

A photograph of a woman holding a baby, with another person's hands resting on the baby's head. The image is overlaid with a green tint.

INTEGRATION OF IYCF SUPPORT INTO CMAM

FACILITATOR'S GUIDE

OCTOBER 2009



IASC

ACKNOWLEDGEMENTS

The 'Integration of IYCF Support into CMAM' content was developed in an Emergency Nutrition Network (ENN)-led initiative as a member of the IFE Core Group, funded by the Inter-Agency Standing Committee (IASC) Nutrition Cluster.

The materials were developed for the ENN by Nutrition Policy and Practice, LLC, namely Mary Lung'aho and Maryanne-Stone Jimenez. The first pilot in Sierra Leone was carried out in collaboration with UNICEF and Valid International, funded by the IASC Nutrition Cluster. A second pilot, funded by Save the Children UK, was carried out in Zimbabwe in collaboration with Save the Children and UNICEF.

Thanks to all who reviewed earlier drafts, content development and supported pilot training, in particular Marie McGrath, Rebecca Norton, Lida Lhotska, Caroline Wilkinson, Hedwig Deconinck, Pamela Morrison, Karleen Gribble, Ali Maclaine, Anne Walsh, Vicky Sibson, Esfondi Adalbert, Nicky Dent and Stefano Fedele.

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Produced by the ENN, October, 2009.

ACRONYMS

AFASS	Acceptable, Feasible, Affordable, Sustainable, Safe
ANC	Antenatal Care
CHWs	Community Health Workers
CHVs	Community Health Volunteers
CMAM	Community-based Management of Acute Malnutrition
CTC	Community-based Therapeutic Care
FATVAH	Frequency, Amount, Texture (thickness/consistency), Variety of foods, Active or responsive feeding, and Hygiene
HIV	Human Immunodeficiency Virus
IYCF	Infant and Young Child Feeding
MCH	Maternal Child Health
MOH	Ministry of Health
MTCT	Mother to Child Transmission of HIV
OTP	Outpatient Therapeutic Programme
OTTA	Observe, Think, Try, Act
SAM	Severe Acute Malnutrition
SC	Stabilisation Centre
TBA s	Traditional Birth Attendants

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INTRODUCTION

Purpose

The purpose of the *Facilitator's Guide - Integration of IYCF Support into CMAM* (Community-based Management of Acute Malnutrition) is to train health care personnel and community health workers in the integration of recommended infant and young child feeding (IYCF) practices within CMAM. These health workers will support mothers/caregivers in prevention as well as rehabilitation.

Participants

The *Facilitator's Guide - Integration of IYCF Support into CMAM* is designed for health care providers who manage or supervise the management of severe acute malnutrition in children. It will also be useful for government officials in the Ministry of Health (MOH) and at the district level; health programme managers and technical staff of nongovernmental organisations (NGOs); and United Nations (UN) technical staff who are involved in the management of acute malnutrition in children.

Facilitators

At least two Facilitators/Trainers should conduct the training (i.e. one Facilitator/Trainer for every 5-7 participants). The Facilitators/Trainers should be IYCF experts as well as being familiar with the community-based approach for managing acute malnutrition and experienced in the practical application of community-based outpatient care.

Definitions

CMAM evolved from Community-based Therapeutic Care (CTC), which is a community based approach for the management of acute malnutrition in emergency settings and comprises community outreach, supplementary feeding programmes, outpatient therapeutic programmes (OTPs) and stabilisation centres (SCs). Other variants include ambulatory care or home-based care for severe acute malnutrition. The term CTC is in use in certain countries or for emergency interventions. In this training guide, the term CMAM is used to embrace all approaches.

General objectives of *Facilitator's Guide - Integration of IYCF Support into CMAM*

This training is intended to accomplish the following:

1. Identify gaps between actual and recommended IYCF practices in the CMAM communities
2. Raise awareness among CMAM personnel on the importance of recommended breastfeeding and complementary feeding practices for children 0 – 23 months.
Note: In the *Facilitator's Guide - Integration of IYCF Support into CMAM*,
0 - 5 months means 0 - 5.9 months (a period of 6 completed months)
6 - 8 means 6 - 8.9 months (a 3 month period)
9 - 11 means 9 -11.9 months (a 3 month period)
12 - 23 months means 12 - 23.9 months (a 12 month period).
3. Sensitize CMAM personnel about key contact points within CMAM for meeting with mothers/caregivers to discuss and support recommended infant and young child feeding practices.

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4. Increase the knowledge of CMAM personnel in order to enable them to help mothers and caregivers to optimally feed their infants and young children aged less than 2 years.
5. Enhance the skills of CMAM personnel to support mothers and caregivers.
Skills include:
 - *Listening and learning*
 - *Building confidence and giving support* (practical help) to the mother/caregiver, and
 - *IYCF 3-Step Counselling/'Reaching-an-agreement'* with mother/caregiver.

Specific objectives of Facilitator's Guide - Integration of IYCF Support into CMAM

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

1. Explain why IYCF practices matter:
 - Importance of breastfeeding
 - Risks of not breastfeeding.
2. Describe recommended practices and counselling discussion points on IYCF from 0 – 23 months.
3. Describe basic information of infant feeding in an HIV context.
4. Conduct *IYCF 3-Step Counselling/'Reaching-an-agreement'* with mother/caregiver by applying the 'assess, analyze, and act' steps in order to promote and improve IYCF-related practices.
5. Identify ways to prevent and resolve common breastfeeding difficulties.
6. Facilitate action-oriented group sessions (group education) and IYCF Support Groups.

Structure of Training

The *Facilitator's Guide - Integration of IYCF Support into CMAM* is intended to equip Participants with basic counselling skills, and technical knowledge of recommended IYCF practices. Basic counselling skills include: *listening and learning, building confidence and giving support* to mother/caregiver, and *IYCF 3-Step Counselling/ 'Reaching-an-agreement'* by applying the 'assess, analyze and act' steps.

The *Facilitator's Guide - Integration of IYCF Support into CMAM* is divided into 3 Modules:

Module I: Community Assessment of IYCF practices (2 hours combined with CMAM Community Outreach Module)

Module I is a pre-training activity conducted within communities that will participate in CMAM programming.

Module II: Two-day IYCF course for CMAM

This 2-day IYCF course contains an instructional plan and an outline followed by 11 sessions. All information is consistent with WHO/UNICEF recommendations. Every context is different, and Facilitators/Trainers will need to modify the sessions according to the context, current guidelines and national protocols in a given country.

Each session includes:

- A table detailing learning objectives and related Handouts (in green print) for classroom work or fieldwork

Introduction

- Materials required
- Advance preparation
- Time allotted
- Suggested activities and methodologies (in boxes) based on each learning objective with instructions for Facilitator/Trainer
- Key information with explanation of content.

Module III: IYCF Field Practice (2 hours combined with CMAM Field Practice)

The Participants should have at least three client contacts during the practicum. If a Participant's skills need strengthening, arrangements should be made for additional supervised practice with the Facilitator/Trainer or at the Participant's work site until competency is achieved.

The *Facilitator's Guide - Integration of IYCF Support into CMAM* is designed to be used by Facilitators/Trainers as guidance and is not intended to be given to Participants. Participants are given a Participants' packet that contains handouts for Modules I, II, and III.

Training in the classroom and the field

The suggested training activities and methodologies used throughout the *Facilitator's Guide - Integration of IYCF Support into CMAM* are practical and participatory, building on Participants' knowledge, skills and experience.

The Module I pre-training activity needs to be coordinated with the implementation of CMAM Community Outreach Module.

Module II takes place in the classroom and includes content and skills' details, materials/ handouts, advance preparation, time, and suggested activities and methodologies. This 2-day course places significant emphasis on the development of practical skills.

Module III is the field practice in communities and health facilities. This field practice complements the theory learned in the classroom and gives Participants an opportunity to develop the practical skills required to integrate IYCF Support into CMAM. This activity needs to be coordinated with the CMAM field practice training.

Methodologies for instruction

This course is designed to build upon the knowledge and experience of the Participants and to be relevant to their needs and those of their communities. It uses a variety of training methodologies including practical exercises in small groups, demonstrations, visual aids, discussions, role-plays, practice, and case studies. These methodologies give Participants a thorough overview of concepts and protocols. The practical field component reinforces theory learned in the classroom and gives Participants the opportunity to develop the practical skills.

Training of Trainers and Training of Counsellors

To conduct a Training of Trainers (TOT) course, it is recommended that the this 3-day course content be expanded to five days in order to include practice training and the development of an Action Plan for the new Facilitators/ Trainers. Subsequent training of counsellors (TOC) takes 2 days (Modules II and III). In the Annexes of the *Facilitator's Guide - Integration of IYCF Support into CMAM* is some guidance for Facilitators/Trainers on the

Introduction

principles of adult learning; roles and responsibilities of training organiser/management, facilitator/trainer, and learner/trainee; training methods; and suggested review energisers (group and team building). Detailed guidance for a 5 day TOT is beyond the scope of this piece of work.

Evaluation

The results of the pre- and post-assessment tools will identify content areas that have been difficult for Participants to grasp and will help to develop approaches to facilitate learning the challenging content.

At the end of training, Participants complete an End of Training Evaluation form to identify what facilitated and what hindered learning. The information from the evaluation forms helps to determine the changes that need to be made to improve the course.

Training Follow-up/Supervision/Mentoring

It is recommended that training follow-up visits be conducted within the first two months following training to assist Participants in problem solving associated with their efforts to provide IYCF information and support and to assess the quality of IYCF client management. Facilitators/Trainers need to inform Participants and make arrangements before completion of the training course for a follow-up/supervision/mentoring visit.

Throughout the *Facilitator's Guide - Integration of IYCF Support into CMAM*, the trainers are referred to as Facilitators and the trainees/learners as Participants.

Acknowledgements

The HIV graphics in Session 5 are modelled on the Kenyan National HIV Counselling Cards 'Infant and Young Child Feeding in the Context of HIV and AIDS', Republic of Kenya Ministry of Health Division of Nutrition and NASCOP. They were produced by ENN as part of this Facilitator's Guide, the development of which was funded by the IASC Global Nutrition Cluster. The illustrations on Good and Poor Attachment, cracked nipple and mastitis are taken from WHO Breastfeeding Counselling: a training course (1993). The photo on engorgement is from Mwate Chintu.

Introduction

Outline of 3-Day Train the Trainers IYCF Course for CMAM		(1/2 cont'd next page)	
Section	Content Overview	Skills	Points of Contact
<p>A</p> <ul style="list-style-type: none"> Getting on track Assessing infant feeding 0 – 23 months (individual problem identification) Prioritizing difficulties (analysis) Correcting existing IYCF difficulties during weekly or bi-weekly follow-up (action). 	<ul style="list-style-type: none"> 'Why it matters' for this child, next child and community Importance of breastfeeding Risks of not breastfeeding Recommended IYCF practices – how child should be fed, talking about malnutrition Breastfeeding Complementary feeding for children from 6 – 23 months and transition to family diet How to breastfeed Good attachment How to establish/maintain breastmilk supply HIV infected mother: <ul style="list-style-type: none"> MTCT of HIV Infant feeding in the context of HIV Breast conditions of HIV infected mother. 	<p>Clinicians, CHWs and CHVs</p> <ul style="list-style-type: none"> IYCF Assessment of Mother/Child Pair Names of mother and child Age of child in months: 0 – 5; 6 – 8; 9 – 11; 12 – 23 Breastfeeding: frequency, difficulties Complementary foods: what type/kinds, frequency, amount, and texture (thickness/consistency) Other milks or liquids: what type/kinds, frequency, amount Behaviour Change Steps Counselling/'Reaching-an-agreement' with mother/caregiver Correcting attachment (and positioning, if necessary). 	<p>Individual Activities</p> <ul style="list-style-type: none"> Admission Treatment Weekly or bi-weekly follow-up at CMAM site Home visits of community volunteers Clinician consult (referrals) Group Activities Action-oriented sessions (group education) at CMAM and community sites IYCF Support Groups.

Introduction

Outline of 3-Day Train the Trainers IYCF Course for CMAM (2/2 cont'd)			
Section	Content Overview	Skills	Points of Contact
<p>B</p> <p>Staying on track</p> <ul style="list-style-type: none"> Discharge planning for continued progress. 	<ul style="list-style-type: none"> How to maintain adequate complementary feeding practices. 	<p>Individual Counselling</p> <ul style="list-style-type: none"> Is child continuing to grow well? Inform caregiver (re: child's growth), provide praise and support (i.e. more help with feeding practices if child is growth-faltering). <p>Group Discussion</p> <ul style="list-style-type: none"> Conduct a group education session Conduct an IYCF Support Group. 	<p>Individual Activities</p> <ul style="list-style-type: none"> Home visits of community volunteers Link with growth monitoring: support caregiver in appropriate feeding <p>• Link with other health care services: support caregiver in appropriate feeding in IMCI, Sick Child Immunization</p> <p>• Clinician consult (referrals).</p> <p>Group Activities</p> <ul style="list-style-type: none"> Action-oriented sessions (group education) at community sites IYCF Support Groups.
<p>C</p> <p>Practical support: more mothers with more skills and more support</p> <ul style="list-style-type: none"> Working for recommended feeding practices. 	<ul style="list-style-type: none"> Common breastfeeding difficulties. 	<ul style="list-style-type: none"> Overcoming breastfeeding difficulties Applying appropriate complementary feeding practices: preparation of appropriate complementary foods (frequency, amount, texture (thickness/consistency), and variety for age), active/responsive feeding and appropriate hygiene. 	

MODULE I

COMMUNITY ASSESSMENT OF IYCF PRACTICES (combined with CMAM Community Outreach Module)

Learning Objectives	Handouts
<p>1. Describe how IYCF practices are viewed by the community</p> <p>a) Name the issues to be investigated during an IYCF Community Assessment (classroom preparation).</p>	
<p>b) Conduct focus groups and complete breastfeeding practices matrix (community activity)</p> <p>c) Conduct focus groups and complete complementary feeding practices matrix and calendar of local, feasible, available and affordable foods (community activity).</p>	<ul style="list-style-type: none"> • Handout 1: Breastfeeding practices matrix • Handout 2: Complementary feeding practices matrix • Handout 3: Calendar - local, feasible, available and affordable foods (home and/or market) • Handout 4: Team Checklist for Community Outreach Practicum.
<p>2. Consolidate findings from focus groups (classroom).</p>	<ul style="list-style-type: none"> • Handout 4: Team Checklist for Community Outreach Practicum.

Materials

- Flipchart papers (+ markers + masking).

Advance Preparation

- Arrangements made ahead of time to visit community sites to lead focus group discussions with 1) pregnant women, 2) mothers, 3) grandmothers, 4) fathers, 5) community health workers and TBAs, and 6) traditional healers [6 – 8 persons per focus group].

Duration: 2 hours (combined with CMAM Community Outreach Module).

MODULE I

LEARNING OBJECTIVE 1A:

Describe how IYCF practices are viewed by the community – Name the issues to be investigated during an IYCF Community Assessment

Key Information

Issues to be investigated during an IYCF Community Assessment

1. **Current Practice:** what is actually practiced by the individual or community.
2. **Recommended Practice:** practices recommended by health authorities because they support normal health, growth and development.
3. **Motivators:** what helps the individual or community perform the recommended practice.
4. **Barriers:** what prevents the individual or community from performing the recommended practice.
5. **Feasible practice:** the most realistic do-able behaviour that an individual or community agrees to and is expected to adopt. Gradual acceptance and practice of feasible behaviour could eventually lead to the adoption of recommended practice.
6. **Message Development:** develop messages around the recommended practice.

With this information select **Channels of Communication:** a combination of mass media, print, interpersonal communication, and traditional forms of communication (i.e., folk media, songs, puppet shows, street drama, and local art).

Suggested Activity and Methodology

Activity 1: Breastfeeding and Complementary Feeding Practices - Matrices

Methodology: Participative presentation

- On flip chart draw the columns of a breastfeeding practices matrix and fill-out the headings (issues to be investigated during an IYCF assessment), giving a brief explanation (similar to **Handout 1: Breastfeeding practices matrix**)
- Using an example of 'initiation of breastfeeding', fill-out the matrix with the Participants' participation (similar to **Handout 2: Complementary feeding practices matrix**)
- On another flip chart draw the columns of a complementary feeding practices matrix and fill-out the headings (issues to be investigated during an IYCF assessment), giving a brief explanation.

MODULE I

LEARNING OBJECTIVES IB and IC:

Describe how IYCF practices are viewed by the community.
Complete breastfeeding practices matrix and complementary feeding practices matrix

Key Information

- See **Handout 1: Breastfeeding practices matrix**
- See **Handout 2: Complementary feeding practices matrix**
- See **Handout 3: Calendar - local, feasible, available and affordable foods (home and/or market)**
- See **Handout 4: Team Checklist for Community Outreach Practicum.**

Suggested Activity and Methodology

Activity 2: Community focus groups

Methodology: Conduct community focus groups with one of the following community groups – 1) pregnant women, 2) mothers, 3) grandmothers, 4) fathers, 5) community health workers and TBAs, and 6) traditional healers

- Divide Participants into 6 groups (representing the 6 community groups mentioned above); each group chooses two moderators/interviewers and a recorder amongst themselves
- Each group will conduct a focus group with one of the above mentioned target groups
- **Distribute** to moderators/interviewers and recorders **Handout 1: Breastfeeding practices matrix** and **Handout 2: Complementary feeding practices matrix**
- The objective of the focus group is to complete the following three tasks with their target group: 1) the breastfeeding practice matrix, 2) the complementary feeding matrix and 3) the calendar of local, feasible (foods that the community will prepare), available and affordable foods
- One Facilitator circulates between the focus groups, noting progress and helping to correct problems or misunderstandings should they emerge
- In each group, the two designated moderator/interviewers take turns managing the focus group according to the practices on the matrices
- After conclusion of the focus group, the recorder seeks clarification for any uncertain points, and after focus group members leave, completes notes with help of the other Participants
- Use **Handout 4: Team Checklist for Community Outreach Practicum.**

MODULE 1

LEARNING OBJECTIVE 2:

Consolidate findings from interviews

Key Information

- See **Handout 4: Team Checklist for Community Outreach Practicum.**

Suggested Activities and Methodologies

Activity 3: Consolidate and Present Findings

Methodology: Presentation, feedback/discussion

- Groups individually consolidate their findings on the matrices
- Review of Content: each group presents its findings, which are tabulated by facilitators on a central flip chart
- Review of process: Participants discuss their experience; facilitators offer assessment of process based on morning's observation of interviews in process
- Use **Handout 4: Team Checklist for Community Outreach Practicum.**

MODULE 1

HANDOUT 1: Breastfeeding Practices Matrix

Breastfeeding Practice	Current Practice	Recommended Practice	Motivators	Barriers	Feasible Practice	Counselling Discussion
Initiation of breastfeeding		Within the 1st hour of birth				
Giving colostrum (local name)		Within the 1st hour of birth				
Duration of exclusive breastfeeding		From birth until baby is 6 months old (no water, other drink, or food)				
Frequency of breastfeeding		On demand (or cue) day and night				
Duration of breastfeeding		Until baby releases both breasts				
Expressing breastmilk						
Giving water		No water during first 6 months				
Breastfeeding during illness		More frequent during & after illness				
Cessation of breastfeeding		2 years of age or older				

MODULE 1

HANDOUT 2: Complementary Feeding Practices Matrix

(1/2 cont'd next page)

Complementary Feeding Practice	Current Practice	Recommended Practice	Motivators	Barriers	Feasible Practice	Counselling Discussion
Continued sustained breastfeeding	6 months 9 months 12 months	*See table next page				
Frequency of complementary foods	6 months 9 months 12 months	*See table next page				
Amount of complementary foods	6 months 9 months 12 months	*See table next page				
Texture (thickness /consistency) of complementary foods	6 months 9 months 12 months	*See table next page				
Variety of complementary foods (calendar)	6 months 9 months 12 months	*See table next page				
Active/Responsive feeding		*See table next page				
Hygiene		*See table next page				
Use of bottles		Use cup				

MODULE 1

HANDOUT 2: Complementary Feeding Practices Matrix

(2/2 cont'd)

Recommended complementary feeding practices				
Age	Frequency (per day)	Amount of food an average child will usually eat at each serving* (in addition to breastmilk)	Texture (thickness/ consistency)	Variety
6 - 8 months	2 - 3 times food	2 - 3 tablespoons 'Tastes' up to ½ cup (250 ml)	Thick porridge/pap Mashed/ pureed family foods	Breastfeeding + Staples (porridge, other local examples)
9-11 months	4 times foods and snacks	½ cup/bowl (250 ml)	Finely chopped family foods Finger foods Sliced foods	Legumes (local examples) Vegetables/ Fruits (local examples)
12-23 months	5 times foods and snacks	¾ - 1 cup/bowl (250 ml)	Family foods Sliced foods	Animal foods (local examples)
Note: If baby is not breastfed	Add 1-2 extra times food and snacks			Add 1-2 cups of milk per day
Responsive/Active feeding		Be patient and actively encourage your baby to eat		
Hygiene		<ul style="list-style-type: none"> • Feed your baby using a clean cup and spoon, never a bottle as this is difficult to clean and may cause your baby to get diarrhoea. • Wash your hands with soap and water before preparing food, before eating, and before feeding young children. 		

Adapted from WHO Guiding principles for complementary feeding of the breastfed child (2004)

* Adapt the chart to use a suitable local cup/bowl to show the amount. The amounts assume an energy density of 0.8 - 1 Kcal/g.

- Use iodized salt in preparing family foods

MODULE I

HANDOUT 3: Calendar – Local, feasible, available and affordable foods (home and/or market)

To be filled-in for every month (or season)

(1/2 cont'd next page)

January	Home	Market
February	Home	Market
March	Home	Market

April	Home	Market
May	Home	Market
June	Home	Market

MODULE I

HANDOUT 3: Calendar – Local, feasible, available and affordable foods (home and/or market)

To be filled-in for every month (or season)

(2/2 cont'd next page)

July	Home	Market
August	Home	Market
September	Home	Market

October	Home	Market
November	Home	Market
December	Home	Market

MODULE I

HANDOUT 4: Team Checklist for Community Outreach Focus Groups

Community Focus Groups	
	Courteous treatment of community members
	Explain objective to focus groups: The information will be used to help mothers and fathers better feed their children
	Clarity of instruction
	Efficient use of village time and maximum use of opportunities
	Ability to employ variety of tactics to prompt discussion
	Good written record of the discussion
	Thanking for participation and restating objective
Post-Focus Groups Discussion	
	Content gaps are recognised by team
	Team is able to distil useful insights from material of focus groups
	Team can identify changes and improvements needed to matrices and process
	Team can draw practical operational conclusions and insights from focus groups
	Team can determine priority counselling discussion points

MODULE II

TWO-DAY TRAIN THE TRAINERS IYCF COURSE FOR CMAM

AGENDA

Session 1	<ul style="list-style-type: none"> • Pre-assessment • 'Why it matters' for this child, next child and community • Importance of breastfeeding • Risks of not breastfeeding. 	1 hour
Session 2	Recommended IYCF practices: Breastfeeding.	45 minutes
Session 3	Recommended IYCF practices: Complementary feeding for children from 6 – 23 months.	45 minutes
Session 4	How to breastfeed <ul style="list-style-type: none"> • Good Attachment • How to establish/maintain breastmilk supply. 	1 hour
Session 5	How to Counsel/'Reach-An-Agreement' with Mother/Caregiver <ul style="list-style-type: none"> • <i>Listening and learning</i> counselling skills • <i>Confidence building and giving support</i> skills • Behaviour Change Steps • <i>IYCF 3-Step Counselling/'Reaching-an agreement'</i> (assess, analyse and act) • Contact points within CMAM where <i>IYCF 3-Step Counselling/'Reaching-an agreement'</i> can be conducted. 	1 ½ hours
Session 6	Common breastfeeding difficulties: symptoms, prevention and 'what to do'.	45 minutes
Session 7	Breastfeeding beliefs and myths.	30 minutes
Session 8	Infant Feeding in an HIV context : <ul style="list-style-type: none"> • Mother-to-Child transmission of HIV • Infant feeding in the context of HIV • Breast conditions of HIV infected mother. 	45 minutes
Session 9	Discharge planning.	45 minutes

Cont'd next page

Module II

Session 10	Action-oriented group sessions, infant and young child feeding support groups, and home visits Post-assessment.	1 hour
Session 11	• Prepare Action Plan (for TOT).	2 hours
Practicum (Module III)		2 hours
Community IYCF Assessment (for TOT)		1 hour
Total Time for IYCF Counsellors		10 ½ hours
Total Time for TOT		13 ½ hours + practice training

MODULE II – HANDOUTS

- **Handout 1: Pre-assessment (for Facilitator)**
- **Handout 2: Importance of Breastfeeding for Infant, Mother, Family and Community**
- **Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling**
- **Handout 4: Recommended complementary feeding practices**
- **Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling**
- **Handout 6: Anatomy of the human breast**
- **Handout 7: Good and Poor Attachment**
- **Handout 8: *Listening and learning* counselling skills**
- **Handout 9: IYCF Assessment of Mother/Child Pair**
- **Handout 10: Checklist for Observer/Supervisor/Mentor-IYCF Assessment of Mother/Child Pair**
- **Handout 11: Common breastfeeding difficulties**
- **Handout 12: Insufficient breastmilk**
- **Handout 13: IYCF discharge plan checklist**
- **Handout 14: How to Conduct a Group Session: Story, Drama, or Visual (OTTA)**
- **Handout 15: Characteristics of a IYCF Support Group**
- **Handout 16: Post-assessment (for Facilitator)**

MODULE II – SESSION I

'WHY IT MATTERS' FOR THIS CHILD, NEXT CHILD AND COMMUNITY

Learning Objectives	Handouts
1. Identify strengths and limitations in IYCF.	• Handout 1: Pre-assessment (for Facilitator).
2. Define IYCF, complementary feeding, and supplementary feeding.	
3. Review the importance of breastfeeding and describe the risks of not breastfeeding.	• Handout 2: Importance of Breastfeeding for Infant/Young Child, Mother, Family and Community.
4 a. Recognize that undernutrition is an underlying cause of increased mortality and morbidity 4 b. Recognize that growth faltering begins early in infancy.	• Training Aid 1: Undernutrition (Graph A) and Growth Faltering (Graph B) • Training Aid 2: UNICEF Conceptual Framework: Care for Nutrition.

Materials

- Matching cards for presentation game
- Flipchart papers (+ markers + masking)
- **Training Aids 1 and 2** (Annex 2)

Advance preparation

- Flipchart with written risks of NOT breastfeeding
- Draw UNICEF Conceptual Framework: Care for Nutrition

Session Duration: 1 hour

MODULE II – SESSION I

LEARNING OBJECTIVE 1:

Identify strengths and limitations in Participants' IYCF knowledge

Suggested Activity and Methodology

Activity 1: Pre-Assessment**Methodology:** Participants sit in circle facing outwards

- Ask Participants to form a circle and sit so that their backs are facing the centre.
- Explain that questions will be asked, and ask Participants to raise one hand (with open palm) if they think the answer is 'Yes', to raise one hand (with closed fist) if they think the answer is 'No', and to raise one hand (pointing 2 fingers) if they 'Don't know'.
- One Facilitator reads the statements from **Handout 1: Pre-assessment (for the Facilitator)** and another Facilitator records the answers and notes which topics (if any) present confusion.
- Advise Participants that these topics will be discussed in greater detail during the training.

Key Information

- See **Handout 1: Pre-assessment (for Facilitator)**

MODULE II – SESSION I

LEARNING OBJECTIVE 2:

Define IYCF, complementary feeding, and supplementary feeding

Suggested Activity and Methodology

Activity 2: Definitions Methodology: Brainstorming

- On a flipchart vertically write I =, Y =, C =, and F =
- Ask Participants:
 - What each letter stands for
 - What do we mean by 'infant' and 'young child'
 - What does IYCF mean to you (write responses on flipchart)
 - To define complementary feeding
 - To define supplementary feeding
- Facilitator fills-in gaps.

Key Information

IYCF = Infant and Young Child Feeding

Infant = 0 – 11 months

Young Child = up to 2 years

Complementary Feeding is the process of giving age-appropriate, adequate and safe complementary foods while breastfeeding continues for up to 2 years of age and beyond. Complementary foods should be introduced at about 6 months, when breastmilk no longer meets the infant's growing nutrient needs.

Supplementary Feeding is the provision of extra food to children or families to supplement a general ration or the home diet.

MODULE II – SESSION I

LEARNING OBJECTIVE 3:

Review the importance of breastfeeding and describe the risks of not breastfeeding

Suggested Activity and Methodology

Activity 3: Risks of not breastfeeding

Methodology: Small working groups of 3 Participants (Buzz Groups); and Review

- a. Ask Participants to form groups of 3 with their neighbours and to brainstorm the risks of not breastfeeding
 - Participants share their brainstorming list of the risks of not breastfeeding
 - Summary in plenary using a prepared list of risks of not breastfeeding on flipchart (list above under Key Information)
 - Facilitator fills-in gaps.
- b. **Distribute Handout 2: Importance of Breastfeeding for Infant/Young Child, Mother, Family and Community**
 - Review Handout 2 with Participants and ask: "What points are new? and discuss.

Key Information

- See **Handout 2: Importance of Breastfeeding for Infant/Young Child, Mother, Family and Community.**

Risks of not breastfeeding

- More diarrhoea and persistent diarrhoea
- More frequent respiratory infections
- Malnutrition
- Under-development: retarded growth, under-weight, stunting, wasting
- Vitamin A deficiency
- Reduced absorption of iron
- More allergy and milk intolerance
- Increased risk of some chronic diseases for both mother and infant
- Lower scores on intelligence tests
- Mother may become pregnant sooner
- Increased risk of anaemia (more bleeding after childbirth), ovarian cancer and breast cancer in mother
- Interferes with bonding.

MODULE II – SESSION I

LEARNING OBJECTIVE 4a:

Recognize that undernutrition is an underlying cause of increased mortality and morbidity, and

LEARNING OBJECTIVE 4b:

Recognize that growth faltering begins early in infancy

Suggested Activity and Methodology

Activities 4a and 4b: Undernutrition and Early Growth Faltering
Methodology: Interactive Presentation

- Present **Training Aid 1:** Undernutrition (Graph A) and early Growth Faltering (Graph B)
- Explain the graphs with notes below
- Present **Training Aid 2:** UNICEF Conceptual Framework: Care for Nutrition; (previously draw Framework on flipchart)
- Discussion and questions.

Key Information

- See **Training Aid 1:** Undernutrition and early growth faltering – Graphs A and B (Annex 2)
- See **Training Aid 2:** UNICEF Conceptual Framework: Care for Nutrition (Annex 2)

1. Graph A: Morbidity and Mortality

- Globally, approximately 9.2 million children <5 years die each year (UNICEF 2007)
- Maternal and child undernutrition contribute to approximately 35% of deaths in children less than 5 years of age worldwide; 1.5 million under 5 deaths are due to severe wasting
- Undernutrition is also an underlying cause of increased morbidity

2. Graph B: Growth faltering (Weight/ Age) by region

- Malnutrition happens early – stunting & wasting begin early in childhood
- These data describe why we see so much underweight. This pooled analysis of **weight-for-age** data shows that growth faltering begins early, at about 3 months with a rapid decline through 12 months. The important point is that the process of growth faltering begins early in infancy, is very common, and occurs in all regions of the world.
- The 'window of opportunity' for improving nutrition is small – from before pregnancy through the first 2 years of life. If malnutrition is not corrected, the damage to physical growth and brain development that occurs during this 'window of opportunity' is extensive and irreversible.

3. UNICEF Conceptual Framework: Care for Nutrition

- Point out where IYCF and CMAM fit into the UNICEF Framework
- Emphasize the linkages between undernutrition/malnutrition and feeding and care
- Show that feeding and care are major contributors to undernutrition/ malnutrition
- The necessary conditions for well-being (nutrition security) are access to **food**, adequate **care** of children and women, and access to basic **health** services, together with a healthy environment
- The potential for fulfilling three of the necessary conditions (food, care, and health) for nutritional security is determined by availability and control of **resources** (human, economic and organizational)
- The choice and use of resources in efforts to achieve the necessary conditions for nutrition security are influenced by **information, education and communication**
- The availability and control of resources are determined by previous and current technical and social conditions of production and political, economic and ideological or cultural factors.

MODULE II

HANDOUT I: Pre-assessment (for Facilitator)

What do we know now?				
		Yes	No	Don't know
1	A support group is the same as an educational talk. (Session 9)		X	
2	A HIV infected mother can pass the virus to her baby during pregnancy, labour and delivery, and breastfeeding. (Session 5)	X		
3	Inadequate infant feeding during the first 2 years of life results in poor growth and brain development. (Session 1)	X		
4	At 4 months, infants need water and other drinks in addition to breastmilk. (Session 3)		X	
5	The most effective approach to changing behavior is to tell a mother how to feed her child. (Session 6)		X	
6	The more milk a baby removes from the breast, the more breastmilk the mother makes. (Session 4)	X		
7	A baby should breastfeed for 2 years or longer. (Session 2)	X		
8	Correct attachment of baby to breast can help prevent sore and cracked nipples. (Session 7)	X		
9	After discharge from OTP (Outpatient Care), a child has recuperated/recovered and no additional feeding recommendations are required. (Session 8)		X	
10	For a HIV-infected mother, both breastfeeding and artificial feeding carry risks to child survival. (Session 5)	X		

MODULE II

HANDOUT 2: Importance of Breastfeeding for the Infant/Young Child, Mother, Family and Community

(1/2 cont'd next page)

Importance of Breastfeeding for the Infant/Young Child

Breastmilk:

- Saves infants' lives.
- Is a whole food for the infant, contains balanced proportions and sufficient quantity of all the needed nutrients for the first 6 months.
- Promotes adequate growth and development, thus preventing stunting.
- Is always clean.
- Contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- Is always ready and at the right temperature.
- Is easy to digest. Nutrients are well absorbed.
- Protects against allergies. Breastmilk antibodies protect the baby's gut preventing harmful substances to pass into the blood.
- Contains enough water for the baby's needs (87% of water and minerals).
- Helps jaw and teeth development; suckling develops facial muscles.
- Frequent skin-to-skin contact between mother and infant lead to better psychomotor, affective and social development of the infant.
- The infant benefits from the colostrum, which protects him/her from diseases. The amount is perfect for newborn stomach size.
- Promotes brain development; increased Intelligence Quotient (IQ) scores.

Importance of Breastfeeding for the Mother

- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby's suckling stimulates uterine contractions.
- Reduces risks of bleeding after delivery.
- When the baby is immediately breastfed after birth, breastmilk production is stimulated.
- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months provided that breastfeeding is exclusive and amenorrhoea persists.
- Immediate and frequent suckling prevents engorgement.

MODULE II

HANDOUT 2: Importance of Breastfeeding for the Infant/Young Child, Mother, Family and Community

(2/2 cont'd)

- Reduces the mother's workload (no time is involved in boiling water, gathering fuel, on preparing milk).
- Breastmilk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
- It is economical.
- Stimulates bond between mother and baby.
- Reduces risks of breast and ovarian cancer.

Importance of Breastfeeding for the Family

- The child receives the best possible quality of food, no matter what the family's economic situation.
- No expenses in buying formula, firewood or other fuel to boil water, milk or utensils. The money saved can be used to meet the family's other needs.
- No medical expenses due to sickness that formula could cause. The mothers and their children are healthier.
- As illness episodes are reduced in number; the family encounters few emotional problems associated with the baby's illness.
- Births are spaced thanks to the contraceptive effect.
- Time is saved.
- Feeding the baby reduces work because the milk is always available and ready.

Importance of Breastfeeding for the Community

- Not importing formula and utensils necessary for its preparation saves hard currencies that could be used for something else.
- Healthy babies make a healthy nation.
- Savings are made in the health area. A decrease in the number of child illnesses leads to decreased national medical expenses.
- Improves child survival. Reduces child morbidity and mortality.
- Protects the environment (trees are not used for firewood to boil water, milk and utensils, thus protecting the environment). Breastmilk is a natural renewable resource.

MODULE II – SESSION 2**RECOMMENDED IYCF PRACTICES – BREASTFEEDING**

Learning Objective	Handouts
1. Identify the recommended breastfeeding practices.	• Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling.

Materials

- Flipchart papers (+ markers + masking)
- Large cards (½ A4 size) or pieces of paper of the same size.

Duration: 45 minutes

MODULE II – SESSION 2

LEARNING OBJECTIVE 1:

Identify the recommended breastfeeding practices

Suggested Activity and Methodology

Activity 1: Identify recommended breastfeeding practices

Methodology: Small working groups

- Divide Participants into groups of four, giving each group 10 cards or pieces of paper
- Facilitator gives an example of a recommended breastfeeding practice such as initiation of breastfeeding in 1st hour
- Each group writes a recommended breastfeeding practice on each card (one per card)
- Small groups share, discuss and group the cards on recommended breastfeeding practices
- Each group tapes their cards on recommended breastfeeding practices on the wall
- Ask one group to tape their cards on a board/flipchart in front of the whole group in a vertical column
- Beginning with the first practice presented, ask other groups with a similar practice to tape their practice on top
- Continue with all subsequent practices
- Ask other groups to tape any additional practices to 1st group's practices
- Discuss with group the additional practices, skill or related points (leave skills to the side of the centre column)
- Leave posted in a vertical column (in the centre of the board/flipchart) the recommended breastfeeding practices
- Summary and Facilitator fills-in the gaps in plenary to include the recommended breastfeeding practices
- **Distribute Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling** and review together without reading word-for-word.

Key Information

- See **Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling**.

MODULE II

HANDOUT 3: Recommended Breastfeeding Practices and Possible Points of Discussion for Counselling

(1/2 cont'd next page)

Recommended Breastfeeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
Put infant skin-to-skin with mother immediately after birth	<ul style="list-style-type: none"> • Skin-to-skin with mother keeps newborn warm • Skin-to-skin with mother helps stimulate brain development.
Initiate breastfeeding within the first hour of birth	<ul style="list-style-type: none"> • This first milk 'local word' is called colostrum. It is yellow and full of antibodies which help protect your baby • Colostrum provides the first immunization against many diseases. • Breastfeeding from birth helps the milk 'come in' and ensures plenty of breastmilk.
Exclusively breastfeed (no other food or drink) for 6 months	<ul style="list-style-type: none"> • Breastmilk is all the infant needs for the first 6 months • Do not give anything else to the infant before 6 months, not even water • Giving water will fill the infant and cause less suckling; less breastmilk will be produced.
Breastfeed frequently, day and night	<ul style="list-style-type: none"> • Breastfeed the baby often, at least 8-12 times for a newborn, and 8 or more times after breastfeeding is well-established, day and night, to produce lots of breastmilk • More suckling (with good attachment) makes more breastmilk.
Breastfeed on demand (or cue) – every time the baby asks to breastfeed	<ul style="list-style-type: none"> • Crying is a late sign of hunger. • Early signs that baby wants to breastfeed: <ul style="list-style-type: none"> - Restlessness - Opening mouth and turning head from side to side - Putting tongue in and out - Sucking on fingers or fists.

MODULE II

HANDOUT 3: Recommended Breastfeeding Practices and Possible Points of Discussion for Counselling

(2/2 cont'd)

Recommended Breastfeeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
Let infant finish one breast and come off by him/herself before switching to the other breast	<ul style="list-style-type: none"> • Switching back and forth from one breast to the other prevents the infant from getting the nutritious 'hind milk' • The 'fore milk' has more water content and quenches infant's thirst; the 'hind milk' has more fat content and satisfies the infant's hunger.
Continue breastfeeding for 2 years of age or longer	<ul style="list-style-type: none"> • Breastmilk contributes a significant proportion of energy and nutrients during the complementary feeding period and helps protect babies from illness • In the first year breastfeed before giving foods to maintain breastmilk supply.
Mother needs to eat and drink to satisfy hunger and thirst	<ul style="list-style-type: none"> • No one special food or diet is required to provide adequate quantity or quality of breastmilk • Breastmilk production is not affected by maternal diet • No foods are forbidden • Mothers should be encouraged to eat supplemental foods where they are accessible.
Avoid feeding bottles	<ul style="list-style-type: none"> • Foods or liquids should be given by a spoon or cup to reduce nipple confusion and the possible introduction of contaminants.

MODULE II – SESSION 3

RECOMMENDED IYCF PRACTICES – COMPLEMENTARY FEEDING FOR CHILDREN FROM 6–23 MONTHS

Learning Objectives	Handouts
1. Describe the contribution that breastmilk makes to complementary feeding.	<ul style="list-style-type: none"> • Training Aid 3: Energy required by age and the amount supplied from breastmilk.
2. Describe the characteristics of complementary feeding for each age group with regard to: F requency, A mount, T exture (thickness/ consistency), V ariety (different foods), A ctive or responsive feeding, and H ygiene (FATVAH).	<ul style="list-style-type: none"> • Training Aid 4: Illustrations of texture (thickness/consistency) of porridge (cup and spoon).
3. Describe recommended complementary feeding practices and counselling discussion points pertaining to child feeding from 6 to 23 months.	<ul style="list-style-type: none"> • Handout 4: Recommended complementary feeding practices • Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling.
4. Explain how to complement breastmilk with family foods.	

Materials

- **Training Aid 3:** Graph of energy gap (Annex 2)
- **Training Aid 4:** Illustrations of texture (thickness/consistency) of porridge (cup and spoon) (Annex 2).

Advance Preparation

- 3 glasses with water: 100%, 50% and 33% filled respectively
- Pieces of paper with the chart responses from **Handout 4: Recommended complementary feeding practices and local examples of foods.**

Duration: 45 minutes.

MODULE II – SESSION 3

LEARNING OBJECTIVE 1:

Describe the contribution that breastmilk makes to complementary feeding

Suggested Activity and Methodology

Activity 1: The Contribution that Breastmilk Makes to Complementary Feeding

Methodology: Brainstorming

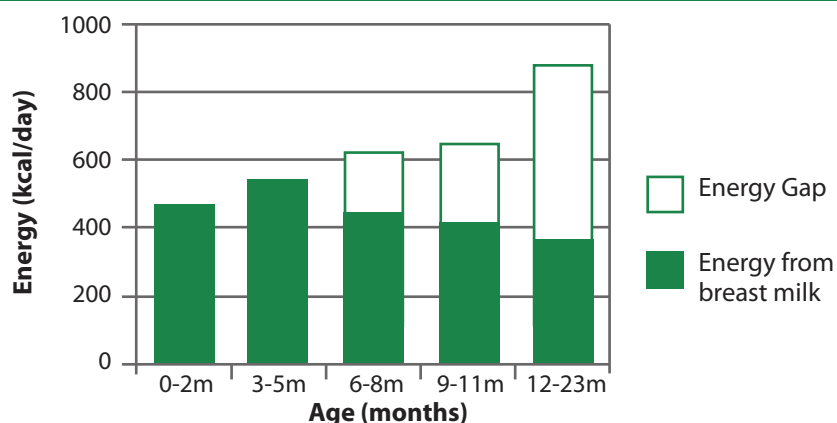
- Ask Participants to reflect on the contribution that breastmilk makes to complementary feeding from 6 – 11 months and from 12 – 23 months
- Present the contributions noted in the 'Key Information' (below) and write them on a flipchart; leave posted throughout the training
- Show **Training Aid 3** illustrating energy gap: Energy required by age and the amount supplied by breastmilk from 0 – 23 months
- Demonstrate the same information using 3 glasses: 100%, 50% and 33% full respectively.

Key Information

- Breastmilk supplies ALL (or 100%) of baby's nutritional needs in the first 6 months of life
- Breastmilk continues to supply about ½ (or 50%) of the energy needs of a child from 6 – 11 months
- Breastmilk continues to supply about ⅓ (or 33%) of the energy needs of a child from 12 – 23 months.

Training Aid 3: Graph of energy gap

Energy required by age and the amount supplied from breast milk



MODULE II – SESSION 3

LEARNING OBJECTIVE 2:

Describe the characteristics of complementary feeding: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene (FATVAH)

Suggested Activity and Methodology

Activity 2: Characteristics of complementary feeding: frequency, amount, texture (thickness/consistency), variety (different foods), active or responsive feeding, and hygiene (FATVAH)

Methodology: Brainstorming and working groups

- Brainstorm with Participants the question: What are the characteristics of complementary feeding?
- Probe until the following characteristics are mentioned: **F**requency, **A**mount, **T**exture (thickness/consistency), **V**ariety (different foods), **A**ctive or responsive feeding, and **H**ygiene (**FATVAH**)
- Discussion and summary.

Key Information

FATVAH

F = Frequency of foods

A = Amount of foods

T = Texture (thickness/consistency) of foods

V = Variety of foods

A = Active or responsive feeding

H = Hygiene.

MODULE II – SESSION 3

LEARNING OBJECTIVE 3:

Describe recommended practices and possible points of discussion for counselling pertaining to child feeding from 6 – 23 months

Suggested Activity and Methodology

Activity 3: Recommended complementary feeding practices for children from 6 – 23 months and messages

Methodology: Participatory presentation; small working groups

- Prepare a flipchart with columns: Age, Frequency, Amount, and Texture, and rows: 6 – 8 months, 9 – 11 months, and 12 – 23 months
- Distribute pieces of paper with the chart responses from Handout 4 to Participants; use local examples of foods
- Ask 5 participants at a time to tape their chart responses in the appropriate box on flipchart
- Continue until all chart responses are on flipchart
- With group participation, Facilitator walks through flipchart rearranging responses to coincide with **Handout 4: Recommended complementary feeding practices**
- Together fill-in the chart with Participants
- **Distribute Training Aid 4:** Illustrations of texture (thickness/consistency) of porridge (cup and spoon) to describe texture of complementary foods
- **Distribute Handouts 4: Recommended complementary feeding practices and Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling and review together.**

Key Information

- See **Handout 4: Recommended complementary feeding practices**
- See **Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling**
- Illustrations of texture (thickness/consistency) of porridge (cup and spoon).

MODULE II – SESSION 3

LEARNING OBJECTIVE 4:

Explain how to complement breastmilk with family foods

Suggested Activity and Methodology

Activity 4: Presentation of family foods based on a system of '1 to 4 stars'

Methodology: Interactive presentation; demonstration

- From the cards/paper used in Activity 3 of this session (foods available locally at the market and/or home) ask Participants to choose a staple food (and assign this staple food as a '1 star' food by writing one * beside it)
- Ask Participants to add an available legume to the staple food (and assign the staple food and legume(s) as a '2 star food' by writing two ** beside the combination)
- Ask Participants to add an available vegetable and/or fruit to the staple food and legume (and assign the staple food-legume and vegetable/fruit as a '3 star food' by adding three *** beside the combination)
- Ask Participants to add an animal food to the staple food-legume-vegetable/fruit (and assign the staple food-legume-vegetable/fruit and animal food as a '4 star food' by adding four **** beside the combination)
- Discuss and Facilitator fills-in gaps.

Key Information

Continue to breastfeed (for at least 2 years) and enrich staple food

- Start with staple (**1 star***), and ADD
- Legumes (**2 stars****), and ADD
- Vegetables and fruits (**3 stars*****), and ADD
- Animal foods (**4 stars******).

See **Handout 4: Recommended complementary feeding practices**

See **Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling.**

MODULE II

HANDOUT 4: Recommended complementary feeding practices

Age	Frequency (per day)	Amount of food an average child will usually eat at each serving* (in addition to breastmilk)	Texture (thickness/ consistency)	Variety
6 - 8 months	2 - 3 times food	2 - 3 tablespoons 'Tastes' up to ½ cup (250 ml)	Thick porridge/pap Mashed/ pureed family foods	Breastfeeding + Staples (porridge, other local examples)
9-11 months	4 times foods and snacks	½ cup/bowl (250 ml)	Finely chopped family foods Finger foods Sliced foods	Legumes (local examples) Vegetables/ Fruits (local examples)
12-23 months	5 times foods and snacks	¾ - 1 cup/bowl (250 ml)	Family foods Sliced foods	Animal foods (local examples)
Note: If baby is not breastfed	Add 1-2 extra times food and snacks			Add 1-2 cups of milk per day
Responsive/Active feeding	Be patient and actively encourage your baby to eat			
Hygiene	<ul style="list-style-type: none"> • Feed your baby using a clean cup and spoon, never a bottle as this is difficult to clean and may cause your baby to get diarrhoea. • Wash your hands with soap and water before preparing food, before eating, and before feeding young children. 			

Adapted from WHO Guiding principles for complementary feeding of the breastfed child (2004)

* Adapt the chart to use a suitable local cup/bowl to show the amount. The amounts assume an energy density of 0.8 - 1 Kcal/g.

- Use iodized salt in preparing family foods

MODULE II

HANDOUT 5: Recommended Complementary Feeding Practices and Possible Points of Discussion for Counselling

(1/2 cont'd next page)

Recommended Complementary Feeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
At six months of age add complementary foods (such as thick porridge 2-3 times a day) to breastfeeds	<ul style="list-style-type: none"> • Give Local Examples of first types of complementary foods.
As baby grows older increase feeding frequency, amount, texture and variety	<ul style="list-style-type: none"> • Gradually increase the frequency, the amount, the texture (thickness/consistency), and the variety of foods (FATV).
From 6 to 8 months breastfeed plus give 2-3 servings of foods	<ul style="list-style-type: none"> • Start with 2-3 tablespoonfuls of cooked porridge or mashed foods (give examples of cereals and family foods) • At 6 months these foods are more like 'tastes' than actual servings • Increase gradually to ½ cup (250 ml cup). Show amount in cup brought by mother.
From 9 to 11 months breastfeed plus give 4 servings of food or snacks per day	<ul style="list-style-type: none"> • Give finely chopped, mashed foods, and finger foods • Increase gradually to ½ cup (250 ml cup). Show amount in cup brought by mother.
From 12 to 23 months give 5 servings of food or snacks per day, plus breastfeed	<ul style="list-style-type: none"> • Give family foods • Give ¾ to one cup (250 ml cup/bowl). Show amount in cup brought by mother • Other solid foods (snacks) can be given as many times as possible each day and can include (give examples) • Foods given to the child must be stored in hygienic conditions to avoid diarrhoea and illness.

MODULE II

HANDOUT 5: Recommended Complementary Feeding Practices and Possible Points of Discussion for Counselling

(2/2 cont'd)

Recommended Complementary Feeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
Give baby 2 to 3 different family foods: staple, legumes, vegetables/fruits, and animal foods at each serving	<ul style="list-style-type: none"> • Try to feed different foods at each serving.
Continue breastfeeding for two years of age or longer	<ul style="list-style-type: none"> • During the first and second years, breastmilk is an important source of nutrients for your baby • During the first year breastfeed first to maintain breastmilk supply.
Be patient and actively encourage baby to eat all his/her food	<ul style="list-style-type: none"> • At first baby may need time to get used to eating foods other than breastmilk • Use a separate plate to feed the child to make sure s/he eats all the food given.
Wash hands with soap and water before preparing food, eating, and feeding young children	<ul style="list-style-type: none"> • Foods given to the child must be stored in hygienic conditions to avoid diarrhoea and illness.
Feed baby using a clean cup and spoon	<ul style="list-style-type: none"> • Cups are easy to keep clean.

MODULE II – SESSION 4

HOW TO BREASTFEED

Learning Objectives	Handouts
1. Describe how the breast makes milk.	• Handout 6: Anatomy of the human breast.
2. Demonstrate good attachment and positioning.	• Handout 7: Good and Poor Attachment.
3. List ways to establish/maintain breastmilk supply.	

Materials

- Flipchart papers (+ markers + masking).

Advance Preparation

- Invite several women with young infants to demonstrate attachment and positioning (if possible)
- 2 Facilitators practice demonstration of good attachment and positioning (mother and counsellor).

Duration: 1 hour.

MODULE II – SESSION 4

LEARNING OBJECTIVE 1:

Describe how the breast makes milk

Suggested Activity and Methodology

Activity 1: Milk production
Methodology: Brainstorming

- **Distribute Handout 6: Anatomy of the human breast**
- Ask Participants to explain how they think the breast makes milk
- Explain that frequent and thorough 'finishing' of the breast drives milk production
- Ask Participants the question: "If the mother eats more, will she produce more milk"? Probe until Participants respond: milk production depends on frequent and thorough 'finishing' of the breast – the more breastmilk removed the more breastmilk the mother makes
- Facilitator fills-in gaps
- Summarize.

Key Information

- See **Handout 6: Anatomy of the human breast.**

MODULE II – SESSION 4

LEARNING OBJECTIVE 2:

Demonstrate good attachment and positioning

Suggested Activity and Methodology

Activity 2: Good attachment and positioning at the breast

Methodology: Small working groups and Demonstration

- Using if possible a real mother, explain the 4 signs of good attachment and demonstrate the various positions deliberately and clearly (point out when head should not be held, and do not hold baby too far out to the side)
- If no mother is present, one Facilitator helps another Facilitator role play helping a mother attach baby to breast
- **Distribute Handout 7: Good and Poor Attachment**
- Ask Participants; “What are the results of poor attachment?”
- Ask Participants to practise in triads with dolls or rolled-up towels/material: mother, CHW, and observer – helping ‘mother’ to use good attachment (4 signs) and good positioning. Each Participant practises each role. (Participants can practise POSITIONING a baby and helping a mother to do so, but they cannot practise ATTACHMENT until they are with a real mother and baby. They can go through all the steps with each other and with a doll so that they know what to do with a real mother.)
- Facilitators observe and provide feedback to triads.

Key Information

- See **Handout 7: Good and poor attachment**
- Results of poor attachment:
 - Sore and cracked nipples
 - Pain leads to poor milk release and slows milk production.

1. How to help attach a baby

- Greet mother, introduce yourself
- If the baby is poorly attached, ask mother if she would like some help to improve baby's attachment
 - Make sure mother is sitting in a comfortable, relaxed position
 - Be comfortable and relaxed yourself

- Explain the 4 signs of good attachment: mouth wide open, chin touching breast, more areola showing above than below the nipple, and lower lip turned out. (Use **Handout 7: Good and poor attachment**)
 - The baby should be close to the breast, with a wide open mouth, so that s/he can take in plenty of the areola and not just the nipple.
 - The chin should touch the breast (this helps to ensure that the baby's tongue is under the areola so that s/he can press out the milk from below).
 - You should see more areola above the baby's mouth than below; and
 - You may be able to see that the baby's lower lip is turned outwards (but it may be difficult to see if the chin is close to the breast – do not move the breast away to see as this will pull the breast from the baby).
- Show mother how to hold her breast with her fingers in a C shape, the thumb being above the areola and the other fingers below. Make sure that the fingers are not too close to the areola so the baby can get a full mouthful of breast. Fingers should not be in scissor hold because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth
- Explain how she should touch her baby's lips with her nipple, so that he opens his/her mouth
- Explain that she should wait until her baby's mouth opens wide
- Explain how to quickly move the baby to her breast (aiming her baby's lower lip well below her nipple, so that the nipple goes to the top of the baby's mouth and his/her chin will touch her breast)
- Notice how the mother responds
- Look for all the signs of good attachment
- If the attachment is not good, try again, (Don't pull the baby off as this will damage the breast and hurt).

2. Proper positioning (especially important for newborns; if older baby is properly attached positioning is not a priority)

- The mother must be comfortable
- Hold the infant in such a way as to have his/her face at the mother's breast level (The infant should be able to look up at the mother's face, not flat to her chest or abdomen)
- The infant's neck should not be twisted; the head, back, and buttocks should be in a straight line
- The infant needs to be close to the mother
- The infant is brought to the breast (not the breast to the infant); the baby's whole body should be supported, not just the head and shoulders.

3. Demonstration of different breastfeeding positions

- a. Cradle position** (most common position).

b. Cross cradle – useful for newborns and small or weak babies, or any baby with a difficulty attaching.

c. Side-Lying

- This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
- The mother and infant are both lying on their side and facing each other.

d. Under-arm

- This position is best used:
 - after a Caesarean section,
 - when the nipples are painful, or
 - to breastfeed twins.
- The mother is comfortably seated with the infant under her arm. The infant's body passes by the mother's side and his/her head is at breast level.
- The mother supports the infant's head and body with her hand and forearm.

MODULE II – SESSION 4

LEARNING OBJECTIVE 3:

List ways to establish/maintain breastmilk supply

Suggested Activity and Methodology

Activity 3: Establishing/maintaining breastmilk supply

Methodology: Brainstorming

- Ask Participants to name ways to help establish/maintain breastmilk supply
- Facilitator fills-in gaps from key information
- Discussion and summary.

Establish/Maintain Breastmilk Supply

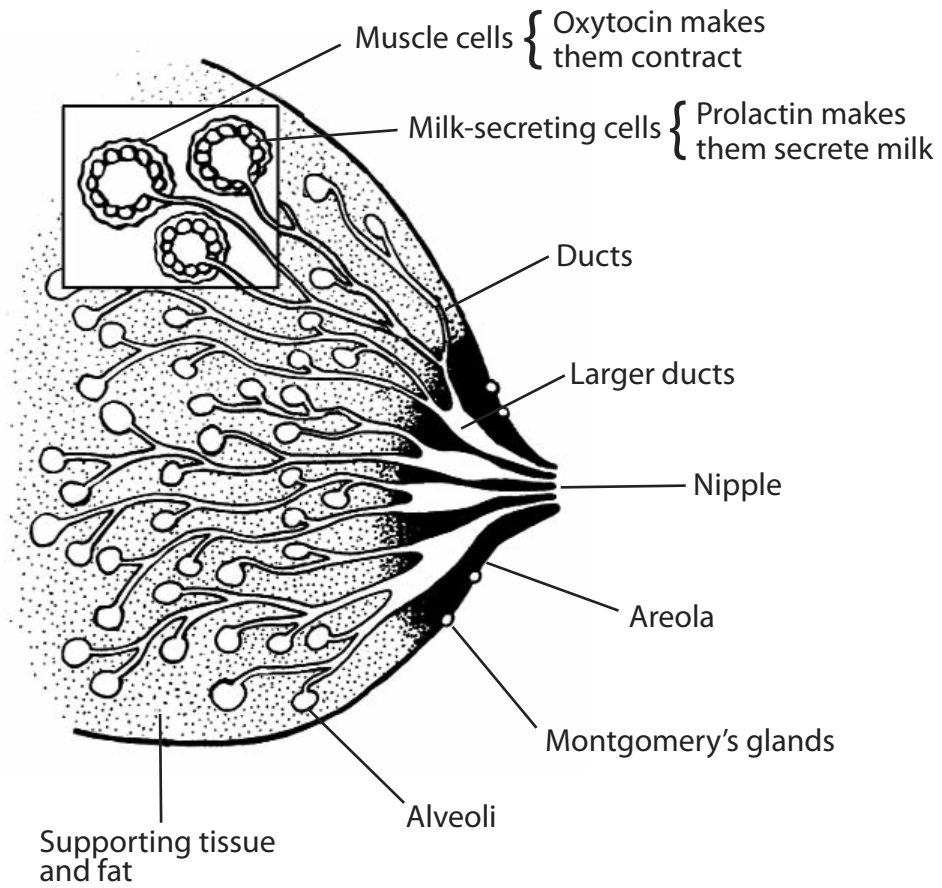
- Place mother and baby skin-to-skin immediately after birth - don't wash mother's breasts or baby's hands – so that baby can locate the breasts by smell (as well as sight of the areola).
- Breastfeed as soon after birth as the baby is ready. The baby may move and attach her/himself to the breast.
- Ensure good attachment.
- Breastfeed frequently: the more a baby suckles and finishes the breast, the more breastmilk the mother makes.
- Breastfeed at night.
- Let baby finish first breast first.
- Give only breastmilk (no other liquids, foods or water) for the first 6 months.
- Keep the baby close or skin-to-skin so mother can breastfeed whenever baby wants for as long as s/he wants.
- Express breastmilk when away from baby.
- CHW: Encourage and support breastfeeding at all encounters, and build mother's confidence.
- Mothers who are breastfeeding should have plenty to drink and an extra, small nutritious snack a day.

MODULE II

HANDOUT 6: Anatomy of the Human Breast

Anatomy of the breast

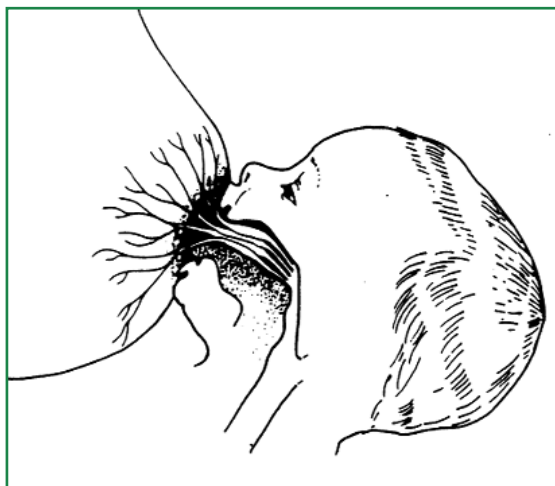
3/2



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

MODULE II

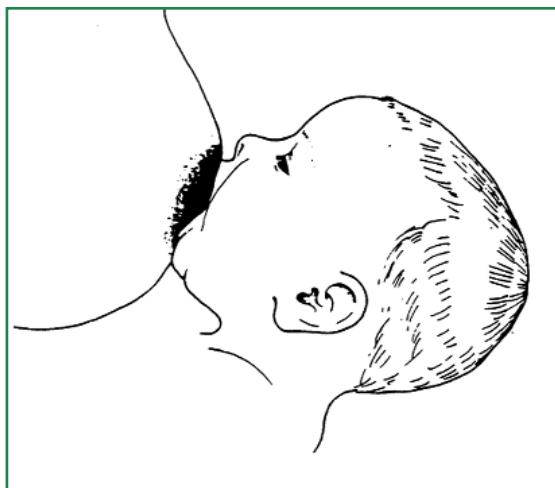
HANDOUT 7: Good and Poor Attachment



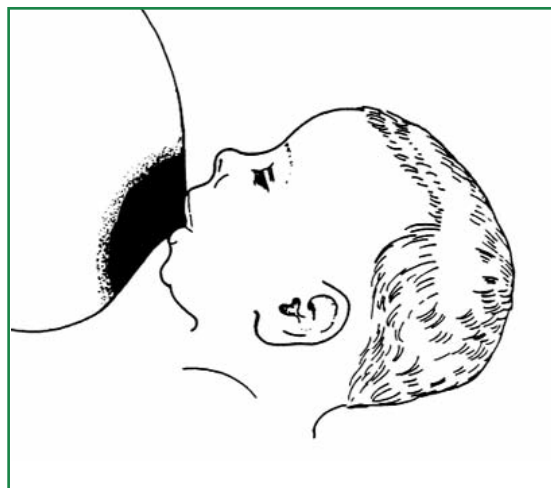
Good attachment



Poor attachment



Good attachment



Poor attachment

MODULE II – SESSION 5

HOW TO COUNSEL/'REACH-AN-AGREEMENT' WITH MOTHER/CAREGIVER

Learning Objectives	Handouts
1. Identify <i>listening and learning</i> counselling skills.	• Handout 8: Listening and learning counselling skills.
2. List <i>building confidence and giving support</i> skills.	
3. Reflect on Behaviour Change Steps.	
4. Describe the assess, analyse and act steps to <i>IYCF 3-Step Counselling/ 'Reaching-an agreement'</i> .	• Handout 9: IYCF Assessment of Mother/Child Pair.
5. Name contact points within CMAM where <i>IYCF 3-Step Counselling/ 'Reaching-an- agreement'</i> can be conducted.	
6. Practice <i>IYCF 3-Step Counselling/ 'Reaching-an-agreement'</i> with mother/caregiver.	• Handout 10: Checklist for Observer/ Supervisor/Mentor - IYCF Assessment of Mother/Child Pair.

Materials

- 3 Case Studies
- Flipchart papers (+ markers + masking).

Advance Preparation

- Flipchart with steps (without words)
- Practise demonstration of IYCF Assessment of Mother/Child Pair (*listening and learning skills*)
- Practise demonstrations of *listening and learning* skills and list skills on a separate paper
- Practise demonstration of IYCF Assessment of Mother/Child Pair (3-Step counselling)
- On a separate paper, list the section 'Read to Mothers' from the 3 Case Studies.

Duration: 1½ hours.

MODULE II – SESSION 5

LEARNING OBJECTIVE 1:

Identify *listening and learning* counselling skills

Suggested Activity and Methodology

Activity 1: *Listening and learning* counselling skills

Methodology: Demonstration

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

- Ask Participants to observe how the counsellor interacts with the mother in the following role-play
- Model *listening and learning* skills between a mother (Tamina) with 7-month son Ahmed and CHW/Counsellor following **Handout 9: IYCF Assessment of Mother/Child Pair**.

Facilitator/Tamina:

- breastfeeds whenever Ahmed cries
- feels she does not produce enough milk
- gives Ahmed some watery gruel 2 times a day (gruel is made from corn meal)
- does not give any other milks or drinks to Ahmed
- After the demonstration, ask Participants: "How did the counsellor interact with the mother?"
- Probe until the following *listening and learning* counselling skills have been mentioned and list on flipchart:
 1. Use helpful non-verbal communication
 - Keep your head level with mother/parent/caregiver
 - Pay attention (eye contact)
 - Remove barriers (tables and notes)
 - Take time
 - Appropriate touch
 2. Ask open questions
 3. Use responses and gestures that show interest
 4. Reflect back what the mother says
 5. Avoid using judging words
- Explain that *listening and learning* counselling skills are the first set of skills to be learned and practised.

Cont'd next page

- Prepare and demonstrate different role-plays that demonstrate *listening and learning* skills. Use **Handout 8: Listening and Learning Counselling Skills** (team of 2 Facilitators).
- Ask Participants to identify the different skills.
- Distribute **Handout 8: Listening and Learning Counselling Skills**
- Discuss and summarize the different *listening and learning* skills.

Key Information

- See **Handout 8: Listening and Learning Counselling Skills**.

MODULE II – SESSION 5

LEARNING OBJECTIVE 2:

List *building confidence and giving support skills*

Suggested Activity and Methodology

Activity 2: *Building confidence and giving support skills*

Methodology: Brainstorming

- Brainstorm with whole group the *building confidence and giving support skills*
- Probe until the skills in 'Key Information' have been mentioned and list on flipchart
- Discuss and summarize.

Key Information

Building confidence and giving support skills

1. Accept what a mother thinks and feels
2. Listen to the mother/caregiver's concerns
3. Recognize and praise what a mother and baby are doing correctly
4. Give practical help
5. Give a little, relevant information
6. Use simple language
7. Make one or two suggestions, not commands.

MODULE II – SESSION 5

LEARNING OBJECTIVE 3:

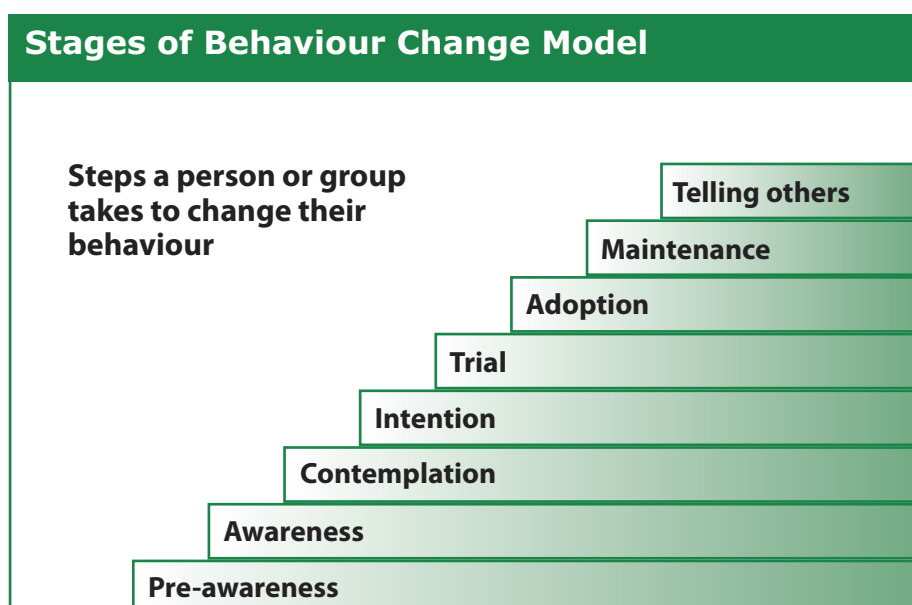
Reflect on behaviour change steps

Suggested Activity and Methodology

Activity 3: Explain the stages of behaviour change communication and the interventions required at each step of the change
Methodology: Interactive Presentation

- On flip-chart draw behaviour change steps and brainstorm with participants how one generally moves through the different stages to behaviour change (use exclusive breastfeeding as an example)
- Ask Participants: What helps to move through the different steps?
- List Participants' responses on flipchart: information, encouragement, support and praise
- Ask participants to close their eyes and think about a behaviour (not alcohol or tobacco) they are trying to change. Ask them to identify at what stage they are and why? Ask what they think they will need to move to the next stage.

Key Information



MODULE II – SESSION 5

LEARNING OBJECTIVE 4:

Describe the “assess, analyse and act” steps to *IYCF 3-Step Counselling/‘Reaching-an-agreement’*

Suggested Activity and Methodology

Activity 4: *IYCF 3-Step Counselling/‘Reaching-an-agreement’ – Assess, Analyze, and Act*

Methodology: Interactive presentation

- Explain the steps of *IYCF 3-Step Counselling/‘Reaching-an-agreement’*: assess, analyze and act
- **Distribute Handout 9: IYCF Assessment of Mother/Child Pair and discuss.**

Key Information

- The *IYCF 3-Step Counselling/‘Reaching-an-agreement’* process involves:
 - **Assess** age appropriate feeding: ask, listen and observe
 - **Analyze** feeding difficulty: identify difficulty and if there is more than one - prioritize, and
 - **Act** – discuss, suggest small amount of relevant information, agree on feasible doable option that mother/caregiver can try.
- **Purpose:** provide IYCF information and support to the mother/caregiver
- See **Handout 9: IYCF Assessment of Mother/Child Pair**
- Explain the *IYCF 3-Step Counselling/‘Reaching-an-agreement’*: Assess, Analyze, Act.

Step 1: Assess

- Greet the mother/caregiver and ask questions that encourage her/him to talk, using *listening and learning, building confidence and giving support skills*.
- Complete **Handout 9: IYCF Assessment of Mother/Child Pair** by asking the following questions:
 - a) What is your name and your child’s name?
 - b) Observe the general condition of mother/caregiver.
 - c) What is the age of your child (in completed months): 0 – 5; 6 – 8; 9 – 11; 12 – 23
 - d) Ask mother/caregiver if you can check child’s growth card. Is growth curve increasing? Is it decreasing, levelling off? (If decreasing or levelling off, mark ‘no’ to question: is growth curve increasing?)

e) Ask about the child's usual intake:

Ask about breastfeeding:

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

Observe mother and baby's general condition

Observe baby's attachment, baby's position.

Ask about complementary foods:

- Is your child getting anything else to eat? = what type/kinds
- How many times/day are you feeding your child? = frequency
- How much are you feeding your child? = amount
- How thick are the foods you give your child? = texture (thickness/consistency).

Ask about other milks:

- Is your child drinking other milks?
- How many times/day does your child drink milk? = frequency
- How much milk? = amount.

Ask about other liquids:

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

f) Does your child use a feeding bottle?

g) Who assists child to eat?

h) Has child been recently sick?

Step 2: Analyze

- Identify feeding difficulty (if any)
- If there is more than one difficulty, prioritize difficulties
- Answer the mother's questions (if any).

Step 3: Act

- Depending on the age of the baby and your analysis (above), select a small amount of INFORMATION RELEVANT to the mother's situation. (If there are no difficulties, praise the mother for carrying out the recommended breastfeeding and complementary feeding practices)
- For any difficulty, discuss with mother/caregiver how to overcome the difficulty
- Present options/small do-able actions (time-bound) and help mother select one that she can try to overcome the difficulty
- Ask mother to repeat the agreed upon new behaviour to check her understanding
- Let mother know that you will follow-up with her at the next weekly visit
- Suggest where mother can find additional support (e.g. attend educational talk at CMAM site, IYCF Support Groups in community, and refer to Community Volunteer)
- Refer as necessary
- Thank mother for her time.

MODULE II – SESSION 5

LEARNING OBJECTIVE 5:

Name contact points within CMAM where *IYCF 3-Step Counselling*/'Reaching-an-agreement' can be conducted

Suggested Activity and Methodology

Activity 5: *Where can IYCF 3-Step Counselling/'Reaching-an-agreement' be conducted in a CMAM programme*

Methodology: Buzz Groups

- Ask Participants to form groups of 3 with their neighbours
- Ask Participants the question: Where can *IYCF 3-Step Counselling*/'Reaching-an-agreement' be conducted in a CMAM programme?
- Ask groups to list the contact points
- Ask 1 group to share and others to add only additional information
- Probe until the contact points in 'Key Information' are mentioned
- Discussion and summarize.

Key Information

Contact points where *IYCF 3-Step Counselling*/'Reaching-an-agreement' can be conducted

1. Mobilisation and sensitisation

- Community IYCF assessment: breastfeeding and complementary feeding practises outlining current behaviour, recommended behaviour, motivators, and barriers through focus groups with 1) pregnant women, 2) mothers, 3) grandmothers, 4) fathers, 5) community health workers and TBAs, and 6) traditional healers; key informants, informal interviews
- Analysis of data to reach feasible behaviour and points for counselling discussion (or messages)
- Assessment of local, available and seasonal foods
- Ensure that community know who are CHWs
- Assess cultural beliefs that influence IYCF practises.

2. Admission

- Give encouragement to mothers who are breastfeeding to continue breastfeeding

- Discuss any breastfeeding difficulty.

3. Weekly or bi-weekly follow-up

- Give encouragement to mothers who are breastfeeding to continue breastfeeding
- Discuss any breastfeeding difficulty
- Assess age-appropriate feeding (examination of the information on the baby's weight, information about the child's (usual) fluid and food intake, and breastfeeding difficulties the mother perceives
- Initiate *IYCF 3-Step Counselling*/"*Reaching-an-agreement*" on recommended breastfeeding practices
- When appetite for foods returns after young child finishes Ready to Use Therapeutic food (RUTF), and/or at 4 weeks before discharge start counselling on complementary feeding
- Action-oriented group session (story, drama, use of visuals)
- IYCF support groups.

4. Discharge (Ministry of Health)

- Importance of breastfeeding
- Support, encourage and reinforce recommended breastfeeding practices
- Work with the mother/caregiver to address any ongoing child feeding problems she anticipates
- Support, encourage and reinforce recommended complementary feeding practices using local available foods (FATVAH)
- Encourage monthly growth monitoring visits
- Improve health seeking behaviours
- Promotion of play therapy
- Encourage mothers to take part in IYCF support groups
- Link mother to CHW.

5. Follow-up at home/community

- Ongoing and periodic IYCF monitoring at home/community/other health facilities e.g. growth monitoring.

Contact Points to Integrate IYCF into CMAM (other than OTP)

- 1.** Growth Monitoring Promotion (GMP) at health clinic.
- 2.** Antenatal Clinic (ANC) at health clinic.
- 3.** Stabilisation Centres (SC).
- 4.** Supplementary Feeding Programme (SFP)

5. Community follow-up (CHW)
 - Action-oriented group session
 - IYCF support groups
 - De-mystify myths/taboo about breastfeeding.
6. At contact points for implementing the Essential Nutrition Actions (ENA) - at health centre or in the community:
 - At every contact with a pregnant woman
 - At delivery
 - During postpartum and/or family planning sessions at health centre
 - At immunization sessions
 - During well baby clinic sessions
 - At every contact with mothers or caregivers of sick children.

MODULE II – SESSION 5

LEARNING OBJECTIVE 6:

Practise *IYCF 3-Step Counselling/‘Reaching-an-agreement’*

Suggested Activity and Methodology

Activity 6: Model IYCF 3-Step Counselling/‘Reaching-an-agreement’

Methodology: Demonstration

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

- Review with Participants the points covered in modelling the Assess Step in Activity 1 to demonstrate *listening and learning* skills between a mother (Tamina) with 7-month son Ahmed and CHW/Counsellor
- Facilitator to speak out loud to group during Step 2 - Analyze.

Facilitator/Tamina:

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

Facilitator CHW/Counsellor completes **Handout 9: IYCF Assessment of Mother/Child Pair** by following *IYCF 3-Step Counselling/‘Reaching-an-agreement’*:

Step 1: Assess

- Greet Tamina and introduces him/herself
- Use *listening and learning* skills, and *building confidence and giving support* skills
- Complete **Handout 9: IYCF Assessment of Mother/Child Pair**
- Listen to Tamina’s concerns, and observes Ahmed and Tamina
- Accept what Tamina is doing without disagreeing or agreeing and praises Tamina for one good behaviour.

Step 2: Analyze

Facilitator/CHW/Counsellor notes that:

- Tamina is not breastfeeding Ahmed on demand/cue
- Tamina is worried she does not have enough breastmilk
- Tamina is not feeding Ahmed age-appropriate complementary foods.

Step 3: Act

- Ask Tamina about breastfeeding frequency and if she is breastfeeding whenever Ahmed wants and for as long as he wants, both day and night. Does Ahmed come off breast himself? Is Ahmed fed on demand/cue? (Age-appropriate recommended breastfeeding practices)

(Cont'd next page)

- Suggest that Tamina breastfeed Ahmed when he shows interest in feeding (before he starts to cry)
- Talk with Tamina about the characteristics of complementary feeding (FATVAH)
- Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary feeding: F = Frequency of breastfeeding, T = Texture (thickness/consistency) and V = Variety and help Tamina select one that she can try (e.g. breastfeed more frequently day and night, thicken gruel, add family foods during this week)
- Ask Tamina to repeat the agreed upon behaviour
- Tell Tamina that a Counsellor will follow-up with her at her next weekly visit
- Suggest where Tamina can find support (attend educational talk at CMAM site, IYCF Support Groups in community, and refer to Community Volunteer).
- Refer as necessary
- Thank Tamina for her time
- Discuss the demonstration with Participants
- Answer questions.

Activity 7: Review Handout 9: IYCF Assessment of Mother/Child Pair **Methodology:** Plenary session

- **Distribute Handout 9: IYCF Assessment of Mother/Child Pair**
- Review and complete together/or talk through **Handout 9: IYCF Assessment of Mother/Child Pair**
- Discussion and summary.

Activity 8: Practise IYCF 3-Step Counselling/'Reaching-an-agreement' **Methodology:** Practice

- Participants are divided into threes: Mother, Community Health Worker (CHW), and Observer
- **Distribute Handout 9: IYCF Assessment of Mother/Child Pair to CHWs**
- **Distribute Handout 10: Checklist for Observer/Supervisor/Mentor – IYCF Assessment of Mother/Child Pair** to Observers and review with Participants
- Practice Case Study 1: Ask the 'Mothers' of the small groups to gather together

(Cont'd next page)

- A case study is read ONLY to the 'Mothers', and the 'Mothers' return to their small groups. Note: The 'Mothers' need to be certain that they give all the information included in their 'Case study'. They should be prepared: the CHW may also ask the 'Mother' other questions
- The CHW of each small group (of three) asks the 'Mother' about her situation, and practices the 'assess, analyze and act' steps with *listening and learning* skills and *building confidence and giving support* skills
- In each small group, the Observer's task is to record the skills the CHW used and to provide feedback after the Case Study
- The Participants in small groups switch roles and the above steps are repeated using Case Studies 2 and 3
- One small group demonstrates a case study in front of the whole group
- Discussion and summary.

Key Information

- See **Handout 10: Checklist for Observer/Supervisor/Mentor - IYCF Assessment of Mother/Child Pair**
- Case Studies.

Case Studies to practise *IYCF 3-Step Counselling/ 'Reaching-an-agreement'*

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

Case Study 1:

Read to 'Mothers': You are Fatuma. Your son, Shukri, is 18 months old. You are breastfeeding once or twice a day. You are giving Shukri milk and millet cereal 2 times a day.

Step 1: Assess

- Greet Fatuma and ask questions that encourage her to talk, using *listening and learning*, building confidence and giving support skills.
- Complete **Handout 9: IYCF Assessment of Mother/Child Pair**
- Observe Fatuma and Shukri's general condition
- Listen to Fatuma's concerns, and observe Shukri and Fatuma
- Accept what Fatuma is doing without disagreeing or agreeing.

Step 2: Analyze

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

Step 3: Act

- Praise Fatuma about continuing breastfeeding
- Talk with Fatuma about the characteristics of complementary feeding (FATVAH)
- Present options/small do-able actions (time-bound) to overcome the difficulty of inadequate complementary foods, e.g. increase feeding frequency of foods to 5 times a day; ask about the amount of cereal Shukri receives and possibly increase; ask about the texture (thickness/consistency) of the cereal, and add other local available family foods and help Fatuma select one or two that she can try
- Ask Fatuma to repeat the agreed upon behaviour
- Tell Fatuma that you will follow-up with her at her next weekly visit
- Suggest where Fatuma can find support (attend educational talk at CMAM site, IYCF Support Groups in community, and refer to Community Volunteer).
- Refer as necessary
- Thank Fatuma for her time
- Discuss the demonstration with Participants
- Answer questions.

Case Study 2:

Read to 'Mothers': You are Justina. Your daughter, Marielena, is 8 months old. You are breastfeeding Marielena because you know breastmilk is the best food for her. You also give Marielena water because it is so hot. You do not think Marielena is old enough to eat other foods.

Step 1: Assess

- Greet Justina and ask questions that encourage her to talk, using *listening and learning*, building confidence and giving support skills
- Complete **Handout 9: IYCF Assessment of Mother/Child Pair**
- Observe Justina and Marielena's general condition
- Listen to Justina's concerns, and observe Marielena and Justina
- Accept what Justina is doing without disagreeing or agreeing.

Step 2: Analyze

- Justina is breastfeeding Marielena
- Justina is also giving water to Marielena
- Justina has not started complementary foods.

Step 3: Act

- Praise Justina for breastfeeding
- Talk with Justina about the importance of breastfeeding
- Talk about breastmilk being the best source of liquids for Marielena
- Discuss the risks of contaminated water
- Talk with Justina about beginning complementary foods
- Talk with Justina about the characteristics of complementary feeding (FATVAH)
- Present options/small do-able actions (time-bound) and help Justina select one or two that she can try, e.g. begin with a small amount of staple food (porridge, other local examples); add legumes, vegetable/fruit and animal foods; increase feeding frequency of foods to 3 times a day; talk about appropriate texture (thickness/consistency) of staple; assist Marielena during feeding times; and discuss hygienic preparation of foods
- Asks Justina to repeat the agreed upon behaviour
- Tell Justina that you will follow-up with her at her next weekly visit
- Suggest where Justina can find support (attend educational talk at CMAM site, IYCF Support Groups in community, and refer to Community Volunteer).
- Refer as necessary
- Thank Justina for her time
- Answer questions.

Case Study 3:

Read to 'Mothers': You are Rahima. You are breastfeeding your one-year old, Anik. You have 2 other children. You give Anik food that the family is eating, 3 times a day.

Step 1: Assess

- Greet Rahima and ask questions that encourage her to talk, using *listening and learning*, building confidence and giving support skills.
- Complete **Handout 9: IYCF Assessment of Mother/Child Pair**
- **Observe** Rahima and Anik's general condition
- Listen to Rahima's concerns, and observe Anik and Rahima
- Accept what Rahima is doing without disagreeing or agreeing.

Step 2: Analyze

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

Step 3: Act

- Praise Rahima for breastfeeding
- Talk with Rahima about the importance of breastfeeding for at least 2 years
- Praise Rahima for giving Anik family foods 3 times a day
- Talk with Rahima about the characteristics of complementary foods (FATVAH)
- Present options/small do-able actions (time-bound) and help Rahima select one or two that she can try, e.g. increase frequency of foods to 4 times a day; ask about the amount of food Anik receives; texture (thickness/consistency), and add other local available family foods
- Suggest it may be helpful to Anik to have his own plate
- Asks Rahima to repeat the agreed upon behaviour
- Tell Rahima that you will follow-up with her at her next weekly visit
- Suggest where Rahima can find support (attend educational talk at CMAM site, IYCF Support Groups in community, and refer to Community Volunteer).
- Refer as necessary
- Thank Rahima for her time
- Discuss the demonstration with Participants
- Answer questions.

MODULE II

HANDOUT 8: *Listening and Learning* Counselling Skills

(1/4 cont'd next page)

(The following *Listening and Learning* demonstrations are adapted from: *Infant and Young Child Feeding Counselling: An Integrated Course*. WHO/UNICEF. 2006.)

Demonstration 1: Non-verbal communication

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

A. Posture:

Helps: Sit so that your head is level with hers.

Hinders: Stand with your head higher than the mother's.

B. Pay attention (eye contact):

Helps: Look at her and pay attention as she speaks.

Hinders: Look away at something else, or down at your notes.

C. Barriers:

Helps: Remove the table or the notes.

Hinders: Sit behind a table, or write notes while you talk.

D. Taking time:

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

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

E. Touch:

Helps: Touch the mother or baby appropriately.

Hinders: Touch her in an inappropriate way.

(Note: If you cannot demonstrate an inappropriate touch, simply demonstrate not touching).

MODULE II

HANDOUT 8: *Listening and Learning Counselling Skills*

(2/4 cont'd next page)

Demonstration 2: Closed questions to which mother can answer 'yes' or 'no'

HW = Health Worker, Community Health Worker, Community Health Volunteer, Outreach Worker.

HW: "Good morning, (name). I am (name). Is (name of baby) well?"

Mother: "Yes, thank you."

HW: "Are you breastfeeding him?"

Mother: "Yes".

HW: "Are you having any difficulties?"

Mother: "No".

HW: "Is he breastfeeding very often?"

Mother: "Yes".

Ask: What did the HW learn from this mother?

Comment: The HW got 'yes' and 'no' for answers and didn't learn much. It can be difficult to know what to say next.

Demonstration 3: Open questions

HW: "Good morning, (name). I am (name), the Community Health Worker. How is (name of baby)?"

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

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

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

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

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

Ask: What did the CHW learn from this mother?

Comment: The CHW asked open questions. The mother could not answer with a 'yes' and 'no', and she had to give some information. The CHW learned much more.

MODULE II

HANDOUT 8: *Listening and Learning Counselling Skills*

(3/4 cont'd next page)

Demonstration 4: Using responses and gestures that show interest

HW: "Good morning, (name). How is (child's name) now that he has started solids?"

Mother: "Good morning. He's fine, I think."

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

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

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

Mother: "I wondered if it was something in the stew that I gave him."

HW: "Aha!" (nods sympathetically).

Ask: How did the HW encourage the mother to talk?

Comment: The HW asked a question to start the conversation. Then she encouraged the mother to continue talking with responses and gestures.

Demonstration 5: Reflecting back

HW: "Good morning (name). How are you and (child's name) today?"

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

HW: "(Child's name) is feeding very often?"

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

HW: "He seems more hungry this week?"

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

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

Mother: "Yes. Which formula is best?"

Ask: What did the HW learn from the mother?

Comment: The HW reflects back what the mother says, so the mother gives more information.

MODULE II

HANDOUT 8: *Listening and Learning Counselling Skills*

(4/4 cont'd)

Demonstration 6: Avoid using judging words (2 skits)**Skit 1:**

HW: "Good morning (name). Is (child's name) breastfeeding normally?"

Mother: "Well I think so."

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

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

HW: "Has he gained weight well this month?"

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

HW: "May I see his growth chart?"

Ask: What did the HW learn about the mother's feelings?

Comment: The HW is not learning anything useful, but is making the mother very worried.

Demonstration 6: Avoid using judging words (2 skits)**Skit 2:**

HW: "Good morning (name). How is breastfeeding going for you and (child's name)?"

Mother: "It's going very well. I haven't needed to give him anything else"

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

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

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

Ask: What did the HW learn about the mother's feelings?

Comment: This time the HW learnt what s/he needed to know without making the mother worried. The HW used open questions to avoid using judging words.

MODULE II

HANDOUT 9: IYCF Assessment of Mother/Child Pair

(1/2 cont'd next page)

Name of Mother/Caregiver				
Observation of mother/caregiver				
Name of Child				
Age of child (completed months)				
Growth Curve Increasing				
Breastfeeding				
Yes	Frequency: times/day	Difficulties: How is breastfeeding going for you?		
No	When did breastfeeding stop?			
Complementary Foods				
Is your child getting anything else to eat?	What	Frequency: times/day	Amount: how much	Texture: how thick
Staple (porridge, other local examples)				
Legumes (beans, other local examples)				
Vegetables/Fruits (local examples)				
Animal: meat/fish/offal/bird/eggs				

MODULE II

HANDOUT 9: IYCF Assessment of Mother/Child Pair

(2/2 cont'd)

Liquids				
Is your child getting anything else to drink?	What	Frequency: times/day	Amount: how much	Bottle Use? Yes/No
Other milks				
Other liquids				
Who assists the child when eating?				
Child Illness	Child ill	Child not ill	Child recovering	

MODULE II

HANDOUT 10: Checklist for Observer/Supervisor/
Mentor – IYCF Assessment of Mother/Child Pair

(1/2 cont'd next page)

Did the Health Worker?**Use listening and learning skills:**

	Keep head level with mother/parent/caregiver.
	Pay attention (eye contact).
	Remove barriers (tables and notes).
	Take time.
	Appropriate touch.
	Ask open questions.
	Use responses and gestures that show interest.
	Reflect back what the mother says.
	Avoid using judging words.

Use building confidence and giving support skills:

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

Assess

	Complete the IYCF Assessment of Mother/Child Pair (Handout 9: IYCF Assessment of Mother/Child Pair).
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MODULE II

HANDOUT 10: Checklist for Observer/Supervisor/Mentor – IYCF Assessment of Mother/Child Pair

Did the Health Worker?

(2/2 cont'd)

Analyse

	Identify any feeding difficulty.
	If there is more than one difficulty, prioritize difficulties.

Act

	If breastfeeding, discuss age-appropriate recommended breastfeeding practices (Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling).
	Talk with mother about the characteristics of complementary feeding (FATVAH) (Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling).
	Present options/small do-able actions (time-bound) and help mother select one or two that she can try to overcome the difficulty of inadequate complementary foods: F = Frequency; A = Amount; T = Texture (thickness/consistency); V = Variety; A = active or responsive feeding; and H = Hygiene.
	Ask mother to repeat the agreed upon new behavior.
	Suggest where mother can find support (attend educational talk at CMAM site, IYCF Support Groups in community, and refer to Community Volunteer).
	Refer as necessary.
	Let mother know that you will follow-up with her at the next weekly or bi-weekly visit.
	Reflect back what the mother says.
	Thank mother for her time.

MODULE II – SESSION 6

COMMON BREASTFEEDING DIFFICULTIES: SYMPTOMS, PREVENTION AND 'WHAT TO DO'; AND INSUFFICIENT MILK

Learning Objectives	Handouts
1. Identify common breastfeeding difficulties.	<ul style="list-style-type: none"> • Photos of engorgement, sore/cracked nipple, plugged duct and mastitis.
2. Describe the symptoms of common breastfeeding difficulties.	<ul style="list-style-type: none"> • Handout 11: Common breastfeeding difficulties • Handout 12: Insufficient breastmilk.
3. Describe how to prevent these common breastfeeding difficulties.	
4. Help mothers to overcome these common breastfeeding difficulties.	
5. Help mothers who have real or perceived breastmilk insufficiency.	

Materials

- Photos of engorgement, sore/cracked nipple, plugged duct and mastitis
- Flipchart papers (+ markers + masking).

Advance Preparation

- 4 flipchart papers with one of the following headings each:
 - 1) engorgement,
 - 2) sore/cracked nipple,
 - 3) plugged duct and mastitis, and
 - 4) perceived and real insufficient breastmilk.

Duration: 45 minutes.

MODULE II – SESSION 6

LEARNING OBJECTIVE 1:

Recognise common breastfeeding difficulties that can occur during breastfeeding

Suggested Activity and Methodology

Activity 1: Identify common breastfeeding difficulties that can occur during breastfeeding

Methodology: Brainstorming

- Brainstorm common breastfeeding difficulties that Participants have identified in their communities
- As Participants mention each breastfeeding difficulty, put an image of the difficulty on the floor or wall so that all can see
- Probe until all images are displayed (engorgement, sore/cracked nipple, plugged duct and mastitis)
- Participants usually mention insufficient breastmilk as a common breastfeeding difficulty.

Key Information

- See photos of engorgement, sore/cracked nipple, plugged duct and mastitis.

MODULE II – SESSION 6

LEARNING OBJECTIVES 2,3,4 and 5:

Describe the symptoms of common breastfeeding difficulties and real or perceived breastmilk insufficiency; Describe how to prevent these common breastfeeding difficulties and real or perceived breastmilk insufficiency; Help mothers to overcome these common breastfeeding difficulties; and real or perceived breastmilk insufficiency

Suggested Activity and Methodology

Activity 2: Identify symptoms, prevention measures and “what to do” for 3 of the most common breast conditions, and insufficient breastmilk

Methodology: Small working groups

- Divide Participants into 4 working groups and assign a common breastfeeding difficulty, with corresponding photo, to each group: engorgement, sore and cracked nipples, plugged ducts that can lead to mastitis, or real/perceived insufficient breastmilk
- Ask each group to discuss symptoms, prevention and “what to do” for the assigned common breastfeeding difficulty, or real/perceived insufficient breastmilk
- Each group presents their findings to the whole group
- Ask other groups to contribute any additional points
- Discussion and summary with the whole group
- **Distribute Handout 11: Common breastfeeding difficulties**
- **Distribute Handout 12: Insufficient breastmilk**
- Facilitator fills-in gaps.


Key Information

- See **Handout 11: Common breastfeeding difficulties**
- See **Handout 12: Insufficient breastmilk**
- This is one of the most common reasons that mothers introduce breastmilk substitutes or foods, and give up breastfeeding. However, true breastmilk insufficiency is not as common as mothers believe.

MODULE II

HANDOUT II: Common Breastfeeding Difficulties

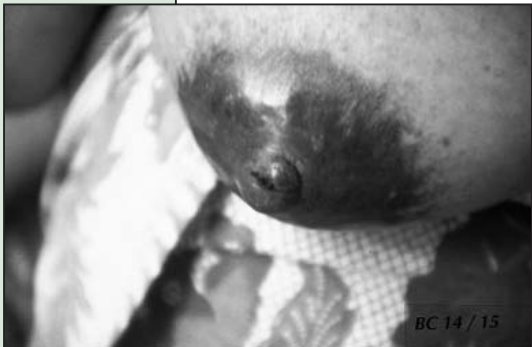
(1/3 cont'd next page)

<p>Breastfeeding Difficulty</p>	<p>Engorgement</p>  <p>Symptoms:</p> <ul style="list-style-type: none"> • Occurs on both breasts • Swelling • Tenderness • Warmth • Slight redness • Pain • Skin shiny, tight and nipple flattened • Usually begins on the 3rd – 5th day after birth.
<p>Prevention</p>	<ul style="list-style-type: none"> • Good attachment • Put baby skin-to-skin with mother • Start breastfeeding within an hour of birth • Breastfeed frequently on demand/cue (as often and as long as baby wants) day and night: 10 – 12 times per 24 hours.
<p>What to do</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Apply cold compresses to breasts to reduce swelling. <input type="checkbox"/> Breastfeed more frequently. <input type="checkbox"/> Offer both breasts. <input type="checkbox"/> Improve attachment. <input type="checkbox"/> Gentle stroking of breasts helps to stimulate milk flow. <input type="checkbox"/> Press around areola to reduce oedema, to help baby to attach. <input type="checkbox"/> Express milk to relieve pressure until baby can suckle.

MODULE II

HANDOUT II: Common Breastfeeding Difficulties

(2/3 cont'd next page)

<p>Breastfeeding Difficulty</p>	<p>Sore or Cracked Nipples</p>  <p>Symptoms:</p> <ul style="list-style-type: none"> • Breast/nipple pain • Cracks across top of nipple or around base • Occasional bleeding • May become infected.
<p>Prevention</p>	<ul style="list-style-type: none"> • Good attachment • Do not use feeding bottles (sucking method is different than breastfeeding so can cause 'nipple confusion') • Do not use soap or creams on nipples.
<p>What to do</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Do not stop breastfeeding Improve attachment. <input type="checkbox"/> Begin to breastfeed on the side that hurts less. <input type="checkbox"/> Vary breastfeeding positions. <input type="checkbox"/> Let baby come off breast by him/herself. <input type="checkbox"/> Apply drops of breastmilk to nipples and allow to air dry. <input type="checkbox"/> Do not use soap or cream on nipples. <input type="checkbox"/> Do not wait until the breast is full to breastfeed. <input type="checkbox"/> Do not use bottles.

MODULE II

HANDOUT II: Common Breastfeeding Difficulties

(3/3 cont'd)

<p>Breastfeeding Difficulty</p>	<p>Plugged Ducts and Mastitis</p>	<p>Symptoms of Plugged Ducts:</p> <ul style="list-style-type: none"> • Lump, tender, localized redness, feels well, no fever. <p>Symptoms of Mastitis</p> <ul style="list-style-type: none"> • Hard swelling • Severe pain • Redness in one area • Generally not feeling well • Fever • Sometimes a baby refuses to feed as milk tastes more salty.
<p>Prevention</p>	<ul style="list-style-type: none"> • Get support from the family to perform non-infant care chores • Ensure good attachment • Breastfeed on demand/cue, and let infant finish/come off breast by him/herself • Avoid holding the breast in scissors hold • Avoid tight clothing. 	
<p>What to do</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as s/he will). <input type="checkbox"/> Apply warmth (water, hot towel). <input type="checkbox"/> Hold baby in different positions, so that the baby's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast. <input type="checkbox"/> Ensure good attachment. <input type="checkbox"/> Apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every 2-3 hours day and night <input type="checkbox"/> Rest (mother). <input type="checkbox"/> Drink more liquids (mother). <input type="checkbox"/> If no improvement in 24 hours refer. 	



MODULE II

HANDOUT 12: Insufficient Breastmilk

(1/2 cont'd next page)

<p>Insufficient breastmilk</p>	<p>Perceived by mother</p> <ul style="list-style-type: none"> • You “think” you do not have enough milk • (Baby restless or unsatisfied). <p>First decide if the baby is getting enough breastmilk or not (weight, urine and stool output).</p>
<p>Prevention</p>	<ul style="list-style-type: none"> • Put baby skin-to-skin with mother • Start breastfeeding within an hour of birth • Stay with baby • Ensure good attachment • Encourage frequent demand/cue feeding • Let baby finish first breast first • Breastfeed exclusively day and night • Avoid bottles • Encourage use of non-oestrogen family planning methods.
<p>What to do</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Listen to mother’s concerns and why she thinks she does not have enough milk. <input type="checkbox"/> Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother’s mental condition, baby or mother ill). <input type="checkbox"/> Check baby’s weight and urine and stool output (if poor weight gain refer). <input type="checkbox"/> Build mother’s confidence – reassure her that she can produce enough milk <input type="checkbox"/> Explain what the difficulty may be – growth spurts (2-3 weeks, 6 weeks, 3 months) or cluster feeding <input type="checkbox"/> Explain the importance of removing all the breastmilk from the breast <input type="checkbox"/> Check and improve attachment <input type="checkbox"/> Suggest stopping any supplements for baby – no water, formulas, tea, or liquids

MODULE II

HANDOUT 12: Insufficient Breastmilk

(2/2 cont'd)

What to do	<ul style="list-style-type: none"> <input type="checkbox"/> Suggest stopping any supplements for baby – no water, formulas, tea, or liquids <input type="checkbox"/> Avoid separation from baby and care of baby by others (express breastmilk when away from baby) <input type="checkbox"/> Suggest improvements to feeding pattern. Feed baby frequently on demand/cue, day and night. <input type="checkbox"/> Finish the first breast first – let the baby come off the breast by him/herself <input type="checkbox"/> Ensure mother gets enough to eat and drink <input type="checkbox"/> The breasts make as much milk as the baby takes – if s/he takes more, the breasts make more (the breast is like a “factory” – the more demand for milk, the more supply) <input type="checkbox"/> Take local drink or food that helps mother to “make milk” <input type="checkbox"/> Ensure that the mother and baby are skin-to-skin as much as possible.
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Insufficient breastmilk	<p>Baby not getting enough breastmilk</p> <ul style="list-style-type: none"> • Insufficient weight gain • For infants 0<6 months: less than 6 wet and 3 stools per day after day 4 (stools more important than wetness).
Prevention	<ul style="list-style-type: none"> • Same as Insufficient breastmilk as Perceived by mother above.
What to do	<p>Same as Insufficient breastmilk as Perceived by mother above</p> <p>If no improvement in weight gain after 1 week, refer mother and baby to nearest health post.</p>

MODULE II – SESSION 7

BREASTFEEDING BELIEFS AND MYTHS

Learning Objective	Handouts
1. Distinguish beliefs and myths that are beneficial to breastfeeding and beliefs and myths that should be discouraged.	

Materials

- Flipchart papers (+ markers + masking).

Duration: 30 minutes.

MODULE II – SESSION 7

LEARNING OBJECTIVE 1:

Distinguish beliefs and myths that are beneficial to breastfeeding and beliefs and myths that should be discouraged

Suggested Activity and Methodology

Activity 1: Reflection on breastfeeding beliefs and myths as they relate to breastfeeding practices

Methodology: Brainstorming

- On a flipchart Facilitator makes 3 columns: breastfeeding beliefs that have a positive effect on breastfeeding; breastfeeding beliefs that have a negative effect on breastfeeding; and breastfeeding beliefs that do not hinder breastfeeding (neutral)
- In plenary participants brainstorm the breastfeeding beliefs that influence practice in their communities
- In plenary participants decide on which column to place the breastfeeding belief
- Participants make suggestions as to how those beliefs that have a negative effect on breastfeeding might be changed (while always respecting the belief)
- Discussion and summary.

Key Information

Examples of some breastfeeding beliefs and myths (differ according to area/region).

- Mothers can and cannot eat and drink certain things during breastfeeding.
- Colostrum should be discarded.
- A mother who is angry or frightened should not breastfeed.
- An ill mother should not breastfeed.
- A mother who is pregnant should not breastfeed.
- Breastmilk is too thin.
- Accumulated milk (when there is a time separation between mother and baby) should not be given to baby.
- Every baby needs water.
- A mother who breastfeeds cannot take medications (or a mother who takes medications cannot breastfeed).
- A sick infant should only be given rice water.
- A mother should not breastfeed until the milk comes in or lets down.

MODULE II – SESSION 8

IYCF IN AN HIV CONTEXT

Learning Objectives	Handouts
<p>1. Explain when the HIV virus can be transmitted from mother to child and explain the risk of transmission with and without interventions.</p>	<ul style="list-style-type: none"> • Training Aids 5 and 6: <ol style="list-style-type: none"> 1. Card of 100 infants: the risk of HIV passing to the infants of 100 HIV+ mothers who breastfeed for up to 2 years (when NO preventive actions are taken) 2. Card of 100 infants: the risk of HIV passing to the infants of 100 HIV+ mothers who practice exclusive breastfeeding for 6 months (when mother and baby take single dose nevirapine (sd-NVP).
<p>2. Describe infant feeding options in an HIV context and explain the risk of HIV transmission with different modes of infant feeding.</p>	
<p>3. Identify breast conditions of the HIV-infected breastfeeding woman and refer for treatment.</p>	

Materials

- Flipchart papers (+ markers + masking)
- 2 **Training Aids** (Annex 2).

Advance Preparation

- Flipchart with 2 bar graphs: 1) representing MTCT of HIV in 100 HIV-infected women who breastfeed for 2 years and take no treatment with numbers 63, 7, 15 and 15, and 2) representing MTCT of HIV in 100 HIV-infected women who practice exclusive breastfeeding for 6 months and both mother and infant take sd-NVP (numbers to be filled-in by Participants).

Duration: 45 minutes.

MODULE II – SESSION 8

LEARNING OBJECTIVE 1:

Explain when the HIV virus can be transmitted from mother to child

Suggested Activity and Methodology

Activity 1: Review of mother-to-child transmission (MTCT) of HIV
Methodology: Brainstorming

- Brainstorm with Participants when the HIV virus can be transmitted from mother-to-child (MTCT)
- On flipchart draw a bar chart indicating infant outcomes at 2 years of 100 HIV+ mothers who breastfeed for 2 years when NO preventive actions are taken (63 are not infected, 7 become infected during pregnancy, 15 become infected during labour and delivery, and 15 become infected during breastfeeding)
- Form small groups of 5 Participants
- **Distribute Training Aids 5 and 6:** Ask small groups to examine the number of children who will not be infected with HIV during pregnancy, labour and delivery, and breastfeeding when NO preventive actions are taken; and to examine the number of children who will not be infected with HIV when mother and infant take single dose nevirapine (sd-NVP), and mother practices exclusive breastfeeding for 6 months.
- Ask Participants what the numbers represent.
- Ask one group to explain the difference between **Training Aids 5 and 6**.
- Construct another bar chart indicating infant outcomes at 6 months of 100 HIV infected mothers who practice exclusive breastfeeding for 6 months and both mother and infant take sd-NVP (82 are not infected, 14 become infected during pregnancy, labour and delivery, and 4 become infected during breastfeeding).
- Make sure the bar charts are labelled.

Key Information

- A baby born to a HIV infected mother can get HIV from the mother during pregnancy, labour and delivery, and breastfeeding.
- **In the absence of any interventions¹** to prevent or reduce HIV transmission, it has been calculated that if 100 HIV infected women get pregnant, deliver, and breastfeed for two years²:
 - About 7 may be infected with HIV during pregnancy
 - About 15 may become infected with HIV during labour and delivery
 - About 15 may be infected with HIV through breastfeeding, if the mothers breastfeed their babies for 2 years
 - **About 63 of the babies will not get HIV**
 - The aim is to have infants who do not have HIV but still survive (HIV-free survival) Therefore the risks of getting HIV through breastfeeding have to be compared to the risks of increased morbidity and mortality associated with not breastfeeding.
- If 100 HIV infected women get pregnant, deliver, exclusively breastfeed for six months and both mother and infant take sd-NVP, infant outcomes at 6 months³:
 - **About 82 of the babies are not infected**
 - About 14 become infected during pregnancy, labour and delivery
 - About 4 become infected during breastfeeding
- See **Training Aids 5-6** (Annex 2):
 - **Training Aid 5:** Card of 100 infants: the risk of HIV passing to the infants of 100 HIV infected mothers who breastfeed for up to 2 years (NO preventive actions are taken)
 - **Training Aid 6:** Card of 100 infants: the risk of HIV passing to the infants of 100 HIV infected mothers who practice exclusive breastfeeding for 6 months (mother and infant take single dose nevirapine)⁴.

¹ Interventions to reduce MTCT

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

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

During post-partum: Early BF initiation and support for EBF if breastfeeding is infant feeding choice; prevent, treat breastfeeding conditions; care for thrush and oral lesions; support replacement feeding if that is infant feeding choice; ARVs; immunizations, and growth monitoring and promotion for baby; insecticide-treated mosquito nets; address gender issues and sexuality; counsel on complementary feeding at 6 months; immediate treatment of illness; counselling on safe sex; family planning counselling

² DeCock KM et al. Prevention of mother-to-child HIV transmission in resource-poor countries: translating research into policy and practice. *Journal of the American Medical Association*, 2000, 283(9): 1175–1182

³ Coovadia et al (2007). Mother-to-child transmission of HIV-1 infection during exclusive breastfeeding in the first 6 months of life: an intervention cohort study. *Lancet* 2007; 369: 1107–16

⁴ When optimal prenatal and intrapartum interventions are given to the mother and postpartum prophylaxis is provided to the newborn, transmission rates can be further reduced to 1%–2%.

MODULE II – SESSION 8

LEARNING OBJECTIVE 2:

Describe infant feeding options in an HIV context

Suggested Activity and Methodology

Activity 2: Infant and young feeding options in an HIV context **Methodology:** Brainstorming

- Ask Participants to define: exclusive breastfeeding, replacement feeding and mixed feeding
- Brainstorm with Participants the questions:
 1. What infant and young child feeding options does an HIV infected mother have?
 2. When should breastfeeding stop?
 3. When and why is mixed feeding dangerous?
- Discussion and explanation of modes of infant feeding in the context of HIV.

Key Information

Definitions

- Exclusive breastfeeding: only breastmilk, no other food or drink (including water) is given to the infant.
- Replacement feeding is the process of feeding a child who is not breastfeeding with a diet that provides all the nutrients the child needs until the child is fully fed on family food. During the first six months of life, replacement feeding should be with a suitable breastmilk substitute, usually with infant formula. After six months the suitable breastmilk substitute should be complemented with other foods.
- Mixed feeding before the age of 6 months of age (breastfeeding plus other foods/drinks, including ready to use therapeutic foods) increases HIV transmission risk. Breastmilk plus solids has the highest risk of HIV transmission so foods should not be given to the child before 6 months. The mother should be advised to EITHER exclusively breastfeed OR exclusively replacement feed her child up to 6 months of age. (Mixed feeding is dangerous for ALL infants younger than 6 months, irrespective of knowing HIV status of mother. In an HIV prevalent area, there is even more reason to support exclusive breastfeeding.)

A **HIV infected mother** has **two main options** for feeding her baby under six months of age. The most appropriate infant feeding option for a HIV-infected mother should continue to depend on her individual circumstances, including her health status and the local situation, but should take greater consideration of the health services available and the counselling and support she is likely to receive.

Option 1: Exclusive breastmilk.

Exclusive breastfeeding: by mother or wet nurse.

Expressed, heat treated breastmilk: by mother and/or donor (currently most likely used when transitioning from exclusive breastfeeding to replacement feeding; HIV infected mother has mastitis; HIV infected mother has low-birth weight baby; when the mother may be too sick to feed the baby exclusively).

Option 2: Exclusive replacement feeding, most likely using industrially produced infant formula which is produced in compliance with Codex Alimentarius standards (if this method of infant feeding is an acceptable, feasible, affordable, sustainable and safe option for an individual baby and mother).

Option 1: Exclusive breastmilk

Exclusive breastfeeding (0-5 months of age)

- Same recommended breastfeeding practices that apply for HIV-negative mother and mother of unknown status (See **Handout 3: Recommended breastfeeding Practices and Possible Points of Discussion for Counselling**)
 - Put infant skin-to-skin with mother immediately after birth
 - Initiate breastfeeding within the first hour of birth
 - Exclusively breastfeed (no other food or drink) for 6 months
 - Breastfeed frequently, day and night
 - Breastfeed on demand (or cue) – every time the baby asks to breastfeed
 - Finish one breast completely before switching to the other
 - Continue breastfeeding for 2 years of age or longer
 - Continue breastfeeding when infant or mother is ill
 - Mother needs to eat and drink to thirst
 - Avoid feeding bottles
- How to attach and position the baby on the breast properly
- If you will be away from the baby, express milk and leave it behind to be given to the baby by cup
- Store expressed breastmilk in a clean, covered container. (Breastmilk can be stored for at least 8 hours at room temperature and for up to 72 hours in a refrigerator).
- Stop breastfeeding if replacement feeds become an acceptable, feasible, affordable, sustainable, and safe (AFASS) option.

Wet-nursing

- An infant is breastfed by a woman other than his/her mother; the wet nurse is tested before starting wetnursing (and again at 6-8 weeks after starting wet-nursing) and is free from HIV infection. The wet nurse should be counselled about HIV infection and how to avoid infection during breastfeeding
- There is a small chance that an HIV infected infant can pass the virus to a wet nurse if the infant has a sore in the mouth or the wet nurse has a breast condition. Provide support to the wet nurse to prevent and treat cracked/bleeding nipples, mastitis (inflammation of the breast), abscess or Candida (yeast infection of the nipple and breast)
- Provide wet nurse information to enable her to practice safer sex.

At six months, if replacement feeding is still not **acceptable, feasible, affordable, sustainable and safe**, continuation of breastfeeding with additional complementary foods is recommended, while the mother and baby continue to be regularly assessed. All breastfeeding should stop once a nutritionally adequate and safe diet without breastmilk can be provided.

Cessation of breastfeeding

WHO recommends against early, abrupt or rapid cessation of breastfeeding. Current understanding is that for most women and babies, a period of about two to three days up to two to three weeks would appear to be sufficient.⁵

Expressed, heat-treated breastmilk

The WHO recommends heat-treated breastmilk as one of the infant feeding options in the context of HIV. However, direct boiling of breastmilk causes significant nutritional damage while standard pasteurisation for 30 minutes requires temperature gauges and timing devices that are unavailable in many communities.

Usually a temporary option when transitioning from exclusive breastfeeding to replacement feeding; HIV infected mother has mastitis; HIV infected mother has low-birth weight baby

- Express breastmilk
- Bring expressed breastmilk to boiling point (indicated by surface bubbles, not 'boiling over')
- Cool the milk
- Give the baby the milk by cup
- Once the milk is heat treated, it should be used within an hour.

Zimbabwe: Expressed, heat-treated breastmilk promoted by UNICEF/MOH through local NGO Zvitambo, as explained by Participants during field testing of curriculum:

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

Note: Flash-heat⁶ is a recently developed, simple method that a mother can implement over an outdoor fire or in her kitchen. However, field studies are urgently needed to determine the feasibility of in-home flash-heating of breastmilk.

⁵ UNHCR. Guidance on Infant feeding and HIV in the context of refugees and displaced populations. (p15) v1.1 May 2009.

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

Option 2: Exclusive replacement feeding using industrially produced infant formula

Replacement feeding should only be recommended when it is an acceptable, feasible, affordable, sustainable, and safe (AFASS) option for a mother and her baby.

The mother gives the baby industrially produced infant formula from birth (no breastfeeding). Maintaining the mother's central role in feeding her baby is important for bonding and may also help to reduce the risks in preparation of replacement feeds.

- The supply of the infant formula must be reliable and uninterrupted.
- Access to sufficient water, fuel, utensils and time (over the entire period of replacement feeding) will all be needed to safely prepare the industrially produced infant formula.
- In order to reduce the dangers associated with replacement feeding, caregivers should receive information on:
 - how much and how often to feed industrially produced infant formula
 - that no special or 'follow-on' formula is needed
- One-on-one demonstration and practical training:
 - how to keep feeding utensils clean and safe
 - how to prepare the feeds
 - how to give the feeds
- Skilled health workers must closely follow-up the health and growth of babies who are replacement fed.

The family needs to be able to UNDERSTAND the written (in the appropriate language) or the pictorial instructions provided on the infant formula package.

Balance of risks for Infant Feeding Options in an HIV Context			
	Exclusive Breastfeeding	Exclusive Replacement Feeding	Mixed Feeding
Risk of HIV	Yes	No	Yes (Greatest)
Risk of Morbidity/ Mortality	No	Yes	Yes

General Notes: Whatever option the mother chooses, she needs support and counselling.

- Refer mother to community support groups.
- Mothers and their partners need to be counselled on safe sex.

Breastfeeding for children 6-23 months of age

Once an infant reaches 6 months of age, if conditions for AFASS are not met, the mother should continue to breastfeed as well as give complementary foods.

MODULE II – SESSION 8

LEARNING OBJECTIVE 3:

Identify breast conditions of the breastfeeding woman and refer for treatment

Suggested Activity and Methodology

Activity 3: Breast conditions of breastfeeding woman and referral for treatment

Methodology: Brainstorming

- Brainstorm with Participants the questions: What breast conditions of breastfeeding woman need special attention? And what should the breastfeeding woman do when these breast conditions present themselves?
- Discussion and summary.

Key Information

- An HIV-infected mother with cracked nipples, mastitis (inflammation of the breast), abscess, or Candida (yeast infection of the nipple and breast) has increased risk of transmitting HIV to her baby and so should:
 - stop breastfeeding from the infected breast and seek prompt treatment
 - continue breastfeeding on demand from uninfected breast
 - express breastmilk from the infected breast and either discard it or boil it before feeding to baby.

Note: Cracked nipples and mastitis are discussed more fully in Session 6: Common breastfeeding difficulties – symptoms, prevention and what to do’.

MODULE II – SESSION 9

DISCHARGE PLANNING

Learning Objective	Handouts
1. Identify what IYCF information should go into a discharge plan.	• Handout 13: IYCF discharge plan checklist.

Materials

- Flipchart papers (+ markers + masking).

Duration: 45 minutes.

MODULE II – SESSION 9

LEARNING OBJECTIVE 1:

Identify what IYCF information should go into a discharge plan

Suggested Activity and Methodology

Activity 1: IYCF information to accompany discharge plan

Methodology: Small working groups

- Form small working groups of 5 Participants
- Ask each group to list recommendations that should be included in the discharge plan and discuss with mother
- Ask one group to report back, and other groups to add additional information
- **Distribute Handout 13: IYCF discharge plan checklist**
- Discussion and summary.

Key Information

- See **Handout 13: IYCF discharge plan checklist**.

MODULE II

HANDOUT 13: IYCF Discharge Plan Checklist

(1/2 cont'd next page)

Review recommended breastfeeding & complementary feeding practices and assess mother-infant for compliance with age-appropriate practices.

Counsel on recommended breastfeeding practices

- Put infant skin-to-skin with mother immediately after birth
- Initiate breastfeeding within the first hour of birth
- Exclusively breastfeed (no other food, drink or water) for 6 months
- Breastfeed frequently, day and night
- Breastfeed on demand (or cue) – every time the baby asks to breastfeed
- Finish one breast completely before switching to the other
- Continue breastfeeding for 2 years of age or longer
- Continue breastfeeding when infant or mother is ill
- Mother needs to eat and drink to thirst
- Avoid feeding bottles.

Counsel on recommended complementary feeding from 6 - 23 months

- At six months of age add complementary foods (such as thick porridge 2-3 times a day) to breastfeeds
- As baby grows older increase feeding frequency, amount, texture (thickness/consistency) and variety
- From 6 to 8 months breastfeed plus give foods 2-3 times per day
- From 9 to 11 months breastfeed plus give food or snacks 4 times per day
- From 12 to 23 months give food or snacks 5 times per day, plus breastfeed
- Give baby 2 to 3 different family foods: staple, legumes, vegetables/ fruits, and animal foods at each serving
- Continue breastfeeding for two years of age or longer

MODULE II

HANDOUT 13: IYCF Discharge Plan Checklist

(2/2 cont'd)

- Be patient and actively encourage baby to eat all his/her food
 - Wash hands with soap and water before preparing food, eating, and feeding young children
 - Feed baby using a clean cup and spoon
 - Encourage the child to breastfeed more and continue eating during illness, and provide extra food after illness.
- Counsel on skills**
- Good attachment and positioning if the child is < 3 months.
- Advise mother to come back if she has any breast or nipple problems or any other breastfeeding difficulties.
- Promote attendance at Growth Monitoring and Promotion (GMP).
- Promote attendance at community-based mother-to-mother support groups.
- Link to Essential Nutrition Action (ENA) contact points: antenatal (at health centre or in the community); at delivery in hospital, at home or by TBA; during postpartum and/or family planning sessions at health centre (or in the community); under five well-baby clinic during growth monitoring and promotion; at immunization sessions (campaigns and clinics); and at sick-child clinic.
- Link to mother/caregiver during home visit, supplementary feeding centres, and schools.
- Link mother/caregiver to CHW.

MODULE II – SESSION 10

GROUP SESSIONS, IYCF SUPPORT GROUPS, AND HOME VISITS

Learning Objectives	Handouts
1. Facilitate an action-oriented group session.	<ul style="list-style-type: none"> • Handout 14: How to conduct an action-oriented group session: story, drama, or visual (OTTA).
2. Facilitate an infant and young child feeding support group of child caregivers (mothers, fathers, grandparents) and help them to support each other in their infant and young child feeding practices.	<ul style="list-style-type: none"> • Handout 15: Characteristics of an IYCF Support Group.
3. Identify the steps in conducting a home visit.	
Post-assessment.	<ul style="list-style-type: none"> • Handout 16: Post-assessment (for Facilitator).

Materials

- Support group topics.

Advance Preparation

- Prepare and practice 'Story'
- Prepare and practice 'Mini-drama'

Duration: 1 hour.

MODULE II – SESSION 10

LEARNING OBJECTIVE 1:

Facilitate an action-oriented group session

Suggested Activity and Methodology

Activity 1: Conduct an action-oriented group session with Participants
Methodology: Experiential

- Facilitator models an action-oriented group session with Participants acting as community members by telling a story, conducting a drama and using a visual on some aspect of IYCF - applying OTTA
- See examples of a story and mini drama scenarios (below)
- At the end of the story and mini drama ask the Participants/community members:
 1. What would you do in the same situation? Why?
 2. What difficulties might you experience?
 3. How would you be able to overcome them?

Key Information

- See **Handout 14: How to conduct an action-oriented group session: story, drama, or visual (OTTA)**
- Traditionally group talks are organized to communicate ideas or convey information to a group. Usually a leader directs the group talk, and group participants ask and answer questions. An 'action-oriented' group talk is slightly different. Facilitators encourage group participants **to personalize the information and to try something new or different (an action)** from what they normally do.
- **OTTA**
 - **O** Observe
 - **T** Think
 - **T** Try
 - **A** Act
- Health talks are effective for giving information but do not necessarily lead to changes in behaviour. Using OTTA during health talks can motivate group participants to change their behaviour.
- Explain to Participants that OTTA is used to encourage group participants to reflect on and personalize their experiences so they can learn from them and make a decision to change their behaviour.

Story (example)

Once upon a time in a village not far from here a young woman Miriam had her first baby, a son, whom she named Thomas. She heard the community health worker talk about giving only breastmilk to babies until they were 6 months old. She wanted to do what the health worker was saying, but both her mother and mother-in-law told her that the baby would need more than her breastmilk to grow strong and healthy in those first months. Of course she wanted Thomas to be a healthy boy and so she breastfed Thomas and gave him porridge and water from the time he was 3 months old. He was sick every month. Now Thomas is 8 months old and the community volunteer who doing a home visit the other day told Miriam to take Thomas to the health centre after she put a coloured tape around Thomas's arm and said it was 'red'.

Mini-Drama Scenarios

Drama #1

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

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

Health worker: You are doing a home visit. You help the woman identify foods she can give the baby and increase to three feeds each day.

Drama #2

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

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

Health worker: You try to get the mother and grandmother together and make recommendations to them both to increase the amount of food that the child is eating and to add others foods to the porridge to make it more nutritious.

Activity 2: Discussion on the group session experience

Methodology: Discussion

- After the story, mini drama, and use of a visual the following questions are asked of the Participants:
 - What did you like about the action-oriented group session?
 - How was this group session different from an educational talk?
- **Distribute** and discuss **Handout 14: How to conduct an action-oriented group session: story, drama, or visual (OTTA)**.

MODULE II – SESSION 10

LEARNING OBJECTIVE 2:

Facilitate an infant and young child feeding support group of child caregivers (mothers, fathers, grandparents) and help them to support each other in their infant and young child feeding practices

Suggested Activity and Methodology

Activity 3: Conduct an Infant and Young Child Feeding support group with Participants

Methodology: Experiential

- Facilitator and 5 Participants form a circle and conduct a support group, sharing their own (or wife's, mother's, sister's) experience of breastfeeding. (Only those in the 'support group' are permitted to talk).

Activity 4: Discussion on the support group experience

Methodology: Discussion

- After the support group the following questions are asked of the support group Participants:
 - What did you like in the support group?
 - How is the support group different from an educational talk?
 - Were your questions answered?
- Ask Participants who observed the support group and listened to share their observations and ideas
- What contribution can a support group make to a CMAM program?
- **Distribute Handout 15: Characteristics of an IYCF Support Group.**

Activity 5: Practice conducting a support group

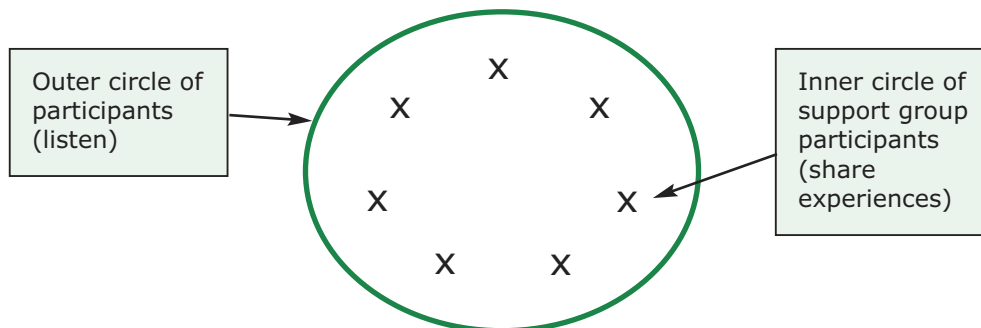
Methodology: Practice

- Divide Participants in groups of 7
- Each group chooses a topic out of basket for a support group meeting
- One Participant from each group will be Facilitator of the support group
- Discussion in plenary.

Key Information

- See **Handout 15: Characteristics of an IYCF Support Group.**

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



MODULE II – SESSION 10

LEARNING OBJECTIVE 3:

Identify steps in conducting a home visit

Suggested Activity and Methodology

Activity 6: Identify steps in conducting a home visit

Methodology: Brainstorming

- Ask Participants to identify the steps in conducting a home visit
- Write answers on flipchart
- Probe until the following steps are mentioned:
 - Greeting and introduction
 - Establish comfortable setting with caregiver
 - *Building confidence and giving support skills* (list)
 - *Listening and learning counselling skills* (list)
 - *IYCF 3-Step Counselling/‘Reaching-an agreement’* (describe)
 - During the Assess Step (ask, listen and observe), observe the home situation: Is there food? Are there feeding bottles?
- Discussion.

Key Information

- See **Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling**
- See **Handout 4: Recommended complementary feeding practices**
- See **Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling**
- See **Handout 8: *Listening and learning counselling skills***
- See **Handout 9: IYCF Assessment of Mother/Child Pair**
- See **Handout 11: Common breastfeeding difficulties**
- See **Handout 12: Insufficient breastmilk.**

POST-ASSESSMENT

Key Information

- See **Handout 16: Post-assessment (for Facilitator)**

Suggested Activity and Methodology

Activity 7: Post-Assessment

Methodology: Participants sit in circle facing outwards

- Ask Participants to form a circle and sit so that their backs are facing the centre
- Explain that questions will be asked, and ask Participants to raise one hand (with open palm) if they think the answer is "Yes", to raise one hand (with closed fist) if they think the answer is "No", and to raise one hand (pointing 2 fingers) if they "Don't know"
- One Facilitator reads the statements from Handout 16: Post-assessment (for the Facilitator) and another Facilitator records the answers
- **Distribute Handout 16: Post-assessment to share correct answers with Participants**
- Answer questions and clear up any outstanding misunderstandings.

MODULE II

HANDOUT 14: How to Conduct a Group Session: Story, Drama, or Visual (OTTA)

Introduce yourself.

1. OBSERVE

- Tell a story; conduct a drama to introduce a topic or hold a visual so everyone can see it
- Ask the group participants:
 - What happened in the story/drama or visual?
 - What are the characters in the story/drama or visual doing?
 - How did the character feel about what s/he was doing? Why did s/he do that?

2. THINK

- Ask the group participants:
 - Whom do you agree with? Why?
 - Whom do you disagree with? Why?
 - What is the advantage of adopting the practice described in the story/drama or visual?
- Discuss the key messages of today's topic.

3. TRY

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

4. ACT

Repeat the key messages.

- Ask the group participants:
 - What would you do in the same situation? Why?
 - What difficulties might you experience?
 - How would you be able to overcome them?

Set a time for the next meeting and encourage group participants to come ready to talk about what happened when they tried out the new practice or encouraged someone to try it and how they managed to overcome any obstacles.

MODULE II

HANDOUT 15: Characteristics of an IYCF Support Group

1. This is a safe environment of respect, attention, trust, sincerity, and empathy.
2. The group allows participants to:
 - Share infant feeding information and personal experience
 - Mutually support each other through their own experience
 - Strengthen or modify certain attitudes and practices
 - Learn from each other.
3. The group enables participants to reflect on their experience, doubts, difficulties, popular beliefs, myths, information, and infant feeding practices. In this safe environment participants have the knowledge and confidence to decide to strengthen or modify their infant feeding practices.
4. IYCF Support Groups are not LECTURES or CLASSES. All participants play an active role.
5. Support groups focus on the importance of one-to-one communication. In this way all the participants can express their ideas, knowledge, and doubts, share experience, and receive and give support.
6. The sitting arrangement allows all participants to have eye-to-eye contact.
7. The group size varies from 3–15.
8. The group is facilitated by an experienced facilitator/mother who listens and guides the discussion.
9. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older toddlers, fathers, caregivers, and other interested women to attend.
10. The facilitator and the participants decide the length of the meeting and frequency of the meetings (number per month).

MODULE II

HANDOUT 16: Post-assessment (for Facilitator)

What have we learned?				
		Yes	No	Don't know
1.	A support group is the same as an educational talk. (Session 9)		X	
2.	A HIV infected mother can pass the virus to her baby during pregnancy, labour and delivery, and breastfeeding. (Session 5)	X		
3.	Inadequate infant feeding during the first 2 years of life results in poor growth and brain development. (Session 1)	X		
4.	At 4 months, infants need water and other drinks in addition to breastmilk. (Session 3)		X	
5.	The most effective approach to changing behavior is to tell a mother how to feed her child. (Session 6)		X	
6.	The more milk a baby removes from the breast, the more breastmilk the mother makes. (Session 4)	X		
7.	A baby should breastfeed for 2 years or longer. (Session 2)	X		
8.	Correct attachment of baby to breast can help prevent sore and cracked nipples. (Session 7)	X		
9.	After discharge from OTP (Outpatient Care), a child has recuperated/recovered and no additional feeding recommendations are required. (Session 8)		X	
10.	For a HIV-infected mother, both breastfeeding and artificial feeding carry risks to child survival. (Session 5)	X		

MODULE II – SESSION 11

ACTION PLAN (FOR TOT)

Learning Objectives	Handouts
1. Develop an action plan to include role-out training of CHWs.	<ul style="list-style-type: none">Action Plan for Facilitators/Trainers of Integration of IYCF Support into CMAM.

Materials

- Flipchart papers (+ markers + masking).

Duration: 2 hour.

MODULE II – SESSION 11

LEARNING OBJECTIVE 1:

Develop an action plan to include role-out training of CHWs

Suggested Activity and Methodology

Activity 1: Develop action plan

Methodology: Small working groups

- Form small working groups according to district
- Ask each group to work together to develop an action plan listing: activities, people responsible, where (place) when (time) materials needed, and follow-up (who and when)
- Ask each group to present their action plans to the whole group
- Based on input/feedback from the whole group, small groups modify their action plans and present a second time
- Discussion and summary
- Copies of Actions Plans are sent to supervisors of Participants and organizers of training.

Action Plan for Facilitators/Trainers of Integration of IYCF Support into CMAM

District:

Health Centre:

Facilitators/Trainers:

Target Number of Trained CHWs:

Follow-up (Who & when)					
Materials needed					
When (time)					
Where (place)					
People responsible					
Activities					

MODULE III

IYCF/CMAM FIELD PRACTICE (combined with CMAM Community Outreach Module)

Overview

- A maximum of five Participants should be at each outpatient care site on a given day. Coordinate with as many outpatient care sites as necessary to keep the number of Participants at five or fewer.
- A facilitator and an experienced health care provider, ideally someone affiliated with the outpatient care site, should mentor the Participants, first by demonstrating the activities, then by inviting Participants to take on more responsibility. Participants must complete all activities under the supervision of a Facilitator and experienced health care provider.
- Ask Participants to bring copies of the Handouts mentioned below.
- Pair Participants with someone who speaks the local language.

Preparation of Outpatient Care Field Practice

- Discuss and review the procedures and steps that Participants will undertake at the community-based sites:
 1. Participate in an action-oriented group session or IYCF Support Group;
 2. *IYCF 3-Step Counselling/‘Reaching-an-agreement’* with mother/caregiver:
 - during weekly follow-up visit (2 children) and
 - during discharge (2 children).
 3. Hold discussions with staff and caregivers who come to the outpatient service.

Advance Preparation

- Flipchart with **Handout 9: IYCF Assessment of Mother/Child Pair** to be filled in by Participants for feedback session after Practicum.

Learning Objectives	Handouts
<p>1. Practice conducting an action-oriented group session with mothers/caregivers who come to CMAM services.</p>	<ul style="list-style-type: none"> • Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling • Handout 4: Recommended complementary feeding practices • Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling • Handout 11: Common breastfeeding difficulties • Handout 12: Insufficient breastmilk • Handout 14: How to Conduct a Group Session: Story, Drama, or Visual (OTTA) • Handout 15: Characteristics of an IYCF Support Group.
<p>2. Practice conducting an IYCF Support Group with mothers/caregivers who come to CMAM services.</p>	
<p>3. Identify the steps in conducting a home visit.</p>	<ul style="list-style-type: none"> • Handout 7: Good and Poor Attachment • Handout 9: IYCF Assessment of Mother/Child Pair • Handout 10: Checklist for Observer/Supervisor/Mentor - IYCF Assessment of Mother/Child Pair • Local referral Slip for Community Health Volunteer.
<p>4. Practise <i>IYCF 3-Step Counselling/‘Reaching-an-agreement’</i> by conducting an IYCF Assessment of Mother/Child Pair at discharge.</p>	<ul style="list-style-type: none"> • Handout 11: Common breastfeeding difficulties • Handout 12: Insufficient breastmilk • Handout 13: IYCF discharge plan checklist • Local referral Slip for Community Health Volunteer.
<p>5. Conduct a feedback discussion after field visit.</p>	

Duration: 2 hours (combined with CMAM fieldwork).

MODULE III

LEARNING OBJECTIVES 1 and 2:

Practice conducting an action-oriented group session or an IYCF Support Group with mothers/caregivers who come to CMAM services

Suggested Activity and Methodology

Activity 1 and 2: Practise conducting an action-oriented group session or a IYCF Support Group with mothers/caregivers who come to Outpatient Care

Methodology: Hands-on practise at site

- Divide Participants into pairs and form 2 groups: one group will conduct group action-oriented sessions and the other group will conduct IYCF Support Groups
- As mothers/fathers/caregivers arrive at site with their young children, gather together 6-8 mothers/fathers/caregivers with their children and ask a pair from one group to conduct an action-oriented group session – allow 20-30 minutes
- As more mothers/fathers/caregivers arrive at site with their young children, gather together 6-8 mothers/fathers/caregivers with their children and ask a pair from the other group to conduct an IYCF Support Group – allow 20-30 minutes
- Continue organizing small groups of mothers/fathers/caregivers and their young children in either action-oriented sessions or IYCF Support Groups until the CMAM services begin
- After the action-oriented group session or IYCF Support Group the facilitating pair discusses their successes, challenges, and what could have been improved.

Key information

See the following Handouts:

- **Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling**
- **Handout 4: Recommended complementary feeding practices**
- **Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling**
- **Handout 11: Common breastfeeding difficulties**
- **Handout 12: Insufficient breastmilk**
- **Handout 14: How to Conduct a Group Session: Story, Drama, or Visual (OTTA)**
- **Handout 15: Characteristics of an IYCF Support Group.**

MODULE III

LEARNING OBJECTIVES 3 and 4:

IYCF 3-Step Counselling/‘Reaching-an-agreement’ by conducting an IYCF Assessment of Mother/Child Pair at weekly or bi-weekly follow-up, and at discharge

Suggested Activity and Methodology

Activity 3 and 4: Practise *IYCF 3-Step Counselling/‘Reaching-an-agreement’* by conducting an IYCF Assessment of Mother/Child Pair at weekly follow-up, and at discharge

Methodology: Hands-on practice at site

Step 1: Assess

- Greet mother/caregiver and ask questions that encourage her to talk, using *listening and learning, building confidence and giving support* skills
- Complete **Handout 9: IYCF Assessment of Mother/Child Pair**
- **Observe** mother and baby’s general condition
- **Observe** baby’s attachment, baby’s position
- Listen to mother’s concerns
- Accept what mother is doing without disagreeing or agreeing.

Step 2: Analyze

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

Step 3: Act

- Praise the mother for coming and for what she is doing well
- Depending on the age of the baby and the situation, select and give small amount of RELEVANT INFORMATION
- Ask the mother what she thinks about this information
- Discuss with the mother **different feasible** options to overcome the difficulty
- Suggest what the mother might do, giving at least two possibilities, and asking what she feels able to do
 - Give recommendations as suggestions not commands (meaning do not tell mother what to do)

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- Present options/small doable actions (time-bound) and help mother select one that she can try
- Give mother a say in the decision, and the opportunity to say no, or to choose another option.
- Ask mother to repeat the agreed upon new behaviour
- Let mother know that you will follow-up with her at the next weekly or bi-weekly visit
- Suggest where mother can find support (attend educational talk at CMAM site, IYCF Support Groups in community, and refer to Community Volunteer)
- At discharge, review recommended breastfeeding and complementary feeding practices (**Handout 13: IYCF discharge plan checklist**).
- Refer as necessary
- Thank mother for her time.

Key information

See the following Handouts:

- **Handout 7: Good and Poor Attachment**
- **Handout 9: IYCF Assessment of Mother/Child Pair**
- **Handout 10: Checklist for Observer/Supervisor /Mentor - IYCF Assessment of Mother/Child Pair**
- Local referral Slip for Community Health Volunteer
- **Handout 11: Common breastfeeding difficulties**
- **Handout 12: Insufficient breastmilk**
- **Handout 13: IYCF discharge plan checklist.**

MODULE III

LEARNING OBJECTIVE 5:

Conduct a feedback discussion after the field practise

Suggested Activity and Methodology

Activity 5: Feedback on field practise**Methodology: Feedback/discussion**

- After the field practise, conduct a feedback discussion in which Participants will:
 - Write on a prepared flipchart of **Handout 9: IYCF Assessment of Mother/Child Pair** at least one of their shared interviews with mothers/caregivers and share with other Participants agreed upon action that mother will try
 - Provide feedback on strengths observed at each health facility with regards to incorporating IYCF practices into CMAM
 - Raise issues for clarification by Facilitators and site health care providers
 - Identify key gaps that need more practise/observation time at site
 - Is additional classroom time for practise and/or information needed?

ANNEX I

INSTRUCTIONAL PLAN OF INTEGRATION OF IYCF
SUPPORT INTO CMAM

Modules I, II and III

INSTRUCTIONAL PLAN OF INTEGRATION OF IYCF
SUPPORT INTO CMAM

Module I: Community Assessment of IYCF Practices (combined with CMAM Community Outreach Module)	
Time	2 hr
Content Overview	<ul style="list-style-type: none"> • Issues to be investigated in an IYCF assessment • Focus groups on IYCF practices • Local, feasible, available and affordable foods.
Learning Objectives	<ol style="list-style-type: none"> 1. Describe how IYCF practices are viewed by the community <ol style="list-style-type: none"> a) Name the issues to be investigated during an IYCF Community Assessment (classroom preparation) b) Conduct focus groups and complete breastfeeding practices matrix (in community) c) Conduct focus groups and complete complementary feeding practices matrix and calendar of local, feasible, available and affordable foods (in community) 2. Consolidate findings from focus groups.
Suggested Activities and Methodologies	<p>Activity 1</p> <ul style="list-style-type: none"> • On flip chart draw the columns of a breastfeeding matrix and fill out the headings giving a brief explanation • Using an example of "initiation of breastfeeding", fill-out the matrix with the Participants' participation • On flip chart draw the columns of a complementary feeding matrix and fill out the headings giving a brief explanation. <p>Activity 2</p> <ul style="list-style-type: none"> • Divide Participants into 6 groups; each group will conduct a focus group with an assigned audience and complete the breastfeeding practice matrix, the complementary feeding matrix and the calendar of local, feasible, available and affordable foods • Facilitators circulate between the focus groups, noting progress and helping to correct problems or misunderstandings.

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<p>Suggested Activities and Methodologies (Cont'd)</p>	<p>Activity 3</p> <ul style="list-style-type: none"> • Groups individually consolidate their findings on the matrices • Review of process and outcomes: Participants discuss their experience; Facilitators offer assessment of process and outcomes (useful insights, practical operational conclusions, and priority messages).
<p>Materials</p>	<ul style="list-style-type: none"> • Flipchart papers (+ markers + masking) • Handout 1: Breastfeeding practices matrix • Handout 2: Complementary feeding practices matrix • Handout 3: Calendar – local, feasible, available and affordable foods (home and/or market) • Handout 4: Team Checklist for Community Outreach Practicum.

Module II: 2-Day Train the Trainers Integration of IYCF Support into CMAM (Sessions)	
Session 1	“Why it matters” for this child, next child and community
Time	1 hr
Content Overview	<ul style="list-style-type: none"> • Pre-assessment • Importance of breastfeeding and risks of not breastfeeding • Undernutrition is an underlying cause of increased mortality and morbidity • Growth faltering begins early in infancy.
Learning Objectives	<ol style="list-style-type: none"> 1. Identify strengths and limitations in IYCF 2. Define IYCF, complementary feeding, and supplementary feeding 3. Review the importance of breastfeeding and describe the risks of not breastfeeding 4. Recognize that undernutrition is an underlying cause of increased mortality and morbidity 5. Recognize that growth faltering begins early in infancy.
Suggested Activities and Methodologies	<p>Activity 1</p> <ul style="list-style-type: none"> • Ask Participants to form a circle and sit so that their backs are facing the centre • One Facilitator reads the statements from Handout 1: Pre-assessment (for the Facilitator) • Ask Participants to raise one hand (with open palm) if they think the answer is “Yes”, to raise one hand (with closed fist) if they think the answer is “No”, and to raise one hand (pointing 2 fingers) if they “Don't know” • Another Facilitator records the answers and notes which topics (if any) present confusion • Advise Participants that these topics will be discussed in greater detail during the training. <p>Activity 2</p> <ul style="list-style-type: none"> • Brainstorm definitions of IYCF, complementary feeding, and supplementary feeding. <p>Activity 3</p> <ul style="list-style-type: none"> • Ask Participants to form groups of 3 with their neighbours and to brainstorm the risks of not breastfeeding • Each group shares their brainstorming list of the risks of not breastfeeding

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<p>Suggested Activities and Methodologies (Cont'd)</p>	<ul style="list-style-type: none"> • Distribute Handout 2: Importance of Breastfeeding for Infant, Mother, Family and Community • Review Handout 2 with Participants and ask: “What points are new? and discuss • Summary in plenary using list under Key Information. <p>Activity 4</p> <ul style="list-style-type: none"> • Present and explain Training Aid 1: Undernutrition and early growth faltering – Graphs A and B • Present and explain Training Aid 2: UNICEF Conceptual Framework: Care for Nutrition (previously drawn on flipchart).
<p>Materials</p>	<ul style="list-style-type: none"> • Flipchart papers (+ markers + masking) • Handout 1: Pre-assessment (for Facilitator) • Training Aid: Simplified UNICEF Nutrition Frame-work • Handout 2: Importance of Breastfeeding for the Infant, Mother, Family, and Community • Training Aid 1: Undernutrition and Growth Faltering happens early in infancy – Graph A and Graph B • Training Aid 2: UNICEF's Conceptual Framework: Care for Nutrition.

Session 2	Recommended IYCF practices – breastfeeding
Time	45 mins
Content Overview	<ul style="list-style-type: none"> Recommended breastfeeding practices.
Learning Objectives	Identify the recommended breastfeeding practices.
Suggested Activities and Methodologies	<p>Activity 1</p> <ul style="list-style-type: none"> Small working groups of four, giving each group ten large index cards or pieces of paper Each group writes a recommended practice of breastfeeding on each card (one per card) Small groups share, discuss and group their cards on recommended breastfeeding practices Each group tapes their cards on the wall Ask one group to tape their cards on a board/flipchart in front of the whole group in a vertical column Beginning with the first practice presented, ask other groups with a similar practice to tape their practice on top Continue with all subsequent practices Ask other groups to tape any additional practices to 1st group's practices Discuss with group the additional practices, skill or related points (leave skills to the side of the centre column) Summary in plenary Distribute Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling and review together.
Materials	<ul style="list-style-type: none"> Flipchart papers (+ markers + masking) Large cards (A4 size) Handout 3: Recommended Breastfeeding Practices and Possible Points of Discussion for Counselling.

Session 3	Recommended IYCF practices: complementary feeding for children from 6–23 months
Time	45 mins
Content Overview	<ul style="list-style-type: none"> • Contribution that breastmilk makes to complementary feeding • Characteristics of complementary feeding for each age group: Frequency, Amount, Texture (consistency), Variety (different foods), Active or responsive feeding, and Hygiene (FATVAH) • Enrichment of complementary foods from 6 – 23 months.
Learning Objectives	<ol style="list-style-type: none"> 1. Describe the contribution that breastmilk makes to complementary feeding 2. Describe the characteristics of complementary feeding for each age group with regard to: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene (FATVAH) 3. Describe recommended complementary feeding practices and counselling discussion points 4. Explain how to complement breastmilk with family foods.
Suggested Activities and Methodologies	<p>Activity 1</p> <ul style="list-style-type: none"> • Ask Participants to reflect on the contribution that breastmilk makes to complementary feeding • Present the contribution noted in the 'Key Information' and write them on a flipchart and leave posted throughout the training • Show Training Aid 3 illustrating energy gap: Energy required by age and the amount supplied by breastmilk from 0 – 23 months • Demonstrate the same information using 3 glasses: 100%, 50% and 33% full respectively. <p>Activity 2</p> <ul style="list-style-type: none"> • Brainstorm with Participants the question: What are the characteristics to consider in complementary feeding? • Probe until the following characteristics are mentioned: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene (FATVAH) • Discussion and summary. <p>Activity 3</p> <ul style="list-style-type: none"> • Prepare a flipchart with columns: Age, Frequency, Amount, and Texture and Rows: 6 – 8 months, 9 – 11 months, and 12 – 23 months • Distribute pieces of paper with the chart responses from Handout 4 to Participants using local examples of foods

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<p>Suggested Activities and Methodologies (Cont'd)</p>	<ul style="list-style-type: none"> • Ask 5 participants at a time to tape their chart responses in the appropriate box on flipchart • Continue until all chart responses are on flipchart • With group participation, Facilitator walks through flipchart rearranging responses to coincide with Handout 4: Recommended complementary feeding practices • Distribute Training Aid 4: Illustrations of texture (thickness/ consistency) of porridge (cup and spoon) to describe texture of complementary foods • Distribute Handouts 4: Recommended complementary feeding practices and Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling and review together. <p>Activity 4</p> <ul style="list-style-type: none"> • From the cards/paper used in Activity 3 of this session (foods available locally at the market and/or home), ask Participants to choose a staple food (and assign this staple food as a "1 star" food by writing one * beside it) • Ask Participants to add an available legume to the staple food (and assign the staple food and legume(s) as a "2 star food" by writing two ** beside the combination) • Ask Participants to add an available vegetable and/or fruit to the staple food and legume (and assign the staple food-legume-vegetable/fruit as a "3 star food" by adding three*** beside the combination) • Ask Participants to add an animal food to the staple food-legume-vegetable/fruit (and assign the staple food-legume-vegetable/fruit and animal food as a "4 star food" by adding four **** beside the combination). • Discuss and Facilitator fills-in gaps.
<p>Materials</p>	<ul style="list-style-type: none"> • Training Aid 3: Graft of Energy Gap • Training Aid 4: Illustrations of thickness of porridge (cup and spoon) • Handout 4: Recommended Complementary Feeding Practices • Handout 5: Recommended Complementary Feeding Practices and Possible Points of Discussion for Counselling.

Session 4	How to breastfeed
Time	45 mins
Content Overview	<ul style="list-style-type: none"> • How the breast makes milk • Good attachment and positioning.
Learning Objectives	<ol style="list-style-type: none"> 1. Describe how the breast makes milk 2. Demonstrate good attachment and positioning 3. List ways to establish/maintain breastmilk supply.
Suggested Activities and Methodologies	<p>Activity 1</p> <ul style="list-style-type: none"> • Distribute Handout 6: Anatomy of the human breast • Ask Participants to explain how they think the breast makes milk • Explain that frequent and thorough “finishing” of the breast drives milk production • Ask Participants the question: “If the mother eats more, will she produce more milk”? Probe until Participants respond: milk production depends on frequent and thorough “finishing” of the breast - the more breastmilk removed the more breastmilk the mother makes • Facilitator fills-in gaps. <p>Activity 2</p> <ul style="list-style-type: none"> • Using if possible a real mother, explain the 4 signs of good attachment and demonstrate the various positions deliberately and clearly (point out when head should not be held, and do not hold baby too far out to the side) • If no mother is present, one Facilitator helps another Facilitator role play helping a mother attach baby to breast • Distribute Handout 7: Good and Poor Attachment • Ask Participants; “What are the results of poor attachment?” • Ask Participants to practise in triads with dolls or rolled-up towels/ material: mother, CHW, and observer – helping ‘mother’ to use good attachment (4 signs) and good positioning. Each Participant practises each role. (Participants can practise POSITIONING a baby and helping a mother to do so, but they cannot practise ATTACHMENT until they are with a real mother and baby. They can go through all the steps with each other and with a doll so that they know what to do with a real mother.) • Facilitators observe and provide feedback to triads. <p>Activity 3</p> <ul style="list-style-type: none"> • Ask Participants to name ways to help establish breastmilk supply • Facilitator fills-in gaps from key information • Discussion and summary.
Materials	Attachment

Session 5	How to Counsel/ "Reach-an-agreement" with mother/caregiver
Time	1 hr
Content Overview	<ul style="list-style-type: none"> • <i>Listening and learning</i> counselling skills • <i>Building confidence and giving support</i> skills • Behaviour change Steps • Assess, analyse and act steps to <i>IYCF 3-Step Counselling/ "Reaching-an-agreement"</i> • Contact points within CMAM where <i>IYCF 3-Step Counselling/ "Reaching-an-agreement"</i> can be conducted • Practice <i>IYCF 3-Step Counselling/ "Reaching-an-agreement"</i> with mother/caregiver
Learning Objectives	<ol style="list-style-type: none"> 1. Identify <i>listening and learning</i> counselling skills 2. List <i>building confidence and giving support</i> skills 3. Reflect on Behaviour Change Steps 4. Describe the assess, analyse and act steps to <i>IYCF 3-Step Counselling/ "Reaching-an-agreement"</i> 5. Name contact points within CMAM where <i>IYCF 3-Step Counselling/ "Reaching-an-agreement"</i> can be conducted 6. Practice <i>IYCF 3-Step Counselling/ "Reaching-an-agreement"</i> with mother/caregiver.
Suggested Activities and Methodologies	<p>Activity 1</p> <p>Note: 2 Facilitators need to prepare this demonstration in advance (Facilitator Mother and Facilitator CHW/Counsellor)</p> <ul style="list-style-type: none"> • Ask Participants to observe how the counsellor interacts with the mother in the following role-play • Model <i>listening and learning</i> skills between a mother (Tamina) with 7-month son Ahmed and CHW/Counsellor following Handout 9: IYCF Assessment of Mother/Child Pair • After the demonstration, ask Participants: "How did the counsellor interact with the mother?" • Probe until the <i>listening and learning</i> counselling skills have been mentioned and list on flipchart • Explain that <i>listening and learning</i> skills are the first set of skills to be learned and practised • Prepare and demonstrate different role-plays that demonstrate <i>listening and learning</i> skills. Use Handout 8: Listening and Learning Counselling Skills (team of 2 Facilitators)

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<p>Suggested Activities and Methodologies (Cont'd)</p>	<ul style="list-style-type: none"> • Ask Participants to identify the different skills • Distribute Handout 8: Listening and Learning Counselling Skills • Discuss and summarize the different <i>listening and learning</i> skills. <p>Activity 2</p> <ul style="list-style-type: none"> • Brainstorm <i>building confidence and giving support</i> skills • Probe until the skills in 'Key Information' have been mentioned and list on flipchart • Discuss and summarize. <p>Activity 3</p> <ul style="list-style-type: none"> • On flip-chart draw behaviour change steps and brainstorm with participants how one generally moves through the different stages to behaviour change (use exclusive breast feeding as an example) • Ask Participants: What helps to move through the different steps? • List Participants' responses on flipchart: information, encouragement, support and praise • Ask participants to close their eyes and think about a behaviour (not alcohol or tobacco) they are trying to change. Ask them to identify at what stage they are and why? Ask what they think they will need to move to the next stag <p>Activity 4</p> <ul style="list-style-type: none"> • Explain the <i>IYCF 3-Step Counselling/"Reaching-an-agreement"</i>: assess, analyze and act • Distribute Handout 9: IYCF Assessment of Mother/Child Pair and discuss. <p>Activity 5</p> <ul style="list-style-type: none"> • Buzz groups to answer question: Where can <i>IYCF 3-Step Counselling/"Reaching-an-agreement"</i> be conducted in the CMAM program? • Ask groups to list the contact points • Ask 1 group to share and others to add only additional information • Probe until the contact points in 'Key Information' are mentioned • Discuss and summarize. <p>Activity 6</p> <ul style="list-style-type: none"> • Review with Participants the points covered in modelling the Assess Step in Activity 1 to demonstrate listening and learning skills between a mother (Tamina) with 7-month son Ahmed and CHW/Counsellor • Facilitator to speak out loud to group during Step 2 – Analyze • Facilitator CHW/Counsellor completes Handout 9: IYCF Assessment of Mother/Child Pair by following <i>IYCF 3-Step Counselling/"Reaching-an-agreement"</i>
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<p>Suggested Activities and Methodologies (Cont'd)</p>	<ul style="list-style-type: none"> • Discuss the demonstration with Participants • Answer questions. <p>Activity 7</p> <ul style="list-style-type: none"> • Distribute Handout 9: IYCF Assessment of Mother/Child Pair Breastfeed and review and complete together • Discussion and summary. <p>Activity 8</p> <ul style="list-style-type: none"> • Participants are divided into threes: Mother, CHW, and Observer • Practice 3 Case Studies in triads <i>IYCF 3-Step Counselling/“Reaching-an-agreement”</i> • Distribute Handout 9: IYCF Assessment of Mother/Child Pair to CHWs.
<p>Materials</p>	<ul style="list-style-type: none"> • 3 Case Studies • Flipchart papers (+ markers + masking) • Handout 8: Listening and Learning counselling skills • Handout 9: IYCF Assessment of Mother/Child Pair • Handout 10: Checklist for Observer/Supervisor/Mentor – IYCF Assessment of Mother/Child Pair.

Session 6	Common Breastfeeding Difficulties: Symptoms, Prevention and “What to do”; and Insufficient Breast Milk
Time	45 mins
Content Overview	<ul style="list-style-type: none"> • Common breastfeeding difficulties: engorgement, sore and cracked nipples, mastitis • Symptoms, prevention, and “what to do” for common breastfeeding difficulties, and perceived or real insufficient breast milk.
Learning Objectives	<ul style="list-style-type: none"> • Common breastfeeding difficulties: engorgement, sore and cracked nipples, mastitis • Symptoms, prevention, and “what to do” for common breastfeeding difficulties, and perceived or real insufficient breast milk.
Suggested Activities and Methodologies	<ul style="list-style-type: none"> • Distribute Handout 10: Checklist for Observer/Supervisor/Mentor – IYCF Assessment of Mother/Child Pair to Observers and review with Participants • One small group demonstrates a case study in front of the whole group • Discussion and summary. <p>Activity 1</p> <ul style="list-style-type: none"> • Brainstorm common breastfeeding difficulties that Participants have identified in their communities • Display images as they are mentioned (engorgement, sore/cracked nipple, plugged duct and mastitis) • Participants usually mention insufficient breastmilk as a common breastfeeding difficulty. <p>Activity 2</p> <ul style="list-style-type: none"> • Form 4 working groups • Assign a common breastfeeding difficulty with corresponding photo to discuss symptoms, prevention and “what to do” for the assigned difficulty, and real or perceived breastmilk insufficiency • Each group presents their findings • Ask other groups to contribute any additional points • Discussion and summary • Distribute Handout 11: Common breastfeeding difficulties • Distribute Handout 12: Insufficient breastmilk • Facilitator fills-in gaps.
Materials	<ul style="list-style-type: none"> • Photos of engorgement, sore/cracked nipple, plugged duct and mastitis • Flipchart papers (+ markers + masking) • Handout 11: Common breastfeeding difficulties • Handout 12: Insufficient breastmilk.

Session 7	Breastfeeding Beliefs and Myths
Time	30 min
Content Overview	<ul style="list-style-type: none"> • Examples of breastfeeding beliefs and myths • Knowledge of local breastfeeding beliefs and myths.
Learning Objectives	<ol style="list-style-type: none"> 1. Distinguish beliefs and myths that are beneficial to breastfeeding and beliefs and myths that should be discouraged.
Suggested Activities and Methodologies	<ul style="list-style-type: none"> • On a flipchart Facilitator makes 3 columns: breastfeeding beliefs that have a positive effect on breastfeeding; breastfeeding beliefs that have a negative effect on breastfeeding; and breastfeeding beliefs that do not hinder breastfeeding (neutral) • In plenary participants brainstorm the breastfeeding beliefs that influence practice in their communities • In plenary participants decide on which column to place the breastfeeding belief • Participants make suggestions as to how those beliefs that have a negative effect on breastfeeding might be changed (while always respecting the belief) • Discussion and summary.
Materials	<ul style="list-style-type: none"> • Flipchart papers (+ markers + masking).

Session 8	IYCF in an HIV context
Time	45 min
Content Overview	<ul style="list-style-type: none"> • Transmission of HIV from mother to child • Risk of transmission with and without interventions • Infant feeding options in an HIV context: 1) exclusive breastfeeding and 2) exclusive replacement feeding • Breast conditions of HIV-infected breastfeeding woman.
Learning Objectives	<ol style="list-style-type: none"> 1. Explain when the HIV virus can be transmitted from mother to child and explain the risk of transmission with and without interventions 2. Describe infant feeding options in an HIV context and explain the risk of HIV transmission with different modes of infant feeding 3. Identify breast conditions of the HIV-infected breastfeeding woman and refer for treatment.
Suggested Activities and Methodologies	<p>Activity 1</p> <ul style="list-style-type: none"> • Brainstorm with Participants the different ways in which HIV can be transmitted from mother-to-child (MTCT) • On flipchart draw a bar chart indicating infant outcomes at 2 years of 100 HIV+ mothers who breastfeed for 2 years when NO preventive actions are taken (63 are not infected, 7 become infected during pregnancy, 15 become infected during labour and delivery, and 15 become pregnant during breastfeeding) • Small working groups • Distribute Training Aids 1 and 2: Ask small groups to examine the number of children who will not be infected with HIV during pregnancy, labour and birth, and breastfeeding when NO preventive actions are taken; and to examine the number of children who will not be infected with HIV when mother and baby take single dose nevirapine (sd-NVP), and practice exclusive breastfeeding for 6 months. • Ask Participants what the numbers represent. • Ask one group to explain the difference between Training Aids 1 and 2. • Construct another bar chart indicating infant outcomes at 2 years of 100 HIV+ mothers who breastfeed for 2 years with single dose nevirapine treatment and exclusive breastfeeding for 6 months (82 are not infected, 14 become infected during pregnancy, labour and delivery, and 4 become pregnant during breastfeeding). • Make sure the bar charts are labelled. <p>Activity 2</p> <ul style="list-style-type: none"> • Ask Participants to define: exclusive breastfeeding, replacement feeding and mixed feeding

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<p>Suggested Activities and Methodologies (Cont'd)</p>	<ul style="list-style-type: none"> • Brainstorm with Participants the questions: <ol style="list-style-type: none"> 1. What infant and young child feeding options does an HIV infected mother have? 2. When should breastfeeding stop? 3. When and why is mixed feeding dangerous? • Discussion and explanation of modes of infant feeding in the context of HIV. <p>Activity 3</p> <ul style="list-style-type: none"> • Brainstorm with Participants the questions: <ol style="list-style-type: none"> 1. What breast conditions of breastfeeding woman need special attention? 2. What should the breastfeeding woman do when these breast conditions present themselves? • Discussion and summary.
<p>Materials</p>	<ul style="list-style-type: none"> • Flipchart papers (+ markers + masking) • Training Aids: – Card of 100 infants: the risk of HIV passing to the infants of 100 HIV+ mothers when NO preventive actions are taken; and when mother and baby take single dose nevirapine and practice exclusive breastfeeding.

Session 9	Discharge Planning
Time	45 mins
Content Overview	<ul style="list-style-type: none"> • Discharge plan.
Learning Objectives	<ol style="list-style-type: none"> 1. Identify what IYCF information should go into a discharge plan.
Suggested Activities and Methodologies	<ul style="list-style-type: none"> • Small working groups of 5 Participants • List IYCF information that should accompany a discharge plan • Groups report back • Distribute Handout 13: IYCF discharge plan checklist • Discuss and summarize.
Materials	<ul style="list-style-type: none"> • Flipchart papers (+ markers + masking) • Handout 13: IYCF discharge plan checklist.

Session 10	Group Sessions, IYCF Support Groups, and Home Visits
Time	1 hr
Content Overview	<ul style="list-style-type: none"> • Action-oriented group session using OTTA: observe, think, try and act • IYCF support group • Post-assessment.
Learning Objectives	<ol style="list-style-type: none"> 1. Facilitate an action-oriented group session 2. Facilitate an infant and young child feeding support group of child caregivers (mothers, fathers, grandparents) and help them to support each other in their IYCF practices 3. Identify the steps in conducting a home visit 4. Conduct post-assessment.
Suggested Activities and Methodologies	<p>Activity 1</p> <ul style="list-style-type: none"> • Facilitator models 'telling a story', an action-oriented group session and using a visual • At the end of the story/action oriented group session/use of visual, ask the Participants: <ol style="list-style-type: none"> 1. What would you do in the same situation? Why? 2. What difficulties might you experience? 3. How would you be able to overcome them? <p>Activity 2</p> <ul style="list-style-type: none"> • After the story, mini-drama and use of visual ask the following questions: <ol style="list-style-type: none"> 1. What did you like about the action-oriented group session? 2. How was this group session different from an educational talk? • Distribute and discuss Handout 14: How to conduct an action-oriented group session: story, drama, or visual (OTTA). <p>Activity 3</p> <ul style="list-style-type: none"> • Facilitator and 5 Participants conduct a support group, sharing their own (or wife's, mother's, sister's) experience of breastfeeding. <p>Activity 4</p> <ul style="list-style-type: none"> • After the support group the following questions are asked of the support group Participants: <ol style="list-style-type: none"> 1. What did you like in the support group? 2. How is the support group different from an educational talk? 3. Were your questions answered? • Ask Participants who observed the support group and listened to share their observations and ideas • What contribution can a support group make to a CMAM program? • Distribute Handout 15: Characteristics of an IYCF Support Group.

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<p>Suggested Activities and Methodologies (Cont'd)</p>	<p>Activity 5</p> <ul style="list-style-type: none"> • In groups of 7 Participants practice facilitating a support group • Each group chooses a topic out of basket for a support group meeting • One Participant from each group will be Facilitator of the support group • Discussion in plenary. <p>Activity 6</p> <ul style="list-style-type: none"> • Ask Participants to identify the steps in conducting a home visit • Write answers on flipchart • Probe until the following steps are mentioned: <ul style="list-style-type: none"> - Greeting and introduction - Establish comfortable setting with caregiver - <i>Building confidence and giving support skills</i> (list) - <i>Listening and learning</i> counselling skills (list) - <i>IYCF 3-Step Counselling/“Reaching-an agreement”</i> (describe) - During the Assess Step (ask, listen and observe), observe the home situation: is there food? Are there feeding bottles? • Discussion. <p>Post-assessment</p> <ul style="list-style-type: none"> • Ask Participants to form a circle and sit so that their backs are facing the centre • Explain that questions will be asked, and ask Participants to raise one hand (with open palm) if they think the answer is “Yes”, to raise one hand (with closed fist) if they think the answer is “No”, and to raise one hand (pointing 2 fingers) if they “Don't know”. • One Facilitator reads the statements (Handout 16: Post-assessment) and another Facilitator records answers • Distribute Handout 16: Post-assessment to share correct answers with Participants. • Answer questions and clear up any outstanding misunderstandings.
<p>Materials</p>	<ul style="list-style-type: none"> • Support group topics • Handout 14: How to Conduct an Action-Oriented Group Session: Story, Drama, or Visual (OTTA) • Handout 15: Characteristics of an IYCF Support Group • Handout 16: Post-assessment (for Facilitator).

Session 11	Action Plan
Time	2 hrs
Content Overview	<ul style="list-style-type: none"> • Content of Action Plan: activities, people responsible, where (place) when (time) materials needed, and follow-up (who and when).
Learning Objectives	<ol style="list-style-type: none"> 1. Develop an action plan to include role-out training of CHWs.
Suggested Activities and Methodologies	<p>Activity 1</p> <ul style="list-style-type: none"> • Form small working groups according to district • Ask each group to work together to develop an action plan listing: activities, people responsible, where (place) when (time) materials needed, and follow-up (who and when) • Ask each group to present their action plans to the whole group • Based on input/feedback from the whole group, small groups modify their action plans and present a second time • Discussion and summary • Copies of Actions Plans are sent to supervisors of Participants and organizers of training.
Materials	<ul style="list-style-type: none"> • Action Plan for Facilitators/Trainers of Integration of IYCF Support into CMAM.

Module III: CMAM/IYCF Field Practice	
Session	Field Practice
Time	2 hr
Content Overview	<ul style="list-style-type: none"> • Action-oriented group session • IYCF support group • IYCF Assessment of mother/child pair.
Learning Objectives	<ol style="list-style-type: none"> 1. Practice conducting an action-oriented group session with mothers/ caregivers who come to CMAM services 2. Practice conducting an IYCF support group with mothers/caregivers who come to CMAM services 3. Practice <i>IYCF 3-Step Counselling/“Reaching-an-agreement”</i> by conducting an IYCF Assessment of Mother/Child Pair at weekly follow-up 4. Practice <i>IYCF 3-Step Counselling/“Reaching-an-agreement”</i> by conducting an IYCF Assessment of Mother/Child Pair at discharge 5. Conduct a feedback discussion after field visit.
Suggested Activities and Methodologies	<p>Activities 1 and 2</p> <ul style="list-style-type: none"> • Divide Participants into pairs and form 2 groups • As mothers/fathers/caregivers arrive at site with their young children, gather together 6-8 mothers/fathers/caregivers with their children and ask a pair from one group to conduct an action-oriented group session • As more mothers/fathers/caregivers arrive at site with their young children, gather together 6-8 mothers/fathers/caregivers with their children and ask a pair from the other group to conduct an IYCF support group • Continue organizing small groups • After the group session or IYCF support group the facilitating pair discuss their successes, challenges, and what could have been improved. <p>Activities 3 and 4</p> <ul style="list-style-type: none"> • Practice <i>IYCF 3-Step Counselling /“Reaching-an-agreement”</i> by conducting an IYCF assessment of mother/child pair at follow-up, and discharge.

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<p>Suggested Activities and Methodologies (Cont'd)</p>	<p>Activity 5</p> <ul style="list-style-type: none"> • Feedback discussion <ul style="list-style-type: none"> - Write on a prepared flipchart of Handout 9: IYCF Assessment of Mother/Child Pair at least one of their shared interviews with mothers/caregivers and share with other Participants agreed upon action that mother will try - Provide feedback on strengths observed at each health facility with regards to incorporating IYCF practices into CMAM - Raise issues for clarification by Facilitators and site health care providers - Identify key gaps that need more practise/observation time at site - Is additional classroom time for practise and/or information needed?
<p>Materials</p>	<ul style="list-style-type: none"> • Handout 3: Recommended breastfeeding practices and possible points of discussion for counselling • Handout 4: Recommended complementary feeding practices • Handout 5: Recommended complementary feeding practices and possible points of discussion for counselling • Handout 7: Good and Poor Attachment • Handout 9: IYCF Assessment of Mother / Child Pair • Handout 10: Checklist for Observer/Supervisor/Mentor - IYCF Assessment of Mother/Child Pair • Handout 15: Characteristics of a IYCF Support Group • Local referral Slip for Community Health Volunteer • Handout 11: Common breastfeeding difficulties • Handout 12: Insufficient breastmilk • Handout 14: How to Conduct an Action-Oriented Group Session: Story, Drama, or Visual (OTTA).

ANNEX 2

TRAINING AIDS FOR UNDERNUTRITION

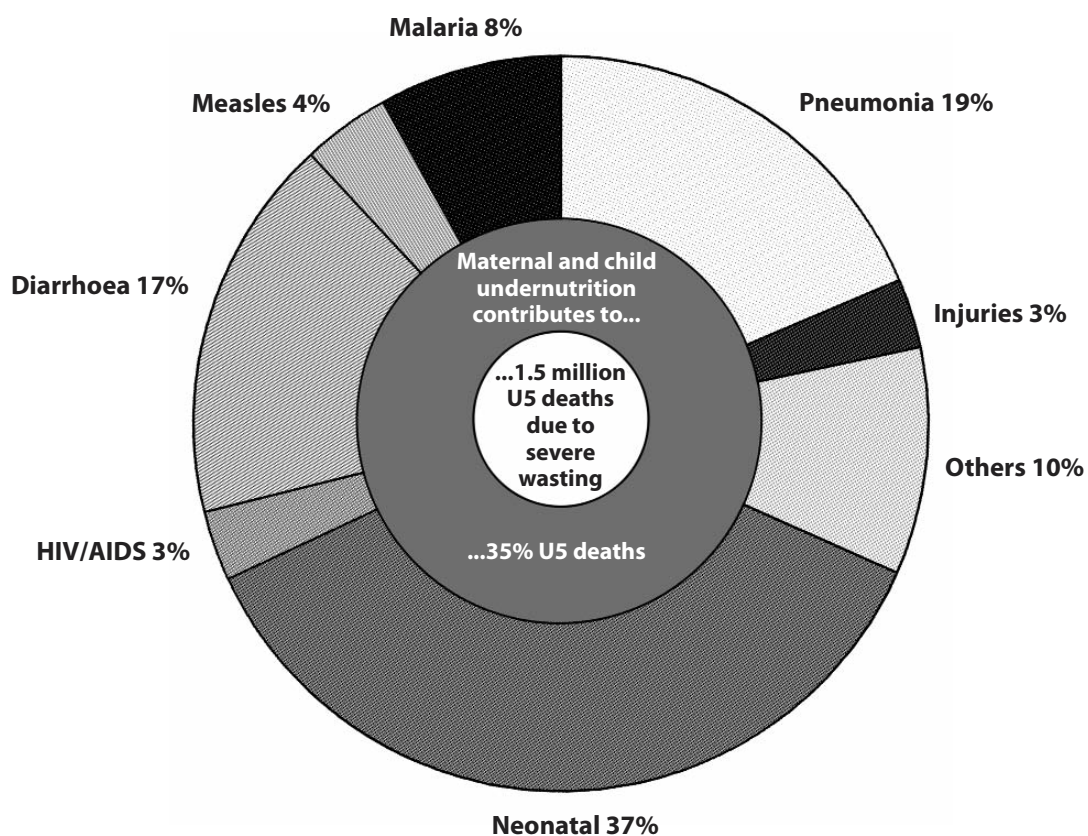
Training Aid 1: Undernutrition and Morbidity/Mortality (Graph A) and Growth Faltering (Weight /Age) by Region (Graph B).

Training Aid 2: UNICEF Conceptual Framework: Care for Nutrition.

Training Aid I: Session I

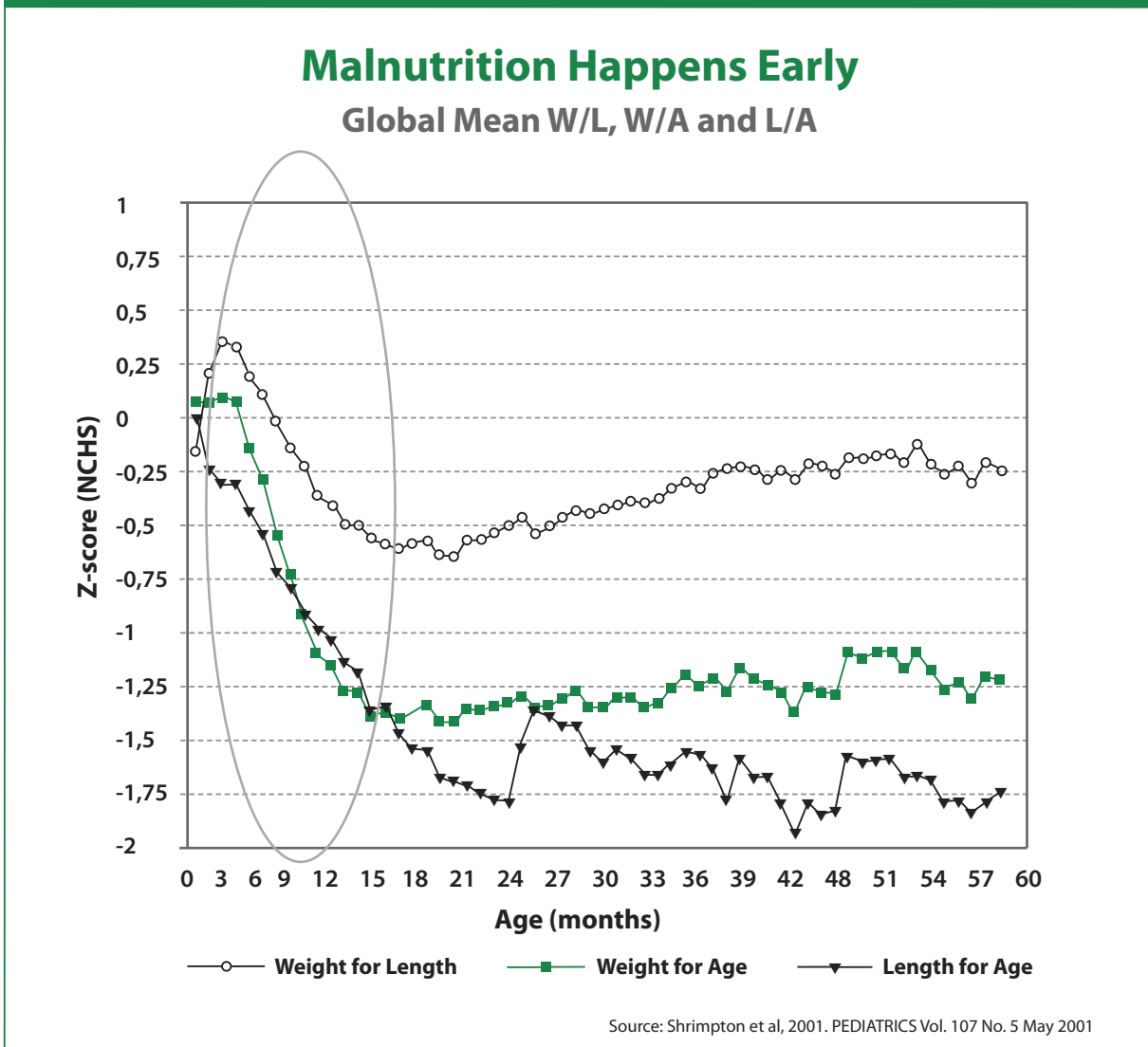
Graph A: Undernutrition and Morbidity/Mortality

9.2 million U5 deaths per year (UNICEF, 2007)



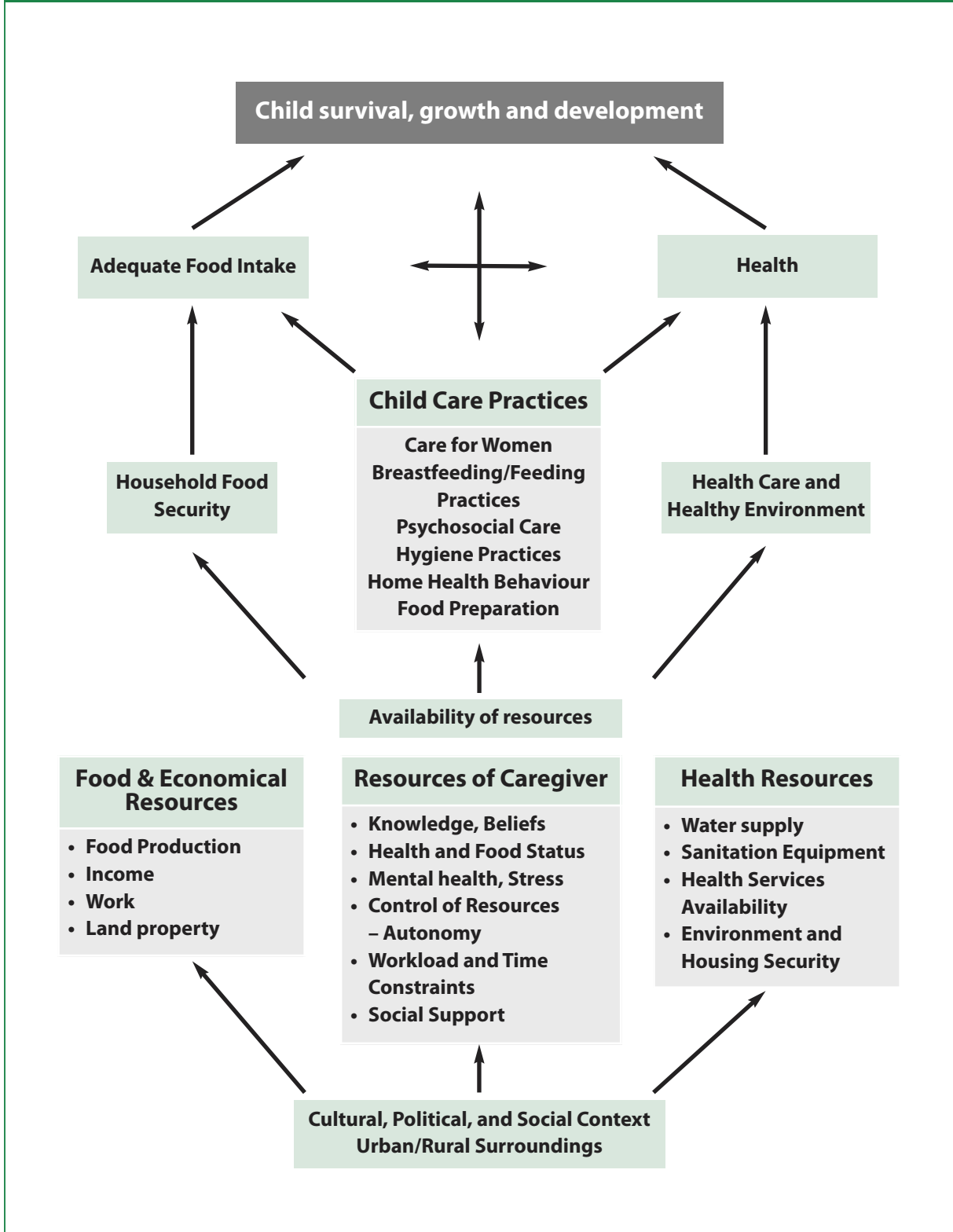
Adapted from Bryce et al, Lancet 2005; Black et al Lancet 2008 & Caulfield et al, Am J Clin Nutr 2002

Graph B: Global Growth Faltering (Weight/Age) by Region



Training Aid 2: Session 1

UNICEF Conceptual Framework: Care for Nutrition



ANNEX 3

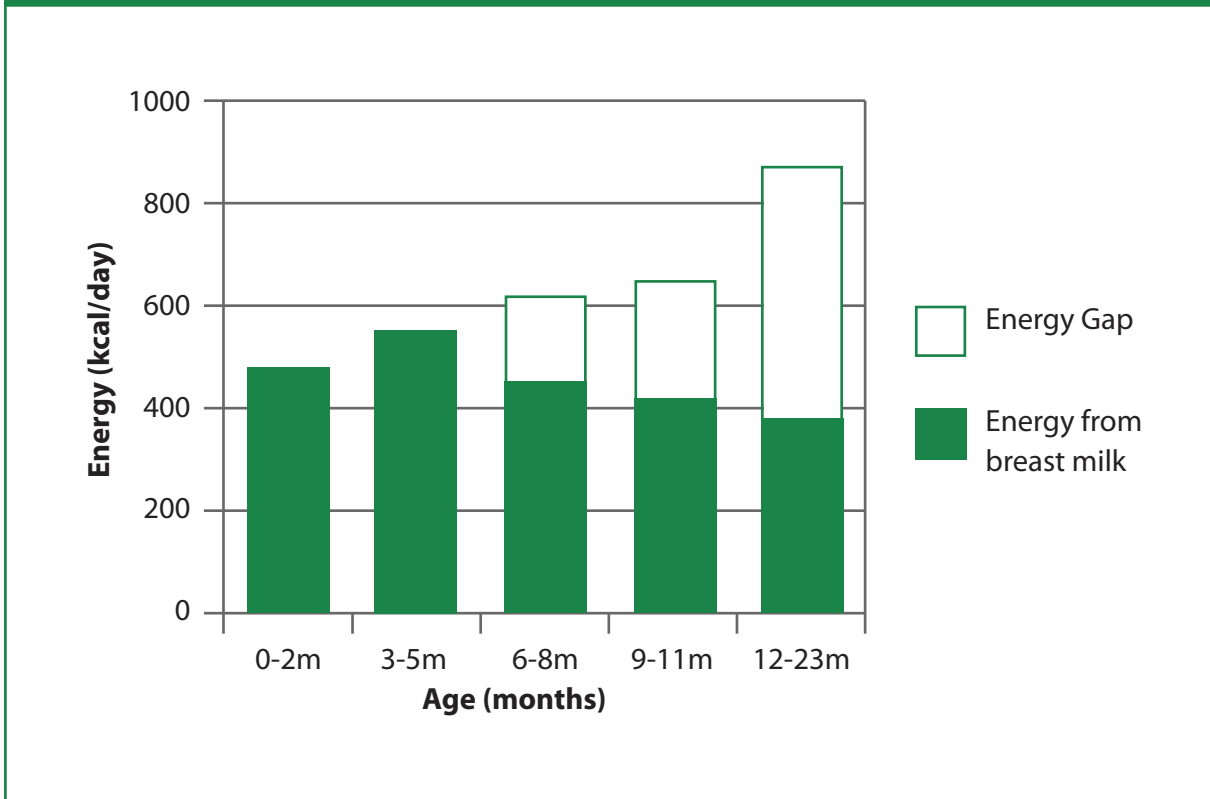
PICTURES FOR TRAINING

Training Aid 3: Graph of Energy Gap.

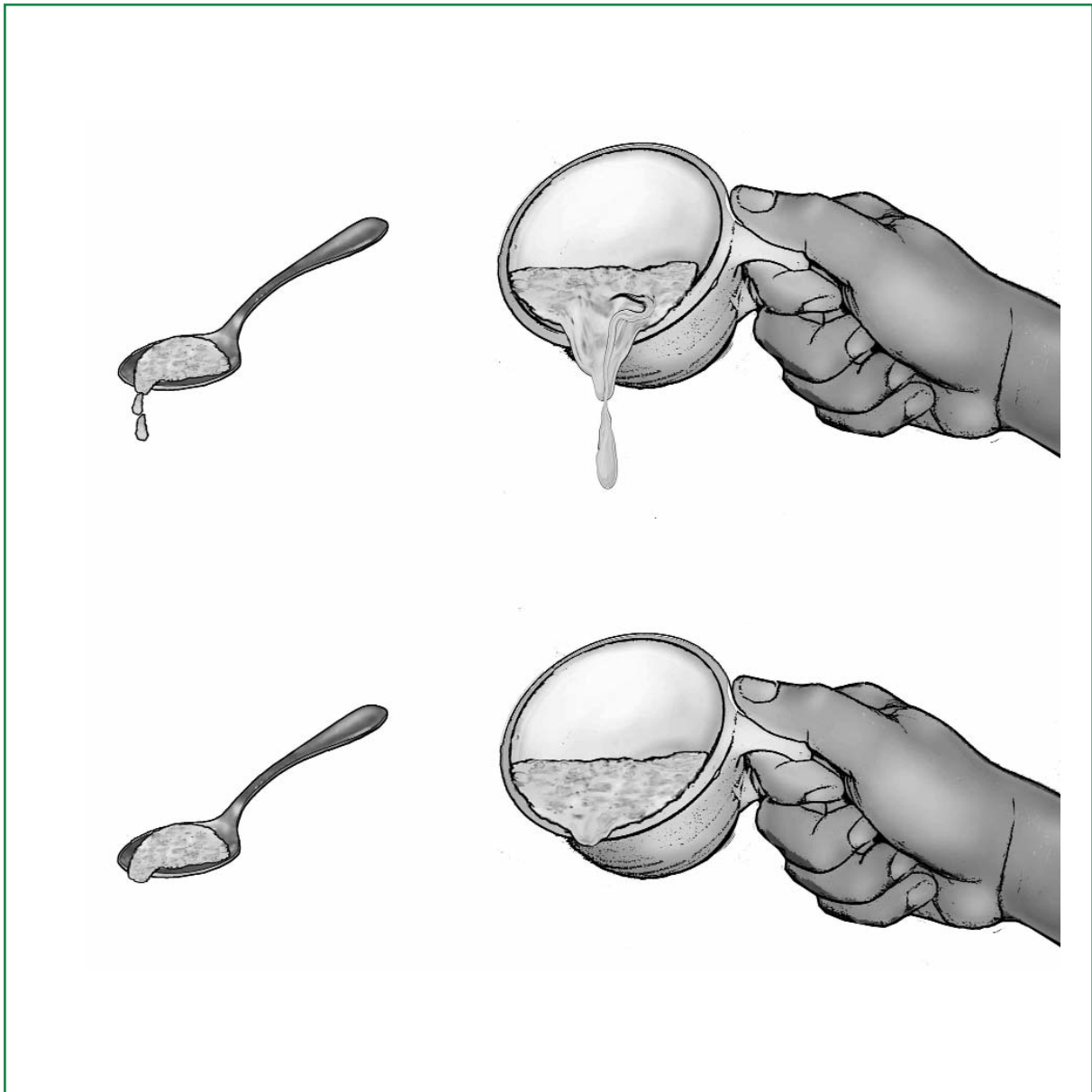
Training Aid 4: Illustrations of Texture (thickness/consistency of porridge).

Training Aid 3: Session 3 – Graph of Energy Gap

Energy required by age and the amount supplied from breast milk



Training Aid 4: Session 3 – Illustrations of texture (thickness/consistency) of porridge



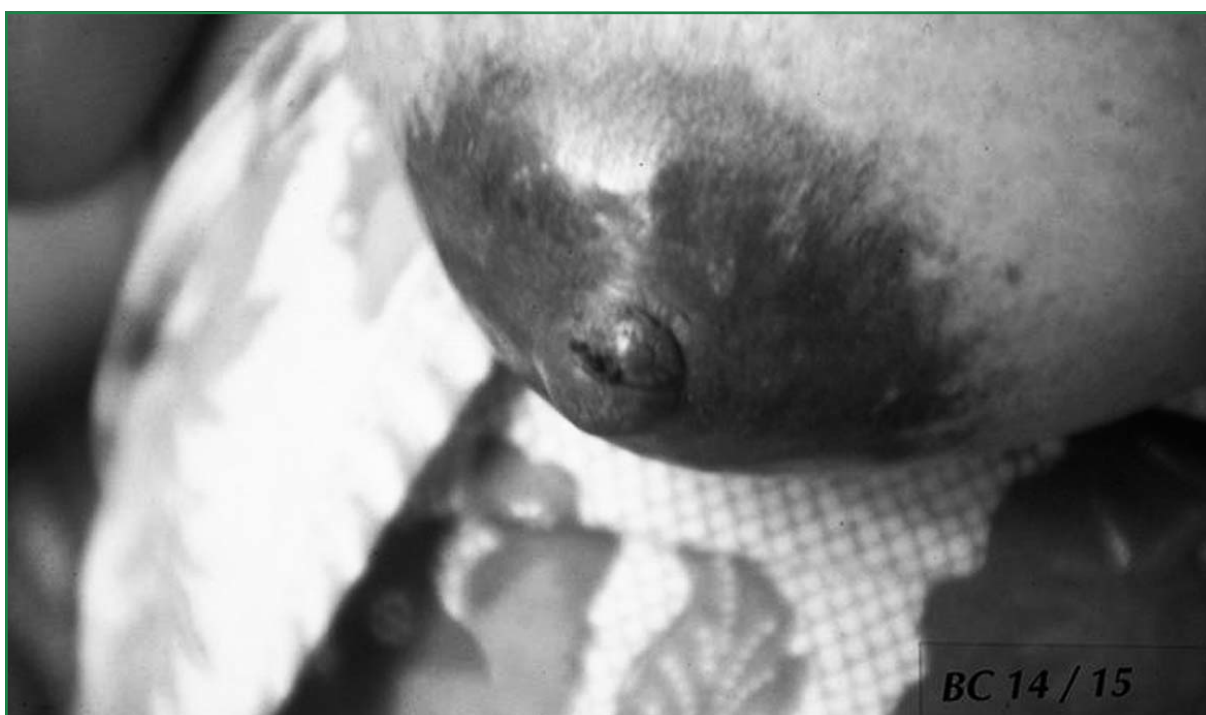
ANNEX 4 PICTURES FOR TRAINING

(Engorgement, Sore/Cracked Nipple, Mastitis).

Engorgement



Sore/Cracked Nipple



Mastitis



ANNEX 5 TRAINING AIDS FOR HIV

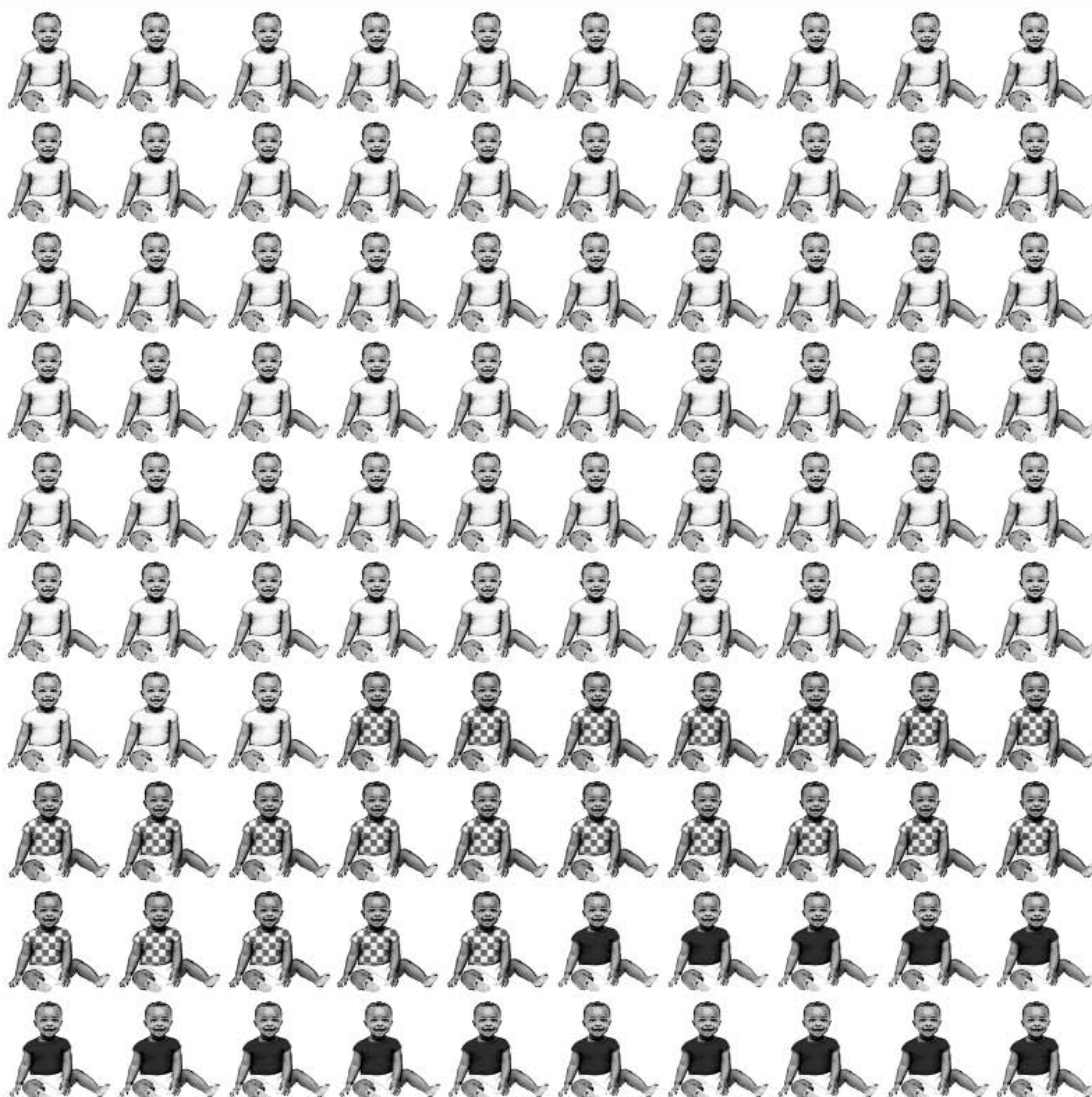
Training Aid 5: Breastfeeding and NO treatment.

Training Aid 6: Breastfeeding and Single Dose Neveripine.

Training Aid 5: Breastfeeding and NO treatment

If a breastfeeding mother is HIV infected...

What is the risk of infecting her baby when NO preventive actions are taken?



Out of 100 babies born to HIV-infected mothers who are breastfed for 2 years:



The majority of babies (63) are not infected with HIV.



Most babies (22) become infected with HIV during pregnancy, labor and birth



The minority of babies (15) are infected with HIV through breastfeeding

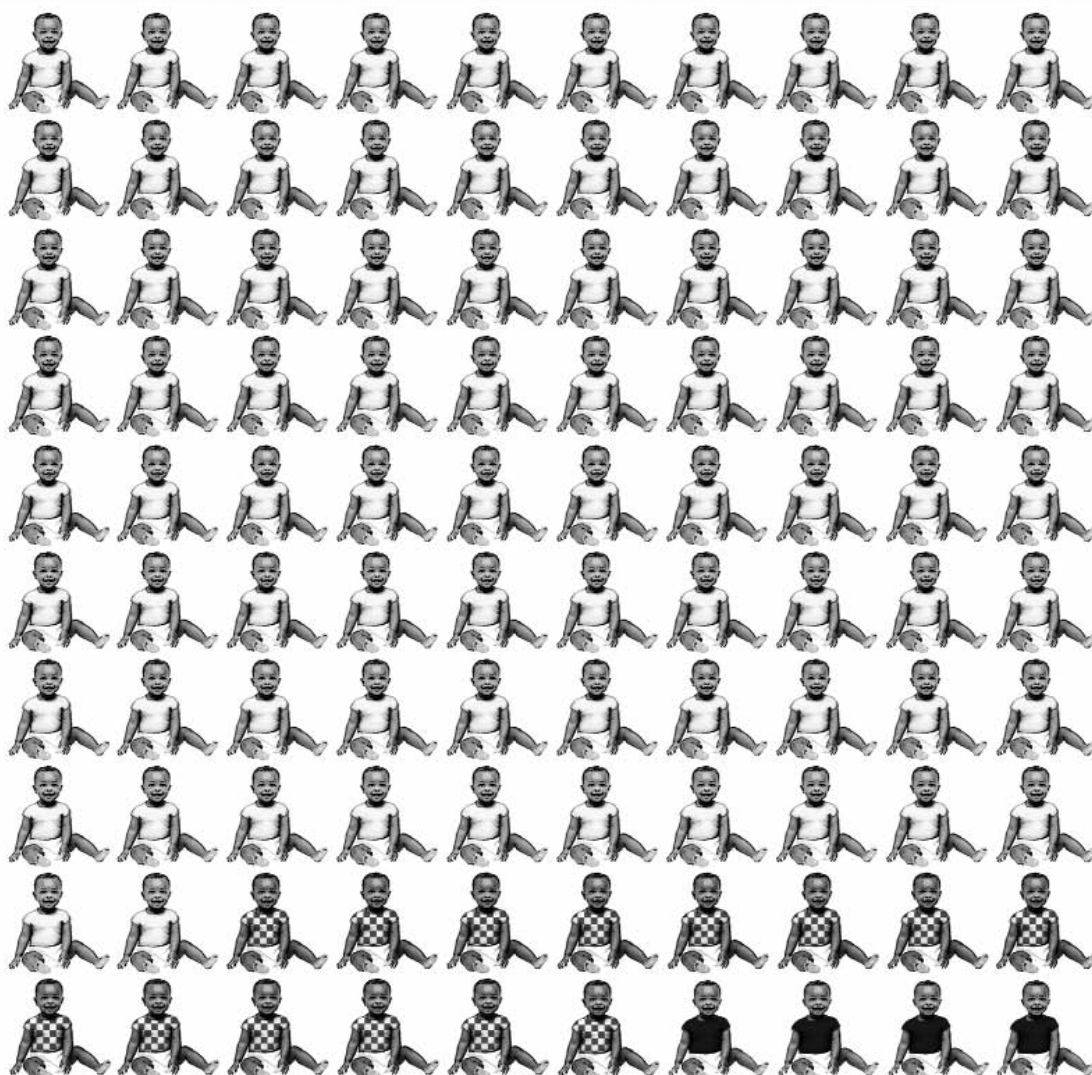
These training aids were produced based on prevailing evidence (June 2009). References available from the Emergency Nutrition Network. Contacts at www.enonline.net

This training aid is adapted from: De Cock KM et al. Prevention of mother-to child HIV transmission in resource-poor countries: translating research into policy and practice. *Journal of the American Medical Association*, 2000, 283(9): 1175-1182.

Training Aid 6: Breastfeeding and Single Dose Nevirapine

If a breastfeeding mother is HIV infected...

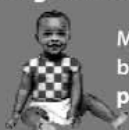
...but mother and baby receive single dose nevirapine and practice exclusive breastfeeding for 6 months, the risk of HIV infection in her baby falls.



Out of 100 babies born to HIV-infected mothers, where both receive antiretroviral treatment (single dose nevirapine), by 6 months of age :



The vast majority (82) are not infected with HIV.



Most of these babies (14) become infected with HIV during pregnancy, labour and birth.



The minority of babies (4) become infected through breastfeeding.

These training aids were produced based on prevailing evidence (June 2009). References available from the Emergency Nutrition Network. Contacts at www.enonline.net

This training aid is adapted from: Coovadia et al (2007). Mother-to child HIV transmission of HIV-1 infection during exclusive breastfeeding in the first six months of life: an intervention cohort study. *Lancet* 2007; 369: 1107-16.

ANNEX 6

FACILITATOR GUIDANCE

- A. Principles of Adult Learning**
- B. Seven Steps in Planning a Learning/Training Event**
- C. Roles and Responsibilities Before, During and After Training**
- D. Training Methods**
- E. Suggested Review Energisers.**

A. Principles of Adult Learning¹

- 1. Dialogue:** Adult learning is best achieved through dialogue. Adults have enough life experience to dialogue with facilitator/trainer about any subject and will learn new attitudes or skills best in relation to that life experience. Dialogue needs to be encouraged and used in formal training, informal talks, one-on-one counselling sessions or any situation where adults learn.
- 2. Safety** in environment and process: Make people feel comfortable making mistakes. Adults are more receptive to learning when they are both physically and psychologically comfortable.
 - Physical surroundings (temperature, ventilation, overcrowding, and light) can affect learning
 - Learning is best when there are no distractions.
- 3. Respect:** Appreciate learners' contributions and life experience. Adults learn best when their experience is acknowledged and new information builds on their past knowledge and experience.
- 4. Affirmation:** Learners need to receive praise for even small attempts.
 - People need to be sure they are correctly recalling or using information they have learned.
- 5. Sequence and reinforcement:** Start with the easiest ideas or skills and build on them. Introduce the most important ones first. Reinforce key ideas and skills repeatedly. People learn faster when information or skills are presented in a structured way.
- 6. Practice:** Practice first in a safe place and then in a real setting.
- 7. Ideas, feelings, actions:** Learning takes place through thinking, feeling and doing and is most effective when it occurs across all three.
- 8. 20/40/80 rule:** Learners remember more when visuals are used to support the verbal presentation and best when they practice the new skill. We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do.

¹ Adapted from J. Vella. 1994. *Learning to Listen, Learning to Teach*.

- 9. Relevance to previous experience:** People learn faster when new information or skills are related to what they already know or can do.
- Immediate relevance:** learners should see how to use and apply what they have learned in their job or life immediately
- Future relevance:** People generally learn faster when they realise that what they are learning will be useful in the future.
- 10. Teamwork:** Help people learn from each other and solve problems together. This makes learning easier to apply to real life.
- 11. Engagement:** Involve learners' emotions and intellect. Adults prefer to be active participants in learning rather than passive recipients of knowledge. People learn faster when they actively process information, solve problems, or practice skills.
- 12. Accountability:** Ensure that learners understand and know how to put into practice what they have learned.
- 13. Motivation:** Wanting to learn
- People learn faster and more thoroughly when they want to learn. The trainer's challenge is to create conditions in which people want to learn
 - Learning is natural, as basic a function of human beings as eating or sleeping
 - Some people are more eager to learn than others, just as some are hungrier than others. Even in one individual, there are different levels of motivation
 - All the principles outlined will help the learner become motivated.
- 14. Clarity**
- Messages should be clear
 - Words and sentence structures should be familiar. Technical words should be explained and their understanding checked
 - Messages should be VISUAL.
- 15. Feedback:** Feedback informs the learner in what areas s/he is strong or weak.

B. Seven Steps in Planning a Training/Learning Event²

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

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

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

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

² Adapted from J. Vella. *Training Through Dialogue*.

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

What for: The achievement-based objectives – what participants will be able to do after completing the training

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

Note:

- In order to facilitate the hands-on practical nature of the field site visits, ideally, no more than five-seven participants should participate in field practical sessions. It may be necessary to schedule field site visits at multiple locations to accommodate the full number of participants
- Provide sufficient time for transport to and from field sites
- Programme time for debriefing and discussion of site visits
- Be aware of the schedules of the sites you are visiting.

C. Roles and Responsibilities Before, During and After Training

Personnel	Management ³
Before training	<ul style="list-style-type: none"> • Identify the results wanted • Assess needs and priorities (know the problem) • Develop strategy to achieve the results including refresher trainings and follow-up • Collaborate with other organizations and partners • Establish and commit to system of supervision or mentoring • Commit resources • Take care of administration and logistics.
During training	<ul style="list-style-type: none"> • Support the activity • Keep in touch • Receive feedback • Continuously monitor and improve quality • Motivate • Management presence demonstrates involvement (invest own time, effort).
After training	<ul style="list-style-type: none"> • Mentor learner • Reinforce behaviours • Plan practice activities • Expect improvement • Encourage networking among learners • Be realistic • Utilize resources • Provide supportive supervision and mentoring • Motivate • Continuously monitor and improve quality.

³ Adapted from J. Vella. 1994. *Learning to Listen, Learning to Teach*.

Personnel	Facilitator
Before training	<ul style="list-style-type: none"> • Know audience (profile and number of learners) • Design course content (limit content to ONLY what is ESSENTIAL to perform) • Design course content to apply to work of learners • Develop pre- and post-assessments, guides, and checklists • Select practice activities, blend learning approaches and materials • Prepare training agenda.
During training	<ul style="list-style-type: none"> • Know profile of learners • Specify the jobs and tasks to be learned • Foster trust and respect • Use many examples • Use adult learning • Create identical work situations • Monitor daily progress • Use problem-centred training • Work in a team with other facilitators • Adapt to needs.
After training	<ul style="list-style-type: none"> • Provide follow up refresher or problem-solving sessions.

Personnel	Learner
Before training	<ul style="list-style-type: none"> • Know purpose of training and roles and responsibilities after training (clear job expectations) • Expect that training will help performance • Have community volunteers “self-select” • Bring relevant materials to share.
During training	<ul style="list-style-type: none"> • Create an action plan.
After training	<ul style="list-style-type: none"> • Know what to expect and how to maintain improved skills • Be realistic • Practice to convert new skills into habits • Accountable for using skills.

Personnel	Management and facilitator
Before training	<ul style="list-style-type: none"> • Establish selection criteria • Establish evaluation criteria • Establish criteria of adequate workspace, supplies, equipment, job aids • Specify the jobs and tasks to be learned.
During training	<ul style="list-style-type: none"> • Provide feedback.
After training	<ul style="list-style-type: none"> • Provide feedback • Monitor performance.

Personnel	Management and learner
Before training	<ul style="list-style-type: none"> • Conduct situational analysis of training needs.
Before training	<ul style="list-style-type: none"> • Provide feedback.
After training	<ul style="list-style-type: none"> • Provide feedback • Monitor performance.

Personnel	Management and facilitator and learner
Before training	<ul style="list-style-type: none"> • Conduct needs assessment • Establish goals • Establish objectives • Identify days, times, location (WHEN, WHERE).
During training	<ul style="list-style-type: none"> • Provide feedback.
After training	<ul style="list-style-type: none"> • Provide feedback • Evaluate.

D. Training Methodologies: Advantages, Limitations, and Tips for Improvement

Training method	Small group discussion in a group of no more than 7 participants who discuss and summarise a given subject or theme. The group selects a chairperson, a recorder, and/or someone to report to plenary.
Advantages	<ul style="list-style-type: none"> • Can be done any time and anywhere • Allows two-way communication • Lets group members learn each other's views and sometimes makes consensus easier • Allows group members to take on different roles (e.g., leader, recorder) to practice facilitation techniques • Involves active participation • Lets participants ask and learn about unclear aspects • Often lets people who feel inhibited share • Can produce a strong sense of sharing or camaraderie • Challenges participants to think, learn, and solve problems.
Limitations	<ul style="list-style-type: none"> • Strong personalities can dominate the group • Some group members can divert the group from its goals • Some participants may try to pursue their own agendas • Conflicts can arise and be left unresolved • Ideas can be limited by participants' experience and prejudices.
Tips for Improvement	<ul style="list-style-type: none"> • Outline the purpose of the discussion and write questions and tasks clearly to provide focus and structure • Establish ground rules (e.g., courtesy, speaking in turn, ensuring everyone agrees with conclusions) at the beginning • Allow enough time for all groups to finish the task and give feedback • Announce remaining time at regular intervals • Ensure that participants share or rotate roles • Be aware of possible conflicts and anticipate their effect on the group's contribution in plenary • Reach conclusions but avoid repeating points already presented in plenary.

Training method	Buzz group (2– 3 participants) can allow participants to discuss their immediate reactions to information presented, give definitions, and share examples and experiences.
Advantages	<ul style="list-style-type: none"> • Gives everyone a chance and time to participate • Makes it easier to share opinions, experiences, and information • Often creates a relaxed atmosphere that allows trust to develop and helps participants express opinions freely • Can raise energy level by getting participants to talk after listening to information • Does not waste time moving participants.
Limitations	<ul style="list-style-type: none"> • Discussion is limited • Opinions and ideas are limited by participants' experience • Participants may be intimidated by more educated participants or find it difficult to challenge views.
Tips for Improvement	<ul style="list-style-type: none"> • Clearly state the topic or question to be discussed along with the objectives • Encourage exchange of information and beliefs among different levels of participants.

Training method	Brainstorming: A spontaneous process through which group members' ideas and opinions on a subject are voiced and written for selection, discussion, and agreement. All opinions and ideas are valid.
Advantages	<ul style="list-style-type: none"> • Allows many ideas to be expressed quickly • Encourages open-mindedness (every idea should be acceptable, and judgement should be suspended) • Gives everyone an opportunity to contribute • Helps stimulate creativity and imagination • Can help make connections not previously seen • Is a good basis for further reflection • Helps build individual and group confidence by finding solutions within the group.
Limitations	<ul style="list-style-type: none"> • The ideas suggested may be limited by participants' experiences and prejudices • People may feel embarrassed or if they have nothing to contribute • Some group members may dominate, and others may withdraw.
Tips for Improvement	<ul style="list-style-type: none"> • State clearly the brainstorming rule that there is no wrong or bad idea • Ensure a threat-free, non-judgemental atmosphere so that everyone feels he or she can contribute • Ask for a volunteer to record brainstorming ideas • Record ideas in the speaker's own words • State that the whole group has ownership of brainstorming ideas • Give participants who haven't spoken a chance to contribute.

Training method	Plenary or whole group discussion: The entire group comes together to share ideas.
Advantages	<ul style="list-style-type: none"> • Allows people to contribute to the whole group • Enables participants to respond and react to contributions • Allows facilitators to assess group needs • Enables people to see what other group members think about an issue • Allows individuals or groups to summarise contents.
Limitations	<ul style="list-style-type: none"> • Can be time consuming • Doesn't give each participant a chance to contribute • Some individuals may dominate the discussion. • Consensus can be difficult if decisions are required. • Some group members may lose interest and become bored. • Contribution from a limited number of participants can give a false picture of the majority's understanding of an issue.
Tips for Improvement	<ul style="list-style-type: none"> • Appoint someone to record the main points of the discussion • Appoint a timekeeper • Pose a few questions for group discussion • Use buzz groups to explore a topic in depth • Ask for contributions from participants who haven't shared their views.

Training method	Role play: imitation of a specific life situation that involves giving participants with details of the "person" they are asked to play.
Advantages	<ul style="list-style-type: none"> • Helps start a discussion • Is lively and participatory, breaking down barriers and encouraging interaction • Can help participants improve skills, attitudes, and perceptions in real situations • Is informal and flexible and requires few resources • Is creative • Can be used with all kinds of groups, regardless of their education levels.
Limitations	<ul style="list-style-type: none"> • Possibility of misinterpretation • Reliance on goodwill and trust among group members • Tendency to oversimplify or complicate situations.
Tips for Improvement	<ul style="list-style-type: none"> • Structure the role-play well, keeping it brief and clear in focus • Give clear and concise instructions to participants • Carefully facilitate to deal with emotions that arise in the follow-up discussion • Make participation voluntary.

Training method	Drama: Unlike role-play in that the actors are briefed in advance on what to say and do and can rehearse. As a result, the outcome is more predictable. Drama is often used to illustrate a point.
Advantages	<ul style="list-style-type: none"> • Commands attention and interest • Clearly shows actions and relationships and makes them easy to understand • Is suitable for people who cannot read or write • Involves the audience by letting them empathise with actors' feelings and emotions • Does not require a lot of facilities • Can bring people together almost anywhere.
Limitations	<ul style="list-style-type: none"> • Audience cannot stop the drama in the middle to question what is going on • Can be drawn out and time consuming • Tends to simplify or complicate situations.
Tips for Improvement	<ul style="list-style-type: none"> • Encourage actors to include the audience in the drama • Follow the drama by discussion and analysis to make it an effective learning tool • Keep it short, clear, and simple.

Training method	Case study: Pairs or small groups are given orally or in writing a specific situation, event, or incident and asked to analyse and solve it.
Advantages	<ul style="list-style-type: none"> • Allows rapid evaluation of trainees' knowledge and skills • Provides immediate feedback • Increases analytical and thinking skills • Is the best realistic alternative to field practice.
Limitations	<ul style="list-style-type: none"> • Sometimes not all trainees participate.
Tips for Improvement	<ul style="list-style-type: none"> • Make the situation, event or incident real and focused on the topic • Initiate with simple case studies and gradually add more complex situations • Speak or write simply.

Training method	Demonstration with return demonstration: A resource person performs a specific operation or job, showing others how to do it. The participants then practice the same task.
Advantages	<ul style="list-style-type: none"> • Provides step-by-step process to participants • Allows immediate practice and feedback • Checklist can be developed to observe participants' progress in acquiring the skill.
Limitations	
Tips for Improvement	<ul style="list-style-type: none"> • Explain different steps of the procedure • Demonstrate an inappropriate skill, then an appropriate skill, and discuss the differences • Return appropriate demonstration by participants and give feedback. • Practice.

Training method	Game: A person or group performs an activity characterised by structured competition that allows people to practice specific skills or recall knowledge.
Advantages	<ul style="list-style-type: none"> • Entertains • Competition stimulates interest and alertness • Is a good energizer • Helps recall of information and skills.
Limitations	<ul style="list-style-type: none"> • Some participants feel that playing games doesn't have a solid scientific or knowledge base • Facilitators should participate in the game.
Tips for Improvement	<ul style="list-style-type: none"> • Be prepared for "on the spot" questions because there is no script • Give clear directions and adhere to allotted time.

Training method	VIPP (visualization in participatory programming): Coloured cards varying in shape and size allow participants to quickly classify problems to find solutions which every participant decides on.
Advantages	<ul style="list-style-type: none"> • Allows visualisation of problems, ideas and concerns in a simple way • Allows everyone to participate • Gives participants who tend to dominate a discussion equal time with quieter participants.
Limitations	<ul style="list-style-type: none"> • Used more by members of the same organization to evaluate progress and revise objectives and strategies • Time consuming • Needs more resources.
Tips for Improvement	<ul style="list-style-type: none"> • Apply modified version of VIPP if problems arise in training that can be dealt with quickly.

Annex 6

Training method	Field visit: Participants and facilitators visit a health facility or community setting to observe a task or procedure and practice.
Advantages	<ul style="list-style-type: none"> • Puts training participants in real-life work situations • Allows participants to reflect on real-life work situations without work pressures • Best format to use knowledge and practice skills.
Limitations	<ul style="list-style-type: none"> • Time consuming • Needs more resources.
Tips for Improvement	<ul style="list-style-type: none"> • Before the visit, coordinate with site, give clear directions before arrival, divide participants into small groups accompanied by the facilitator • Provide reliable transportation • Meet with those responsible on arrival • Provide opportunity to share experiences and give and receive feedback.

Training method	Action plan preparation: Allows participants to synthesise knowledge, skills, attitudes, and beliefs into a doable plan; bridges classroom activities with practical application at work site.
Advantages	<ul style="list-style-type: none"> • Team building for participants from the same site, district, or region • Two-way commitment between trainers and institutions • Basis for follow up, action and supervision.
Limitations	<ul style="list-style-type: none"> • Time consuming • Requires work on action plan after hours to support action plan development.
Tips for Improvement	

Training method	Talk or presentation: Involves imparting information through the spoken word, sometimes supplemented with audio or visual aids.
Advantages	<ul style="list-style-type: none"> • Is time-efficient for addressing a subject and imparting a large amount of information quickly • Facilitates structuring the presentation of ideas and information • Allows the facilitator to control the classroom by directing timing of questions • Is ideal for factual topics (e.g., steps on conducting HIV testing) • Stimulates ideas for informed group discussion.
Limitations	<ul style="list-style-type: none"> • Lack of active participation • Facilitation and curriculum centred, essentially one-way learning • No way to use experience of group members • Can be limited by facilitators' perception or experience • Can sometimes cause frustration, discontent, and alienation within the group, especially when participants cannot express their own experience.
Tips for Improvement	<p>Build interest</p> <ul style="list-style-type: none"> • Use a lead-off story or interesting visual that captures audience's attention • Present an initial case problem around which the lecture will be structured • Ask participants test questions even if they have little prior knowledge to motivate them to listen to the lecture for the answer. <p>Maximise understanding and retention</p> <ul style="list-style-type: none"> • Reduce the major points in the lecture to headlines that act as verbal subheadings or memory aids and arrange in logical order • Give examples and analogies, using real-life illustrations of the ideas in the lecture and, if possible, comparing the material and the participants' knowledge and experience • Use visual backup (flipcharts, transparencies, brief handouts, and demonstrations) to enable participants to see as well as hear what you are saying • Set a time limit. <p>Involve participants during the lecture</p> <ul style="list-style-type: none"> • Interrupt the lecture periodically to challenge participants to give examples of the concepts presented or answer spot quiz questions • Illustrate activities throughout the presentation to focus on the points you are making, Reinforce the lecture • Allow time for feedback, comments, and questions • Apply the problem by posing a problem or question for participants to solve based on the information in the lecture • Ask participants to review the contents of the lecture together or give them a self-scoring test • Avoid distracting gestures or mannerisms such as playing with the chalk, ruler, or watch or adjusting clothing.

E. Suggested Review Energisers (group and team building)

1. Participants and facilitators form a circle. One facilitator has a ball, which s/he throws to one participant. Facilitator asks a question of the participant who catches the ball. Participant responds. When the participant has answered correctly to the satisfaction of the group, that participant throws the ball to another asking a question in turn. The participant who throws the ball asks the question. The participant who catches the ball answers the question.
2. Form two rows facing each other. Each row represents a team. A participant from one team/row asks a question to the participant opposite her in the facing team/row. That participant can seek the help of her team in responding to the question. When the question is answered correctly, the responding team earns a point and then asks a question of the other team. If the question is not answered correctly, the team that asked the question responds and earns the point. Teams propose questions and answers back and forth from team to team.
3. Form two teams. Each person receives a written statement. These statements are answers to questions that will be asked by a facilitator. When a question is asked, the participant who believes she has the correct answer will read her answer. If correct, she scores a point for her team. The team with the most correct answers wins the game.
4. From a basket, a participant selects a question and answers it; other participants give feedback. Repeat the process for other participants.