FINAL TECHNICAL REPORT / RAPPORT TECHNIQUE FINAL

ANNEX 12D - UPDATED ENA FACILITATORS GUIDE

© 2018, UBC AND HKI

This work is licensed under the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/legalcode), which permits unrestricted use, distribution, and reproduction, provided the original work is properly credited.

Cette œuvre est mise à disposition selon les termes de la licence Creative Commons Attribution (https://creativecommons.org/licenses/by/4.0/legalcode), qui permet l’utilisation, la distribution et la reproduction sans restriction, pourvu que le mérite de la création originale soit adéquatement reconnu.

IDRC Grant / Subvention du CRDI: 107982-001-Scale Up of Homestead Food Production for Improved Nutrition in Cambodia (CIFSRF Phase 2)
Essential Nutrition Actions (ENA) for Health/Community Workers

Using the Essential Nutrition Actions to Improve the Nutrition of Women and Children in Cambodia

Facilitator Guide

Family Farms for the Future

Helen Keller International Cambodia
INTRODUCTION
The purpose of this Facilitator Guide In the Essential Nutrition Actions (ENA) is to train Health/Community Workers in the importance of women’s nutrition practices; key infant and young child feeding practices, care of the sick child and in negotiation and interpersonal communication skills. The knowledge and skills will enable Health/Community Workers to help mothers/fathers/caregivers optimally feed their infants and young children and take care of their own nutritional needs.

Training Methodology
The Facilitator Guide applies the principles of Behaviour Change Communication to promote small, do-able actions, and the widely acknowledged theory that adults learn best by practice and reflection on their experiences. Attempts have been made to make the training sessions relevant to the needs of Participants and their communities.

This participatory approach uses the experiential learning cycle method and allows Participants the hands-on performance of skills as a means of acquiring them. The course employs a variety of training methods: demonstrations, practice, discussions, case studies, group discussions, and role-plays. Participants will learn to act as resource persons for pregnant women, breastfeeding mothers, and mothers/fathers/caregivers of young children. Respect for individual trainees is central to the training and sharing of experiences is encouraged throughout. Participants complete pre- and post-training assessment questionnaires to allow Facilitators to measure their progress.

Training Location
Wherever the training is planned, a site should be selected close to the training facility and readily available to allow the practicum for negotiation with mothers/fathers/caregivers on do-able woman’s nutrition practices and infant and young child feeding practices. Prepare the practicum site by coordinating with the clinic and/or community, alerting them to the arrival of Participants and arranging for space for practicing negotiation skills with actual mothers/fathers/caregivers. It is optimal to have one Facilitator for every 6-8 Participants for this session.

Materials Needed for the Training
Stationary
• Flipchart stands 1 or 2
• Flipchart papers 200 sheets
• Markers 3 boxes black + blue; 1 box of color
• Masking tapes or sticky putty 3 rolls
• Participants’ registrations 1 per day
• Names’ tags 1 per Participant
• Folders 1 per Participant
• Copies of assessment form 2 per Participant

**Teaching aids**

• Dolls 3
• Foods for display A variety of locally available foods
• *Participant Handouts* 1 set per Participant
• *Recommended ENA Practices* 1 per Participant
• *Facilitator Guide* 1 per Participant
• *BFCI Flipchart Cards* 1 set per Participant
• Illustrations on the benefits and risks of different feeding methods for HIV-exposed infants less than 6 months of age

---

### Advance Preparation for field visits

- One week in advance, make an appointment at the health clinic to plan a field practice during immunization or weighing sessions.
- One week in advance, make an appointment with the community chairman or the community health agent to prepare Participants for village visits.
- Confirm the day before the visit and specify the number of mothers needed (at least 10).

---

**Learning Objectives**

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

1. Define Social Behaviour Change Communication (SBCC) and name the steps of behaviour change; define COMBI: Communication behavioural Impact
2. Describe the recommended practices for optimal women’s nutrition and micronutrient intake.
3. Describe the recommended practices for optimal breastfeeding, including within the context of HIV.
4. Describe the recommended practices for adequate complementary feeding for young children from 6 up to 24 months, micronutrient intake, and multiple micronutrient powders (MNPs).
5. Reinforce knowledge and practices to improve feeding practices of the sick child.
6. Explain the contribution of water, sanitation and hygiene (WASH) promotion to improved nutrition.
7. Negotiate with the mothers/fathers/caregivers (to encourage them) to try one improved practice in one of the learning objectives mentioned above and to reinforce the correct behaviors to encourage the adoption of the new practice.
8. Use a visual/story or role play in reaching-an-agreement with mothers to adopt recommended IYCF and EHA practices.
9. Demonstrate how to facilitate a support group and an action oriented session.
10. Develop a three-month action plan of the activities, which they will implement upon return to their health facilities and/or communities.
11. Equip Facilitators/Trainers with the principles of adult learning, and effective training methodologies.
SESSION 1. INTRODUCTIONS, EXPECTATIONS AND OBJECTIVES

Learning objectives
1. Begin to name fellow Participants and Facilitators
2. Create a dynamic relationship among Participants and Facilitators
3. Discuss Participants’ expectations
4. Explain objectives and purpose of the training

Overview
Activity 1.1 Presentation game for introductions and expectations (30 minutes)
Activity 1.2 Pre-assessment (20 minutes)
Activity 1.3 Present and review the Recommended ENA Practices, Facilitator Guide (for TOT), Participant Handouts, and BFCI Flipchart Cards (20 minutes)
Activity 1.4 Discuss administration and housekeeping (5 minutes)

Duration 1 hour + 15 minutes

Materials
- Flipchart papers (+ markers + masking)
- Matching pairs of infant feeding pictures for presentation game
- Name tags – encourage use of local materials; e.g. use pieces of paper and tape or pins
- Training objectives previously written on flip chart
- Participants’ folders: Facilitator Guide (for TOT); Participant Handouts, Recommended ENA Practices, and BFCI Flipchart Cards
- One copy of Pre-assessment for each Facilitator

Detailed activities

Activity 1.1: Presentation game for introductions and expectations (30 minutes)

Methodology: Matching Game

Instructions for Activity:
1. Use infant and young child feeding illustrations (laminated if possible) cut in 2 pieces; each Participant is given a picture portion and is asked find his/her match; pairs of Participants introduce each other, giving their partner’s first name, what organization or community group he or she belongs to, one expectation for the training, and favourite food
2. When Participants introduce themselves, ask them to hold up their ‘matching-pair picture’.
3. Facilitator writes expectations on flipchart.
4. Facilitator introduces the training objectives (previously written on a flipchart), and compares them with the expectations of Participants.
5. Expectations and objectives remain in view during the training.

**Activity 1.2: Pre-assessment (20 minutes)**

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

<table>
<thead>
<tr>
<th>Instructions for Activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advise Participants that the topics covered in the pre-assessment will be discussed in greater detail during the training.</td>
</tr>
<tr>
<td>2. Explain that 15 questions will be asked, and that Participants will raise one hand (with open palm) if they think the answer is ‘Yes’, will raise one hand (with closed fist) if they think the answer is ‘No’, and will raise one hand (pointing 2 fingers) if they ‘Don’t know’ or are unsure of the answer.</td>
</tr>
<tr>
<td>3. Ask Participants to form a circle and sit so that their backs face the centre.</td>
</tr>
<tr>
<td>4. One Facilitator reads the statements from the Pre-assessment and another Facilitator records the answers and notes which topics (if any) present confusion.</td>
</tr>
<tr>
<td>5. Immediately identify topics that caused disagreement or confusion and need to be addressed.</td>
</tr>
</tbody>
</table>

**Activity 1.3: Present and review the Recommended ENA Practices, Facilitator Guide (for TOT), and Participant Handouts (20 minutes)**

**Methodology:** Buzz groups of 3 Participants

<table>
<thead>
<tr>
<th>Instructions for Activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distribute a set of <strong>Recommended ENA Practices</strong> and <strong>BFCI Flipchart Cards</strong> to each Participant and then ask Participants to form groups of 3.</td>
</tr>
<tr>
<td>2. Explain that the <strong>Recommended ENA Practices</strong> and <strong>BFCI Flipchart Cards</strong> are going to be their tools to keep and that they are going to take a few minutes to examine their content.</td>
</tr>
<tr>
<td>3. Each group is to find a picture that shows animal food from the <strong>BFCI Flipchart Cards</strong>.</td>
</tr>
<tr>
<td>4. Ask a group to hold-up the page of <strong>BFCI Flipchart Cards</strong> which shows the item.</td>
</tr>
<tr>
<td>5. Ask the other groups if they agree, disagree or wish to add another page of the <strong>BFCI Flipchart Cards</strong>.</td>
</tr>
<tr>
<td>6. Repeat the process with the remaining items/characteristics. Find:</td>
</tr>
</tbody>
</table>
• a counsellor talking with a mother
• a sign or symbol that indicates that something should happen during ‘the day and at night’
• a sign or symbol that indicates that the child should have ‘a meal or a snack’
• a sign or symbol that indicates that a young child should eat 3 times a day and have 2 snacks
• a sick baby less than 6 months
• the card with the practice that ‘hands should be washed with soap and water’
7. Repeat the explanation that the Recommended ENA Practices and the BFCI Flipchart Cards will be their tools to use.

**Activity 1.4:** Discuss administration and housekeeping (5 minutes)
<table>
<thead>
<tr>
<th>#</th>
<th>ENA Pre/Post Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pumpkins, mangoes, paw paw and green leafy vegetables contain vitamin A.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>A malnourished mother is likely to give birth to a low birth weight child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>At 4 months, the infant needs water and other drinks in addition to breast milk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>The mother, father or caregiver should actively encourage the baby to eat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>In traditional complementary foods, iron is almost always deficient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>De-worming is part of anemia control.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>When breastfeeding, the baby’s chin needs to touch the mother’s breast.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Only food is important to prevent malnutrition.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Vitamin A supplementation is necessary only for children under 1 year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Children 9 up to 24 months old should eat 3-4 times a day and be offered 1-2 snacks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>When a mother is HIV-positive, she cannot breastfeed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Young children should be breastfed for at least 2 years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Only children need vitamin A supplementation, not mothers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Stunting is likely to occur in children who ingest animal feces.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>When a mother has all the correct knowledge, she will optimally breastfeed her baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>ENA Pre Assessment</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>----</td>
<td>-----------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>1.</td>
<td>Pumpkins, mangoes, paw paw and green leafy vegetables contain vitamin A.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2.</td>
<td>A malnourished mother is likely to give birth to a low birth weight child.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3.</td>
<td>At 4 months, the infant needs water and other drinks in addition to breast milk.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4.</td>
<td>The mother, father or caregiver should actively encourage the baby to eat.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5.</td>
<td>In traditional complementary foods, iron is almost always deficient.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6.</td>
<td>De-worming is part of anemia control.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7.</td>
<td>When breastfeeding, the baby’s chin needs to touch the mother’s breast.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8.</td>
<td>Only food is important to prevent malnutrition.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9.</td>
<td>Vitamin A supplementation is necessary only for children under 1 year.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10.</td>
<td>Children 9 up to 24 months old should eat 3-4 times a day and be offered 1-2 snacks.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11.</td>
<td>When a mother is HIV-positive, she cannot breastfeed.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12.</td>
<td>Young children should be breastfed for at least 2 years.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13.</td>
<td>Only children need vitamin A supplementation, not mothers.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14.</td>
<td>Stunting is likely to occur in children who ingest animal feces.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15.</td>
<td>When a mother has all the correct knowledge, she will optimally breastfeed her baby.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
SESSION 2. WHY NUTRITION MATTERS

Learning objectives
1. Recognize key factors that contribute to a healthy, well nourished child
2. Outline the different activities and places when Health/Community Workers support the improvement of women and their children’s health
3. Describe the consequences of poor nutrition practices for the infant and young child under 2 years, the mother, and the family
4. Share in-country data on IYCF and nutrition

Overview
Activity 2.1 Key Factors that contribute to a healthy, well nourished child (20 minutes)
Activity 2.2 Overview on routine practices to improve women & children's health (30 minutes)
Activity 2.3 Consequences of poor nutrition practices for the infant and young child under 2 years, the mother, and the family (20 minutes)
Activity 2.4 In-country IYCF and nutrition data (20 minutes)

Duration 1½ hours

Materials
√ Flipchart papers (+ markers + masking)
√ Illustrations: Healthy well- nourished young child; local foods; mother breastfeeding and feeding young child; mother/couple going to health services; water, sanitation and hygiene
√ Illustrations of 7 essential nutrition actions written

Handout
HO: 1: The Essential Nutrition Actions and Contact Points
Detailed activities

Activity 2.1: Recognize key factors that contribute to a healthy, well nourished child (20 minutes)

Methodology: Interactive Presentation

Instructions for Activity:
1. Tape or stick the illustration of a healthy, well nourished child
2. Ask Participants to name all the things necessary to have a healthy and well nourished child. As Participants mention local foods; mother breastfeeding and feeding young child; mother/couple going to health services; water, sanitation and hygiene show that illustration and tape or stick it to flipchart, AND ask IN WHAT WAYS does it affect the health and nourishment of a child
3. Draw arrows from the illustrations to the healthy, well nourished child (see pictures below)
4. Why are we focusing on the first 2 years of life?
   - Effects of malnutrition (including stunting) are irreversible after 2 years of age
   - Harm to growth and development during this time cannot be corrected
   - Stunting affects mental and physical development and leads to poor productivity, low economic growth and the perpetuation of poverty.
5. Discuss and summarize

Key Content

Food
Feeding and care practices
Health services
Water, sanitation and hygiene
• Growth faltering begins early, at about 3 months with a rapid decline through 12 months.
• The window of opportunity for improving nutrition is small – from before pregnancy through the first 2 years of life (1,000 days).
  ▪ Harm to growth and development cannot be corrected
  ▪ The damage to physical growth and brain development that occurs during this period is extensive and irreversible
  ▪ Effects of malnutrition (including stunting) are irreversible after 2 years of age
  ▪ Stunting affects mental and physical development and leads to poor productivity, low economic growth and the perpetuation of poverty
  ▪ 40% of children under 5 years of age are stunted (42% in rural areas and 28% in urban settings).\(^1\)
  ▪ 28% of children under 5 years are underweight (have low weight-for-age).\(^2\)

**Essential Hygiene Actions**
• Dispose safely of all faeces, ideally using a toilet or latrine
  ▪ keep latrine clean and free of flies
  ▪ teach small children to use a potty. Put children’s faeces in the latrine.
  ▪ If it is not possible to use a toilet or latrine, the faeces should be buried immediately. Everyone should always defecate well away from houses, paths, water sources and places where children play.

---


\(^2\) Ibid.
• Wash hands with soap and clean water
  ▪ before handling and eating food
  ▪ before feeding children (make sure they wash their hands, too)
  ▪ after using the toilet
  ▪ after cleaning a child’s bottom (or any other contact with human excreta)
  ▪ after contact with sick people (e.g. feeding, washing)
  ▪ after touching or handling animals.
• Use clean water from a safe source
• Do not use bottles, teats or spouted cups for babies and young children since they are difficult to clean and can cause your baby or young child to become sick.
• Dispose safely of household refuse, e.g. burning, burying, recycling, composting, etc.
• Keep animal faeces away from the house, paths, wells, streams and children’s play areas.
• Put rubbish in a covered bin, bury it or burn it, so it does not attract flies and other pests.
• Make sure there is no water where mosquitoes can breed (e.g. ponds, containers). Outside the house, cover water barrels and turn empty containers upside down so they do not collect water.

Activity 2.2: What are the routine nutrition practices that the Health/Community Worker shares with women to improve their own and children’s health? And where/when can the H/CW share these messages with women (30 minutes)

Methodology: Group Work

Instructions for Activity:
1. Divide Participants into 5 working groups
2. Ask them to brainstorm the routine nutrition practices that the H/CW shares with women to improve their own and their children’s health
3. After 5 minutes ask each group to share a nutrition practice
4. As Participants mention an Essential Nutrition Action, place illustration on wall or mat
5. Brainstorm the places where/when H/CW shares these messages with women
6. As Participants mention a contact point, place illustration on wall or mat
7. Compare Participants responses with prepared flipchart on the 7 essential nutrition actions and the 6 contact points for implementing these activities
8. Refer to Handout 1 (HO 1)
9. Discussion and summarize the ENA approach:
   • Focuses on women and under-2
   • Package of evidence-based integrated approach of interventions
   • Women’s nutrition and health, micronutrients and IYCF
   • Behavior change-based approaches
**Activity 2.3:** Consequences of poor nutrition practices for the infant and young child under 2 years, the mother, and the family (20 minutes)

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

### Instructions for Activity:
1. Divide Participants into 3 groups. Three flipcharts are set-up throughout the room with the following titles: Consequences of poor nutrition practices for the infant and young child under 2 years, Consequences of poor nutrition practices for women, and Consequences of poor nutrition practices for family.
2. Each group has 3 minutes at each flipchart to write as many points as they can think of (without repeating those already listed), then the groups rotate to the next flipchart and repeat the exercise.
3. Discuss and summarize in large group.
4. Facilitator fills-in gaps with content listed below.

### Key Content

#### Consequences of poor nutrition practices for infants and young children
- Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months).
- Frequent diarrhea, ill more often and more seriously (mixed-fed infants less than 6 months who receive contaminated water, formula and foods are at higher risk.)
- Frequent respiratory infections
- More likely to get malnourished
- Under-development: retarded growth, under-weight, stunting, wasting due to higher infectious diseases such as diarrhea and pneumonia
- Lower scores on intelligence tests and lower ability to learn at school
- Greater risk of heart disease, diabetes, cancer, asthma, dental decay etc. later in life
- Increases child morbidity and mortality

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

**Note:** if pregnancy occurs during the teen years.
• Teenage mother and the growing baby compete for nutrients
• When the teenage mother does not complete her growth cycle, she is at risk for a more difficult labor if her pelvis is small.

Consequences of poor nutrition practices for family
• Medical expenses due to sickness and infections
• More illness-required trips for medical treatment
• Weakness and tiredness
• Lower productivity
• Less physical activity
• Increases child morbidity and mortality

Activity 2.4: In-country data on IYCF (20 minutes)

Methodology: Interactive presentation (bean distribution)

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

National Findings from CDHS 2010³

• Initiation of Breastfeeding in the first hour after birth:
  ▪ 65 out of 100 mothers initiate breastfeed within the 1st hour of birth

• Exclusive Breastfeeding (0 up to 6 months):
  ▪ 74 out of 100 mothers exclusively breastfeed their infants under 6 months

• Complementary Feeding (starts too early or too late):
  ▪ 26 out of 100 mothers begin CF before the infant is 6 months of age

- 82 out of 100 mothers are breastfeeding and giving CF to their infant 6 – 8 months of age from age
- 33 out of 100 mothers breastfeed and feed four or more food groups to their children aged 6 – 23 months

**Continued Breastfeeding**
- Median duration of breastfeeding is 20 months

Example: **Exclusively breastfeeding**: 74 out of 100 mothers exclusively breastfeed their infants under 6 months

<p>| | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 74 out of 100 mothers exclusively breastfeed their infants under 6 months.
### The Essential Nutrition Actions and Contact Points for Implementing Essential Nutrition Actions

#### The Seven+ Essential Nutrition Actions\(^4\)

All are equally important. This ENA list is organized by a lifecycle approach.

1. Promotion of optimal nutrition for women
2. Promotion of adequate intake of iron and folic acid and prevention and control of anemia for women and children
3. Promotion of adequate intake of iodine by all members of the household
4. Promotion of optimal breastfeeding during the first six months
5. Promotion of optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond
6. Promotion of optimal nutritional care of sick and severely malnourished children
7. Prevention of vitamin A deficiency in women and children
8. Essential Hygiene Actions (EHA)

#### 6 Contact Points for Implementing Essential Nutrition Actions

1. At every contact with a pregnant woman (at health centre or in the community)
2. At delivery in hospital or at home
3. During postpartum and/or family planning sessions at health centre (or in the community)
4. At immunization sessions
5. During well baby clinic sessions
6. At every contact with mothers or caregivers of a sick child

And at:

- Therapeutic feeding centres (TFCs)
- Supplementary feeding centres (SFCs)
- Agriculture: Food diversification, Food security, Women’s farmers clubs
- Micro-Credits
- Schools
- Community Nutrition
- Sanitation
- During general ration distribution (GRD)
- Community/households

---

SESSION 3. HOW TO COUNSEL PART I

Learning objectives
1. Identify Listening and Learning skills
2. Name Building Confidence and Giving Support skills
3. Explain why changing behaviour is difficult
4. Practice identifying behaviour change stage

Overview
Activity 3.1 Listening and Learning skills (30 minutes)
Activity 3.2 Building Confidence and Giving Support skills (15 minutes)
Activity 3.3 Explain why changing behaviour is difficult (15 minutes)
Activity 3.4 Practice identifying what behaviour change stage a mother is in with regards to her infant feeding practices (30 minutes)

Duration 1½ hours

Materials
✓ Flipchart papers (+ markers + masking)
✓ Behaviour Change case studies on cards

Handout
HO 2: Listening and Learning skills and Building Confidence and Giving Support skills

Advance preparation
• Flipchart: Listening and Learning skills
• Flipchart: Building Confidence and Giving Support skills
• For each group of 4 Participants prepare:
  ▪ 5 steps (on separate pieces of paper): not knowing; knowing; intention; action; and maintaining a new behavior; and HIC-DARM: Hear about a behaviour, be Informed about it, become Convinced that it is worthwhile, Decide to do something about the conviction, Act on the new behaviour, Reinforce the action by feeling satisfied about participating and Maintain the Behaviour
  ▪ The role of the H/CW (on pieces of paper of another color): identify problem; provide more information; how to overcome difficulties; praise/discuss benefits, and support; celebrate success
• Social and Behaviour Change Communication (SBCC) Case Studies
Detailed activities

Activity 3.1: Identify Listening and Learning skills (30 minutes)

Methodology: Group work; Demonstration

Instructions for Activity: 15 minutes

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

Instructions for Activity: 10 minutes

Part B: Asking questions:
1. Everyone gets to ask me (Facilitator) 1 question. Facilitator will answer truthfully. [Facilitator stops Participants at just 1 question]
2. What did you get from this exercise? [Some types of questions bring out more information than others] Asking about ‘age’: gets you a specific piece of information (which is what you sometimes want).
3. Open-ended questions usually begin with why, how, when and where?
4. What things can you do to bring out more information?
   a) Reflect back what the Facilitator (mother/father/caregiver) says
   b) Listen to the Facilitator’s (mother/father/caregiver’s) concerns
   a) Avoid using judging words

**Activity 3.2:** Name *Building Confidence and Giving Support* skills (15 minutes)

**Methodology:** Brainstorming

**Instructions for Activity:**
1. Ask Participants: Before you begin to practice counselling a mother/father/caregiver, What helps to give a mother/father/caregiver confidence and support?
2. Probe until the skills in ‘Key Information’ below have been mentioned.
3. Refer Participants to HO 2: *Building Confidence and Giving Support* skills
4. Discuss and summarize.

**Key Content**

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

**Activity 3.3:** Explain why changing behaviour is difficult (15 minutes)

**Methodology:** Group Work

**Instructions for Activity:**
1. Divide Participants into groups of 4
2. Give each group the 5 steps to behavior change: not knowing; knowing; intention; action; and maintaining a new behavior; and ask each group to put the steps in order of what comes first and what comes last OR use COMBI approach – HIC-DARM:
• **Hear** about a behaviour
• **be Informed** about it
• become **Convinced** that it is worthwhile
• **Decide** to do something about the conviction
• **Act** on the new behaviour
• **Reinforce** the action by feeling satisfied about participating, and
• **Maintain** the behaviour

3. Ask Participants: What helps a person to move through the different steps?
4. Ask each group to add the role of the H/CW: identify problem; provide more information; how to overcome difficulties; praise/discuss benefits, and support; celebrate success at the point it is appropriate in the steps
5. The Facilitator leads a discussion of the change process asking such questions as:
   • What did you learn from this exercise?
   • Does everyone in a community go through the stages of change at the same pace?
   • Once a person reaches a certain stage of change, do they ever regress to a prior stage?
   • Does behavior change happen more effectively if it is planned or if it is unplanned?

**Key Content**
Behaviour = action/doing; Change = always involves motivators and barriers/obstacles; Communication = interpersonal, visuals, media, etc.

Social and behaviour change communication (SBCC) is any communication (e.g., interpersonal, group talks, mass media, support groups, visuals and print materials, videos) that helps foster a change in behaviour in individuals, families, or communities.

**COMBI: Communication for behavioural impact** –based on behavioural models, communication and marketing theory, and practice to achieve behavioural results in public health programmes.

**Note:** *Listening and Learning* skills are used throughout the entire process or steps of behavior change.

**Changing behaviour is VERY DIFFICULT! It is not a linear process.**
**Stages of Change Model**

Steps a person or group takes to change their practices

![Stages of Change Model Diagram]

**Activity 3.4:** Practice identifying what behaviour change stage a mother is in with regards to her infant feeding practices (30 minutes)

**Methodology:** Practise

**Instructions for Activity:**
1. Give each group 3 case studies. For each case study, group answers the question ‘at what stage of the behaviour change process is the mother’?
2. Discuss in large group.

**NOTE:** Behaviour change should not be limited to efforts with the mother/father/caregiver, but rather encompass the entire community of influencers.
3. Demonstrate the following:
   - Amina has just had a new baby girl. She wants to exclusively breastfeed her.
   - Ask a Participant to represent Amina with her baby and come and sit in an opening of the circle
   - Ask other Participants: who will support her? Whose support does Amina need?
4. As Participants mention different family and community members ask a Participant to come and represent that person (father, grandmothers,
grandfathers, siblings, aunts, cousins, TBA, midwife, doctor, nurse, religious leaders, elders, national policies, politician, etc."

• “It takes a village to raise a child”, and the entire village to support a mother to optimally feed her child.

Behaviour Change Case Studies

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

2. A mother has brought her 10–month-old child to the baby weighing session. The child is being fed watery gruel that the mother thinks is appropriate for the child’s age. The child has lost weight. She is encouraged to give her child thickened porridge instead of watery gruel because the child is not growing.

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

Behavior Change Case Studies (Answer Key)

1. Become convinced
2. Be informed
3. Act and Reinforce
**Listening and Learning skills**

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

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

3. Use responses and gestures that show interest

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

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

6. Avoid using judging words

**Building Confidence and Giving Support skills**

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

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

3. Give practical help

4. Give a little, relevant information

5. Use simple language

6. Use appropriate counselling card or cards

7. Make one or two suggestions, not commands

Source: Infant and Young Child Feeding Counselling: An Integrated Course. WHO/UNICEF. 2006
SESSION 4. WOMAN’S NUTRITION

Learning objectives
1. Describe the undernutrition cycle: undernourished pregnant woman, baby, child, teenager
2. Improve woman’s nutrition to promote maternal and family health
3. Improve child survival through woman’s nutrition. “A healthy mother is the first defense of the child against death, malnutrition, and the cycle of poverty and sickness.”

Overview

Activity 4.1 Importance of promoting adequate feeding for women (15 minutes)
Activity 4.2 Explanation of the intergenerational malnutrition cycle (15 minutes)
Activity 4.3 Interventions that can be used to break the malnutrition life cycle (90 minutes)

Duration 2 hours

Materials
- √ Flipchart papers (+ markers + masking)
- √ Drawing of malnutrition life cycle on flipchart

BFCI Flipchart Cards
BFCI 1: Nutrition for the Pregnant Woman
BFCI 4: Nutrition for the Lactating Mother

Handouts
HO 3: Interventions to break the undernutrition cycle
Detailed activities

Activity 4.1: Importance of promoting adequate feeding for women, and explanation of the intergenerational undernutrition cycle (15 minutes)

Methodology: Brainstorming
1. Brainstorm the question: Why is it important to promote adequate feeding for women?
2. Write answers on flipchart and discuss
3. Facilitator explains the intergenerational undernutrition cycle

Key Content
When a woman is malnourished, the next generation may also suffer from undernutrition and poor health.

- Girls are underweight at birth
- Girls are underweight and stunted
- Some girls have their first pregnancy during adolescence
- Women are undernourished, have close spaced pregnancies, and have heavy workloads during pregnancy and breastfeeding periods.

Activity 4.2: Describe the undernutrition cycle: undernourished pregnant woman, baby child, teenager (15 minutes)

Methodology: Brainstorming; Interactive Presentation

Instructions for Activity:
1. Facilitator draws 4 circles on a flipchart with arrows connecting the circles (see drawing below)
2. Facilitator writes undernourished pregnant woman, baby, child, teenager – one for each circle
3. Facilitator explains that this diagram with represents the undernutrition cycle
4. Ask Participants: What are the consequences of undernutrition for women?
5. Discuss and summarize
Key Content

1,000 Days refers to the time from the start of a mother’s pregnancy until a child is two years old – window of opportunity for improving nutrition of women and their children

Activity 4.3: Describe actions that can break the undernutrition cycle in order to have a well nourished woman, baby, child, teenager (90 minutes)

Methodology: Group Work

Instructions for Activity:
1. Divide Participants into 4 groups and ask each group to focus on one point of the undernutrition cycle (one arrow) and think of ways break the cycle at that point (from undernourished to well nourished)
2. Each group will present their work in large group
3. As each group presents, place an illustration on the corresponding circle of the undernutrition cycle: 1) well nourished adult woman and pregnant woman 2) a well nourished baby, 3) a well nourished child, 4) well nourished teenager, and
4. Facilitate a discussion and summary of the answers in large group using key content below
5. Review together *BFCI 1: Nutrition for the Pregnant Woman* and *BFCI 4: Nutrition for the Lactating Mother* and *Recommended ENA Practices: Nutrition Practices for Pregnant and Lactating Women*

6. Discuss and summarize

**Key Content**

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

1. Prevent undernourished adult and pregnant woman
   A. Improve woman’s nutrition and health
      • Increase the food intake of the woman at every step of her life, especially during pregnancy “an additional meal, more food than usual, and a varied diet” and breastfeeding: 2 additional meals
      • Fight iron, vitamin A and Iodine deficiencies:
         - Iron/folic acid supplementation during pregnancy, (1 tablet/day during 6 months).
         - Encourage consumption of foods rich in iron (green leafy vegetables, meat, and liver).
         - Encourage consumption of foods rich in vitamin A (papaya, mangoes, carrots, pumpkins, liver)
         - Encourage consumption of iodized salt and foods rich in iodine (fish and seafood).
      • Prevent and treat infections:
         - Complete anti-tetanic immunizations for pregnant women, 5 injections in total
         - Use of insecticide treated bed nets (ITNs)
         - De-worming of pregnant women during 3rd trimester
         - Education on STI and HIV transmission and prevention

   B. Family planning
      • Women need to visit a family planning centre in order to space the births of her children

   C. Decrease energy Expenditure
      • Delay the first pregnancy to 20 years old or more
      • Encourage couples to use family planning
      • Decrease pregnant and breastfeeding women’s workload
      • Rest more

   D. Encourage men’s participation
      • In birth spacing, and good follow-up of pregnancy and delivery
      • In supporting better feeding and a lighter workload for their wife/partner

   E. Encourage parents to give equal access to education to boys and girls (schooling of the girl child)
      • Risk of malnutrition decreases when girls/women receive a higher level of education.
2. Prevent undernourished baby
  - Early initiation of breastfeeding
  - Exclusive breastfeeding from 0 up to 6 months
  - Increasing the food intake of women during pregnancy: eat one extra meal or “snack” (food between meals) each day; during breastfeeding eat 2 extra meals or “snacks” each day.
  - Encouraging consumption of different types of locally available foods
  - Giving iron/folate supplementation (or other recommended supplements for pregnant women) to the mother as soon as mother knows she is pregnant and continue for 6 months total
  - Preventing and seeking early treatment of infections

3. Prevent undernourished child under 2 years (Growth Failure)
  - Timely initiation of complementary foods at 6 months with continuation of breastfeeding up to 2 years
  - Feed sick child during illness and feed more frequently for 2 weeks after recovery
  - Consumption of foods rich in vitamin A and vitamin A supplementation from 6 up to 60 months (every 6 months) and
  - Anaemia control (iron supplementation and de-worming) and consumption of foods rich in iron
  - Iodine deficiency control: Iodine salt consumption
  - Immunizations
  - Family Planning

4. Prevent undernourished teenagers
  - Increase the food intake of teenagers
  - Delay first pregnancy
  - Prevent and treat infections:
    - Complete anti-tetanic immunizations for pregnant adolescents and women, 5 injections in total
    - Education on STIs and HIV transmission and prevention
      - Fight iron, vitamin A and Iodine deficiencies:
        - Encourage consumption of foods rich in iron (green leafy vegetables, meat, and liver).
        - Encourage consumption of foods rich in vitamin A (papaya, mangoes, carrots, pumpkins, liver)
        - Encourage consumption of iodized salt and foods rich in iodine (fish and seafood)
      - Encourage parents to give equal access to education to boys and girls (schooling of the girl child) - Malnutrition decreases when girls/women receive a higher level of education.
### Recommended ENA Practices: Nutrition Practices for Pregnant and Lactating Women

<table>
<thead>
<tr>
<th>RECOMMENDED PRACTICE</th>
<th>SUPPORTING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eat one additional meal every day. when you are pregnant to maintain your strength</td>
<td>Pregnant women need to eat a variety of foods, particularly animal products (meat, milk, eggs, etc), plus fruits and vegetables. Ripe papaya and mango, orange, carrot, pumpkin, and liver are especially good. <em>BFCI 1: Nutrition for the Pregnant Woman</em></td>
</tr>
<tr>
<td>2. Ensure that your pregnant wife has one additional meal every day to maintain her strength.</td>
<td>Pregnant women need to eat more food than usual rather than decrease their intake. You should also be supported to rest for at least once during the day.</td>
</tr>
<tr>
<td>3. As soon as you know you are pregnant speak to a Health Worker to get iron and folic acid supplements to prevent anemia and maintain your strength.</td>
<td>Pregnant women have increased needs for iron. Inadequate iron intake will lead to anemia, which will make you unwell and tired. Iron and folic acid tablets are important to prevent anemia in a pregnant women and will help to keep you and the new baby healthy. Take your pills with food to reduce common side effects such as nausea, abdominal pains and constipation. Dark stools are normal when taking iron tablets.</td>
</tr>
<tr>
<td>4. Make sure your pregnant wife gets iron and folic acid supplements when she learns of her pregnancy to prevent anemia and maintain her strength.</td>
<td>Ask a Health Worker for iron/folic acid tablets to be given to your pregnant wife throughout pregnancy until 6 weeks after delivery.</td>
</tr>
<tr>
<td>5. Iron/folate supplementation should be given to the mother for a total of 6 months. After delivery the mother has to continue the supplementation to complete the six months.</td>
<td>Because mother has lost blood during delivery, the mother needs to increase her Iron stores for the sake of her health and the baby's (Iron passes into breast milk).</td>
</tr>
<tr>
<td>6. Eat foods rich in iron every day when you are pregnant in order to prevent anemia.</td>
<td>Foods rich in iron include red meat, liver, fish, poultry, offal. Other sources of iron millet maize beans (cowpeas), soya beans, groundnuts, green leafy vegetables</td>
</tr>
<tr>
<td>7. Make sure your pregnant wife eats food rich in iron every day in order to prevent anemia.</td>
<td>Eating fruits with meals will enhance iron absorption. Avoid taking tea and coffee with staple foods.</td>
</tr>
<tr>
<td>RECOMMENDED PRACTICE</td>
<td>SUPPORTING INFORMATION</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| **8.** Speak to a Health Worker to get anti-malaria treatment when you are pregnant to keep yourself and your unborn baby healthy | • Malaria can cause anemia  
• Anemia can cause abortion, stillbirth and low birth weight.  
• Anemia also causes tiredness |
| **9.** Make sure your pregnant wife gets anti-malaria treatment from a Health Worker to keep her and your unborn baby healthy | |
| **10.** Sleep under a insecticide treated net (ITN), especially pregnant women and children, to prevent getting malaria. | |
| **11.** Speak to a Health Worker to get de-worming treatment in order to prevent becoming anemic during 3rd trimester. | Intestinal worms can cause anemia which leads to tiredness and poor health. |
| **12.** Make sure your pregnant wife gets de-worming treatment from a Health Worker. | Intestinal worms can cause anemia which leads to tiredness and poor health.  
Wearing footwear is important in prevention contamination with intestinal worms  
Use of latrine also helps to prevent intestinal worm transmissions |
| **13.** Eat two extra meals a day when you are breastfeeding to maintain your health and the health of your baby. | To maintain their health, breastfeeding women need to eat a wide variety of foods, particularly animal products (meat, milk, eggs, etc.) fruits and vegetables.  
Additional meals will replenish nutrient lost during pregnancy and child birth |
| **14.** Ensure that your wife who is breastfeeding has two extra meals a day to maintain her health and the health of the baby. | To maintain their health, breastfeeding women need to eat a wide variety of foods, particularly animal products (meat, milk, eggs, etc.) fruits and vegetables.  
Additional meals will replenish nutrient lost during pregnancy and child birth |
<table>
<thead>
<tr>
<th><strong>RECOMMENDED PRACTICE</strong></th>
<th><strong>SUPPORTING INFORMATION</strong></th>
</tr>
</thead>
</table>
| **15.** Wash your hands with soap and running water after visiting the toilet before handling food. Also wash your hand with soap and running water before eating and feeding your family, will help to keep you and your family healthy. | Good hygiene and sanitation is important to prevent infection with worms and should include:  
- Washing hand with soap before eating and handling foods  
- Washing hands with soap after visiting the toilet and after cleaning a child’s bottom  
- Keeping your environment clean; prevent ingestion of animal faeces by young children |
| **16.** Ensure that all family food is cooked using iodized salt so that family members remain healthy. | Iodized salt is not available everywhere, but should be used when available  
Pregnant women need to use iodized salt to ensure that health of their new baby. |
| **17.** Use LAM as a family planning method. It is effective when:  
- mother does not have her menses  
- baby is exclusively breastfeed  
- baby is less than 6 months.  
If the 3 conditions are not met use other family planning methods to prevent getting pregnant too early. | LAM is a modern family planning method; more than 98% effective if the 3 conditions are met. |
| **18.** Visit the health facility or Community Based Agent to obtain Family Planning methods to prevent early pregnancy | Don’t wait until the baby is 6 months to decide on which family planning method you want to have. |
SESSION 5. SOURCES AND ROLE OF IRON, VITAMIN A AND IODINE

Learning objectives
1. Name the essential vitamins and minerals needed by pregnant women, breastfeeding mothers and young children under 2 years
2. Describe the role and sources of iron, vitamin A, and iodine
3. Identify the nutrients in different foods

Overview
Activity 5.1 Essential vitamins and minerals needed by pregnant women, breastfeeding mothers and young children under 2 years (10 minutes)
Activity 5.2 Role and sources of iron, vitamin A, and iodine (20 minutes)
Activity 5.3 Nutrients in different foods (15 minutes)

Duration 45 minutes

Materials
- Flipchart papers (+ markers + masking)
- 3 flipcharts throughout the training room with the titles:
  1) Iron: sources, role
  2) Vitamin A: sources, role
  3) Iodine: sources, role
- 3 more flipcharts with the headings: body-building foods, energy foods, and protection foods
- Recommended ENA Practices: Recommended iron, vitamin A and iodine practices postpartum
- Recommended ENA Practices: Recommended iron, vitamin A and iodine practices in young children from 6 months

Handouts
HO 4a: Sources and Role of Iron
HO 4b: Which groups have special need for iron
HO 4c: What foods are rich in Vitamin A
HO 4d: Which groups have special needs for vitamin A?
Detailed activities

Activity 5.1: Essential minerals and vitamins needed by pregnant women, breastfeeding mothers and young children under 2 years (10 minutes)

Methodology: Brainstorming

Instructions for Activity:
1. Ask Participants:
   - Name minerals and vitamins needed by pregnant women, breastfeeding mothers and young children under 2 years
2. Facilitator fills-in gaps with content listed below

Key Content

Minerals and vitamins:
- **Iron, vitamin A, iodine** are essential to the functioning of the human body and are obtained from foods
- **Zinc**, found in animal foods, is important for recovery from diarrhea

Activity 5.2: Sources and Role of Iron, Vitamin A, and Iodine (20 minutes)

Methodology: Group work and rotation of flipcharts

Instructions for Activity:
1. Divide Participants into 3 groups. Three flipcharts are set up throughout the training room with the titles: 1) Iron: sources, role; 2) Vitamin A: sources, role; and 3) Iodine: sources, role
2. Ask Participants to list the foods in their communities and home gardens and that contain these minerals or vitamins or minerals; name the role of each
3. Each group has 3 minutes at each flipchart to write as many points as they can think of (without repeating those already listed), then the groups rotate to the next flipchart and repeat the exercise
4. Ask each group to read from their original flipchart
5. Ask Participants to observe their **HO 4a, 4b, 4c, 4d**: Sources and Role of Iron, and Vitamin A. Discuss and summarize in large group.
6. Facilitator fills-in gaps with content listed below
Activity 5.3: Nutrients in different foods (15 minutes)

Methodology: Game and flipcharts

Instructions for Activity:
1. Pin 1 piece of paper bearing the name of 1 food (amaranths leaves; fish; OFSP (orange fleshy sweet potato); iodized salt; legumes; liver) or picture on the back of every Participant.
2. Walking around the room, other Participants give ‘clues’ until all Participants have guessed ‘their identity’ (i.e., the name of the food pined on their backs).
3. Once all Participants have guessed their ‘food identities’, they move to the/a flipchart paper that bears the name of a nutrient or food group (iron, vitamin A, iodine).
4. Discuss and summarize

Key Content
Participants learn that single foods may contribute to multiple nutrient groups (i.e., spinach contributes both vitamin A and iron-folate), and that a nutrient-rich diet can be constructed with a smaller number of foods than they might have imagined.

Iron
Iron makes the body strong

Why do our bodies need iron?
- It strengthens the blood
- It builds muscles and brain
- It helps the body to work properly

Why should the baby eat foods rich in iron?
- To gain more strength
- To reinforce the child’s health, physical and intellectual development

What are the consequences of NOT getting enough iron?
- Anemia, which makes people tired and breathless
  - In Cambodia:
    - 40 out of 100 women ages 15 to 49 years are anemic
    - 55 out of 100 children ages 6 months up to 5 years are anemic (more than 80% of children age 6 up to 18 months are anemic)

---

5 FAO Fact Sheet 5 (2009)
7 Ibid
Things to know about iron
- The iron stores present at birth are gradually used up over the first six months
- There is little iron from breast milk (although it is easily absorbed). After 6 months the baby’s ‘iron needs’ must be met by the food he or she eats
- Eating foods rich in vitamin C (sour foods like citrus: lemon or tamarind) together with/or soon after a meal, increases absorption of iron
- Drinking tea and coffee with a meal reduce the absorption of iron

Why should children be de-wormed every 6 months starting at 2 years?
- Some worms exclusively feed on blood. The child then becomes thin and weak.

Vitamin A

Vitamin A keeps the body healthy

Why do our bodies need vitamin A?
- It helps growth and protects against illnesses
- It helps the body to recover more quickly from illness
- It keeps the eyes healthy
- It keeps the skin, gut and lungs healthy

What are the consequences of NOT getting enough vitamin A?
- Visual impairment or blindness
- Night blindness (particularly among pregnant women)
- Increased risk of illness

Why should vitamin A be administered to children every 6 months from the age 6 months to 5 years?
- Ensures the child’s growth
- Reinforces the child’s health
- Protects the child from sever forms of infections such as diarrhea and respiratory diseases, thus reducing death risks
- Improves the child’s sight and prevents night blindness that can lead to childhood blindness

8 FAO Fact Sheet 6 (2009)
**Iodine**

Iodine makes the body function properly

**Why do our bodies need iodine?**
- It is important for physical growth and brain development
- It makes the brain and body function properly
- Helps pregnant women deliver healthy babies (prevents miscarriage, stillbirth, low birth weight and cretinism in the baby)
- Prevent poor work performance in adults

![Images: FAO/NNP Nutrition Handbook for the Family](image)

**What are the consequences of NOT getting enough iodine?**
- Goiter (swelling of the front neck)
- Mental impairment
- A lack of iodine during pregnancy can result in serious birth complications and mental impairment of the child

**Where is iodine found?**
- Iodine is found in iodized salt
- Always buy and use iodized salt for cooking
- Add iodized salt to food when it is nearly cooked. Do not cook iodized salt too long, it destroys the iodine

![Image: FAO/NNP Nutrition Handbook for the Family](image)

**Note:** Too much salt is not good for health
Sources and Role of Iron

Which foods are rich in iron?

- Some animal foods like liver, blood, animals’ internal organs, birds and fish, especially red meat and eggs

- Some plant foods like whole grain cereals (maize), legumes (e.g. beans, lentils, peas, groundnuts), dark green leafy vegetables (e.g. amaranths leaves, spinach, pumpkin leaves)

- Plant sources such as beans, peas, lentils and spinach are a source of iron as well.

- Other good sources are iron-fortified foods and iron supplements.
### Which groups have special needs for iron?

<table>
<thead>
<tr>
<th>Groups</th>
<th>Special Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women and older girls</td>
<td>Need more iron-rich foods than men because they lose iron during menstruation</td>
</tr>
</tbody>
</table>
| During pregnancy, pregnant   | Women are often advised to take iron tablets: 90 tablets of iron/folic acid (IFA)
| women                        | *Tablets are available at local health centers                                |
| For babies under 6 months    | The best source of iron is breast milk                                          |
| Post-partum women             | Should continue to take IFA (6 months during both pregnancy and breastfeeding) |

*Tablets are available at local health centers

---

9 Folic acid (FA) is a B vitamin that helps a baby's brain and spinal cord develop properly. It is found in citrus fruits; dried peas and beans; and green, leafy vegetables such as spinach, collard and turnip greens, and broccoli.
What foods are rich in vitamin A?

Colostrum and breast milk are important sources of vitamin A

<table>
<thead>
<tr>
<th>Vitamin A can be found in a variety of animal foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Meat, liver and kidney</td>
</tr>
<tr>
<td>• Egg yolk</td>
</tr>
<tr>
<td>• Fish and small fish (including liver)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitamin A can be found in a variety of plant foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Orange and yellow vegetables (e.g. carrots, pumpkin, orange and yellow sweet potatoes)</td>
</tr>
<tr>
<td>• Green leafy vegetables (amaranths, Chinese Cabbage)</td>
</tr>
<tr>
<td>• Orange and yellow fruits: jack fruit, ripe mango, ripe papaya</td>
</tr>
</tbody>
</table>

Images: FAO/NNP Nutrition Handbook for the Family
Which groups have special needs for vitamin A?

- For babies under 6 months the best source of vitamin A is breast milk.
- Starting at 6 months a young child from 6 months up to 5 years should take a vitamin A tablet every 6 months (local health centers provide these tablets).

_Oil and fat_ such as vegetable oil or animal fat added to vegetables and other foods will improve the absorption of vitamin A and provide extra energy. Infants only need a very small amount (no more than half a teaspoon per meal).
### RECOMMENDED PRACTICE

<table>
<thead>
<tr>
<th>RECOMMENDED PRACTICE</th>
<th>SUPPORTING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Speak to a Health Worker to get iron and folic acid supplements when you know you are pregnant to prevent anemia and maintain your strength</td>
<td>Pregnant women have increased needs for iron. Inadequate iron intake will lead to anemia, which will make her unwell and tired. Iron and folic acid tablets are important to prevent anemia in a pregnant women and will help to keep her and the new baby healthy. Ask a Health Worker for iron/folic acid tablets to be given to your pregnant wife throughout pregnancy until 6 weeks after delivery. Take your pills with food to reduce common side effects such as nausea, abdominal pains and constipation. Dark stools are normal when taking iron tablets.</td>
</tr>
<tr>
<td>2. Sleep under a insecticide treated net (ITN), especially pregnant women and children, to prevent getting malaria</td>
<td>Malaria causes anemia which will make members of your family unwell and very tired. All family members with fever need to be taken to a health facility for immediate treatment Malaria can cause abortion, still birth, low birth weight</td>
</tr>
<tr>
<td>3. Ensure that all family food is cooked using iodized salt so that family members remain healthy.</td>
<td>Pregnant women need to use iodized salt to ensure the health of their new baby Iodized salt will prevent mental retardation Use of iodized salt will help to prevent premature birth, abortion and still birth</td>
</tr>
</tbody>
</table>
**Recommended ENA Practices: Iron, Vitamin A and Iodine Practices in Young Children from 6 months**

<table>
<thead>
<tr>
<th>RECOMMENDED PRACTICE</th>
<th>SUPPORTING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child should receive vitamin A supplementation every six months to make them healthy from 6 months to 5 years of age</td>
<td>Vitamin A is important for your child’s eyesight as well as will help your child fight illness. Ask a Health Worker to give vitamin A supplementation two times a year to your child between 6 to 59 months of age</td>
</tr>
<tr>
<td>2. Make sure your child receives de-worming medicine every six months from one year old to maintain healthy growth</td>
<td>Intestinal parasites cause young children to become anemic which will make your child unwell and tried. Ask a Health Worker for de-worming medicine to be given two times a year to your child between the ages of 1 to 5 years</td>
</tr>
<tr>
<td>3. Sleep under a insecticide treated net (ITN), especially pregnant women and children, to prevent getting malaria</td>
<td>Malaria causes anemia which will make members of your family unwell and very tired. All family members with fever need to be taken to a health facility for immediate treatment Malaria can cause abortion, still birth, low birth weight</td>
</tr>
<tr>
<td>4. Ensure that all family food is cooked using iodized salt so that family members remain healthy.</td>
<td>Pregnant women need to use iodized salt to ensure the health of their new baby Use of iodized salt will help to prevent premature birth, abortion and still birth Iodized salt will prevent mental retardation</td>
</tr>
</tbody>
</table>
SESSION 6. RECOMMENDED BREASTFEEDING PRACTICES

Learning objectives
1. Describe the risks of NOT breastfeeding to the infant, the mother, and the family
2. Identify the recommended breastfeeding practices
3. Explain the importance of each practice
4. Name the recommended time for spacing children and the criteria for the Lactation Amenorrhoea Method (LAM)

Overview

Activity 6.1   Risks of NOT breastfeeding to the infant and mother (30 minutes)
Activity 6.2   Recommended breastfeeding practices (1 hour)
Activity 6.3   Recommended time for spacing children and the criteria for the Lactation Amenorrhoea Method (LAM) (30 minutes)

Duration   2 hours

Materials

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

BFCI Flipchart Cards
BFCI 3: Skin-to-skin contact, early breastfeeding, and colostrum
BFCI 5: Exclusive Breastfeeding
BFCI 7: Frequency and duration of breastfeeding for infants from birth until 6 months of age

Detailed activities

Activity 6.1: Risks of not Breastfeeding (30 minutes)

Methodology: Brainstorming
Instructions for Activity:
1. Facilitator has 3 flipcharts: 1) ‘Risks of NOT breastfeeding to infant’ while another; 2) ‘Risks of NOT breastfeeding to mother’; and 3) ‘Risks of NOT breastfeeding to family’ Facilitator writes comments on flipchart
2. Brainstorm the ‘Risks of NOT breastfeeding to infant’ while another Facilitator writes comments of Participants on flipchart
3. Likewise brainstorm the ‘Risks of NOT breastfeeding to mother’ and ‘Risks of NOT breastfeeding to family’ (Facilitator writes comments on a flipchart
4. Facilitator fills-in gaps
5. Discuss and summarize in large group

Key Content

Risks of NOT breastfeeding

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

To the infant:
• Greater risk of death (a non-breastfed baby is 14 times more likely to die than an exclusively breastfed baby in the first 6 months)
• Other milks have no antibodies to protect against illness
• Doesn’t receive the “first immunization” from the colostrum
• Struggles to digest formula: it is not the perfect food for babies
• Frequent diarrhoea, ill more often and more seriously (mixed-fed infants less than 6 months who receive contaminated water, formula and foods are at higher risk.)
• Frequent respiratory infections
• Greater risk of undernutrition, especially for younger infants
• More likely to get malnourished
• Under-development: retarded growth, under-weight, stunting, wasting due to higher infectious diseases such as diarrhoea and pneumonia
• Poorer bonding between mother and infant, infant less secure
• Lower scores on intelligence tests and lower ability to learn at school
• Greater risk of heart disease, diabetes, cancer, asthma, dental decay etc. later in life

To the mother:
• Mother may become pregnant sooner
• Increased risk of anaemia if breastfeeding is not initiated early (more bleeding after childbirth)
• Interferes with bonding
• Increased risk of post-partum depression
• Ovarian cancer and breast cancer occurrence are lower in mothers who breastfeed
To the family:

- Increased medical expenses due to sickness
- More expenses involved in buying other milks, firewood or other fuel to boil water, and utensils
- Shorter birth-space interval
- More time involved in purchasing and preparing other milks, collecting water and firewood
- More illness-required trips for medical treatment

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

Activity 6.2: Recommended breastfeeding practices (1 hour)

Methodology: Group work

Instructions for Activity: 20 minutes

Part A: Identify recommended breastfeeding practices through discussion

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

Instructions for Activity: 20 minutes

Part B: Identify recommended breastfeeding practices through BFCI Flipchart Cards

1. In the same groups ask Participants to observe the following BFCI Flipchart Cards and match them with the posted recommended breastfeeding practices:
   - BFCI 3: Skin-to-skin contact, early breastfeeding, and colostrum
Instructions for Activity: 20 minutes

Part C: Recommended ENA Practices: Breastfeeding

1. Distribute Recommended ENA Practices: Breastfeeding (or refer to specific page in Recommended ENA Practices) and review together
2. Orient Participants to the Recommended Practices
3. Point out to Participants that these are the discussion points that they will use when counselling a mother and/or family on recommended breastfeeding practices
4. Discuss and summarize

Key Content

Recommended Breastfeeding Practices

1. Place infant skin-to-skin with mother immediately after birth
2. Give the yellow milk (colostrum) to your baby to protect him/her from infection
3. Put baby to breast immediately after delivery to ensure a healthy beginning for baby
4. Feed your baby ONLY breast milk for the first 6 months, not even water, for the baby to grow healthy and strong
5. Empty one breast before offering the second breast so your baby can get the nutritious hind milk in order to grow strong and healthy
6. Breastfeed your baby frequently on-demand to produce enough milk to provide your baby enough nutrients to grow healthy
7. Ensure that baby is properly positioned and attached to obtain enough milk and avoid nipple and breast problems
8. Increase the duration and frequency of breastfeeding when baby is sick so that he/she recovers faster
9. Increase the frequency of breastfeeding after each illness so the baby can regain health and weight
10. Continue to breastfeed when you have a common illness
11. Continue to breastfeed for 2 years of age or longer
12. Eat 2 extra meals a day when you are breastfeeding to maintain your health and the health of the baby
13. Avoid feeding bottles

Note:

- The ‘recommended breastfeeding practices’ apply to ALL infants in every situation
By applying the recommended breastfeeding practices, mothers are able to establish and maintain their breast milk supply.

**Activity 6.3:** Name the recommended time for spacing children and the criteria for the Lactation Amenorrhea Method (LAM) (30 minutes)

**Methodology:** Interactive presentation; Group Work

### Instructions for Activity:
1. Ask Participants what is the recommended time for spacing children? After hearing comments, use a timeline (see below) showing the breakdown of recommended practices leading to optimal child spacing; let participants fill in the number of months.
2. Explain that the recommended time between babies is at least 3 years.
3. Ask Participants to discuss how women in the communities relate breastfeeding and child spacing.
4. Ask Participants to brainstorm the definition of LAM and LAM criteria.
5. Describe LAM and the LAM criteria and what to do when the criteria are not met (to continue to prevent pregnancy).
6. Divide Participants into 3 groups.
7. Orient Participants to the **Recommended ENA Practices: Breastfeeding**
8. Discuss and fill-in gaps.

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

![Timeline of breastfeeding practices](image)

**Note:** Six months exclusive breastfeeding, followed by at least 18 months additional breastfeeding with complementary foods, and at least six months of neither breastfeeding nor pregnancy for best child outcomes. This would be inter-birth spacing of 39 months.
LAM
Breastfeeding is essential to child survival. It has many benefits for the child as well as for the mother, including birth spacing.
- L = Lactation
- A = Amenorrhoea
- M = Method

LAM is more than 98% effective if the 3 following criteria are met:
1. Amenorrhoea (no menses) – no bleeding after 8 weeks of birth
2. Exclusive breastfeeding is practiced – no more than 4 hours between breastfeeds and no more than one 6-hour period (in 24 hrs) between breastfeeds
3. The infant is less than 6 months of age

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

Family Planning Methods compatible with Breastfeeding
1. Non-hormonal methods – anytime post-partum
2. Progesterone only: injectables or implants – after 6 weeks post-partum
3. Combined oral contraceptives – after 6 months post-partum

Note for the community IYCF Counsellor on family planning methods:
- Encourage mother and partner to seek family planning counselling at their nearest health facility.
- Communicate with fathers on the importance of child spacing/family planning
- Pregnancy before the age of 18 increases the health risks for the mother and her baby.
### RECOMMENDED PRACTICE

<table>
<thead>
<tr>
<th>RECOMMENDED PRACTICE</th>
<th>SUPPORTING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Place infant skin-to-skin with mother immediately after birth</strong></td>
<td>Skin-to-skin with mother keeps newborn warm and helps stimulate bonding or closeness, and brain development.</td>
</tr>
<tr>
<td></td>
<td>Skin-to-skin helps the &quot;let down&quot; of the colostrum/milk</td>
</tr>
<tr>
<td></td>
<td><strong>BFCI Flipchart Card 3: Newborns - skin-to-skin contact and early initiation of breastfeeding (within 1 hour)</strong></td>
</tr>
<tr>
<td><strong>2. Give the yellow milk (colostrum) to your baby to protect him/her from infection</strong></td>
<td>The yellow milk or colostrum helps clean the baby’s stomach and eliminate the first black stools.</td>
</tr>
<tr>
<td></td>
<td>The yellow milk is the first vaccination for the child. It helps protect the child from infection.</td>
</tr>
<tr>
<td></td>
<td>The yellow milk is God’s way of welcoming the child into the world.</td>
</tr>
<tr>
<td></td>
<td>Do not give pre-lacteal feeds to the baby such as water, herbal preparation, glucose/sugar water as this can interfere with establishing good breastfeeding practices.</td>
</tr>
<tr>
<td></td>
<td><strong>BFCI Flipchart Card 3: Newborns - skin-to-skin contact and early initiation of breastfeeding (within 1 hour)</strong></td>
</tr>
<tr>
<td><strong>3. Put baby to the breast immediately after delivery to ensure a healthy beginning</strong></td>
<td>Putting the baby immediately to the breast after birth, within one hour, helps the mother to expel the placenta and reduces the bleeding.</td>
</tr>
<tr>
<td></td>
<td>Immediate breastfeeding helps the milk come in more rapidly.</td>
</tr>
<tr>
<td></td>
<td>It helps to prevent hypothermia (baby becoming cold)</td>
</tr>
<tr>
<td></td>
<td>It helps in bonding</td>
</tr>
<tr>
<td></td>
<td><strong>BFCI Flipchart Card 3: Newborns - skin-to-skin contact and early initiation of breastfeeding (within 1 hour)</strong></td>
</tr>
<tr>
<td><strong>4. Feed your baby ONLY breast milk for the first 6 months, not even water, so the baby can grow healthy and strong</strong></td>
<td>Exclusive breastfeeding means giving only breast milk for the first six months of your baby’s life. That means giving absolutely no other liquids, teas, herbal, preparations, foods, or water - only breast milk through the first six months of life.</td>
</tr>
<tr>
<td></td>
<td>Breast milk has all of the food, water, liquid and nutrients that you’re growing infant needs.</td>
</tr>
<tr>
<td></td>
<td>Exclusively breastfed babies are generally healthier and have less diarrhea, ears and respiratory infections than babies that are not exclusively breastfed.</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding helps create a strong and loving bond between you and your baby.</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding ONLY helps to prevent another pregnancy in the first 6 months when there is no menstrual bleeding (LAM)</td>
</tr>
<tr>
<td>RECOMMENDED PRACTICE</td>
<td>SUPPORTING INFORMATION</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Infants who are frequently breastfed get plenty of water from breast milk. If a mother thinks that her infant is thirsty, she should breastfeed him/her more often to quench the baby’s thirst. Approximately 90 percent of breast milk is water. Do not give water, juice porridge, tea preparations, oils, milk or other liquids or foods as these can make your baby sick.</td>
<td></td>
</tr>
<tr>
<td>BFCI Flipchart Card 5: Infants 0 up to 6 months – Exclusive Breastfeeding</td>
<td></td>
</tr>
</tbody>
</table>
| **5. Empty one breast before offering the second breast so your baby can get the nutritious hind milk in order to grow strong and healthy** | **Do not rush yourself or your baby when breastfeeding. Allow your baby to empty one breast first before you offer the second so that he/she gets both the fore and hind milk. When babies get both the fore and hind milk they grow better and are more satisfied.**  
The milk at the beginning of a feed - the fore-milk - helps to quench the baby’s thirst. Towards the end of the feed -the hind milk - becomes richer and thicker. It helps satisfy the baby’s hunger. The milk in both breasts contains both water and food for the baby.  
Try not to interrupt or stop the baby from nursing to do something else when he/she settles down to breastfeed. You will know when the baby has finished with the breast because he/she will come off by him/herself and the breast will feel ‘lighter’  |
| **6. Ensure that the baby is properly positioned and attached to obtain enough milk and avoid nipple and breast problems** | **Signs of good positioning:**  
- Baby’s body should be straight  
- Baby’s body should be facing the breast  
- Baby should be close to mother  
- Mother should support the baby’s whole body, not just the neck and shoulders with her hand and forearm.  
**Signs of good attachment: “1, 2, 3, 4”**  
1. The baby should be close to the breast with Mouth wide open  
2. The baby’s Lower Lip is turned outwards  
3. Baby’s Chin should touch the breast  
4. You should see more Areola above the baby’s mouth than below  
The baby’s mouth should cover the mother’s entire nipple and as much of the dark part of the breast as possible. This will make breastfeeding easier for both mother and the baby  
Proper positioning and attachment of baby on the breast ensures the baby gets enough breast milk and also helps to avoid breast problems such as sore and cracked nipples. Mothers with nipple and breast problems should seek immediate care from Health/Community Workers.  
Correct positioning will help your baby to attach well.  |
<table>
<thead>
<tr>
<th>RECOMMENDED PRACTICE</th>
<th>SUPPORTING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>To help your child attach,</td>
<td><strong>RECOMMENDED PRACTICE</strong></td>
</tr>
<tr>
<td>• Touch infant’s lip with your nipple</td>
<td>• Touch infant’s lip with your nipple</td>
</tr>
<tr>
<td>• Wait until the mouth is wide opened</td>
<td>• Wait until the mouth is wide opened</td>
</tr>
<tr>
<td>Move infant quickly onto your breast aiming the infant’s nose to the nipple</td>
<td>Move infant quickly onto your breast aiming the infant’s nose to the nipple</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 6: Correct positioning and attachment</strong></td>
<td><strong>BFCI Flipchart Card 6: Correct positioning and attachment</strong></td>
</tr>
<tr>
<td>7. Breastfeed your baby frequently on-demand to produce enough milk to provide your baby enough nutrients to grow healthy</td>
<td>The more the baby suckles the more breast milk is produced</td>
</tr>
<tr>
<td></td>
<td>Breastfeed on demand at least 10 times day and night</td>
</tr>
<tr>
<td></td>
<td>Do not worry about not having enough milk. As long as the baby is attached well and allowed to suckle frequently whenever he/she wants, at least 10 times day and night, there will always be enough milk.</td>
</tr>
<tr>
<td></td>
<td>At around three months of age, a baby is likely to grow very quickly (experience a growth spurt). He/she may cry more or want to feed more often. This is normal and temporary. Feeding more often will increase the mother’s milk supply to keep up with the infant’s needs. Do not give other things to drink or eat. Continue to give only breast milk up to the age of 6 months.</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 7: Infants 0 up to 6 months – Frequency and duration of breastfeeding</strong></td>
<td><strong>BFCI Flipchart Card 7: Infants 0 up to 6 months – Frequency and duration of breastfeeding</strong></td>
</tr>
<tr>
<td>8. Increase the duration and the frequency of breastfeeding when the baby is sick so that he/she recovers faster</td>
<td>Continue to breastfeed during diarrhea, increasing the frequency, to replace the liquid lost.</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding more during illness will help your baby to fight the sickness and not loose much weight. Breastfeeding also provides comfort to the sick baby</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 19: Feeding a sick child 0 up to 6 months</strong></td>
<td><strong>BFCI Flipchart Card 19: Feeding a sick child 0 up to 6 months</strong></td>
</tr>
<tr>
<td>9. Increase the frequency of breastfeeding after each illness so the baby can regain health and weight</td>
<td>Each time a baby is sick, he/she will loose weight so it is important to breastfeed as often as possible following the illness</td>
</tr>
<tr>
<td></td>
<td>Your breast milk is the safest and most important food you can offer your baby to regain his/her health and weight.</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 19: Feeding a sick child 0 up to 6 months</strong></td>
<td><strong>BFCI Flipchart Card 19: Feeding a sick child 0 up to 6 months</strong></td>
</tr>
<tr>
<td>10. Continue to breastfeed when you have a common illness</td>
<td>Common illnesses of mother (cold, malaria, TB) do not pass through breast milk.</td>
</tr>
<tr>
<td>11. Continue breastfeeding for 2 years of age or longer</td>
<td>Breast milk contributes a significant proportion of energy and nutrients during the complementary feeding period and helps protect babies from illness.</td>
</tr>
<tr>
<td>RECOMMENDED PRACTICE</td>
<td>SUPPORTING INFORMATION</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 17: Breastfeeding and Complementary Feeding from 12 up to 24 Months</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12. Eat two extra meals a day when you are breastfeeding to maintain your health and the health of the baby</strong></td>
<td>Mother needs to eat and drink to satisfy hunger and thirst.</td>
</tr>
<tr>
<td></td>
<td>To maintain their health, breastfeeding women need to eat a variety of foods, particularly animal products (meat, milk, eggs, fish), fruits and vegetables.</td>
</tr>
<tr>
<td></td>
<td>2 additional meal will replenish nutrients lost during pregnancy and child birth.</td>
</tr>
<tr>
<td></td>
<td>No one special food or diet is required to provide adequate quantity or quality of breast milk.</td>
</tr>
<tr>
<td></td>
<td>Breast milk production is not affected by maternal diet but by suckling and removal of milk from the breast.</td>
</tr>
<tr>
<td></td>
<td>No foods are forbidden.</td>
</tr>
<tr>
<td></td>
<td>Mothers should be encouraged to eat more food to maintain their own health.</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 4: Nutrition during lactation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>13. Use LAM as a family planning method. It is effective when:</strong></td>
<td>LAM is a modern family planning method; more than 98% effective if the 3 conditions are met.</td>
</tr>
<tr>
<td><strong>- mother does not have her menses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>- baby is exclusively breastfeed</strong></td>
<td></td>
</tr>
<tr>
<td><strong>- baby is less than 6 months.</strong></td>
<td></td>
</tr>
<tr>
<td>If the 3 conditions are not met use other family planning methods to prevent getting pregnant too early.</td>
<td></td>
</tr>
</tbody>
</table>
SESSION 7. HOW TO BREASTFEED

Learning objectives
1. Demonstrate good positioning and attachment
2. Describe hand expression, storage of breast milk, and cup feeding

Overview
Activity 7.1 Good positioning and attachment (1½ hours)
Activity 7.2 Hand expression, storage of breast milk, and cup feeding (30 minutes)

Duration 2 hours

Materials
√ Flipchart papers (+ markers + masking)
√ Training Aids: Good and Poor Attachment
√ Dolls or rolled up towels
√ Training Aids: Illustrations of good and poor attachment
√ Flipchart: reasons to express breast milk
√ Cups available for working groups of Participants to practice cup feeding

Handout
HO 18: Expression of Breast Milk

_BFCI Flipchart Cards_
_BFCI 6: Correct Positioning and Attachment_
_BFCI 8: How to hand express breast milk and cup feed_
_BFCI 9: When you are separated from your baby_

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

**Activity 7.1**: Good Positioning and Attachment (1½ hours)

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

---

**Instructions for Activity**: 20 minutes

**Part A: Demonstration or Role-Play**

1. Using a real mother (if possible), Facilitator explains the 4 signs of good positioning:
   1) The baby’s body should be **straight**
   2) The baby’s body should be **facing the breast**
   3) The baby should be **close to mother**
   4) Mother should **support** the baby’s whole body

2. If no mother is present, one Facilitator acting as a Health/Community Worker helps another Facilitator acting as a mother role play helping a mother position baby to breast using a doll or rolled up towel

3. Demonstration: on one arm show with opposite hand the position of 1) buttocks of baby (slap hand), 2) head of baby (slap fore arm), 3) facing mother (slap stomach), and 4) passing baby’s hand behind the mother’s waist (swoop hand behind waist)

4. Explain that when a baby’s head is positioned too far out at the crook of the mother’s arm, the baby will have to tilt his head downward to attach to the breast, making it difficult to swallow; baby’s head needs to be positioned more on the fore arm

5. The Facilitator as Health/Community Worker now explains to mother the 4 signs of attachment: “1, 2, 3, 4”
   1) The baby should be close to the breast with **Mouth wide open**
   2) The **baby’s Lower Lip is turned outwards**
   3) The **Chin should touch the breast**
   4) You should see **more Areola above the baby’s mouth than below**

6. If no mother is present, one Facilitator acting as a Health/Community Worker helps another Facilitator acting as a mother role play helping a mother attach baby to breast using a doll or rolled up towel

---

**Instructions for Activity**: 20 minutes

**Part B: Observation of illustrations: Attachment**

1. Demonstrate illustration : Good and Poor Attachment

2. Ask Participants: What is happening inside the baby’s mouth in Good Attachment and Poor Attachment? and explain the differences

3. Ask Participants; “What are the results of poor attachment (if baby is not attached well)?”

4. Ask Participants: “What are the signs of effective suckling?”

---

**Instructions for Activity**: 20 minutes

**Part C: Group work: Positioning and Attachment**
1. Form groups of 3 and ask groups to look at **BFCI 6**: Correct Positioning and Attachment
2. Facilitator demonstrates the different breastfeeding positions (**BFCI 6**) mentioning the 4 points of positioning
3. Ask Participants: ‘WHY’ are we discussing different breastfeeding positions?
4. Ask a group to explain the counselling card on Good Attachment (**BFCI 6**) to the entire group - what they observe, pointing out the 4 signs of good attachment
5. Facilitator and Participants fill-in the gaps

---

**Instructions for Activity D: 30 minutes**

**Practise**

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

---

**Key Content**

**Part A: Demonstration or Role-Play – 20 minutes**

*How to help a mother position or hold her baby at the breast* (especially important for newborns and infants up to 2 months; if older baby is properly attached positioning is not a priority)

- The mother must be comfortable
- The four key points about baby’s position are: straight, facing the breast, close to mother, and supported
- The infant is brought to the breast (not the breast to the infant)

*How to help a mother attach her baby at the breast*

- Explain the 4 signs of good attachment: 1, 2, 3, 4
- To begin attaching the baby, the mother’s nipple should be aimed at the baby’s nose
- When the baby opens his or her mouth wide, bring the baby onto breast from below (rather than approaching the breast straight-on)
- Show mother how to hold her breast with her fingers in a C-shape, the thumb being above the areola and the other fingers below. The fingers need to be flat
against chest wall to avoid getting in the baby’s way. Make sure that the fingers are not too close to the areola so the baby can get a full mouthful of breast. Fingers should not be in “scissor hold” because this method tends to put pressure on the milk ducts and can take the nipple out of the infant’s mouth.

- Explain how mother should touch her baby’s lips with her nipple, so that the baby opens his/her mouth
- Explain that mother should wait until her baby’s mouth opens wide
- Explain how to quickly move the baby to her breast (aiming her baby’s lower lip well below her nipple, so that the nipple goes to the top of the baby’s mouth and his/her chin will touch her breast) - baby should approach breast with nose to nipple (not mouth to nipple).
- Notice how the mother responds
- Look for all the signs of good attachment
- If the attachment is not good, try again (Don’t pull the baby off as this will damage the breast and hurt).
- Good attachment is not painful; good attachment results in an effective suckling pattern (slow deep sucks with pauses)

**Part B: Observation of illustrations: Attachment** – 20 minutes

*Illustration #1 Good Attachment*

**Outside baby’s mouth**
- Baby shows 4 signs of good attachment

**Inside baby’s mouth**
- Baby has taken much of the areola and the underlying tissues into the mouth
- Baby has stretched the breast tissue out to form a long “teat”
- The nipple forms only about one third of the teat
- The baby is suckling from the breast, not the nipple
- The position of the baby’s tongue: forward, over the lower gums and beneath the areola. The tongue is in fact cupped around the “teat” of breast tissue. (You cannot see that in the illustration, though you may see it when you observe a baby.)
- A wave goes along the baby’s tongue from the front to the back. The wave presses the ‘teat’ of breast tissue against the baby’s hard palate. This presses milk out of the milk ducts into the baby’s mouth to be swallowed - Suckling Action

**Signs of effective suckling**: slow deep sucks with pauses; you can see or hear the baby swallowing. Cheeks are rounded and not dimpled or indrawn. These signs show that the baby is getting enough milk.
- When the baby suckles at the breast, stimulation of the nipple results in breast milk production and the release or let down of breast milk.
- *Suckling as well as removing plenty of milk from the breast* are essential for good milk supply.
- If the baby does not remove plenty of breast milk, less milk will be produced in that breast because the presence of the milk inhibits milk production.
- The release of milk (sometimes called the ejection reflex) *can be affected by a mother’s emotions* – fear, worry, pain, embarrassment
- Montgomery Glands secrete an oil-like substance that lubricates and cleans the nipple.

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

![Illustration #2 Poor Attachment](image)

**Illustration #2 Poor Attachment**

**Outside baby’s mouth**
- Baby is feeding only on nipple

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

**Results of poor attachment:**
- Sore and cracked nipples
- Pain leads to poor milk release and slows milk production
Part C: Group work – 20 minutes

Demonstration of different breastfeeding positions

‘WHY’ are we discussing different breastfeeding positions?

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

Kinds of different breastfeeding positions

1. Cradle position (most common position)
2. Cross cradle—useful for newborns and small or weak babies, or any baby with a difficulty attaching
3. Side-Lying
   - This position is more comfortable for the mother after delivery and it helps her to rest while breastfeeding.
   - The mother and infant are both lying on their sides and facing each other.
4. Under-arm
   - This position is best used:
     - after a Caesarean section,
     - when the nipples are painful
     - for small babies
     - breastfeeding twins
   - The mother is comfortably seated with the infant under her arm. The infant’s body passes by the mother’s side and his/her head is at breast level.
   - The mother supports the infant’s head and body with her hand and forearm.
5. Cross position for twins

Part D: Practise – 30 minutes

**How to help a mother achieve good attachment**

- Greet mother, introduce yourself
- If the baby is poorly attached, ask mother if she would like some help to improve baby’s attachment
  - Make sure mother is sitting in a comfortable, relaxed position
  - Be comfortable and relaxed yourself
  - Refer to Activity 1: How to help a mother attach her baby at the breast

**Activity 7.2:** Hand expression, storage of breast milk, and cup feeding (30 minutes)

**Methodology:** Brainstorming; Demonstration; Practise

<table>
<thead>
<tr>
<th>Instructions for Activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask Participants to state the reasons why a mother might need to express her breast milk</td>
</tr>
<tr>
<td>2. After discussion, show prepared flipchart with reasons to express breast milk</td>
</tr>
<tr>
<td>3. Facilitator demonstrates milk expression technique using a breast model</td>
</tr>
<tr>
<td>4. Facilitator demonstrates cup feeding</td>
</tr>
<tr>
<td>5. In groups of 3 review <em>BFCI 8:</em> Expression of Breast Milk, and <em>BFCI 9:</em> When you are separated from your baby, and discuss what is happening in each illustration</td>
</tr>
<tr>
<td>6. Ask 2 Participants to describe what they observe and Facilitator fills-in gaps from Key Content</td>
</tr>
<tr>
<td>7. Discuss and summarize</td>
</tr>
</tbody>
</table>

**Key Content**

**Reasons a mother needs to express milk for her baby:**

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

**Points to consider when mother is separated from her baby:**

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

Note:
Expressed breast milk (stored in a cool, covered place) stays in good condition for 8 hours, even in a hot climate.

Expression of Breast Milk
It is sometimes helpful to gently stroke your breasts. A warm cloth may help stimulate the flow of milk.
• Put your thumb on the breast above the dark area around the nipple (areola) and the other fingers on the underside of the breast behind the areola.
• With your thumb and first 2 fingers press a little bit in towards chest wall and then press gently towards the dark area (areola).
• Milk may start to flow in drops, or sometimes in fine streams. Collect the milk in the clean container.
• Avoid rubbing the skin, which can cause bruising, or squeezing the nipple, which stops the flow of milk.
• Rotate the thumb and finger positions and press/compress and release all around the areola.
• Express one breast for at least 3 to 5 minutes until the flow slows, then express the other breast, then repeat both sides again (20 to 30 minutes total).
• Store breast milk in a clean, covered container. Milk can be stored 6 to 8 hours in a cool place and up to 72 hours in the back of the refrigerator.
• Give baby expressed breast milk from a cup. Bring cup to the baby’s lower lip and allow baby to take small amounts of milk, lapping the milk with his or her tongue.
• Do not pour the milk into baby’s mouth.
• Pour just enough breast milk from the clean covered container into the feeding cup.
SESSION 8. COMMON SITUATIONS THAT CAN AFFECT INFANT AND YOUNG CHILD FEEDING

Learning objective
1. Address common situations that can affect infant and young child feeding.

Overview

Activity 8.1 Common situations that can affect infant and young child feeding (1 hour)

Duration 1½ hours

Materials
√ Flipchart papers (+ markers + masking)
√ 2 package of cards (fish shaped) with one common situation that can affect infant and young child feeding written on the underside: Giving colostrum, Low Birth Weight (LBW) or Premature Baby, Kangaroo Mother Care, Thin or Malnourished Mother, Refusal to breastfeed, New pregnancy, Mother away from baby, Crying baby, Sick Mother, Stress, Twins, Inverted nipple, Mother’s diet during pregnancy, Mother’s diet during breastfeeding

Handouts
HO 5: Common Situations that can affect breastfeeding

Detailed activities

Activity 8.1: Common Situations that can affect infant and young child feeding (1½ hours)

Methodology: Fish Game

Instructions for Activity:
1. Divide the Participants into 2 groups assigning to each group a package of fish-shaped cards.
2. On the back of each card write a common situation or condition related to local feeding beliefs. (A paper clip can be attached to the ‘mouth’ of the fish and another paper clip to the end of a string tied to a stick so that Participants might actually ‘fish’ for a card.)
3. Cards (fish) should be placed face-downward so Participants can ‘fish’ for a common situation that can affect infant and young child feeding
4. Ask Participants to fish (one card) and discuss i) How does this situation affect IYCF in your community, and ii) What can be done about the situation?
5. Prioritize selection of ‘common situations’ to reflect those most appropriate for the
country situation by choosing 8 common situations from the following list or adapt them to the local situation: Giving colostrum, Low Birth Weight (LBW) or Premature Baby, Kangaroo Mother Care, Thin or Malnourished Mother, Refusal to breastfeed, New pregnancy, Mother away from baby, Crying baby, Sick Mother, Stress, Twins, Inverted nipple, Mother's diet during pregnancy, Mother's diet during breastfeeding, Twins

6. Discuss and summarize in each group
7. Review together **HO 5**: Common Situations that can affect infant and young child feeding
Common Situations that can affect breastfeeding

<table>
<thead>
<tr>
<th>Common Situation</th>
<th>What to do</th>
</tr>
</thead>
</table>
| **Giving colostrum**              | • Local belief: Colostrum should be discarded; it is ‘expired milk’, not good, etc.  
What we know: Colostrum contains antibodies and other protective factors for the infant. It is yellow because it is rich in vitamin A.  
• The newborn has a stomach the size of a marble. The few drops of colostrum fill the stomach perfectly. If water or other substances are given to the newborn at birth, the stomach is filled and there is no room for the colostrum. |
| **Low Birth Weight (LBW) or premature baby** | • Local belief: the low birth weight baby or premature baby is too small and weak to be able to suckle/breastfeed  
What we know: A premature baby should be kept in skin-to-skin contact with the mother; this will help to regulate his body temperature and breathing, and keep him in close contact with the breast.  
• A full-term LBW infant may suckle more slowly: allow him/her the time.  
• The breast milk from the mother of a premature baby is perfectly suited to the age of her baby, and will change as the baby develops (i.e., the breast milk for a 7-month old newborn is perfectly suited for an infant of that gestational age, with more protein and fat than the milk for a full-term newborn)  
• See Positioning Card #6, upper middle picture.  
• Mother needs support for good attachment, and help with supportive holds.  
• Feeding pattern: long slow feeds are OK – keep baby at the breast.  
• Direct breastfeeding may not be possible for several weeks, but mothers should be encouraged to express breast milk and feed the breast milk to the infant using a cup.  
• If the baby sleeps for long periods of time, and is wrapped up in several layers, open and take off some of the clothes to help waken him/her for the feed.  
• Crying is the last sign of hunger. Earlier signs of hunger include a combination of the following signs: being alert and restless, opening mouth and turning head, putting tongue in and out, sucking on hand or fist. One sign by itself may not indicate hunger. So explain that mother should respond by feeding baby when s/he shows these signs. |
<table>
<thead>
<tr>
<th>Common Situation</th>
<th>What to do</th>
</tr>
</thead>
</table>
| Kangaroo Mother Care (KMC) | • Position (baby is naked apart from nappy and cap and is placed in skin-to-skin contact between mother’s naked breasts with legs flexed and held in a cloth that supports the baby’s whole body up to just under his/her ears and which is tied around the mother’s chest). This position provides:  
  - Skin-to-skin contact (SSC)  
  - Warmth  
  - Stabilisation of breathing and heart beat  
  - Closeness to the breast  
  - Mother’s smell, touch, warmth, voice, and taste of the breast milk to stimulate baby to establish successful breastfeeding  
  - Early and exclusive breastfeeding by direct expression or expressed breast milk given by cup  
  - Mother and baby are rarely separated                                                                                                                                                                                                                   |
| Twins                    | • A mother can exclusively breastfeed both babies.  
  • **The more a baby suckles and removes milk from the breast, the more milk the mother produces.**  
  • Mothers of twins produce enough milk to feed both babies if the babies breastfeed frequently and are well attached.  
  • The twins need to start breastfeeding as soon as possible after birth – if they cannot suckle immediately, help the mother to express and cup feed. Build up the milk supply from very early to ensure that breasts make enough for two babies.  
  • Explain different positions – cross cradle, one under arm, one across, feed one by one etc. Help mother to find what suits her.  
  • Refusal to breastfeed  
  • Baby who refuses the breast  
  Usually refusal to breastfeed is the result of bad experiences, such as pressure on the head. Refusal may also result when mastitis changes the taste of the breast milk (more salty).  
  • Check baby for signs of illness that may interfere with feeding including signs of thrush in the mouth  
  • Refer baby for treatment if ill  
  • Let the baby have plenty of skin-to-skin contact; let baby have a good experience just cuddling mother before trying to make baby suckle; baby may not want to go near breast at first – cuddle in any position and gradually over a period of days bring nearer to the breast.  
  • Let mother baby try lots of different positions  
  • Wait for the baby to be wide awake and hungry (but not crying) before offering the breast  
  • Gently touch the baby’s bottom lip with the nipple until s/he opens his/her mouth wide  
  • Do not force baby to breastfeed and do not try to force mouth open or pull the baby’s chin down – this makes the baby refuse more  
  • Do not hold baby’s head  
  • Express and feed baby by cup until baby is willing to suckle |
<table>
<thead>
<tr>
<th>Common Situation</th>
<th>What to do</th>
</tr>
</thead>
</table>
|                        | • Express directly into baby’s mouth  
• Avoid giving the baby bottles with teats or dummies                                                                                                                                                  |
| **New pregnancy**      | • Local belief: a woman must stop breastfeeding her older child as soon as she learns she is pregnant.  
• What we know: It is important that a child be breastfed until s/he is at least 1 year old.  
• A pregnant woman can safely breastfeed her older child, but she should eat very well herself to protect her own health (she will be eating for 3: herself, the new baby, and the older child).  
• Because she is pregnant, her breast milk will now contain small amounts of colostrum, which may cause the older child to experience diarrhoea for a few days (colostrum has a laxative effect). After a few days, the older child will no longer be affected by diarrhoea.  
• Sometimes the mother’s nipples feel tender if she is pregnant. However, (if there is no history of miscarriage) it is perfectly safe to breastfeed two babies and will not harm either baby – there will be enough milk for both. |
| **Mother away from baby** | • Local belief: a mother who works outside the home or is away from her baby cannot continue to breastfeed her infant (exclusively).  
• What we know: If a mother must be separated from her baby, she can express her breast milk and leave it to be fed to the infant in her absence.  
• Help mother to express her breast milk and store it to feed the baby while she is away. The baby should be fed this milk at times when he or she would normally feed.  
• Teach caregiver how to store and safely feed expressed breast milk from a cup. It may be stored safely at room temperature for up to 8 hours.  
• Mother should allow infant to feed frequently at night and whenever she is at home.  
• Mother who is able to keep her infant with her at the work site or to go home to feed the baby should be encouraged to do so and to feed her infant frequently. |
| **Crying baby**        | • Help mother to try to figure out the cause of baby’s crying and listen to her feelings:  
  - Discomfort: hot, cold, dirty  
  - Tiredness: too many visitors  
  - Illness or pain: changed pattern of crying  
  - Hunger: not getting enough breast milk; growth spurt  
  - Mother’s foods: can be a certain food; sometimes cow’s milk  
  - Mother’s drugs  
  - Colic |
<table>
<thead>
<tr>
<th>Common Situation</th>
<th>What to do</th>
</tr>
</thead>
</table>
| Sick mother                          | • When the mother is suffering from common illnesses she **should continue to breastfeed her baby**. (Seek medical attention for serious or long lasting illness).  
• The mother needs to rest and drink plenty of fluids to help her recover. |
| Stress                               | • Mother’s stress does not spoil breastmilk, or result in decreased production. However, milk may not flow well temporarily.  
• If mother continues to breastfeed, milk flow will start again.  
• Keep baby in skin-to-skin contact with mother if mother will allow it.  
• Find reassuring companions to listen, give mother an opportunity to talk, and provide emotional support and practical help.  
• Help mother to sit or lie down in a relaxed position and to breastfeed baby.  
• Show mother’s companion how to give her a massage, such as a back massage, to help her to relax and her milk to flow  
• Give mother a warm drink such as tea or warm water, to help relax and assist the let down reflex. |
| Thin or malnourished mother          | • Local belief: A thin or malnourished mother cannot produce ‘enough breastmilk’.  
• What we know: It is important that a mother be well-fed to protect her own health.  
• A mother who is thin and malnourished will produce a sufficient quantity of breastmilk (better quality than most other foods a child will get) if the child suckles frequently.  
• More suckling and removal of the breastmilk from the breast leads to production of more breastmilk.  
• Eating more will not lead to more production of breastmilk.  
• A mother needs to eat more food for her own health (“feed the mother and let her breastfeed her baby”).  
• Breastfeeding mothers need to take vitamin A within 6 weeks after delivery, and a daily multivitamin, if available.  
• If the mother is severely malnourished, refer to health facility |
<p>| Inverted nipple                      | • If the baby is positioned and latched-on well, most types of flat or inverted nipples will not cause breastfeeding problems |</p>
<table>
<thead>
<tr>
<th>Common Situation</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother's diet during pregnancy</td>
<td>• During pregnancy the body needs extra food each day – eat one extra small meal or “snack” each day&lt;br&gt;• Drink whenever thirsty, but avoid taking tea or coffee with meals&lt;br&gt;• No foods are forbidden.&lt;br&gt;• The pregnant woman should avoid alcohol drinks and smoking.&lt;br&gt;• Avoid non-food items like charcoal and clay.</td>
</tr>
<tr>
<td>Mother's diet during breastfeeding</td>
<td>• During breastfeeding the body needs extra food each day – eat two extra small meals or “snacks” each day&lt;br&gt;• No one special food or diet is required to provide adequate quantity or quality of breast milk.&lt;br&gt;• Breast milk production is not affected by maternal diet.&lt;br&gt;• Mothers should be encouraged to eat more food to maintain their own health (eat from different food groups)&lt;br&gt;• Some cultures claim that certain drinks help to ‘make milk’; these drinks usually have a relaxing effect on the mother.&lt;br&gt;• No foods are forbidden.&lt;br&gt;• During breastfeeding the mother should limit alcohol content and avoid smoking.</td>
</tr>
</tbody>
</table>
SESSION 9. COMMON BREASTFEEDING DIFFICULTIES: PREVENTION AND SOLUTIONS

Learning objectives
1. Identify common difficulties that can occur during breastfeeding
2. List ways to prevent common breastfeeding difficulties
3. Adequately solve these difficulties

Overview
Activity 9.1 Identify common difficulties that can occur during breastfeeding (10 minutes)
Activity 9.2 Identify prevention measures and solutions for 4 of the most common breastfeeding difficulties (65 minutes)

Duration 1 hour + 15 minutes

Materials
✓ Flipchart papers (+ markers + masking)
✓ Photos of breast engorgement, sore/cracked nipple, plugged duct and mastitis
✓ Case studies of common breastfeeding difficulties on cards
✓ Flipcharts: 4 flipcharts with Case Study number

Handouts
HO 6: Common Breastfeeding Difficulties
HO 7: “Not enough” breast milk

Detailed activities
Activity 9.1: Identify common difficulties that can occur during breastfeeding (10 minutes)

Methodology: Brainstorming

Instructions for activity:
- Brainstorm common difficulties that can occur during breastfeeding and on a flip-chart group the difficulties into 2 categories: difficulties related to mother, and baby
**Activity 9.2** Identify prevention measures and solutions for 4 of the most common breastfeeding difficulties (50 minutes)

**Methodology:** Group work

**Instructions for activity:**
- Divide Participants into 4 working groups and give each group one of the following case studies
- Each group lists the prevention measures and solutions to one of the 4 most common breastfeeding difficulties: engorgement, sore and cracked nipples, plugged ducts that can lead to mastitis, and insufficient milk
- Each group presents the prevention measures and solutions of a common breastfeeding difficulty
- Discussion and summary and Facilitator fills-in gaps

**Case 1**
Kunthea delivered her second baby 4 days ago. Kunthea breastfed her first baby, but not exclusively, as she offered teas and water from the first week. Today at 4 days postpartum she is very engorged and says that breastfeeding all the time hurts too much and she wants to give the baby something else.

**Case 2**
Raksmeay has come to you today (six weeks postpartum) because she is concerned that she is not producing enough breastmilk for her baby. She says her baby seems to be crying more and wanting to feed more.

**Case 3**
Sarun is three days postpartum, delivered by cesarean section, with a big baby boy. When you visit her, she tells you that her nipples hurt. When you examine her, you find a small crack on each nipple.

**Case 4**
Sara’s mother-in-law has brought Sara and her two-month-old baby to you. She says that recently Sara finds breastfeeding painful, that Sara has a red area on her right breast and complains of feeling very sick. She thinks that Sara has a fever.
# Common Breastfeeding Difficulties

<table>
<thead>
<tr>
<th>Breastfeeding Difficulty</th>
<th>Prevention</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast Engorgement</strong></td>
<td>- Put baby skin-to-skin with mother</td>
<td>- Improve attachment</td>
</tr>
<tr>
<td></td>
<td>- Start breastfeeding within an hour of birth</td>
<td>- Breastfeed more frequently</td>
</tr>
<tr>
<td></td>
<td>- Good attachment</td>
<td>- Gently stroke breasts to help stimulate milk flow</td>
</tr>
<tr>
<td></td>
<td>- Breastfeed frequently on demand (as often and as long as baby wants)</td>
<td>- Press around areola to reduce swelling, to help baby to attach</td>
</tr>
<tr>
<td></td>
<td>day and night: 8 to 12 times per 24 hours</td>
<td>- Offer both breasts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Express milk to relieve pressure until baby can suckle</td>
</tr>
<tr>
<td></td>
<td>Note: on the first day or two baby may only feed 2 to 3 times</td>
<td>- Apply warm compresses to help the milk flow before expressing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Apply cold compresses to breasts to reduce swelling after expression</td>
</tr>
<tr>
<td><strong>Sore or Cracked Nipples</strong></td>
<td>- Good attachment</td>
<td>- Do not stop breastfeeding</td>
</tr>
<tr>
<td></td>
<td>- Do not use feeding bottles (sucking method is different than breastfeeding so can cause ‘nipple confusion’)</td>
<td>- Improve attachment making certain baby comes onto the breast from underneath and is held close</td>
</tr>
<tr>
<td></td>
<td>- Do not use soap or creams on nipples</td>
<td>- Begin to breastfeed on the side that hurts less</td>
</tr>
<tr>
<td></td>
<td>- Let baby come off breast by him/herself</td>
<td>- Change breastfeeding positions</td>
</tr>
<tr>
<td></td>
<td>- Apply drops of breast milk to nipples</td>
<td>- Apply drops of breast milk to nipples</td>
</tr>
<tr>
<td></td>
<td>- Do not use soap or cream on nipples</td>
<td>- Do not use soap or cream on nipples</td>
</tr>
<tr>
<td></td>
<td>- Do not wait until the breast is full to breastfeed</td>
<td>- Do not wait until the breast is full to breastfeed</td>
</tr>
</tbody>
</table>

**Symptoms:**
- Occurs on both breasts
- Swelling
- Tenderness
- Warmth
- Slight redness
- Pain
- Skin shiny, tight and nipple flattened and difficult to attach
- Can often occur on 3rd to 5th day after birth (when milk production increases dramatically and suckling not established)

**Symptoms:**
- Breast/nipple pain
- Cracks across top of nipple or around base
- Occasional bleeding
- May become infected

Photo by Mwate Chintu

Photo by F. Savage King
<table>
<thead>
<tr>
<th>Breastfeeding Difficulty</th>
<th>Prevention</th>
<th>What to do</th>
</tr>
</thead>
</table>
| Plugged Ducts and Mastitis | - Get support from the family to perform non-infant care chores  
- Ensure good attachment  
- Breastfeed on demand, and let infant finish/come off breast by him/herself  
- Avoid holding the breast in scissors hold  
- Avoid tight clothing | - Do not stop breastfeeding (if milk is not removed risk of abscess increases; let baby feed as often as he or she will)  
- Apply warmth (water, hot towel)  
- Hold baby in different positions, so that the baby's tongue/chin is close to the site of the plugged duct/mastitis (the reddish area). The tongue/chin will massage the breast and release the milk from that part of the breast.  
- Ensure good attachment  
- For plugged ducts: apply gentle pressure to breast with flat of hand, rolling fingers towards nipple; then express milk or let baby feed every 2-3 hours day and night  
- Rest (mother)  
- Drink more liquids (mother)  
- If no improvement in 24 hours, refer  
- If mastitis: express if too painful to suckle; expressed breast milk may be given to baby (if mother is not HIV-infected) |
## “Not enough” Breast Milk

<table>
<thead>
<tr>
<th>“Not enough” breast milk</th>
<th>Prevention</th>
<th>What to do</th>
</tr>
</thead>
</table>
| **Perceived by mother**  | - Put baby skin-to-skin with mother  
  - Start breast feeding within an hour of birth  
  - Stay with baby  
  - Ensure good attachment  
  - Encourage frequent demand feeding  
  - Let baby release first breast first  
  - Breastfeed exclusively day and night  
  - Avoid bottles  
  - Encourage use of suitable family planning methods | - Listen to mother’s concerns and why she thinks she does not have enough milk  
  - Decide if there is a clear cause of the difficulty (poor breastfeeding pattern, mother’s mental condition, baby or mother ill)  
  - Check baby’s weight and urine and stool output (if poor weight gain refer)  
  - Build mother’s confidence – reassure her that she can produce enough milk  
  - Explain what the difficulty may be – growth spurts (2 to 3 weeks, 6 weeks, 3 months) or cluster feeds  
  - Explain the importance of removing plenty of breast milk from the breast  
  - Check and improve attachment  
  - Suggest stopping any supplements for baby – no water, formulas, tea, or liquids  
  - Avoid separation from baby and care of baby by others (express breast milk when away from baby)  
  - Suggest improvements to feeding pattern. Feed baby frequently on demand, day and night.  
  - Let the baby come off the breast by him/herself  
  - Ensure mother gets enough to eat and drink  
  - The breasts make as much milk as the baby takes – if he or she takes more, the breasts make more (the breast is like a ‘factory’ – the more demand for milk, the more supply)  
  - Take local drink or food that helps mother to ‘make milk’  
  - Ensure that the mother and baby are skin-to-skin as much as possible. | |
| **Real “not enough” breast milk**  | - Same as above | - Same as above  
  - If no improvement in weight gain after 1 week, refer mother and baby to nearest health post | |
SESSION 10. RECOMMENDED COMPLEMENTARY FEEDING PRACTICES FOR CHILDREN FROM 6 UP TO 24 MONTHS

Learning objectives
1. Describe the importance of continuation of breastfeeding from 6 up to 24 months
2. Describe the characteristics of complementary feeding: Age of infant/young child, Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene (AFATVRH)
3. Describe recommended complementary feeding practices for children from 6 up to 24 months
4. Fill-out seasonal food availability calendar

Overview

Activity 10.1 Importance of breastfeeding from 6 up to 24 months (15 minutes)
Activity 10.2 Characteristics of complementary feeding (15 minutes)
Activity 10.3 Recommended complementary feeding practices for children from 6 up to 24 months (75 minutes)
Activity 10.4 Seasonal food availability calendar (15 minutes)

Duration 2 hours

Materials
- √ Flipchart papers (+ markers + masking)
- √ Illustrations of texture (thickness/consistency – thick and thin) of porridge (cup and spoon)
- √ Examples of local foods: animal-source foods, staples, legumes and seeds, and vitamin A rich fruits and vegetables, other fruits and vegetables from home gardens, and oils
- √ Recommended ENA Practices: Complementary Feeding from 0 up to 6 months

BFCI Flipchart Cards
BFCI Flipchart Card 18: Hygiene practices
BFCI Flipchart Cards 11 to 17: Complementary feeding for each age group
BFCI Flipchart Card 21: Feeding the sick child more than 6 months of age

Handouts:
HO 8: Recommended complementary feeding practices
HO 9: Different types of locally, available foods
HO 10: Calendar of local and available foods
Advance Preparation:
- 3 glasses with water: completely full, ½ and ¼ filled respectively
- Flipchart: write in a column – A = Age of infant/young child, F = Frequency, A = Amount, T = Texture or thickness/consistency, V = Variety, A = Active or responsive feeding, and H = Hygiene
- 2 sets of chart content as described in Activity 3: pieces of paper with the chart content from HO 8: Recommended complementary feeding practices
- Illustrations of food groupings or examples of local foods to place on chart from HO 9: Different types of locally, available foods

Detailed Activities

Activity 10.1: Importance of continuation of breastfeeding from 6 up to 24 months (15 minutes)

Methodology: Brainstorming; Demonstration

Instructions for Activity:
1. Ask Participants: How much energy is provided by breast milk for an infant/young child:
   - From 0 up to 6 months
   - From 6 up to 12 months
   - From 12 up to 24 months
2. Demonstrate the same information using 3 glasses: completely full, more than half (60%) and less than a half (40%) filled respectively - pour water into the glasses (the first to overflowing) to show the energy supplied by breast milk at various ages
3. Write on flipchart: breast milk supplies ALL of the ‘energy needs’ of a child from 0 up to 6 months, nearly 60% of ‘energy needs’ of a child from 6 up to 12 months and nearly 40% of ‘energy needs’ of a child from 12 up to 24 months; leave posted throughout the training

Key Content
Energy
- From 0 up to 6 months breast milk supplies all the ‘energy needs’ of a child
- From 6 up to 12 months breast milk continues to supply more than half the ‘energy needs’ of a child (60%); the other amount of ‘energy needs’ must be filled with complementary foods
- From 12 up to 24 months breast milk continues to supply a little less than half the energy needs of a child (40%); the missing ‘energy needs’ must be filled with complementary foods
- Besides nutrition, breastfeeding continues to:
  - provide protection to the child against many illnesses, and provides closeness, comfort, and contact that helps development.
Activity 10.2: Characteristics of complementary feeding: Age of infant/young child, Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Responsive feeding, and Hygiene (AFATVRH) (15 minutes)

Methodology: Brainstorming

Instructions for Activity:
1. What is complementary feeding?
2. Brainstorm with Participants the question: What are the characteristics of complementary feeding?
3. Probe until the following are mentioned: Age of infant/young child, Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Responsive feeding, and Hygiene
4. Discuss and summarize

Key Content
- Complementary feeding means giving other foods in addition to breast milk. When an infant is 6 months old, breast milk alone is no longer sufficient to meet the nutritional needs and therefore other foods and liquids need to be given along with breast milk.
- These other foods are called complementary foods

Things we should consider when talking about complementary feeding
A = Age of infant/young child
F = Frequency of foods
A = Amount of foods
T = Texture (thickness/consistency)
V = Variety of foods
R = Responsive feeding
H = Hygiene
- Use the term AFATVRH rather than the general wording ‘adequate’ or ‘appropriate’ complementary feeding
**Activity 10.3:** Recommended complementary feeding practices for children from 6 up to 24 months (75 minutes)

**Methodology:** Group work

<table>
<thead>
<tr>
<th>Instructions for Activity: 30 minutes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Participatory Presentation by working groups</strong></td>
<td></td>
</tr>
<tr>
<td>1. Divide the Participants into 2 groups</td>
<td></td>
</tr>
<tr>
<td>2. Prepare 2 flipcharts with columns: Age, Frequency, Amount, Texture (thickness/consistency), and Variety; and rows: starting at 6 months, 6 up to 9 months, 9 up to 12 months, and 12 up to 24 months</td>
<td></td>
</tr>
<tr>
<td>3. Distribute pieces of paper with the chart content from <strong>HO 8:</strong> Recommended complementary feeding practices to the 2 groups</td>
<td></td>
</tr>
<tr>
<td>4. Ask both groups to fill in their flipchart content: taping or sticking their pieces of paper in the appropriate box on flipchart</td>
<td></td>
</tr>
<tr>
<td>5. Ask groups to continue until all chart content is filled</td>
<td></td>
</tr>
<tr>
<td>6. Ask one group to explain their entries on the flipchart</td>
<td></td>
</tr>
<tr>
<td>7. Ask 2nd group to make any additional comments and rearrange contents accordingly</td>
<td></td>
</tr>
<tr>
<td>8. Ask both groups: which locally available foods contain iron? and which locally available foods contain vitamin A?</td>
<td></td>
</tr>
<tr>
<td>9. Distribute <strong>HO 8:</strong> Recommended complementary feeding practices (or refer to specific page in Participant Handouts) and compare with flipcharts</td>
<td></td>
</tr>
<tr>
<td>10. Discuss and summarize</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instructions for Activity: 20 minutes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. Discuss Materials</strong></td>
<td></td>
</tr>
<tr>
<td>1. Distribute Training Aid 1: Illustrations of texture (thickness/consistency) of porridge (cup and spoon) to describe texture (thickness/consistency) of complementary foods</td>
<td></td>
</tr>
<tr>
<td>2. Distribute <strong>HO 9:</strong> Different types of locally, available foods (or refer to specific page in Participant Handouts) and orient Participants to variety and review the importance of iron and vitamin A</td>
<td></td>
</tr>
<tr>
<td>3. Refer to specific page in <strong>Recommended ENA Practices:</strong> Complementary Feeding</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instructions For Activity: 25 minutes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Group work:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Divide Participants into 4 working groups</td>
<td></td>
</tr>
<tr>
<td>2. Ask working groups to observe <strong>BFCI 18:</strong> Hygiene practices and ask them what information the card contains</td>
<td></td>
</tr>
<tr>
<td>3. Assign each group one of the following cards and ask each group to explain what we should consider when thinking of complementary feeding for each age group: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Responsive feeding, and Hygiene in the following <strong>BFCI Flipchart Cards:</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>BFCI 14:</strong> Start Complementary Feeding when baby reaches 6 Months</td>
<td></td>
</tr>
<tr>
<td>• <strong>BFCI 15:</strong> Complementary Feeding from 6 up to 9 Months</td>
<td></td>
</tr>
<tr>
<td>• <strong>BFCI 16:</strong> Complementary Feeding from 9 up to 12 Months</td>
<td></td>
</tr>
</tbody>
</table>
• **BFCI 17**: Complementary Feeding from 12 up to 24 Months

4. Each group will present their assigned card with the characteristics of complementary feeding in large group
5. Other groups to add any additional points; Facilitator fills-in gaps
6. Orient Participants to **Recommended ENA Practices**: Complementary Feeding
7. Ask working groups to observe **BFCI 21**: Feeding the sick child more than 6 months of age and ask them what information the card contains
8. Discuss and summarize

**Activity 10.4**: Seasonal available foods calendar (15 minutes)

**Methodology**: Group Work

1. Refer to **HO 10**: Calendar of local and available foods
2. Participants will group themselves according to their region or village
3. Each group will fill the calendar with foods available during the present season
4. 2 groups present
5. Discuss if the foods identified are adequate
6. Participants are asked to finish filling the calendar once they get back to their own village or region
### Recommended complementary feeding practices

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency (per day)</th>
<th>Amount of food an average child will usually eat at each meal (in addition to breastmilk)</th>
<th>Texture (thickness/consistency)</th>
<th>Variety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start complementary foods when baby reaches 6 months</td>
<td>2 meals plus frequent breastfeeds</td>
<td>Start with 2 to 3 tablespoons Start with ‘tastes’ and gradually increase amount</td>
<td>Thick porridge/pap</td>
<td>Breastmilk + Animal foods (local examples)</td>
</tr>
<tr>
<td>From 7 - 8 months</td>
<td>3 meals plus frequent breastfeeds</td>
<td>Half (½) 250 ml cup/bowl</td>
<td>Thick porridge/pap</td>
<td>+ Legumes (local examples)</td>
</tr>
<tr>
<td>From 9 - 11 months</td>
<td>3 to 4 meals plus breastfeeds + 1 snack</td>
<td>Nearly 1 250 ml cup/bowl</td>
<td>Mashed/pureed family foods Finely chopped family foods, Finger foods, Sliced foods</td>
<td>+ Staples (porridge, other local examples)</td>
</tr>
<tr>
<td>From 12 - 24 months</td>
<td>3 meals plus breastfeeds + 2 snacks</td>
<td>1 full 250 ml cup/bowl</td>
<td>Sliced foods Family foods</td>
<td>+ Fruits/Vegetables (local examples)</td>
</tr>
</tbody>
</table>
Note: If child less than 24 months is not breastfed

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add 1 to 2 extra meals</td>
<td>Same as above</td>
</tr>
<tr>
<td>1 to 2 snacks</td>
<td>Same as above</td>
</tr>
<tr>
<td>may be offered</td>
<td>according to age group</td>
</tr>
</tbody>
</table>

Same as above according to age group

Same as above, in addition

1 to 2 cups of milk per day

+ 2 to 3 cups of extra fluid especially in hot climates

Responsive feeding (alert and responsive to your baby’s signs that she or he is ready-to-eat; actively encourage, but don’t force your baby to eat)

- Interact with baby while washing hands
- Hold baby in your lap or sit down with the child,
- Be patient and actively encourage your baby to eat more food
- If your young child refuses to eat, encourage him/her repeatedly; try holding the child in your lap during feeding, or face him/her while he or she is sitting on someone else’s lap.
- Offer new foods several times, children may not like (or accept) new foods in the first few tries.
- Feeding times are periods of learning and love. Interact and minimize distraction during feeding.
- Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage ‘conversation’ by copying child’s sounds/gestures
- Do not force feed.
- Help your older child eat.

Hygiene

- Feed your baby using a clean cup and spoon; never use a bottle as this is difficult to clean and may cause your baby to get diarrhea.
- Wash your hands with soap and water before preparing food, before eating, before feeding young children, and after using latrine and cleaning baby’s bottom.
- Wash your child’s hands with soap before he or she eats.
- Safely dispose human and animal feces.
- Create a barrier between human and animal feces and children’s hands/mouths.

Some ways to discuss a sensitive issue like hygiene:

- Find something to praise
- Point out ‘what we all should do’ within our homes (environmental hygiene) or for personal hygiene

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

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

<table>
<thead>
<tr>
<th>BODY BUILDING FOODS (1 STAR*)</th>
<th><img src="images.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Animal-source foods</strong></td>
<td><img src="images.png" alt="Image" /></td>
</tr>
<tr>
<td>including flesh foods such as fish, meat, liver and eggs</td>
<td><img src="images.png" alt="Image" /></td>
</tr>
<tr>
<td><strong>Note:</strong> animal foods should be started at 6 months</td>
<td><img src="images.png" alt="Image" /></td>
</tr>
<tr>
<td><strong>Legumes</strong> such as beans, lentils, peas, groundnuts, soya, tofu</td>
<td><img src="images.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENERGY FOODS (1 STAR*)</th>
<th><img src="images.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staples:</strong> grains such as rice, maize, and wheat; and roots and tubers such as cassava and potatoes</td>
<td><img src="images.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROTECTION FOODS (1 STAR*)</th>
<th><img src="images.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vitamin A-rich fruits and vegetables</strong> such as mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin and <strong>other fruits and vegetables</strong> such as banana, pineapple, avocado, watermelon, tomatoes, eggplant and cabbage</td>
<td><img src="images.png" alt="Image" /></td>
</tr>
<tr>
<td><strong>NOTE:</strong> include locally-used wild fruits and other plants.</td>
<td><img src="images.png" alt="Image" /></td>
</tr>
</tbody>
</table>

Images: FAO/NNP Nutrition Handbook for the Family
# Calendar of Local and Available Foods (Market and/or Home)

<table>
<thead>
<tr>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Home</td>
<td>Home</td>
</tr>
<tr>
<td>Market</td>
<td>Market</td>
<td>Market</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Home</td>
<td>Home</td>
</tr>
<tr>
<td>Market</td>
<td>Market</td>
<td>Market</td>
</tr>
</tbody>
</table>
## Calendar of Local and Available Foods (Market and/or Home)

<table>
<thead>
<tr>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPTEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Home</td>
<td>Home</td>
</tr>
<tr>
<td>Market</td>
<td>Market</td>
<td>Market</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OCTOBER</th>
<th>NOVEMBER</th>
<th>DECEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Home</td>
<td>Home</td>
</tr>
<tr>
<td>Market</td>
<td>Market</td>
<td>Market</td>
</tr>
</tbody>
</table>
**Recommended ENA Practices: Complementary Feeding from 6 up to 24 months**

<table>
<thead>
<tr>
<th>RECOMMENDED PRACTICE</th>
<th>SUPPORTING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. At 6 months start feeding your baby foods such as soft porridge that has been enriched with animal foods, legumes, diary products, and enriched flour. Continue to breastfeed to ensure baby grows big, strong and healthy</td>
<td>At 6 months, your infant needs to be fed foods such as soft porridge and other mushy foods in order to continue to grow well. Always enrich your baby’s porridge with one or more of the following: meat, liver, fish, chicken or other animal foods, groundnut paste, soya flour, bean flour, egg, milk, fish powder, or vegetable oils. When possible, use milk instead of water to cook the porridge. Breast milk can be used to moisten the porridge. <strong>BFCI Flipchart Card 14: Recommended frequency, amounts and consistency of complementary foods, 6 Months</strong></td>
</tr>
<tr>
<td>2. Wash hands with soap and water before preparing food, eating, and feeding young children. Wash baby’s hands before eating.</td>
<td>Foods intended to be given to the child should always be stored and prepared in hygienic conditions to avoid contamination, which can cause diarrhoea and other illnesses. Wash your hands with soap and water after using the toilet and washing or cleaning baby’s bottom. <strong>BFCI Flipchart 18: Hygienic preparation of food</strong></td>
</tr>
<tr>
<td>3. As baby grows older increase feeding frequency, amount, texture and variety</td>
<td>Gradually increase the frequency, the amount, the texture (thickness/consistency), and the variety of foods, especially animal-source foods. <strong>BFCI Flipchart Card 12: Importance of good complementary feeding</strong></td>
</tr>
<tr>
<td>RECOMMENDED PRACTICE</td>
<td>SUPPORTING INFORMATION</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>4. Complementary Feeding from 7 - 8 months:</strong> breastfeed plus give 3 meals per day</td>
<td>Start with 2 to 3 tablespoonfuls of cooked porridge or mashed foods (give examples of cereals and family foods)</td>
</tr>
<tr>
<td></td>
<td>At 6 months these foods are more like ‘tastes’ than actual servings</td>
</tr>
<tr>
<td></td>
<td>Make the porridge with milk – especially breast milk; pounded groundnut paste (a small amount of oil may also be added)</td>
</tr>
<tr>
<td></td>
<td>Increase gradually to half (½) cup (250 ml cup). Show amount in cup brought by mother</td>
</tr>
<tr>
<td></td>
<td>Any food can be given to children after 6 months as long as it is mashed/chopped. Children do not need teeth to consume foods such as eggs, meat, and green leafy vegetables</td>
</tr>
<tr>
<td></td>
<td>Give 2-3 tablespoonfuls at each meal as the baby stomach is still small</td>
</tr>
<tr>
<td></td>
<td>At 8 months the child’s stomach is about the size of mother’s fist (200 ml)</td>
</tr>
<tr>
<td></td>
<td><strong>BFCI Flipchart Card 15: Recommended frequency, amounts and consistency of complementary foods, 7 - 8 Months</strong></td>
</tr>
<tr>
<td><strong>5. Give your baby thick porridge (not too thin and watery) as your baby will not grow well on thin porridge</strong></td>
<td>Thin gruels are not healthy for your baby as they do not provide enough of the nutrients he/she needs to grow strong and healthy</td>
</tr>
<tr>
<td></td>
<td>Thicken the porridge as the baby grows older, but making sure that he/she is still able to easily swallow it without choking. To thicken porridge add more flour or dough</td>
</tr>
<tr>
<td></td>
<td>Make thick porridge from maize, millet, sorghum, rice or casava</td>
</tr>
<tr>
<td><strong>6. CF from 9 - 11 months:</strong> breastfeed plus give 3 meals and 1 snack/day</td>
<td>Give finely chopped, mashed foods, and finger foods</td>
</tr>
<tr>
<td></td>
<td>Increase gradually to nearly a full bowl/cup (250 ml cup). Show amount in cup brought by mother</td>
</tr>
<tr>
<td></td>
<td>Animal source foods are very important and can be given to young children: cook well and cut into very small pieces</td>
</tr>
<tr>
<td></td>
<td>Begin to introduce nutritious ‘finger foods’ as snacks 1-2 times each day. These finger foods can include bread, biscuits, soft fruits such as bananas, pawpaw, ripe mango, and avocado</td>
</tr>
<tr>
<td>RECOMMENDED PRACTICE</td>
<td>SUPPORTING INFORMATION</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 16: Recommended frequency, amounts and consistency of complementary foods, 9 - 11 Months</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7. CF from 12 - 24 months:</strong> give 3 meals 2 snacks/day, with continued breastfeeding</td>
<td>Give family foods</td>
</tr>
<tr>
<td></td>
<td>Give one full cup (250 ml cup/bowl). Show amount in cup brought by mother</td>
</tr>
<tr>
<td></td>
<td>Foods given to the child must be prepared and stored in hygienic conditions to avoid diarrhoea and illness</td>
</tr>
<tr>
<td></td>
<td>Food stored at room temperature should be used within 2 hours of preparation</td>
</tr>
<tr>
<td></td>
<td>Increase the frequency of nutritious ‘finger foods’ as snacks to 2 or more times each day. These finger foods can include bread, biscuits, soft fruits such as bananas, pawpaw, ripe mango, and avocado</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 17: Recommended frequency, amounts and consistency of complementary foods, 12 – 24 Months</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8. Continue to breastfeed your baby until two years of age and longer along with these foods to ensure he/she is getting enough nutrients to grow well and stay healthy</strong></td>
<td>From 6 up to 9 months of age, breastfeed as much as your baby wants (at least 8 times) during the day and night.</td>
</tr>
<tr>
<td></td>
<td>Start to breastfeed a child before giving him/her the complementary foods at the beginning</td>
</tr>
<tr>
<td></td>
<td>From 9 up to 24 months, breastfeed as often as your child wants</td>
</tr>
<tr>
<td></td>
<td>If your baby is not being breastfed, feed the baby at least 4-5 times a day</td>
</tr>
<tr>
<td><strong>9. Give baby 2 to 3 different family foods: animal foods and legumes; staple; vegetables/fruits at each serving</strong></td>
<td>Animal-source foods: flesh foods such as chicken, fish, liver, and eggs and milk and milk products, and Legumes such as beans, lentils, peas, chick peas, groundnuts and seeds such as sesame 1 star*</td>
</tr>
<tr>
<td></td>
<td>Staples: grains such as maize, wheat, rice, millet and sorghum and roots and tubers such as sweet potatoes (OSFP), potatoes, casava 2 stars**</td>
</tr>
<tr>
<td>RECOMMENDED PRACTICE</td>
<td>SUPPORTING INFORMATION</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Vitamin A-rich fruits and vegetables such as mango, pawpaw, passion fruit, dark-green leaves, carrots, sweet potatoes (OSFP) and pumpkin, and other fruits and vegetables such as cooking plantain, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage 3 stars***</td>
<td>Dark-green leaves and yellow-coloured fruits and vegetables help a child to have healthy eyes and fewer infections. Add a small amount of fat or oil to give extra energy (additional oil will not be required if fried foods are given, or if baby seems healthy/ fat)</td>
</tr>
<tr>
<td>10. Continue to breastfeed if you become pregnant while still breastfeeding</td>
<td>Breast milk is still nutritious and will not harm your baby. Its ok to have sexual relations if you are breastfeeding since this will not make the milk bad.</td>
</tr>
<tr>
<td>11. Serve food to your child in a separate bowl, feed and supervise the child during feeding to ensure they eat enough food prepared for them</td>
<td>It is important to feed younger infants to ensure they eat enough food prepared for them. A young child needs to learn to eat, however you should encourage and give help with a lot of patience. Respond positively to the child with smiles, eye contacts and encouraging words; feed the child slowly; try different food combinations, tastes and textures; wait when the child stops and offer again etc. Older infants, from 12 months onwards may start to feed themselves. However it is important that you help them to eat enough food served to them.</td>
</tr>
<tr>
<td>12. Give your child one additional meal, plus more food each day after illness to help he/her recover quickly</td>
<td>Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness. Take enough time to actively encourage your child to eat this extra food as they still may not appear hungry due to the illness.</td>
</tr>
<tr>
<td>Note: when NOT breastfeeding</td>
<td>If your baby is not being breastfed, feed the baby at least 4-5 meals a day. If the baby is not breastfed, give one 1-2 additional cups of milk per day and 1-2 extra meals per day to meet the nutrient and energy requirement</td>
</tr>
</tbody>
</table>
SESSION 11. COMPLEMENTARY FOODS

Learning Objective

1. Give practical help to a mother/father/caregiver in preparing complementary foods for a baby over 6 months, using local foods
2. Demonstrate the use of Multiple Micronutrient Powders (MNPs)

Overview

Activity 11.1: Give practical help to a mother/father/caregiver in preparing complementary foods for a baby over 6 months, using local foods (1 hour)

Activity 11.2: Demonstrate the use of MNPs

Duration: 1½ hours

Materials

- Locally, available, feasible, affordable, and seasonal foods
- 4 stars on 4 different pieces of paper
- Recommended ENA Practices: Complementary Feeding for 0 up to 24 months

BFCI Flipchart Cards

BFCI Flipchart Card 10: Food Groups
BFCI Flipchart Cards 11 - 17: Complementary Feeding

Handouts

HO 11: How to add Multiple Micronutrient Powders (MNPs) to Complementary Foods

Detailed Activities

Activity 11.1: Practical help to a mother/father/caregiver in preparing complementary foods for a baby over 6 months (1 hour)

Methodology: Demonstration, Group Work

Instructions for Activity: 20 minutes

Part A: Family Foods

1. Separate the 3 food groupings of BFCI Flipchart Card 10: Food Groups and arrange on mat or table so all can see.
2. Place local available foods (use vegetables from home garden) on a mat or table.
3. Ask Participant to sort the different local available foods into the 3 food groupings (by placing the food onto the correct food grouping picture).
4. Ask Participants for their feedback
5. Discuss and summarize

Instructions for Activity: 40 minutes

Part B: Preparation of Complementary Foods
1. Divide Participants into 4 groups
2. Give each group locally, available, feasible, affordable and seasonal foods: *animal-source foods, legumes and seeds; staples; vitamin A rich fruits and vegetables, other fruits and vegetables,* and oils
3. Ask each group to use the available foods to “prepare a meal” for one of the following age-groups:
   - At 6 months
   - From 7 - 8 months
   - From 9 - 11 months
   - From 12 - 24 months
4. Ask each group to show and explain the “prepared food” to the entire group, discussing age-appropriate characteristics of complementary feeding: frequency, amount, texture (thickness/ consistency), variety, active/responsive feeding, and hygiene
5. With each food selected from a different food grouping, give the working group a star (drawn on a piece of paper). The working group tries to build a 3 star meal/bowl for each age group.
6. Discuss and summarize

Key Content
Continue to breastfeed (for at least 2 years) and give a 3 star*** diet of complementary foods to your young child. A 3-star diet is created by including foods from the following categories:

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

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

- Avoid giving sugary drinks
- Explain how mothers can add one single new food item to a child’s diet each week
- Complementary foods for young children need to be prepared differently from adult foods. This helps children gradually transition from breastfeeding alone to eating grown-up foods by the time they are 2 years of age.
- Use the term ‘4 star diet’ rather than the general wording ‘adequate’ or ‘appropriate’ complementary feeding

**At 6 months**

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

**From 7 - 8 months**

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

**From 9 - 11 months**

- Add colourful (variety) foods to enrich the staple including beans, peanuts, peas, lentils or seeds; orange/red fruits and vegetables (such ripe mango, papaya, and carrots, pumpkin); dark-green leaves (such as kale, chard), avocado
- Add animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products (whenever available)
• Amount: nearly a full cup (250 ml) 3 times a day and 1 snack each day such as ripe mango and papaya, avocado, banana, other fruits and vegetables, fresh and fried bread products, bread with nut paste, boiled potato, sweet potato

• Use iodised salt

• Continue breastfeeding to 24 months or older

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

**From 12 - 24 months**

• Add colourful (variety) foods to enrich the staple including beans, peanuts, peas, lentils or seeds; orange/red fruits and vegetables (such ripe mango, papaya, and carrots, pumpkin); dark-green leaves (such as kale, chard), avocado

• Add animal-source foods: meat, chicken, fish, liver; and eggs and milk, and milk products every day at least in one meal (or at least 3 times /week)

• Amount: 1 full cup (250 ml) 4 times a day and 2 snacks each day such as ripe mango and papaya, avocado, banana, other fruits and vegetables, fresh and fried bread products, bread with nut paste, boiled potato, sweet potato

• Use iodised salt

• Continue breastfeeding to 24 months or beyond

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

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

**Activity 11.2:** The importance of Multiple Micronutrient Powders (MNPs)

**Methodology:** Brainstorming, Group Work

<table>
<thead>
<tr>
<th>Instructions for Activity: 20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Brainstorm the definition of Multiple Micronutrient Powders</td>
</tr>
<tr>
<td>2. Set-up 4 flipcharts throughout training room with the following headings:</td>
</tr>
<tr>
<td>a. Why use MNPs</td>
</tr>
<tr>
<td>b. How to Use MNPs</td>
</tr>
<tr>
<td>c. Possible Side Effects of MNPs</td>
</tr>
<tr>
<td>d. WHO should NOT be given MNPs</td>
</tr>
<tr>
<td>3. Assign Participants to one of the four flipcharts and ask them to respond to the flipchart title (5 minutes)</td>
</tr>
<tr>
<td>4. Ask each group to summarize their results</td>
</tr>
<tr>
<td>5. Discuss and fill-in gaps</td>
</tr>
</tbody>
</table>
Key Content

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

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

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

- Any side effects are minimal and usually harmless/of short duration
  - Colour of stool: dark stool indicates that iron is being absorbed into your child’s body
  - Consistency of stool: your child may have softer stools or a mild form of constipation during the first 4-5 days

- Use of MNPs complements vitamin A supplementation, but does not replace it. Both are needed.
- Accidental overdosing is highly unlikely. In order to reach toxicity levels as many as 20 sachets would have to be consumed.

WHO should NOT be given MNPs

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

Note:

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

Activity 11.3: Demonstrate how to use Multiple Micronutrient Powders (MNPs)

Methodology: Demonstration; Buzz groups

Instructions for Activity: 10 minutes

1. Facilitator demonstrates how to use MNPs following the 5 steps outlined in the HO 11: How to Add Multiple Micronutrient Powders (MNPs) to Complementary Foods
2. Ask Participants to taste the MNPs in food
3. Distribute HO 11: How to Add Multiple Micronutrient Powders (MNPs) to Complementary Foods, and ask Participants to form groups of 3 to discuss the steps and content
4. Discuss Responsive Feeding and Care Practices
5. Discuss and fill-in gaps
How to add Multiple Micronutrient Powders (MNPs) to Complementary Foods

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

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

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

4. Mix well

5. Encourage the child to finish the entire small portion of food mixed with MNPs, and then feed the child the rest of the food
   - The food should be consumed within 30 minutes of mixing in the MNPs. If the food stands for a longer time, the iron will change the colour and taste of the food, and your child might refuse to eat it
   - You can add the entire packet of MNPs to any meal. However only one sachet of MNPs should be given during a day.
SESSION 12. HOW TO COUNSEL PART II

Learning objectives
1. Explain the steps of negotiation (GALIDRAA)
2. Practice counselling with a mother of a infant 0 up to 6 months

Overview
Activity 12.1 Demonstration of counselling to encourage mother to try optimal breastfeeding practices (20 minutes)
Activity 12.2 Presentation of counselling steps GALIDRAA (20 minutes)
Activity 12.3 Discussion of follow-up visit(s) (20 minutes)
Activity 12.4 Practice counselling with a mother of an infant under 6 months (90 minutes)

Duration 2½ hours

Materials
√ Flipchart papers (+ markers + masking)
√ On a separate paper, list the section ‘Read to Mothers’ from the 3 Case Studies
√ Photocopies of HO 12: IYCF Assessment (3 per Participant)

Set of BFCI Flipchart Cards

Handouts
HO 12: Checklist of GALIDRAA Counselling Steps
HO 13: IYCF assessment (3 per Participant)
HO 13a: Counseling/Reaching-an-Agreement Record with Pregnant Woman/Breastfeeding Mother
HO 14: Observation Checklist of GALIDRAA Counselling Steps

Detailed activities

Activity 12.1. Demonstration of counselling to encourage mother to try optimal breastfeeding practices (20 minutes)

Methodology: Demonstration of GALIRDA steps

Instructions for Activity:
Note: 2 Facilitators need to prepare this demonstration in advance (Facilitator Mother and Facilitator Counsellor following points in Key Content below)
1. Review with Participants the listening and learning skills and building confidence and giving support skills (HO 2)
2. Demonstrate steps: Greets, Asks, Listens between a mother (Asha) with 2-month son Juma and Counsellor (situation described below)
3. Facilitator to speak out loud to group during step: **Identify**
   - Demonstrates steps: **Discuss, Recommend, Act**
   - Demonstrates step: follow-up **Appointment**
   - Refers as necessary
   - Thanks Asha for her time

4. Review together **HO 12**: Checklist of GALIDRAA Counselling Steps

5. Discuss the demonstration with Participants and answer questions

---

**Key Content**

**Demonstration of Case Study:** Asha and 2-month old Juma

**Situation:** Asha
- breastfeeds whenever Juma cries
- feels she does not produce enough milk
- gives Juma some watery porridge 1 time a day
- does not give any other drinks to Juma

**Counselling Steps (GALIDRAA)**
- **Greets** mother and introduces him/herself
- Allows mother to introduce herself and the baby.
- Uses *listening and learning* skills, and *building confidence and giving support* skills
- **Asks** Asha about her current breastfeeding practices
- **Listens** to Asha’s concerns, and observes Juma and Asha
- Accepts what Asha is doing without disagreeing or agreeing and praises Asha for one good practice (breastfeeding)

- **Identifies difficulties:**
  - Asha is waiting until Ahmed cries before breastfeeding him – a ‘late sign’ of hunger
  - Asha is worried she does not have enough breast milk
  - Asha is feeding Juma complementary foods too early

- **Discuss, Recommend, Agrees to Act**
  
  Counsellor:
  - Praises Asha for breastfeeding
  - Asks Asha about breastfeeding frequency and if she is breastfeeding whenever Juma wants and for as long as he wants, both day and night. Does Juma come off breast himself? Is Juma fed on demand? (Age-appropriate recommended breastfeeding practices)
  - Suggests that Asha breastfeed Juma when he shows interest in feeding (before he starts to cry)
  - Shares with Asha and discusses **BFCI Flipchart Card 7: Infants 0 up to 6 months – Frequency and duration of breastfeeding**
- Talks with Asha about exclusive breastfeeding from birth up to 6 months – no other food or drink until 6 months of age
- Presents options/small do-able actions (time-bound) to overcome the difficulty of not exclusively breastfeeding
- Helps Asha select one action that she can try (e.g. breastfeed more frequently day and night, feed Juma before he cries, check number of wets, discontinue feeding porridge)
- Shares with Asha and discusses *BFCI Flipchart Card 5: Infants 0 up to 6 months – Exclusive Breastfeeding*
- Asks Asha to repeat verbally the agreed upon behaviour
- Tells Asha that a Counsellor will follow-up with her at her next weekly visit
- Suggests where Asha can find support (attend educational talk, IYCF Support Group in community, and refer to Village Health Volunteer).
- Thanks Asha for her time

**Activity 12.2.** Presentation of Counselling steps GALIDRAA (20 minutes)

**Methodology:** Interactive Presentation

**Instructions for activity:**
- Ask Participants: What are the different steps of counseling/reaching-an-agreement? and How many visits are needed for the full process of counseling/reaching-an-agreement? Write answers on flipchart
- Add any missing information
- Presentation of the steps of negotiation: Greets, Asks, Listens, Discusses, Recommends and suggests possible practices, Agrees and Repeats agreed upon action, follow-up Appointment (GALIDRAA)
- Review and complete together/or talk through HO 13: IYCF Assessment

**Key Content**

**GALIDRAA Counselling Steps**

1. **Greets** the mother and establishes confidence.
2. **Asks** the mother about current breastfeeding practices.
3. **Listens** to the mother.
4. **Identifies** feeding difficulty, if any, causes of the difficulty, and selects with the mother the difficulty to work on.
5. **Discusses** with the mother different feasible options to overcome the difficulty.
6. **Recommends and reaches-an-agreement on doable actions**: Presents options and helps mother select one that she can try.

7. Mother **Agrees** to try one of the options, and mother **repeats** the agreed upon action.

8. Makes an **Appointment** for the follow-up visit.

**How many visits are needed for the full process of counseling/reaching-an-agreement?**

**At least 2 visits:**

- Initial visit
- Follow-up: after 1 to 2 weeks
- If possible a 3rd visit to maintain the practice or negotiate another practice

**Activity 12.3**: Discussion of counselling/reaching an-agreement for follow-up visit(s) (20 minutes)

**Methodology**: Brainstorming

**Instructions for Activity:**

- Brainstorm points to be discussed with mother during negotiation for follow-up visit(s)

**Example of possible follow-up visits to Asha:**

**1st Follow up visit**

**Situation**: The Community Counsellor visits Asha to ask her whether she has been able to ONLY breastfeed Juma during the past week (not giving any watery porridge). Asha answers that it seemed to her that, for the first two days, Juma suckled for the whole day. But she ONLY breastfed him. She says her mother is coming to see her the following week and will surely advise her to give Juma watery porridge besides breast milk.

**2nd Follow-up Visit**: Maintain the practice and/or counsel or reach-an-agreement on another practice

**Situation**: Juma is now 5 months old, and Asha has EXCLUSIVELY breastfed him for the last 3 months. She points out to the Community Counsellor that Juma has had neither diarrhoea nor a cold.

**Follow-up Visit(s)**

- Asks mother if she tried (or continued) the agreed upon practice
- Congratulates her for trying (or continuing) the new practice
- Asks what happened when she tried (or continued) the new practice
- Asks whether she made any changes to the new practice and why?
- Asks what difficulties she had, how she solved them, or helps her find ways to solve the difficulties she might have had
- Listens to the mother’s questions, concerns and doubts
- Asks whether she likes the practice agreed on and if she thinks she will continue
- Praises the mother and motivates her to continue the practice
- Reminds the mother to take the child to be weighed (attend well-baby clinic)
- Tells the mother where she can get support from the Community Counsellors, or support groups
- Agrees on a date for the next visit
- Depending on the age of the child:
  - talks to the mother about a new practice
  - encourages the mother to try a new practice (process of GALIDRAA)

**Activity 12.4:** Practise counselling/reaching-an-agreement in an initial visit to mother with infant from 0 up to 6 months (1 hour)

**Methodology:** Practise

**Instructions for Activity:**

1. Facilitator asks Participants to recall the optimal breastfeeding practices
2. Participants are divided into groups of three: Mother, Counsellor, and Observer.
3. Distribute HO 13: IYCF Assessment (or refer to specific page in Handouts) to Counsellors.
4. Distribute HO 14: Observation Checklist of GALIDRAA Counselling Steps (or refer to specific page in Handouts) to Observers and review with Participants.
5. Ask each group to have a set of BFCI Flipchart Cards, and Recommended ENA Practices
6. Practise Case Study 1: Ask the ‘Mothers’ of the working groups to gather together.
7. Read a case study to the ‘Mothers’ ONLY, and ask the ‘Mothers’ to return to their working groups. Note: The ‘Mothers’ need to be sure that they give all the information included in their ‘Case study’.
8. EMPHASIZE to Participants the need to stick to the (minimal) information in the case studies and not embellish.
9. The Counsellor of each working group (of three) asks the ‘Mother’ about her situation, and practises the ‘assess, analyze and act’ steps with listening and learning skills and building confidence and giving support skills.
10. In each working group, the Observer’s task is to record the skills the Counsellor used on HO 14: Observation Checklist of GALIDRAA Counselling Steps and to provide feedback after the Case Study.
11. The Participants in working groups switch roles and the above steps are repeated using Case Studies 2 and 3.
12. One group demonstrates a case study in front of the whole group.
13. Discuss and summarize
Practice Case Studies 0 up to 6 months

Case Study #1:
Read to mothers: You are Adila and you have a newborn low birth weight son. You are breastfeeding and your mother-in-law insists that you give water to her grandson.

Case Study #2:
Read to mothers: You are Dafina with a 4 month old daughter. You do not think you have enough milk; you and your sister are seeking your advice on what they should give to their baby.

Case Study #3:
Read to mothers: You are Binti with a 3 weeks old son. You are breastfeeding continually but your baby is not gaining weight. He has not been sick and appears alert.

Possible answers: Practice Case Studies 0 up to 6 months

Case Study #1:
You are Adila and you have a newborn low birth weight son. You are breastfeeding and your mother-in-law insists that you give water to her grandson.

Possible Answer:
- Counselor greets Adila
- Counselor praises Adila for breastfeeding her son
- The Counselor asks, listens and identifies difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is giving water which the mother-in-law insists.
- Counselor invites mother-in-law to join the discussion.
- Counselor shares the following BFCI Flipchart Cards:
  - BFCI Flipchart Card 5: Infants 0 up to 6 months – Exclusive Breastfeeding
  - BFCI Flipchart Card 7: Infants 0 up to 6 months – Frequency and duration of breastfeeding
- Counselor discusses and recommends:
  - Risks associated with mixed feeding for the baby and the mother (diarrhea and other illnesses, malnutrition, risk of early pregnancy, reduced breast milk production, baby's stomach getting full with water and feeding less, loosing weight)
  - The reasons for not starting complementary feeding until after 6 months (adequacy of breast milk alone until 6 months of age and the risks of NOT breastfeeding)
  - Adequate breast milk if baby passes urine six or more times in 24 hrs.
- Counselor reaches-an-agreement with Adila and mother-in-law to ONLY breastfeed her baby for several days and see the effect.
- Asks Adila to repeat the agreed upon behaviour
- Suggests where Adila can find support (attend an action-oriented group, IYCF Support Group in community)
- Counselor fixes time with Adila for follow up appointment.
- Thanks Adila for her time
Case Study #2:
You are Dafina with a 4 months old daughter. You do not think you have enough milk; you and your sister are seeking your advice on what they should give to their baby.

Possible Answer
- Counselor greets Dafina
- Counselor praises Dafina for breastfeeding her son
- The Counselor asks, listens and identifies difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is the perception of insufficient milk.
- Counselor invites sister to join the discussion.
- Counselor shares the following BFCI Flipchart Cards:
  - BFCI Flipchart Card 5: Infants 0 up to 6 months – Exclusive Breastfeeding
  - BFCI Flipchart Card 7: Infants 0 up to 6 months – Frequency and duration of breastfeeding
  - BFCI Flipchart Card 6: Correct positioning and attachment
- Counselor asks about the frequency of breastfeeding, on-demand feeding, night feeding, emptying one breast before switching to the other, giving of additional feeds, and frequency of passing urine in 24 hrs.
- Counselor discusses and recommends:
  - Explains that the breast is like a “factory” – the more demand (for milk), the more supply
  - Breastfeed frequently averaging at least 10 feedings per 24-hour period.
  - Let baby determine the length of the feeding.
  - Baby’s swallowing sounds are audible as he is breastfeeding.
  - The baby will be alert and active, appear healthy, have good color, firm skin, and will be growing in length and head circumference.
  - Baby urinates at least 6 – 8 times in 24 hours
  - Discuss the benefits of exclusive breastfeeding until 6 months and the role of frequent suckling on the amount of breast milk production.
- Counselor reaches-an-agreement with Dafina for continuation of exclusive breastfeeding until 6 months.
- Asks Dafina to repeat the agreed upon behaviour
- Suggests where Dafina can find support (attend an action-oriented group, IYCF Support Group in community)
- Counselor fixes time with Dafina for follow up appointment.
- Thanks Dafina for her time

Case Study #3:
You are Binti with a 3 weeks old son. You are breastfeeding continually but your baby is not gaining weight. He has not been sick and appears alert.

Possible Answer
- Counselor greets Binti
- Counselor praises Binti for breastfeeding her son
- The Counselor asks, listens and identifies difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is poor attachment
• Counselor asks about the frequency of breastfeeding, on-demand feeding, night feeding, emptying one breast before switching to the other, giving of additional feeds, and frequency of passing urine in 24 hrs.
• Counselor asks to observe a breastfeed.
  ▪ Counselor shares BFCI Flipchart Card 6: Correct positioning and attachment
• Counselor discusses and recommends:
  ▪ Explains and demonstrates the 4 signs of good positioning.
  ▪ Explains and demonstrates the 4 signs of good attachment.
• Counselor reaches-an-agreement with Binti to correctly position and attach baby.
• Asks Binti to show positioning and attachment
• Suggests where Binti can find support (attend an action-oriented group, IYCF Support Group in community).
• Counselor fixes time with Binti for follow up appointment.
• Thanks Binti for her time

Activity 12.5: Practice counselling/reaching-an-agreement with a mother/caregiver with a child 6 up to 24 Months (45 minutes)

Methodology: Practise

Instructions for Activity:
1. Repeat the same instructions under Activity 12.4.
2. One group demonstrates a case study in front of the whole group.
3. Discuss and summarize

Practice Case Studies 6 up to 24 months

Case Study #1
Read to Mothers: You are Adila and have a baby daughter 6½ months old. You think your baby is too young for foods because her stomach is too small and so you will continue to just breastfeed her until she is older. Your husband and mother-in-law agree with you.

Case Study #2
Read to Mothers: You are Jaha with a 9 month old daughter who is breastfeeding and eating some watery porridge once a day. You do not have enough money to buy other foods.

Case Study #3
Read to Mothers: You are Aida and your baby is 12 months old; you are breastfeeding him and giving him bites of adult food at meal time only.
Case Study #1
Read to Mothers: You are Adila and have a baby daughter 6½ months old. You think your baby is too young for foods because her stomach is too small and so you will continue to just breastfeed her until she is older. Your husband and mother-in-law agree with you.

Possible Answer:
- Counselor greets Adila
- Counselor praises Adila for breastfeeding her daughter
- Invites husband and mother-in-law to join the discussion
- The Counselor asks, listens and identifies difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is not giving foods in addition to breast milk.
- Counselor shares the following BFCI Flipchart Cards:
  - **BFCI Flipchart Card 14**: Recommended frequency, amounts and consistency of complementary foods, 6 Months
  - **BFCI Flipchart Card 15**: Recommended frequency, amounts and consistency of complementary foods, 7–8 Months
  - **BFCI Flipchart Card 18**: Hygienic Preparation of Food
- Counselor discusses and recommends:
  - Even though the baby's stomach is small, by the age of 6 months the stomach of the baby is ready to receive food other than breast milk
  - You can start soft foods like thick porridge so that the baby can swallow it easily
  - Increase the amount of food that the baby eats and vary the diet by combining cereals and legumes to make the porridge, and by providing animal products, mashed fruits and vegetables
- Counselor reaches-an-agreement with Adila, husband and mother-in-law to begin with some tastes of thick porridge made with super flour.
- Asks Adila to repeat the agreed upon behaviour
- Suggests where Adila can find support (attend an action-oriented group, IYCF Support Group in community)
- Counselor fixes time with Adila for follow up appointment.
- Thanks Adila for her time

Case study #2
Read to Mothers: You are Jaha with a 9 month old daughter who is breastfeeding and eating some watery porridge once a day. You do not have enough money to buy other foods.

Possible Answer:
- Counselor greets Jaha
- Counselor praises Jaha for breastfeeding her daughter
- The Counselor asks, listens and identifies difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is not giving foods according to AFATVRH.
- Counselor shares the following BFCI Flipchart Cards:
  - **BFCI Flipchart Card 16**: Recommended frequency, amounts and consistency of complementary foods, 9 - 11 Months
  - **BFCI Flipchart Card 18**: Hygienic Preparation of Food
  - **BFCI Flipchart 10**: Three Food Groups
- Counselor discusses and recommends:
  - Asks what foods the mother presently has in her home, and what foods are available now in the market (feasible, local, available, affordable).
  - Addresses AFATVRH
  - Enrich the diet by adding animal products, fruits and vegetables
- Counselor reaches-an-agreement with Jaha to thicken the porridge of her daughter and give food at least 3 times a day
- Asks Jaha to repeat the agreed upon behaviour
- Suggests where Jaha can find support (attend an action-oriented group, IYCF Support Group in community)
- Counselor fixes time with Jaha for follow up appointment.
- Thanks Jaha for her time

**Case Study #3**

**Read to Mothers**: You are Aida and your baby is 12 months old and you are breastfeeding him and giving him bites of adult food at meal time only.

**Possible Answer**:
- Counselor greets Aida
- Counselor praises Aida for breastfeeding her son
- The Counselor asks, listens and identifies difficulties and causes for the difficulty regarding the current feeding practice. In this particular case the difficulty is not giving foods according to AFATVRH.
- Counselor shares the following BFCI Flipchart Cards:
  - **BFCI Flipchart Card 17**: Recommended frequency, amounts and consistency of complementary foods, 12 - 24 Months
  - **BFCI Flipchart Card 18**: Hygienic Preparation of Food
  - **BFCI Flipchart 10**: Three Food Groups
- Counselor discusses and recommends:
  - Asks what foods the mother presently has in her home, and what foods are available now in the market (feasible, local, available, affordable).
  - Addresses AFATVRH
  - Try to add eggs, poultry, and liver
- Counselor reaches-an-agreement with Aida to give some snacks to her baby between meals
- Asks Aida to repeat the agreed upon behaviour
- Suggests where Aida can find support (attend an action-oriented group, IYCF Support Group in community)
- Counselor fixes time with Aida for follow up appointment.
- Thanks Aida for her time
Activity 12.6: Practice counselling/reaching-an-agreement with a pregnant woman or mother on woman’s nutrition (45 minutes)

Methodology: Practise

Instructions for Activity:
1. Repeat the same instructions under Activity 12.4.
2. Distribute **HO 13a**: Counseling/Reaching-an-Agreement Record with Pregnant Woman/Breastfeeding Mother and ask counselors to practice using the handout.
3. One group demonstrates a case study in front of the whole group.
4. Discuss and summarize

Practice Case Studies: Woman’s Nutrition

Case Study #1
**Read to Mothers**: You are Kavita and you are 4 months pregnant. You have not yet visited the health clinic and you do not know where to have your baby.

Case Study #2
**Read to Mothers**: You are Dafina and you have 3 daughters between the ages of 5 and 2.

Case Study #3
**Read to Mothers**: You are Mukti and you are 35 years old with 5 children. You are breastfeeding your youngest child who is 18 months.

Possible answers: Woman’s Nutrition

Case Study #1
**Read to Mothers**: You are Kavita and you are 4 months pregnant. You have not yet visited the health clinic and you do not know where to have your baby.

Possible Answer:
- Counselor greets Kavita
- The Counselor asks, listens and identifies difficulties and causes for the difficulty regarding Kavita. In this particular case the difficulty is not attending ANC.
- Counselor shares the following **BFCI Flipchart Cards**:
  - **BFCI Flipchart Card 1**: Nutrition for the Pregnant Woman
  - **BFCI Flipchart Card 3**: Skin-to-skin contact, early breastfeeding, and colostrum
  - **BFCI Flipchart Card 5**: Exclusive Breastfeeding
- Counselor discusses and recommends:
  - Eating one additional meal each day, particularly animal products as much as possible, fruits and vegetables.
  - Going to ante-natal clinic to ensure that the pregnancy is going well, to receive TT vaccines, and iron/folate supplementation
  - Using iodized salt for her food and the family food.
  - Delivering at the health facility or at home with a trained birth attendant
- Counselor reaches-an-agreement with Kavita to attend ANC.
• Asks Kavita to repeat the agreed upon behaviour
• Suggests where Kavita can find support (attend an action-oriented group, IYCF Support Group in community)
• Counselor fixes time with Kavita for follow up appointment.
• Thanks Kavita for her time

Case Study #2
Read to Mothers: You are Dafina and you have 3 daughters between the ages of 5 and 2.

Possible Answer:
• Counselor greets Dafina
• The Counselor asks, listens and identifies difficulties and causes for the difficulty. In this particular case the difficulty is closely spaced pregnancies.
• Counselor discusses and recommends:
  ▪ Healthy spacing of pregnancies
  ▪ Discusses the importance of her daughters having good nutrition and education.
  ▪ Consulting family planning counsellor
• Counselor reaches-an-agreement with Dafina to see a family planning counselor.
• Asks Dafina to repeat the agreed upon behaviour
• Counselor fixes time with Dafina for follow up appointment.
• Thanks Dafina for her time

Case Study #3
Read to Mothers: You are Mukti and you are 35 years old with 5 children. You are breastfeeding your youngest child who is 18 months.

Possible Answer:
• Counselor greets Mukti
• The Counselor asks, listens and identifies any difficulties and causes for the difficulty. In this particular case there is no difficulty, but the counselor shares information with her for her own health.
• Counselor shares the following BFCI Flipchart Card:
  ▪ **BFCI Flipchart 10:** Three Food Groups
• Counselor discusses and recommends:
  ▪ Eating 2 additional meals including animal products as much as possible
  ▪ Continuing to take IFA
  ▪ Using iodized salt
• Asks Mukti to repeat the agreed upon behaviour
• Counselor fixes time with Mukti for follow up appointment.
• Thanks Mukti for her time
Checklist of GALIDRAA Counselling Steps

- **G**reet mother/father/caregiver
- **A**sk about feeding practices, age of the child and status
- **L**isten to the mother/father/caregiver
- **I**dentify feeding difficulties, if any, and causes of the difficulties
- **D**iscuss different feasible options with the mother/father/caregiver
- **R**ecommend and negotiate doable actions
- **A**gree on which practice the mother/father/caregiver will try; mother/father/caregiver repeats agreed upon practice
- **A**ppointment for follow-up
<table>
<thead>
<tr>
<th>IYCF Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observation of mother/caregiver</strong></td>
</tr>
<tr>
<td>If postpartum BF mother</td>
</tr>
<tr>
<td><strong>Child Illness</strong></td>
</tr>
<tr>
<td><strong>Growth Curve Increasing</strong></td>
</tr>
<tr>
<td><strong>Tell me about Breastfeeding</strong></td>
</tr>
<tr>
<td><strong>Complementary Foods</strong>: is your child getting anything else to eat?</td>
</tr>
<tr>
<td>Staple (porridge, other local examples)</td>
</tr>
<tr>
<td>Animal: meat/fish/offal/bird/eggs</td>
</tr>
<tr>
<td>Vegetables/Fruits (local examples)</td>
</tr>
<tr>
<td>Legumes (beans, other local examples)</td>
</tr>
<tr>
<td><strong>Liquids</strong>: is your child getting anything else to drink?</td>
</tr>
<tr>
<td>Other milks</td>
</tr>
<tr>
<td>Other liquids</td>
</tr>
<tr>
<td><strong>Other challenges?</strong></td>
</tr>
<tr>
<td><strong>Mother/caregiver assists child</strong></td>
</tr>
<tr>
<td><strong>Hygiene</strong></td>
</tr>
</tbody>
</table>
## Counseling/Reaching-an-Agreement Record
with Pregnant Woman/Breastfeeding Mother on Woman’s Nutrition

<table>
<thead>
<tr>
<th>Discussion Points</th>
<th>Pregnant Woman/Breastfeeding Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Pregnant OR Lactating</td>
<td></td>
</tr>
<tr>
<td>3 Food Groups</td>
<td></td>
</tr>
<tr>
<td>Feeding difficulty identified</td>
<td></td>
</tr>
<tr>
<td>Iron folate (if pregnancy and 42 days post-partum)</td>
<td></td>
</tr>
<tr>
<td>De-worming (if 2nd trimester)</td>
<td></td>
</tr>
<tr>
<td>Options suggested</td>
<td></td>
</tr>
<tr>
<td>What pregnant woman or breastfeeding mother agreed to try</td>
<td></td>
</tr>
</tbody>
</table>
Observation Checklist of GALIDRAA Counselling Steps

Name of Counsellor: ____________________________________________________________
Name of Observer: _____________________________________________________________
Date of visit: __________________________________________________________________
(√ for yes and × for No)
Did the Counsellor

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

**Use Building Confidence and Giving Support skills:**
- Accept what a mother thinks and feels
- Listen to the mother/caregiver’s concerns
- Recognize and praise what a mother and baby are doing correctly
- Give practical help
- Give a little, relevant information
- Use simple language
- Make one or two suggestions, not commands

**GALIDRAA Counselling Steps**
Did the counsellor
- **GREET** the mother/caregiver
- **ASK** and **LISTEN** to mother/caregiver

**Ask post-partum mother about:**
- Eating more food
- Taking iron-folate
Ask mother or caregiver:
- Child’s age
- Checking child’s growth curve (if GMP exists in area)
- Checking recent child illness

Breastfeeding (with mother):
- Assess the current breastfeeding status
- Check for breastfeeding difficulties
- Observe a breastfeed

Fluids:
- Assess ‘other fluid’ intake

Foods:
- Assess ‘other food’ intake

Active Feeding:
- Ask about whether the child receives assistance when eating

Hygiene:
- Check on hygiene related to feeding

Did the counsellor?
- IDENTIFY any feeding difficulty
- Prioritize difficulties (if there is more than one)
  Record prioritized difficulty: ________________________________

DISCUSS, RECOMMEND
Did the counsellor?
- Praise the mother/caregiver for doing recommended practices
- Address breastfeeding difficulties e.g. poor attachment or poor breastfeeding pattern with practical help.
- Discuss age-appropriate feeding recommendations and possible discussion points
- Present one or two options that are appropriate to the child’s age and feeding behaviours
- Help the mother/caregiver SELECT AGREED UPON BEHAVIOUR that she or he can try to address the feeding challenges
- Discuss appropriate Counselling Cards relevant to the mother or child’s situation
- Ask the mother/caregiver to repeat the agreed-upon new behaviour
  Record agreed-upon behaviour: ________________________________
- Ask the mother/caregiver if she or he has questions/concerns
- Refer as necessary
- Suggest where the mother/caregiver can find additional support
- Agree upon a date/time for a FOLLOW-UP APPOINTMENT
- Thank the mother/caregiver for her or his time
SESSION 13. 1st FIELD VISIT AND FEEDBACK

Learning Objectives
1. Practise GALIDRAA-Step Counselling with mother and/or mother/caregiver and a child 0 up to 6 months
2. Reflect on strengths and weaknesses of counselling field practise.

Overview
Activity 13.1: Practise GALIDRAA-Step Counselling with mother and/or mother/caregiver and a child 0 up to 24 months (3 hours)
Activity 13.2 Strengths and weaknesses of counselling field practise (1 hour)

Duration: 4 hours

Materials
- Set of BFCl Flipchart Cards
- Recommended ENA Practices
- Photocopies of HO 13: IYCF Assessment (3 per Participant)
- Optional: Laminated HO 13: IYCF Assessment
- HO 14: Observation Checklist of GALIDRAA Counselling Steps

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

Detailed Activities

Activity 13.1: Practise GALIDRAA-Step Counselling with mother and/or mother/caregiver and a child 0 up to 24 months (3 hours)

Methodology: Practise

Instructions for Activity:
1. In large group, review GALIDRAA-Step Counselling
2. Divide Participants in pairs: one will counsel, problem solve, reach-an-agreement with a pregnant woman or mother of a child (0 up to 6 months) while the other
follows the discussion with the observation checklist in order to give feedback later

3. Ask the counsellor to use **HO 13: IYCF Assessment**

4. Ask the counsellor to share age-appropriate **BFCI Flipchart Cards** with the pregnant woman or mother of a child (0 up to 6 months)

5. Ask the observer to fill out **HO 14: Observation Checklist of GALIDRAA Counselling Steps**

6. Pairs switch roles: the other Participant will counsel, problem solve, reach-an-agreement with the mother of a child (0 up to 6 months) while the Participant who previously counselled now follows the discussion with the observation checklist in order to give feedback later

7. Identify key gaps that need more time for practise and observation at the site

---

### Key Content

**GALIDRAA Counselling Steps**

1. **Greets** the mother and establishes confidence.

2. **Asks** the mother about current breastfeeding practices.

3. **Listens** to the mother.

4. **Identifies** feeding difficulty, if any, causes of the difficulty, and selects with the mother the difficulty to work on.

5. **Discusses** with the mother different feasible options to overcome the difficulty.

6. **Recommends and reaches-an-agreement on doable actions**: Presents options and helps mother select one that she can try.

7. Mother **Agrees** to try one of the options, and mother **repeats** the agreed upon action.

8. Makes an **Appointment** for the follow-up visit.

---

**Activity 13.2**: Reflect on strengths and weaknesses of counselling field practise (1 hour)

**Methodology**: Feedback Exchange

**Instructions for Activity**:

1. At training site, in large group, ask each pair of Participants to summarize their
counselling experience by filling-in one counselling experience in the Summary Chart (see below - attached to the wall or on the mat and display it throughout the rest of the training).

2. Table shows: Participants’ names; mother’s name; child’s name and age; number of older children
   - If mother:
     ▪ Ask and Listen specifically about iron-folate, and 3 food group diet and identify any difficulties
     ▪ Discuss, Recommend, Reach-an-agreement: suggested options/proposals/alternatives to mother; agreed upon small-doable actions –time bound/negotiated agreement
   - If infant or young child:
     ▪ Ask, Listen, Identify: illness; number of older children; breastfeeding (frequency and difficulties identified)
     ▪ Identify: illness; number of older children; breastfeeding; complementary feeding; difficulties identified; priorities determined
     ▪ Discuss, Recommend, Reach-an-agreement: suggested options/proposals/alternatives to mother; agreed upon small-doable actions –time bound/negotiated agreement

3. Participant pairs present their summaries (one experience for each pair)
4. Participants receive and give feedback
5. Facilitators and Participants identify key gaps that need more practise/observation time at field practise site
6. Discuss and summarize
Summary Chart for GALIDRA Counselling During Field Visits

<table>
<thead>
<tr>
<th>Participants' names</th>
<th>GREET, ASK, LISTEN</th>
<th>IDENTIFY</th>
<th>DISCUSS, RECOMMEND</th>
<th>AGRREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman</td>
<td>Infant and Young Child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Pregnant Woman/Mother OR Name/Age of child</td>
<td>Iron-folate</td>
<td>Illness of older children</td>
<td>BF</td>
<td>BF Difficulties identified</td>
</tr>
<tr>
<td>Iron-folate</td>
<td>3*** diet</td>
<td>Y/N</td>
<td>Freq</td>
<td>Freq</td>
</tr>
</tbody>
</table>
SESSION 14. ENA ACTION-ORIENTED GROUPS, AND SUPPORT GROUPS

Learning objectives

1. Facilitate an ENA action-oriented group using the steps: Observe, Think, Try, and Act
2. Facilitate an IYCF support group of mothers/fathers/caregivers to help them support each other in their IYCF practices

Overview

Activity 14.1  ENA Action-oriented group using the steps: Observe, Think, Try, and Act (45 minutes)
Activity 14.2  Discussion on the action-oriented group experience (15 minutes)
Activity 14.3  IYCF support group of mothers/fathers/caregivers (1 hour)

Duration 2 hours

Materials

- Flipchart papers (+ markers + masking)
- Set of counselling Cards
- HO 15: Observation checklist on how to conduct an ENA action-oriented group session: story, drama, or visual – Observe, Think, Try, Act
- HO 16: Characteristics of an IYCF Support Group
- HO 17: Observation Checklist for IYCF Support Group
- HO 18: IYCF support group attendance

Advance Preparation:

- Prepare and practise ‘Story’
- Prepare and practise ‘Mini-drama’
- Prepare and practise ‘Use of Visual’

Some suggested topics for IYCF support groups (at training site or during field practice):

1. Nutrition and health for the pregnant woman and breastfeeding mother
2. Importance of breastfeeding for mother, baby, family (1 to 3 different topics)
3. Techniques of breastfeeding:
   - positioning and attachment
4. Role and sources of iron, vitamin A, and iodine
5. Prevention, symptoms, and solutions of common breastfeeding difficulties:
   - breast engorgement, cracked/sore nipples, blocked ducts that can lead to mastitis, and “not enough” milk
6. Common situations or beliefs that can affect breastfeeding:
• sick baby or mother, malnourished mother, twins, mother away from baby, low birth weight baby, pregnancy, etc.

7. Introduction of complementary foods after 6 months

8. Working mothers:
• some possible solutions to help make breastfeeding possible

Detailed Activities

Activity 14.1: Facilitate an ENA action-oriented group using the steps: Observe, Think, Try, Act (1 hour)

Methodology: Experiential (sharing experiences)

Instructions for Activity: 45 minutes
1. Facilitator models an action-oriented group with Participants acting as community members by telling a story, conducting a drama, and using a visual (BFCI Flipchart Card) on some aspect of IYCF – applying the steps: Observe, Think, Try and Act
2. Facilitator puts the letters OTTA on a flipchart with the words Observe, Think, Try and Act next to each letter
3. See examples of a story and mini drama scenarios (below)
   • Tell a story using OTTA: do not read the story, but practise before hand and tell it in an interesting tone; Facilitator can end the story or ask Participants to end the story
   • Conduct a mini drama using OTTA: role play the mini drama assigning Facilitators and/or Participants to the different roles
4. At the end of the story or mini drama ask the Participants/community members:
   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?
   4. What practical help would you give?
4. Facilitator demonstrates the use a BFCI Flipchart Card using OTTA
5. Discuss and summarize

Key Content
• Educational talks are effective for giving information but do not necessarily lead to changes in behaviour.
• In an ‘action-oriented’ group Facilitators encourage group participants to personalize the information and to try something new or different (an action) from what they normally do by following the sequence of activities below:
• Apply the steps:
  – Observe
  – Think
- Try
- Act

**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 Health/Community Worker talk about giving only breast milk to babies until they were 6 months old. She wanted to do what the Health/Community Worker was saying, but both her mother and mother-in-law told her that the baby would need more than her breast milk to grow strong and healthy in those first months. Of course she wanted Thomas to be a healthy boy and so she breastfed Thomas and gave him porridge and water from the time he was 1 month old. He has been sick. Now Thomas is 2 months old and the Health/Community Worker who did a home visit the other day told Miriam to take Thomas to the health facility.

**Mini-Drama Scenarios (example)**
*Mother:* Your baby is 7 months old and you are giving him thin porridge 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 your child.

*Health/Community Worker:* You are doing a home visit. You help the mother and father 1) identify local available foods they can give the baby; and increase 2) the thickness of the porridge, the amount of food that the child is eating, and the number of times the baby receives food (frequency)

**Activity 14.2:** Discussion on the action-oriented group experience (15 minutes)

**Methodology:** Discussion

**Instructions for Activity:**
1. After the story, mini drama, or visual (use of Poster or enlarged *BFCI Flipchart Card*) the following questions are asked of the Participants:
   - What did you like about the action-oriented group?
   - How was the action-oriented group different from an educational talk?
2. Discuss **HO 15:** Observation checklist on how to conduct an action-oriented group: story, drama, or visual applying the steps – Observe, Think, Try and Act
Activity 14.3: Facilitate an IYCF support group of mothers/fathers/caregivers to help them support each other in their ENA practices (1 hour)

Methodology: Experiential (sharing experiences)

Instructions for Activity:
Part A: Experience a support group (25 minutes)
Methodology: Experiential (sharing experiences)
1. Select 5 participants
2. Facilitator and 5 participants sit in a circle as a “support group”
3. Ask other participants to form a circle around the “support group”.
4. Ask members of the “support group” to share their own (or wife’s, mother’s, sister’s) experience of breastfeeding. Note: only those in the ‘support group’ are permitted to talk.
5. Ask other Participants who observe the support group to fill out HO 17: Observation Checklist for IYCF Support Group
6. Facilitator models how to fill-out HO 18: IYCF support group attendance

Part B: Discuss the support group experience (15 minutes)
Methodology: Discussion
1. Ask the following questions to the support group Participants after sharing their experiences:
   - What did you like about the support group?
   - How did it differ from a health education talk?
   - Were your questions answered?
2. Ask Participants who observed the support group to share their observations and ideas from their checklist
3. Ask Participants: what contributions a support group can make to an ENA program?
4. Refer to HO 16: Characteristics of an IYCF Support Group

Part C: Practise conducting a support group (20 minutes)
Methodology: Practise
1. Divide Participants in groups of 7
2. Each group discusses ‘your personal experiences with IYCF’
3. One Participant from each group will be Facilitator of the support group
4. Share observations:
   - What did you like about the support group?
   - How did it differ from a health education talk?
   - Where questions answered?
5. Discussion
Key Content

**Definition:** An IYCF support group is a group of mothers/fathers/caregivers who promote recommended ENA practices, share their own experiences and provide mutual support. Periodic support groups are facilitated by experienced and trained mothers who have ENA knowledge and have mastered some group dynamic techniques. Group Participants *share their experiences, information and provide mutual support.*

**Note:** If support group numbers grow to exceed 12, consider splitting the group into two (with an experienced and trained mother/facilitator conducting each support group)
Observation Checklist on How to Conduct an ENA Action Oriented Group: Story, Drama, or Visual, applying the steps Observe, Think, Try, and Act

Did the Counsellor?

(√ for yes and × for No)

- Introduce him/herself
- Tell a story
- Organize a mini-drama
- Use a visual

**Use Observe** - ask the group participants:

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

**Use Think** - ask the group participants:

- With whom do you agree? Why?
- With whom do you disagree? Why?
- What is the advantage of adopting the practice described in the story/drama or visual?
- Discuss the key messages of today’s topic?

**Use Try** – ask the group participants:

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

**Use Act** – ask the group participants

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

And

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

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

1. The group allows participants to:
   - Share ENA personal experience and information, and mutually support each other
   - Strengthen or modify certain attitudes and practices
   - Learn from each other

2. The group enables participants to reflect on their experience, doubts, difficulties, popular beliefs, myths, information, and ENA practices. In this safe environment participants have the knowledge and confidence to decide to strengthen or modify their ENA practices.

3. ‘Confidentiality’ is a key principle of a support group: “what is said in the group stays in the group”.

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

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

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

7. The group size varies from 3 to 12.

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

9. The group is open, allowing all interested pregnant women, breastfeeding mothers, women with older children, fathers (if culturally appropriate), 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).
Observation Checklist for IYCF Support Group

<table>
<thead>
<tr>
<th>Did</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Facilitator(s) introduce themselves to the group?</td>
<td>✓</td>
</tr>
<tr>
<td>2. The Facilitator(s) clearly explain the day’s theme?*</td>
<td></td>
</tr>
<tr>
<td>3. The Facilitator(s) ask questions that generate participation?</td>
<td></td>
</tr>
<tr>
<td>4. The Facilitator(s) motivate the quiet women/men to participate?</td>
<td></td>
</tr>
<tr>
<td>5. The Facilitator(s) apply skills for <em>Listening and Learning, Building Confidence and Giving Support</em></td>
<td></td>
</tr>
<tr>
<td>6. The Facilitator(s) adequately manage content?</td>
<td></td>
</tr>
<tr>
<td>7. Mothers/fathers/caregivers share their own experiences?</td>
<td></td>
</tr>
<tr>
<td>8. The Participants sit in a circle?</td>
<td></td>
</tr>
<tr>
<td>9. The Facilitator(s) invite women/men to attend the next IYCF support group (place, date and theme)?</td>
<td></td>
</tr>
<tr>
<td>10. The Facilitator(s) thank the women/men for attending the IYCF support group?</td>
<td></td>
</tr>
<tr>
<td>11. The Facilitator(s) ask Participants to talk to a pregnant woman or breastfeeding mother before the next meeting, share what they have learned, and report back?</td>
<td></td>
</tr>
<tr>
<td>12. Support Group attendance form checked?</td>
<td></td>
</tr>
</tbody>
</table>

Number of women/men attending the IYCF support group:

**Supervisor/Mentor**: indicate questions and resolved difficulties:

**Supervisor/Mentor**: provide feedback to Facilitator(s):

* The day’s theme might change if there is a mother/father/caregiver who has a feeding issue and feels an urgent need to discuss
IYCF Support Group Attendance

Date ______________________ District____________________________________

Facilitator(s) Name(s) ________________________________________________
SESSION 15. 2nd FIELD VISIT AND FEEDBACK

Learning Objectives
1. Practise GALIDRAA-Step Counselling with mother/caregiver and a child 6 up to 24 months
2. Practise facilitating an ENA action-oriented group or support group
3. Reflect on strengths and weaknesses of field practise

Overview

Activity 15.1: Practise GALIDRAA-Step Counselling with mother and/or mother/caregiver and a child 6 up to 24 months (1½ hours)
Activity 15.2: Practise facilitating an ENA action-oriented group or support group (1½ hours)
Activity 15.3: Strengths and weaknesses of counselling field practise (1 hour)

Duration: 4 hours

Materials
- Set of BFCI Flipchart Cards
- Recommended ENA Practices
- HO 13: IYCF Assessment
- Optional: Laminated HO 12: IYCF Assessment
- HO 14: Observation Checklist of GALIDRAA Counselling Steps for Mother and/or Mother/Caregiver-Child Pair
- HO 15: Observation Checklist on How to Conduct an ENA Action Oriented Group: Story, Drama, or Visual
- HO 17: Observation Checklist for IYCF Support Groups
- HO 18: IYCF Support Group Attendance

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

**Activity 15.1:** Practise *GALIDRAA-Step Counselling* with mother and/or mother/caregiver and a child 6 up to 24 months (1½ hours)

**Methodology:** Practise

<table>
<thead>
<tr>
<th>Instructions for Activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In large group, review <em>GALIDRAA-Step Counselling</em></td>
</tr>
<tr>
<td>2. Divide Participants in pairs: one will counsel, problem solve, reach-an-agreement with a mother of a child (6 up to 24 months) while the other follows the discussion with the observation checklist in order to give feedback later</td>
</tr>
<tr>
<td>3. Ask the counsellor to use <strong>HO 13:</strong> IYCF Assessment</td>
</tr>
<tr>
<td>4. Ask the counsellor to share age-appropriate <strong>BFCI Flipchart Cards</strong> with the pregnant woman or mother of a child (6 up to 24 months)</td>
</tr>
<tr>
<td>5. Ask the observer to fill out <strong>HO 14:</strong> Observation Checklist of GALIDRAA Counselling Steps of Mother and/or Mother/Caregiver-Child Pair</td>
</tr>
<tr>
<td>6. Pairs switch roles: the other Participant will counsel, problem solve, reach-an-agreement with the mother of a child (6 up to 24 months) while the Participant who previously counselled now follows the discussion with the observation checklist in order to give feedback later</td>
</tr>
<tr>
<td>7. Identify key gaps that need more time for practice and observation at the site</td>
</tr>
</tbody>
</table>

**Key Content**

**GALIDRAA Counselling Steps**

1. **Greets** the mother and establishes confidence.

2. **Asks** the mother about current breastfeeding practices.

3. **Listens** to the mother.

4. **Identifies** feeding difficulty, if any, causes of the difficulty, and selects with the mother the difficulty to work on.

5. **Discusses** with the mother different feasible options to overcome the difficulty.

6. **Recommends and reaches-an-agreement on doable actions:** Presents options and helps mother select one that she can try.

7. Mother **Agrees** to try one of the options, and mother **repeats** the agreed upon action.
8. Makes an **Appointment** for the follow-up visit.

**Activity 15.2:** Practise facilitating an action-oriented group or an IYCF support group (1½ hours)

**Methodology:** Practise

**Instructions for Activity:**
1. Pair (or group) the participants depending on local language skills and number of community participants
2. Ask half the pairs (or groups) to practise facilitating an action oriented group using a story, mini-drama or visual
3. Ask Observer Participants to fill-in **HO 15:** Observation Checklist on How to Conduct an ENA Action Oriented Group: Story, Drama, or Visual after the action oriented group session
4. Ask the other half of pairs (or groups) to practice facilitating a support group. Choose a generic theme: 'your experience with infant and young child feeding'.
5. Ask Observer Participants to fill-in **HO 17:** Observation Checklist for IYCF Support Group after the support group
6. Ask Observer Participants to fill-in **HO 18:** IYCF support group attendance (filled out after the support group)
7. If time permits, pairs or groups can facilitate both an action-oriented group and a support group

**Key Content:**
- In IYCF support groups, cross-talk should occur among support group Participants rather than most conversation being directed toward Facilitator.
- Action-oriented groups: use Counselling Cards to illustrate a point, but not to lecture.

**Activity 15.3:** Reflect on strengths and weaknesses of counselling field practise (1 hour)

**Methodology:** Feedback Exchange

**Instructions for Activity:**
**Part A: Individual Counselling**
1. At training site, in large group, ask each pair of Participants to summarize their counselling experience by filling-in one counselling experience in the Summary Chart (Session 13) - attached to the wall or on the mat and display it throughout the rest of the training).
2. Table shows: Participants’ names; child’s name and age; number of older children
   - If mother:
     ▪ Ask and Listen specifically about iron-folate, vitamin A and 4 star diet and identify any difficulties
     ▪ Discuss, Recommend, Reach-an-agreement: suggested options/proposals/alternatives to mother; agreed upon small-doable actions –time bound/negotiated agreement
   - If infant or young child:
     ▪ Ask, Listen, Identify: illness; number of older children; breastfeeding (frequency and difficulties identified)
     ▪ Identify: illness; number of older children; breastfeeding; complementary feeding; difficulties identified; priorities determined
     ▪ Discuss, Recommend, Reach-an-agreement: suggested options/proposals/alternatives to mother; agreed upon small-doable actions –time bound/negotiated agreement

7. Participant pairs present their summaries (one experience for each pair)
8. Participants receive and give feedback
9. Facilitators and Participants identify key gaps that need more practise/observation time at field practise site

Part B: ENA Action-oriented Groups and IYCF Support Groups
1. Ask Facilitators of action-oriented groups and support groups:
   - What did you like about facilitating the ENA action-oriented group and facilitating the IYCF support group?
   - What were the challenges?
   - Fill-in the sentence: I feel confident to facilitate an action-oriented group or support group because........................

2. Ask Observers of ENA action oriented groups and support groups to comment on the facilitation of the groups, the Observer Checklist, Attendance, and discuss the challenges?
3. Discuss and summarize
4. Facilitators and Participants identify key gaps that need more practise/observation time at field practise site
SESSION 16. FEEDING THE SICK CHILD

Learning objectives
1. Describe the relationship between illness, recovery and feeding
2. Name the practices for feeding the sick infant and young child
3. Recognize the signs of severe acute malnutrition
4. Recognize the danger signs to refer a child to health facility

Overview
Activity 16.1 Relationship between illness of a child, recovery, and feeding (15 minutes)
Activity 16.2 Practices for feeding the sick infant and young child (30 minutes)
Activity 16.3 Signs of severe undernutrition (15 minutes)
Activity 16.4 Danger signs to refer a child to health facility (30 minutes)

Duration 1 ½ hours

Materials
✓ Flipchart papers (+ markers + masking)
✓ Flow chart of relationship between illness and feeding
✓ Pictures of children with Marasmus and Kwashiorkor
✓ Illustrations: refusal to feed, vomiting, diarrhoea, convulsions, respiratory infection, fever, malnutrition
✓ Recommended ENA Practices: Feeding the Sick Child

BFCI Flipchart Cards
- BFCI Flipchart Card 19: Feeding a sick child less than 6 months old
- BFCI Flipchart Card 20: Feeding a sick child who is 6 months or older

Detailed activities

Activity 16.1: Relationship between illness, recovery and feeding (15 minutes)

Methodology: Brainstorming, Interactive presentation

Instructions for Activity:
1. Ask Participants what is the relationship between feeding and illness
2. Compare answers with ‘Relationship between feeding and illness’ described below. Draw relationship between feeding and illness on a flipchart.
3. Discuss and summarize
Key Content

Relationship between illness and feeding

- A sick child (diarrhea, ARI, measles, fever) usually does not feel like eating.
- But he or she needs even more strength to fight sickness.
- Strength comes from the food he or she eats.

Activity 16.2: Name the practices for feeding the sick infant and young child

Methodology: Group work with rotation of flip charts

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

3. Ask each group to go to a flipchart and answer the question on that flipchart; after 2 minutes the Facilitator asks the groups to rotate to the next flipchart; repeat until all groups have a chance to visit each flipchart

4. Groups do not repeat the same information, but only add new information.

5. Each team presents to large group

6. Ask groups to observe and study BFCI Flipchart Card 19: Feeding a sick child less than 6 months old and BFCI Flipchart Card 20: Feeding a sick child who is 6 months or older and match information with Recommended ENA Practices: Feeding the Sick Child

7. Discuss and summarize

Infant and young child
- If an infant and young child does not eat or breastfeed during sickness, he or she will take more time to recover.
- The child is more likely to suffer long-term sickness and undernutrition that may result in a physical or intellectual disability. The child takes more time to recover, or the child’s condition may worsen.
- It is very important to encourage the sick child to continue to breastfeed or drink fluids and eat during sickness, and to eat even more during recuperation in order to quickly regain strength.

Diarrhea: more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes

Note: many babies have frequent stools for as long as they are exclusively breastfed (from birth up to 6 months). This is not diarrhea.

Activity 16.3: Signs of severe acute undernutrition

Methodology: Brainstorming

Instructions for Activity:
1. Ask Participants: What does a malnourished child look like?
2. Discuss and fill-in gaps

Key Content
- Children can become acutely malnourished if they have too little food in combination with a lot of disease
• Severe acute malnutrition: very thin or have swollen body parts in both legs or feet (or other sites)
• Children with either extreme thinness or swelling (or a combination of both) require immediate care from Health Workers

Images: FAO/NNP Nutrition Handbook for the Family

Marasmus … old child sign…
• Marasmic children have retarded growth with specific clinical manifestations including:
  ▪ Wasting of subcutaneous fat and muscles (flabby muscles) and wrinkled buttocks
  ▪ “old man” face
  ▪ Increased appetite (eats greedily)
  ▪ Sunken eyes
  ▪ Mood change (always irritable) and mild skin and hair changes.

Kwashiorcor … red-haired child…
• Growth failure
• Wasting of muscles
• Edema (pitting type) on the lower limbs but can be located on the child’s feet, hands, eyelids, belly or it can spread to the whole body
• Difficulty to begin walking
• Moon face due to hanging cheeks
• Loss of appetite
• Lack of interest in surroundings
• Skins changes
• Hair changes (straightening of hair and presence of different colour bands of the hair indicating periods of malnourishment and well nourishment (flag sign).
• Straightening of hair at the bottom and curling on the top giving an impression of a forest (Forest sign) and easily pluckable hair.
**Note:** One should not wait for these signs to appear before acting because they are signs of severe undernutrition, meaning that the child is in great danger. At this stage, the child will require intensive care. However, the signs of undernutrition onset as well as the signs of undernutrition itself are often invisible and remain unrecognized. Refer the mother to the health centre, supplemental feeding centres, or therapeutic feeding centres.

**Activity 16.4:** Signs requiring the mother/father/caregiver to seek care at health facility

**Methodology:** Brainstorming; Small Group Work

**Instructions for Activity:**
1. Ask participants to brainstorm signs that require referral to health facility by mother/father/caregiver.
2. As Participants mention the signs that require referral, write on flipchart.
3. Orient Participants to the *Recommended ENA Practices: Feeding the Sick Child*
4. Discuss and summarise
## Recommended ENA Practices: Feeding the Sick Child

<table>
<thead>
<tr>
<th>RECOMMENDED PRACTICE</th>
<th>SUPPORTING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sick Infant 0 up to 6 months</strong></td>
<td></td>
</tr>
<tr>
<td>1. During illness, increase the frequency of breastfeeding for your baby to recover faster.</td>
<td>Continue to breastfeed during diarrhea, even increasing the frequency, to replace the liquid lost.</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding more during illness will help your baby to fight the sickness and not lose weight.</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding also provides comfort to a sick baby.</td>
</tr>
<tr>
<td></td>
<td>Sick mothers can continue to breastfeed their baby.</td>
</tr>
<tr>
<td></td>
<td>If the baby is too weak to suckle, express breast milk to give to the baby either by cup or by expressing directly into the baby’s mouth. This will help the mother keep up her milk supply and prevent engorgement.</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 19</strong></td>
<td></td>
</tr>
<tr>
<td>2. After each illness increase the frequency of breastfeeding for the baby to regain health and weight.</td>
<td>Each time a baby is sick, s/he will lose weight so it is important to breastfeed as often as possible.</td>
</tr>
<tr>
<td></td>
<td>Your breast milk is the safest and most important food you can offer your baby to regain her/his health and weight.</td>
</tr>
<tr>
<td><strong>Sick child from 6 up to 24 months</strong></td>
<td></td>
</tr>
<tr>
<td>3. During illness, increase the frequency of breastfeeding and offer additional food to your child to help her/him recover faster.</td>
<td>Fluid and food requirements are higher during illness.</td>
</tr>
<tr>
<td></td>
<td>Take time to patiently encourage your sick child to eat as her/his appetite may be decreased because of the illness.</td>
</tr>
<tr>
<td></td>
<td>It is easier for a sick child to eat small frequent meals so feed the child foods s/he likes in small quantities throughout the day.</td>
</tr>
<tr>
<td></td>
<td>It is important to keep breastfeeding and feeding complementary foods to your child during illness to maintain her/his strength and reduce the weight loss.</td>
</tr>
<tr>
<td></td>
<td>Offer the young child simple foods like porridge, even if s/he does not express interest in eating.</td>
</tr>
<tr>
<td></td>
<td>Avoid spicy or fatty foods.</td>
</tr>
<tr>
<td></td>
<td>Give more fluids and water, and ORS if prescribed by doctor - child shows signs of dehydration</td>
</tr>
<tr>
<td><strong>BFCI Flipchart Card 20</strong></td>
<td></td>
</tr>
<tr>
<td>4. When your child has recovered from an illness, give her/him one additional meal of solid food each day during the two weeks that follow to help child recover quickly.</td>
<td>Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness.</td>
</tr>
<tr>
<td></td>
<td>Take enough time to actively encourage your child to eat this extra food as s/he still may not appear hungry due to the illness.</td>
</tr>
</tbody>
</table>
SESSION 17. INFANT FEEDING IN THE CONTEXT OF HIV

Learning objectives:
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 in the context of HIV (dependent on Cambodia Policy)
3. Describe feeding a child from 6 up to 24 months when an HIV-infected mother breastfeeds or does NOT breastfeed
4. Identify breast conditions of the HIV-infected breastfeeding woman and refer for treatment.

Overview
Activity 17.1 Review of Mother-to-Child Transmission (MTCT) of HIV (15 minutes)
Activity 17.2 Infant feeding in the context of HIV (dependent on Cambodia Policy)
Activity 17.3 Transition from exclusive breastfeeding to exclusive replacement feeding (15 minutes)
Activity 17.4 Breast conditions of the HIV-infected woman and referral for treatment

Duration 1 hour 15 minutes

Materials
√ Flipchart papers (+ markers + masking)
√ Training Aid: 5 sets of illustrations on the benefits and risks of different feeding methods for HIV-exposed infants less than 6 months of age

Detailed activities

Activity 17.1: Review of Mother-to-Child Transmission (MTCT) of HIV (15 minutes)

Methodology: Brainstorming, Group work

Instructions for Activity:
1. Ask Participants the question: When can the HIV virus be transmitted from mother-to-child (MTCT)?
2. Probe until Participants mention during pregnancy, labour and delivery, and breastfeeding
3. Form working groups of 5 Participants
4. Ask groups: If 100 women are HIV-positive and give birth to 100 babies..... 1) how many babies will be infected with HIV during pregnancy, labour and delivery, and breastfeeding up to 2 years, and how many will not be infected with HIV when NO
preventive actions are taken?; AND 2) how many babies will be infected with HIV during pregnancy, labour and delivery, and breastfeeding, and how many will not be infected with HIV when preventive actions are taken: mother is exclusively breastfeeding for 6 months and mother or baby are taking ARVs

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

6. Discuss and summarize

Key Content

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

- A baby born to a HIV-infected mother can get HIV from the mother during pregnancy, labour and delivery, and breastfeeding.
- **In the absence of any interventions**\(^\text{10}\) to prevent or reduce HIV transmission, research has shown that if 100 HIV-infected women get pregnant, deliver, and breastfeed for two years\(^\text{11}\):
  - About 25 may be infected with HIV during pregnancy, labour and delivery
  - About 10 may be infected with HIV through breastfeeding, if the mothers breastfeed their babies for 2 years
  - **About 65 of the babies will not get HIV**
- The aim is to have infants who do not have HIV but still survive (HIV-free survival). Therefore, the risks of getting HIV through breastfeeding have to be compared to the risks of increased morbidity and mortality associated with not breastfeeding.

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

**Risk of transmission decreases with special treatment or prevention medicines (ARVs)**

\(^{10}\)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 – artificial rupture of membranes (AROM), episiotomy, suctioning; minimize elective C-Section; minimize vaginal cleansing; minimize infant exposure to maternal fluids

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

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

**Note:** When mother takes ARVs from 14 weeks of pregnancy, the risk of transmission during pregnancy and labour and delivery is virtually non-existent. Some studies have also shown that the transmission during breastfeeding with ARVs is as low as 1 out of 100 babies.

**Activity 17.2: Infant feeding in the context of HIV (dependent on Cambodia Policy)**

**Methodology:** Brainstorming, Buzz Groups, Group work

<table>
<thead>
<tr>
<th>Instructions for Activity</th>
<th>25 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part A:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Ask Participants to define: exclusive breastfeeding, replacement feeding and mixed feeding</td>
<td></td>
</tr>
<tr>
<td>2. Discuss Cambodia Policy: Exclusively Breastfeed and Take ARVs</td>
<td></td>
</tr>
<tr>
<td>3. Ask Participants:</td>
<td></td>
</tr>
<tr>
<td>• What should an HIV-infected mother do if she does not have access to ARVs?</td>
<td></td>
</tr>
<tr>
<td>4. Discuss and summarize</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Instructions for Activity</th>
<th>20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part B:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Form 5 groups and give to each group Training Aid: Benefits and risks of different feeding methods for HIV-exposed infants less than 6 months of age (in the absence of ARVs):</td>
<td></td>
</tr>
<tr>
<td>• Three cards, each one with an <strong>illustration</strong> depicting rate of transmission of HIV with mode of infant feeding: only breast milk, only replacement milk, and mixed feeding;</td>
<td></td>
</tr>
<tr>
<td>• Three cards with <strong>titles:</strong> only breast milk, only replacement milk, and mixed feeding;</td>
<td></td>
</tr>
</tbody>
</table>
Legend cards.
2. Ask working groups to match the illustration cards with the correct title.
3. Ask 1 group to show and explain their matches; ask other groups if they agree or disagree and to make additional points
4. Ask Participants: "Why is mixed feeding especially dangerous?"
5. Discussion and Facilitator fills-in gaps

Key Content

Part A: Definitions

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

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

• **Mixed feeding** is giving breast milk plus other foods or drinks, including ready to use therapeutic foods before the age of 6 months. Giving solids or liquids to a breastfeeding child less than 6 months increases HIV transmission risk. 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 less than 6 months, irrespective of knowing HIV status of mother**. In an HIV prevalent area, there is even more reason to support exclusive breastfeeding.)

• **Note**: A baby less than 6 months has immature intestines. Food or drinks other than breast milk can cause damage to the baby’s stomach. This makes it easier for HIV virus and other viruses to pass to the baby.
Part A: WHO 2010 Guidelines

**HIV un-infected mother or mother of unknown status:**
Exclusively breastfeed for up to 6 months, add complementary foods at 6 months and continue breastfeeding for 2 years and beyond

**HIV-infected mother whose infant is HIV-uninfected or of unknown HIV status:**
Mother has **two main options** for feeding her baby (depending on national policy).

1. **Exclusively breastfeed together with ARVs for mother OR infant**
   - Exclusive breastfeeding in the first six months helps to significantly reduce the baby’s risk of illness, malnutrition and death, and carries a relatively low average risk of transmission in the first six months as compared to mixed feeding.
   - Same recommended breastfeeding practices that apply for HIV-uninfected mother and mother of unknown status (**Recommended ENA Practices: Breastfeeding**)
   - Breastfeeding and ARVs should continue until 12 months

**Exclusively breastfeed even when no ARVs are available**

- The 2010 WHO Guidelines on HIV and Infant Feeding, Principles and recommendations for infant feeding in the context of HIV and a summary of evidence state:
  - *When a national authority has decided to promote and support breastfeeding and ARVs, but ARVs are not yet available, mothers should be counselled to exclusively breastfeed in the first six months of life and continue breastfeeding thereafter unless environmental and social circumstances are safe for, and supportive of replacement feeding.*
  - *In circumstances where ARVs are unlikely to be available, such as acute emergencies, breastfeeding of HIV-exposed infants is also recommended to increase survival.*

**Cessation of breastfeeding at 12 months**

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

**HIV-infected mother whose infant is HIV-infected:**
Exclusively breastfeed for up to 6 months, add complementary foods at 6 months and continue breastfeeding for 2 years and beyond
2. If National Policy is Avoid All Breastfeeding OR if mother opts out of exclusive breastfeeding:

Avoid All Breastfeeding and feed baby with industrially produced infant formula

Note: The replacement feeding option is also accompanied with provision of ARVs for the mother and the infant (the latter for six weeks after delivery).

The mother gives the baby 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.

Part B: Balance of Risks for Infant Feeding Options in the Context of HIV

<table>
<thead>
<tr>
<th>Risk of HIV</th>
<th>Exclusive Breastfeeding</th>
<th>Exclusive Replacement Feeding</th>
<th>Mixed Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of Morbidity/Mortality</td>
<td>Much lower risk, but doesn’t eliminate the risk entirely</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Mixed feeding is the worst option, as it increases the risk of HIV transmission as well as exposing the infant to the risks of illness from contaminated formula made with dirty water and given in dirty bottles, and contaminated foods and other liquids.
- Breast milk contains an epidermal factor that coats the lining of the baby’s gut or intestine and protects it from harmful substances. When baby receives mixed feeding small lesions in the baby’s gut or intestine are formed allowing larger molecules to enter such as the HIV virus.
- **Note:** After 6 months the baby who is not breastfed needs an additional 1 to 2 cups of milk per day.
Note: the following Table is added for only Master Facilitators/Trainers

### ART/ARV Options for Mother and Baby

<table>
<thead>
<tr>
<th>Viral Load</th>
<th>Mother</th>
<th>Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>High viral load (i.e., low CD4 count)</td>
<td>Life-long (ART) treatment</td>
<td>NVP for 6 weeks</td>
</tr>
<tr>
<td>Low viral load (high CD4 count)</td>
<td>ARVs up to 1 week after BF stops (prevention)</td>
<td>NVP for 6 weeks</td>
</tr>
<tr>
<td>Low viral load (high CD4 count)</td>
<td>ARVs for 1 week after birth (prevention)</td>
<td>NVP for 1 week after breastfeeding stops</td>
</tr>
</tbody>
</table>

**Activity 17.3:** Feeding a child from 6 up to 24 months when an HIV-infected mother breastfeeds or does not breastfeed

**Methodology:** Group Work

**Instructions for Activity:**

1. Ask Participants 2 questions:
   a) When an HIV-infected mother breastfeeds, how should she feed her child from 6 up to 24 months?
   b) When an HIV-infected mother is NOT breastfeeding, how should she feed her child from 6 up to 24 months of age?

2. Distribute 6 cards to participants that complete the bottom row of Complementary Feeding chart and ask them to place in correct space (**HO 10: Recommended complementary feeding**): Add 1 to 2 extra meals; 1 to 2 snacks may be offered; 2 cards with – Same as above according to age group; Same as above, in addition 1 to 2 cups of milk per day, 2 to 3 cups of extra fluid especially in hot climates

3. Discuss and summarize

**Key Content**

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

- Once an infant reaches 6 months of age, the mother should continue to breastfeed (along with ARVs for mother and child) up to 12 months, but then should stop breastfeeding when a nutritionally adequate diet without breast milk can be provided.
- Same recommended complementary feeding practices that apply for HIV-uninfected mother and mother of unknown status (See **Recommended ENA Practices:** Complementary Feeding)
When HIV-infected mother is NOT breastfeeding, how should she feed her child from 6 up to 24 months of age?

- At about 6 months an infant is better able to tolerate undiluted animal milk and a variety of semi-solid foods.
- Add 1 to 2 extra meals and, depending on the child's appetite, offer 1 to 2 snacks
- Add 1 to 2 cups of milk per day
- Add about 2 cups/day of extra fluids (in addition to the 1 to 3 cups/day of water that is estimated to come from milk and other foods in a temperate climate, and 3 to 4 cups/day in a hot climate)
- For infants 6 up to 12 months old, milk provides many essential nutrients and satisfies most liquid requirements. However, in some places, neither animal milk nor infant formula is available.
- Mother or caregiver needs to feed infant animal foods (meat, poultry, fish, eggs, or milk products), additional meals and/or specially formulated, fortified foods where suitable breast milk substitutes are not available.
- Calcium-rich foods such as papaya, orange juice, guava, green leafy vegetables, and pumpkin should be consumed daily.
- Infants not fed milk should be offered plain, clean, boiled water several times a day to satisfy thirst.
- Where neither breast milk substitutes nor animal milk or animal foods are available, nutrient requirements cannot be met unless specially formulated, fortified foods or nutrient supplements are added to the diet.

Activity 17.4: Breast conditions of the HIV-infected mother and refer for treatment

Methodology: Brainstorming

Instructions for Activity:
1. Ask Participants to brainstorm the questions: What breast conditions of the breastfeeding woman need special attention? And what should the breastfeeding woman do when these breast conditions present themselves?
2. Discuss and summarize

Key Content
- An HIV-infected mother with cracked nipples, mastitis (inflammation of the breast), abscess, or thrush/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 breast milk from the infected breast(s) and either discard it or heat-treat it before feeding to baby
  - thrush: no breastfeeding from either breast; heat treat expressed breast milk; treat both mother and infant

Note: Cracked nipples and mastitis are discussed more fully in Session 9: Common breastfeeding difficulties – symptoms, prevention and ‘what to do’
SESSION 18. POST ASSESSMENT AND EVALUATION

Learning objectives
1. Identify strengths and weaknesses of Participant’s IYCF knowledge post training.
2. Conduct evaluation of training.

Overview

Activity 18.1  Post-test of Module I (15 minutes)
Activity 18.2  Participants fill out evaluation form and listen to results (15 minutes)

Duration: 1 hour

Materials

√ Post-assessment questions for Facilitators
√ Evaluation questions or forms

Detailed Activities

Activity 18.1: Strengths and weaknesses of Participant's IYCF knowledge post training.

Methodology: Non-written Post-assessment

Instructions for Activity:
1. Explain that 15 questions will be asked, and that Participants will raise one hand (with open palm) if they think the answer is ‘Yes’, and one hand (with closed fist) if they think the answer is ‘No’
2. Ask Participants to form a circle and sit so that their backs are facing the centre.
3. One Facilitator reads the statements from the Post-assessment and another Facilitator records the answers and notes which topics (if any) still present confusion.
4. Share results of comparison of pre and post-assessment with Participants and review the answers of post assessment questions.
Activity 18.2: Conduct evaluation of training

Methodology: Written evaluation OR non-written evaluation – Buzz Groups

Instructions for Activity:

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

OR

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

<table>
<thead>
<tr>
<th>#</th>
<th>ENA Pre/Post Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pumpkins, mangoes, papaya and green leafy vegetables contain vitamin A.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>A malnourished mother is likely to give birth to a low birth weight child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>At 4 months, the infant needs water and other drinks in addition to breast milk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>The mother, father or caregiver should actively encourage the baby to eat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>In traditional complementary foods, iron is almost always deficient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>De-worming is part of anemia control.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>When breastfeeding, the baby’s chin needs to touch the mother’s breast.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Only food is important to prevent malnutrition.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Vitamin A supplementation is necessary only for children under 1 year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Children 9 up to 24 months old should eat 3-4 times a day and be offered 1-2 snacks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>When a mother is HIV-positive, she cannot breastfeed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Young children should be breastfed for at least 2 years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Only children need vitamin A supplementation, not mothers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Colostrum serves as the first immunization for the baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>When a mother has all the correct knowledge, she will optimally breastfeed her baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>ENA Pre/Post Assessment</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>----</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>1.</td>
<td>Pumpkins, mangoes, papaya and green leafy vegetables contain vitamin A.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>2.</td>
<td>A malnourished mother is likely to give birth to a low birth weight child.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>3.</td>
<td>At 4 months, the infant needs water and other drinks in addition to breast milk.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>4.</td>
<td>The mother, father or caregiver should actively encourage the baby to eat.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>5.</td>
<td>In traditional complementary foods, iron is almost always deficient.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>6.</td>
<td>De-worming is part of anemia control.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>7.</td>
<td>When breastfeeding, the baby’s chin needs to touch the mother’s breast.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>8.</td>
<td>Only food is important to prevent malnutrition.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>9.</td>
<td>Vitamin A supplementation is necessary only for children under 1 year.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>10.</td>
<td>Children 9 up to 24 months old should eat 3-4 times a day and be offered 1-2 snacks.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>11.</td>
<td>When a mother is HIV-positive, she cannot breastfeed.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>12.</td>
<td>Young children should be breastfed for at least 2 years.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>13.</td>
<td>Only children need vitamin A supplementation, not mothers.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>14.</td>
<td>Colostrum serves as the first immunization for the baby.</td>
<td></td>
<td>🗿</td>
</tr>
<tr>
<td>15.</td>
<td>When a mother has all the correct knowledge, she will optimally breastfeed her baby.</td>
<td></td>
<td>🗿</td>
</tr>
</tbody>
</table>
## End of ENA Training Evaluation

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

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training objectives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methods used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Practise</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Which topics did you find most useful?

2. Which topics did you find least useful?

3. What are your suggestions to improve the training?
SESSION 19. ACTION PLAN

Learning objective
1. Develop a 6-month or 1-year action plan.

Overview
Activity 19.1  Core Trainers or Community Counsellors from the same district develop a 6-month or 1-year action plan (30 minutes)
Activity 19.2  Presentation of action plans (30 minutes)

Duration 1 hour

Materials
✓ Flipchart papers (+ markers + masking)

Detailed activities

Activity 19.1: Core Trainers or Community Counsellors from the same district develop a 6-month or 1-year action plan (30 minutes)

Methodology: Group Work

Instructions for Activity
1. Distribute Action Plan template
2. Core Trainers or Community Counsellors from the same district develop an activity/action plan for the following 6 months.

Activity 19.2: Presentation of action plans (30 minutes)

Methodology: Interactive Presentation
1. In plenary, each district group presents their action plan.
2. Feedback from Participants.
### Action Plan

**District:**
**Participants:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>People responsible</th>
<th>Resources needed</th>
<th>When (time)</th>
<th>Where (place)</th>
<th>Follow-up (Who &amp; when)</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 1: REVIEW ENERGIZERS AND DAILY EVALUATIONS

Review Energizers
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 2 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 which asked the question responds and earns the point. Questions and answers are proposed back and forth from team to team.

3. Form 2 teams. Each person receives a 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; feedback is given by other Participants. Repeat the process for other Participants.

Daily Evaluations:
A. Ask Participants to write on a small page of paper their answers to one, two, or all of the following questions which have been displayed on a flip chart:
   1. What did you learn today that will be useful in your work?
   2. What was something that you liked?
   3. Give suggestions for improving today’s sessions.

   - Collect Participants’ answers, mix-up the papers, redistribute them and ask Participants to read the answers, **OR**
   - Collect Participants’ answers, summarize and provide summary on the following day.
B. A table measuring Participants’ mood (filled out by Participants at the end of each day).

<table>
<thead>
<tr>
<th>DAY</th>
<th>MOOD Meter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>😊</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>