

PRACTICAL GUIDELINES FOR CONDUCTING
INFANT AND YOUNG CHILD FEEDING (IYCF)

E-COUNSELLING WITH CONSIDERATIONS
FOR PLANNING AND IMPLEMENTATION



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ACRONYMS

BMS:	Breastmilk Substitutes	UN:	United Nations
COVID-19:	Coronavirus Disease 2019	UNICEF:	United Nations Children's Fund
GBV:	Gender-Based Violence	WHO:	World Health Organization
GNC:	Global Nutrition Cluster		
GTAM:	Global Technical Assistance Mechanism for Nutrition		
IFE:	Infant Feeding in Emergency		
IYCF:	Infant and Young Child Feeding		
IYCF-E:	Infant and Young Child Feeding during Emergency		
LMIC:	Low- and Middle-Income Countries		
NGO:	Non-Governmental Organizations		
OG-IFE:	Operational Guidance on Infant and Young Child Feeding in Emergencies		
PIF:	Powder Infant Formula		
RUIF:	Ready to Use Infant Formula		
SARS-CoV-2:	Severe Acute Respiratory Syndrome Coronavirus 2		
SMART:	Standardized Monitoring and Assessment of Relief and Transitions		
SMS:	Mobile Phone Text Messages (short message service)		
SOP:	Standard Operating Procedure		
Tech RRT:	Technical Rapid Response Team (now part of the GNC-TA)		

DEFINITION OF TERMS USED IN THIS GUIDANCE¹

1. **Breastfeeding:** The provision of breastmilk directly from the breast.
2. **Breastmilk feeding:** the provision of expressed breastmilk or donor human milk.
3. **Breastmilk Substitute (BMS):** Any food (solid or liquid) being marketed, otherwise represented, or used as a partial or total replacement for breastmilk, whether suitable for that purpose. In terms of milk products, recent World Health Organization (WHO) guidance has clarified that a BMS includes any milk products that are specifically marketed for infants and young children up to the age of three years.
4. **Code monitoring:** Activities including the monitoring and reporting of any violations related to the International Code of Marketing of Breastmilk Substitutes.
5. **Complementary feeding:** The use of age-appropriate, adequate, and safe solid or semi-solid food in addition to breastmilk or a breastmilk substitute in children 6-23 months old.
6. **Coronavirus disease 2019 (COVID-19):** An illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV).
7. **COVID-19 (case definition):**
 - Suspected COVID-19 case: A person who meets the clinical AND epidemiological criteria or a patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of $\geq 38\text{ C}^\circ$; and cough; with onset within the last 10 days; and requires hospitalization).
 - Probable COVID-19 case: A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster with at least one confirmed case.
 - Confirmed COVID-19 case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms. Refer to WHO case definition for detailed information.
8. **e-Counselling:** any form of counselling that is conducted over the phone or the internet that allows the counsellor to talk to the client in real-time.²
9. **Education:** In the context of IYCF, education encompasses activities designed to enhance the ability and motivation of caregivers to voluntarily adopt nutrition-related behaviors conducive to health and wellbeing.
10. **Group education/Counselling:** In the context of IYCF, behavior change communication encompasses activities designed to enhance the ability and motivation of caregivers to voluntarily adopt nutrition-related behaviors conducive to health and wellbeing.
11. **Infant:** A child aged 0–11 completed months (may be referred to as 0–<12 months or 0–<1 year). An older infant means a child from the age of 6 months up to 11 completed months.
12. **Infant formula:** A breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards for infants.
 - Commercial infant formula is infant formula manufactured for sale, branded by a manufacturer. Generic infant formula is unbranded.
 - Powdered Infant Formula (PIF) is an infant formula product that needs to be reconstituted with safe water before feeding. Ready-to-use infant formula (RUIF) is a type of infant formula product that is packaged as a ready-to-feed liquid and does not need to be reconstituted with water.
13. **IYCF counselling:** A two-way conversation between a counsellor and mother/caregiver, based on a three-step process that includes assessment, analysis, and action to help the caregiver decide on what is best for themselves and their child in their situation. Counselling is different from education and messaging. Counselling is a way of working with people so that the counsellor understands their feelings and helps them to develop confidence and decide what to do.

¹ IFE Core Group (2017). Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0. Available from: <https://www.enonline.net/operationalguidance-v3-2017>

² Definition adapted from: [https://www.counselling-directory.org.uk/online-counselling.html#:~:text=Simply%20put%2C%20online%20therapy%20\(also,the%20client%20in%20real%2Dtime.](https://www.counselling-directory.org.uk/online-counselling.html#:~:text=Simply%20put%2C%20online%20therapy%20(also,the%20client%20in%20real%2Dtime.)

14. International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions (the Code): The Code intends to ensure BMS will be used as safely as possible when necessary based on impartial, accurate information. The Code does not restrict the availability of BMS, feeding bottles or teats or prohibit the use of BMS during emergencies. In context of the Code, BMS means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether suitable for that purpose or not. The Code applies to the marketing and related practices, quality, availability, and information on use, including but not limited to: breastmilk substitutes (including infant formula, follow-on/follow-up milk, growing-up milk, and other milk products, including bottle-fed complementary foods) specifically marketed for feeding children up to three years of age; foods and beverages (baby teas, waters, and juices) when marketed for use as a partial or total replacement of breastmilk during the first six months of life; feeding bottles and teats. Refer to the [OG-IFE Operational Guidance](#) for more detailed information on this.

15. IYCF support group:

- **Mother-to-mother support group (MtMSGs):** A meeting where pregnant women and female caregivers of young children, as well as other women including grandmothers with similar interests, come together in a safe place to exchange knowledge and ideas, share experiences, give, and receive information, and at the same time, offer and receive support in breastfeeding and complementary feeding, child caring practice, hygiene, and women's health.
- **Father-to-Father support group (FtFSGS):** Similar to mother-to-mother support groups except the facilitator and participants are fathers and/or other male caregivers. In addition, there are some topics like the role of men in child health and gender roles covered under father-to-father support group that are not covered under mother-to-mother support group meetings. Refer to the FtFSG guidelines for detailed information.

16. IYCF message dissemination: the sharing and spreading of key IYCF messages through different approaches, channels, and information.

17. Young child: A child from the age of 12 months to the age of 23 completed months (may also be referred to as 12–<24 months or 1–<2 years).

18. Monitoring: The ongoing collection and review of information on project implementation, coverage, and utilization that is reported and acted on, on an on-going basis.

19. Evaluation: A process of collection and examination of data designed to assess the effectiveness of a project in attaining its originally stated objectives and the extent to which observed changes are attributable to the project.

I. INTRODUCTION

I.1. Infant and Young Child Feeding

Infant and young child nutrition focuses on the critical window of opportunity for preventing malnutrition that exists during the 1,000 days between conception and a child's second year of life. Staying well-nourished during the first 1,000 days can pave the way for a strong, healthy, and productive future. Evidence shows that optimal nutrition during this time can have a lasting impact on a child's growth, learning, and future productivity.³

Breastfeeding is the most cost-effective intervention to improve child survival. Breastfeeding also gives protection against breast cancer, increases birth spacing, and protects against ovarian cancer and type 2 diabetes. The scaling up of breastfeeding to a near universal level could prevent 823,000 annual deaths in children younger than 5 years and 20,000 annual deaths from breast cancer.⁴

At around 6 months of age, the growing infant has increased demand for energy and nutrients exceeding what is provided by breastmilk.

The introduction of complementary foods at this time is necessary to meet those needs. It is important that complementary foods are timely, safe, adequate, and properly fed.

3 USAID's Infant and Young Child Nutrition Project: <http://www.iycn.org/about/addressing-urgent-needs/#:~:text=IYCN%20focused%20on%20the%20critical,strong%2C%20healthy%2C%20productive%20future>

4 Black R. E., Allen L. H., Bhutta Z. A., et al. Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet*. 2008;371(9608):243–260. doi: 10.1016/s0140-6736(07)61690-0. - DOI – *PubMed*: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61690-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61690-0/fulltext)

1.2. Impacts of COVID-19

The COVID-19 pandemic is an unprecedented global emergency affecting almost every country in the world with millions of confirmed cases and deaths.⁵ The United Nations has declared the pandemic a health and human crisis that is threatening the food and nutrition security of millions of people living across the world – more so for those that were already living in humanitarian and fragile environments.⁶

Research findings show that there have been disruptions/and or reductions in key maternal and child health services in many countries due to COVID-19. For example, Nepal experienced a sharp increase in maternal mortality during the 2-month lockdown period between March and May 2020 due to lack of access to safe delivery services.⁷ A recently published study shows that if mothers with confirmed SARS-CoV-2 infection are given guidance to separate from their newborn babies and avoid or stop breastfeeding, additional deaths among infants would range between 188,000 and 273,000.⁸



Photo Credit: Save the Children, Bangladesh

5 WHO COVID-19 updates. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

6 Policy Brief: The Impact of COVID-19 on Food Security and Nutrition: https://namibia.un.org/sites/default/files/2020-06/sg_policy_brief_on_covid_impact_on_food_security.pdf

7 Maternal services during C19 in Nepal: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30350-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30350-8/fulltext)

8 Rollins et al. A public health approach for deciding policy on infant feeding and mother-infant contact in the context of COVID-19. *Lancet Glob Health* 2021. Published online February 22, 2021 [https://doi.org/10.1016/S2214-109X\(20\)30538-6](https://doi.org/10.1016/S2214-109X(20)30538-6)

2. ABOUT THE GUIDELINES

These guidelines provide a set of principles and practical considerations to managers, program officers, and implementers, to be used when planning, implementing, monitoring, and evaluating e-counselling and phone based IYCF counselling. This resource can be integrated into IYCF counselling training courses.

These guidelines are one of a series of guidelines developed by Save the Children and partners, and with technical input from the members of the IFE Core Group (Table 1).

Table 1. Relevant guidelines on IYCF, IYCF-E, and the COVID-19 pandemic

1. **Infant and Young Child Feeding in Emergencies (IYCF-E) Standard Operating Procedure (SOP) for Emergency Response Teams**: The IYCF-E SOP was developed due to the identified need for an internal operational guidance document that can illustrate what steps to take and when to take them during the first year of an IYCF-E response.
2. **Infant and Young Child Feeding in Emergencies (IYCF-E) Programming in the Context of COVID-19: Considerations for Adaptations**: This IYCF-E program adaptation tool in the context of COVID-19 is developed to assist program implementers in determining scale up/scale down of IYCF/IYCF-E activities in response to COVID-19.
3. **Practical Guidelines for Conducting Infant and Young Child Feeding (IYCF) Home Visits in the Context of COVID-19**: Intended to illustrate key considerations to conduct IYCF home visit during the COVID-19 pandemic.
4. **Practical Guidelines for Conducting Infant and Young Child Feeding (IYCF) Support Group Sessions in the Context of COVID-19**: The guidelines aims to support IYCF counsellors to conduct E-counselling/online counselling in the context of COVID-19.

2. 2.1. Objectives of the guidelines

These guidelines were developed to help IYCF/breastfeeding counsellors and organizations providing IYCF/breastfeeding counselling services to continue the service using a phone or the internet that allows the counsellor to talk to the client in real-time.

The specific objectives include:

- Describe the key considerations when setting up, facilitating, and supporting IYCF e-Counselling.
- Provide recommendations and suggestions when providing IYCF e-Counselling.

These guidelines are not meant to provide technical information related to breastfeeding and complementary feeding and general IYCF/breastfeeding counselling, as these are already included in existing training packages and guidelines.^{9,10,11}

2.2. Target users

The target users of these guidelines include three main groups:

- Health and nutrition managers to help familiarize themselves with the importance of e-Counselling and guide them in providing basic considerations for planning.
- Health and nutrition project officers and supervisors to help familiarize themselves with the importance of e-Counselling, and provide basic information and considerations for planning, monitoring, and supervision.
- IYCF/breastfeeding counsellors to provide basic recommendations and suggestions on how to provide e-Counselling.

9 UNICEF (2013). Community based infant and young child feeding. Available from: https://sites.unicef.org/nutrition/index_58362.html

10 WHO (2020). Baby-friendly Hospital Initiative training course for maternity staff. <https://www.who.int/publications/i/item/9789240008915>

11 WHO (2021). Breastfeeding Counselling Operational Guidance.

3. WHY IYCF e-COUNSELLING

WHO defines breastfeeding counselling as¹²:

“...a process and interaction between counsellors and pregnant women or mothers. Breastfeeding counselling is therefore not intended to be a top-down intervention of telling women what to do. The aim of breastfeeding counselling is to empower women to breastfeed, while respecting their personal situations and wishes. Breastfeeding counselling is, therefore, never to be forced upon any woman. This would be contrary to the concept of counselling. Rather, counselling is made available and accessible to all pregnant women and mothers, particularly those who are considering or already breastfeeding.”

The Operational Guidance on Breastfeeding Counselling in Emergencies (OG-BFC/E) is a pragmatic guide that covers key considerations and potential adaptations when applying the WHO’s 2018 breastfeeding counselling operational guidance in an emergency.¹³ The OG-BFC/E provides the full set of recommendations that agencies working in humanitarian contexts have to consider when providing IYCF counselling.¹⁴

WHO recommends that the most effective way to provide breastfeeding counselling is through individual face-to-face counselling, but there is also a recognition that in certain contexts, like during a pandemic or other emergency, this may not be always possible. In these circumstances, use of electronic technologies or telephone counselling (e-counselling) can be used as a replacement or to complement face-to-face counselling.¹⁵

The WHO breastfeeding counselling guidelines recognize that *“telephone counselling and other technologies are very useful options as adjuncts and may empower end-users, as well as health workers and lay or peer counsellors.”* IYCF e-Counselling has been utilized with success in many contexts in low-, middle-, and high-income countries including Australia, India, and China, to provide critical and timely support to pregnant women and mothers with children less than 2 years of age in relation to their feeding plans and practices, challenges, issues, and concerns.^{13,14,16}

12 WHO. Guideline: counselling of women to improve breastfeeding practices. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. Available from: <https://www.who.int/publications/i/item/9789241550468>

13 McFadden, A., Siebelt, L., Marshall, J.L. et al. Counselling interventions to enable women to initiate and continue breastfeeding: a systematic review and meta-analysis. *Int Breastfeed J* 14, 42 (2019). <https://doi.org/10.1186/s13006-019-0235-8>

14 IFE Core Group (2021). Operational Guidance on Breastfeeding Counselling in Emergencies. Available from: <https://www.enonline.net/breastfeedingcounsellinginemergencies>

15 Tahir NM, Al-Sadat N. Does telephone lactation counselling improve breastfeeding practices? A randomised controlled trial. *Int J Nurs Stud*. 2013 Jan;50(1):16-25. doi: 10.1016/j.ijnurstu.2012.09.006. Epub 2012 Oct 17. PMID: 23084438.

16 Patel, A., Kuhite, P., Puranik, A. et al. Effectiveness of weekly cell phone counselling calls and daily text messages to improve breastfeeding indicators. *BMC Pediatr* 18, 337 (2018). <https://doi.org/10.1186/s12887-018-1308-3>

4. PART I:

WHAT ARE THE INITIAL CHECKS AND CONSIDERATIONS WHEN PLANNING IYCF E-COUNSELLING?

If you are planning to offer IYCF e-Counselling, we recommend as a first step the completion of a rapid check on your capacity to provide this service using the checklists below with your team. Please note that we encourage only organizations and agencies that are already providing IYCF counselling and have experienced IYCF counsellors on staff to provide IYCF e-Counselling.

Parts I and II of the following checklist illustrate the essential aspects that you will need to consider and have in place to set up an IYCF e-Counselling service.

Part I includes a rapid assessment of the following:

1. Human resources and services
2. Technology, reliability, and coverage
3. Sustainability and cost
4. Literacy level, language, and culture.



Photo Credit: Sacha Myers / Save the Children

4.

Table 2. Initial checks and considerations when planning and organizing IYCF e-Counselling

Human resources and services			
→ Are there staff trained on IYCF/ counselling? If yes, how many: _____	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
→ Is IYCF/breastfeeding counselling currently being provided? If yes, is it provided at the community level? If yes, is it provided at the health facility level? Is it provided in any other settings? If yes, specify the settings: _____	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
→ Do you have access (or can have access) to the contact information for pregnant women, mothers and caregivers accessing your services?	<input type="checkbox"/> Yes (2)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Sub-total Human resources and services	___/12		
Technology, reliability, and coverage			
→ Is there access to electricity in the communities you are supporting?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
→ Is there phone coverage in the area where the IYCF/breastfeeding counsellor works? If yes, specify if available everywhere or just in pockets _____	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Is the phone coverage reliable?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
→ Is there phone coverage in the area where the pregnant women, mothers, and caregivers live? If yes, specify if available everywhere or just in pockets _____	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Is the phone coverage reliable?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know

(continued on next page)

4.

Technology, reliability, and coverage (continued)

- Is there internet coverage in the areas where the IYCF counsellor work? Yes (I) No Do Not Know
If yes, specify if available everywhere or just in pockets_____
- Is the internet reliable? Yes (I) No Do Not Know
- Is the internet connection good for a WhatsApp/Viber/Others call? Yes (I) No Do Not Know
If yes check which response applies: Audio only____Audio and Video_____
- Is there internet coverage in the areas where pregnant women and caregivers live? Yes (I) No Do Not Know
If yes, specify if available everywhere or just in pockets_____
- Is the internet reliable? Yes (I) No Do Not Know
- Is the internet connection good for a WhatsApp/Viber/Others call? Yes (I) No Do Not Know
If yes check which response applies: Audio only____Audio and Video_____
- Does IYCF/breastfeeding counsellor own a device (phone)? Yes (I) No Do Not Know
If yes, circle: <50% or >50%
- Is the organization providing a device (phone) to the IYCF/breastfeeding counsellors?
- Do the pregnant women, mothers, and caregivers have access to a device (phone) when at home? Yes (I) No Do Not Know
If yes, circle: <50% or >50%
- If yes, is it their own device? Yes (I) No Do Not Know
- Do the pregnant women, mothers, and caregivers use social media applications (e.g., WhatsApp, Facebook, others) in the communities where you work? Yes (I) No Do Not Know
If yes, circle: <50% or >50%

Sub-total Technology

___/16

(continued on next page)

4.

Sustainability and cost for the IYCF/breastfeeding counsellor and for the women and caregiver¹⁷

- Will the organization support the cost/credit needed for the calls from the counsellors to the women? Yes (2) No Do Not Know
If yes, please check the most appropriate response Yes, but only one-time cost Yes, recurrent costs
- Will the organization support the cost/credit for the women/caregivers to message/call the IYCF counsellor, as needed? Yes (2) No Do Not Know
If yes, please check the most appropriate response Yes, but only one-time cost Yes, recurrent costs

Sub-total Sustainability and cost _____/4

Literacy level, language, and culture

- Does the pregnant women, mothers, caregiver know how to read and write? Yes (2) No Do Not Know
If yes, circle: <50% or >50%
- Do the IYCF/breastfeeding counsellors speak the local language of the pregnant women, mothers, and caregivers Yes (2) No Do Not Know
- Do the IYCF/breastfeeding counsellors know the local traditions and culture? Yes (2) No Do Not Know

Sub-total Literacy level, language, and culture _____/6

(continue to the next page to enter totals)

¹⁷ Agencies and organizations are encouraged to review the Viamo technology, which is a low-cost technology that can be used, among others, for the provision of public service information via a cell phone in low literacy environments. <https://viamo.io/about-viamo/>

4.

Please enter the total for each sub-section here.

Component	Enter the total for each sub-section	Calculate the percentage (%)	Comments/Notes
Human resources and services	___/12	___	
Technology, reliability, and coverage	___/16	___	
Sustainability and cost	___/6	___	
Literacy level, language, and culture	___/4	___	
Total points based on assessment / Total points available	___/38	___/100	

4. 4.1. Analysis of Part I results

The analysis will provide important information on your level of readiness for providing IYCF e-Counselling and how the community/communities you are targeting can access and be supported by this activity.

The final decision is yours, but these aspects reviewed in the checklist should be assessed and gaps filled/addressed before starting any activity or while the service is being started.

If there are no gaps, then you are ready to go ahead.

In case of gaps, the decision to proceed or not with the provision of IYCF e-Counselling will depend on your current capacity, and the level of investment you can make to address some of the gaps that the rapid checklist has highlighted

Considerations when analyzing the results and to guide in the decision-making process:

The following thresholds should be used as guidance when conducting the analysis with your team (but remember, any single factor may be sufficient to delay or decide not to start the service).

- **If your total score is less than 60% (total score of less than 23),**

this means that there are important gaps that will need to be addressed before IYCF e-Counselling can be provided. Assess which gaps are within your control and can be filled. If your

assessment indicates that you can fill enough gaps to achieve a score of 80% or more, agree on a plan and a timeframe to address them. If you can't address them now, delay the decision to start your e-Counselling services until sufficient gaps can be addressed to bring your score above 60%. You can address further gaps to achieve a score above 80% while initiating implementation.

- **If your total score is between 60% to 80% (score between 23 and 30),**

assess which gaps are within your control and can be filled. If your assessment indicates that you can fill enough gaps to achieve a score of 80% or more, agree on a plan and a timeframe to address these gaps. You may still be able to begin initiating e-Counselling, but you will need to develop a plan to address those gaps while initiating implementation.

- **If your total score is above 80% (more than 30),**

you can start initiating your e-Counselling program as you have most of the requirements in place. While you may still need to make some adjustments to improve the efficacy of e-Counselling, you may proceed while working on those adjustments.

4.

In addition, the final decision to provide IYCF e-Counselling may be based on specific considerations. Review each of the sub-sections from the table above and determine which areas your organization may need to improve to ensure IYCF e-Counselling is sustainable and effective (below are some examples):

- Staff are not trained on counselling.
- Counselling and/or lactation support is not part of existing services.
- Staff and/or counsellors don't speak the language of the mothers or caregivers in the communities.
- Technological barriers do not favor this modality and there are no current solutions to overcome it.
- The costs of the calls or internet -- if these can't be covered by the organization and the communities can't sustain it.
- Access to technology at the community level; Population constantly on the move, with limitations in ability to reach them with telecommunication services.

Never start IYCF e-Counselling if you don't have trained and skilled IYCF/breastfeeding counsellors. The counselling skills are of critical importance, no matter if in person and/or remotely.



Photo Credit: Sonali Chakma / Save the Children

5. PART II:

WHAT TECHNOLOGY AND PLATFORM TO USE?

If you have decided to proceed in offering IYCF e-Counselling, you will need to choose what technology and platform will be the most appropriate and sustainable for the contexts and situation you are working in. Different locations (even within a country) may have different resources and practices, and there is a diverse list of options that can be considered when deciding which technology and platform to use. The following are considered the most common:

1. Cell phone network
2. Internet based platforms: WhatsApp, Viber, Facebook, Zoom, Instagram, Skype, Microsoft Teams, Snapchat, and Others

When deciding which technology and platform to use, please verify the following:

LITERACY LEVEL OF THE POPULATION²¹

- a. Pregnant women, mothers, and caregiver literacy levels (reading and writing)

COVERAGE

- a. Cell phone network coverage
- b. Internet coverage
- c. Electricity coverage

AVAILABILITY AND ACCESS TO APPROPRIATE DEVICES AND PHONE SERVICES

- a. For the counsellors
- b. For the pregnant women, mothers, and caregivers
- c. For populations in transit, on the move

TYPE OF DEVICES available to the counsellors and the pregnant women, mothers, and caregivers

- a. Analog
- b. Android/smartphone

FAMILIARITY and level of USE with the different technologies and platforms by the counsellor and the pregnant women, mothers, and caregivers

- a. Only call and text
- b. Basic use of WhatsApp
- c. General use of Facebook
- d. General use of Skype, Zoom, and other similar platforms

5.

RUNNING COSTS as in, estimate the costs of the service based on:

- a. Cell phone call rates
 - You may want to think of setting up a toll-free number for the pregnant women, mothers, and caregivers, if possible, in the context where you work
 - You may want to consider the use of Viamo²²
- b. Internet data cost
 - Maintenance costs
 - Replacement or repair of devices
- c. If using a toll-free number, potential costs with the telecommunication company

Remember:

1. The decision of what technology and platforms to use will depend on your assessment of the situation, resources, local context, demand for the service, and capacity to manage and provide.
 2. The decision may also need a period of testing, adjustment, and refinement depending on the situation.
 3. It's not within the scope of these guidelines to provide an in-depth technical analysis of the different platforms and technologies.
-



Photo Credit: Save the Children, Brazil

6. PART III: GENERAL IYCF E-COUNSELLING VIA PHONE: RECOMMENDATIONS AND CONSIDERATIONS FOR IYCF COUNSELLORS¹⁸

This section will focus on specific individual (one-on-one) IYCF e-Counselling recommendations using cell phone calls or SMS/text/video messages.

These guidelines assume that those participating in the counselling program are trained in IYCF counselling and have experience in providing counselling in a humanitarian context. The recommendations focus on:

- a. Considerations,
- b. Changes, and
- c. Adaptations needed to shift from face-to-face to e-Counselling.

Please note that the recommendations do not include generally accepted principles, skills, and standards of IYCF/breastfeeding counselling, including breastfeeding and complementary feeding recommendations, as these are part of specific IYCF/breastfeeding counselling training packages and guidelines.^{14,15,16,19}

¹⁸ This information may also be used to assist and guide development of programs using other communication methods, but adaptations will be needed.

¹⁹ UNICEF (2013). Community based IYCF Counselling. Available from: https://sites.unicef.org/nutrition/index_58362.html

Table 3. IYCF e-Counselling via phone: recommendations and considerations for IYCF counsellors

6.	Specific consideration/activity for e-Counselling (phone or calls using other platforms)	Suggestions on what can be done / how to do it
<p>Engaging - reaching pregnant women, mothers, and caregivers</p>	<p>→ You need to have a list/access to registers with contact details in the area where you plan to provide e-Counselling (projects, initiatives, programs).</p>	<ul style="list-style-type: none"> - Obtain the list with the contact numbers. Potential sources include your registers, attendance sheets, and similar documentation. - If you do not have a list available, you will need to create one. You may link with other services that may already have a list, possibly health clinics, CMAM services (outpatient, target supplementary feeding services), IYCF counselling services, food security and livelihoods programs, or others.
	<p>→ Always ensure that you ask for consent/ permission from the pregnant woman, mother, or caregiver when you register the number, informing them that you may call.</p>	<ul style="list-style-type: none"> - Depending on the context, you may coordinate with community leaders, volunteers, and/or others to help you obtain list the names and contact numbers in your area, explaining the reason why you need such information. - If social media is being used, encourage them to sign up for support. - Encourage new pregnant/breastfeeding mothers to initiate the first call to you whenever they need to without waiting to receive a prior call from you. - Create an easy channel for new mothers/caregivers to learn about the services available and know how to reach you. Include the counselling number (helpline number) in any leaflets distributed to them, and post announcements at the various contact points.
	<p>→ Contact the pregnant woman, mother, or caregiver and obtain consent to contact for future counselling sessions.</p> <p>Identify if they are the owner of the phone being used, or if it is a shared phone. Identify if they can access the phone anytime it's needed. Identify if there are times or days when it is easier for them to access the phone.</p> <p>Agree on the best date and time for future counselling sessions for the pregnant woman, mother, or caregiver, and record their preference in your register.</p>	<ul style="list-style-type: none"> - Once you have the list you can start contacting them. Always remember to introduce yourself and the organization you are calling from and explain why you are calling. Inform the person of how you got their number. Also explain why you can only support remotely at this time, but inform them that this support (via phone or internet) is proven to assist mothers/ caregivers and to help keep babies healthy. Ask them if they are willing to receive calls or texts for infant feeding counselling. Explore who owns the phone, when they can access it, and when is the best day or time of day to call or text. - Tell the person that you have the ability (knowledge, resources, and special training) to assist them with any questions and concerns about breastfeeding and infant feeding if interested or if they needs support (this will give the mother/caregiver a sense of control over the situation to tell you if they needs your help, and it will help them to be more open to receiving your call). - Tell them to call or message you when they have questions and/or need IYCF support. - Tell them which hours are the most convenient for you to receive their calls (if any), so they may feel more comfortable reaching out. Tell them what to expect in terms of response time for you to answer their messages. Encourage them to call you again several times, if needed, until you can talk (if you couldn't answer on the first attempt). Reassure them that you will be happy to hear from them and that you expect to stay in contact, because new things happen all the time, and follow up is needed to overcome any challenges. Mention that there are many solutions to each difficulty, so if something is not working, they can call you to get more ideas to try.

6.

Tone of voice, language, and empathy

Specific consideration/activity for e-Counselling (phone or calls using other platforms)	Suggestions on what can be done / how to do it
<p>→ Tone of voice (if e-Counselling occurs via telephone call) and expressions of empathy and the language you use is key to developing rapport and ensuring that the counselling is effective.</p>	<ul style="list-style-type: none"> - Always ask for the name and the name of the child (as you would during face-to-face counselling). - Smile!! Even when we cannot see the person talking on the phone, the voice easily reveals when we smile, and this can help to establish rapport with the mom/caregiver. They need to know the counsellor is happy to listen and be of help. - Always start with asking broad open-ended questions to understand the situation more in-depth, as well as encourage them to tell you more details that they may not have thought to be important, but that can be crucial for the counsellor to know when assessing the case. - Find things that they can be praised for and acknowledge them right away to boost confidence, which will help them feel more empowered to work on challenges, as well as be more open to your help. - Use affirmative sounds, reflecting-back, and expressions of empathy to show that they have been heard. - Reflecting and expressions of empathy show women/caregivers that you are listening with attention and that you are understanding their story, situation, and emotions. Reflecting back involves repeating your understanding of their situation and concerns. Expressions of empathy are descriptions of how the person might feel because of their situation or concern. For example, statements like: <div data-bbox="853 810 1585 895" style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p><i>“I imagine that would be very worrying or stressful for you,” or</i> <i>“I can understand that you might feel very relieved about that.”</i></p> </div>

6.

How to help the woman, mother, or caregiver feel that they are listened to (active listening).

Specific consideration/activity for e-Counselling (phone or calls using other platforms)	Suggestions on what can be done / how to do it
<p>→ Remember (when on the phone): You are not visible, and the woman/caregiver is not visible to you, so tone of voice, verbal expressions of listening and empathy, and reflecting back are very important for ensuring they know you are actively listening to them.</p> <p><i>Establish rapport</i></p> <p><i>Obtain and maintain trust</i></p>	<ul style="list-style-type: none"> - Use the names of mom/caregiver and child often in the conversation as this makes the dialogue much warmer and more personal, which would encourage them to share their feelings and struggles more freely. - Avoid starting your response with “but” when responding to the mom/caregiver, as this negates their feelings and experiences, which can put them in a defensive position. - Help them to feel understood and validated by naming the feelings they may be experiencing now, e.g.: <ul style="list-style-type: none"> “You sound overwhelmed/worried/disappointed/devastated/afraid”, or “This may be very stressful/difficult/sad for you ...” - Include short, emotional responses while listening to their story to show engagement and warmth: <ul style="list-style-type: none"> “Oh! I see!” “Oh my! That could be overwhelming!” “Oh no, what a difficult situation” “You did? Really? So wonderful!” “Bravo! How amazing! Well done!”, etc. - Reflect-back so that they know and feel you are listening with attention. During the conversation, repeat what they are saying, which will help them to feel they are listened too, and you are understanding their story, situation, and emotions. - Take notes of what they are sharing about their experience so you can refer to the details when assessing the situation and make them feel heard. - Give your full attention to the mom/caregiver when on the phone. (Although we cannot see each other, it’s easy to tell if our client on the phone is distracted or trying to “multitask” at the same time).

6.

(continued)

How to help the woman, mother, or caregiver feel that they are listened to (active listening).

Specific consideration/activity for e-Counselling (phone or calls using other platforms)	Suggestions on what can be done / how to do it
<p>→ Assessing IYCF/breastfeeding efficiency and comfort during e-Counselling</p>	<ul style="list-style-type: none"> - Asking questions can help you to understand: <ul style="list-style-type: none"> <i>“What the age of the child is now”</i> <i>“How breastfeeding is going”</i> <i>“If the child is receiving enough breastmilk”</i> <i>“If the mother is experiencing problems while breastfeeding “</i> <i>“If the baby is being fed foods and fluids other than breastmilk”</i> <i>“What foods are being given and how often”</i> <i>“If the child is growing well”</i> - Before you ask any detailed questions about feeding, ask the woman, mother, or caregiver: <ul style="list-style-type: none"> Ask open-ended questions (as relevant) so that they can tell you about their situation. For example: <ul style="list-style-type: none"> <i>“How have things have been going with breastfeeding for the past couple of days/weeks/months?”</i> <i>“How do you know it’s time to breastfeed your baby?”</i> <i>“Can you tell me about any concerns you have about feeding your baby?”</i> <i>“How do you know the feeding session is over?”</i> <i>“How does the baby act when on the breast?”</i> <i>“What is the sleeping pattern between feedings?”</i> <i>“What would you describe as the biggest challenge in breastfeeding for you right now?”</i> <i>“What factors make your breastfeeding experience more challenging right now?”</i> <i>“What concerns in breastfeeding have you been facing so far?”</i> <i>“How well do you think breastfeeding has been working until now for you and the baby?”</i> <i>“What is one thing you wish to improve in your current breastfeeding?”</i> <i>“What things have you tried so far to improve the breastfeeding dynamic?”</i> <i>“How well do you think complementary feeding has been working until now for you and your child?”</i> <p><i>(continued on next page)</i></p>

6.

Specific consideration/activity for e-Counselling (phone or calls using other platforms)

Suggestions on what can be done / how to do it

Continued:

How to help the woman, mother, or caregiver feel that they are listened to (active listening).

If open-ended questions do not provide all of the information you need, specific clarifying questions can be asked (as relevant). For example:

“How many times does your baby breastfeed in a day?”

“How long does the baby usually suck for at each breastfeed?”

“Is your baby relaxed and sleepy after a breastfeed?”

“Do your breast feel lighter and emptier after a breastfeed?”

“How many wet or dirty nappies does your baby have in a day?”

“How big are your baby’s poos when they have a dirty nappy?”

“Is your baby getting bigger and heavier over time?”

“Do you feel comfortable when breastfeeding?”

“How many times is your baby eating foods during the day?”

“What foods are you giving to your child?”

“What type of problems do you have when feeding your child?”

There are some tools that can be adapted to the context where you work that can help you assess a breastfeed when providing e-Counselling.^{20,21}

→ During the call, the woman, mother, or caregiver may raise other issues besides IYCF, or you may identify other concerns for them, their child/children, or family members.

- You may need to refer them to other services (for example, domestic violence services). Or you may also give them information about other services and their contact information:

“This is outside my expertise field, but I am glad to assist you to get proper care and resolve your concerns by putting you in touch with/sharing with you the phone and contacts of xxx...which will give you current information on the health or social care services in your area.”

“To get assistance from xxx, you will need to contact xxx ...”

“Do you have their phone number or email address?”

“How about the phone number/email address of xxx...? I am glad to share them with you if you like.”

20 UNICEF UK. Breastfeeding assessment tool, checklist for mothers. Available from: https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/mothers_breastfeeding_checklist.pdf

21 UNICEF UK. Breastfeeding assessment tool, neonatal. Available from: https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/03/breastfeeding_assessment_tool_neonatal.pdf

6.

Women, mothers and caregivers' ability/difficulties in listening and appreciating counseling session

Specific consideration/activity for e-Counseling (phone or calls using other platforms)

→ We all have different strengths and it may take time to start feeling comfortable providing e-counseling. We all have different ways of communicating on the phone, and we have different speeds of communication.

Suggestions on what can be done / how to do it

- Let the woman, mother, or caregiver express herself in the way they prefer.
- Always maintain a positive attitude. They will feel that, and remember your voice, tone, language, and affirmative language.
- Always approach the sessions with focus, warmth, welcoming words, and an open attitude. Make them feel that you care about them and their child/children.

Use words like:

"I understand your concerns ..."

"It is very natural to be sad, angry, upset, or confused..."

"I hear what you are saying, about having to xxx ..."

"I fully understand why you might feel that way..."

- Spend time ensuring that the woman/caregiver feels comfortable expressing herself.
- Active listening, like during face-to-face counselling, is even more important during the e-Counseling session.
- Never use judgmental words that may make them feel ashamed or discouraged.
- Do not cut them off when they are explaining something or suggest that anything they have said is not important.
- Always check if the suggestions given seem feasible for the woman/caregiver in their situation:

"How do you feel about trying these techniques for the next couple of days and seeing what happens?"

"How possible do you think these ideas may be for you to try?"

"What do you think about trying this food or liquid?"

"How possible do you think it is to change the type of food you are offering your child?"

- Check with them often to see that they are following what you are saying and if it all makes sense to them (this will help to keep their focus on the conversation):

"How does it all sound to you?"

"Does it all make sense?"

"I know this may be new/confusing to you, would you like me to try to explain this aspect again?"

(continued on next page)

6.

*(continued)***Women, mothers and caregivers' ability/difficulties in listening and appreciating counseling session**

Specific consideration/activity for e-Counselling (phone or calls using other platforms)	Suggestions on what can be done / how to do it
<p>→ Practice helps us become more confident and comfortable with providing help on the phone. With time, we also learn which details we need to remember to ask to understand the situation better and be of more profound support to the mom/caregiver when sharing information</p>	<ul style="list-style-type: none"> - Make sure to first address the concerns the mother/caregiver feels are most important before addressing subjects that you noticed need attention too. - Ask them how they would like to see the situation resolved and what are their goals. Then, share any relevant information, keeping in mind their wishes (not what we believe is 'best' for that person and their child). - Accept that what works for one mother/caregiver may be unacceptable by another one, so the counsellor's role is to share possible approaches. It's up to each person to choose what they feel will work for them, because they will be doing the work eventually, not the counsellor. - Understand that they may not want help or may see no problem with using infant formula, or not expressing breastmilk, as suggested. While the counsellor will not encourage such practices, we need to be respectful and non-judgmental while sharing information about risks to the baby and the health of the mother/caregiver, so they can make their own decision to proceed with current practice or not. - Offering information while giving potential options to try is more empowering for mothers/caregivers than giving specific advice statements. Thus, it's more effective to say: <div style="background-color: #f0f0f0; padding: 5px; margin: 5px 0;"><i>"Here are some strategies that may help..." rather than "Do this, this, and that."</i></div> - Imperative statements (commands) send an unspoken message that counsellors know better than moms/caregivers, and this is diminishing and disrespectful. If the counsellor gives possible options for mothers to try, this shows respect to the mother as the primary caregiver having control over the situation. - Sharing information (rather than commanding what to do) also helps them feel more at ease to contact the counsellor again if they felt something was not working and they need more ideas to try. - Always thank the mom/caregiver for the time they have given you on the phone and for sharing their journey. Tell them it was a pleasure to be of support and that you would love to stay in touch to see how things go. Reassure them again that if the chosen strategies wouldn't seem to work, there are always others that can be discussed and tried. Before closing the call, ask if they will be available for another call. - Always finish a call by affirming the woman, mother, or caregiver in how well they are doing in difficult circumstances and what a great mum/guardian they are.

6.

	Specific consideration/activity for e-Counselling (phone or calls using other platforms)	Suggestions on what can be done / how to do it
References and materials you can use	→ For any specific messages, use the locally available counselling cards, booklet messages, and FAQs that may already be available. Links to globally available references and videos are listed in the reference section.	<ul style="list-style-type: none"> - Locally available counselling cards with their recommended messages may be helpful. - Videos for sharing. - Key booklet messages on IYCF. - Frequently asked questions.
Frequency of calls	→ Remember to follow up with the pregnant women, mothers, and caregivers.	<ul style="list-style-type: none"> - Confirm with those with problems/concerns whether you can have calls at least weekly until the problems are resolved. - If there are no major concerns, please try to schedule calls in line with the WHO and IFE Core Group recommendations regarding the frequency of counselling.¹¹
Factors that may affect IYCF / breast-feeding e-Counselling	→ The pregnant woman, mother, or caregiver may not have unrestricted access to a cell phone (they may only have access to a shared device).	<ul style="list-style-type: none"> - Agree on a day/time when they know they will be able to use or request use of the phone. - Tell them they can message you whenever they need to talk to you, or to confirm the date/time. - If you have a toll-free line, it is important for them to know that they can contact that number anytime for support—they don't need to wait for someone to call them.
	→ Interruption during calls (audio, videos).	- Towards the beginning of the call, say that you will call back if the call is disrupted (apologize if it happened and promise you will call back as soon as possible).
	→ Flexibility of the woman/caregiver to take the counselling call during working hours (the person may not be able to take calls, as they may be working or engaged in other activities).	<ul style="list-style-type: none"> - If a toll-free number is also available and operational during the weekend, please let them know. - It is important for the organization to staff the hotline/counselling service outside of 9-5 working hours, with an 'on call' element. This is particularly relevant for working mothers/caregivers. - If possible and they agree, send relevant IYCF messages through SMS/text or voice messages, with links to short videos and informational materials to raise awareness and understanding on select IYCF issues.
	→ The presence of any disability.	- Be aware of any disabilities so that you can organize and agree to have the call in a way that accommodates such disability and ensures that the woman/caregiver is in a comfortable environment.

6.

	Specific consideration/activity for e-Counselling (phone or calls using other platforms)	Suggestions on what can be done / how to do it
<p><i>(continued)</i></p> <p>Factors that may affect IYCF / breast-feeding e-Counselling</p>	<ul style="list-style-type: none"> → Previous levels of engagement of the woman/caregiver with calls/social media/ or other online groups, including SMS/ text messaging with friends or groups. → Gender norms and considerations regarding access and privacy during calls. 	<ul style="list-style-type: none"> - Be aware of previous call engagement so that you can organize and agree to have the call in a way that considers their anticipated participation and organize in line with those commitments. - Confirm if they are in a safe space for the call. - Include the need to understand when and how to refer for gender-based violence (GBV)/protection concerns.
<p>The use of text/SMS messaging</p>	<ul style="list-style-type: none"> → Be aware of the literacy level of the women, mothers, and caregivers you want to reach. → Potential fears that confidential messages will be kept on the counsellor's phone 	<ul style="list-style-type: none"> - See if they can access voice messages. - Understand/agree what language you will use to communicate if text/SMS messages are needed. - Compose clear, simple, short messages beginning with a greeting, introducing yourself. - Avoid language or words that show disagreement, judgment, or that may make them feel ashamed or discouraged. - Always write in a way that is encouraging and helps them remain engaged. - Use reflecting and expressions of empathy like you would with counselling by telephone call. - Always acknowledge receipt of messages. - Always reassure them that all messages will be kept confidential.
<p>Ethical considerations and ensuring confidentiality</p>	<ul style="list-style-type: none"> → Lack of privacy for the pregnant woman, mother, or caregiver. 	<ul style="list-style-type: none"> - Assess difficulties in accessing the telephone and/or internet in a secure and private place where they can have an open and safe conversation. - Verify that the woman/caregiver takes the call in a safe and secure place for counselling. Agree on: dates and times of future calls so that they can plan to have access to the phone, who will be responsible for initiating calls, ensuring that the environment has no distractions, and no other people can listen to your conversation. - Be aware of potential threats to security when using mobile phones in some communities.

6.

*(continued)***Ethical considerations and ensuring confidentiality**

Specific consideration/activity for e-Counselling (phone or calls using other platforms)	Suggestions on what can be done / how to do it
<p>→ Records (made in writing or recorded) or data transfer should be done only with free and explicit consent of the woman, mother, or caregiver.</p>	<ul style="list-style-type: none"> - Data protection laws and regulations require us to follow strict procedures. - Please always ensure that you inform them that you will record some of the information they will provide. - Reassure them that the information will not be shared externally. - Please consult with you manager if you plan to record the conversation and ask for appropriate guidance in line with specific country and organizational requirements. - For confidentiality reasons, understand the importance of acknowledging receipt of SMS/text messages (for the counsellor and the woman, mother, or caregiver). - Always reassure the person that the information provided/received will only be used to help them and their child/children and will not be shared with anyone else or other members of the family or community. - Always consider the risks when faced with reports of violence or danger for mothers/caregivers and their children.
<p>→ Avoid interfering with the private life of the woman, mother, or caregiver.</p>	<ul style="list-style-type: none"> - As an IYCF counsellor, please ensure your phone calls and/or SMS/text/video messages are only related to IYCF and your training.

7. ADVANTAGES AND DISADVANTAGES OF IYCF E-COUNSELLING

Below please find some of the advantages of IYCF e-Counselling (these can vary according to context and situation):

1. No waiting times.
2. No need to physically line up in the health facility, clinic, or counselling space.
3. Allocated time by the woman/caregiver.
4. Having a hotline to call may help the woman, mother, or caregiver raise a problem as soon as it happens.
5. May help reduce some costs for the person, including transportation and time, among others (also for counsellors).
6. Reduced risk of infection transmission in the community (especially in the context of COVID-19).
7. Ability of the counsellor to assist more moms/caregivers in less time by eliminating the time needed to reach them for in-person home visits.
8. Ability to help mothers/caregivers who otherwise wouldn't be reachable in a health facility or home visit due to distance or other factors.
9. Ability to assist mothers/caregivers who are very ill and may be infectious, and otherwise wouldn't be able to see a counsellor due to the potential risk of spreading the disease (i.e., COVID-19).
10. Many mothers/caregivers may feel more comfortable with e-Counselling than a facility or home visit.
11. IYCF e-Counselling can allow easy sharing of online resources via links to sites/video materials to deepen the understanding of mothers/caregivers on what is being discussed during counselling.

7.

Some of the disadvantages of e-Counselling (these can vary according to context and situation):

1. Lack of visual contact (if using a phone).
2. Lack of practical support.
3. Environment may be noisy/not conducive to a counselling session.
4. The woman, mother, or caregiver may be engaged with their children, chores, or other responsibilities.
5. Households may not support the woman, mother, and caregivers.
6. Reliability of answers if the woman, mother, or caregiver isn't interested, or is busy or uneasy with the modality (remote counselling).
7. Some new costs for the organization.
8. Technology barriers that may affect the counsellor and the woman, mother, or caregiver.
9. Inability to help with hands-on support for improving attachment or other techniques.
10. Inability to practically assist the mother/caregiver to make breastfeeding a more comfortable experience.
11. Difficult to explain positioning and attachment without visual demonstration.
12. Inability to observe additional factors that may be important in the situation assessment (pacifier, bottles, or formula presence in the house, or household conditions, water, and sanitation conditions, etc.)
13. Inability to observe the mother/caregiver and baby for any other signs that may help to provide practical breastfeeding and complementary feeding support.
14. Inability to observe specific physical limitations or disabilities in mothers/caregivers/babies that may impact breastfeeding.
15. The call may come at an awkward time and the conversation can be negatively affected as a result.

8. MONITORING PROGRESS AND FEEDBACK ON IYCF E-COUNSELLING SERVICES

8.1. Monitoring progress

Monitoring the progress of the IYCF e-Counselling service is important. We recommend you use the existing recording and reporting tools for the regular IYCF counselling services. It is important you record information related to contact details, consent to have IYCF e-Counselling sessions, and relevant (but limited) details on the support provided, and potential referrals and follow up calls.

#	Date	Name of woman, caregiver	Contact number	Locality (where the woman, caregiver lives)	Consent to have the e-Counselling sessions	Access to social media platform (e.g., WhatsApp, others)	With own device	With at least one child (<6 months, 6 to 23 months)	Status: Pregnant, breast-feeding, or not breast-feeding*	Type of support provided**	Referred to other services and support	Next call scheduled	If yes, when? (enter date)
1													
2													

* The woman/caregiver maybe pregnant and breastfeeding/not breastfeeding at the same time if they have a child < 2 years of age.

** Basic breastfeeding, basic complementary feeding, basic artificial feeding support, others.

8. 8.2. Regular feedback mechanisms

To ensure that the IYCF e-Counselling is appreciated, and to understand what is working and what needs to be improved, we recommend you conduct regular feedback sessions with the pregnant women, mothers, and caregivers being supported with the activity (every three months). This session will be conducted by phone and may follow a structured approach (see Annex 1). The key objective of the feedback session is to see how satisfied the women/caregivers are when reached by phone, and if the e-Counselling sessions are helping and supportive. The number of persons to be contacted for the feedback and satisfaction session may vary according to context. Please make sure that the persons contacted are currently supported and reside in different locations. Another option to consider is to provide a number, or other contact details, that will be promoted to the pregnant women, mothers, and caregivers to send feedback and suggestions at any time. This can be linked to any existing hotline or mechanism available to the communities to share their experiences and make their recommendations.



9. ANNEX I. SAMPLE FEEDBACK AND SATISFACTION SURVEY²²

[Structured questions, may need to be adapted to the context]

1. How useful is the information you received during the e-Counselling sessions?
 - Very Useful
 - Useful
 - Not so useful
 - Useless
2. How satisfied are you with the phone counselling sessions?
 - Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
3. How do you feel about the time you spend on the phone with the counsellor?
 - Too much time
 - Long, but I can manage
 - Sufficient/adequate
 - Short time
4. Would you like to continue to be contacted again to participate in our phone activities?
 - Yes
 - No
5. How much do you think you learned about breastfeeding and feeding issues for children under two?
 - I've learned a lot
 - I've learned something
 - Not sure
 - I haven't learned anything
6. What do you like about the IYCF phone counselling? (select all that apply)
 - The counsellor is kind and is always ready to help
 - I can ask questions
 - I receive new information
 - I have a person to talk with whenever I have problems with feeding my child/children
 - I have someone to talk to
 - I receive information and links to videos that I use and share
 - Others

(continued on next page)

22 Save the Children Colombia. Infant and Young Child Feeding Project "Venesperanza: Emergency Assistance for People in Need."

9.

7. What don't you like about the IYCF phone counselling?
(select all that apply)

- I don't understand the counsellor
- I feel too tired to listen
- I really don't have the time
- I don't understand the purpose
- I don't get any help and/or support from the calls
- I am not really interested Others



Photo Credit: Sierra Leone Country Office

LIST OF RESOURCES FOR IYCF/IYCF-E IN THE CONTEXT OF COVID-19

1. IFE BFC/E guidance (2021): <https://www.ennonline.net/breastfeedingcounsellinginemergencies>
2. IFE Core Group (2021). Infographics: Early initiation of breastfeeding during emergencies. Available from: <https://www.ennonline.net/initiationofbreastfeedingduringemergencies>
3. IFE Core Group (2021). Infographics: Preventing and managing donations of BMS. Available from: <https://www.ennonline.net/breastmilksubstitutesinappropriatedonations>
4. IFRC (2020). Remote Psychological First Aid during COVID-19. Available from: <https://pscentre.org/?resource=remote-psychological-first-aid-during-covid-19-may-2020>
5. Global Breastfeeding Collective (2020). Key advocacy messages on breastfeeding and COVID-19. Available from: <https://www.globalbreastfeedingcollective.org/reports/key-advocacy-messages-breastfeeding-and-covid-19>
6. SafelyFed Canada & Save the Children (2020). Infant Feeding in the Context of COVID-19: FAQ for the front-line health and nutrition workers. Available from: <https://resourcecentre.savethechildren.net/library/infant-feeding-context-covid-19-faq-front-line-health-and-nutrition-workers>
7. Save the Children community nutrition supervision checklist in the context of COVID-19: https://www.nutritioncluster.net/Resources_Guideline_remote_support_nutrition_COVID-19
8. Save the Children, IFE Core Group, ENN, USAID, ACF USA, PATH, SafelyFed Canada (2021). IYCFE Platform of resources. Available from: www.iycfehub.org
9. Save the Children & Tech RRT (2020). Infant and Young Child Feeding in Emergencies (IYCF-E). Standard Operating Procedure (SOP) For Emergency Response Teams. Available from: <https://www.ennonline.net/iycfesopforemergencyteams>
10. Save the Children & Tech RRT (2020). Infant and Young Child Feeding in Emergencies (IYCF-E). Programming in The Context Of COVID-19: Considerations for Adaptations. Available from: <https://www.ennonline.net/iycfesopforemergencyteams>
11. Save the Children, IFE Core Group, ENN, USAID, ACF USA, PATH, SafelyFed Canada (2021). Practical Guidelines Considerations for conducting IYCF-home visits in the context of COVID-19. Available from: www.iycfehub.org/document/practical-guidelines-for-conducting-infant-and-young-child-feeding-iycf-home-visits-in-the-context-of-covid-19.
12. Save the Children, IFE Core Group, ENN, USAID, ACF USA, PATH, SafelyFed Canada (2021). Practical Guidelines for conducting and Supporting Infant and Young Child Feeding - e-Counselling via telephone with considerations for planning and implementation. Available from: www.iycfehub.org/document/practical-guidelines-for-conducting-and-supporting-infant-and-young-child-feeding-e-counselling-via-telephone-with-considerations-for-planning-and-implementation
13. Save the Children, IFE Core Group, ENN, USAID, ACF USA, PATH, SafelyFed Canada (2021). Video 1: Key messages to help strengthen infant and young child feeding during the COVID-19 pandemic. Available from: <https://resourcecentre.savethechildren.net/library/key-messages-help-strengthen-infant-and-young-child-feeding-during-covid-19-pandemic>
14. Save the Children, IFE Core Group, ENN, USAID, ACF USA, PATH, SafelyFed Canada (2021). Video 2: Counselling Tips for Supporting Pregnant Women and Mothers and Caregivers of Young Children in IYCF during the COVID-19 Pandemic . Available from: <https://resourcecentre.savethechildren.net/library/counseling-tips-supporting-pregnant-women-and-mothers-and-caregivers-young-children-iycf>

15. The Partnerships for Maternal, Newborn and Child Health Breastfeeding and COVID-19 video social media toolkit <https://www.who.int/pmnch/media/videos/breastfeeding-covid19-video-socialmedia-toolkit.pdf?ua=1&ua=1>
16. UNICEF, GNC and GTAM (2020). Guidance and Tools for programmatic adaptations during COVID 19. Available from: <https://gtam.nutritioncluster.net/node/34>
17. UNICEF, GNC and GTAM (2020). Infant and Young Child Feeding in the Context of COVID-19, Brief No. 2. Available from: <https://www.unicef.org/documents/infant-and-young-child-feeding-context-covid-19>
18. UNICEF (2013). IYCF Counselling cards for community health workers. Available from: https://www.unicef.org/nutrition/files/counseling_cards_Oct.2012small.pdf
19. UNICEF (2013). IYCF key message booklet. Available from: https://www.unicef.org/nutrition/files/Key_Messages_Booklet_for_counselling_cards.pdf
20. WHO (2020). Basic Psychosocial Skills: A Guide for COVID-19 Responders. Available from: <https://www.who.int/news/item/01-06-2020-basic-psychosocial-skills-a-guide-for-covid-19-responders>
21. WHO (2020). Frequently asked questions: Breastfeeding and COVID-19. Available from: <https://www.who.int/publications/m/item/frequently-asked-questions-breastfeeding-and-covid-19>

For more information and resources visit the
Infant and Young Child Feeding in Emergencies Hub

WWW.IYCFEHUB.ORG

