquids in the mouth and appropriately chewing and swallowing them due to cleft openings in the lip and/or mouth.

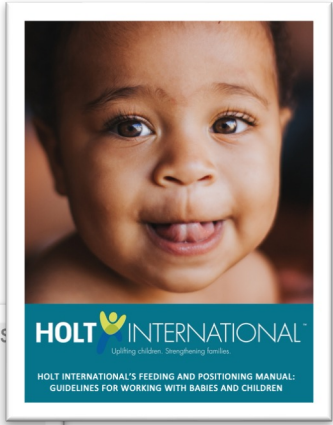


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# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted

CH. 7 | SECTION 7.1: GENERAL CONSIDERATIONS FOR FEEDING CHALLENGES

**CHALLENGE NO. 7: SPECIAL POPULATION: THE BABY WITH CLEFT LIP AND/OR PALATE**

**HOW TO IDENTIFY:** These babies are born with birth defects that can affect their lips, noses and/or roofs of their mouths. Some cleft palates can be very difficult to see because of where they are located in a baby's mouth. Because of these clefts (slits, openings), babies tend to have problems forming a tight seal around a nipple (cleft lip) and creating the necessary suction needed for efficiently sucking liquid from bottles (cleft palate).

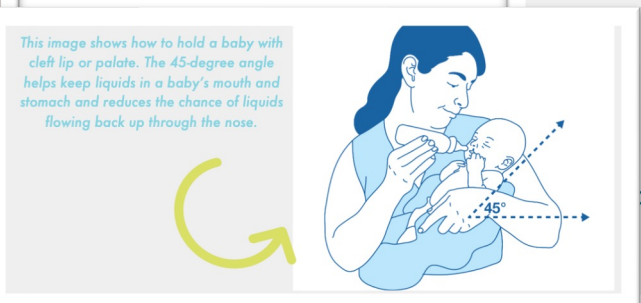
**COMMON FEEDING PROBLEMS:**

- Swallowing too much air → gassy, burping often
- Not closing lips around nipple
- Food and liquid come out of mouth messy feedings
- Feeding refusals
- Difficulty latching to nipple and sucking
- Choking, coughing and possible aspiration
- Vomiting and spitting up
- Liquid coming out of mouth and/or nose → messy feedings
- Frequent ear infections, ear drainage and/or difficulty hearing
- Poor weight gain and growth



A young baby with cleft lip is fed by his caregiver using a specialty feeder that helps him form a better seal on the nipple for feedings.

Example of Cleft Lip and/or Palate ([Holt International's Feeding and Positioning Manual: Guidelines for Working with Babies and Children](#) Pages 256-257)



CH. 7 | SECTION 7.1: GENERAL CONSIDERATIONS FOR FEEDING CHALLENGES

**HOW TO SUPPORT**

**Feeding and Timing**

- Feed baby using rate that does not allow liquid to leak out of mouth or nose.
- Feed baby frequently (every 2 to 3 hours).
- Offer smaller feedings more frequently, such as 60 ml or 2 fl. oz. every two hours if larger volumes lead to increased spitting up or leakage from mouth and/or nose.
- Pace meals to reduce occurrence of leakage or aspiration ([Appendix 9J](#)).
- Limit all feedings to 30 minutes or less.

**Equipment**

- Use a nipple that offers a flow to match baby's abilities. Slower flows can often be easier, try nipples with lower numbers on them such as a zero or one ([Chapter 1, Section 5; Appendix 9G](#)).
- Use a wider based nipple ([Chapter 1, Section 5; Appendix 9G](#)).
- Use a nipple/bottle baby can "bite on" to get milk out ([Chapter 1, Section 5; Appendix 9G](#)).
- Use a specialty bottle for cleft lip/ palate ([Appendix 9G](#)).

**Positioning**

- Follow key elements of positioning for babies ([Chapter 1, Section 1; Chapter 2, Section 3](#)).
- Feed in an elevated side-lying position ([Chapter 1, Section 1; Chapter 2, Section 3](#)).
- Feed in a more upright position – at least 45-degree angle. Do not feed baby lying down on her back or without any elevation (Refer to illustration below).
- Keep baby upright for at least 15-45 minutes after all feedings to keep liquids in her stomach (holding baby or using carefully constructed wedge or rolled up blanket or towel that offers adequate elevation).

**Other Ways to Help**

- Move baby as little as possible (and off of stomach) after feedings to reduce spit-ups and increase comfort.
- Burp baby frequently.
- Direct nipple downward toward intact side of baby's mouth.

# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Aspiration Identification & Management

### Safety Note:

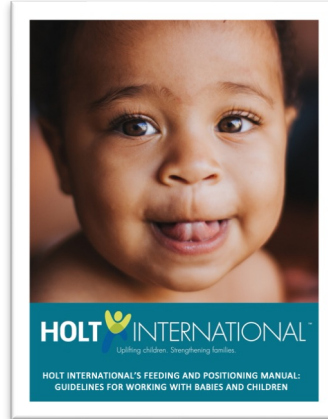
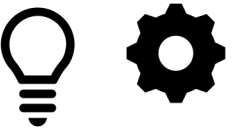
Infants and children with disabilities have an increased risk of choking while eating or drinking (aspiration). Suggest that inclusive IYCF/IYCF-E programming provide first aid skills to nutrition workers, volunteers and parents/caregivers, teaching them what to do in case of air obstruction and choking.

### Aspiration Identification & Management:

Train technical staff to...

- Identify signs of difficulties eating and drinking (such as poor muscle control in the face, mouth and tongue; drooling or poor saliva control; pocketing of food in the sides of the mouth).
- Identify other factors that can contribute to risks of aspiration and choking such as level of consciousness, difficulties sitting upright to eat or feeding inappropriate foods and reduce the risk of aspiration and choking,
- Refer children with difficulties eating or drinking to specialized services (e.g. rehabilitation)

# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Aspiration Identification & Management

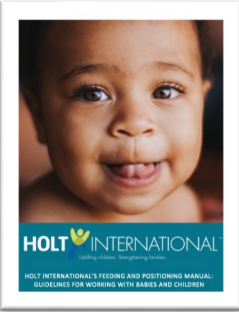
Provide practical intervention:

- Check that child is situated in a stable, upright position with support for eating and drinking to promote safe swallowing (e.g. wedged pillows or corner chairs)
- Modify food and fluid consistencies to prevent the risk of aspiration and choking; lump-free pureed foods are easier to eat and thicker fluids easier to control
- If the child eats a reduced quantity of food due to difficulties swallowing, increase the energy of foods by adding oil or cream (and supplemental or fortified foods).
- Use assistive devices and implements to support children with disabilities feeding.

### Key Resource

Pages 21-22, [Holt International's Feeding and Positioning Manual: Guidelines for Working with Babies and Children](#)

# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Aspiration Identification & Management



### SWALLOWING SAFETY TIPS FOR ALL AGES

- TIP 1:** Always consider the individual needs of a child when choosing a level of support. As children grow and develop, their swallowing skills can also change. They may require less or more support. Care must be individualized and strategies must be regularly evaluated and changed as necessary.
- TIP 2:** Good positioning is key. Finding a safe and comfortable position for a child is critical when it comes to swallowing safety, efficiency and maintaining the health of a child.
- TIP 3:** Small and slow. Keep bite and sip sizes small and use a slower rate of feeding. The slower the rate of eating and drinking and the smaller the bites/sips, the easier and safer it will be for a child to swallow.
- TIP 4:** Adjust texture or thickness of foods and liquids. Liquids may need to be thickened and specific food textures may need to be modified to make feedings safer and more comfortable for a child.
- TIP 5:** Change how you are feeding a child. Feeding supplies may need to be changed (for example: use a different nipple, cup or chair) to make feedings safer and more comfortable for a child.
- TIP 6:** Children learn best in the context of positive relationships. Offering positive interactions with a child during feedings is the best way to support this process.
- TIP 7:** Always remember that finding what works best can sometimes take a lot of work. Caregivers may need to try many strategies to find what is safest and works best for a child. Take time, watch how a child responds and make small changes gradually.

Copied From:  
 Pages 23-24, [Holt International's Feeding and Positioning Manual: Guidelines for Working with Babies and Children](#)

CHAPTER 1 | SECTION 1.2: SWALLOWING BASICS

KEY SIGNS FOR IDENTIFYING SWALLOWING CHALLENGES

SIGNS AND SYMPTOMS OF SWALLOWING CHALLENGES	DESCRIPTIONS (WHAT IT LOOKS LIKE)
Coughing or Choking 	Child coughs or chokes during or after swallowing food or liquid
Gurgly "wet" Sounding Voice or Breathing 	Child's voice or breathing sounds wet during or after swallowing food or liquid
Complaints of Discomfort 	Child experiences sensation of food being stuck in throat during, following and/or in-between meals; reports pain or discomfort with eating/drinking or food comes back up into mouth after swallowing
Watery Eyes 	Child's eyes water during or after swallowing food or liquid
Change in Color 	Child's face changes color (pale, red, or purple/blue) during or after swallowing food or liquid
Fever 	Child experiences fever following a meal
Facial Grimace 	Child displays uncomfortable faces during or following feedings
Change in Breathing 	Child's breathing becomes unusually fast or slow, child stops breathing while feeding or child wheezes or gasps for air during or after swallowing food or liquid
Lung Infections 	Child experiences infections in the lungs or airway

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# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted Identify & Address Feeding Difficulties

USAID Advancing Nutrition developed a Feeding Difficulties Counselling Card to help community-level IYCF counsellors provide basic tips to caregivers if there is a feeding problem, before referring the mother-child dyad to someone with more training.

USAID Advancing Nutrition's Responsive Care & Early Learning (RCEL) Addendum – Card 7: Special Circumstances “Care and feeding for children with feeding difficulties”

Visit: <https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum>  
Download: [Responsive Care and Early Learning Addendum: Counseling Cards \(with key messages and practical tips\) - Draft \(PDF, 1.6MB\)](#) Use Images & Text on Card 7: Special Circumstances



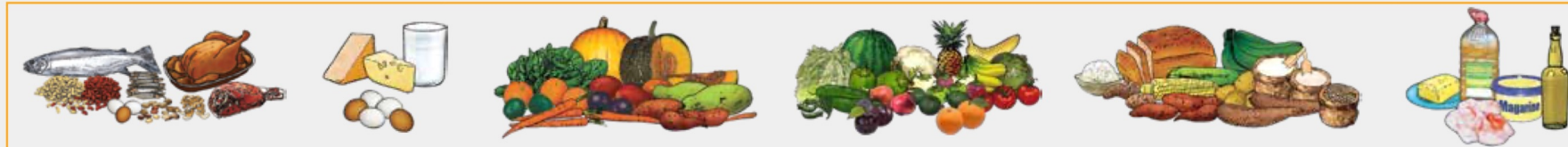
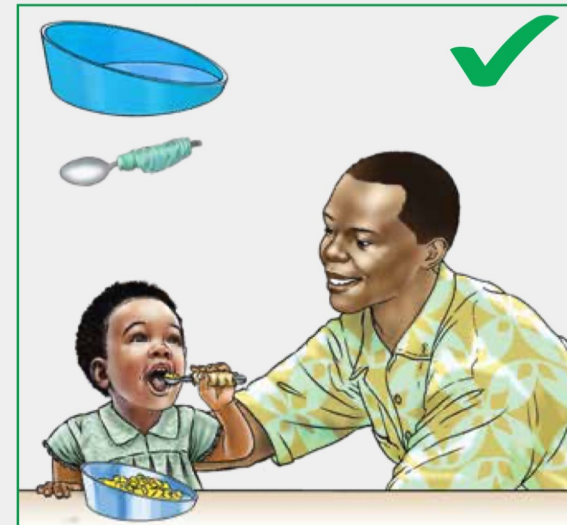
Care and feeding for children with feeding difficulties



Card 7: Special Circumstances



# Care and feeding for children with feeding difficulties



Visit: <https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELeadendum>

Download: [Responsive Care and Early Learning Addendum: Counseling Cards \(with key messages and practical tips\) - Draft \(PDF, 1.6MB\)](#)

Use Images & Text on Card 7: Special Circumstances

Card 7: Special Circumstances

# Care and feeding for children with feeding difficulties

## Step 1:

Open and welcome

## Step 2:

Assess and recap

## Step 3:

Analyze and introduce today's topic

## Step 4:

Act

## Step 5:

Recap and reflect

## Step 6:

Close

### Key Messages

- \* Sometimes children have difficulties feeding, and they may require additional support to be able to feed well. It is important to consult a health care provider if you have any concerns about your child's feeding.
- \* Children with feeding difficulties are at increased risk of becoming malnourished. Regular growth monitoring is important for all children.
- \* Seek immediate care at a facility if your child is losing weight, or displays warning signs like frequent coughing or tearing while feeding, jaw tightening that prevents feeding, fast breathing or breathing becoming wet-sounding, excessive sweating or tiring quickly when feeding, or vomiting after feeding.

### Practical Tips

- \* **ASK:** Can you tell me more about the concerns you have about your child's feeding?
- \* **ADVISE** based on the caregiver's concerns and the child's age:

### Breastfeeding

#### Difficulties latching to the breast:

- \* Try different breastfeeding positions and find one that works for you. You may need different positions for each breast. Refer to the UNICEF C-IYCF card on different breastfeeding positions.
- \* If your baby cannot latch, express breast milk. Use a cup to feed your baby instead of a bottle. Refer to the C-IYCF card on expressing breast milk.
- \* To cup feed safely, bring the cup to your baby's lower lip and allow him to take small amounts of breast milk, lapping the breast milk with his tongue. Do not pour the milk into your baby's mouth.

### Complementary feeding starting at 6 months

#### Difficulty controlling head or body:

- \* A stable, upright position with support for eating and drinking is one of the most important factors for safe feeding. Make sure your child's whole body is supported well, so that she can focus on eating.
- \* If your child is floppy, provide support to his back and head using your body or a chair. Always keep his head upright while feeding to prevent choking or having food go down his airway.

#### Persistent difficulty chewing or swallowing:

- \* Difficulty chewing and swallowing can cause choking and can lead to illness. Consult with a health care provider and ask for specific feeding strategies for your child.
- \* Consider pureeing foods by passing soft foods through a sieve. It is easier for children to learn to control foods in their mouth and swallow if they are only one texture.
- \* Water and other liquids are easy for children to choke on if they have problems swallowing. Never pour liquids into your child's mouth. Consider thicker liquids like soft porridge or yogurt.

#### Difficulty self-feeding:

- \* Spoons and forks with thicker handles are easier for children to hold. Attach a rubber tube or piece of wood to the spoon handle to make it thicker.
- \* Plates with steep sides may make it easier for some children to scoop up food themselves.

**Note:** If the feeding problem is that the child is sick with common illnesses such as fever or diarrhea, refer to UNICEF C-IYCF counseling card on feeding a sick baby up to 6 months of age or a sick child over age 6 months for guidance on appropriate feeding during and after illness, or refer child to a health care provider.

**CLOSE** by asking the caregiver to demonstrate or explain to you what they agreed to do with their child. Make sure there is a clear plan for a visit to the health facility to address the feeding issues. Brainstorm with the caregiver ways to address barriers to accessing a health facility.

Visit:

<https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum>

Download: [Responsive Care and Early Learning Addendum: Counseling Cards \(with key messages and practical tips\) - Draft \(PDF, 1.6MB\)](#) Use Images & Text on Card 7: Special Circumstances

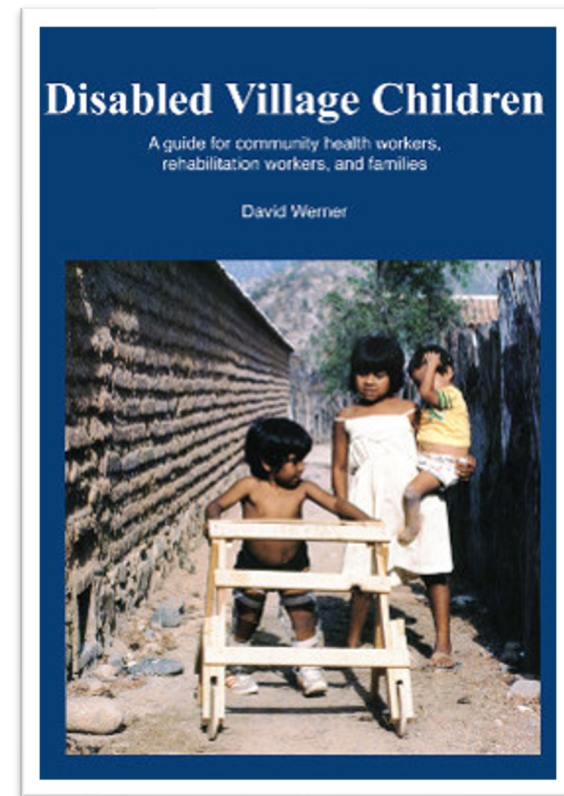
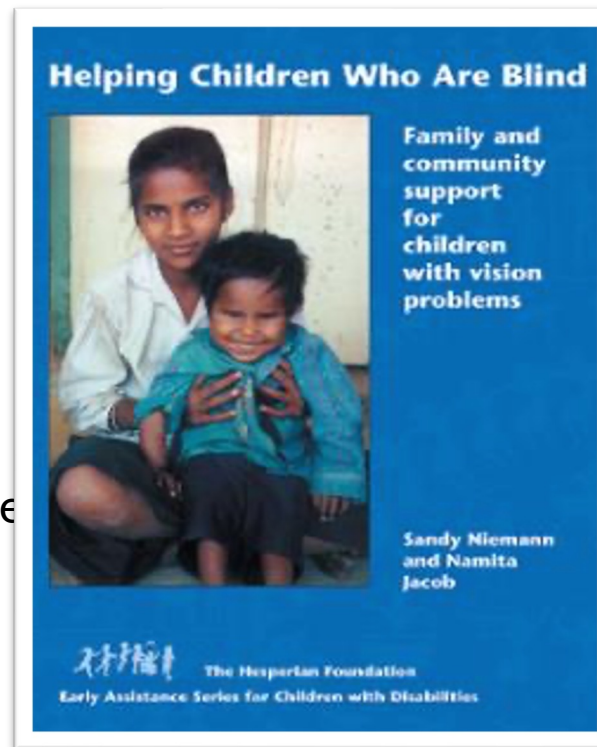




# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education

## Section 2.3- Targeted

- Books from Hesperian Health Guides:
  - Disabled Village Children
  - Helping Children Who Are Blind
- Simple text and pictures to explain technical concepts
- Available in multiple languages
- Read for free OR Download PDF for a small fee



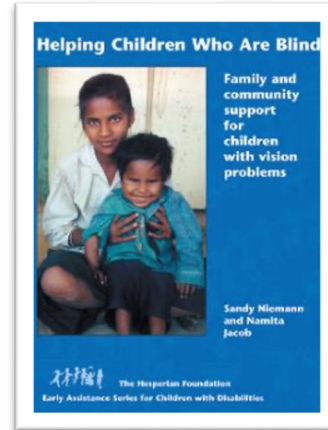
[Source:](https://en.hesperian.org/hhg/HealthWiki)  
<https://en.hesperian.org/hhg/HealthWiki>

# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted

- Breastfeeding
- Sample Excerpt: Helping Children Who Are Blind, Chapter 8, page 74



When nursing your baby, give her a sign, like touching her cheek, to let her know you are about to feed her. As she feeds, place her hand on your breast. This helps her learn where the milk comes from.

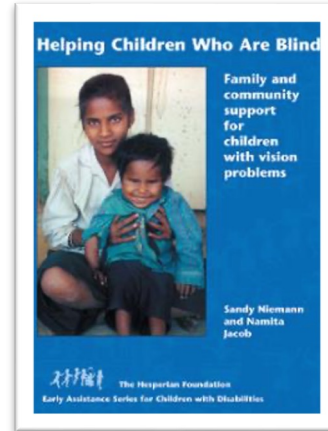
Source: [https://en.hesperian.org/hhg/Helping\\_Children\\_Who\\_Are\\_Blind:Eating](https://en.hesperian.org/hhg/Helping_Children_Who_Are_Blind:Eating)



# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education

## Section 2.3- Targeted

- Complementary Feeding
- Sample Excerpts: Helping Children Who Are Blind, Chapter 8, pages 74-77



Where's your mouth? The food goes straight to your mouth, Meliza.

When your child begins to pick up foods with her hands, let her feel and smell the food. At first she may need a lot of help putting the food in her mouth, but slowly she will be able to do more herself.

Your child will eat best if she is sitting up straight.

Your beans are on the right, and the rice is on the left – just like always.

Marisol, open your mouth. Here comes the rice.

Eloho, here are some yams...mmm Mama's favorite!

Let your child touch the food before you feed her.

Source: <https://en.hesperian.org/hhg/Helping Children Who Are Blind:Eating>

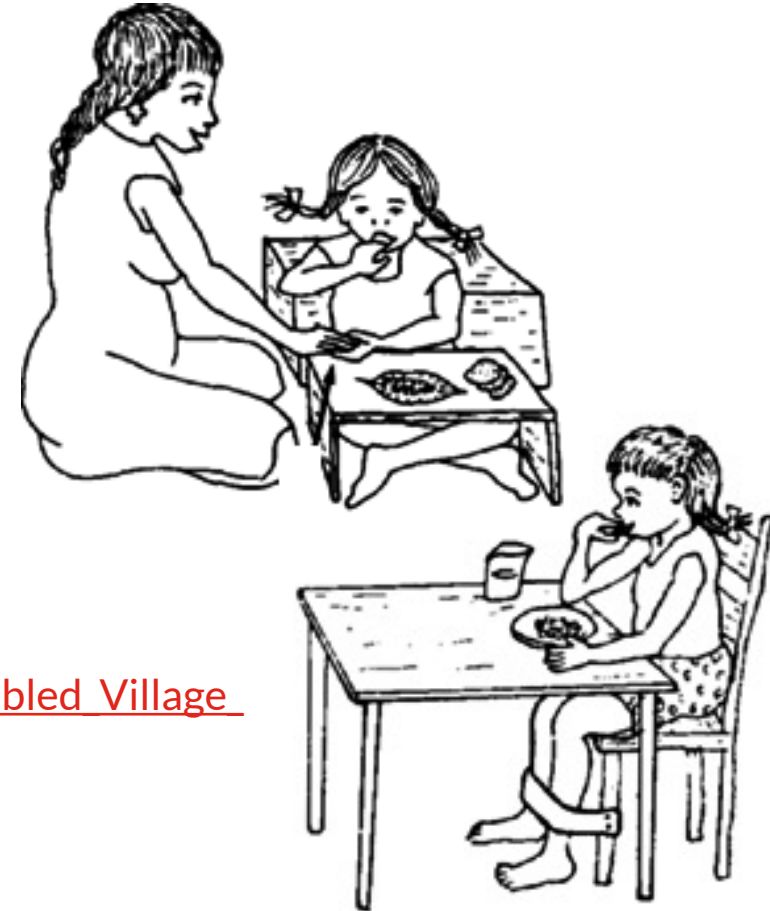
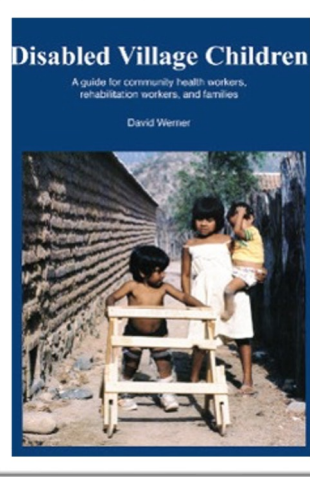




# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education

## Section 2.3- Targeted

- Complementary Feeding
- Sample Resources, (Chapter 36 - Feeding, pages 326 & 329)



A HIGH CHAIR

Try one or more straps, to see what works best.



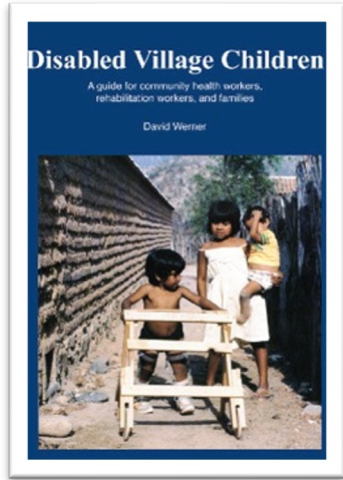
Source:

[https://en.hesperian.org/hhg/Disabled\\_Village\\_Children:Chapter\\_36:Feeding](https://en.hesperian.org/hhg/Disabled_Village_Children:Chapter_36:Feeding)

Some children with cerebral palsy may only need a foot strap to stay in a good position (to keep the body from straightening stiffly as shown above).

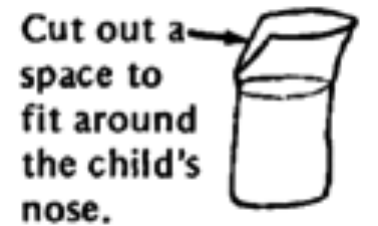
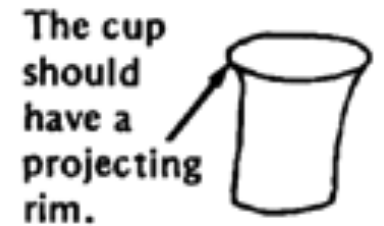
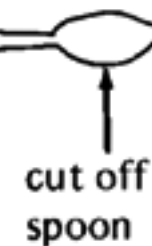
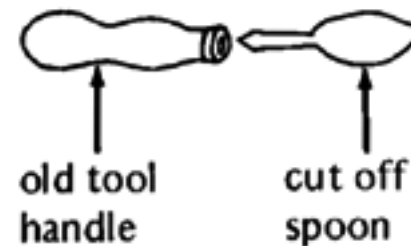
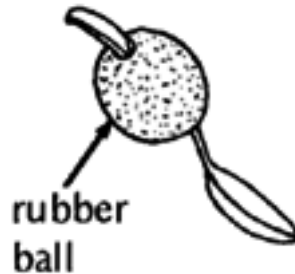
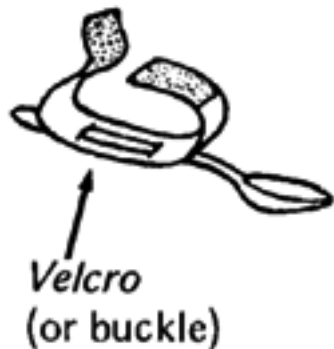


# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



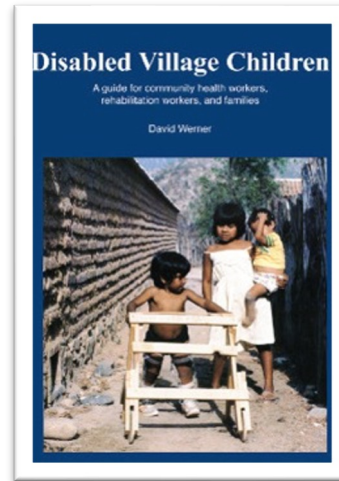
## Section 2.3- Targeted

- Complementary Feeding / Self-Feeding
- Sample Resources, (Chapter 36 - Feeding, pages 326 & 330)



Source: [https://en.hesperian.org/hhg/Disabled\\_Village\\_Children:Chapter\\_36:\\_Feeding](https://en.hesperian.org/hhg/Disabled_Village_Children:Chapter_36:_Feeding)

# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted

- Complementary Feeding
- Sample Resources, (Chapter 36 – Feeding, page 324)



Source: [https://en.hesperian.org/hhg/Disabled\\_Village\\_Children:Chapter\\_36:\\_Feeding](https://en.hesperian.org/hhg/Disabled_Village_Children:Chapter_36:_Feeding)

# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted

Key Resource: [Multi-Agency International Training and Support \(MAITS\) Global Disability Training - Working with Children with Eating & Drinking Difficulties](#)

Not open access, contact them for free access to all training materials:  
[info@maits.org.uk](mailto:info@maits.org.uk)

### Aims of the Programme

This programme is aimed at therapists already working with children with neurodevelopmental disabilities who want to address issues around eating and drinking difficulties. The content is aimed at children who are already weaned. For issues related to cleft lip and palate or neonates, please refer to the MAITS training programme 'Working with Infants with Feeding Difficulties'.

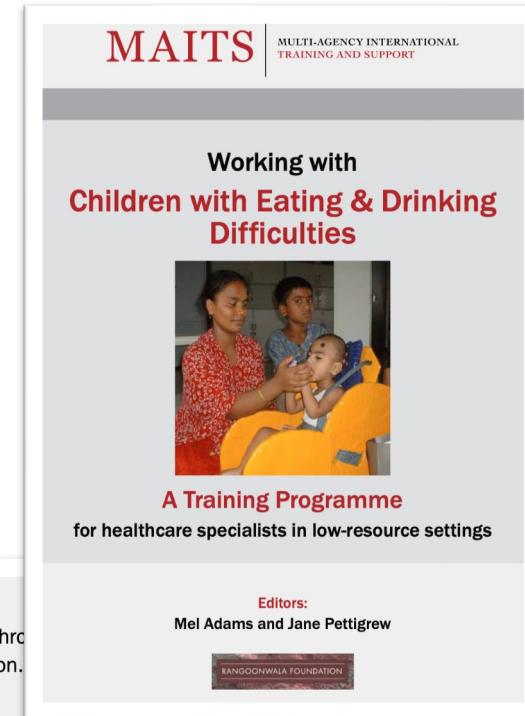
Suggestion: technical content should be reviewed by an IYCF Specialist to ensure appropriateness for the context and alignment with other trainings

### Programme Content

The programme comprises of 8 sessions structured through accompanying trainer instructions, and notes for each session.

The sessions are as follows:

1. Introduction to the Programme
2. Key Concepts in Dysphagia
3. Child Development: The Acquisition of Eating and Drinking Skills
4. The Normal Process of Eating and Drinking
5. Eating and Drinking: What Can Go Wrong?
6. Assessment
7. Intervention
8. Implementing Dysphagia Management in Clinical Practice





# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education

## Section 2.3- Targeted

- Sample Training Slides - Interventions
- Source:  
<https://www.maits.org.uk/resources/>

**NOTE:** the MAITS training programme includes many useful videos showing identification and interventions related to various feeding difficulties. The videos could be used in in-service trainings organized through IYCF projects.

<p><b>Slide 37</b></p> <p><b>5: Responsive Feeding</b></p> <ul style="list-style-type: none"><li>• Being sensitive to the support the child needs for self-feeding</li><li>• Being responsive to the child's cues</li><li>• Providing active encouragement through talking positively to the child during the mealtime</li><li>• Being patience</li><li>• Feed the child in a clean and quiet environment</li></ul> <p><small>UNICEF conceptual framework – The Care Initiative Assessment, Analysis and Action to Improve Care for Nutrition” Engle et al. 1997.</small></p> <p><small>WHO Expert Consultation on Complementary Feeding Special Issue of Food &amp; Nutrition, March 2003.</small></p> <p><b>DO NOT FORCE!</b></p>	<p><b>Slide 38</b></p> <p><b>6: Time and Pacing</b></p> <p><b>Duration of meal:</b></p> <ul style="list-style-type: none"><li>• Feeding a neurologically impaired child can take a long time. The child can tire at the end of a long feed, increasing the risk of aspiration.</li><li>• It is best to increase the number of meals and reduce the duration of each meal. Maximum time spent feeding should ideally <b>not</b> extend beyond 30 mins.</li></ul> 
<p><b>Slide 39</b></p> <p><b>Pacing:</b></p>  <p>Give the child time to:</p> <ul style="list-style-type: none"><li>• Clear one mouthful before starting the next (presenting an empty spoon can help to encourage another swallow, which helps the bolus to clear)</li><li>• Signal for the next mouthful</li><li>• Breathe between mouthfuls</li><li>• Develop a rhythm</li></ul>	<p><b>Slide 40</b></p> <p><b>7: Temperature &amp; Taste</b></p> <p>Sensory information influences swallowing positively or negatively</p> <ul style="list-style-type: none"><li>• Consider: Range of experience, hypersensitivity, hyposensitivity</li><li>• Warm is the easiest temperature</li><li>• Introduce new tastes very slowly and repeatedly at every meal in small quantities</li></ul> 

**MAITS** | MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

**Working with Children with Eating & Drinking Difficulties**



**A Training Programme for healthcare specialists in low-resource settings**

**Editors:**  
Mel Adams and Jane Pettigrew







# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education

## Section 2.3- Targeted

Key Resource: [Multi-Agency International Training and Support \(MAITS\) Global Disability Training - Working with Infants with Feeding Difficulties](https://www.maits.org.uk/resources/)

<https://www.maits.org.uk/resources/>

Not open access, contact them for free access to all training materials: [info@maits.org.uk](mailto:info@maits.org.uk)

MAITS trainer can be contracted to deliver the training

### Aims of the training course

This training course is aimed at improving the knowledge and skills of healthcare professionals to support breastfeeding and nutrition in vulnerable infants. It was developed in response to the need for specialised guidance to work with infants with feeding related to prematurity, low birthweight, neurodevelopmental conditions and/or with developmental disabilities, to supplement regular breastfeeding training received through other courses.

(For training on weaning children onto solids and supporting older children with feeding difficulties, contact [info@maits.org](mailto:info@maits.org)).

### Who the training course is for

This course is for healthcare professionals who are:

1. Working in facilities that care for newborn infants who need specialist support (e.g. Neonatal Unit/Special Care Unit).
2. Have a role in regularly supporting infants to breastfeed in these settings.

Recipients of the training will be referred to as **trainees** in this document.

Anyone delivering this course is required to receive training on how to do so and will be referred to as a **trainer** in this document.





# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education

## Section 2.3- Targeted

Sample Training Slides

Source: <https://www.maits.org.uk/resources/>

**Types of feeding difficulties**

- Difficulty latching onto breast/cup/spoon
- Difficulties sucking
- Difficulties coordinating liquids/food in the mouth
- Difficulties swallowing
- Difficulties with gut motility/tolerance

These may be caused by reduced alertness, prematurity, neurological difficulties, or anatomical anomalies

**Signs and symptom:**


- Feeding very often for short or very long time periods
- Increased effort during feeding causing tiredness and reduced alertness/shutting down
- Milk spilling from mouth while drinking
- Coughing, choking, having a gurgly voice, eyes widening or watering
- Respiratory difficulties during feeding (working harder to breathe, stridor, breath holding, skin colour changes)
- Sneezing during/after feeding
- Vomiting

**Intervention Strategies**

- Feeding regime
- Before feeding:
  - Managing alertness
  - Managing tone
- During feeding
  - Facilitating the latch
  - Facilitating the suck
  - Facilitating safe swallowing
- After feeding
  - Reducing vomiting

**MAITS** | MULTI-AGENCY INTERNATIONAL TRAINING AND SUPPORT

**Working with Infants with Feeding Difficulties**



**A Training Programme**  
for healthcare staff in low-resource settings

Authors:  
Himali de Silva and Maya Asir

KANGONWALA FOUNDATION

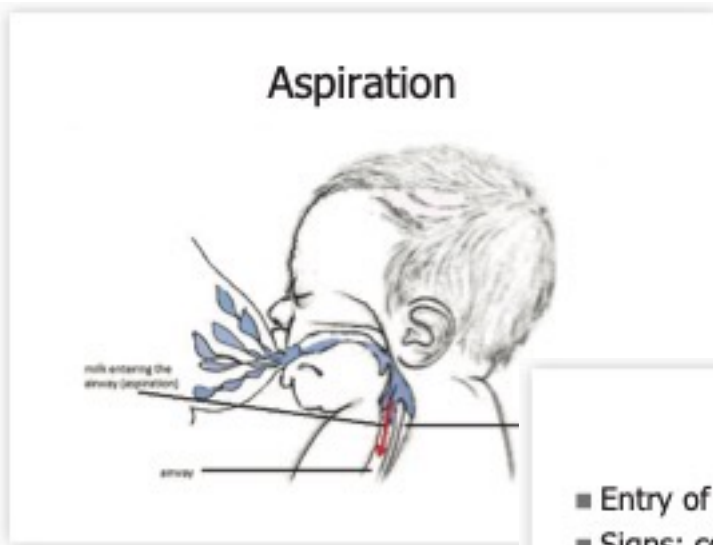


# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education

## Section 2.3- Targeted

### Assessment: swallow

- A fetus is able to swallow from 10-12 weeks gestation
- The swallow has to happen at the right time for feeding to be safe
- A delayed or uncoordinated swallow may lead to aspiration

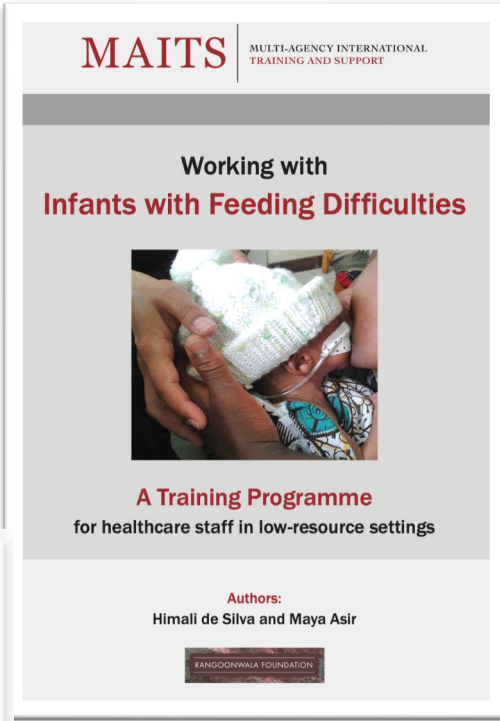


### Aspiration

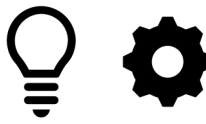
- Entry of food/drink into the airway
- Signs: coughing, choking, change in colour, wet breathing, eye tearing
- **Aspiration could be silent: with no clear signs**  
The first "signs" may be that the infant has recurrent respiratory infections

Sample Training Slides

Source: <https://www.maits.org.uk/resources/>



# Skill 5: Identify a child with difficulty feeding and provide appropriate intervention and caregiver education



## Section 2.3- Targeted

SPOON is a non-profit organization that provides training, tools and resources to empower caregivers of children with feeding difficulties in order to improve feeding practices and optimize children's growth and development

SPOON could partner with IYCF programs to:

- Develop and Support Peer Trainers
- Provide Remote Training
- Provide In-Person Training

Learn more about partnership opportunities with SPOON by visiting: <https://www.spoonfoundation.org/partner-with-us/>

### NOURISHING *ALL* CHILDREN

SPOON's mission is to nourish children who are highly vulnerable to malnutrition by empowering their caregivers around the globe.

- Training
- Digital Health App
- Advocacy





# Interpersonal Communication through Support Groups



## Section 2.3- Targeted Individuals in the Household

INDIVIDUAL AND HOUSEHOLD LEVEL	
DEVELOPMENT	HUMANITARIAN/EMERGENCY
<p><b>Promote IYCF Behaviours using Social and Behaviour Change Communication (SBCC)<sup>33</sup> strategy:</b></p> <ul style="list-style-type: none"> <li>- Interpersonal communication through individual counselling and support groups</li> <li>- Measure changes in IYCF practices, norms and determinants and use of services</li> </ul>	<p><b>Protect and promote recommended IYCF behaviours:</b></p> <ul style="list-style-type: none"> <li>- Individual skilled counselling (where possible identify and use existing national expertise)</li> <li>- Interpersonal communication through support groups (mother-to-mother support groups, mother-care groups, community care groups) within the protracted emergency response</li> <li>- Increase the awareness of the importance of IYCF and the range of services so that the affected populations actively make use of IYCF-E services</li> </ul>

Source: page 7  
 “[Nourishing the Youngest Common Approach Comprehensive Overview](#)”

**Disability Inclusion Consideration:** how do IYCF-related support groups include: pregnant women or mothers with disabilities or caregivers of children with disabilities?

# Interpersonal Communication through IYCF Support Groups



## Section 2.3- Targeted

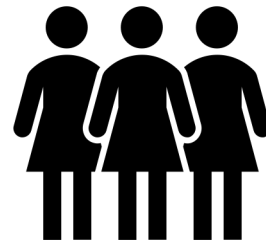


Build up caregivers of a child with a disability to be **champions** in these groups

Link Caregivers into Disability **specific support groups\*** if needed, even if they are via Social media or telephone

Actively reach out to **caregivers of a child with a disability** to join the group

Provide caregiver of child with a disability with **practical guidance** on how she can attend- how will she get there, who can go with her, does she have the money etc?



Make sure caregivers of a child with a disability can **participate** on an equal basis in the group

\*IYCF(E) Support groups may be mother-to-mother, father-to-father, or a mix of mothers and fathers



# Interpersonal Communication through Support Groups

## Section 2.3- Targeted

**Inclusion Consideration:** how do IYCF-related support groups include mothers with disabilities or caregivers of children with disabilities?

### Accessibility of Support Groups

**Environmental** (e.g. selecting a ground-level meeting area or devising a ramp for accessing meeting space for mother with physical impairment)

#### Communication

(e.g. simplified content for mother with intellectual impairment, sign language interpreter for mother with hearing impairment, large-font posters or hand-outs for mother with visual impairment)

### Support Group Content

Discuss adaptations to promote IYCF for mothers with disabilities (e.g. alternative breastfeeding positions)

Include sub-session on well-being (e.g. self-care) for caregivers of children with disabilities

Discuss feeding interventions specifically for infants and young children with disabilities

# Interpersonal Communication through Early Childhood Development Support Groups



## Section 2.3- Targeted

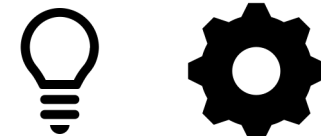
### Save the Children's Building Brains Common Approach

- Goal: support mothers, fathers and other caregivers of children from birth to three years to engage babies and toddlers, including those with disabilities, in the playful and responsive back-and-forth interactions that are essential for healthy brain development.
- Covers early learning, safety and security, and responsive care. Caregiver wellbeing is seen as an essential part of responsive care.
- Can be delivered through individual or group sessions that are integrated into a range of service delivery platforms, including health, nutrition (including IYCF), education, early intervention, child protection, social protection and livelihoods.
  - Building Brains has been implemented in 29 countries.
- **Implementation Suggestion**
  - Consider adding Save the Children's Building Brains to existing IYCF-related support groups



Contact Sara Dang,  
[sdang@savechildren.org](mailto:sdang@savechildren.org) for  
more information  
on Building Brains

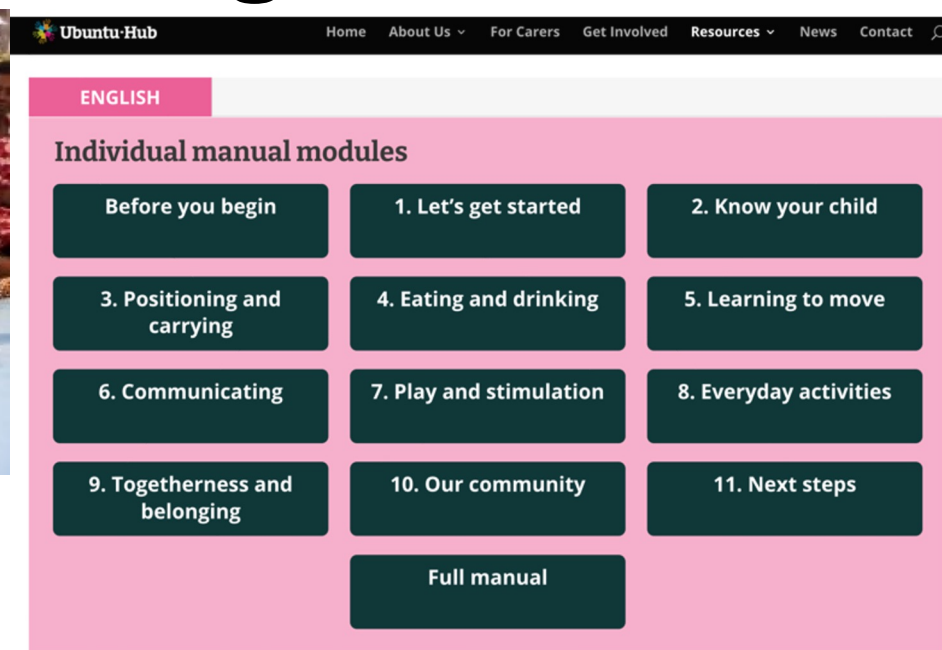




# Interpersonal Communication through Support Groups

## Section 2.3- Targeted

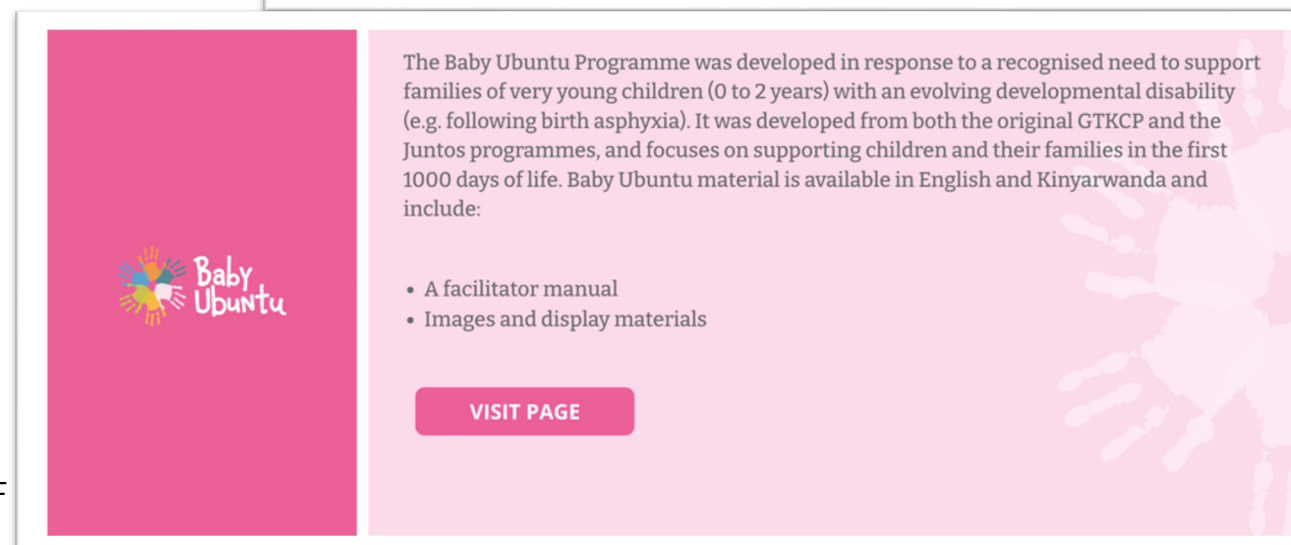
Baby Ubuntu: <https://www.ubuntu-hub.org/resources/babyubuntu/>

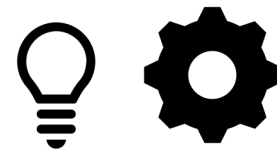


## Parent-facilitated peer Support Group Programme

### Implementation Suggestion:

- Review the “Eating and Drinking” module from Baby Ubuntu and integrate technical content into existing IYCF-related support groups





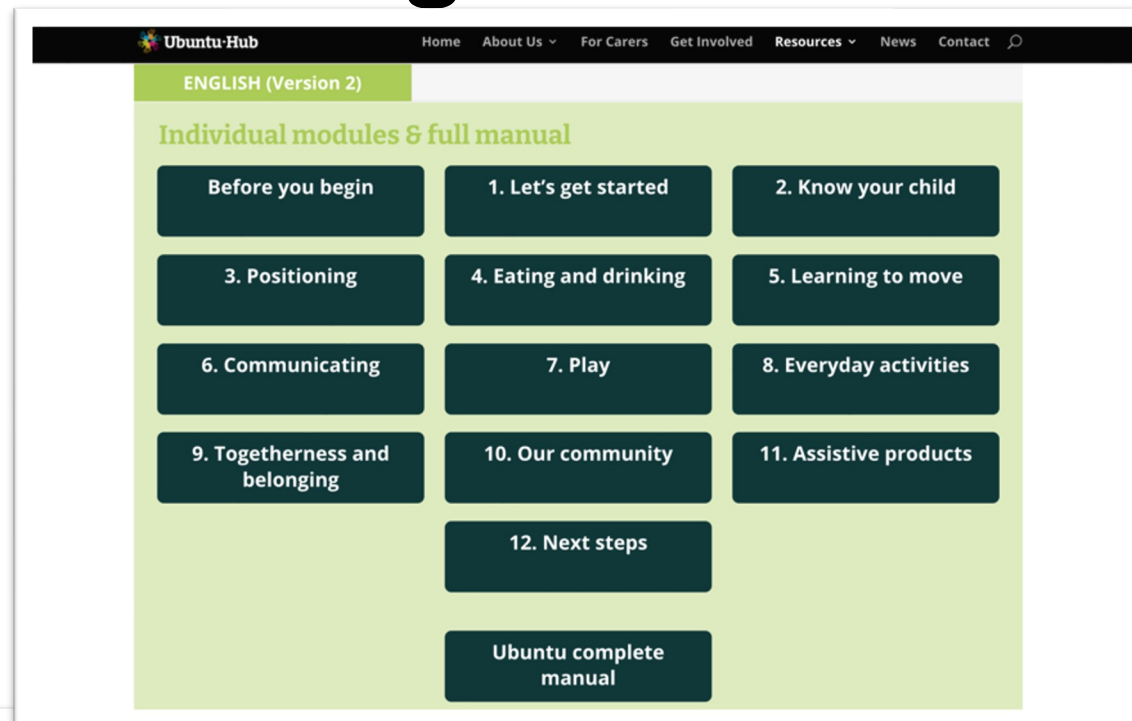
# Interpersonal Communication through Support Groups

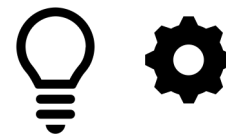
## Section 2.3- Targeted

Ubuntu: <https://www.ubuntu-hub.org/resources/working-together-with-families-and-children-with-developmental-disabilities/>

### Implementation Suggestion:

- Review the “Eating and Drinking” module from Ubuntu and integrate technical content into existing IYCF-related support groups





# Interpersonal Communication through Support Groups

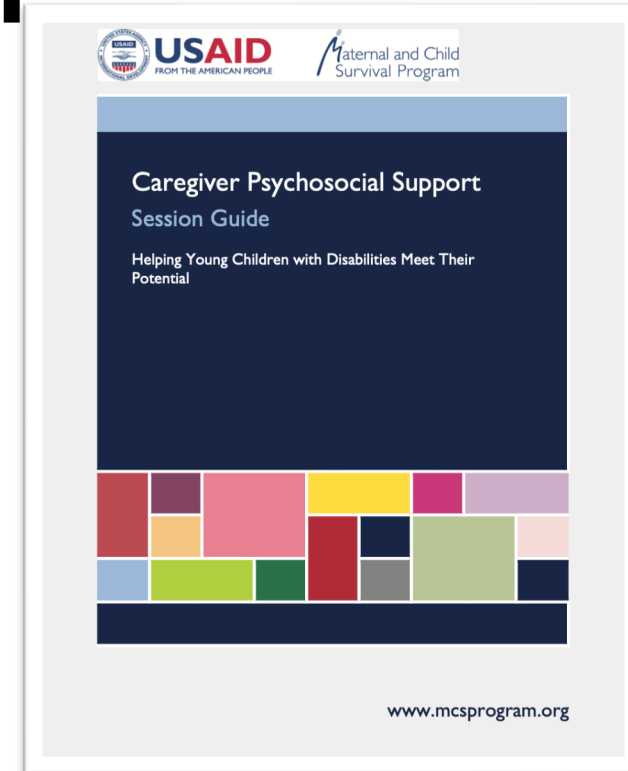
## Section 2.3- Targeted

USAID's Maternal and Child Survival Program's Caregiver Psychosocial Support Guide

- The Session Guide targets peers, counselors or social workers conducting psychosocial support sessions for caregivers, both men and women, of children with disabilities of any age.
- The goal of these sessions is to support caregivers and create an enabling home environment for children with disabilities, through individual skill building delivered in groups

### Implementation Suggestion:

- Review the Session Guide for psychosocial support content to integrate into existing IYCF-related support groups, specifically for caregivers of infants or young children with disabilities



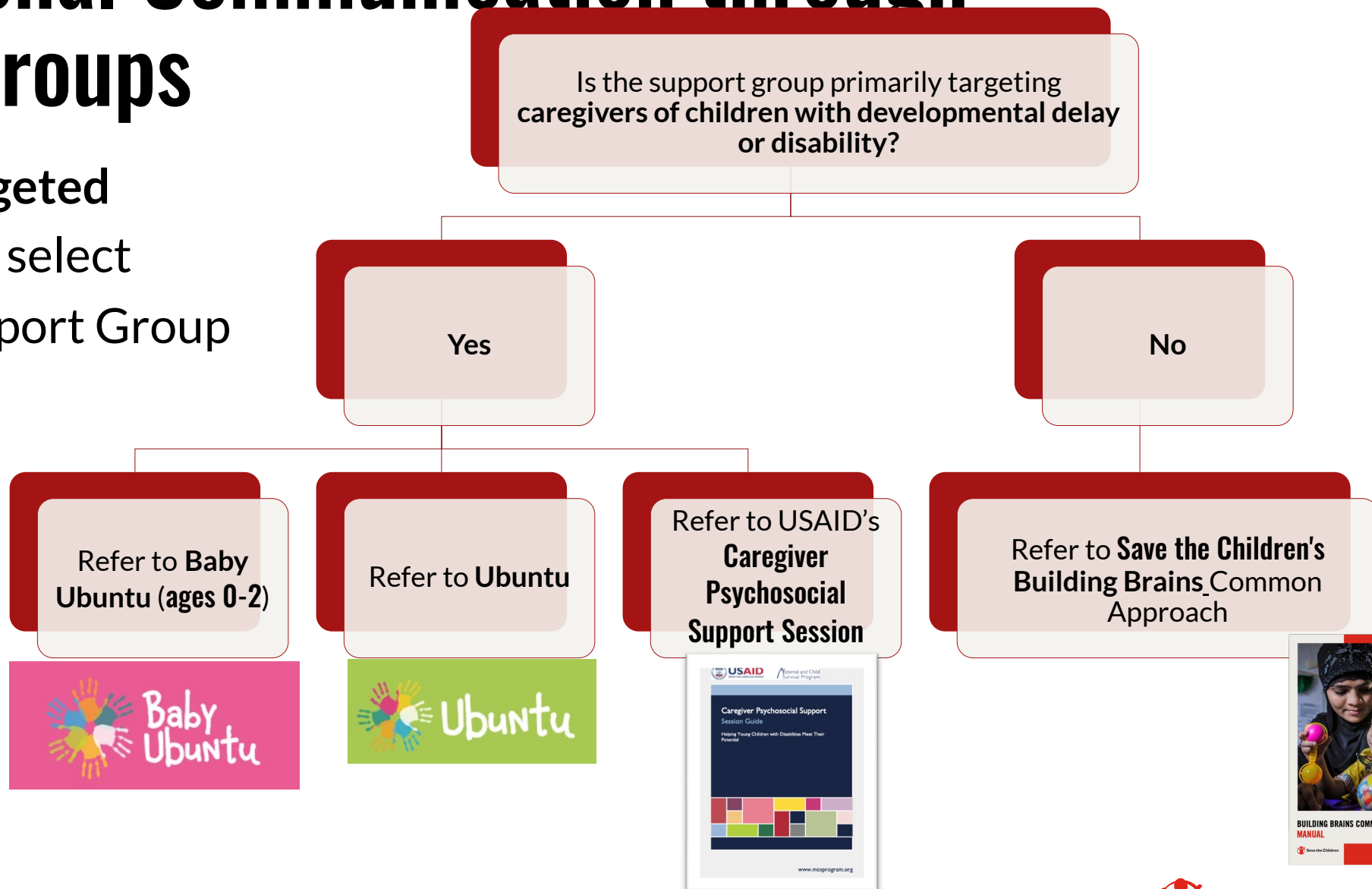
Source:

[https://pdf.usaid.gov/pdf\\_docs/PA00TM3V.pdf](https://pdf.usaid.gov/pdf_docs/PA00TM3V.pdf)



# Interpersonal Communication through Support Groups

Section 2.3- Targeted Decision Tree to select appropriate Support Group Resources





# Section 2-Individuals within the Household

## Pause & Reflect

These summary questions are intended to help you integrate the knowledge from ["Section 2-Individuals within the Household"](#) into your daily work:

In the country or region where you work...

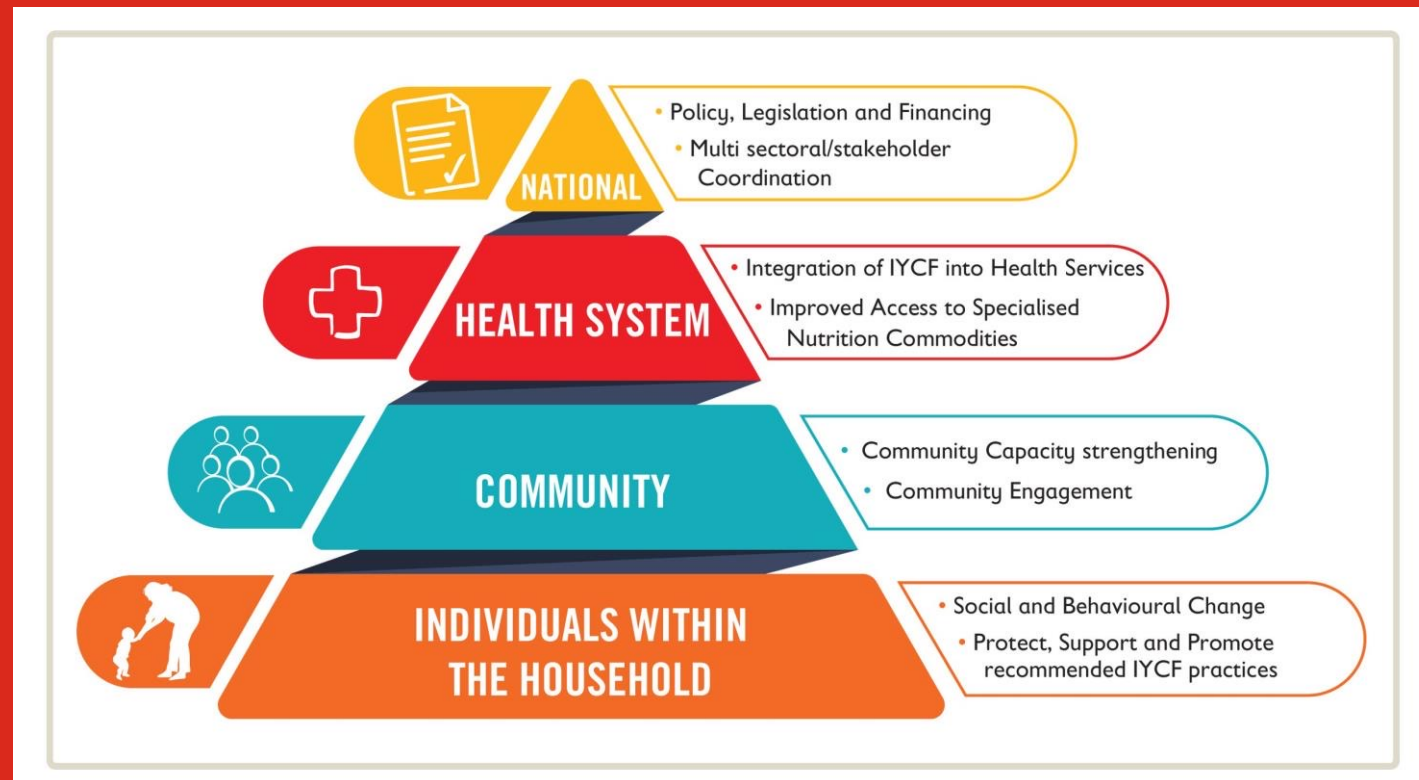
1. Does your SBCC Strategy include accessibility considerations for caregivers with various types of disabilities (e.g. messages provided in multiple modes of communication)?
2. Can pregnant women and mothers with disabilities access the project's IYCF activities?
  - a) Do they actively participate at an equal level as caregivers without disabilities?
  - b) If not, what can be done to improve their engagement?
3. Can health and nutrition promoters, community-level health workers and service providers:
  - a) Identify difficulties feeding in a child that are associated with a disability?
  - b) Provide targeted individual IYCF counseling for children with disabilities?



Image Credit: Thanks to [USAID Advancing Nutrition](#) for the adaptation and use of this image ([Disability - Feeding a child with a disability - 03 - RCEL](#)) accessed from the USAID Advancing Nutrition-UNICEF IYCF Digital Image Bank ([iycf.advancingnutrition.org](#)). Commercial use, redistribution, or selling of these images and materials is prohibited.

# Inclusive IYCF

## Section 3-Community Level



# Inclusive IYCF: Entry Points & Tools

## Learning Outcomes

Section 1 – Brief Background & Definitions

Section 2 – Individuals within the Household

**Section 3 – Community Level**



By the end of Section 3, the learner will be able to...

1. Describe how stigma and social norms related to disability might affect protection, caring, and feeding practices
2. Outline existing resources that can be used to improve community-level disability awareness
3. Identify resources that can be used by IYCF-related home visitors when visiting households with a child with a disability

Section 4 – Health System Level

Section 5 – National Level

Section 6 – Monitoring & Evaluation

# Section 3-Community Level



## Definition from Nourishing the Youngest

*Aim: facilitate and support individual behaviour change by influencing social and cultural norms*

COMMUNITY LEVEL	
DEVELOPMENT	HUMANITARIAN/EMERGENCY
<p><b>Community Capacity Strengthening and Mobilisation</b></p> <ul style="list-style-type: none"> <li>- Sensitise and orient key stakeholders on IYCF</li> <li>- Mobilise and build capacity of communities</li> <li>- Address gender-related barriers by empowering women, nurturing male role models and engaging girls and boys</li> <li>- Facilitate establishment of community structures and participation, counselling and support by trained community workers, and the relevant form of mother/caregiver support groups</li> <li>- Foster community champions, including women leaders and spokespersons</li> <li>- Set up mechanisms and tools to advocate and report violations of the BMS Code</li> <li>- Conduct communication and mass media campaigns to create new norms or address specific behaviours to a wider audience</li> </ul>	<p><b>Community Engagement</b></p> <ul style="list-style-type: none"> <li>- Work with the community to establish appropriate safe spaces for the caregiver-child pair</li> <li>- Identify leaders and champions to stimulate social mobilisation to protect and promote recommended IYCF-E practices</li> <li>- Communicate key IYCF-E behaviours to communities and individuals via mass media and multiple channels</li> <li>- Set up mechanisms and tools to support reporting of unsolicited donations of BMS in local communities</li> </ul>

Source: page 8, "[Nourishing the Youngest Common Approach Package Comprehensive Overview](#)"

# Section 3-Community Level

## Importance of addressing stigma associated with disability



### Understanding and shifting social and cultural norms around young child feeding

Improving young children's diets also involves examining and attempting to shift harmful **social and cultural norms**, including those related to gender roles and the **stigma attached to disability**. A situation analysis can help identify the critical social norms, beliefs and taboos hindering adequate child feeding practices and address them through SBCC. Key components of social change include sustainability through local ownership; empowering communication; an emphasis on dialogue, debate, and negotiation; and an emphasis on communities and families as the agents of their own change.

Source: [UNICEF \(2020\) Programming Guidance: Improving Young Children's Diets During the Complementary Feeding Period](#)



# Section 3-Community Level

## Social Norms Related to Inclusive IYCF



Consider and address the social norms related to disability that might affect protection, caring and feeding practices:

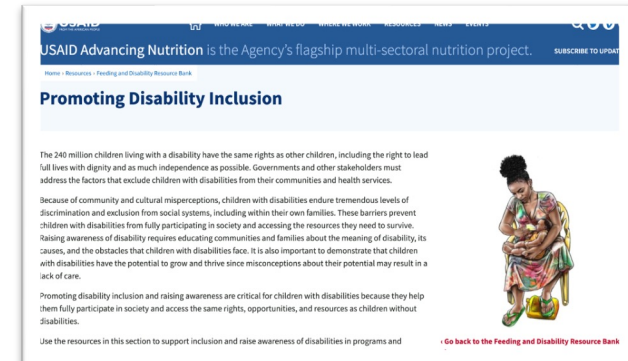
- How does the community and family react when a child with a disability is born?
  - Where do these reactions come from?
- What might be the reaction of a health worker towards a mother with a disability who is having difficulty breastfeeding her baby?
- What might be the reaction of a health and nutrition promoter during a home visit to a baby with a disability who is having difficulty feeding?



# Section 3-Community Level

## Social Norms Related to Inclusive IYCF – Disability Awareness

- Disability awareness is the first step to building inclusive local communities
  - If a child is not perceived to have value, this will put them at risk of malnutrition from the start (e.g. may be the last to be fed and less likely to get the support they need for safe feeding and swallowing)
  - If influencers and decision makers hold equal and respectful views towards the nutrition of a child with disability, then it is more likely to have a positive effect on the decision making and behaviours of the caregiver
  - If a community understands the rights and needs of children with disabilities, then sustainable support of IYCF is more likely to happen
- Key Resources
  - USAID Advancing Nutrition’s Feeding & Disability Resource Bank → Promoting Disability Inclusion
    - <https://www.advancingnutrition.org/resources/disability-resource-bank/promoting-disability-inclusion>
  - Plan International’s Disability Awareness Toolkit
    - <https://plan-international.org/asia-pacific/publications/disability-awareness-toolkit/>
  - Contextualized Versions: Asian, Latin American, African, Arabic





# Section 3-Community Level

## Implementation Suggestions:

- Organize a Disability Awareness Campaign for caregivers and influential decision makers in family and community to de-mystify disability and promote acceptance and valuing of human diversity connected with mass growth monitoring campaigns or others IYCF-focused community activities
- Partner with a local Organization of Persons with Disability to break down myths and stereotypes through the Campaign

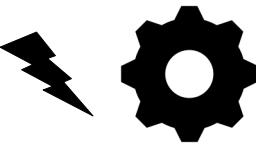


# Section 3-Community Level



## Social Norms Related to Disability-Inclusive IYCF – Community Champions

- Use a IYCF Community Champion to address some of the norms from the previous slide
  - Role models to help change perceptions, stigma, norms
- Examples:
  - Mother with a Disability who is breastfeeding her baby
  - Caregiver of a child with a Disability who is modifying texture and consistency of food to prevent aspiration during complementary feeding
- Organisations of Persons with Disabilities (OPDs) may help identify a suitable IYCF Community Champion from among their network



# Section 3-Community Level

## Accessible Mass Media

- Accessible communication benefits all audiences by making information clear, direct and easy to understand.
  - Cash Voucher Enrolment
  - Food Distribution
  - Hygiene Kits
- Include images of caregivers with a disability and children with a disability in visual materials



Options for people who have hearing impairments



Options for people who people who have visual impairments



Options for people who have difficulty thinking, concentrating or remembering

What are accessible formats?

Braille	Closed captioning
Large print	Sign language
Assistive listening	Screen reader-friendly content
High contrast	Plain, clear language (including Easy Read)





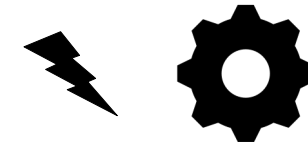
# Section 3-Community Level

## Nutrition-focused Village/Outreach Fairs / Multi-Agency Community Events

- Include a developmental milestone assessment/screening station
- Integrate disability awareness and sensitization activities
- Screen for feeding difficulties during IYCF Counseling sessions
- Coordinate with multi-sectoral stakeholders, including other disability-focused actors such as Organisations of Persons with Disabilities



Image Source: USAID NOURISH project website



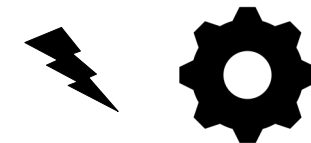
# Section 3-Community Level

## Humanitarian/Emergency (IYCF-E) Contexts

Ensure that Mother-Baby Areas (Baby-Friendly Spaces) are disability-inclusive for Mothers with disabilities & Infants and young children with disabilities

- The caregiver-child pair needs a safe space for breastfeeding and for movement that promotes development
- Resource:
  - IYCF-E Toolkit → References → Programme Planning → A. Activities → a. Baby-Friendly Spaces & Early Childhood Development
  - <https://drive.google.com/drive/u/0/folders/0B5uBNDhhrtqbMmxNWIMyY0trYzA>





# Section 3-Community Level

## Disability-Inclusive Mother Baby Areas

### Humanitarian/Emergency (IYCF-E) Contexts - Factors to Consider

R.E.C.U - consider if the health service or Mother Baby Area is easy for a caregiver with a disability OR a child with disability to  
**Reach**

- Can a mother with a disability travel from her tent to the MBA without assistance?

#### **Enter**

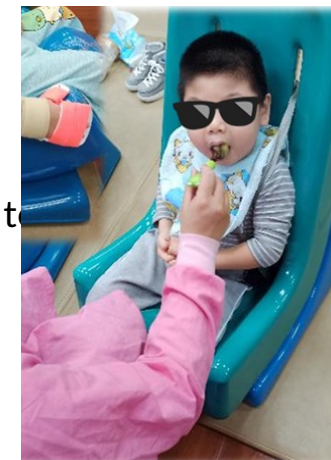
- Is the entrance to the MBA accessible for mothers with various types of disabilities (i.e. difficulty hearing, seeing, moving)?

#### **Circulate**

- Can a infant with a disability (i.e. with difficulty seeing) safely navigate within the MBA

#### **Use**

- Are there...
  - wedges, bolsters, and supportive seats to improve the baby/child's position during breastfeeding and complementary feeding?
  - durable, high contrast, brightly coloured toys available to enhance a sensory dimension and engage all children in play?
  - comfortable chairs, cushions and mats to encourage play adaptations?





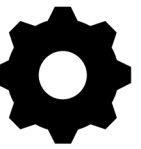
# Section 3-Community Level

## Physical Accessibility of Social Protection Interventions

Community distribution sites for social protection interventions (i.e. cash voucher, in-kind transfers, health and education assistance) are physically accessible for children and caregivers with disabilities.

### Implementation Suggestions:

- Community disability champions escort children or caregivers with disabilities to access distribution points
- Pilot a “fast track” or prioritization process for children or caregivers with disabilities during cash voucher distribution

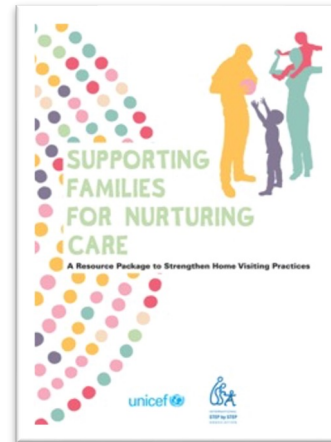


# Section 3-Community Level

## Follow-up IYCF Individual Visits

### Home Visitor Modules

- Programming using the Nourishing the Youngest Common Approach may use home visitors to provide IYCF-related counselling
- Integrating nurturing care into these nutrition-focused home visits can help all children to develop, especially infants and young children demonstrating or at risk of developmental delay
- UNICEF & International Step by Step Association (ISSA) have developed a set of Resource Modules for Home Visitors: Supporting Families for Nurturing Care
  - These modules empower home visitors with the latest knowledge and tools to take a strengths-based approach that promotes nurturing relationships between the caregiver and child as well as contributing to risk reduction by supporting and referring families to other services when necessary.
  - The modules support home visitors to work in partnership with families, to support parents and caregivers, and empower them to provide the best possible environment for their young children.
  - Two modules are particularly relevant to IYCF (shown in next two slides)



Source:  
[Supporting Families for Nurturing Care: Resource Modules for Home Visitors](#)





# Section 3-Community Level

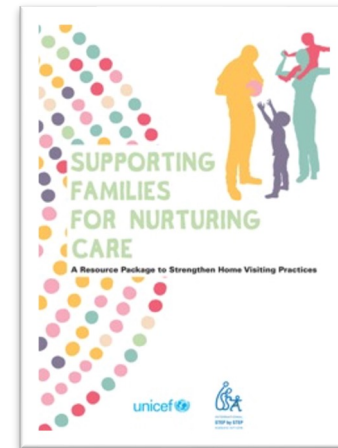
## Follow-up IYCF Individual Visits

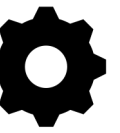
### Home Visitor Modules

Module 16-Responsive Feeding (Excerpts copied below)

- *Feeding and eating are about more than nutrients. It is an opportunity to assist many different facets of child development from sensory, motor, to cognitive and executive function and self-regulation skills.*
- *It is important also to talk to families and offer suggestions about how to encourage the child to learn to eat the foods offered.*
- *Responsive feeding is a two-way process or reciprocal relationship whereby parent notices the child's cues and responds appropriately to the cue. This assists to develop the foundations of a trusting relationship that supports the child's development.*
- *A child needs food, health and care to grow and develop. Even when food and health services are limited, good care can help make best use of these limited resources.*
- *An important time to use good care practices is at mealtimes – when helping young children to eat.*

Source: <https://www.issa.nl/node/369>





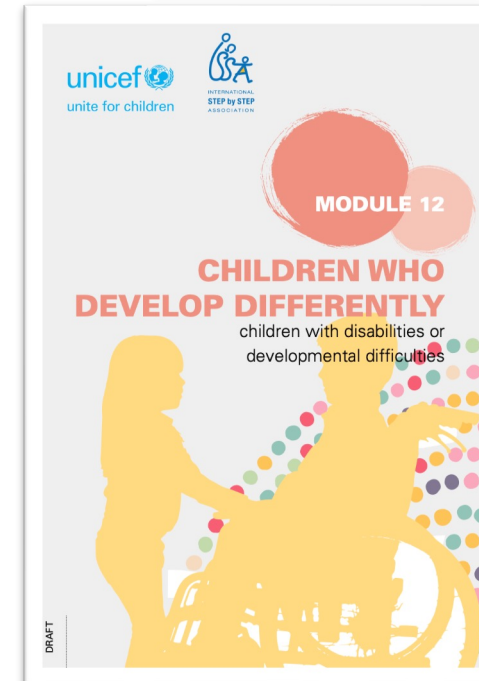
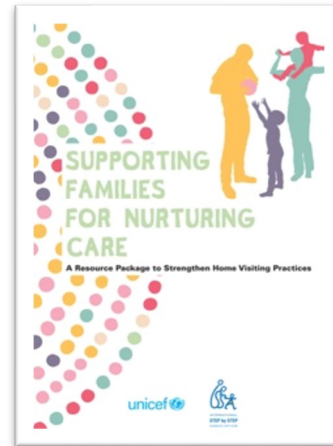
# Section 3-Community Level

## Follow-up IYCF Individual Visits

### Home Visitor Modules

Module 12-Children Who Develop Differently (Excerpts copied below)

- *Some families will have more need for your support in feeding their newborns or young children. This includes families whose infants are born pre-term, with low birth weight, or small for their gestational age and/or have congenital and other disorders (e.g., Down syndrome, cleft palate, cerebral palsy, etc.).*
- *Sometimes, parenting organizations will have useful materials for dealing with feeding issues.*
- *Several resources are provided at the end of this module.*



Source: <https://www.issa.nl/node/352>



# Section 3-Community Level

## Follow-up IYCF Individual Visits

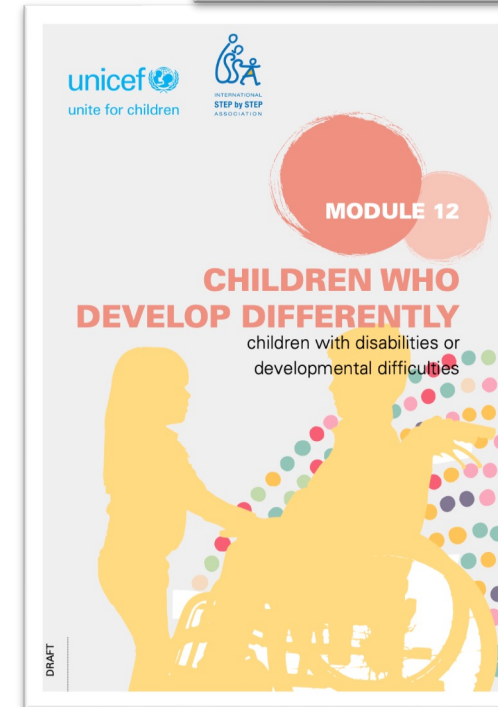
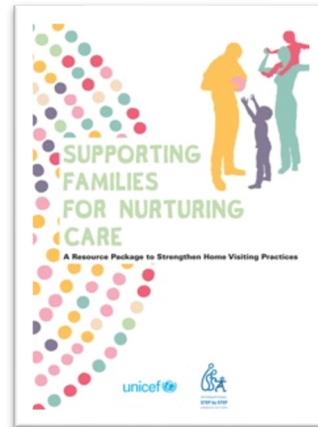
### Home Visitor Modules

#### Module 12-Children Who Develop Differently

- *Sample Page:*

Conditions	Causal factors	Examples of what you can do in your role as home visitor
<b>What you can do during the pregnancy:</b>		
Low birth weight and very low birth weight	Poor nutrition, maternal smoking	Advise pregnant women on healthy life styles, including nutrition, smoking, exposure to smoking, insufficient rests, untreated medical conditions and infections....
Fetal alcohol syndrome	Alcohol use during pregnancy	Counsel on no use of alcohol during pregnancy
Anencephaly, hydrocephalus	Lack of folic acid before pregnancy and in the early weeks	Promote use of folic acid in all young women, women wanting to get pregnant, and during the early weeks of pregnancy
<b>What you can do after birth:</b>		
Prematurity, LBW	See above and other causes	Promote breastfeeding and skin-to-skin contact, support bonding and attachment processes, monitor the child's development, link family to additional services as needed, early stimulation/enrichment programs
PKU	Metabolic disorder	Help the family comply with the special diet prescribed for the child
Congenital conditions	Number of causes	Promote breastfeeding and skin-to-skin contact, support bonding and attachment processes, monitor the child's development, link family to services as needed
<b>What you can do in early years</b>		
Failure to thrive, Stunting	Poor nutrition, lack of stimulation, perinatal depressions	Promote breastfeeding, good nutrition, responsive and nurturing care, stimulating environment

Source: <https://www.issa.nl/node/352>



# Section 3-Community Level

## Pause & Reflect



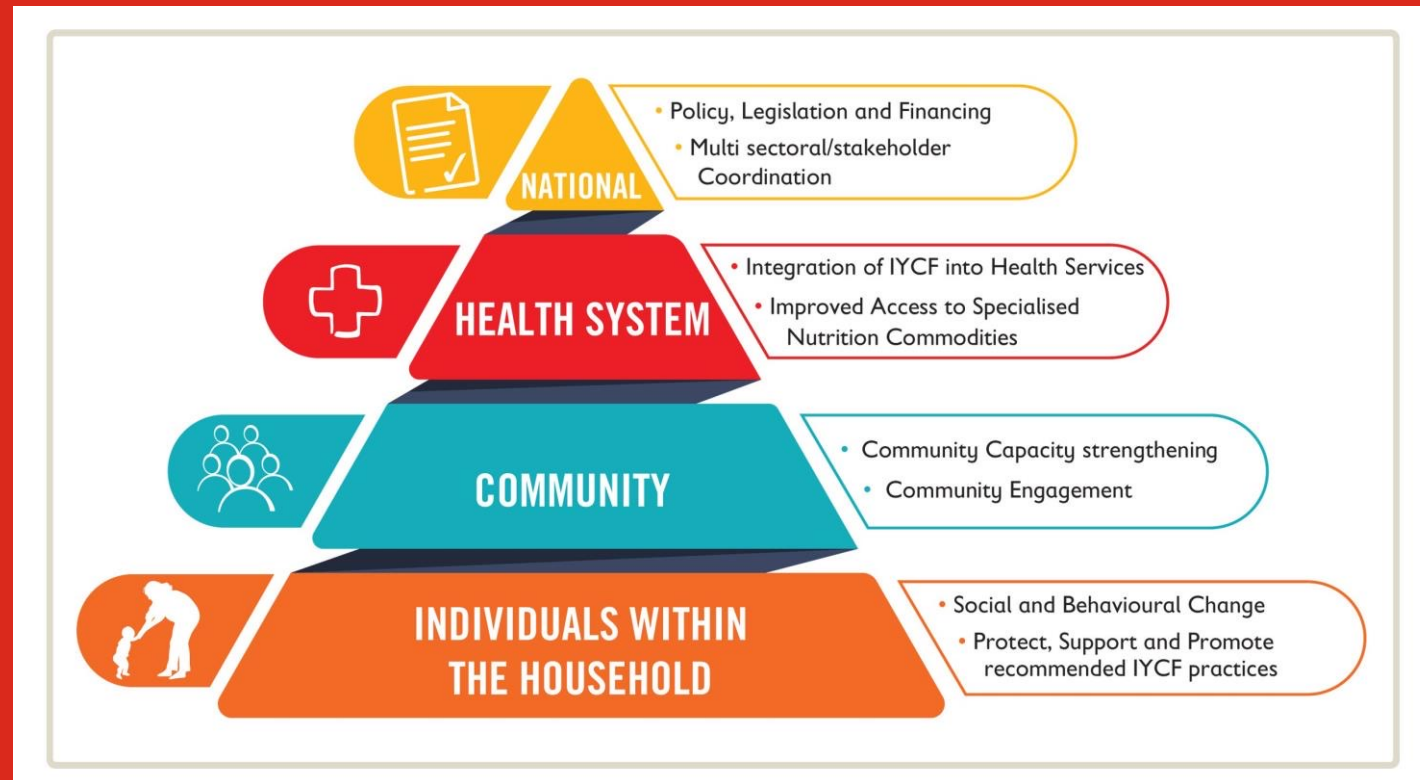
These summary questions are intended to help you integrate the knowledge from "[Section 3-Community Level](#)" into your daily work:

In the country or region where you work...

1. Does IYCF programming address stigma and social norms related to disability?
2. Are village fairs accessible to community members with disabilities?
  - a) Do they include a booth for developmental milestone assessment (in addition to growth monitoring)?
  - b) Is disability awareness integrated into the event?
  - c) Are children screened for feeding difficulties during the event?
  - d) Are Organizations of Persons with Disabilities (OPDs) involved in the planning and implementation of the event?
3. Are home visitors provided with resources specifically related to children with disabilities?

# Inclusive IYCF

## Section 4-Health System Level





# Inclusive IYCF: Entry Points & Tools

## Learning Outcomes

Section 1 – Brief Background & Definitions

Section 2 – Individuals within the Household

Section 3 – Community Level

### Section 4 – Health System Level



1. List at least 5 Inclusive IYCF skills that should be demonstrated by health providers implementing IYCF activities.
2. Describe at least 3 considerations to make a health service more accessible for both caregivers and children with disabilities
3. List at least one "mainstream" and one "targeted" activity within the health system that can identify and support children with disability who have difficulty feeding.

Section 5 – National Level

Section 6 – Monitoring & Evaluation



# Section 4-Health System Level



## Definition from Nourishing the Youngest

Target: health system, health centres, hospitals

*Aim: Integration of IYCF into health services*

Source: page 10, "[Nourishing the Youngest Common Approach Package Comprehensive Overview](#)"

### HEALTH SYSTEMS LEVEL

#### DEVELOPMENT

##### Integration of IYCF into Health Services

- ★ Mainstream IYCF through every health system contact point
- ★ Build capacity of frontline health workers in the provision of IYCF services -- standard operating practices (SOPs), tools, job aids and practical training and guidance
- ★ Integrate IYCF indicators in the Health Information System
  - Sensitise key actors and hold actors to account for implementation of national legislation
  - Support monitoring and enforcement of the BMS Code within the health system
  - Support Baby Friendly Hospitals
  - Advocate for adequate financing for quality IYCF counselling, leadership and governance to reach all, including the most deprived and marginalised children

#### HUMANITARIAN/EMERGENCY

##### Integration of IYCF-E into Health Services

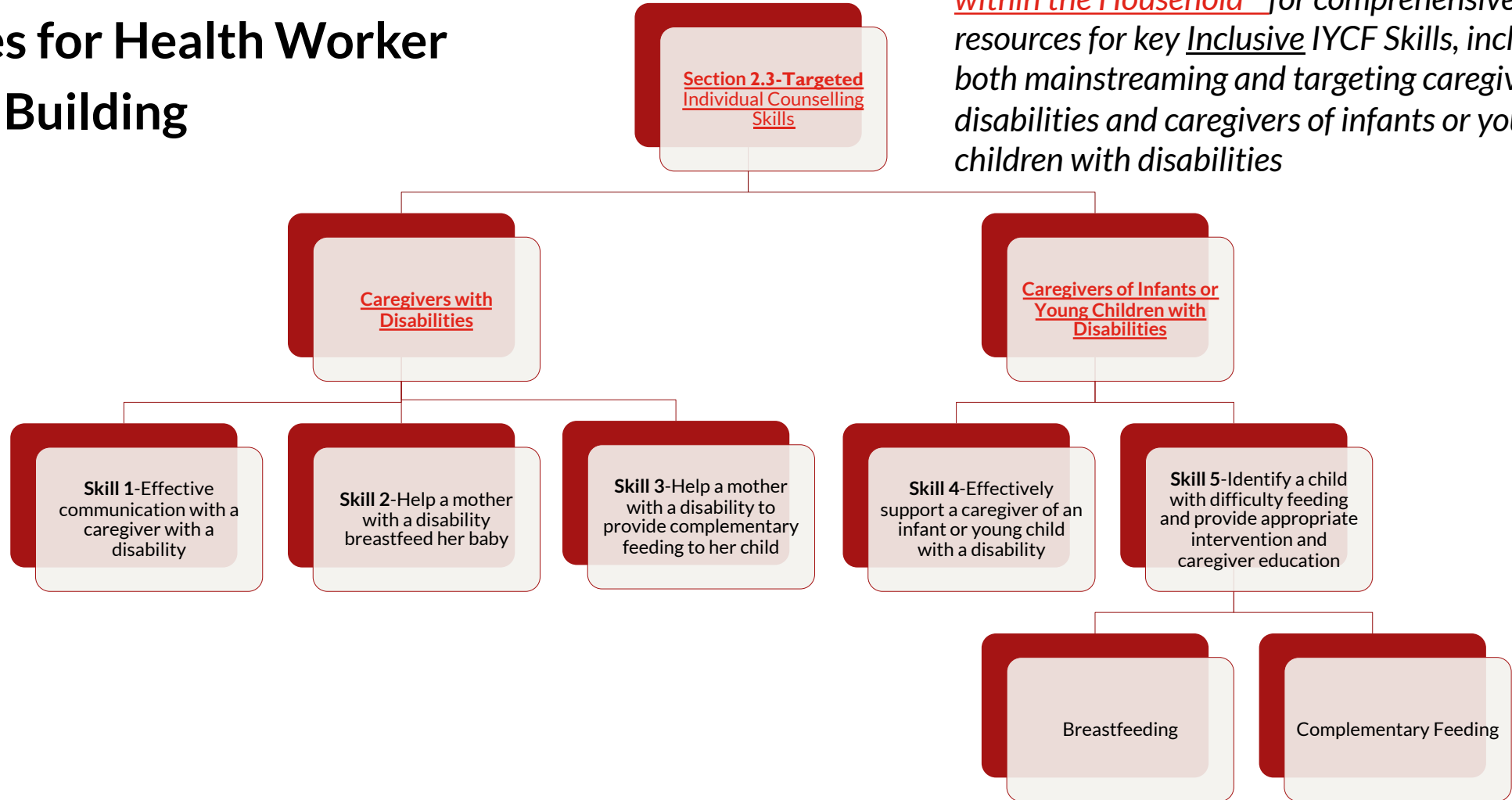
- Provide specialised IYCF-E support, e.g., re-lactation services, care of non-breastfed and nutritionally vulnerable infants
- Prioritise pregnant and breastfeeding mothers within the health system and for related crucial services such as food security programming, shelter, protection etc.
- Protect, promote and support recommended IYCF-E practices within health service interventions
- Build capacity of frontline health staff in the provision of basic IYCF-E services -- SOPs, tools, job aids and practical training and guidance



# Section 4-Health System Level

NOTE: Please refer back to "[Section 2-Individuals within the Household](#)" for comprehensive resources for key Inclusive IYCF Skills, including both mainstreaming and targeting caregivers with disabilities and caregivers of infants or young children with disabilities

## Resources for Health Worker Capacity Building

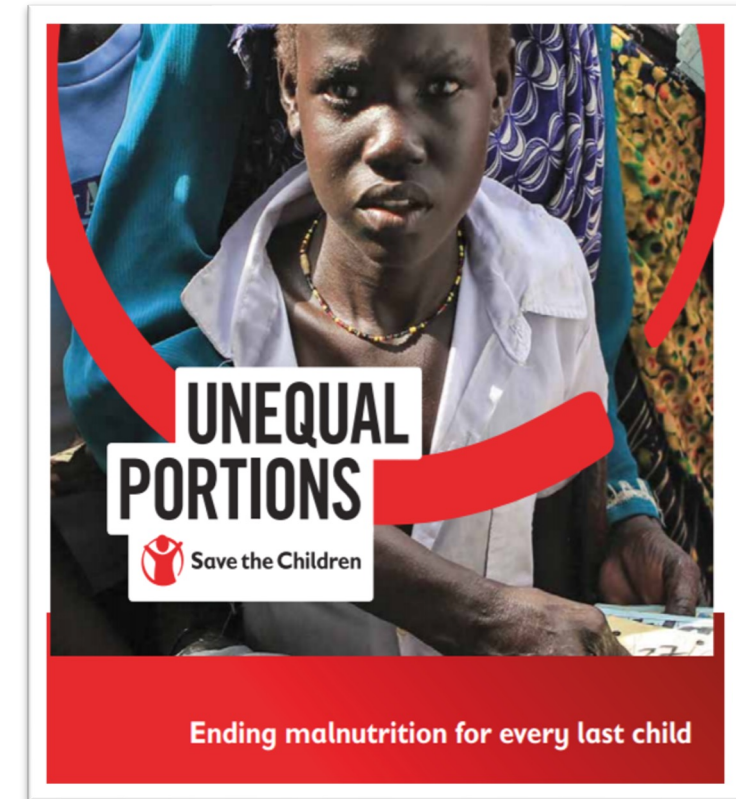


# Section 4-Health System Level

## Disability Inclusion Considerations

Is the Health System working for children with a disability?

Do we provide nutrition services without prejudice or discrimination, on the basis of need and with equitable outcomes for all children?



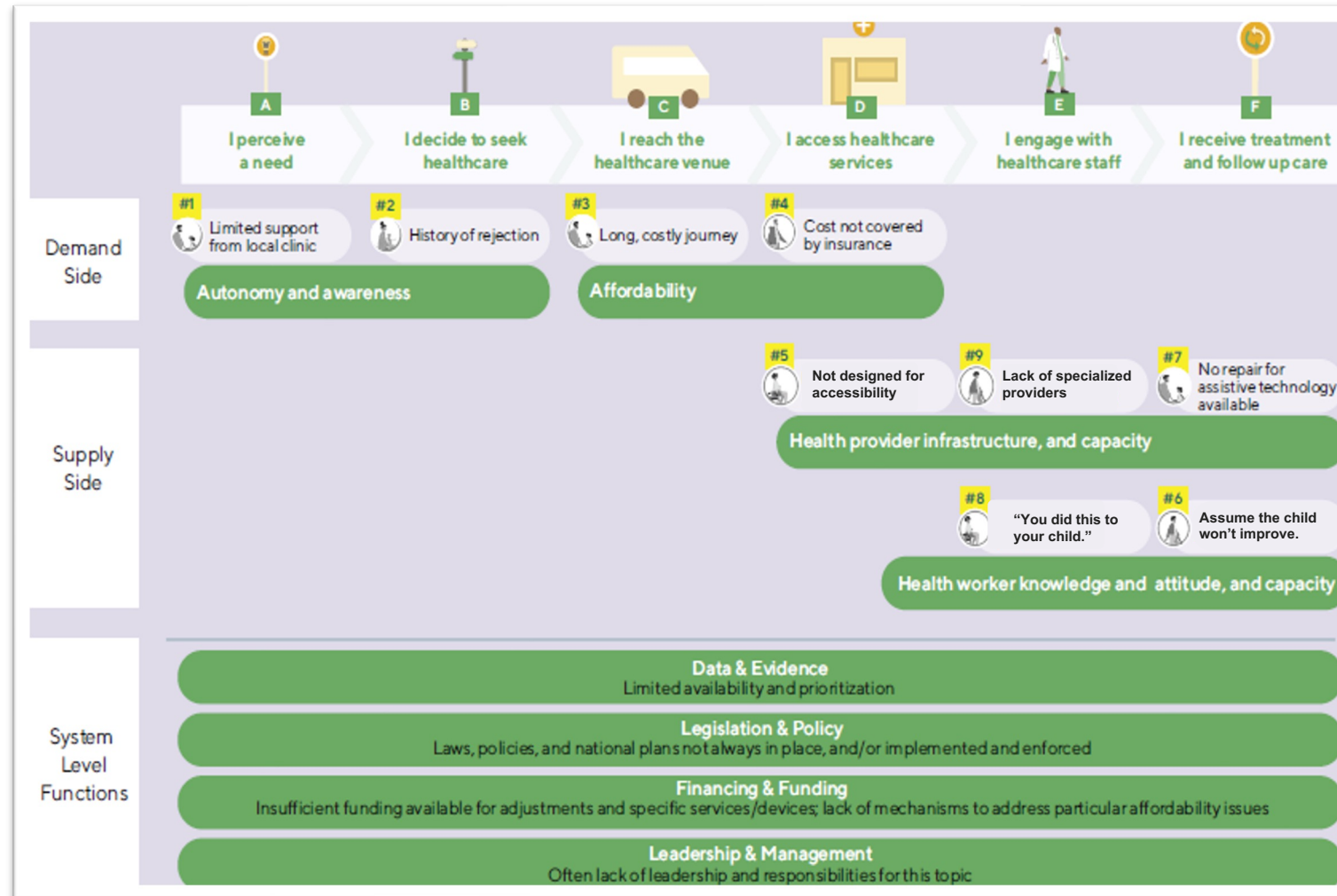
*The systems that exist to improve nutrition of children, including health, nutrition and early intervention are often less accessible to those most in need, such as children with disability and particularly those living in poverty and remote locations*

Source: Unequal Portions: Ending malnutrition for every last child; Save the Children UK (2016)

<https://resourcecentre.savethechildren.net/document/unequal-portions-ending-malnutrition-every-last-child/>

# Section 4-Health System Level

## Accessibility of Health Services



Adapted from [The Missing Billion Report, 2019](#)





# Section 4-Health System Level

## Physical Accessibility of Health Services (Mothers)

Food distribution sites and health facilities that provide nutrition interventions (e.g., micronutrient supplements, severe acute malnutrition treatment, IYCF-E) must be located in sites that are physically accessible to children and caregivers with disabilities.

### Implementation Suggestions:

- Include small budget line for transportation assistance to support mothers with disabilities to access IYCF/IYCF-E services
- Provide covered seating for women with disabilities to rest while waiting for nutrition services
- Pilot a “fast track” or prioritization process to allow women with disabilities to access nutrition services with less physically-demanding wait

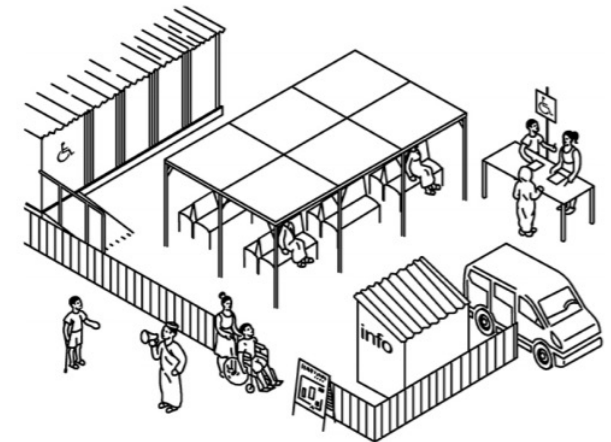


# Section 4-Health System Level

## Physical Accessibility of Health Services (Children)

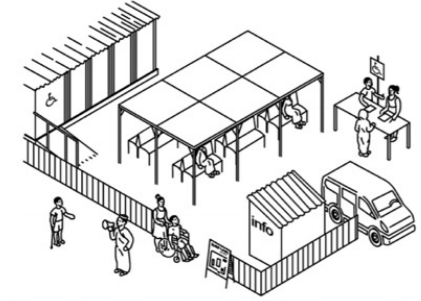
- Fast tracks for caregivers of a child with a disability
- R.E.C.U - consider if the health service is easy for a child with disability to Reach, Enter, Circulate and Use the facilities
- Transport assistance for caregivers of a child with a disability

Figure 4: Inclusive and accessible waiting areas



Source: Adapted from IFRC, Handicap International and CBM, 2015.

Figure 4: Inclusive and accessible waiting areas



Source: Adapted from IFRC, Handicap International and CBM, 2015.

# Section 4: Health System Level

## Accessibility of Mother Baby Areas – Factors to Consider

**R.E.C.U.** - consider if the health service or Mother Baby Area is easy for a caregiver with a disability OR a child with disability to:

### Reach

- Can a mother with a disability travel from her tent to the MBA without assistance?

### Enter

- Is the entrance to the MBA accessible for mothers with various types of disabilities (i.e. difficulty hearing, seeing, moving)?

### Circulate

- Can an infant with a disability (i.e. with difficulty seeing) safely navigate within the MBA

### Use

- Are there...
  - wedges, bolsters, and supportive seats to improve the baby/child's position during breastfeeding and complementary feeding?
  - durable, high contrast, brightly coloured toys available to enhance a sensory dimension and engage all children in play?
  - comfortable chairs, cushions and mats to encourage play adaptations?

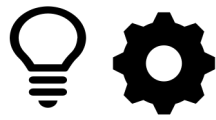
# Section 4-Health System Level

## Inclusive IYCF through Every Health System Contact Point

Refer back to "[Section 2-Individuals within the Household](#)" for suggested activities and tools to promote the inclusion of mothers with disabilities and children with disabilities in IYCF intervention

Inclusive IYCF should be encouraged within every health system contact point and should include both mainstream and targeted services

Mainstream	Targeted
Monitoring growth and development	Strengthening caregiver skills and confidence for improving growth and development
Counselling on IYCF (including responsive caregiving)	Identifying and addressing feeding difficulties



# Section 4-Health System Level

## Integration of Developmental Milestone Assessment

All children can benefit from the integration of impairment screening and developmental milestone assessment into health encounters, including IYCF, MAMI, or growth monitoring visits

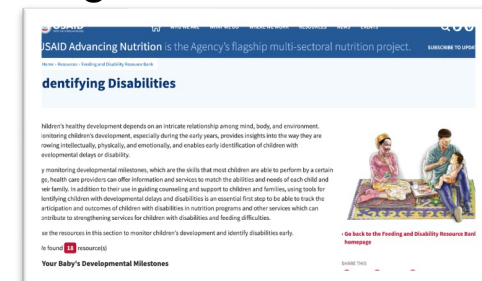
### Implementation Suggestions:

- Integrate developmental screening during MAMI encounters with children 0-6 month and their caregivers and caregiver; prioritize action based on screening results (e.g. monitor development during additional contacts and/or refer the child-caregiver dyad to the services based on their developmental needs)
- Newborn screening assessment within 24 hours of birth to identify physical or sensory impairments
- High-risk infants and children are followed up for growth and development (e.g. sick and small newborns, children with impairments or suspected developmental delay)
- Routine developmental milestone assessment

### Resources:

- For sample screening and developmental milestone assessment tools please refer to USAID Advancing Nutrition's Feeding & Disability Resource Bank → "Identifying Disabilities" section:

<https://www.advancingnutrition.org/resources/disability-resource-bank/identifying-disabilities>







# Section 4-Health System Level

## Inclusive IYCF Indicators

- The Nourishing the Youngest Common Approach promotes integration of IYCF Indicators into Health Information Systems (HIS)
- These indicators should also be disability-sensitive (inclusive IYCF)

### Examples:

- Number of women with a disability receiving IYCF Counselling at the health facility
- Number of infants and young children screened for developmental delay during growth monitoring visits at the health facility
- Number/Percentage of infants and young children identified with a developmental delay through screening that are referred to specialized services following IYCF/growth monitoring visit

# Section 4-Health System Level

## Pause & Reflect

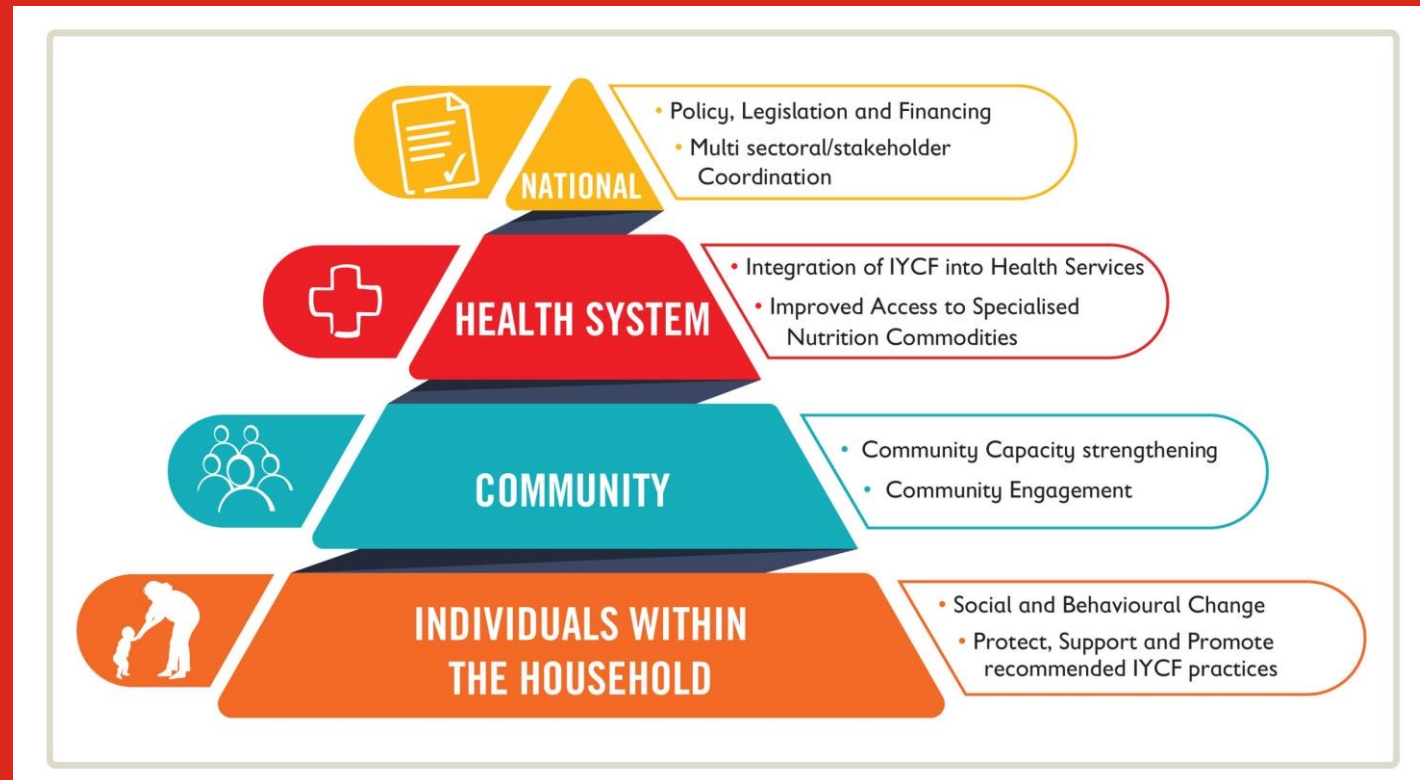
These summary questions are intended to help you integrate the knowledge from "[Section 4-Health System](#)" into your daily work:

In the country or region where you work...

1. Does the pre-service and/or in-service training for health providers include the Disability-Inclusive IYCF skills listed in this section?
  - a) If not, how can the technical guidance from "[Section 2-Individuals within the Household](#)" be integrated into the IYCF trainings?
2. What are barriers that a mother with a disability may face when accessing IYCF services?
  - a) What can be done to reduce or eliminate these barriers?
3. How is impairment screening and developmental milestone assessment integrated into health encounters (e.g. during IYCF counselling or growth monitoring visits)?

# Inclusive IYCF

## Section 5-National Level



# Inclusive IYCF: Entry Points & Tools

## Learning Outcomes

Section 1 – Brief Background & Definitions

Section 2 – Individuals within the Household

Section 3 – Community Level

Section 4 – Health System Level

**Section 5 – National Level**



1. Identify at least 2 maternal and child health and/or nutrition related national strategies or technical guidance documents that should be inclusive of mothers with disabilities and children with disabilities
2. List specific ways that staff and partners can advocate for the inclusion of persons with disabilities in national nutrition platforms
3. Identify at least a key WHO guidance document that can be used to advocate for the procurement and provision of supportive seating and feeding products

Section 6 – Monitoring & Evaluation



# Section 5-National Level



## Definition from Nourishing the Youngest

Primary Audience: national and sub-national level

*Aim: Ensure that IYCF, WASH, and maternal nutrition are adequately reflected and prioritised in relevant policies, legislations, plans, and budgets*

### NATIONAL LEVEL

#### DEVELOPMENT

##### Policy, Legislation and Financing

- Advocate for and support multi-sectoral costed National Nutrition Strategy, including IYCF and IYCF-E guidelines and policies
- Advocate for sustainable financing of national nutrition plan
- Advocate for adoption and enforcement of the International Code of Marketing of Breast-milk Substitutes<sup>41</sup>
- Advocate for adoption of maternity protection policies and laws
- Foster and support champions at all levels of society to support social and behavioural change, and ensure IYCF is supported within the health system, the community and prioritised by national and district level decision makers

#### HUMANITARIAN/EMERGENCY

##### Policy, Legislation and Financing

- Endorse or support development of national Nutrition Strategies, policies and costed plans for IYCF-E services, inclusion of IYCF-E into Humanitarian Response Plans and calls for funding in line with global standards
- Advocate and support for the key provisions outlined in the Operational Guidance for Infant Feeding in Emergencies to be adhered to
- Advocate for adoption of and enforcement of the Code<sup>42</sup>

Source: page 11, "[Nourishing the Youngest Common Approach Package Comprehensive Overview](#)"  
Disability-Inclusive IYCF Package: Entry Points & Tools

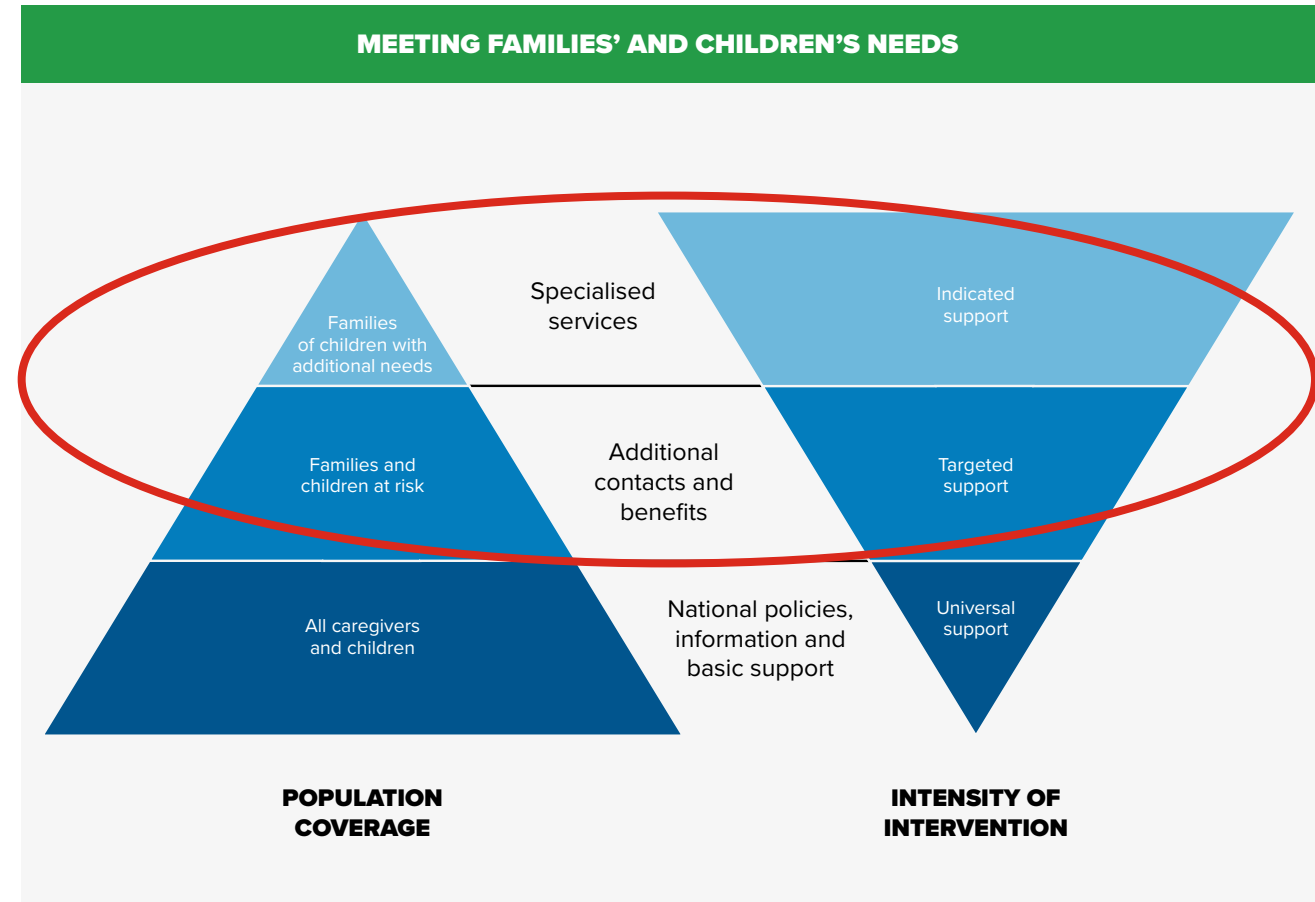


# Section 5-National Level

## Nurturing Care Framework's Universal Progressive Model

Is an IYCF Program supporting national level activities to meeting the specific needs of children and their families?

- Does policy, legislation, and financing include/cover additional contacts and benefits and/or specialised services?
- Is there multi-sectoral / stakeholder coordination, especially as the intensity of intervention increases?



Source: <https://nurturing-care.org/wp-content/uploads/2019/07/Operationalizing-NC.pdf> (page 16)

# Section 5-National Level

## Disability Inclusion Considerations

Are pregnant women with disabilities, mothers with disabilities, and infants and young children with disabilities specifically mentioned and/or included in...

- Humanitarian Response Plans
- Disaster Preparedness Plans
- National Nutrition-Related Strategies (*e.g. Food Security and Nutrition, Reproductive, Maternal, Newborn Child & Adolescent Health, Integrated Management of Acute Malnutrition*)?
- Technical Guidelines and Protocols (*e.g. IYCF Counselling, Community Management of Acute Malnutrition*)?
- Social & Behaviour Change Communication Strategy or Guide?
- Other Technical Guidance Documents related to IYCF?

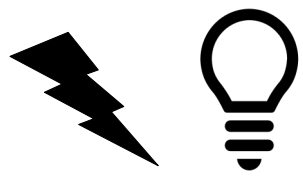


# Section 5-National Level

## Inclusive IYCF

### Implementation Suggestions:

- Advocate for representatives from Organisations of Persons with Disability (OPDs) or Disability Service Providers to be included on Humanitarian Response Plans (preparedness and response)
- Advocate for governments to legislate for the rights of people with disability to accessible, available and adequate nutrition.
- Advocate for the National Nutrition Strategy to be accountable and responsive to people with disability





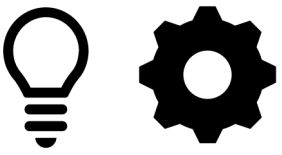
# Section 5-National Level

## Inclusive IYCF Advocacy Resource

**Disability in the Life Cycle- Investing in Children** is a video from **UNICEF** that can be used when advocating governments to invest in children with disabilities

Source:  
[https://www.youtube.com/watch?v=nGjpod\\_fpg](https://www.youtube.com/watch?v=nGjpod_fpg)  
(or hover & click below to play)





# Section 5-National Level

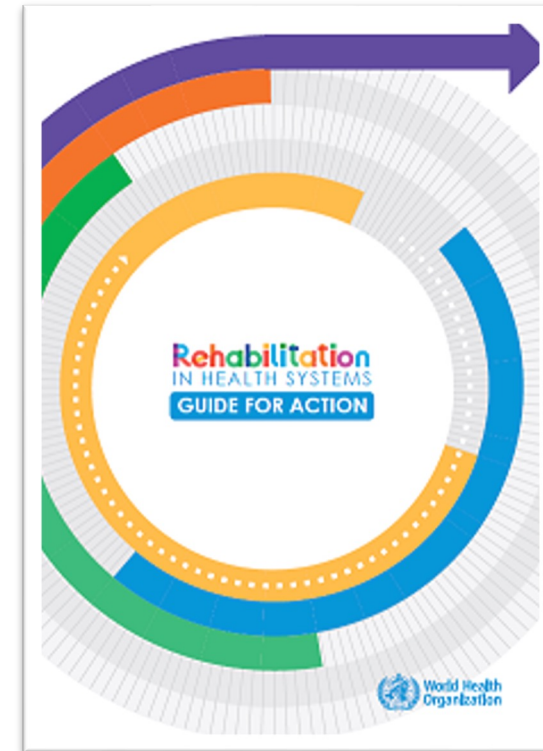
## Specialized Services for Persons with Disabilities

### Ministry of Health

- Rehabilitation is an essential component of Universal Health Coverage (UHC) (e.g. Physical, Occupational, and Speech Therapy)
- WHO toolkit to assist national health systems to integrate and strengthen rehabilitation.
- WHO and various donors are supporting Ministries of Health to implement this toolkit.

### Implementation Suggestion:

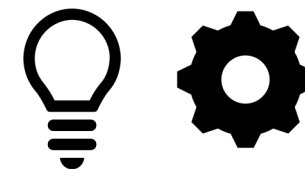
- IYCF programming with a Health Systems Strengthening component, can advocate for MoH to follow WHO's guidance for integration of rehabilitation services into the health system.



Source:

<https://www.who.int/publications/i/item/9789241515986>

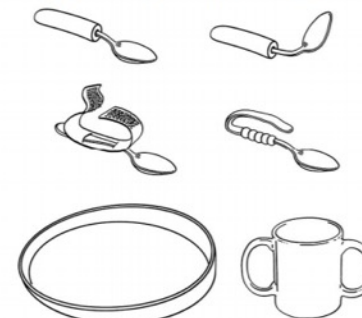




# Section 5-National Level

## Assistive Products for Persons with Disabilities

Figure 3: Adapted cutlery can support independent feeding



Source: Adapted from Handicap International, 2010

### Ministry of Health

- WHO has developed a “Priority Assistive Products List” as part of the Global Cooperation on Assistive Technology (GATE) initiative, to help countries plan for the provision of assistive products
- Some countries have created a Priority Assistive Products list that is specific to the needs and resources within that country.
  - In the Priority Assistive Products List of Nepal, a supportive seat for a child with a disability (e.g. to prevent aspiration during feeding) is included

### Implementation Suggestion:

- Advocate MoH to include adaptive feeding and drinking equipment in the country’s Priority Assistive Products List, aligned with WHO’s guidance



Source:

<https://www.who.int/publications/i/item/priority-assistive-products-list>

# Section 5-National Level



## Disability-Inclusive IYCF Champions

- Ensure that IYCF Champions, at all levels of society, promote positive nutrition and feeding practices for mothers with disabilities and children with disabilities
- Refer to [“Section 3-Community Level”](#) for suggestions related to Disability-Inclusive IYCF Community Champions



Image Source:

[https://www.123rf.com/photo\\_41539396\\_male-doctor-explaining-checkup-result-with-a-digital-tablet-on-the-young-mother-sitting-in-wheelchai.html](https://www.123rf.com/photo_41539396_male-doctor-explaining-checkup-result-with-a-digital-tablet-on-the-young-mother-sitting-in-wheelchai.html)

# Section 5-National Level

## Pause & Reflect

These summary questions are intended to help you integrate the knowledge from ["Section 5-National Level"](#) into your daily work:

In the country or region where you work...

1. Are mothers with disabilities and/or caregivers of children with disabilities considered in national level emergency preparedness and response planning, particularly related to IYCF-E?
2. What is the coordination mechanism in place for the referral pathway between nutrition, health, and rehabilitation services, particularly for children with disabilities requiring specialized services?
3. Are supportive chairs or adaptive cups and feeding utensils available for children with disabilities? Are these products provided through a government ministry or a NGO?

# Inclusive IYCF

## Section 6-Monitoring & Evaluation

# Inclusive IYCF: Entry Points & Tools

## Learning Outcomes

- Section 1 – Brief Background & Definitions
- Section 2 – Individuals within the Household
- Section 3 – Community Level
- Section 4 – Health System Level
- Section 5 – National Level

## Section 6 – Monitoring & Evaluation



1. Describe possible actions to ensure that caregivers with disabilities or caregivers of children with disabilities are involved in the project's feedback mechanisms
2. Identify at least 2 disability-sensitive and at least 2 disability-specific indicators to monitor progress in reaching and meeting the needs of mothers, babies, and young children with disabilities.
3. List how existing IYCF project indicators can be disaggregated by disability in order to improve visibility of persons with disabilities among the beneficiaries

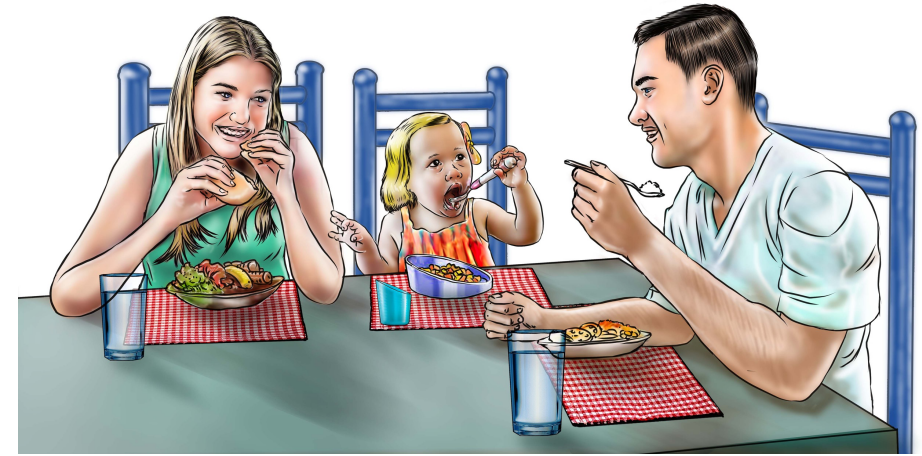


Image Credit: Thanks to [USAID Advancing Nutrition](#) for the adaptation and use of this image ([Disability - Feeding a child with a disability - 05 - RCEL](#)) accessed from the USAID Advancing Nutrition-UNICEF IYCF Digital Image Bank ([iycf.advancingnutrition.org](http://iycf.advancingnutrition.org)). Commercial use, redistribution, or selling of these images and materials is prohibited.



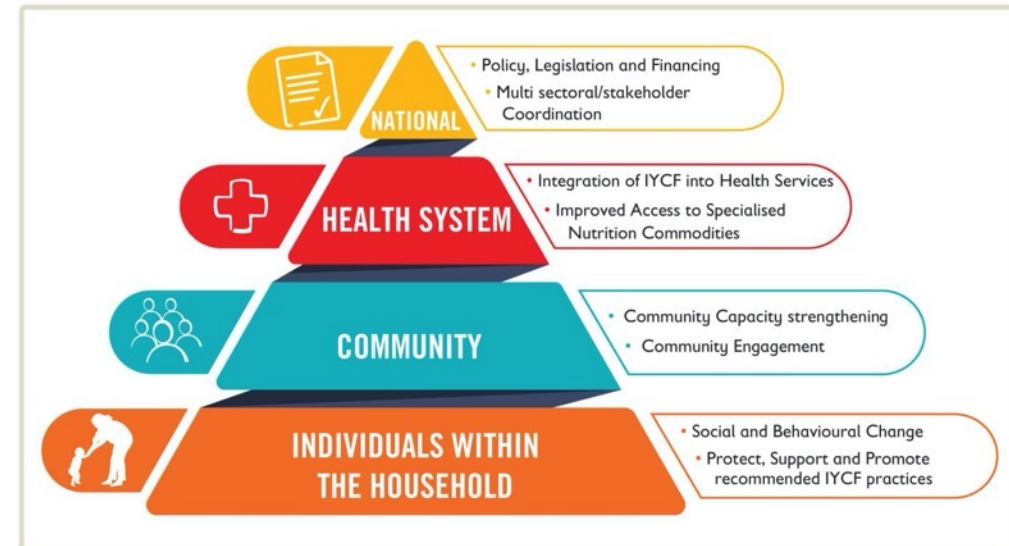
# Section 6-Monitoring & Evaluation



## Disability Inclusion Considerations

### Quality Benchmarks

- Project staff and MEAL team should review existing quality benchmarks used in IYCF programming and integrate questions, observations, and feedback specifically related to the inclusion of mothers and children with disabilities
- Please *refer* to the earlier sections for tips and resources related to IYCF programming at the: *individual*, *community*, *health system*, and *national* levels



Source: Page 6 “[Nourishing the Youngest Common Comprehensive Overview](#)”

# Section 6-Monitoring & Evaluation

## Disability Inclusion Considerations

### Feedback Mechanism

- If project has a feedback mechanism, then must consider accessibility for persons with various types of disabilities (e.g. allowing for both written and verbal feedback)

### Qualitative Data Collection

- As possible, projects could include qualitative data collection activities specifically focused on women and children with disabilities, such as focus group discussions, that can assess the impact of programming for this sub-group and describe lessons and challenges.

### Other Studies

- As funding allows, an in-depth study other factors, such as gender, age and type of disability, to see which groups of children with disabilities have been underrepresented in programming.



# Section 6-Monitoring & Evaluation

## Disability Inclusion Considerations

### Indicators

- As the project cycle allows, develop prioritized disability-sensitive or disability-specific indicators to monitor progress in reaching and meeting the needs of mothers, babies, and young children with disabilities.

### Examples

- Number of women with disabilities receiving skilled breast-feeding counseling
- Number of young children with disabilities receiving adapted support and counseling related to complementary feeding.
- Number of caregivers of children with disabilities and caregivers with disabilities who have accessed parent support programmes (e.g., early child- hood care and development skills, infants and children with disabilities feeding skills).
- Number of children with disabilities have been provided with assistive devices and implements to improve their nutrition and feeding practices.



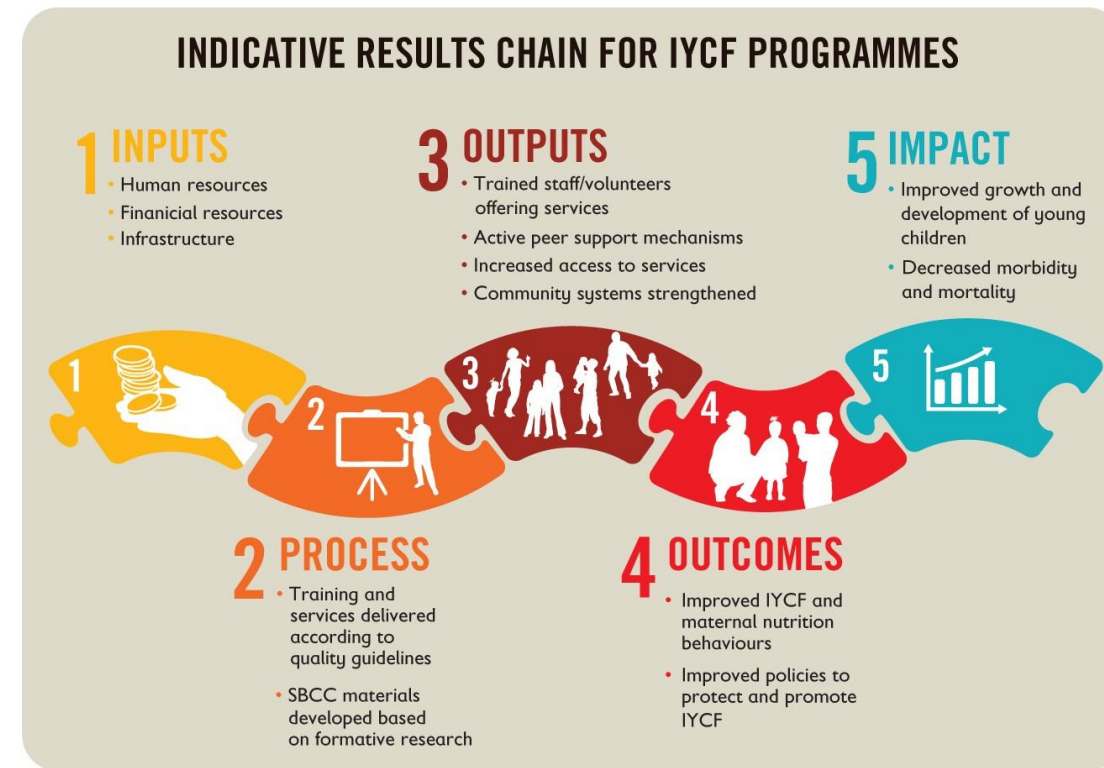
# Section 6-Monitoring & Evaluation



## Disability Inclusion Considerations for Indicator Data

### Disability Disaggregated data

- Disaggregated data by disability for mothers by using Washington Group (WG) Short Set.
- Needed to improve visibility and awareness of the proportion of program beneficiaries
- Use Child Functioning Module, for children ages 2-4 and 5-17
- Global statistical tools on disability data disaggregation do not exist for children under the age of 2 since they measure functioning which may be delayed.
- The only way to disaggregate under the age of 2 is therefore by developmental screening and diagnosis



Source: Page 17 “[Nourishing the Youngest Common Comprehensive Overview](#)”



# Section 6-Monitoring & Evaluation

## Output Indicators

Sample Disability-Sensitive Indicators	Disaggregation
<ul style="list-style-type: none"><li>• % of mothers participating in SBCC activities</li><li>• % of secondary caregivers participating in SBCC activities</li><li>• % of target community who recall mass media SBCC messages</li></ul> <p><b>ADD Disability-Specific Indicators</b></p> <ul style="list-style-type: none"><li>• <b># (%) of frontline staff trained in IYCF <u>and</u> disability</b></li><li>• <b># (%) of frontline staff who are providing IYCF counselling to mothers with disability and/or mothers of child with disability</b></li><li>• <b># (%) of mass media messages that are produced in a minimum of 2 formats during SBCC Campaign</b></li><li>• <b>#(%) of women with disabilities attending peer support groups</b></li></ul>	Gender, Age and Disability





# Section 6-Monitoring & Evaluation

## Outcome Indicators

### Sample Disability-Sensitive Indicators

- % of children 0-6 months who are exclusively breastfeed
- % of children 6-23 months who received minimum acceptable diet
- % of children 0-23 months who were put to breast within 1 hour of birth
- % pregnant and lactating women receiving minimum dietary diversity in last 24 hours

### ADD Disability Specific Indicators

- **National multi sectoral plan includes strategy to ensure nutritional needs of mothers with disability and children with disability are met**
- **National Nutrition Committees & Cluster Meetings include representative(s) from Disability Service Provider and/or Organisation of People with Disability (OPDs)**

### Disaggregation

Gender and Disability



# Section 6-Monitoring & Evaluation

## Impact Indicators

In order to assess the true impact of health and nutrition programming on mothers with disabilities and children with disabilities, we must disaggregate our impact indicators, throughout the project cycle.

Sample Disability-Sensitive Indicators	Disaggregation	Data Source
Prevalence of stunting, wasting, underweight,	Gender, age, disability	DHS/MICs Baseline & Endline
Child mortality	Gender, age, disability	DHS/MICs Baseline & Endline

# Section 6-Monitoring & Evaluation

## Pause & Reflect

These summary questions are intended to help you integrate the knowledge from [“Section 6-Monitoring & Evaluation”](#) into your daily work:

In the country or region where you work...

1. How are mothers with disabilities and caregivers of children with disabilities included through the project cycle (e.g. from design to feedback)?
2. What can be added to an existing outcome or impact level indicator to make it disability-inclusive
3. What is a new disability-specific outcome or impact level indicator that could be added to an existing or anticipated IYCF project, in order to demonstrate progress related to disability inclusive IYCF?
4. How can disaggregated data support the detection of inequities in health outcomes and contribute to the current data gap?