

***Infant and Young Child Feeding  
Counselling:  
An Integrated Course***

**Director's Guide**





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**World Health  
Organization**

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For further information please contact:

Department of Nutrition for Health and Development  
World Health Organization  
20 Avenue Appia  
1211 Geneva 27  
Switzerland  
Tel: +41 22 791 2809  
Fax: +41 22 791 4156  
e-mail: [nutrition@who.int](mailto:nutrition@who.int)  
website: <http://www.who.int/nutrition>

Department of Child and Adolescent Health and Development  
World Health Organization  
20 Avenue Appia  
1211 Geneva 27  
Switzerland  
Tel: +41 22 791 3281  
Fax: +41 22 791 4853  
e-mail: [cah@who.int](mailto:cah@who.int)  
website: <http://www.who.int/child-adolescent-health>



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# 1. Introduction to the course

## 1.1 Why this course is needed

The WHO and UNICEF developed The Global Strategy for Infant and Young Child Feeding in 2002 to revitalize world attention to the impact that feeding practices have on the nutritional status, growth, development, health, and survival of infants and young children. This strategy is based on the conclusions and recommendations of expert consultations, which resulted in the global public health recommendation to protect, promote and support exclusive breastfeeding for six months, and to provide safe and appropriate complementary foods with continued breastfeeding for up to two years of age or beyond.

However, many children are not fed in the recommended way. Many mothers, who initiate breastfeeding satisfactorily, often start complementary feeds or stop breastfeeding within a few weeks of delivery. In addition, many children, even those who have grown well for the first six months of life, do not receive adequate complementary feeds. This may result in malnutrition, which is an increasing problem in many countries. More than one-third of under-five children are malnourished – whether stunted, wasted, or deficient in vitamin A, iron or other micronutrients – and malnutrition contributes to more than half of the 10.6 million deaths each year among young children in developing countries.

Information on how to feed young children comes from family beliefs, community practices and information from health workers. Advertising and commercial promotion by food manufacturers is sometimes the source of information for many people, both families and health workers. It has often been difficult for health workers to discuss with families how best to feed their young children due to the confusing, and often conflicting, information available. Inadequate knowledge about how to breastfeed, the appropriate complementary foods to give, and good feeding practices are often a greater determinant of malnutrition than the availability of food.

Hence, there is an urgent need to train all those involved in infant feeding counselling, in all countries, in the skills needed to support and protect breastfeeding and good complementary feeding practices.

Messages about infant feeding have become confused over recent years with the HIV pandemic. In some countries, HIV infection amongst children is now one of the main causes of childhood death. In 90% of cases, children acquire the infection from their mothers, before or during delivery, or through breastfeeding. In 1997, WHO, UNICEF and UNAIDS issued a joint policy statement, indicating that HIV-positive women should be enabled to make a fully informed decision about feeding their infants, and supported to carry out the method of their choice. Guidelines developed in 1998 set out several feeding options to suggest to HIV-positive women. These guidelines also emphasized the need to protect, promote and support breastfeeding for those who are HIV-negative or untested, and to prevent any spillover of artificial feeding to infants of uninfected mothers. There is an urgent need to train those who work in areas where HIV is a problem to counsel women about infant feeding, according to these guidelines.



There are three existing courses available from WHO/UNICEF:

- Breastfeeding Counselling: A Training Course (5 days)
- HIV and Infant Feeding Counselling: A Training Course (3 days) [with UNAIDS]
- Complementary Feeding Counselling: A Training Course (3 days).

This 5-day *Infant and Young Child Feeding Counselling: An Integrated Course* does not set out to replace these courses. In fact, most of the material in this integrated course is taken from the three existing courses. However, it is recognized that in many situations there is simply not enough time available to allow health workers to attend all of the above courses. Given the urgency of training large numbers of health workers and counsellors, this integrated course has been developed to train those who care for mothers and young children in the basics of good infant and young child feeding.

'Counselling' is an extremely important component of this course, as it is in the three existing courses. The concept of 'counselling' is new to many people and can be difficult to translate. Some languages use the same word as 'advising'. However, counselling means more than simple advising. Often, when you advise people, you tell them what you think they should do. When you counsel, you listen to the person and help the person decide what is best for them from various options or suggestions, and you help them to have the confidence to carry out their decision. You listen to them and try to understand how they feel. This course aims to give health workers basic counselling skills so that they can help mothers and caregivers more effectively.

This course is based on a set of competencies which participants are expected to learn during training and follow-up. 'Competencies' may be a concept that is new to trainers and participants so it is important to make sure that everyone understands what this means (See Section 1.4).

This course can be used to complement existing courses such as *Integrated Management of Childhood Illness (IMCI)*. This course could also be used as part of the pre-service training of health workers.

This course does NOT prepare people to have responsibility for the nutritional care of young children with severe malnutrition or nutrition-related diseases such as diabetes or metabolic problems. Participants are encouraged to refer young children for further services and care as necessary. In addition this course does not prepare people to conduct full voluntary confidential counselling and HIV testing – which includes pre-test and post-test counselling for HIV, and follow-up support for those living with HIV. This course covers only aspects specifically related to infant feeding.

## 1.2 Target audience

This course is aimed at the following groups of people:

- Lay counsellors
- Community health workers
- PMTCT counsellors (first level counsellors at district level)
- Primary Health Care nurses and doctors – especially if supervising and/or a referral level for lay counsellors, community health workers or PMTCT counsellors
- Clinicians at first referral level

Course participants are not expected to have any prior knowledge of infant feeding.

People who are expected to have a more specialized knowledge of infant feeding should participate in the individual, as opposed to integrated, infant and young child feeding courses:

- Breastfeeding Counselling: a Training course
- HIV and Infant Feeding Counselling: a Training Course
- Complementary Feeding Counselling: a Training Course.

One trainer is required for every three to four participants on the course. This is essential for the practical work and counselling sessions so that each participant has the chance to practise as much as possible (See Section 3.1 for details on the selection of trainers).

## 1.3 Course objectives

After completing this course, participants will be able to counsel and support mothers to carry out WHO/UNICEF recommended feeding practices for their infants and young children from birth up to 24 months of age, and to counsel and support HIV-infected mothers to choose and carry out an appropriate feeding method for the first two years of life.

## 1.4 Competencies participants are expected to learn during training and follow-up

This course is based on a set of competencies which participants are expected to learn during training and follow-up. Competencies may be a concept that is new to trainers and participants. It is important to explain this clearly to the trainers on the training-of-trainers course and to the participants during the opening session and Session 39 of the participant's course. To become competent at something you need the necessary knowledge and the necessary skills. The knowledge required to be competent at a task is to know 'what to do and when to do it.' The table of competencies listed on the following pages (and also in the Introduction to the *Trainer's Guide* and Session 39 of the *Participant's Manual*) reflects the content of this course and the knowledge and skills on which the participants will be assessed. You will see that the table is divided into three columns: the competency, the knowledge required and the skills required.

Most people find that they acquire the 'knowledge' part of the competency more quickly than the 'skills' part. During a course like this participants will gain a lot of knowledge, but knowledge on its own does not make someone competent at carrying out a task. For example, you may be able to list the steps of how to teach a mother to cup-feed her baby but have never practised this skill yourself, and so you may not be competent at carrying this out practically. Whilst participants on a course like this may not learn all the skills listed, they should all have a chance to practise these skills at least once during the course. Then they will understand how to continue to practise these skills when they return to their place of work. If a participant has had the chance to successfully teach a mother to position and attach her baby to the breast, she will feel more confident in continuing to improve on this skill when she returns to work after the course. It is essential that the trainers are competent at the counselling and technical skills required and that the groups are small enough (1 trainer per 3-4 participants) to ensure that the participants get as much practice as possible. It is also crucial that adequate planning is given to where the practical sessions will take place so that there are enough mothers and children for all the participants to practise their skills (see Section 2). If time is short, it is tempting to cut down on the time allocated to the practical sessions. However, remember that these slots are the only time that participants will have to practise their skills, so this would not be a wise decision to make.

The table of competencies is arranged in a certain order. The competencies at the beginning of the table are those which are most commonly used, and on which later competencies depend. For example, to be able to help a mother who has flat or inverted nipples you need to have the basic competency to help a mother to position and attach her baby. You will also see that the counselling skills ('Listening and learning' and 'Confidence and support') are applied in many different situations.

Take time to read through this table of competencies before the course. All the theory ('knowledge') required is found in the *Trainer's Guide* and will be covered in the lecture sessions of the participant's course. The skills are practised in the classroom practical sessions, the exercises and the practical sessions in wards and clinical facilities. The follow-up assessment of participants at their facilities is based on these competencies.

Competency	Knowledge	Skills
1. Use Listening and Learning skills to counsel a mother	<ul style="list-style-type: none"> <li>• List the 6 Listening and Learning skills</li> <li>• Give an example of each skill</li> </ul>	<ul style="list-style-type: none"> <li>• Use the Listening and Learning skills appropriately when counselling a mother on feeding her infant or young child</li> </ul>
2. Use Confidence and Support skills to counsel a mother	<ul style="list-style-type: none"> <li>• List the 6 Confidence and Support skills</li> <li>• Give an example of each skill</li> </ul>	<ul style="list-style-type: none"> <li>• Use the Confidence and Support skills appropriately when counselling a mother on feeding her infant or young child</li> </ul>
3. Assess a breastfeed	<ul style="list-style-type: none"> <li>• Explain the contents and arrangement of the BREASTFEED OBSERVATION JOB AID</li> </ul>	<ul style="list-style-type: none"> <li>• Assess a breastfeed using the BREASTFEED OBSERVATION JOB AID</li> <li>• Recognize a mother who needs help using the BREASTFEED OBSERVATION JOB AID</li> </ul>
4. Help a mother to position a baby at the breast	<ul style="list-style-type: none"> <li>• Explain the 4 key points of positioning</li> <li>• Describe how a mother should support her breast for feeding</li> <li>• Explain the main positions – sitting, lying, underarm and across</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize good and poor positioning according to the 4 key points</li> <li>• Help a mother to position her baby using the 4 key points, in different positions</li> </ul>
5. Help a mother to attach her baby to the breast	<ul style="list-style-type: none"> <li>• Describe the relevant anatomy and physiology of the breast and suckling action of the baby</li> <li>• Explain the 4 key points of attachment</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize signs of good and poor attachment and effective suckling according to the BREASTFEED OBSERVATION JOB AID</li> <li>• Help a mother to get her baby to attach to the breast once he is well positioned</li> </ul>
6. Explain to a mother about the optimal pattern of breastfeeding	<ul style="list-style-type: none"> <li>• Describe the physiology of breast milk production and flow</li> <li>• Describe unrestricted (or demand) feeding, and implications for frequency and duration of breastfeeds and using both breasts alternatively</li> </ul>	<ul style="list-style-type: none"> <li>• Explain to a mother about the optimal pattern of breastfeeding and demand feeding</li> </ul>
7. Help a mother to express her breast milk by hand	<ul style="list-style-type: none"> <li>• List the situations when expressing breast milk is useful</li> <li>• Describe the relevant anatomy of the breast and physiology of lactation</li> <li>• Explain how to stimulate the oxytocin reflex</li> <li>• Describe how to select and prepare a container for expressed breast milk</li> <li>• Describe how to store breast milk</li> </ul>	<ul style="list-style-type: none"> <li>• Explain to a mother how to stimulate her oxytocin reflex</li> <li>• Rub a mother's back to stimulate her oxytocin reflex</li> <li>• Help a mother to learn how to prepare a container for expressed breast milk</li> <li>• Explain to a mother the steps of expressing breast milk by hand</li> <li>• Observe a mother expressing breast milk by hand and help her if necessary</li> </ul>
8. Help a mother to cup-feed her baby	<ul style="list-style-type: none"> <li>• List the advantages of cup-feeding</li> <li>• Estimate the volume of milk to give a baby according to weight</li> <li>• Describe how to prepare a cup hygienically for feeding a baby</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate to a mother how to prepare a cup hygienically for feeding</li> <li>• Practise with a mother how to cup-feed her baby safely</li> <li>• Explain to a mother the volume of milk to offer her baby and the number of feeds in 24 hours</li> </ul>

Competency	Knowledge	Skills
9. Plot and interpret a growth chart	<ul style="list-style-type: none"> <li>• Explain the meaning of the standard curves</li> <li>• Describe where to find the age and the weight of a child on a growth chart</li> </ul>	<ul style="list-style-type: none"> <li>• Plot the weights of a child on a growth chart</li> <li>• Interpret a child's individual growth curve</li> </ul>
10. Take a feeding history for an infant 0-6 months	<ul style="list-style-type: none"> <li>• Describe the contents and arrangement of the FEEDING HISTORY JOB AID, 0-6 MONTHS</li> </ul>	<ul style="list-style-type: none"> <li>• Take a feeding history using the job aid and appropriate counselling skills according to the age of the child</li> </ul>
11. Teach a mother the 10 Key Messages for complementary feeding	<ul style="list-style-type: none"> <li>• List and explain the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6)</li> <li>• Explain when to use the food consistency pictures, and what each picture shows</li> <li>• List and explain the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8)</li> <li>• List and explain the Key Message about how to feed an infant or young child (Key Message 9)</li> <li>• List and explain the Key Message about how to feed an infant or young child during illness (Key Message 10)</li> </ul>	<ul style="list-style-type: none"> <li>• Explain to a mother the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6)</li> <li>• Use the food consistency pictures appropriately during counselling</li> <li>• Explain to a mother the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8)</li> <li>• Explain to a mother the Key Message about how to feed an infant or young child (Key Message 9)</li> <li>• Explain to a mother the Key Message about how to feed an infant or young child during illness (Key Message 10)</li> </ul>
12. Counsel a pregnant woman about breastfeeding	<ul style="list-style-type: none"> <li>• List the Ten Steps to Successful Breastfeeding</li> <li>• Describe how the International Code of Marketing of Breast-milk Substitutes helps to protect breastfeeding</li> <li>• Discuss why exclusive breastfeeding is important for the first six months</li> <li>• List the special properties of colostrum and reasons why it is important</li> </ul>	<ul style="list-style-type: none"> <li>• Use counselling skills appropriately with a pregnant woman to discuss the advantages of exclusive breastfeeding</li> <li>• Explain to a pregnant woman how to initiate and establish breastfeeding after delivery, and the optimal breastfeeding pattern</li> <li>• Apply competencies 1, 2 and 6</li> </ul>
13. Help a mother to initiate breastfeeding	<ul style="list-style-type: none"> <li>• Discuss the importance of early contact after delivery and of the baby receiving colostrum</li> <li>• Describe how health care practices affect initiation of exclusive breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>• Help a mother to initiate skin-to-skin contact immediately after delivery and to introduce her baby to the breast</li> <li>• Apply competencies 1, 2, 4 and 5</li> </ul>
14. Support exclusive breast feeding for the first six months of life	<ul style="list-style-type: none"> <li>• Describe why exclusive breastfeeding is important</li> <li>• Describe the support that a mother needs to sustain exclusive breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>• Apply competencies 1 to 10 appropriately</li> </ul>
15. Help a mother to sustain breastfeeding up to 2 years of age or beyond	<ul style="list-style-type: none"> <li>• Describe the importance of breast milk in the 2<sup>nd</sup> year of life</li> </ul>	<ul style="list-style-type: none"> <li>Apply competencies 1, 2, 9 and 10, including explaining the value of breastfeeding up to 2 years and beyond</li> </ul>

Competency	Knowledge	Skills
16. Help a mother with 'not enough milk'	<ul style="list-style-type: none"> <li>• Describe the common reasons why a baby may have a low breast milk intake</li> <li>• Describe the common reasons for apparent insufficiency of milk</li> <li>• List the reliable signs that a baby is not getting enough milk</li> </ul>	<ul style="list-style-type: none"> <li>• Apply competencies 1, 3, 9 and 10 to decide the cause</li> <li>• Apply competencies 2, 4, 5, 6, 7 and 8 to overcome the difficulty, including explaining the cause of the difficulty to the mother</li> </ul>
17. Help a mother with a baby who cries frequently	<ul style="list-style-type: none"> <li>• List the causes of frequent crying</li> <li>• Describe the management of a crying baby</li> </ul>	<ul style="list-style-type: none"> <li>• Apply competencies 1, 3, 9 and 10 to decide the cause</li> <li>• Apply competencies 2, 4, 5 and 6 to overcome the difficulty, including explaining the cause of the difficulty to the mother</li> <li>• Demonstrate to a mother the positions to hold and carry a colicky baby</li> </ul>
18. Help a mother whose baby is refusing to breastfeed	<ul style="list-style-type: none"> <li>• List the causes of breast refusal</li> <li>• Describe the management of breast refusal</li> </ul>	<ul style="list-style-type: none"> <li>• Apply competencies 1, 3, 9 and 10 to decide the cause</li> <li>• Apply competencies 2, 4 and 5 to overcome the difficulty, including explaining the cause of the difficulty to the mother</li> <li>• Help a mother to use skin-to-skin contact to help her baby accept the breast again</li> <li>• Apply competencies 7 and 8 to maintain breast milk production and to feed the baby meanwhile</li> </ul>
19. Help a mother who has flat or inverted nipples	<ul style="list-style-type: none"> <li>• Explain the difference between flat and inverted nipples and about protractility</li> <li>• Explain how to manage flat and inverted nipples</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize flat and inverted nipples</li> <li>• Apply competencies 2, 4, 5, 7 and 8 to overcome the difficulty</li> <li>• Show a mother how to use the syringe method for the treatment of inverted nipples</li> </ul>
20. Help a mother with engorged breasts	<ul style="list-style-type: none"> <li>• Explain the differences between full and engorged breasts</li> <li>• Explain the reasons why breasts may become engorged</li> <li>• Explain how to manage breast engorgement</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize the difference between full and engorged breasts</li> <li>• Apply competencies 2, 4, 5, 6 and 7 to manage the difficulty</li> </ul>
21. Help a mother with sore or cracked nipples	<ul style="list-style-type: none"> <li>• List the causes of sore or cracked nipples</li> <li>• Describe the relevant anatomy and physiology of the breast</li> <li>• Explain how to treat candida infection of the breast</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize sore and cracked nipples</li> <li>• Recognize candida infection of the breast</li> <li>• Apply competencies 2, 3, 4, 5, 7 and 8 to manage these conditions</li> </ul>
22. Help a mother with mastitis	<ul style="list-style-type: none"> <li>• Describe the difference between engorgement and mastitis</li> <li>• List the causes of a blocked milk duct</li> <li>• Explain how to treat a blocked milk duct</li> <li>• List the causes of mastitis</li> <li>• Explain how to manage mastitis, including indications for antibiotic treatment and referral</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize mastitis and refer if necessary</li> <li>• Recognize a blocked milk duct</li> <li>• Manage blocked duct appropriately</li> <li>• Manage mastitis appropriately using competencies 1, 2, 3, 4, 5, 6, 7, 8 and rest, analgesics and antibiotics if indicated. Refer to the appropriate level of care.</li> </ul>

Competency	Knowledge	Skills
	<ul style="list-style-type: none"> <li>• List the antibiotics to use for infective mastitis</li> <li>• Explain the difference between treating mastitis in an HIV-negative and HIV-positive mother</li> </ul>	<ul style="list-style-type: none"> <li>• Refer mastitis in an HIV-positive mother to the appropriate level of care</li> </ul>
23. Help a mother to breastfeed a low-birth-weight baby or sick baby	<ul style="list-style-type: none"> <li>• Explain why breast milk is important for a low-birth-weight baby or sick baby</li> <li>• Describe the different ways to feed breast milk to a low-birth-weight baby</li> <li>• Estimate the volume of milk to offer a low-birth-weight baby per feed and per 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Help a mother to feed her LBW baby appropriately</li> <li>• Apply competencies, especially 7, 8 and 9, to manage these infants appropriately</li> <li>• Explain to a mother the importance of breastfeeding during illness and recovery</li> </ul>
24. Counsel an HIV-positive woman antenatally about feeding choices	<ul style="list-style-type: none"> <li>• Explain the risk of mother-to-child transmission of HIV</li> <li>• Outline approaches that can prevent MTCT through safer infant feeding practices</li> <li>• State infant feeding recommendations for women who are HIV+ve and for women who are HIV-ve or do not know their status</li> <li>• List advantages and disadvantages of these feeding options</li> </ul>	<ul style="list-style-type: none"> <li>• Apply competencies 1 and 2 to counsel an HIV-positive woman</li> <li>• Use the Flow Chart and the Counselling Cards to help an HIV-positive woman to come to her own decision about how to feed her baby</li> </ul>
25. Support an HIV-positive mother in her feeding choice	<ul style="list-style-type: none"> <li>• List the different types of replacement milks available locally and how much they cost</li> <li>• Explain how to prepare the milks</li> <li>• Describe hygienic preparation of feeds and utensils</li> <li>• Explain the volumes of milk to offer a baby according to weight</li> <li>• Explain exclusive breastfeeding and stopping early</li> <li>• Explain how to heat-treat and store breast milk</li> <li>• Describe the criteria for selection of a wet-nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Help a mother to prepare the type of replacement milk she has chosen</li> <li>• Apply competency 8</li> <li>• Show a mother how to prepare replacement feeds hygienically</li> <li>• Practise with a mother how to prepare replacement feeds hygienically</li> <li>• Show a mother how to measure milk and other ingredients to prepare feeds</li> <li>• Practise with a mother how to measure milk and other ingredients to prepare feeds</li> <li>• Explain to a mother the volume of milk to offer her baby and the number of feeds per 24 hours</li> <li>• Apply competencies 1, 2, 3, 4, 5, and 6 to support a mother to breastfeed exclusively and optimally</li> <li>• Show a mother how to heat-treat breast milk and apply competencies 7 and 8</li> <li>• Apply competencies 1, 2, 3, 4, 5 and 6 to support the wet-nurse</li> <li>• Use the Counselling Cards and Flyers appropriately</li> </ul>

Competency	Knowledge	Skills
26. Follow-up the infant of an HIV-positive mother 0-6 months who is receiving replacement milk	<ul style="list-style-type: none"> <li>• Describe hygienic preparation of feeds</li> <li>• Explain the volumes of milk to give to a baby according to weight</li> <li>• Explain when to arrange follow-up or when to refer</li> <li>• Explain about feeding during illness and recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Show a mother how to prepare replacement feeds hygienically</li> <li>• Practise with a mother how to prepare replacement feeds hygienically</li> <li>• Apply competency 8</li> <li>• Recognize when a child needs follow-up and when a child needs to be referred</li> <li>• Explain to a mother how to feed her baby during illness or recovery</li> <li>• Use the Counselling Cards and Flyers appropriately</li> </ul>
27. Help an HIV-positive mother to cease breastfeeding early and make a safe transition to replacement feeds	<ul style="list-style-type: none"> <li>• Describe the difficulties a mother may encounter when she tries to stop breastfeeding over a short period of time</li> <li>• Explain how to manage engorgement and mastitis in a mother who stops breastfeeding over a short period of time</li> <li>• Show the ways to comfort a baby who is no longer breastfeeding</li> <li>• List what replacement feeds are available and how to prepare them</li> <li>• Explain when to arrange follow-up or when to refer</li> </ul>	<ul style="list-style-type: none"> <li>• Explain to a mother how she should prepare to stop breastfeeding early</li> <li>• Practise with a mother how to prepare replacement feeds hygienically</li> <li>• Apply competencies 7 and 8</li> <li>• Manage breast engorgement and mastitis in an HIV-infected woman who is stopping breastfeeding (competencies 20 and 22)</li> <li>• Explain to a mother ways to comfort a baby who is no longer breastfeeding</li> </ul>
28. Help mothers whose babies are over six months of age to give complementary feeds	<ul style="list-style-type: none"> <li>• List the gaps which occur after six months when a child can no longer get enough nutrients from breast milk alone</li> <li>• List the foods that can fill the gaps</li> <li>• Describe how to prepare feeds hygienically</li> <li>• List recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding at different ages</li> </ul>	<ul style="list-style-type: none"> <li>• Apply competencies 1, 2, 9 and 10</li> <li>• Use the FOOD INTAKE JOB AID, 6-23 MONTHS to learn how a mother is feeding her infant or young child</li> <li>• Identify the gaps in the diet using the FOOD INTAKE JOB AID, 6-23 MONTHS and the FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS</li> <li>• Explain to a mother what foods to feed her child to fill the gaps, applying competency 11</li> <li>• Demonstrate preparation of a meal for an infant or young child at different ages (8, 10, 15 months)</li> <li>• Practise with a mother how to prepare meals for her infant or young child</li> <li>• Show a mother how to prepare feeds hygienically</li> <li>• Explain to a mother how to feed a non-breastfed child</li> </ul>



<b>Competency</b>	<b>Knowledge</b>	<b>Skills</b>
29. Help a mother with a breastfed child over six months of age who is not growing well	<ul style="list-style-type: none"> <li>• Explain feeding during illness and recovery</li> <li>• Describe how to prepare feeds hygienically</li> </ul>	<ul style="list-style-type: none"> <li>• Apply competency 15 to help a mother to sustain breastfeeding up to 2 years of age or beyond</li> <li>• Apply competencies 1, 2, 9, 10 and 11</li> <li>• Explain to a mother how to feed during illness and recovery</li> <li>• Demonstrate to a mother how to prepare feeds hygienically</li> <li>• Recognize when a child needs follow-up and when a child needs referral</li> </ul>
30. Help a mother with a non-breastfed child over six months of age who is not growing well	<ul style="list-style-type: none"> <li>• Explain about the special attention to give to children who are not receiving breast milk</li> <li>• List the recommendations for feeding a non-breastfed child, including quantity, quality, consistency, frequency and method of feeding</li> <li>• Explain feeding during illness and recovery</li> <li>• Describe how to prepare feeds hygienically</li> </ul>	<ul style="list-style-type: none"> <li>• Apply competencies 1, 2, 9, 10 and 11</li> <li>• Explain to a mother how to feed a non-breastfed child</li> <li>• Explain to a mother how to feed during illness and recovery</li> <li>• Demonstrate to a mother how to prepare feeds hygienically</li> <li>• Recognize when a child needs follow-up and when a child needs referral</li> </ul>

## 1.5 Course structure

The *Infant and Young Child Feeding Counselling: An Integrated Course* training is for 16-24 participants, and 4-6 trainers, in groups of three - four participants each with one trainer plus a course director. The course takes approximately 35 hours not including meal breaks or the opening and closing ceremonies.

It can be conducted intensively over five days or it can be spread out less intensively over a longer period of time, for example one day a week for five weeks, or half of every day for two weeks. If trainers or participants come from outside the area, it is usually necessary to hold an intensive course. If trainers and participants all come from within the same district or institution, it may be easier to hold a part-time course over a longer period.

There are 39 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of three to four participants with one trainer, with role-play, practical work and exercises. The sessions are structured around four 2-hour practical sessions, during which participants practise counselling and technical skills with mothers or caregivers and young children.

## 1.6 Where to hold the course - overview

In order to hold a successful course, you need to arrange:

- classroom space for the course and classroom space for training the trainers
- lodgings and meals for the trainers and participants
- sites for the practical sessions.

Ideally, a course should be residential, with the classroom and accommodation at the same site. If the course is not residential, allow adequate time for travel between the accommodation and the classroom.

It is essential that the course take place near one or several facilities where participants can observe mothers, caregivers and young children. Detailed information on arranging where to hold a course is in Section 2.

## 1.7 Course materials

In Section 4 you will find a series of checklists of the materials and equipment you will need to conduct the course. The course materials described below are normally provided by WHO, though some local photocopying may be required. Items of equipment, stationery, and items for the demonstrations, are normally available locally. Ensure you order the required materials in sufficient time for the course.

### Director's Guide

The *Director's Guide* contains all the information that the Course Director needs to plan and prepare for a course, and to select trainers and participants, starting several months before the actual training. It contains lists of the materials and equipment needed, examples of timetables, and copies of the forms that need to be photocopied before a course. It also describes the Director's role during the course itself.

### The Trainer's Guide

The *Trainer's Guide* contains what the trainers need in order to lead participants through the course. This guide contains the information that they require, detailed instructions on how to conduct each session, the exercises that participants will do, together with answers, and the summary sheets, forms, checklists and stories used during the practical sessions of the course. This is the trainers' most essential tool on the course. It is recommended that they use it at all times and add notes to it as they work. These notes will help them in future courses.

You will notice in the course that an infant or young child is always referred to as 'he'; a healthworker or counsellor is always referred to as 'she'; and the term 'mother' is used rather than 'caregiver'. This is simply used for consistency during the training.

### Slides

Many sessions use slides. These are provided on a CD for projection onto a screen. Alternatively you can use overhead transparencies and picture books for participants with the photographs in them. Your Director will inform you which you will use. It is important that you are familiar with the equipment beforehand. All the slides are shown in your *Trainer's Guide* so that you can make sure you understand the information, pictures or graphs for your sessions.

### Participant's Manual

One copy is provided for each participant. This contains:

- summaries of information
- copies of Worksheets and Checklists for the practical sessions
- exercises which participants will do during the course (without answers)

The manual can be used for reference after the course, so it is not essential for participants to take detailed notes.

### Answer sheets

These are provided separately, and they give answers to all the exercises. Give them to the participants after they have worked through the exercises.

## Forms and checklists

Loose copies of the forms and checklists needed for practical sessions and counselling exercises are provided. These are:

- BREASTFEED OBSERVATION JOB AID
- FEEDING HISTORY JOB AID, 0-6 MONTHS
- LISTENING AND LEARNING SKILLS CHECKLIST
- COUNSELLING SKILLS CHECKLIST
- Sets of HIV and Infant Feeding Counselling Cards
- PRACTICAL DISCUSSION CHECKLIST (for trainers only)
- FOOD INTAKE JOB AID, 6-23 MONTHS

## Story Cards

Copies of the Counselling Stories are provided for Sessions 27 and 33.

## Updates

Periodic updates on the topics covered on this course will be available at CAH and NHD websites, and should be consulted when preparing a course.

## Training aids

You will need a flipchart, and blackboard and chalk, or white board and suitable markers, for most sessions, and a means of fixing flipchart pages to the wall or notice board – such as masking tape. You will also need approximately 1 life size baby doll and 1 model breast for each small working group of 3-4 participants.

If dolls and breasts are not available here are some instructions for making them very simply and out of readily available material.

### HOW TO MAKE A MODEL DOLL

- Find any large fruit or vegetable, a towel or other strong thick cloth, and some rubber bands or string.
- Put the fruit or vegetable in the middle of the cloth, and tie the cloth around it to form the baby's 'neck' and 'head'.
- Bunch the free part of the cloth together to form the baby's legs and arms, and tie them into shape.
- If the cloth is rather thin, you may like to stuff some other cloth inside to give the doll more of a 'body'.

### HOW TO MAKE A MODEL BREAST

- Use a pair of near skin-coloured socks, or stockings, or an old sweater or tee shirt.
- Make the cloth into a round bag shape, and stuff it with other cloth or foam rubber to make it breast shaped.
- Stitch a 'purse string' around a circle in the middle of the breast to make a nipple.
- Stuff the nipple with foam or cotton.
- Colour the areola with a felt pen. You can also push the nipple in, to make an 'inverted' nipple.
- If you wish to show the inside structure of the breast, with the larger ducts, make the breast with two layers, for example with 2 socks.
- Sew the nipple in the outer layer, and draw the large ducts and ducts on the inside layer, beneath the nipple.
- You can remove the outer layer with the nipple to reveal the inside structure.

## 1.8 Resource materials

### RESOURCE MATERIALS

As a trainer, you may wish to obtain the following reference materials to answer questions and provide additional information:

These can be downloaded from WHO web sites: [www.who.int/child-adolescent-health/publications](http://www.who.int/child-adolescent-health/publications) or [www.who.int/nut/publications](http://www.who.int/nut/publications)

Also available from Marketing and Distribution of Information, WHO, Avenue Appia, 1211 Geneva 27, Switzerland, Fax: 41-22-791-4857; [bookorders@who.int](mailto:bookorders@who.int) or your local WHO Publication Stockists.

- Global Strategy for Infant and Young Child Feeding Geneva, 2003.
- Protecting, Promoting and Supporting Breast-feeding: the special role of maternity services. A joint WHO/UNICEF Statement, Geneva, 1989.
- International Code of Marketing of Breast-milk Substitutes. Geneva, 1981.
- Evidence for the Ten Steps to Successful Breastfeeding WHO/CHD/98.9
- Annex to the Global Criteria for Baby-friendly Hospitals: Acceptable Medical Reasons for Supplementation
- Annex to Breastfeeding Counselling: A training Course on Breastfeeding and Maternal Medication: Recommendations for drugs in the WHO Model List of Essential Drugs WHO/CDR/95.11
- Relactation – a review of experience and recommendations for practice WHO/CHS/CAH/98.14
- Mastitis: causes and management WHO/FCH/CAH/00.13
- Community-Based Strategies for Breastfeeding Promotion and Support in Developing Countries WHO 2003
- Complementary Feeding – family foods for breastfed children. WHO/NHD/00.1
- Guiding Principles for Complementary Feeding of the Breastfed Child. 2003, PAHO/WHO, Division of Health Promotion and Protection/Food and Nutrition Program, Washington, DC, USA.
- Complementary Feeding of Young Children in Developing Countries: a review of current scientific knowledge. WHO/NUT/98.1
- The optimal duration of exclusive breastfeeding: a systematic review. WHO/NHD/01.08
- Breastfeeding Counselling: A training course. WHO/CDR/ 93.4; UNICEF/NUT/93.2
- HIV and Infant Feeding Counselling: a training course WHO/FCH/CAH/00.3
- Complementary Feeding Counselling: a training course WHO
- A critical link-interventions for physical growth and psychological development, a review. WHO/CHS/CAH/99.3
- HIV and Infant Feeding – guidelines for decision-makers Geneva, 2003
- HIV and Infant Feeding – a guide for health care managers and supervisors Geneva, 2003
- HIV and Infant Feeding – a review of HIV transmission through breastfeeding Geneva, 2004
- Guiding principles for feeding the non-breastfed child 6-24 months Geneva, 2005
- Infant and young child feeding: A tool for assessing national practices, policies and programmes, Geneva 2003
- HIV and infant feeding: Framework for priority action. Geneva, 2003
- HIV and infant feeding: Counselling tools. Geneva, 2005.
- Hepatitis B and breastfeeding update. WHO 1996
- Breastfeeding and maternal tuberculosis update. WHO 1998
- Acta Paediatrica: WHO Child Growth Standards. Acta Paediatrica Supplement 2006; 450: 5-101
- De Onis M et al. The WHO Multicentre Growth Reference Study (MGRS): Rationale, planning and implementation. Food and Nutrition Bulletin 2004; 25 (Supplement 1): S3-S84

**Available from WHO, Department of Food Safety (FOS) fos@who.int**

- Basic principles for the preparation of safe food for infants and young children WHO/FNU/FOS/96.6 [www.who.int/fsf/Documents/brochure/basic.pdf](http://www.who.int/fsf/Documents/brochure/basic.pdf)
- Adams M, & Motarjemi, Y. Basic Food Safety for Health Workers. WHO/SDE/PHE/FOS/99.1
- Five keys to safer food (poster). WHO/SDE/PHE/FOS/01.1 <http://www.who.int/foodsafety/publications/consumer/5keys/en/index.html>
- Five keys to safer food manual <http://www.who.int/foodsafety/consumer/5keysmanual/en/index.html>

**Available from WHO, HIS (HIV/AIDS/STI)**

- Counselling for HIV/AIDS: a key to caring WHO/GPA/TCO/HCS/95.15
- HIV in Pregnancy: a Review WHO/CHS/RHR/99.15; UNAIDS 99.35

**Available from UNAIDS Information Centre, 20 Avenue Appia, 1211 Geneva 27, Switzerland unaid@unaid.org**

- Prevention of HIV transmission from mother to child: Strategic options. UNAIDS/99.44E
- Counselling and Voluntary HIV testing for pregnant women in high HIV prevalence countries: elements and issues. UNAIDS/99.40E

**Available from WHO Regional Office for Europe, Copenhagen, Denmark**

- Fleischer Michaelsen K, Weaver L, Branca F, Robertson A, Feeding and nutrition of infants and young children – guidelines for the WHO European Region. WHO Regional Publication, European Series, No 87, 2000

**Available from UNICEF, Nutrition Section, 3 United Nations Plaza, New York NY 10017, USA: wdemos@unicef.org**

- Engle P. The Care Initiative: assessment, analysis and action to improve care for nutrition. New York: UNICEF Nutrition Section, 1997.
- Armstrong, HC. Techniques of Feeding Infants: the case for cup feeding. Research in Action, No 8, June 1998, UNICEF, NY

**Available from Teaching Aids At Low Cost, PO Box 49, St Albans, Herts AL1 5TX, UK, Fax: +44-1727-846852 www.talcuk.org**

- Savage-King, F & Burgess, A, Nutrition for Developing Countries, ELBS, Oxford University Press, 1995
- Savage-King, F, Helping mothers to breastfeed (Revised Edition, African Medical and Research Foundation, 1992, or an adapted version), AMREF, Kenya

## 1.9 Clerical and logistical support

Make sure that clerical and support staff will be available at the site to make photocopies and to prepare, for example, the evaluation questionnaires and certificates, and to make transport arrangements. They should be able and willing to help with anything that requires their attention.

## 1.10 Funds required

Make sure that enough funds are available to cover the following:

- Participants' travel and per diem
- Trainers' travel and per diem and special compensation if required
- Payment for clerical support staff
- Travel to and from the health facility if necessary
- Stationery, equipment, and items for demonstrations
- Refreshments
- Accommodation and meals (if not covered by per diem)
- Costs of photocopying.

If trainers and/or participants need to arrive the day before the course starts or remain until the day after the course finishes in order to be present for the whole course, ensure there are sufficient funds to cover accommodation and meals for these nights.

## 1.11 Opening and closing ceremonies

You may wish to have an opening and closing ceremony for the participants. There may be an invited speaker to open the course and to close the course and present certificates to the participants and any new trainers. It is important to involve representatives from the government and key institutions, so that they are aware of the training and to acknowledge or obtain their support for infant and young child feeding activities.

Decide whom to invite in good time. Send an invitation with a short description of the course and the participants. Make it clear whether or not you want those whom you invite to make a speech. If you do wish them to speak, stress the exact time that will be available. Send them relevant information that would be appropriate for them to mention, for example, about local feeding data, the reasons for the course, and global initiatives to promote optimal infant and young child feeding. Offer to provide additional information if required.

If possible, before the course, try to contact personally the persons who accept the invitation and try to ensure that they fully understand the context in which they make their speech.

Prepare the course timetable to include the time needed for opening and closing ceremonies. **This time has not been included in the course session times.** It is important that your course schedule does not get disturbed by lengthy speeches, particularly on the first day.

You may find it more convenient for a residential course to hold the opening ceremony on the evening before the course starts when all the participants have arrived. This provides a good opportunity to welcome everyone, go over arrangements and give out material. It also means that you can start straight away with Session 1 the following morning.



## 1.12 Role of the Course Director

The Course Director has overall responsibility for the planning and preparation of the course and ensuring the course runs smoothly. This includes:

- ensuring the pre-planning is carried out
- preparing the trainers, co-ordinating and assisting trainers during the course
- ensuring the course runs according to the planned timetable
- introducing the course and conducting the closing session
- conducting the course evaluation
- discussing follow-up activities.

The Course Director generally should have experience of participating in this course as a trainer and have good planning skills. The Course Director will need to allocate some time to the pre-course planning and working with a local organizer in the months preceding the course. If not based in the area, the Course Director would arrive at the course site 1-2 days before the course to ensure arrangements are in place, and should be present throughout the entire course.

At times, the Course Director may not be based in the area where the course will take place. In this case, a local organizer or contact person may arrange the facilities, gathering of local information for adaptations and other local activities. The Course Director is responsible for ensuring the local organizer understands what needs to be done and for confirming that it is done. Checklists and other relevant pages of this guide may be copied for the local organizer.

The Course Director does not normally conduct sessions. However, in sessions that involve a lot of group work, the Course Director can assist the trainer assigned to the session with their group of three to four participants or with parts of that session so the trainer can assist the group. The Course Director should not have sole responsibility for a group of participants.

## 2. Arranging Where To Hold A Course

In order to hold a successful course, you need to arrange:

- classroom space for the course and classroom space for training the trainers
- lodgings and meals for the trainers and participants
- sites for the four practical sessions

### 2.1 Classroom facilities

You need one large classroom to accommodate the whole class including trainers and visitors. The classroom should have space for each group of four plus their trainer to sit at a table during the sessions.

You need additional table space to lay out the materials used during the course.

The classrooms should be in a place where the participants are not disturbed by too much background noise.

During the training-of-trainers, one classroom is needed for 6-8 people to work in.

### 2.2 Accommodation and meals

For a residential course, it is necessary to arrange for suitable accommodation near the classroom and the health facility. Unsatisfactory accommodation can hinder participants' learning. Suitable transportation needs to be available if needed, from the accommodation to the classroom and to the facilities for the practical sessions. If participants are travelling long distances, ensure the budget will cover the accommodation for the night before and the last night of the course.

Arrangements also need to be made for meals. This should include midday meals and refreshments, such as coffee and teas, near the classrooms.

## 2.3 Sites for Practical Sessions

### Choosing sites for the Practical Sessions

The four practical sessions should take place in the following sites:

- **Practical Sessions 1 and 2:** Postnatal ward with enough breastfeeding mothers and babies for each participant to talk to at least two mothers.
- **Practical Session 3:** An outside area where fires can be lit to prepare feeds – this may be in the grounds of the building where the course is being held or the yard of a local home. Ideally there should be somewhere to collect wood and water - e.g. a river/stream/well.
- **Practical Session 4:** Child health centre or paediatric outpatient service, with enough mothers/caregivers and young children for each participant to talk to at least two mothers.

If there is no single facility in an area large enough to provide enough mothers, caregivers and children, you may be able to use another nearby facility and send some of the small groups of four participants to each site. As we discussed earlier, for participants to become competent in the necessary skills it is important for them to practise, under supervision, as many of the skills as possible during the course. It is important, therefore, that there are enough mother/infant pairs for each of the practical sessions. In particular Practical Sessions 1 and 2 are often on consecutive days. Sometimes there seem to be plenty of mothers and infants for Practical Session 1, but the following day there are few new mothers and infants for Practical Session 2 and some of these mothers may not wish to be seen again.

If the facility is not near to the classrooms, you need to make transport arrangements to ensure that the participants can commute between the classrooms and the health facility in the most efficient way, with minimal loss of time. Transport time may need to be included in the timetable for the sessions. Each practical session takes approximately two hours.

The course timetable cannot be planned until the practical session times are decided, so their organization is a high priority.

- **Practical Session 1** must be timetabled to occur after Sessions 4, 5 and 6 'Assessing a Breastfeed,' 'Listening and Learning' and 'Listening and Learning exercises' have been completed.
- **Practical Session 2** should occur after Sessions 8, 10 and 11 'Positioning a Baby at the Breast', 'Building Confidence and Giving Support', and 'Building Confidence and Support exercises' have been completed.
- **Practical Session 3** should occur after Sessions 22 and 23 'Hygienic preparation of feeds' and 'Preparation of milk feeds – measuring amounts'.
- **Practical Session 4** should occur after Sessions 32 and 33 'Building confidence and support exercises' and 'Gathering information on complementary feeding practices'.

## Visit the health facility

Visit one or more possible health facilities to find out if they are appropriate and to talk to the staff.

- Talk to the health facility director, and explain what the training consists of, what your needs are, and what you want to do.
- Ask if he or she would be willing for the training to take place in the facility. Ask for the director's ideas about using the facility.
- If the director agrees in principle, visit the outpatient department or other services. Check the approximate number of caregiver and child pairs you could expect to see on an average day. For 20 participants, approximately 50 mother/caregiver/child pairs should be available.
- Ask which times of day are most suitable for holding practical sessions. This depends on when caregivers and children are likely to be available, and convenience for the facility routine.
- Talk to the staff, and try to find out if they are interested in helping with the course. If possible, they should be interested in infant feeding and be willing to share their experience with members of the course.
- Identify an area or room near to each clinical area where trainers and participants can have discussions away from mothers' hearing.
- If the facility is suitable and the staff are interested and willing to help, arrange to make another visit nearer the time of the course to hold a meeting with the staff, to prepare them.

## Prepare the facility staff

It is important to prepare the staff of the health facility, because you will need their help during practical sessions. If necessary, arrange to give a short training session, so that staff understand the purpose of the course more clearly.

At the meeting, explain:

- about the course generally
- that you need their help to prepare mothers/caregivers and ask their permission before the participants arrive; introduce participants to mothers/caregivers to whom they can talk
- that you would like a responsible member of the facility staff to be available when you are there, in case a mother/caregiver needs a specific intervention. Interventions will only take place with the permission and knowledge of facility's staff. This will also enable staff to provide follow-up for the child.
- the times that you would like to bring participants to the facility. Check that these are convenient, and that mothers/caregivers are expected to be available at that time.

Leave some copies of reference materials for staff to read.

### **Example of an Information sheet for practical site**

## **Infant and Young Child Feeding Counselling: An Integrated Course**

After completing this course, participants will be able to counsel and support mothers to carry out WHO recommended feeding practices for their infants and young children from birth up to 24 months of age, and to counsel and support HIV-infected mothers to choose and carry out an appropriate feeding method for the first two years of life.

On completion of the course, participants should be able to provide anticipatory feeding guidance plus assist with feeding problems for children from 0-24 months of age as a feeding counsellor.

We would like your assistance with the practical sessions of this course. During these practical sessions, participants practise counselling skills with mothers (or in some situations a caregiver) of children between 0-24 months. There are three practical sessions. In Practical Sessions 1 and 2 participants talk to, and observe, breastfeeding mothers. In Practical Session 4 participants talk to mothers with children aged 6-24 months about complementary feeding.

Your help is needed to prepare mothers and caregivers, to ask their permission before the participants arrive, and to introduce participants to mothers and caregivers to whom they can talk.

If a child/a mother/ a caregiver needs a specific intervention, this will only take place with the permission and knowledge of health facility's staff. This will also enable staff to provide follow-up for the child.

**The visit to your facility would be on :** (date) ..... from (time) .....

Thank you for your assistance.

Course Organizers:<sup>1</sup>

.....

Course Venue:

.....

Course Dates:

.....

Course contact person's name and address: .....

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<sup>1</sup> e.g. Child Health Service

## 3. Selecting Trainers and Participants

The Ministry of Health or other agency may be planning for a series of courses rather than a single course. Given the effort required to set up a course, the need to train facilitators/trainers, and the need for a series of courses to train a sufficient number of health workers, arrangements will often need to take into account longer term training plans. There may be a need to build a training team that can conduct courses on an on-going basis. If so, long-term considerations may affect the choice of trainers and participants for each course.

### 3.1 Selecting trainers

The success of a course depends on the presence of motivated, enthusiastic trainers. There should be one trainer for each group of four participants. When you select trainers, try to be sure that they will be interested and available to conduct other training courses in the future, and that they will be given support to do so. It is important that the experience gained by teaching a course is not wasted.

#### Profile of a trainer

Trainers are ideally people who are already involved in the promotion and support of infant and young child feeding and who have some previous training experience. They should:

- be convinced that infant and young child feeding is important
- be interested in becoming a trainer in the *Infant and Young Child Feeding Counselling: An Integrated Course*.
- be a trainer on the *WHO Breastfeeding Counselling: A training course*
- ideally also be a trainer on the other two WHO feeding courses: *Complementary Feeding Counselling: A training course* or *HIV and Infant Feeding Counselling: A training course*
- be willing and able to attend the entire course, including the preparation for trainers
- be willing and available to conduct other courses in the future
- be available to conduct the follow-up assessment of participants.

#### Inviting trainers

Invite trainers early and confirm their availability, so that you know how many participants you can invite. You will need one trainer for three to four participants.

Include in the invitation the same information as in the course announcement for participants. Provide additional information on the preparation for trainers. Give the exact dates, and make it clear that you expect them to attend the entire course including the preparation. Explain that the preparation is necessary for the trainers to become familiar with the contents and methods of the course. Give any additional administrative details such as arrangements about finance and accommodation.

If trainers live near to where the course will be held, it might be useful to involve them early in the preparations for the course.

Preparation of trainers takes place before the participants' training and is the responsibility of the Course Director. The preparation takes approximately five days as outlined below and includes time for private study and preparation. This preparatory period is extremely important. The course materials are not self-instructional and participants need the guidance of well-trained and supportive trainers. Even if the trainers are already trainers on the three existing WHO courses listed above, some of the materials in this course are slightly different from those in the original courses and it is important that the trainers are familiar with them. In addition time is spent on the training-of-trainers course to learn about the competencies participants are expected to learn and the assessment of these competencies in the follow-up session at the participants' facility.

It is hoped that trainers will teach on other courses and that some of them will become Course Directors. Building capacity of new trainers is as important as training participants.

## 3.2 Preparation of trainers

The preparation of trainers will depend on the experience the trainers have already. During the preparation, new trainers need time to discuss the course content and structure, and to practise different teaching techniques involved in participatory courses. All trainers need time to review the timetable, visit site facilities, check materials and equipment for their sessions and spend time learning how to assess participants for the follow-up assessment.

An example of a five-day timetable for the preparation of trainers is included in Section 4.6. Time will also be needed for the trainers to study and prepare sessions on their own. The Course Director adapts this timetable in the same way as the timetable for participants. Remember these points:

- first arrange the times that are convenient for practical sessions
- make sure that you include sessions of each kind, so that new trainers can practise different training methods as needed
- allow time for the sessions that are most difficult to conduct

Be ready to change the timetable during the preparation according to trainers' progress, and to help them with particular difficulties. If the trainers have different levels of experience, you will need to arrange the preparation time to ensure their different preparation needs are met.

## Outline course training methods

### Distribute materials

Give trainers each a copy of the *Trainer's Guide*, the *Participants' Manual*, the timetables for the course and for the preparation of trainers, and the reference materials, if these were not distributed previously.

### Explain the course structure and timetable

Ask trainers to look at their copy of the timetable for the participants' course. Explain how the course is arranged with lectures, demonstrations, exercises and practicals. Explain how training is conducted partly with the whole class together and partly in small groups of three to four participants with one trainer.

### Explain what will happen during the preparation days

Ask the trainers to look at the timetable for the preparation of trainers, and explain how it is arranged. Explain that some time will be used on the practical aspects of the course management such as assigning sessions, checking materials and the facilities, and general planning. Tell them that they will go through some of the sessions, partly as 'participants' and partly as 'trainers'.

### Explain the objectives of the preparation

The objectives are:

- to learn how to use the course materials, especially the *Trainer's Guide*
- to become familiar with the information in the materials, and to discuss any points that are not clear
- to practise the practical skills and counselling skills that they will teach
- to practise the different teaching techniques, and to prepare to teach the different kinds of session
- to discuss the management of the course
- to discuss the follow-up assessments of participants.

### Explain the principles of the course methods

The teaching methods used in the course are based on these principles:

Instruction should be performance based.

Instruction should teach participants the tasks that they will be expected to do on the job.

This course is based on experience of what those involved in infant feeding counselling need to be able to do to help mothers to optimally feed children who are 0-24 months of age.



Active participation increases learning.

Participants learn how to do a task more quickly and efficiently if they actually do it, rather than if they just read or hear about it. Active participation keeps students more interested and alert. This course involves the participants actively in discussions, exercises, and practical work.

Immediate feedback increases learning.

Feedback is information given to a participant about how well she or he is doing. It is most helpful if it is given immediately. If a participant does an exercise correctly, praise her. They will be more likely to remember what they have learnt. If a participant does not do an exercise correctly, help her to clear up any misunderstandings before they become strong beliefs, or before she becomes more confused. In this course, trainers give immediate individual feedback on each exercise or practical task.

Motivation is essential for instruction to be effective.

Most participants who come to a course are motivated and they want to learn.

Trainers help to maintain this motivation if they:

- provide immediate feedback
- make sure that participants understand each exercise
- encourage them in discussions
- respect their original ideas and ways of responding
- praise them for their efforts.

## **Discuss teaching various kinds of session**

There are several different kinds of session, and trainers should be able to conduct each kind.

### **Presentations**

There are presentations in lecture form with slides. In the course for participants, each of these is conducted by one of the trainers, for the whole class together.

### **Group work**

Some sessions are conducted in small groups of six to eight participants with two trainers. These include the sessions where participants do a series of written exercises (Sessions 6, 11 and 32); preparation of milk feeds (Session 23) and the food demonstration (Session 38).

Some sessions are conducted in small groups of three to four participants with one trainer. These include practising counselling skills, role-play and practical sessions.

## Methods used and training skills required

Three methods are used to demonstrate and practise teaching procedures:

- The Course Director acts as a trainer. You demonstrate appropriate behaviours when giving a presentation, when leading discussions, facilitating exercises or when conducting a practical session.
- A trainer practises giving a presentation, leading a discussion, facilitating an exercise, or conducting a practical, while other trainers play the role of participants. The trainer thus both practises and demonstrates the role for other trainers.
- One trainer acts as a 'participant' doing a written exercise and another acts as a 'trainer' providing individual feedback on her/his answer, while others observe them. Again, the 'trainer' is both practising this teaching procedure and demonstrating for other trainers.

Practise different kinds of sessions

Arrange for each new trainer to practise as many of the different kinds of teaching techniques as possible. To:

- give a presentation with slides
- demonstrate counselling skills in a role-play
- conduct group work with four participants
- lead or assist in a practical session.

Give feedback to trainers on their performance after each session they practise.

## Summarize the main training skills required

Giving lectures and using visual aids

Ask them to turn to the front of the *Trainer's Guide* and find the CHECKLIST OF TRAINING SKILLS. Read through and discuss the points mentioned in the list. Ask the trainers to practise these skills when they conduct their practice sessions. When you give feedback after their practice sessions, refer to this list.

Giving individual feedback

An important task of trainers is to provide individual feedback, for both the written exercises and the practical sessions. Giving individual feedback is not an easy technique to learn. It is very useful for new trainers to see it being modelled, and then for them to participate in the process so that they understand what is involved.

When giving individual feedback, a trainer identifies points that the participant has and has not understood about an exercise, and makes sure that the participant understands the main points. For written exercises, the trainer follows the possible answers in the *Trainer's Guide*, but accepts other answers that are also appropriate. If the participant's answer is appropriate, the trainer gives praise. If the participant's answer is not appropriate, the trainer discusses the question and helps the participant to think of a better answer. The trainer should not tell the participant the suggested answer too quickly. Use the opportunity to clarify some of the teaching that the exercise is about and to help the participant think of appropriate responses.

To practise the technique, one new trainer plays the part of a participant doing an exercise, while the other trainer gives individual feedback on her answer. They sit in front of the class, positioned as a trainer and participant would be, for others to observe and learn from their performance.

The questions and comments of the 'participant' trainer will probably not be characteristic of actual participants in a course, who may be more shy and less well informed. Ask someone to act as a participant with such characteristics as:

- fear of showing the trainer her/his work
- confusion over the relationship of a previous exercise to the exercise being discussed
- unwillingness to discuss an exercise at all
- the tendency to say that she/he understands when she/he clearly does not.

This will give new trainers a more realistic, if exaggerated, idea of the difficulties they may face.

Remind trainers to speak quietly when they give feedback during the course. They should try to avoid disturbing people who are still working; try not to let other participants overhear the answers before they have thought about an exercise themselves; and try to give the participant who is getting the feedback some privacy. Trainers should sit down next to the participant with whom they are working, rather than standing over them which can be intimidating.

#### Preparing and giving a demonstration

Study the instructions and collect the equipment.  
Prepare your assistant well beforehand.

#### Conducting small group sessions (practising counselling skills)

In sessions 27 and 33 participants practise role-playing using their counselling skills. Participants work in groups of four using the story cards provided. One of the group plays the 'mother' and the other plays the 'counsellor'; the other two members are observers. The trainer follows the story contained in the *Trainer's Guide* to guide participants and make sure that they learn what is intended. The trainer helps the counsellor to improve her skills.

#### Helping participants

In addition, trainers should ensure that participants have the forms and other items when needed, and be available to participants to answer questions between sessions.

## Review the Trainer's Guide and the other materials

Ask the trainers to look at the *Trainer's Guide* and at the *Participant's Manual* and to compare the two. Make these points:

The *Participant's Manual* contains the essential information for Sessions 1-39 that a participant needs to be able to remember or refer to. It contains the exercises and worksheets but without answers. The *Trainer's Guide* contains the same information, plus some further information to help to answer questions, and also detailed guidance on how to conduct each session, and possible answers to the exercises.

Review the structure of a session in the *Trainer's Guide*.

Look at the beginning of a session, and point out the boxes for *Objectives*, *Session Outline* and *Preparation*. Explain to the trainers that they should look at these sections before they conduct a session, so that they can make all necessary arrangements.

## Read the introduction to the Trainer's Guide

Ask trainers when they prepare for their sessions, to read through the relevant sections of the Introduction to the *Trainer's Guide*, to remind them about the teaching methods they will use.

Ask the trainers to look at page 23 in the *Trainer's Guide*, and to look at the box WHAT THE SIGNS USED IN THIS GUIDE INDICATE. Explain that these signs are used throughout the guide, and they will soon become familiar.

Find an example of each sign in the *Trainer's Guide*.

Ask the trainers to look at that example, to see how the sign is used.

Explain that if trainers follow the instructions in the *Trainer's Guide* carefully they will be able to conduct efficient and interesting sessions.

Explain that the *Trainer's Guide* is their most essential tool for teaching the course. Suggest that they write their names clearly on their copy, and keep it with them at all time. They can write notes in the Guide that may be useful for training in future.

Ask the trainers to read through the Introduction of their *Trainer's Guide* carefully as this contains important information about the course.

Show trainers all the other materials, including the worksheets, story cards and HIV and Infant Feeding Counselling Cards. Explain briefly what each is for.

## Practising the sessions

Assign practice sessions to trainers

On the first day of the preparation, assign sessions to trainers for them to practise teaching. Write their names on a copy of the timetable. Try to ensure that each new trainer practises giving a lecture, a demonstration and facilitating group work during the preparatory days. If necessary, divide sessions between two or three new trainers to make sure they have the necessary practise. For the first few practice sessions, select trainers who are more experienced or those whom you expect to be the best model for the less experienced trainers.

### Conduct the preparation

New trainers conduct their sessions as described in the *Trainer's Guide*, with other trainers as 'participants'. For all the sessions, it is the Course Director's responsibility to make sure that the necessary materials are available, and to give help as required. However, the trainers must request them, and make sure that they have everything ready.

Discuss the teaching practice. Ask questions such as "What did the trainer do well?", "What difficulties did you observe?", "What could the trainer do differently in the future?".

After each practice session trainers discuss and comment on the teaching, referring to the CHECKLIST OF TRAINING SKILLS. Points to consider include:

- Did the trainer's movements and speech help the presentation?
- Did they involve the class in discussion and answer questions clearly?
- Did they explain points clearly using the visual aids as needed?
- Did the trainer use the *Trainer's Guide* and other materials accurately?
- Did they include all the main points?
- Did they keep to time?

Ask the class first to point out and praise what she did well, and then to suggest what she could do differently.

It is very important for the Course Director to praise a new trainer who has followed the material and conducted a session well. But it is also important to help new trainers to improve their teaching skills. It is helpful to discuss ways to improve with the whole group, because then everybody learns. However, if you feel that some points may embarrass a new trainer, you may need to discuss them privately.

As Course Director, you should also encourage discussion of your own technique after you have demonstrated a session. Show that you welcome suggestions about how to conduct the session better.

### Help trainers who have difficulty

Discuss difficulties that the trainers had doing the exercises and discuss how they can help participants if they have similar difficulties.

Sometimes a trainer shows that they find it particularly difficult to teach a session. This might be for example because of lack of confidence, or because they were unable to prepare well enough beforehand. If this happens, discuss their performance with them privately and not with the whole group. It might also be useful to help them to prepare for their next session, so that they can develop more confidence.

### Review the timetable

Ask trainers to look at the timetable for the participants' course, and read it through.

Go through all the sessions, and check who is responsible for conducting each one. Remind trainers that they will all need to actively assist in sessions that include group activities. Make sure that trainers all agree with what you have asked them to do. Give them the information in writing.

### Visit sites for practical sessions

Visit the teaching facility and ensure that trainers know where the classrooms and the practical cooking areas are, and the arrangements for meals.

### Check the equipment

Check that the projector, electrical extension cords if needed, flipchart, and all other equipment is in place or that the trainers know where to obtain it.

### Make the following clear:

- Who is responsible for providing materials, stationery, and equipment. Appoint someone whom trainers can contact if they need something.
- That you will be holding daily trainers meetings of about half to one hour, which are very important for the success of the course. Discuss an acceptable time (usually at the end of the day).
- Time may be needed in the evenings after the session to prepare and practise the next day's sessions.
- Who is responsible for assigning participant groups to trainers. Explain that the list will be prepared on the first morning of the course, after participants register.

### Thank them for their efforts

Thank the trainers for their work during the preparation.

Encourage them to continue working hard during the course itself, and promise to help them in any way that they need.

## **Trainers' Meetings**

Trainers' meetings are usually conducted for about 30-45 minutes at the end of each day. Trainers will be tired, so keep the meetings brief. They should be led by the Course Director.

Begin the meeting by encouraging the trainers – praising what they did well during the day. Trainers may become discouraged if they feel the session(s) they led did not go well. Remember, as Course Director, to use your counselling skills when talking with the trainers.

Continue by asking a trainer from each group to describe progress made by her group, to identify any difficulties impeding progress, and to identify any skill, exercise or any section of the sessions which participants found especially difficult to do or understand. Identify solutions to any problems related to any particular group's progress or related to difficult skills or sections of the sessions.

Discuss teaching techniques which the trainers have found to be successful. Provide feedback to the trainers on their performance. Use the notes that you have taken while observing the groups during the day.

Mention a few specific actions that were well done (for example, conducting a lecture session accurately and in an interesting way; keeping to time; providing participants with individual feedback; facilitating a practical session well; demonstrating practical skills carefully and accurately to the group).

Mention a few actions which might be done better (for example, keep to time; follow the lecture sessions accurately without omitting any points; answer questions clearly; explain more clearly which tasks should be practised during the practical session).

Remind trainers of certain actions which you consider important, for example:

- Discuss difficulties with a co-trainer. If co-trainers cannot solve problems together, go to the Course Director. The Course Director may be able to deal with these situations (for example, by discussing matters privately with the individuals).
- Speak softly while giving feedback to avoid disturbing others. Put chairs out in the hall so that a participant and a trainer can talk without disturbing the rest of the group.
- Always be open to questions. Try to answer immediately, but if a question takes too long to answer, diverts the attention of the group from the main topic, or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time, over dinner). If a question will be answered later in the course, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.
- Interact informally with participants outside of scheduled class meetings.
- For participants who cannot read the sessions and/or do the exercises as quickly as others, the trainers should:
  - avoid doing exercises *for* them,
  - reinforce small successes,
  - be patient (or ask another facilitator to help).

Review important points to emphasize in the practical session or in the sessions the next day.

Remind the trainers to consult the *Trainer's Guide* and gather together any supplies needed for the next day.

Make any necessary administrative announcements (for example, location of equipment for the demonstrations, room changes, transportation arrangements, etc.).

### 3.3 Selecting participants

Try to ensure that appropriate and motivated participants come to the course. This will make the training successful, and may stimulate the interest of others in infant feeding, so that they will also want to acquire the skills and do the work. Participants should be free of other work during the course so that they may fully participate.

The number of participants who can be invited for a course depends on:

- your budget
- classroom and residential accommodation
- the number of trainers available (you need one trainer for each four participants)
- the number of mother and young child pairs who can be seen on an average day in the health facility where you will conduct the practical sessions (you need about eight mother-child pairs per practical session per group of four participants).

It is recommended that you do not invite more than 24 participants to a course. If possible, try to include one or more of the staff of the health facility in which the field practical sessions will be conducted. You may plan to train a number of people from a certain area, or to train all appropriate health workers in a given area or institution with a series of several courses. You may ask health facilities in an area each to select 1-3 participants to attend the course.

### 3.4 Example of Course Announcement

#### Infant and Young Child Feeding Counselling: An Integrated Course

Date:

.....

Venue:

.....

Course Organizers:<sup>2</sup>

.....

**Objectives of the course:** After completing this course, participants will be able to counsel and support mothers to carry out WHO recommended feeding practices for their infants and young children from birth up to 24 months of age, and to counsel and support HIV-infected mothers to choose and carry out an appropriate feeding method for the first two years of life.

**Who should attend:** The course is for Primary Health Care nurses and doctors, Clinicians at first referral level, Lay Counsellors, Community Health Workers, PMTCT counsellors (first level counsellors at district level).

**Outline of course:** The course is full time for five days. There are 39 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of four participants with one trainer, with role-play, practical work and exercises. The sessions are structured around four 2-hour practical sessions, during which participants practise counselling and technical skills with mothers, caregivers and young children.

**Accommodation:** Accommodation and meals will be available from (evening before course to morning after depending on travel arrangements). Participants should arrive by 8am on (first day of course) and are free to leave after 5 pm on (last day of course). Travel costs will be refunded.

**Registering for the course:** Send the names and contact details of candidates who wish to apply to (name and address) before (date). When participants have been selected, further information will be sent to them and to their health facility.

<sup>2</sup> (e.g. Child Health Service)



## 4. Checklists for Planning

### 4.1 Overall Planning Checklist

In the following pages, you will find the checklists referred to in the preceding pages. You can tick off each item as it is completed. If the Course Director is coming from a long distance, a local organizer may arrange for most of these actions.

#### Initial planning

1. Decide course schedule. For example, a 5-day course or 1-day meeting each week for 5 weeks. Allocate 7 teaching hours per day with meal times in addition.
2. Choose course site. This must include a large classroom and a facility to conduct the field practices. Ideally, these should be at the same site. Make sure that the following are available:
  - Easy access from the classroom to the area for the practical sessions.
  - A large room that can seat all participants and trainers for sessions, including space for guests invited to opening and closing ceremonies. There should be space for each group of four participants and their trainer to sit at a table.
  - For training the trainers days before the participants' course, you will need one classroom that can accommodate eight people.
  - Adequate lighting and ventilation, and wall space to post up large sheets of paper in each of the rooms.
  - At least one table for each group of four participants and additional table space for materials.
  - Freedom from disturbances such as loud noises or music.
  - Arrangements for providing refreshments.
  - Space for at least one clerical or logistic support staff during participants course.
  - A place where supplies and equipment can be safely stored and locked up if necessary.
  - When you have chosen a suitable site, book it in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
3. Choose lodging for the participants. Ideally, the course should be residential. If lodging is at a different site from the course, make sure that the following are available:
  - Reliable transportation to and from the course site.
  - Meal service convenient for the course timetable.
  - When you have identified suitable lodging, book it in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
4. Visit the health facility or other facilities that you will use for the practical sessions.
  - Confirm the hours during which it is possible to see mothers and young children (if you plan to visit more than one facility at each practical session, it is important to make sure they are available at the same time).
  - When you have chosen a suitable site, confirm it in writing and subsequently confirm again shortly before the course.

5. Decide exact dates of the course and the preparation of trainers.
  - Allow 5 days for the preparation of trainers, plus 1-2 days off before the course itself.
  - Allow 5 days for the Infant and Young Child Feeding Counselling: An Integrated Course for participants.
  - Course Director available 1-2 days before the training-of-trainers course, as well as during all the training-of-trainers course and the course for participants.
6. Arrange for responsible authority (for example Ministry of Health, National Nutrition Programme) to send a letter to the district/regional office or to health facilities asking them to identify participants. This letter should:
  - Explain that the *Infant and Young Child Feeding Counselling: An Integrated Course* will be held, and explain the aims of the course.
  - Give the site and dates of the course.
  - State the total number of places for participants on the course (16-24), and suggest the number of places to offer to participants from each facility (this depends on how many facilities are involved).
  - State clearly that nominated participants should be people who are responsible for providing assistance on feeding young children of 0-24 months.
  - Explain the duration of the course and that individuals should arrive in time to attend the entire course and stay until the end of the course.
  - Give the date by which nominated course participants will be selected and to whom to send the names of nominated participants.
  - Say that a letter of invitation will be sent to participants once they are selected.
7. Select and invite trainers. It is necessary that:
  - There is at least one trainer per four participants.
  - Trainers should be experienced (see Section 3.1 )
  - Trainers are able and willing to attend the entire course, including the preparatory period (training of trainers) before the course.
8. Identify suitable participants, and send them letters of invitation stating: (Section 3.3)
  - The objectives of the training and a description of the course.
  - The desired arrival and departure times for participants.
  - That it is essential to arrive in time and to attend the entire course.
  - Administrative arrangements, such as accommodation, meals and payment of other costs.
9. Arrange to obtain enough copies of the course materials (see Section 4.2).
10. Arrange to obtain
  - necessary supplies and equipment (see Section 4.3).
  - the items needed for demonstrations (see Section 4.4).
  - the necessary background information for the area (see Section 4.5).
11. Arrange to send materials, equipment and supplies to the course site.
12. Arrange to send travel authorisations to trainers, course director and participants.
13. Invite outside speaker for opening and closing ceremonies. (See Section 1.11)

## **Arrangements at the course site, before the course begins**

Someone should arrive at the course site early to ensure that arrangements described below are made. This can be either the Course Director or one of the trainers, if they are involved in the preparations already. Plan to arrive there at least a day or two before the preparatory period for trainers and continue with the organization during the preparatory days. During the course, the course director needs to work with local staff to ensure that arrangements go well and that the trainers' and participants' work is not unduly interrupted.

14. Confirm arrangements for:
  - lodging for all trainers and participants
  - classroom arrangements
  - daily transportation of participants from lodgings to classroom and to and from practical session sites
  - the practical sessions and that clinic staff are briefed on the visits
  - meals and refreshments
  - opening and closing ceremonies with relevant authorities. Check that invited guests are able to come
  - a course completion certificate (if one will be given) and when a group photograph will be taken in time to be developed before the closing ceremony (optional)
  - arrangements for typing and copying of materials during the course (for example, timetables, lists of addresses of participants and trainers)
15. Arrange to welcome trainers and participants at the hotel, airport or railway/bus station, if necessary.
16. Prepare timetables for preparation of trainers and for course for participants. Examples are in Sections 4.6 and 4.7.
17. Adapt the Evaluation Questionnaire, and make enough copies for each trainer and participant (See Section 6).

## **Actions during the preparation of trainers:**

18. Provide a timetable for the training-of-trainers on the first day.
19. By end of the preparation of trainers, assign pairs of trainers to work together during the course.
20. By end of preparation, assign sessions to trainers, for them to conduct.
21. Organize course materials, supplies and equipment, and place them in the appropriate rooms at the course site.



## 4.2 Checklist of course materials

Materials needed for a course with 24 participants and 6 trainers plus a few spares:

Item	Total Copies	Director and Trainers	Participants
Course Director's Guides	8	✓	-
Trainer's Guides	8	✓	-
Set of slides or overheads (note that if slides are being used, slide 9/2 needs to be photocopied onto an overhead)	1	per course	-
Participant's Manuals	34	✓	✓

Items to be photocopied

Item	Total	Director and Trainers	Participants
Trainer's preparation timetable (5 day course)	8	✓	-
Course timetable for participants (5 day course)	36	✓	✓
Evaluation form	36	✓	✓
BREASTFEED OBSERVATION JOB AID (Session 4)	72	✓	✓
Copies of Demonstrations: 5.B – 5.O; 10.A – 10.D; 13.A; 26.A; 27.A; 33.A; 36.A, 38.A (Sessions 5, 10, 13, 33, 36, 38)	2 of each		For participants helping with demonstrations.
PRACTICAL DISCUSSION CHECKLIST (with counselling skills on back)	8	✓	-
LISTENING AND LEARNING SKILLS CHECKLIST	36	✓	✓
COUNSELLING SKILLS CHECKLIST (including listening and learning and confidence and support skills)	36	✓	✓
Counselling stories (Session 27)	8		1 set per group of 4
HIV AND INFANT FEEDING COUNSELLING CARDS (bound in the form of a booklet)	36	✓	✓
EXERCISE 30.A: What is in the bowl (Session 30)	8		1 per group of 4
Consistency pictures * (Session 33)	36	✓	✓
FOOD INTAKE JOB AID, 6-23 MONTHS (Session 33)	120	-	5 per participant
FOOD INTAKE REFERENCE TOOL , 6-23 MONTHS * (Session 33)	36	-	✓
Counselling stories and growth charts (Session 33)	8		1 set per group of 4
EXERCISE 38.A: Prepare A Young Child's Meal (Session 38)	8	-	1 per group of 4
Answer sheets		-	1 per participant

- If possible, copy the FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS with the Consistency Picture on the back. Use card or heavy paper, if available.



## 4.4 Checklist of items needed for demonstrations

### General:

- 4 chairs that can be brought to the front of the room for demonstrations.
- A bowl or cup that would be used when feeding a young child – approximately 250 ml.
- 4 life size baby dolls – these can be made yourself if necessary
- 1 model breast – this can be made yourself if necessary

### Individual Sessions

#### Session 8

- A doll
- Pillows and a blanket
- Somewhere for the 'mother' to lie down e.g. a bed or a table
- A model breast.

#### Session 9

- Examples of local growth chart – 1 per participant

#### Session 15

- Some examples of suitable containers to collect expressed breast milk, which would be available to ordinary mothers (for example, cups, jam jars)
- Some examples of locally available breast pumps (if any are used in your area)

#### Session 16

- A small cup (available locally) which is suitable for cup feeding a young baby. The cup should hold 60 ml of fluid
- A cloth or bib
- A doll

#### Session 20

- A 20ml disposable syringe

#### Session 21

- Tins/packets of commonly used formula, milk powder, liquid milk or other products used as breastmilk-substitutes, whether suitable for use or not, marked with current prices. (Empty tins/packets are suitable. Keep them to use at other courses).
- Examples of locally available micronutrient supplement (note cost).
- Extra table for placing the milks on.

If possible obtain milks from all of the following four groups:

- Fresh liquid milks (whole cow's milk, skimmed milk, semi-skimmed milk)
  - Tinned liquid milks (evaporated milk, condensed milk)
  - Powdered milk (full cream powdered milk, dried skimmed milk, 'creamers')
  - Commercial formula (different locally available brands) and generic formula (if available locally)
- Also obtain some miscellaneous items such as fruit juice, sugary drinks, tea.

**Session 23**

A set of equipment for the trainer to use for the demonstration consisting of:

Graduated measuring utensil easily available locally

Plastic feeding bottles with graduations of volume (1 for course, 1 for preparation, 1 spare)

Sharp knife or scissors to cut the feeding bottle

Easily available see-through small containers - jars, glasses

Marker suitable for glass - ask permission before using a permanent marker on a participant's glass

Cloth for mopping spilt water

Large table to work on

Water – about three litres of drinking water plus water for washing-up

Commercial or generic infant formula (or other milks you have decided to use).

Each group also needs:

Set of measuring items for the measuring method chosen before the course

Marker suitable for glass

Table or space to practise measuring water and milk powder.

**Session 24**

Cooking equipment – fireplace, charcoal or paraffin stove or other locally used fuels and stoves (check stoves work, wood is dry)

Matches, kindling and other equipment needed to use stoves, firewood

Mat or newspapers to make a clean surface

Source of water near to cooking area

Pots and pans for heating water

Measuring utensils from Session 23

Infant formula and fresh milk

Sugar and animal milk – if you are making home-modified formula

Small cup holding approximately 50-100 ml in volume.

**Session 25**

Breastfeeding policy for local Baby-friendly Hospital if available

Poster with the 'Ten Steps' on it

**Session 29**

Consistency demonstration:

Extra table or tray in case of porridge spills

Two see-through containers that each holds 200 ml (not more) when filled to the top for the 'stomach' This could be a drinking glass, or a plastic container such as a used soft drink bottle, cut to the right size

Sharp scissors or knife to cut the soft drink bottles if needed

Measuring jug to measure 200 ml

400 ml made-up porridge/gruel from a suitable local staple. Processed baby cereal can be used if convenient

Divide the cooked porridge into 2 even portions:

One portion in a bowl or container that holds at least 500 ml. Later you will stir water into this portion.

The other portion you will use undiluted. The container size does not matter

Extra water (about 200 ml) to dilute porridge

A large eating spoon

Cleaning materials to tidy-up afterwards, including hand washing facilities



**Session 30**

Examples of locally available industrial produced complementary foods (empty packets are suitable). This could include brand name 'baby foods' and/or special fortified cereal products made locally or subsidized food programme items.

**Session 31**

Determine the local measures to use in Box: AMOUNTS OF FOODS TO OFFER. Show approximate amounts using common local cup, bowl or other containers.

**Session 33**

Typical child's bowl as used locally. One for each group of 4 participants.

**Session 34**

Teaspoon, medium size spoon and a very large spoon  
Feeding bowl with some mashed food in it, (for example, banana)  
Piece of bread or other finger food  
Cloth to use as a bib  
Basin, water, soap and towel for hand washing (as part of the demonstration)  
Mat or chairs to sit on while demonstrating how to feed a young child.

**Session 35**

Typical children's bowl as used locally. One for each group of four participants.

**Session 38**

A room in which you can bring food. This session can be conducted in the canteen following lunch, if suitable  
A table for each group to work at  
Variety of common foods (cooked if needed) that young children would eat, enough to make a child size bowlful for each group, from the kitchen at the course facilities or elsewhere. Include some inappropriate food, if possible. Do not divide the food for the groups. Cover the food until you are ready to use it  
One small bowl, knife, fork and eating spoon for each group. A plate to prepare food on or a chopping board  
A local measure that holds 250 ml as used in Session 31. Do not distribute this until after the plate of food is prepared by the group  
Facilities for washing hands before and after preparing food  
Waste container and materials for cleaning up afterwards.

## 4.5 Checklist of background information needed

- How does this course link to local programmes such as IMCI
- What are the follow-up plans for course participants (see Session 39)
- Breastfeeding policy for local hospitals and clinics (if available)
- Are there any locally used materials on feeding infants and young children?
- Are there any locally used materials on food hygiene?
- Are there local growth charts?
- Is generic infant formula available?
- Is a micronutrient supplement available in the local clinics? What is the policy for giving out these supplements?
- Is the percentage known of young children who are underweight or stunted?
- Is the culture a vegetarian or meat-eating culture?
- Are germinated flours or fermented porridge used in the area?
- Any local or national nutrition supplementation programmes and policies?
- Any local systems for providing food to families living in poverty?

## 4.6 Timetables

The following pages contain examples of timetables for the Training-of-Trainers and the participants. It also includes an example of a suggestion of how to conduct subsequent courses in an area of low HIV prevalence, when some of the sessions on HIV and infant feeding may be omitted.

The Training-of-Trainers timetable is flexible and should be adjusted depending on the experience of the trainers and which of the previous WHO infant feeding courses they have participated in. It is recommended that the first national training (training of trainers and first course for participants) include all 39 sessions even if the subsequent courses will be conducted without HIV sessions so that the trainers fully understand the issues involved in HIV and infant feeding.

The participants' timetable is less flexible as the sessions should be conducted in a logical sequence. It is possible to change the order of some of the sessions. The Course Director should make these decisions.

An example of a timetable for participants without the sessions on HIV is included, for use in areas of low HIV prevalence. In this case it is recommended that Session 17 is included so that participants have an overview of HIV and infant feeding.

## Example - Trainers Preparation Timetable

Day 1	Day 2	Day 3	Day 4	Day 5
08:30 – 09:30 Welcome and distribution of materials  Distribution of timetable	08:30 – 09:15 Positioning a baby at the breast 09:15 – 10:00 Classroom practical: positioning dolls Session 8	08:30 – 09:15 Breast-milk options for HIV-infected women Session 19	08:30 – 09:15 Importance of complementary feeding Session 28	08:30 – 10:30 Practical Session 4 Session 35
09:30 – 10:30 Introduction to the course - target audience, logistics		09:15 – 10:00 Replacement feeding in the first 6 months Session 21	09:15 – 09:45 Foods to fill the energy gap Session 29	10:30 – 11:00 Tea
10:30 – 11:00 Tea	10:00 – 10:30 Tea	10:00 – 10:30 Tea	09:45 – 10:15 Tea	11:00 – 11:45 Food demonstration Session 38
11:00 – 12:00 Discussion of competencies participants are expected to learn	10:30 – 11:15 Confidence and Support exercises – part 1 Session 11	10:30 – 11:00 Hygienic preparation of feeds Session 22	10:15 – 11:15 Foods to fill iron and vitamin A gap Session 30	11:45 – 12:30 Follow-up after training Session 39
12:00 – 13:10 Lunch	11:15 – 13:00 Practical Session 2 Session 12	11:00 – 11:45 Preparation of milk feeds – measuring amounts Session 23	11:15 – 12:00 Quantity, variety and frequency of feeding Session 31	12:30 – 13:30 Lunch
13:10 – 13:30 An introduction to infant and young child feeding Session 1	13:00 – 14:00 Lunch	11:45 – 13:30 Practical session 3 – preparation of milk feeds Session 24	12:00 – 12:45 Confidence and Support exercises – part 2 Session 32	13:30 – 16:00 Discussion of follow-up session and distribution of guidelines and materials for the follow-up assessment
13:30 – 14:30 Assessing a breastfeed Session 4	14:00 – 14:30 Taking a feeding history Session 13	13:30 – 14:30 Lunch	12:45 – 13:45 Lunch	
14:30 – 15:30 Listening and learning Session 5	14:30 – 15:15 Overview of HIV and infant feeding Session 17	14:30 – 16:30 Counselling Cards and Tools Classroom practical session Session 27	13:45 – 15:15 Gathering information on complementary feeding practices Classroom scenario practice Session 33	
15:30 – 16:00 Growth charts Session 9	15:15 – 15:45 Counselling for infant feeding decisions Session 18		15:15 – 15:45 Feeding techniques Session 34	

This is an example of a timetable for the Training-of-Trainers course. This can be adjusted depending on the skills and experience of the trainers. All trainers should be trainers in the WHO Breastfeeding Counselling: A Training Course. If they have also completed the HIV/Infant Feeding and the Complementary Feeding Counselling Courses then less time needs to be spent on covering the individual sessions. Time needs to be allocated for discussion of the competencies participants will be expected to learn. In addition time needs to be spent going through the Guidelines for Follow-up After Training.

## Example - Course Timetable Participants

Day 1	Day 2	Day 3	Day 4	Day 5
08:00 – 08:45 Welcome and opening ceremony	08:00 – 08:45 Positioning a baby at the breast 08:45 – 09:15 Classroom practical: positioning dolls Session 8	08:00 – 08:30 Cup-feeding Session 16	08:00 – 08:45 Health care practices Session 25	08:00 – 09:30 Gathering information on complementary feeding practices Classroom scenario practice Session 33
08:45 – 09:10 Introduction to the course: objectives, materials, teaching methods	09:15 – 09:45 Growth charts Session 9	08:30 – 09:15 Overview of HIV and infant feeding Session 17	08:45 – 09:15 International Code of Marketing of Breast-milk Substitutes Session 26	09:30 – 10:00 Feeding techniques Session 34
09:10 – 09:30 Introduction to infant and young child feeding Session 1	09:45 – 10:30 Building confidence and giving support Session 10	09:15 – 09:45 Counselling for infant feeding decisions Session 18	09:15 – 10:30 Counselling Cards and Tools Classroom practical session Session 27	
09:30 – 10:00 Why breastfeeding is important Session 2		09:45 – 10:30 Breast-milk options for HIV-infected women Session 19		
10:00 – 10:45 How breastfeeding works Session 3				
10:45 – 11:15 Tea	10:30 – 11:00 Tea	10:30 – 10:45 Tea	10:30 – 11:00 Tea	10:00 – 10:30 Tea
11:15 – 12:15 Assessing a breastfeed Session 4	11:00 – 11:45 Confidence and Support exercises part 1 Session 11	10:45 – 11:30 Breast conditions Session 20	11:00 – 11:45 Continuation of Session 27 Classroom practical session	10:30 – 12:30 Practical Session 4 Session 35
12:15 – 13:15 Listening and learning Session 5	11:45 – 13:45 Practical Session 2 Session 12	11:30 – 12:15 Replacement feeding in 1 <sup>st</sup> 6 months Session 21	11:45 – 12:30 Importance of complementary feeding Session 28	12:30 – 12:45 Checking understanding and arranging follow-up Session 36
		12:15 – 12:45 Hygienic preparation of feeds Session 22	12:30 – 13:00 Foods to fill the energy gap Session 29	
13:15 – 14:00 Lunch	13:45 – 14:30 Lunch	12:45 – 13:30 Lunch	13:00 – 13:45 Lunch	12:45 – 13:30 Lunch
14:00 – 15:00 Listening and leaning exercises Session 6	14:30 – 15:00 Taking a feeding history Session 13	13:30 – 14:15 Preparation of milk feeds – measuring amounts Session 23	13:45 – 14:45 Foods to fill iron and vitamin A gap Session 30	13:30 – 14:00 Feeding during illness and low-birth-weight babies Session 37
15:00 – 17:00 Practical Session 1 Session 7	15:00 – 16:15 Common breastfeeding difficulties Session 14	14:15 – 16:00 Practical Session 3 Session 24	14:45 – 15:30 Quantity, variety and frequency of feeding Session 31	14:00 – 14:45 Food demonstration Session 38
	16:15 – 17:00 Expressing breast milk Session 15		15:30 – 16:15 Confidence and Support exercises – part 2 Session 32	14:45 – 15:30 Follow-up after training Session 39
				15:30 – 16:30 Closing ceremony

## Example - Course Timetable (Without HIV) Participants

Monday	Tuesday	Wednesday	Thursday	Friday
08:00 – 09:00 Opening Ceremony	08:00 – 10:00 Practical Session 1 Session 7	08:00 – 10:00 Practical Session 2 Session 12	08:00 – 08:30 International Code of Marketing of Breast- milk Substitutes Session 26	08:00 – 10:30 Practical Session 4 Session 35
09:00 – 10:00 Introductions, distribution of materials, course objectives and teaching methods			08:30 – 09:15 Importance of complementary feeding Session 28	
10:00 – 10:20 Overview of infant and young child feeding Session 1			09:15 – 09:45 Foods to fill the energy gap Session 29	
10:20 – 10:50 Why breastfeeding is important Session 2			09:45 – 10:45 Foods to fill iron and vitamin A gap Session 30	
10:50 – 11:20  Tea	10:00 – 10:30  Tea	10:30 – 11:00  Tea	10:45 – 11:15  Tea	10:30 – 11:00  Tea
11:20 – 12:05 How breastfeeding works Session 3	10:30 – 11:15 Positioning a baby at the breast 11:15 – 11:45 Classroom practical: positioning dolls Session 8	11:00 – 12:15 Common breastfeeding difficulties Session 14	11:15 – 12:00 Quantity, variety and frequency of feeding Session 31	11:00 – 11:15 Checking understanding and arranging follow-up Session 36
12:05 – 13:05 Assessing a breastfeed Session 4	11:45 – 12:15 Video on positioning	12:15 – 13:00 Expressing breast milk Session 15	12:00 – 13:00 Building confidence and support exercises – part 2 Session 32	11:15 – 11:45 Feeding and follow-up during illness and recovery Session 37
	12:15 – 12:45 Growth charts Session 9			11:45 – 12:30 Food demonstration Session 38
13:05 – 14:00 Lunch	12:45 – 13:45 Lunch	13:00 – 14:00 Lunch	13:00 – 14:00 Lunch	12:30 – 13:30 Lunch
14:00 – 15:00 Listening and learning Session 5	13:45 – 14:30 Building confidence and giving support Session 10	14:00 – 14:30 Cup-feeding Session 16	14:00 – 14:30 Hygienic preparation of feeds Session 22	13:30 – 14:15 Follow-up after training Session 39
15:00 – 16:00 Listening and learning exercises Session 6	14:30 – 15:15 Confidence and Support exercises - part 1 Session 11	14:30 – 15:15 Overview of HIV and infant feeding Session 17	14:30 – 16:00 Gathering information on complementary feeding practices Session 33	14:15 – 15:30 Closing ceremony
		15:15 – 16:00 Breast conditions Session 20	16:00 – 16:30 Feeding techniques Session 34	
		16:00 – 16:45 Health Care Practices Session 25		

## 5. Guidelines for Follow-up After Training

It is unlikely that participants will learn all the competencies listed in this Guide during the course. They should have a sound theoretical knowledge at the end of the course, and have practised the counselling skills in many different situations. However, practical skills (e.g. helping a mother to position and attach her baby; helping a mother with engorged breasts to express her milk; counselling an HIV-positive mother about different feeding options; gathering information on complementary feeding) need time to practise in many different situations before participants will become really confident.

Follow-up after this course in the participants' work-place is essential, not only to evaluate the training but also to build participants' confidence, listen to situations that they have found difficult to manage, and to assess their practical and counselling skills after the training.

As Course Director you will organize the follow-up sessions and allocate trainers to conduct them.

A separate document entitled 'Guidelines for follow-up after training' is available which gives details of the how to conduct the follow-up session after training at the participant's place of work. It also contains the necessary forms and paper-work. The follow-up is designed to take one working day at the participants' work place. Ideally several participants from one facility, or area, can be assessed on the same day. The maximum number of participants to assess during one day is four.

The follow-up will be discussed with the participants in Session 39 of the course. The participants will also be asked to prepare some exercises and a log of skills ready for this follow-up.

The follow-up will start with an Introduction and Welcome to the participants. It is important to emphasize to participants that this is not an exam, but is a way for us to assess the training and to help with situations they have found difficult to manage since the course.

The counselling and technical skills of participants will then be assessed in a practical situation. It will not be possible to assess all competencies for all participants. You will provide the trainers with a list of suggested competencies to be assessed.

The afternoon is spent in a classroom setting. Trainers will look at the log of skills that the participants have kept of competencies they have practised in their work setting. This can be done as a group with all the participants together. Trainers can use this opportunity to facilitate a group discussion of skills that participants have found hard to learn and situations which they have found difficult to manage. If there are any conditions in their facility that affect the implementation of infant feeding counselling then these should be discussed. Trainers will be asked to make a record of these.

Finally trainers will go through the individual written exercises that the participants have completed. This will give you further opportunities to reinforce both knowledge and application of counselling skills.

When all the trainers have completed their follow-up visits, a meeting will be held at the district level to discuss the findings and any actions needed. The purpose of this meeting is to describe the progress of infant feeding training in the district, any important or recurring problems and any actions needed.

## 6. Items to Photocopy

The following items need to be photocopied before the course (see Section 4.2). The numbers below are based on a course with 6 trainers and 24 participants.

1. Trainers timetable (8 copies)
2. Course timetable for participants (36)
3. Evaluation questionnaire for participants (36)
4. Evaluation form for participants (36)
5. Evaluation form for Trainers (10)
6. BREASTFEED OBSERVATION JOB AID (72)
7. Copies of DEMONSTRATIONS: 5.B – 5.O; 10.A – 10.D; 13.A; 26.A; 27.A; 33.A; 36.A, 38.A (2 of each for participants taking part)
8. PRACTICAL DISCUSSION CHECKLIST (8)
9. LISTENING AND LEARNING SKILLS CHECKLIST (36)
10. COUNSELLING SKILLS CHECKLIST (36)
11. Counselling stories for Session 27 (8)
12. HIV and INFANT FEEDING COUNSELLING CARDS AND FLYERS - bound in the form of a booklet (one set per participant and trainer). From WHO Geneva.
13. EXERCISE 30.A: What is in the bowl for Session 30 (8)
14. Consistency pictures for Session 33 (36)
15. FOOD INTAKE JOB AID, 6-23 MONTHS for Session 33 (120)
16. FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS for Session 33 (36)
17. Counselling stories and growth charts for Session 33 (8)
18. EXERCISE 38.A: Prepare a Young Child's Meal for Session 38 (8)
19. Answer sheets (one set for each participant)

If possible copy the FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS with the Consistency Pictures on the back. Use card or heavy paper, if available.

**Evaluation Questionnaire for Participants**  
**Infant and Young Child Feeding Counselling: An Integrated Course**

To enable us to improve the training for others in the future, please fill out this questionnaire.

1. Briefly describe your responsibilities in relation to mothers and babies. In what type of setting do you work (e.g. community, private practice, health centre, hospital)?

2. Did you find any aspect of the training especially difficult (try to think in terms of 'knowledge' and 'skills')?



3. For each activity listed below, tick one box to show whether you thought that the time spent on the activity was too short, adequate, or too long.

<i>Type of activity</i>	<i>Time spent was</i>		
	<i>Too short</i>	<i>Adequate</i>	<i>Too long</i>
Theory – lecture sessions			
Demonstration of practical skills			
Demonstration of counselling skills			
Practical Sessions 1, 2, 3, 4			

3. What additional support, if any, do you think you may need after this training to enable you to improve infant feeding counselling mothers in your own work setting?

5. How could the content and/or management of this training course be improved for future participants?

Title of session	Very useful	Useful	Some-what useful	Not useful	Comments
Session 1 Introduction to infant and young child feeding					
Session 2 Why breastfeeding is important					
Session 3 How breastfeeding works					
Session 4 Assessing a breastfeed					
Session 5 Listening and Learning					
Session 6 Listening and Learning exercises					
Session 7 Practical Session 1					
Session 8 Positioning a baby at the breast with classroom practical using dolls					
Session 9 Growth charts					
Session 10 Building Confidence and Giving Support					
Session 11 Confidence/Support exercises 1					
Session 12 Practical Session 2					

Title of session	Very useful	Useful	Some-what useful	Not useful	Comments
Session 13 Taking a feeding history, 0-6 months					
Session 14 Common breastfeeding difficulties					
Session 15 Expressing breast milk					
Session 16 Cup-feeding					
Session 17 Overview of HIV and infant feeding					
Session 18 Counselling for infant feeding decisions					
Session 19 Breast milk options for HIV-infected women					
Session 20 Breast conditions					
Session 21 Replacement feeding in the first 6 months					
Session 22 Hygienic preparation of feeds					
Session 23 Preparation of milk feeds					

Title of session	Very useful	Useful	Some-what useful	Not useful	Comments
Session 24 Practical Session 3					
Session 25 Health care practices					
Session 26 International Code of Marketing of Breast-milk Substitutes					
Session 27 Counselling Cards and Tools					
Session 28 Importance of complementary Feeding					
Session 29 Foods to fill the energy gap					
Session 30 Foods to fill the iron and vitamin A gaps					
Session 31 Quantity, variety and frequency of feeding					
Session 32 Confidence and Support exercises 2					
Session 33 Gathering information on complementary feeding					

Title of session	Very useful	Useful	Some-what useful	Not useful	Comments
Session 34 Feeding techniques and strategies					
Session 35 Practical Session 4					
Session 36 Checking understanding and arranging follow-up					
Session 37 Feeding during illness and low-birth-weight babies					
Session 38 Food demonstration					
Session 39 Follow-up after training					

## INFANT AND YOUNG CHILD FEEDING COUNSELLING: AN INTEGRATED COURSE EVALUATION FORM FOR PARTICIPANTS AND TRAINERS

Please rate the level of difficulty you have in applying the following knowledge and skills in the counselling of mothers about infant and young child feeding. For each question below, put a check (✓) in the box that best describes the level of difficulty.

### Legend:

1=Not at all difficult, 2=Not difficult, 3=Neutral (not sure), 4=Difficult, 5= Very difficult

How difficult is it for you to...	1	2	3	4	5
1. Use the 6 listening and learning skills to counsel a mother?					
2. Use the 6 confidence and support skills to counsel a mother?					
3. Assess a breastfeed using the BREASTFEED OBSERVATION JOB AID?					
4. Help a mother to position her baby for breastfeeding using the 4 key points?					
5. Explain the 4 key points of good breastfeeding attachment?					
6. Help a mother to get her baby to attach to the breast once he is well positioned?					
7. Take a feeding history for an infant using the FEEDING HISTORY JOB AID, 0-6 MONTHS?					
8. Explain to a mother about demand feeding and its implications for frequency and duration of breastfeeding?					
9. Explain to a mother the steps of expressing breast milk by hand?					
10. Practise with a mother how to cup-feed her baby safely?					
11. Plot weights of a child and interpret the child's individual growth chart?					
12. Use counselling skills to discuss the advantages of exclusive breastfeeding?					
13. Help a mother to initiate skin-to-skin contact immediately after delivery?					
14. Describe the importance of breast milk in the 2 <sup>nd</sup> year of life?					
15. List the 2 reliable signs that a baby is not getting enough milk?					
16. Describe the common reasons why babies may have a low breast milk intake?					
17. Describe the common reasons for apparent insufficiency of milk?					
18. List 8 causes of frequent crying?					
19. Demonstrate to a mother 3 positions for holding a colicky baby?					
20. Recognize breast refusal and help a mother to breastfeed again?					
21. Recognize the difference between full and engorged breasts?					
22. Recognize sore and cracked nipples?					
23. Explain how to treat candida infection of the breast?					
24. Describe the difference between engorgement and mastitis?					
25. Explain the difference in treating mastitis in an HIV-positive and HIV-negative mother?					
26. Explain why breast milk is important for a low-birth-weight baby?					
27. Use the Counselling Cards to help an HIV-positive woman decide how to feed her baby?					
28. Help an HIV-positive mother prepare the replacement milk she has chosen?					
29. Recognize when the child of an HIV-positive mother needs follow up or referral?					
30. Explain to an HIV-positive mother how to prepare to stop breastfeeding early?					
31. Use the FOOD INTAKE JOB AID, 6-23 MONTHS to learn how a mother is feeding her young child?					
32. Identify the gaps in a child's using the FOOD INTAKE JOB AID, 6-23 MONTHS and the FOOD INTAKE REFERENCE TOOL 6-23 MONTHS?					
33. Teach a mother the 10 key messages for complementary feeding?					
34. Explain to a mother how to feed a child over 6 months who is not growing well?					
35. Demonstrate to a mother how to prepare feeds hygienically?					
36. Explain to a mother how to feed a child over 6 months during illness?					

## INFANT AND YOUNG CHILD FEEDING COUNSELLING: AN INTEGRATED COURSE EVALUATION FORM FOR TRAINERS

Please rate the level of difficulty you have in applying the following **facilitation skills for training** in infant and young child feeding. For each question below, put a check (✓) in the box that best describes the level of difficulty.

### Legend:

1=Not at all difficult, 2=Not difficult, 3=Neutral (not sure), 4=Difficult, 5= Very difficult

How difficult is it for you to...	1	2	3	4	5
1. Take centre stage during a classroom or clinical session?					
2. Face the audience (not the board or screen) while speaking?					
3. Make eye contact with people in all sections of the audience?					
4. Use natural gestures and facial expressions while leading a classroom session?					
5. Avoid blocking the view of the audience?					
6. Speak slowly and clearly, and loud enough for everyone to hear?					
7. Speak naturally and lively – varied level and tone of voice?					
8. Use a microphone?					
9. Interact with all participants?					
10. Use participant's names?					
11. Ask the questions suggested in the text to different participants?					
12. Allow time for participants to answer?					
13. Respond positively to all answers to your questions (correct errors gently)?					
14. Involve all participants (include quiet ones and control talkative ones)?					
15. Postpone or cut short discussions that are off the point or distracting?					
16. Give satisfactory answers to questions from participants?					
17. When you do not know the answer, explain that you don't know the answer but will find it?					
18. Make ready training aids and equipment, and arrange them in the room before the session?					
19. Remove training aids and equipment from the room after use?					
20. Arrange the room so that everyone can see clearly and participate in discussions?					
21. Write clearly on the flip chart or writing board?					
22. Lead sessions accurately and completely – including all important points?					
23. Give local examples when needed?					
24. Keep to time – not too fast and not too slow?					
25. Avoid losing time between sessions?					
26. Explain clearly what to do before a practical session?					
27. Select appropriate mothers and children during clinical practice sessions?					
28. Demonstrate appropriate counselling skills to participants?					
29. Lead a discussion after a practice session in the clinic or classroom?					
30. Give positive feedback to participants about their performance (i.e. praise)?					
31. Give feedback to help participants overcome difficulties (i.e. constructive)?					
32. Facilitate infant and young child feeding courses in your own country?					
33. Follow up participants of training courses after training?					

## PRACTICAL DISCUSSION CHECKLIST

Practical skills are best developed by introducing and demonstrating the skills, observing participants as they practise the skills, and giving feedback to participants on how well they performed. Feedback should include praising participants for things done well, and giving gentle suggestions for how to overcome difficulties. Use the checklist below to help guide your feedback discussions.

**Questions to ask after each participant completes his/her turn practising** (either in the clinic or using counselling stories)

To the participant who practised:

- What did you do well?
- What difficulties did you have?
- What would you do differently in the future?

To the participants who observed:

- What did the participant do well?
- What difficulties did you observe?

**Listening and learning skills** (give feedback on the use of these skills in all practical sessions)<sup>1</sup>

- Which listening and learning skills did you use?
- Was the mother willing to talk?
- Did the mother ask any questions? How did you respond?
- Did you empathize with the mother? Give an example.

**Confidence and support skills** (give feedback on the use of these skills during practical sessions after Session 10)<sup>1</sup>

- Which confidence and support skills were used?  
(check especially for praise and for two relevant suggestions)
- Which skills were most difficult to use?
- What was the mother's response to your suggestions?

**Key messages for complementary feeding** (give feedback on the use of these skills in practical Session 35)<sup>2</sup>

- Which messages for complementary feeding did you use?  
(check especially for "only a few relevant messages")
- What was the mother's response to your suggestions?

**General questions to ask at the end of each practical session** (in the clinic or using counselling stories)

- What special difficulties or situations helped you to learn?
- What was the most interesting thing that you learned from this practical session?

<sup>1</sup> See list of skills on the following page

<sup>2</sup> See list of key messages on the following page



## COUNSELLING SKILLS

### Listening and learning skills:

- Use helpful non-verbal communication.
- Ask open questions.
- Use responses and gestures that show interest.
- Reflect back what the mother/caregiver says.
- Empathize - show that you understand how she/he feels.
- Avoid words that sound judging.

### Building confidence and giving support skills:

- Accept what the caregiver thinks and feels.
- Recognize and praise what a mother/caregiver and child are doing right.
- Give practical help
- Give relevant information.
- Use simple language.
- Make one or two suggestions, not commands

## KEY MESSAGES FOR COMPLEMENTARY FEEDING

1. Breastfeeding for two years of age or longer helps a child to develop and grow strong and healthy.
2. Starting other foods in addition to breast milk at 6 months helps a child to grow well.
3. Foods that are thick enough to stay in the spoon give more energy to the child.
4. Animal-source foods are especially good for children to help them grow strong and lively.
5. Peas, beans, lentils, nuts and seeds are good for children.
6. Dark-green leaves and yellow-coloured fruits and vegetables help the child to have healthy eyes and fewer infections.
7. A growing child needs 2 – 4 meals a day plus 1 – 2 snacks if hungry: give a variety of foods.
8. A growing child needs increasing amounts of food.
9. A young child needs to learn to eat: encourage and give help... with lots of patience.
10. Encourage the child to drink and to eat during illness and provide extra food after illness to help the child recover quickly.

## BREASTFEED OBSERVATION JOB AID

Mother's name \_\_\_\_\_

Date \_\_\_\_\_

Baby's name \_\_\_\_\_

Baby's age \_\_\_\_\_

### Signs that breastfeeding is going well:

### Signs of possible difficulty:

#### GENERAL

##### Mother:

- Mother looks healthy
- Mother relaxed and comfortable
- Signs of bonding between mother and baby

##### Mother:

- Mother looks ill or depressed
- Mother looks tense and uncomfortable
- No mother/baby eye contact

##### Baby:

- Baby looks healthy
- Baby calm and relaxed
- Baby reaches or roots for breast if hungry

##### Baby:

- Baby looks sleepy or ill
- Baby is restless or crying
- Baby does not reach or root

#### BREASTS

- Breasts look healthy
- No pain or discomfort
- Breast well supported with fingers away from nipple

- Breasts look red, swollen, or sore
- Breast or nipple painful
- Breast held with fingers on areola

#### BABY'S POSITION

- Baby's head and body in line
- Baby held close to mother's body
- Baby's whole body supported
- Baby approaches breast, nose to nipple

- Baby's neck and head twisted to feed
- Baby not held close
- Baby supported by head and neck only
- Baby approaches breast, lower lip/chin to nipple

#### BABY'S ATTACHMENT

- More areola seen above baby's top lip
- Baby's mouth open wide
- Lower lip turned outwards
- Baby's chin touches breast

- More areola seen below bottom lip
- Baby's mouth not open wide
- Lips pointing forward or turned in
- Baby's chin not touching breast

#### SUCKLING

- Slow, deep sucks with pauses
- Cheeks round when suckling
- Baby releases breast when finished
- Mother notices signs of oxytocin reflex

- Rapid shallow sucks
- Cheeks pulled in when suckling
- Mother takes baby off the breast
- No signs of oxytocin reflex noticed

**DEMONSTRATION 5.B CLOSED QUESTIONS TO WHICH SHE CAN ANSWER 'YES' OR 'NO'**

*Health worker:* "Good morning, (name). I am (name), the community midwife. Is (child's name) well?"

*Mother:* "Yes, thank you."

*Health worker:* "Are you breastfeeding him?"

*Mother:* "Yes."

*Health worker:* "Are you having any difficulties?"

*Mother:* "No."

*Health worker:* "Is he breastfeeding very often?"

*Mother:* "Yes."

**Ask:** *What did the health worker learn from this mother?*

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

**DEMONSTRATION 5.C OPEN QUESTIONS**

*Health worker:* "Good morning, (name). I am (name), the community midwife. How is (child's name)?"

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

*Health worker:* "Tell me, how are you feeding him?"

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

*Health worker:* "What made you decide to do that?"

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

**Ask:** *What did the health worker learn from this mother?*

**Comment:** **The health worker asked open questions. The mother could not answer with a 'yes' or a 'no', and she had to give some information. The health worker learnt much more.**

### DEMONSTRATION 5.D STARTING AND CONTINUING A CONVERSATION

*Health worker:* "Good morning, (name). How are you and (child's name) getting on?"  
*Mother:* "Oh, we are both doing well, thank you."  
*Health worker:* "How old is (child's name) now?"  
*Mother:* "He is two days old today."  
*Health worker:* "What are you feeding him on?"  
*Mother:* "He is breastfeeding, and having drinks of water."  
*Health worker:* "What made you decide to give the water?"  
*Mother:* "There is no milk in my breasts, and he doesn't want to suck."

**Ask:** *What did the health worker learn from this mother?*

**Comment:** **The health worker asks an open question, which does not help much. Then she asks two specific questions, and then follows up with an open question. Although the mother says at first that she and the baby are well, the health worker later learns that the mother needs help with breastfeeding.**

### DEMONSTRATION 5.E USING RESPONSES AND GESTURES WHICH SHOW INTEREST

*Health worker:* "Good morning, (name). How is (child's name) now that he has started solids?"  
*Mother:* "Good morning. He's fine, I think."  
*Health worker:* "Mmm." (nods, smiles.)  
*Mother:* "Well, I was a bit worried the other day, because he vomited."  
*Health worker:* "Oh dear!" (raises eyebrows, looks interested.)  
*Mother:* "I wondered if it was something in the stew that I gave him."  
*Health worker:* "Aha!" (nods sympathetically).

**Ask:** *How did the health worker encourage the mother to talk?*

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

### DEMONSTRATION 5.F CONTINUING TO ASK FOR FACTS

*Health worker:* "Good morning, (name). How are you and (child's name) today?"  
*Mother:* "He wants to feed too much - he is taking my breast all the time!"  
*Health worker:* "About how often would you say?"  
*Mother:* "About every half an hour."  
*Health worker:* "Does he want to suck at night too?"  
*Mother:* "Yes."

**Ask:** *What did the health worker learn from the mother?*

**Comment:** **The health worker asks factual questions, and the mother gives less and less information.**

**DEMONSTRATION 5.G REFLECTING BACK**

*Health worker:* "Good morning, (name). How are you and (child's name) today?"  
*Mother:* "He wants to feed too much - he is taking my breast all the time!"  
*Health worker:* "(Child's name) is feeding very often?"  
*Mother:* "Yes. This week he is so hungry. I think that my milk is drying up."  
*Health worker:* "He seems more hungry this week?"  
*Mother:* "Yes, and my sister is telling me that I should give him some bottle feeds as well."  
*Health worker:* "Your sister says that he needs something more?"  
*Mother:* "Yes. Which formula is best?"

**Ask:** *What did the health worker learn from the mother?*

**Comment:** **The health worker reflects back what the mother says, so the mother gives more information.**

**DEMONSTRATION 5.H SYMPATHY**

*Health worker:* "Good morning, (name). How are you and (child's name) today?"  
*Mother:* "(Child's name) is not feeding well, I am worried he is ill."  
*Health worker:* "I understand how you feel. When my child was ill, I was so worried. I know exactly how you feel."  
*Mother:* "What was wrong with your child".

**Ask:** *Do you think the health worker showed sympathy or empathy?*

**Comment:** **Here the focus moved from the mother to the health worker. This was sympathy, not empathy. Let us hear this again with the focus on the mother and empathizing with her feelings.**

**DEMONSTRATION 5.I EMPATHY**

*Health worker:* "Good morning, (name). How are you and (child's name) today?"  
*Mother:* "He is not feeding well, I am worried he is ill"  
*Health worker:* "You are worried about him?"  
*Mother:* "Yes, some of the other children in the village are ill and I am frightened he may have the same illness."  
*Health worker:* "It must be very frightening for you."

**Ask:** *Do you think the health worker showed sympathy or empathy?*

**Comment:** **Here the health worker used the skill of empathy twice. She said "You are worried about him" and "It must be very frightening for you." In this second version the mother and her feelings are the focus of the conversation.**

**DEMONSTRATION 5.J SYMPATHY**

*Health worker:* "Good morning, (name). You wanted to talk to me about something?" *Smiles.*

*Mother:* "I tested for HIV last week and am positive. I am worried about my baby."

*Health Worker:* "Yes, I know how you feel. My sister has HIV."

**Ask:** *Do you think the health worker showed sympathy or empathy?*

**Comment:** **Here the focus moved from the mother to the sister of the health worker. This was sympathy, not empathy. Let us hear this again with the focus on the mother and empathizing with her feelings.**

**DEMONSTRATION 5.K EMPATHY.**

*Health worker:* "Good morning, (name). You wanted to talk to me about something?" *Smiles.*

*Mother:* "I tested for HIV last week and am positive. I am worried about my baby."

*Health Worker:* "You're really worried about what's going to happen."

*Mother:* "Yes I am. I don't know what I should do?"

**Ask:** *Do you think the health worker showed sympathy or empathy?*

**Comment:** **In the second version the health worker concentrated on the mother's concerns and worries. The health worker responded by saying "You're really worried about what's going to happen." This was empathy.**

**DEMONSTRATION 5.L ASKING FACTS**

*Health worker:* "Good morning, (name). How are you and (child's name) today?"

*Mother:* "He is refusing to breastfeed since he started eating porridge and other foods last week – he just pulls away from me and doesn't want me!"

*Health worker:* "How old is (child's name) now?"

*Mother:* "He is seven months old".

*Health worker:* "And how much porridge does he eat during a day?"

**Ask:** *What did the health worker learn about the mother's feelings?*

**Comment:** **The health worker asks about facts and ignored the mother's feelings. The information the health worker learnt did not help the health worker to assist the mother with her worry that the baby won't breastfeed since other foods were offered. The health worker did not show empathy. Let us hear this again.**

**DEMONSTRATION 5.M EMPATHY**

<i>Health worker:</i>	“Good morning, (name). How are you and (child’s name) today?”
<i>Mother:</i>	“He is refusing to breastfeed since he started eating porridge and other foods last week – he just pulls away from me and doesn’t want me!”
<i>Health worker:</i>	“It’s very upsetting when your baby doesn’t want to breastfeed.”
<i>Mother:</i>	“Yes, I feel so rejected.”
<b>Ask:</b>	<i>What did the health worker learn about the mother’s feelings this time?</i>
<b>Comment:</b>	<b>In this second version, the mother’s feelings are listened to at the beginning. Then the health worker is able to focus on what the mother sees as the problem.</b>

**DEMONSTRATION 5.N USING JUDGING WORDS**

<i>Health worker:</i>	“Good morning. Is (name) breastfeeding <b>normally</b> ?”
<i>Mother:</i>	“Well - I think so.”
<i>Health worker:</i>	“Do you think that you have <b>enough</b> breast milk for him?”
<i>Mother:</i>	“I don’t know.....I hope so, but maybe not ...” (She looks worried.)
<i>Health worker:</i>	“Has he gained weight <b>well</b> this month?”
<i>Mother:</i>	“I don’t know.....”
<i>Health worker:</i>	“May I see his growth chart?”
<b>Ask:</b>	<i>What did the health worker learn about the mother’s feelings?</i>
<b>Comment:</b>	<b>The health worker is not learning anything useful, but is making the mother very worried.</b>

**DEMONSTRATION 5.O AVOIDING JUDGING WORDS**

<i>Health worker:</i>	“Good morning. How is breastfeeding going for you and (child’s name)?”
<i>Mother:</i>	“It’s going very well. I haven’t needed to give him anything else.”
<i>Health worker:</i>	“How is his weight? Can I see his growth chart?”
<i>Mother:</i>	“Nurse said that he gained more than half a kilo this month. I was pleased.”
<i>Health worker:</i>	“He is obviously getting all the breast milk that he needs.”
<b>Ask:</b>	<i>What did the health worker learn about the mother’s feelings?</i>
<b>Comment:</b>	<b>This time the health worker learnt what she needed to know without making the mother worried. The health worker used open questions to avoid using judging words.</b>

**DEMONSTRATION 10.A ACCEPTING WHAT A MOTHER THINKS**

*Mother:* "My milk is thin and weak, and so I have to give bottle feeds."  
*Health worker:* "Oh no! Milk is never thin and weak. It just looks that way." (nods, smiles.)  
**Ask:** *Did the health worker agree, disagree or accept?*

**Comment:** **This is an inappropriate response, because it is disagreeing.**

*Mother:* "My milk is thin and weak, so I have to give bottle feeds."  
*Health worker:* "Yes – thin milk can be a problem."  
**Ask:** *Did the health worker agree, disagree or accept?*

**Comment:** **This is an inappropriate response because it is agreeing.**

*Mother:* "My milk is thin and weak, so I have to give bottle feeds."  
*Health worker:* "I see. You are worried about your milk."

**Ask:** *Did the health worker agree, disagree or accept?*

**Comment:** **This is an appropriate response because it shows acceptance.**

**DEMONSTRATION 10.B ACCEPTING WHAT A MOTHER FEELS**

*Mother (in tears):* "It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."  
*Health worker:* "Don't worry, your baby is doing very well."  
**Ask:** *Was this an appropriate response?*

**Comment:** **This is an inappropriate response, because it did not accept the mother's feelings and made her feel wrong to be upset.**

*Mother (in tears):* "It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."  
*Health worker:* "Don't cry – it's not serious. (Child's name) will soon be better"  
**Ask:** *Was this an appropriate response?*

**Comment:** **This is an inappropriate response. By saying things like "don't worry" or "don't cry" you make a mother feel it is wrong to be upset and this reduces her confidence.**

*Mother (in tears):* "It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."  
*Health worker:* "You are upset about (child's name) aren't you?"  
**Ask:** *Was this an appropriate response?*

**Comment:** **This is an appropriate response because it accepts how the mother feels and makes her feel that it is alright to be upset. Notice how, in this example, empathizing was used to show acceptance. So this is another example of using a listening and learning skill to show acceptance.**



**DEMONSTRATION 10.C USING SIMPLE LANGUAGE**

<i>Health worker:</i>	"Good morning (name). What can I do for you today?"
<i>Mother:</i>	"Can you tell me what foods to give my baby, now that she is six months old."
<i>Health worker:</i>	"I'm glad that you asked. Well now, the situation is this. Most children need more nutrients than breast milk alone when they are six months old because breast milk has less than 1 milligram of absorbable iron and breast milk has about 450 calories, so less than the 700 calories that are needed. The vitamin A needs are higher than are provided by breast milk and also the zinc and other micronutrients."  "However, if you add foods that aren't prepared in a clean way it can increase the risk of diarrhoea and if you give too many poor quality foods the child won't get enough calories to grow well."
<b>Ask:</b>	<i>What did you observe?</i>
<b>Comment:</b>	<b>The health worker is providing too much information. It is not relevant to the mother at this time. She is using words that are unlikely to be familiar.</b>

**DEMONSTRATION 10.D USING SIMPLE LANGUAGE**

<i>Health worker:</i>	"Good morning (name). How can I help you?"
<i>Mother:</i>	"Can you tell me what foods to give my baby, now that she is six months old."
<i>Health worker:</i>	"You are wondering about what is best for your baby. I'm glad you have come to talk about it. It is usually a good idea to start with a little porridge to get him used to the taste of different foods. Just two spoons twice a day to start with."
<b>Ask:</b>	<i>What did you observe this time?</i>
<b>Comment:</b>	<b>The health worker explains about starting complementary foods in a simple way.</b>

### DEMONSTRATION 13.A TAKING A FEEDING HISTORY, 0-6 MONTHS

*Health Worker:* "Good morning, I am Nurse Jane. May I ask your name, and your baby's name?"

*Mother:* "Good morning, nurse; I am Mrs Green and this is my daughter Lucy."

*Health Worker:* "She is lovely – how old is she?"

*Mother:* "She is 5 months now."

*Health Worker:* "Yes – and she is taking an interest in what is going on, isn't she? Tell me, what milk have you been giving her?"

*Mother:* "Well, I started off breastfeeding her, but she is so hungry and I never seemed to have enough milk so I had to give her bottle feeds as well."

*Health Worker:* "Oh dear, it can be very worrying when a child is always hungry. You decided to start bottle feeds? What are you giving her?"

*Mother:* "Well, I put some milk in the bottle and then mix in a spoonful or two of cereal."

*Health Worker:* "When did she start these feeds?"

*Mother:* "Oh, when she was about 2 months old."

*Health Worker:* "About 2 months. How many bottles do you give her each day?"

*Mother:* "Oh, usually two – I mix up one in the morning and one in the evening, and then she just sucks it when she wants to – each bottle lasts quite a long time."

*Health Worker:* "So she just takes the bottle little by little? What kind of milk do you use?"

*Mother:* "Yes – well, if I have formula, I use some of that; or else I just use cow's milk and mix in some water, or sweetened milk, because they are cheaper. She likes the sweet milk!"

*Health Worker:* "Formula is very expensive isn't it? Tell me more about the breastfeeding. How often is she doing that now?"

*Mother:* "Oh she breastfeeds when she wants to – quite often in the night, and about 4 or 5 times in the day – I don't count. She likes it for comfort."

*Health Worker:* "She breastfeeds at night?"

*Mother:* "Yes she sleeps with me."

*Health Worker:* "Oh that makes it easier, doesn't it? Did you have any other difficulties with breastfeeding, apart from worrying about not having enough?"

*Mother:* "No, it wasn't difficult at all."

*Health Worker:* "Do you give her anything else yet? Any other foods or drinks?"

*Mother:* "No – I won't give her food for a long time yet. She is quite happy with the bottle feeds."

*Health Worker:* "Can you tell me how you clean the bottles?"

*Mother:* "I just rinse them out with hot water. If I have soap I use that, but otherwise just water."

*Health Worker:* "OK. Now can you tell me about how Lucy is. Has she got a growth chart? Can I see it? [mother hands over growth chart] Thank you, now let me see.... She was 3.5 kilograms when she was born, she was 5.5 kilograms when she was 2 months old, and now she is 6.0 kilograms. You can see that she gained weight fast for the first two months, but it is a bit slower since then. Can you tell me what illnesses she has had?"

*Mother:* "Well, she had diarrhoea twice last month, but she seemed to get better. Her stools are normal now."

*Health Worker:* "Can I ask about the earlier days – how was your pregnancy and delivery?"

*Mother:* "They were normal."

*Health Worker:* "What did they tell you about feeding her when you were pregnant, and soon after she was born? Did anyone show you what to do?"

*Mother:* "Nothing – they told me to breastfeed her, but that was all. The nurses were so busy, and I came home after one day."

*Health Worker:* "They just told you to breastfeed?"

*Mother:* "Yes – but I didn't have any milk in my breasts even then, so I gave her some glucose water until the milk started."

*Health Worker:* "It is confusing isn't it when your breasts feel soft after delivery? You need help then, don't you?"

*Mother:* "Yes."

*Health Worker:* "Can I ask about you? How old are you?"

*Mother:* "Sure – I am 22."

*Health Worker:* "And how is your health?"

*Mother:* "I am fine."

*Health Worker:* "How are your breasts?"

*Mother:* "I have had no trouble with my breasts."

*Health Worker:* "May I ask if you are thinking about another pregnancy at any time? Have you thought about family planning?"

*Mother:* "No – I haven't thought about it – I thought that you can't get pregnant when you are breastfeeding."

*Health Worker:* "Well, it is possible if you are also giving other feeds. We will talk about it more later if you like. Is Lucy your first baby?"

*Mother:* "Yes. And I do not want another one just yet."

*Health Worker:* "Tell me about how things are at home – are you going out to work?"

*Mother:* "No – I am a housewife now. I may try to find a job later when Lucy is older."

*Health Worker:* "Who else do you have at home to help you?"

*Mother:* "Lucy's father is with me. He has a job as a driver and he is very fond of Lucy, but he thinks she should not breastfeed at night – he thinks she breastfeeds too much and he wants her to sleep in another bed. But I am not sure..... He says that too much breastfeeding is what gives her diarrhoea."

**DEMONSTRATION 26.A DONATIONS OF INFANT FORMULA**

*Charity Worker:* "Good morning Mrs P, how can I help you?"

*Mrs P:* (Nervous and embarrassed – looks around to see if anyone is observing her. Gives Charity Worker a letter)  
"Good morning, madam. The counsellor at the health centre gave me this letter to give you – she said that I can get some formula here to feed my baby, as I can't afford to buy any."

*Charity Worker:* "Oh yes, I understand. Of course we can help you. I will give you these four tins of FatBoy 1, which the FatCat milk company donated to us. This should be enough for one month. You learnt how to make it up in hospital, didn't you? Next time you go for the baby to be weighed, she will give you another note, and you can come back for more formula."

*Mrs P:* "Thank you. I was so worried about how I would afford the tins. We have so little money. Now I know that I will have enough to feed my baby." (*Mrs P leaves*)

**Trainer:** **Mrs P returns to the charity worker one month later.**

*Mrs P:* "Good morning – my baby is growing well on the formula that you gave me one month ago, but it is nearly finished, so I need some more."

*Charity Worker:* "Oh dear, I am so sorry. I am afraid that we are out of stock at the moment, and we just don't have anything that we can give you. No more supplies have arrived – and all the last delivery has been given out. I don't know what to suggest – I am really sorry, but there is nothing I can do. Can you come back next week? Perhaps some will have arrived."

*Mrs P: (crying)* "What can I do now? My breast milk has dried up, and I have no money to buy milk. How can I feed my baby?"

## DEMONSTRATION 27.A COUNSELLING ON INFANT FEEDING CHOICES

*Counsellor:* "Hello (woman's name). Thank you for coming to talk to me about ways you could feed your baby. We want to help you to make a choice which is best for you, in your situation, and which gives the best chance for your baby to remain healthy."

**Comment:** Here the counsellor introduces the session, explaining that the purpose is to help the mother to make an appropriate feeding choice. The counsellor also emphasizes the idea that we want a healthy baby. In many cases we have to balance the risks of HIV transmission with the risk of a baby getting very sick from diarrhoea or pneumonia.

**Now we will see the counsellor moving to Step 1: "explain the risks of mother-to-child transmission."**

*Counsellor:* "What have you heard about the ways in which HIV can be transmitted from a mother to her baby?"

*Woman:* "Well, I know that the baby can be infected during birth, and if I choose to breastfeed."

*Counsellor:* "It is true that babies may get HIV in these ways. Let me show you a picture which may help you to understand."

Show Card #1 to the woman

**Comment:** The counsellor shows Card #1.

*Counsellor:* "What do you see in this picture?"

*Woman:* "I see some babies, and some of them have different coloured shirts on."

*Counsellor:* "This card shows 20 babies born to HIV-positive women. As you mentioned HIV can be passed to the baby at three stages: during the time you are pregnant, during delivery and during breastfeeding. The babies with white shirts are the babies that will NOT be infected at all. The babies with black shirts were already infected with HIV through pregnancy and delivery. The babies with grey shirts are the ones who may be infected with HIV through breastfeeding."

*Woman:* "So don't all babies get HIV through breastfeeding?"

*Counsellor:* "No – as you see most of them will not be infected. Some things can increase the risk of passing HIV through breastfeeding. For example, there is a higher chance if you have been recently infected with HIV or if you breastfeed for a long time. There are ways of reducing the risk of transmission by practising a feeding option that is appropriate for your situation. What other questions do you have about what I have just told you?"

*Woman:* "I think I understand. I am relieved to hear that not all babies are infected through breastfeeding"

**Comment:** How did the counsellor introduce the risk of mother-to-child transmission?

She used an open question to assess the mother's understanding of the risk. She said: "What have you heard about the ways in which HIV can be transmitted from a mother to her baby?"

This is a useful way to introduce the concept of risk.

Now the counsellor moves to Step 2 of the Flow Chart. She will explain the advantages and disadvantages of different feeding options starting with the mother's initial preference.

*Counsellor:* "There are various ways you could feed your baby. Is there any particular way you have thought of?"

*Woman:* "Well, now that I know not all babies are infected through breastfeeding, can we talk about that first, as I breastfed my other children?"

*Counsellor:* "Yes, what do you see in this picture?"

Show Card #3 to the woman

**Comment:** **At this point the counsellor shows Card #3 to the woman to help explain the next points.**

*Woman:* "I see a mother breastfeeding her baby, and someone trying to give her baby a bottle. The mother seems to be refusing."

*Counsellor:* "Yes, this is about exclusive breastfeeding. What do you think exclusive breastfeeding means?"

*Woman:* "Well, I'm not sure, but I saw something about it on a poster once."

*Counsellor:* "Yes, there are a lot of posters about exclusive breastfeeding these days. Exclusive breastfeeding means giving only breast milk and no other drinks or foods, not even water. Exclusive breastfeeding for the first few months may lower the risk of passing HIV, compared to mixed feeding. Breastfeeding is a perfect food because it protects against many illnesses. Also, it prevents a new pregnancy. On the other hand, as long as you breastfeed, there is some chance that your baby might get HIV."

**Comment** **At this stage the counsellor would go through the other advantages and disadvantages of exclusive breastfeeding with the mother using Card #3.**

*Counsellor:* "How do you feel about breastfeeding now?"

**Comment:** **The counsellor will discuss the questions and messages on Card #2, using counselling skills. Let us imagine that she has done this.**

**Note that the counsellor has discussed the two main options: exclusive breastfeeding and infant formula.**

*Counsellor:* "How do you feel about infant formula?"

*Woman:* "I'm not sure. My husband really wants me to breastfeed but I think I would like to try formula. If I start formula could I change back later?"

*Counsellor:* "That is really difficult to do."

<b>Comment:</b>	<p><b>The counsellor would discuss the two main options: infant formula and exclusive breastfeeding.</b></p> <p><b>If neither of these options is feasible, then the counsellor will discuss other options that are suitable and appropriate for the local area with the woman.</b></p> <p><b>It is important to be led by the mother's preferences, and not to overwhelm her with information. Leave time for a woman to ask questions and check she understands what is being discussed.</b></p> <p><b>Imagine the two feeding options have been discussed with the woman. Now the counsellor moves to Step 3: Explore with the woman her home and family situation.</b></p>
<i>Counsellor:</i>	"We have just discussed different feeding methods. After hearing all of this information, which method are you most interested in trying?"
<i>Woman:</i>	"I would like to use formula, since they give it for free here at the clinic."
<b>Comment:</b>	<b>Note that this is not the final decision by the woman. She may change her mind at a later stage.</b>
<i>Counsellor:</i>	"Let's think together about the things you will need in order for you to decide if formula is the best choice for you."
<i>Woman:</i>	"Yes, OK."
<b>Comment:</b>	<b>The counsellor shows the woman Card #7.</b>
<i>Counsellor:</i>	"Where do you get your drinking water from?"
<i>Woman:</i>	"We have a tap in our kitchen with clean water."
<i>Counsellor:</i>	"That's good – you need clean water to make formula. Can you prepare each feed with boiled water and clean utensils?"
<i>Woman:</i>	"That seems like too much work. Do I need to boil the water each time if we have clean water from the tap?"
<i>Counsellor:</i>	"Yes, it's recommended."
<i>Woman:</i>	"OK, well then....I guess I could manage. I could ask my niece to help me."
<i>Counsellor:</i>	"That's a good idea. What about preparing formula at night? Would you be able to do this two or three times each night?"
<i>Woman:</i>	"Can't I just prepare it before I go to bed and then just keep the bottle near the bed and use it all night?"
<i>Counsellor:</i>	"I understand why this might seem easier, but it's best to prepare the formula fresh for each feed. This will prevent your baby from getting sick....Perhaps we could talk about the cost of formula now?"
<i>Woman:</i>	"Oh, but I thought it was free?"
<i>Counsellor:</i>	"Even though you are getting the formula for free, you may run out before you can get more, or the clinic might temporarily run out. Formula costs about ----- per tin (INSERT LOCAL COST). If you had to buy 3 or 4 tins, could you afford do to this?"
<i>Woman:</i>	"Yes, my husband has steady work. We could find the money if we need to."
<i>Counsellor:</i>	"That's good. The cost is not too much of a problem if your husband is working. Does your husband know that you are HIV-positive?"
<i>Woman:</i>	"Yes, he does. He's HIV-positive too."

<i>Counsellor:</i>	"It must be difficult for you, but it can be helpful that you both know. What about the rest of your family?"
<i>Woman:</i>	"We haven't told anybody else. We are afraid of what they might say."
<i>Counsellor:</i>	"Oh, that must be a worry, In this case, how will your family feel if you don't breastfeed?"
<i>Woman:</i>	"My mother-in-law might get upset, since she breastfed all her children. She really thinks it's the best thing to do."
<i>Counsellor:</i>	"What reason do you think that you could give her for why you don't want to breastfeed?"
<i>Woman:</i>	"Maybe I could tell her that I am taking some medicine which will affect the breast milk. That happened to our neighbour last year."
<i>Counsellor:</i>	"Do you think that your mother-in-law would accept this explanation? Or would she insist that you breastfeed?"
<i>Woman:</i>	"I think that she would accept it. That neighbour is a friend of hers, and her baby is doing OK."
<b>Comment:</b>	<b>At this stage the counsellor would ask the woman if she would like to go through any other feeding options and whether she has any questions. The counsellor then moves to Step 4: "Help the woman choose an appropriate feeding option."</b>
<i>Counsellor:</i>	"We have talked about many things today. After all we have discussed, what are your thoughts about how you might like to feed your new baby?"
<i>Woman:</i>	"I am so confused. There seem to be good things and bad things about each feeding option for me. What would <b>you</b> suggest that I do?"
<i>Counsellor:</i>	"Well, let's think through the different ways, looking at your situation. You have breastfed your other children and your mother-in-law wants you to breastfeed."
<i>Woman:</i>	"Yes, she does."
<i>Counsellor:</i>	"Also, your husband knows that you are HIV-positive, so perhaps he could support you to exclusively breastfeed ... On the other hand, you do have all the things needed for you to be able to prepare formula feeds safely. You have clean water, fuel, and money to buy the formula."
<i>Woman:</i>	"That's right"
<i>Counsellor:</i>	"As your husband knows your status, he could help to support and to formula feed and perhaps talk to his mother."
<i>Woman:</i>	"Mmm. I would like to think more about this and discuss it with my husband. But I think I would like to give formula feed to this baby. I could explain to my husband about what you have said. I think he'll understand."
<b>Comment:</b>	<b>The counsellor did not tell the woman what to do. She summarized the reasons why the different feeding options would be suitable for her. The woman then made an initial choice, but will go home to discuss this with her husband. The counsellor would then go on to Step 5 – "Explain how to practise the chosen feeding options and provide a take-home flyer."</b>



**DEMONSTRATION 33.A LEARNING WHAT A CHILD EATS**

<i>Health worker: (show growth chart)</i>	“Thank you for coming today. (Mother name), your child’s weight line is going upwards which shows that he has grown since I last saw him. Because (child’s name) lost some weight when he was ill, the line needs to rise some more. Could we talk about what (child’s name) ate yesterday?”
<i>Mother:</i>	“I am pleased that he has put on some weight as (child’s name) has been ill recently and I was worried that he might have lost weight.”
<i>Health worker:</i>	“I can see you are anxious about his weight.”
<i>Mother:</i>	“Yes. I was wondering if I was feeding him the right sorts of food.”
<i>Health Worker:</i>	“Perhaps we could go through everything that (child’s name) ate or drank yesterday?”
<i>Mother:</i>	“Yes, I can tell you about that.”
<i>Health Worker:</i>	“What was the first thing you gave (child’s name) after he woke up yesterday?”
<i>Mother:</i>	“First thing, he breastfed. Then about one hour later the baby had a small amount of bread with butter, and several pieces of papaya.”
<i>Health Worker:</i>	“Breastfeeding, then bread, butter and some pieces of papaya. That is a good start to the day. What was the next food or drink or breastfeed that he had yesterday?”
<i>Mother:</i>	“At mid morning, the baby had some porridge with milk and sugar.”
<i>Health Worker: (show 2 consistency pictures)</i>	“Which of these drawings is most like the porridge you gave to (child’s name)?”
<i>Mother:</i>	“Like that thick one.” (Points to the thick consistency)
<i>Health Worker:</i>	“A thick porridge helps (child’s name) to grow well. After the porridge mid-morning, what was the next food, drink, breastfeed (child’s name) had?”
<i>Mother:</i>	“Let’s see, in the middle of the day, he had soup with vegetables and beans.”
<i>Health Worker:</i>	“How did the baby eat the vegetables and beans?”
<i>Mother:</i>	“I mashed them all together and added the liquid of the soup so he could eat it.”
<i>Health Worker: (show 2 consistency pictures)</i>	“Which picture is most like this food that you fed (child’s name) yesterday in the middle of the day?”
<i>Mother:</i>	“This one – the more runny one.” (Points to the thin consistency)
<i>Health Worker:</i>	“Was there anything else that (child’s name) had at mid-day yesterday?”
<i>Mother:</i>	“Oh yes, he had a small glass of fresh orange juice.”

<i>Health Worker:</i>	“That is a healthy drink to give to (child’s name). After this meal at mid-day, what was the next thing he ate?”
<i>Mother:</i>	“Let’s see, he didn’t eat anything more until we all ate our evening meal. He breastfed a few times in the afternoon. In the evening, he ate some rice, a spoonful of mashed greens, and some mashed fish.”
<i>Health Worker:</i> ( <i>show 2 consistency pictures</i> )	“Breastfeeding will help (child’s name) to grow and to stay healthy. It is good that you are still breastfeeding. Which of these pictures looks most like the food the baby ate in the evening?”
<i>Mother:</i>	“This thicker one. I mashed up the foods together and it looked like that.”
<i>Health Worker:</i>	“Did (child’s name) eat or drink anything more for the evening meal yesterday?”
<i>Mother:</i>	“No, nothing else.”
<i>Health Worker:</i>	“After that or during the night, what other foods or drinks did (child’s name) have?”
<i>Mother:</i>	“(Child’s name) breastfeeds during the night but he had no more foods.”
<i>Health Worker:</i> ( <i>show typical bowl</i> )	“Using this bowl, can you show me about how much food (child’s name) ate at his main meal yesterday?”
<i>Mother:</i>	(Points to bowl) “About half of that bowl.”
<i>Health Worker:</i>	“Thank you. Who helps (child’s name) to eat, or does he eat by himself?”
<i>Mother:</i>	“Oh, yes. (Child’s name) needs help. Usually I help him, but sometimes if my mother or sister is there, they will help also.”
<i>Health Worker:</i>	“Is (child’s name) taking any vitamins or minerals?”
<i>Mother:</i>	“No, not now.”
<i>Health Worker:</i>	“Thank you for telling me so much about what (child’s name) eats.”

### DEMONSTRATION 36.A CHECKING UNDERSTANDING

*Health worker:* "Now, (name), have you understood everything that I've told you?"

*Mother:* "Yes, ma'am."

*Health worker:* "You don't have any questions?"

*Mother:* "No, ma'am."

**Comment:** **What did you observe?**

**This mother would need to be very determined to say that she had questions for this health worker. Let us hear this again with the health worker using good checking questions.**

*Health worker:* "Now, (name), we talked about many things today, so let's check everything is clear. What foods do you think you will give (name) tomorrow?"

*Mother:* "I will make his porridge thick."

*Health worker:* "Thick porridge helps him to grow. Are there any other foods you could give, maybe from what the family is eating?"

*Mother:* "Oh yes. I could mash some of the rice and lentils we are having and I could give him some fruit to help his body to use the iron in the food."

*Health worker:* "Those are good foods to give your child to help him to grow. How many times a day will you give food to (name)?"

*Mother:* "I will give him something to eat five times a day. I will give him thick porridge in the morning and evening, and in the middle of the day, I will give him the food we are having. I will give him some fruit or bread in between."

*Health worker:* "You have chosen well. Children who are one year old need to eat often. Would you come back to see me in two weeks to see how the feeding is going?"

*Mother:* "Yes, OK."

**Comment:** **What did you observe this time?**

**This time the health worker checked the mother's understanding and found that the mother knew what to do. She also asked the mother to come back for follow-up.**

**If you get an unclear response, ask another checking question. Praise the mother for correct understanding or clarify any information as necessary.**

### DEMONSTRATION 38.A SUPPORTIVE TEACHING

<i>Health Worker:</i>	"Good morning (mother name). How are you and (child's name) today?"
<i>Mother:</i>	"We are well, thank you."
<i>Health Worker:</i>	"A few days ago, we talked about feeding (child's name) and you decided you would try to offer (child's name) some food more often. How is that going?"
<i>Mother:</i>	"It is good. One time he had about a half of a banana. Another time he had a piece of bread with some butter on it."
<i>Health Worker:</i>	"Those sound good snacks. Now, we want to talk about how much food to give for his main meal."
<i>Mother:</i>	"Yes, I'm not sure how much to give."
<i>Health Worker:</i>	"It can be hard. What sort of bowl or cup do you feed him from?"
<i>Mother:</i>	"We usually use this bowl." (Shows a bowl – about 250 ml size) <sup>3</sup>
<i>Health Worker:</i>	"How full do you fill the bowl for his meal?"
<i>Mother:</i>	"Oh, about a third."
<i>Health Worker:</i>	"(Child's name) is growing very fast at this age so he needs increasing amounts of food."
<i>Mother:</i>	"What foods should I use?"
<i>Health Worker:</i>	"You have some of the food here from the family today. Let us see." (Uncovers food) "First we need to wash our hands."
<i>Mother:</i>	"Yes, I have some water here." (Washes hands with soap and dries them on clean cloth.)
<i>Health Worker:</i>	"Now, what could you start with for the meal?"
<i>Mother:</i>	"I guess we would start with some rice." (Puts in 2 large spoonfuls)
<i>Health Worker:</i>	"Yes, the rice would almost fill half of the bowl." "Animal-source foods are good for children – is there some you could add to the bowl?"
<i>Mother:</i>	"I kept a few pieces of fish from our meal." (Puts in 1 large spoonful)
<i>Health Worker:</i>	"Fish is a good food for (child's name). A little animal-source food each day helps him to grow well."
<i>Mother:</i>	"Does he need some vegetables too?"
<i>Health Worker:</i>	"Yes, dark-green or yellow vegetables help (child's name) to have healthy eyes and fewer infections. What vegetables could you add?"
<i>Mother:</i>	"Some spinach?" (Puts some)
<i>Health Worker:</i>	"Spinach would be very nutritious. Some would fill half the bowl."
<i>Mother:</i>	"Oh, that isn't hard to do. I could do that each day. Two spoons of rice, a spoon of an animal-source food and some dark-green or yellow vegetable so the bowl is half full."

<sup>3</sup> If a different size cup or bowl is used, adjust the text according. If a smaller cup is used, it will need to be a full cup. If a larger cup is used, it may only need to be less than half full.

<i>Health Worker:</i>	"Yes, you are able to do it. Now, what about his morning meal?"
<i>Mother:</i>	"I can give some porridge, with milk and a little sugar."
<i>Health Worker:</i>	"That's right. How much will you put in the bowl?"
<i>Mother:</i>	"Until it is at least ½ full."
<i>Health Worker:</i>	"Yes. So, we've talked about his morning meal, and the main meal with the family. (Child's name) needs three to four meals each day. So what else could you give?"
<i>Mother:</i>	"Well, he would have some banana or some bread like I said before."
<i>Health Worker:</i>	"Those are healthy foods to give between meals. (Child's name) needs at least ½ full bowl of food three to four times a day as well."
<i>Mother:</i>	"Oh, I don't know what else to give him."
<i>Health Worker:</i>	"Your family has a meal in the middle of the day. What do you eat in the evening?"
<i>Mother:</i>	"Usually there is a pot of soup with some beans and vegetables in it. Could I give him that?"
<i>Health Worker:</i>	"Thick foods help him to grow better than thin foods like soup. Could you take out a few spoons of the beans and vegetables and mash them for (child's name). And maybe soak some bread in the soup?"
<i>Mother:</i>	Yes, I could do that easily enough.
<i>Health Worker:</i>	"So, how much will you put in (child's name) bowl for each meal?"
<i>Mother:</i>	"I will fill it ½ full."
<i>Health Worker:</i>	"Very good. And how often each day will you give him some food?"
<i>Mother:</i>	"I will give ½ bowlful of food three to four times a day. If he is hungry I will give some extra food between meals."
<i>Health Worker:</i>	"Exactly. You know how to feed (child's name) well. Will you bring (child's name) back to the health centre in two weeks so we can look at his weight?"
<i>Mother:</i>	"Yes, I will. With all this food, I know he will grow very well."

**LISTENING AND LEARNING SKILLS CHECKLIST**

- Use helpful non-verbal communication
- Ask open questions
- Use responses and gestures which show interest
- Reflect back what the mother says
- Empathize - show that you understand how she feels
- Avoid words which sound judging.

## COUNSELLING SKILLS CHECKLIST

### Listening and Learning Skills

- Use helpful non-verbal communication
- Ask open questions
- Use responses and gestures that show interest
- Reflect back what the mother/caregiver says
- Empathize – show that you understand how she/he feels
- Avoid words that sound judging

### Building Confidence and Giving Support Skills

- Accept what a caregiver thinks and feels
- Recognize and praise what a mother/caregiver and child are doing right
- Give practical help
- Give relevant information
- Use simple language
- Make one or two suggestions, not commands

**Counselling Story 1:**

- You are 28 weeks pregnant with your first baby. You are a teacher, married to a lawyer. You live in your own house which has running water and electricity.
- You were tested and found to be HIV-positive. You have not told your husband yet as you are worried about what he might think if you avoid breastfeeding. You are confused what to do, as you think you could manage to formula-feed.
- You will take three months maternity leave when the baby is born and then go back to work. You will employ a nanny to look after the baby.

CUT ✂ -----

**Counselling Story 2:**

- You are 35 weeks pregnant with your second baby. You have been tested and found to be HIV-positive. You have not told anyone else at home that you are HIV-positive. You live with your partner, your sister and your mother.
- You breastfed your first baby – giving him breast milk and glucose water for the first two months of life. Then, at the suggestion of your mother, you introduced solids when he was three months of age as he started to cry a lot.
- You have to walk half a kilometre to collect water from a well. You have a paraffin stove, but sometimes use wood for fuel if you run out of money.
- You mother receives a small pension. Your sister works part-time as a domestic worker. Neither you nor your partner are working.
- You are not sure how to feed this baby, but are frightened to disclose your status to your family.



**Counselling Story 3:**

- You are 39 weeks pregnant with your third baby. You found out you were HIV-positive when you were 28 weeks pregnant.
- You work as a clerk in an office. You will be off work after you deliver for six weeks, and then you will return to your job. When you are working you are away from the house for 10 hours each day, and your mother-in-law will look after the baby.
- You breastfed your other two children, giving them breast milk only for the first four weeks and then giving them breast milk and formula milk when you went back to work. You introduced solids at three months, whilst continuing to breastfeed at night until they were about one year of age.
- You are married and live with your in-laws. Everyone in the family will expect you to breastfeed this baby. Only your husband knows your status. You are worried about anyone else suspecting that you are HIV-positive.
- Your husband works as a mechanic. You have piped water to your kitchen and electricity to your home.

CUT ✂ -----

**Counselling Story 4:**

- You are 34 weeks pregnant. You have not been tested for HIV. This is your first visit to the antenatal clinic. Your husband has been very sick for a few months. You think that he may have AIDS and you are worried that you may be infected too. You have received information about preventing HIV infection and were encouraged to breastfeed.
- You have come to the infant feeding counsellor because you want to know how to get formula for your baby as you think that it will be safer than breastfeeding.
- Statements that you might use:
  - "My baby is due soon and I want to find out about getting infant formula for him."
  - "I am really worried because my husband is ill – he has been sick for a long time now. I don't know what the illness is, but it might be HIV so I think that I had better give my baby formula."
  - "I think it would be better if I didn't breastfeed at all - then the baby would be protected."

**EXERCISE 30.A WHAT IS IN THE BOWL?**

Choose foods that are available to families in your area to form one meal for a young child, aged \_\_\_\_\_

What are Key Messages you could give for the foods that you have chosen?



Enter ✓ in the Yes column if the practice is in place.

**Enter your initials if a message is given (see FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS for the message).**

<b>FOOD INTAKE JOB AID, 6-23 MONTHS</b>		
<b>Child's name</b>		
<b>Date of birth</b>		<b>Age of child at visit</b>
<b>Feeding practice</b>	<b>Yes / number where relevant</b>	<b>Key Message given</b>
Growth curve rising?		
Child received breast milk?		
How many meals of a thick consistency did the child eat yesterday? (use consistency photos as needed)		
Child ate an animal-source food yesterday? (meat/fish/offal/bird/eggs)?		
Child ate a dairy product yesterday?		
Child ate pulses, nuts or seeds yesterday?		
Child ate a dark-green or yellow vegetable or yellow fruit yesterday?		
Child ate sufficient number of meals and snacks yesterday, for his/her age?		
Quantity of food eaten at main meal yesterday appropriate for child's age?		
Mother assisted the child at meals times?		
Child took any vitamin or mineral supplements?		
Child ill or recovering from an illness?		

<b>FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS</b>		
<b>Feeding Practice</b>	<b>Ideal Feeding Practice</b>	<b>Key Messages to help counsel mothers</b>
Growth curve rising?		<i>Look at the shape of the growth curve of the child: is the child growing?</i>
Child received breast milk?	Yes	Breastfeeding for 2 years of age or longer helps a child to develop and grow strong and healthy.
How many meals of a thick consistency did the child eat yesterday? (use consistency photos as needed)	3 meals	Foods that are thick enough to stay in the spoon give more energy to the child.
Child ate an animal-source food yesterday? (meat/fish/offal/bird/eggs)?	Animal-source foods should be eaten daily	Animal-source foods are especially good for children to help them grow strong and lively.
Child ate a dairy product yesterday?	Try to give dairy products daily.	Animal-source foods are especially good for children to help them grow strong and lively.
Child ate pulses, nuts or seeds yesterday?	If meat is not eaten pulses or nuts should be eaten daily, with an iron enhancer such as a vitamin C rich food	Peas, beans, lentils, nuts and seeds are good for children
Child ate a dark-green or yellow vegetable or yellow fruit yesterday?	A dark-green or yellow vegetable or yellow fruit should be eaten daily.	Dark-green leaves and yellow-coloured fruits and vegetables help the child to have healthy eyes and fewer infections
Child ate sufficient number of meals and snacks yesterday, for his/her age?	Child 6 – 8 months: 2 – 3 meals plus 1 – 2 snacks if child hungry Child 9 – 23 months: 3 – 4 meals plus 1 – 2 snacks if child hungry	A growing child needs 2 – 4 meals a day plus 1 - 2 snacks if hungry: give a variety of foods.
Quantity of food eaten at main meal yesterday appropriate for child's age?	Child 6 – 8 months: gradually increased to approx. ½ cup at each meal Child 9 – 11 months: approx. ½ cup at each meal Child 12 – 23 months: approx. ¾ – 1 cup at each meal	A growing child needs increasing amounts of food
Mother assisted the child at meals times?	Yes, assists with learning to eat.	A young child needs to learn to eat: encourage and give help... with lots of patience
Child took any vitamin or mineral supplements?	Vitamin and mineral supplements may be needed if child's needs are not met by food intake.	<i>Explain how to use vitamin and mineral supplements if they are needed</i>
Child ill or recovering from an illness?	Continue to eat and drink during illness and recovery.	Encourage the child to drink and eat during illness and provide extra food after illness to help them recover quickly.

*Story 1:*

*Child is 15 months old. Healthy, growing well and eating normally. Breastfeeds frequently.*

- Early morning: Breastfeed, half bowlful of thick porridge, milk and small spoon of sugar
  - Mid-morning: Small piece of bread with nothing on it, breastfeed
  - Mid-day: 3 large spoons of rice, two spoon of mashed beans ( $\frac{3}{4}$  of a bowl), pieces of mango ( $\frac{1}{4}$  of a bowl), drink of water
  - Mid-afternoon: Breastfeed, one small biscuit/cookie
  - Evening: Two large spoons of rice, one large spoon of mashed fish, two large spoon of green vegetables ( $\frac{3}{4}$  of a bowl), drink of water
  - Bedtime: Breastfeed
  - During night: Breastfeed
- 

*Story 2:*

*Child is 9 months old. Not ill at present. Not difficult to feed. Not breastfeeding.*

- Early morning: Half cup of cow's milk, half bowl of thin porridge, spoon of sugar
  - Mid-morning: Half a mashed banana, small drink of fruit drink
  - Mid-day: Thin soup, one spoon of rice, and one spoon of mashed beans (half full bowl), drink of water
  - Mid-afternoon: Sweet biscuit, half cup of cow's milk
  - Evening: Two spoons of rice, one spoon of mashed meat and vegetable from family meal (half a bowl), drink of water
  - Bedtime: Piece of bread with no spread, half cup cow's milk
  - During the night: drink of water
- 

*Story 3:*

*Child is 18 months old. Not ill at present. Not difficult to feed. Breastfeeds.*

- Early morning: Full bowl of thick porridge with sugar, breastfeed
- Mid-morning: Cup of diluted fruit drink
- Mid-day: Three spoons of rice, three spoons of mashed beans and vegetables from the family meal (one full bowl),  $\frac{1}{2}$  cup of diluted fruit drink
- Mid-afternoon: Large piece of bread with jam, breastfeed
- Evening: Whole mashed banana, one sweet biscuit, cup of diluted fruit drink
- Bedtime: Breastfeed
- During the night: Breastfeed

**Story 4:**

*Child is 12 months old. Growing very slowly.*

- Early morning: Breastfeed. Half a bowl of thin porridge
  - Mid-morning: Two small spoons of mashed banana, breastfeed
  - Mid-day: Four spoons of thin soup, one spoon of mashed meat/vegetables/potato from the soup ( $\frac{3}{4}$  of a bowl), breastfeed
  - Mid-afternoon: Breastfeed, two spoons mashed mango
  - Evening: Two spoons of mashed meat/vegetable/potato from family meal (less than  $\frac{1}{2}$  a bowl), breastfeed
  - Bedtime: Breastfeed, sweet biscuit mashed in cow's milk ( $\frac{1}{4}$  of cup).
  - During the night: Breastfeed
- 

**Story 5:**

*Child is six and a half months old and healthy. Growing well. Easy to feed. Has recently started complementary feeds.*

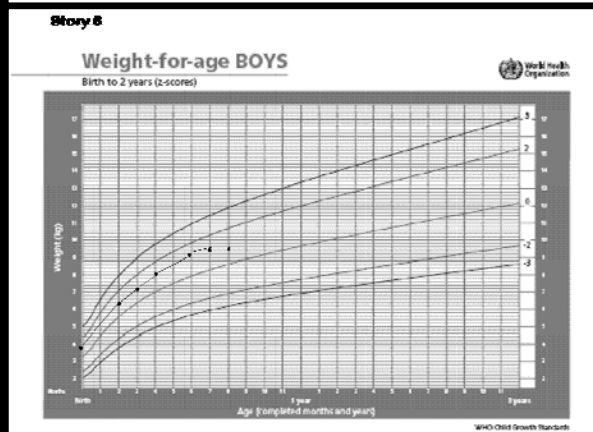
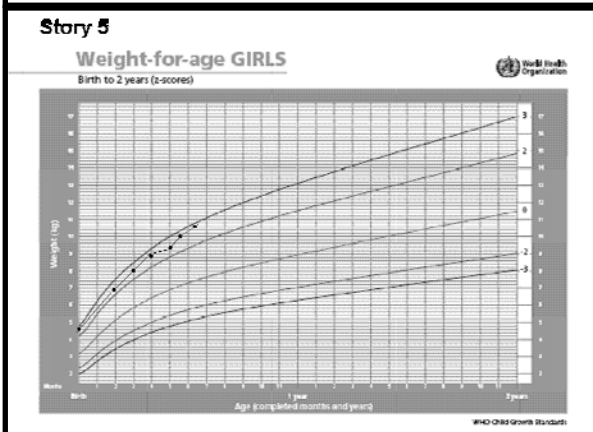
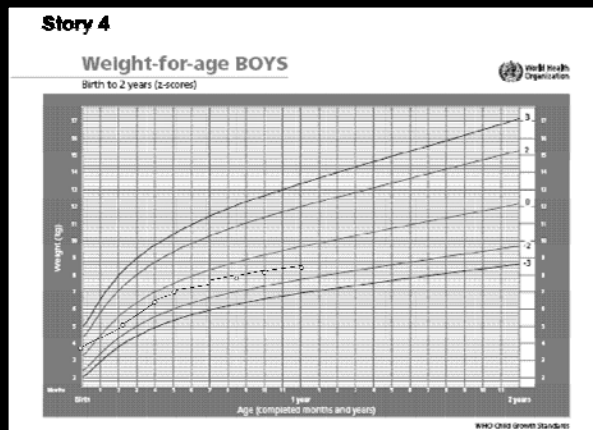
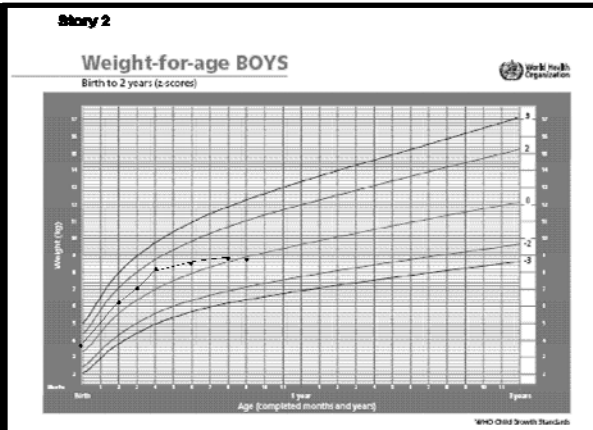
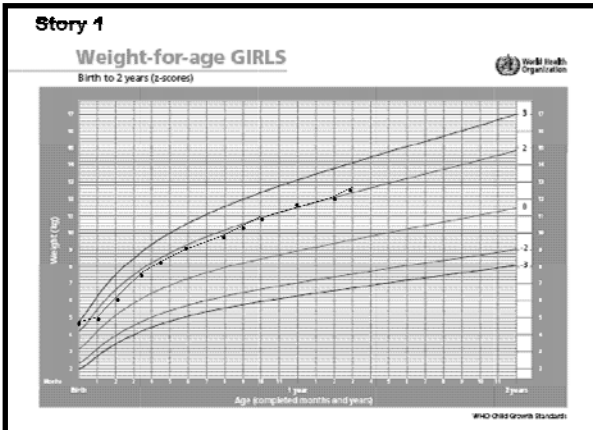
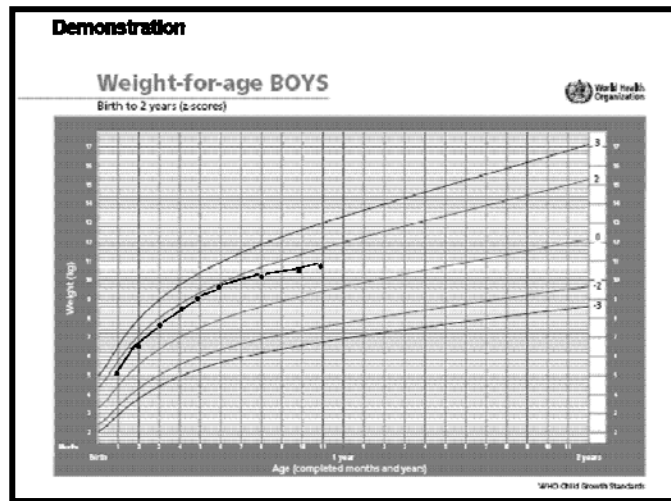
- Early morning: Breastfeeds
  - Mid-morning : 3 spoons of thin porridge with milk, breastfeeds
  - Mid-day: breastfeeds
  - Mid-afternoon : breastfeeds
  - Evening : 3 spoons of mashed family meal – potato, fish, carrots. Thick consistency
  - Bedtime: Breastfeed
  - During night : Breastfeeds
- 

**Story 6:**

*Child is 8 months old. Not ill. Does not show much interest in eating.*

- Early morning: Breastfeed, 2 spoons thin porridge with milk and sugar (less than  $\frac{1}{2}$  a bowl)
- Mid-morning : Breastfeed
- Mid-day: One spoon rice, one spoon mashed beans, small piece of egg, one spoon mashed greens, from the family meal ( $\frac{1}{2}$  a bowl). Drink of water.
- Mid-afternoon: One sweet biscuit, breastfeed
- Evening: One piece of bread with some butter, breastfeed
- Bedtime: Breastfeed
- During the night : Breastfeed

# WEIGHT CHARTS FOR SESSION





<b>EXERCISE 38.A PREPARING A YOUNG CHILD'S MEAL</b>		
Group:		
Task	Achieved	Comments
Mixture of foods:		
Staple		
Animal-source food		
Bean / pulse <i>plus</i> Vitamin C fruit or vegetable		
Dark-green vegetable or yellow- coloured fruit or vegetable		
Consistency		
Amount		
Prepared in a clean and safe manner		

## Answer Sheets for Sessions 6, 11 and 32

### Exercise 6.a Asking open questions

#### How to do the exercise:

Questions 1-4 are 'closed' and it is easy to answer 'yes' or 'no'.  
Write a new 'open' question, which requires the mother to tell you more.

#### Example:

##### 'Closed' Question

Do you breastfeed your baby?

##### 'Open' Question

*How are you feeding your baby?*

#### To answer:

##### 'Closed' Questions

1. Does your baby sleep with you?
2. Are you often away from your baby?
3. Does Sara eat porridge?
4. Do you give fruit to your child often?

##### Suggested answers for 'Open' Questions

- Where does your baby sleep?*
- How much time do you spend away from your baby?*
- What kinds of foods does Sara like to eat?*
- How often does your child eat some fruit?*

### Exercise 6.b Reflecting back what a mother says

#### How to do the exercise:

Statements 1-3 are some things that mothers might tell you.  
Underneath 1-3 are three responses. Mark the response that 'reflects back' what the statement says. For statement 4 make up your own response which 'reflects back' what the mother says.

#### Example:

My mother says that I don't have enough milk.

- a) Do you think you have enough?
- b) Why does she think that?
- ✓ c) She says that you have a low milk supply?

**To answer:**

1. Mika does not like to take thick porridge.

- ✓ a) Mika does not seem to enjoy thick foods?
- b) What foods have you tried?
- c) It is good to give Mika thick foods as he is over six months old

2. He doesn't seem to want to suckle from me.

- a) Has he had any bottle feeds?
- b) How long has he been refusing?
- ✓ c) He seems to be refusing to suckle?

3. I tried feeding him from a bottle, but he spat it out.

- a) Why did you try using a bottle?
- ✓ b) He refused to suck from a bottle?
- c) Have you tried to use a cup?

4. "My husband says our baby is old enough to stop breastfeeding now."

*Your husband wants you to stop breastfeeding your baby?*

**Exercise 6.c Empathizing - to show that you understand how she feels**

**How to do the exercise:**

Statements 1-4 are things that mothers might say.

Underneath statements 1-4 are three responses that you might make.

Underline the words in the mother's statement which shows something about how she feels. Mark the response which is most empathetic.

For stories 5 and 6, underline the feeling words, then make up your own empathizing response.

**Example:**

My baby wants to feed so often at night that I feel exhausted.

- a. How many times does he feed altogether?
- b. Does he wake you every night?
- ✓ c. You are really tired with the night feeding.

**To answer:**

1. James has not been eating well for the past week. I am very worried about him.

- ✓ a. You are anxious because James is not eating?
- b. What did James eat yesterday?
- c. Children often have times when they do not eat well.

2. My breast milk looks so thin - I am afraid it is not good.
- ✓ a. That's the foremilk - it always looks rather watery.
  - b. You are worried about how your breast milk looks?
  - c. Well, how much does the baby weigh?
3. I feel there is no milk in my breasts, and my baby is a day old already.
- ✓ a. You are upset because your breast milk has not come in yet?
  - b. Has he started suckling yet?
  - c. It always takes a few days for breast milk to come in.
4. I am anxious that if I breastfeed I will pass HIV on to my baby.
- ✓ a. I can see you are worried about breastfeeding your baby?
  - b. Would you like me to explain to you about how the HIV virus is passed from mothers to babies?
  - c. What have you heard about other options for feeding your baby?
5. Angelique brings Sammy to see you. He is nine months old. Angelique is worried. She says "Sammy is still breastfeeding and I feed him three other meals a day, but I am so upset, he still looks so thin". What would you say to Angelique to empathize with how she feels?

Possible answers include:

*You are concerned about how Sammy looks?*  
*You are worried about Sammy?*

6. Catherine comes to the clinic. She is pregnant with her first baby and has found out she has HIV. She says: "I am frightened that my mother-in-law might find out". What would you say to Catherine to empathize with how she feels?

Possible answers include:

*You are frightened about what your mother-in-law will think?*  
*You are worried about your mother-in-law finding out?*

### **Exercise 11.a Accepting what a mother THINKS**

#### **How to do the exercise:**

Examples 1-2 are mistaken ideas which mothers might hold.

Beside each mistaken idea are three responses. One agrees with the idea, one disagrees, and one accepts the idea, without either agreeing or disagreeing.

Beside each response write whether the response agrees, disagrees or accepts.

**Example:**

Mother of a six-month-old baby:

"My baby has diarrhoea so it is not good to breastfeed now".

"You do not like to give him breast milk just now?" *Accepts*

"It is quite safe to breastfeed a baby when he has diarrhoea." *Disagrees*

"It is often better to stop breastfeeding a baby when he has diarrhoea." *Agrees*

**To answer:**

1. Mother of a one-month-old baby:

"I give him drinks of water, because the weather is so hot now."

"Oh, that is not necessary! Breast milk contains plenty of water." *Disagrees*

"Yes, babies may need extra drinks of water in this weather." *Agrees*

"You feel that he need drinks of water sometimes?" *Accepts*

2. Mother of a nine-month-old baby:

"I have not been able to breastfeed for two days, so my milk is sour."

"Breast milk is not very nice after a few days." *Agrees*

"You are worried that your breast milk may be sour?" *Accepts*

"But milk never goes sour in the breast!" *Disagrees*

**How to do the exercise:**

Examples 3-5 are some more mistaken ideas which mothers might hold.

Make up a response that accepts what the mother says, without disagreeing or agreeing.

**Example:**

Mother of a one-week-old baby: "I don't have enough milk because my breasts are so small".

*"Mm. Mothers often worry about the size of their breasts?"*

*"I see you are worried about the size of your breasts"*

*"Ah ha"*

**To answer:**

3. "The first milk is not good for a baby – I cannot breastfeed until it has gone." *"You do not want him to have the first milk?"*
4. "I don't let him suckle for more than ten minutes, because it would make my nipples sore." *"You are frightened that you might have sore nipples?"*
5. "I need to give him formula now he is two months old. My breast milk is not enough for him now". *"I see....."*

<b>Exercise 11.b Accepting what a mother FEELS</b>
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**How to do the exercise:**

After the Stories A, and B below, there are three responses.

Mark with a ✓ the response which shows acceptance of how the mother feels.

**Example:**

Purla's baby boy has a cold and a blocked nose, and is finding it difficult to breastfeed. As Purla tells you about it, she bursts into tears.

Mark with a ✓ the response which shows that you accept how Purla feels.

- a. Don't worry - he is doing very well.
- b. You don't need to cry - he will soon be better.
- ✓ c. It's upsetting when a baby is ill, isn't it?

**To answer:****Story A.**

Marion is in tears. She says that her breasts have become soft again, so her milk must be less, but the baby is only three weeks old.

- a. Don't cry - I'm sure you still have plenty of milk.
- ✓ b. You are really upset about this, I know.
- c. Breasts often become soft at this time - it doesn't mean that you have less milk!

**Story B.**

Dora is very bothered. Her baby sometimes does not pass a stool for one or two days. When he does pass a stool, he pulls up his knees and goes red in the face. The stools are soft and yellowish brown.

- a. You needn't be so bothered - this is quite normal for babies.
- b. Some babies don't pass a stool for four or five days.
- ✓ c. It really bothers you when he does not pass a stool, doesn't it?

**Exercise 11.c Praising what a mother and baby are doing right****How to do the exercise:**

For Stories C and D below, there are three responses. They are all things that you might want to say to the mother.

Mark with a ✓ the response which praises what the mother and baby are doing right, to build the mother's confidence.

**Example:**

A mother is breastfeeding her three-month-old baby, and giving drinks of fruit juice. The baby has slight diarrhoea.

**Mark the response which praises what she is doing right.**

- a. You should stop the fruit juice - that's probably what is causing the diarrhoea.
- ✓ b. It is good that you are breastfeeding - breast milk should help him to recover
- c. It is better not to give babies anything but breast milk until they are about six months old.

**To answer:****Story C.**

The mother of a three-month-old baby says that he is crying a lot in the evenings, and she thinks that her milk supply is decreasing. The baby gained weight well last month.

- a. Many babies cry at that time of day - it is nothing to worry about.
- ✓ b. He is growing very well - and that is on your breast milk alone.
- c. Just let him suckle more often - that will soon build up your milk supply.

**Story D.**

A four-month-old baby is completely fed on replacement feeds from a bottle. He has diarrhoea. The growth chart shows that he weighed 3.5 kilos at birth, and that he has only gained 200 grams in the last two months. The bottle smells very sour.

- a. If you were breastfeeding this baby he would not have got diarrhoea.
- ✓ b. I am glad that you came to the clinic, and it is very helpful that you brought his weight chart.
- c. Shall I help you to make up a fresh bottle of formula?

<b>Exercise 11.d Giving a little , relevant information</b>
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**How to do the exercise:**

Below is a list of six mothers with babies of different ages.

Beside them are six pieces of information (a, b, c, d, e and f) that those mothers may need; but the information is not opposite the mother who needs it most.

Match the piece of information with the mother and baby in the same set for whom it is MOST RELEVANT AT THAT TIME.

After the description of each mother there are six letters.

Put a circle round the letter which corresponds to the information which is most relevant for her. As an example, the correct answer for Mother 1 is already marked in brackets.

**To answer:**

<b>Mothers 1-6</b>		<b>Information</b>
1. Mother returning to work	a b c d (e) f	a. Foremilk normally looks watery, and hindmilk is thicker
2. Mother with a 12-month-old baby	a b c d e (f)	b. Exclusive breastfeeding is best until a baby is six months old
3. Mother who thinks that her milk is too thin	(a) b c d e f	c. More suckling makes more milk
4. Mother who thinks that she does not have enough breast milk	a b (c) d e f	d. Colostrum is all that a baby needs at this time
5. Mother with a two-month-old baby who is exclusively breastfed	a (b) c d e f	e. Night breastfeeds are good for a baby and help to keep up the milk supply
6. A newly delivered mother who wants to give her baby prelacteal feeds	a b c (d) e f	f. Breastfeeding is valuable for two years or more



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**Exercise 11.e Using simple language**

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**How to do the exercise:**

Below are two pieces of information that you might want to give to mothers. The information is correct, but it uses technical terms that a mother who is not a health worker might not understand. Rewrite the information in simple language that a mother could easily understand.

**Example:****Information:**

Colostrum is all that a baby needs in the first few days.

**Using simple language:**

*"The first yellowish milk that comes is exactly what a baby needs for the first few days."*

**To answer:****Information:**

1. Exclusive breastfeeding is best up to six months of age.

**Using simple language:**

*"Breast milk alone is all a baby needs until he is about six months old."*

2. To suckle effectively, a baby needs to be well attached to the breast.

*"To get the milk, your baby needs to take a big mouthful of breast."*

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**Exercise 11.f Making one or two suggestions, not commands**

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**How to do the exercise:**

Examples 1-2 are some commands which you might want to give to a breastfeeding mother. Rewrite the commands as suggestions.

The box below gives some examples of ways to make suggestions, not commands. You may find this helpful when doing the exercises below.

**Example:**

Command: "Keep the baby in bed with you so that he can feed at night!"

Suggestions: *"It might be easier to feed him at night if he slept in bed with you."*  
*"Would it be easier to feed him at night if he slept with you?"*

**To answer:**

1. Command: Do not give your baby any drinks of water or glucose water, before he is at least six months old!

Suggestions: *"You may find that breastfeeding is all that he needs - extra water is not usually necessary".*

*"Have you thought of giving him just breastfeeds? Babies can get all the water that they need from breast milk"*

2. Command: Feed him more often, whenever he is hungry, then your milk supply will increase!

Suggestions: *"A good way to build up your milk supply is to breastfeed your baby more often."*

*"Would you be able to breastfeed him more often? That is a good way to build up your milk supply."*

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**Exercise 32.a Accepting what a mother THINKS**


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**How to do the exercise:**

Examples 1-2 are mistaken ideas which mothers might hold.

Beside each mistaken idea are three responses. One agrees with the idea, one disagrees, and one accepts the idea, without either agreeing or disagreeing.

Beside each response write whether the response agrees, disagrees or accepts.

**Example:**

Mother of a healthy 19-month-old baby whose weight is on the median

"You are worried about giving him milk?"

*Accepts*

"I am worried that my child will become a fat adult so I will stop giving him milk".

"It is important that children have some milk in their diet until they are at least two years of age".

*Disagrees*

"Yes, fat babies tend to turn into fat adults."

*Agrees*

**To answer**

1. Mother of a seven-month-old baby:

"My child is not eating any food that I offer so I will have to stop breastfeeding so often. Then he will be hungry and will eat the food."

"Oh, no, you must not give him less breast milk. That is a bad idea."

*Disagrees*

"I see..."

*Accepts*

"Yes, sometimes babies do get full up on breast milk?"

*Agrees*

## 2. Mother of a 12-month-old child:

"My baby has diarrhoea so I must stop giving him any solids."

"Yes, often foods can make the diarrhoea worse."

*Agrees*

"You are worried about giving foods at the moment?"

*Accepts*

"But solids help a baby to grow and gain weight again – you must not stop them now."

*Disagrees*

**How to do the exercise:**

Examples 3-4 are some more mistaken ideas which mothers might hold.

Make up a response that accepts what the mother says, without disagreeing or agreeing.

**To answer:****Possible responses to accept what the mother thinks are:**

3. "My neighbour's child eats more than my child and he is growing much bigger. I must not be giving my child enough food."

*"You feel unsure if your child is getting enough to eat?"*

4. "I am worried about giving my one year old child family foods in case he chokes."

*"Mmm. You are concerned that he might choke."*

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**Exercise 32.b Accepting what a mother FEELS**


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**How to do the exercise:**

After the Stories A, and B below, there are three responses.

Mark with a ✓ the response which shows acceptance of how the mother feels.

**Example:**

Edith's baby boy has not gained much weight over the past two months. As Edith tells you about it, she bursts into tears.

Mark with a ✓ the response which shows that you accept how Edith feels.

- a. Don't worry – I am sure he will gain weight soon.
- b. Shall we talk about what foods to give your baby?
- ✓ c. You're really upset about this aren't you?

**To answer:****Story A.**

Agnes is in tears. Her baby is refusing to eat vegetables and she is worried.

- a. Don't cry – many children do not eat vegetables.
- ✓ b. You are really worried about this?
- c. It is important that your baby eats vegetables for the vitamins he needs.

**Story B.**

Susan is crying. Since starting complementary feeds her baby has developed a rash on his buttocks. The rash looks like a nappy rash.

- a. Don't cry - it is not serious.
- b. Lots of babies have this rash – we can soon make it better.
- ✓ c. You are really upset about this rash, aren't you?

**Exercise 32.c Praising what a mother and baby are doing right**
**How to do the exercise:**

For Stories C and D below, make up a response which praises something the mother and baby are doing right.

**Example:**

**Suggestions** (In your answer, you only need to give ONE answer)

A mother is giving her nine-month-old baby fizzy drinks. She is worried that he is not eating his meals well. He is growing well at the moment. She offers him three meals and one snack per day.

*"It is good that you are offering him three meals and one snack per day."*

*"Your child is growing well on the food you are giving him."*

**To answer:****Story C.**

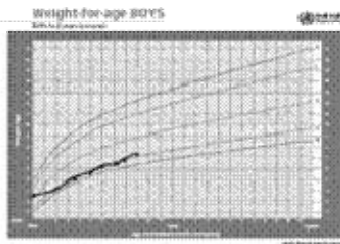
A 15-month-old child is breastfeeding and having thin porridge and sometimes tea and bread. He has not gained weight for six months, and is thin and miserable.

*"It is good that you are continuing to breastfeed him at this age."*

**Story D.**

A nine-month-old baby and his mother have come to see you. Here is the growth chart of the baby.

*"Your baby gained weight last month on the food that you are offering him."*



### Exercise 32.d Giving a little, relevant information

**How to do the exercise:**

Below is a list of four mothers with babies of different ages.

Beside them are three pieces of information (a, b, c and d) that those mothers may need; but the information is not opposite the mother who needs it most.

Match the piece of information with the mother and baby in the same set for whom it is MOST RELEVANT AT THAT TIME.

After the description of each mother there are four letters.

Put a circle round the letter which corresponds to the information which is most relevant for her.

**To answer:****Mothers 1-4**

1. Mother with a seven-month-old baby    a (b) c d
2. Mother with a 15-month-old baby who is getting two meals per day    a b (c) d
3. Mother with a 12-month-old baby who thinks that the baby is too old to breastfeed any longer    a b c (d)
4. Mother of a non-breastfed child who is 11 months old    (a) b c d

**Information**

- a. Children need extra water at this age – about 4-5 cups in a hot climate
- b. Children who start complementary feeding at six completed months of age grow well
- c. Growing children of this age need three to four meals per day plus one to two snacks if hungry, in addition to milk.
- d. Breastfeeding to at least two years of age help a child to grow strong and healthy

### Exercise 32.e Using simple language

#### How to do the exercise:

Below are two pieces of information that you might want to give to mothers.

The information is correct, but it uses technical terms that a mother who is not a health worker might not understand.

Rewrite the information in simple language that a mother could easily understand.

#### Example:

##### Information:

Dark-green leaves and yellow-coloured fruit and vegetables are rich in Vitamin A.

##### Using simple language:

*"Dark-green leaves and yellow-coloured vegetables help the child to have healthy eyes and fewer infections."*

#### To answer:

##### Information:

1. Breastfeeding beyond six months of age is good as breast milk contains absorbable iron, calories and zinc.

##### Using simple language:

*"Breastfeeding to at least two years of age helps a child to grow strong and healthy."*

2. Non-breastfed children aged 14 months should receive protein, zinc and iron in appropriate quantities

*"For children who are not breastfeeding it is helpful to give an animal-source food each day."*

### Exercise 32.f Making one or two suggestions, not commands

#### How to do the exercise:

Below are some commands which you might want to give to a mother.

Rewrite the commands as suggestions.

#### Example:

##### Command:

"You must start complementary foods when your baby is six completed months old."

##### Suggestions:

*"Children who start complementary foods at six completed months grow well and are active and content."*

*"Could you start some foods in addition to milk now that your baby is six completed months old?"*

**To answer:****Command:**

1. "You must use thick foods."

**Suggestions:**

(In your answer, you only need to give ONE answer):

*"Family foods with a thick consistency nourish and fill the child."*

*"Would you be able to use thicker foods?"*

2. "Your child should be eating a full bowl of food by one year of age."

*"Increasing amounts of food helps a child grow."*

*"Could you give your child a full bowl of food at mealtimes?"*





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