

HIV and Infant Feeding Counselling: A training course



Director's Guide



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WHO/FCH/CAH/00.4
UNICEF/PD/NUT/(J)00-3
UNAIDS/99.57E
Distribution: General
Original: English

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For further information, please contact:

Department of Child and Adolescent
Health and Development (CAH)
World Health Organization
20, avenue Appia
1211 Geneva 27
Switzerland

Nutrition Section (H-10F)
UNICEF
3, United Nations Plaza
New York, NY 10017
USA

UNAIDS
20, avenue Appia
1211 Geneva 27
Switzerland

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1. Introduction

1.1 Why this course is needed

HIV infection among children is increasing, and in some countries is now one of the main causes of childhood death. In 90% of cases, children acquire the infection from their mothers, before or during, or after delivery through breastfeeding. This is called *mother-to-child transmission (MTCT)*, or *vertical transmission*. Avoiding breastfeeding is one of the ways to reduce the risk of MTCT or HIV.

Recent research has shown more precisely the time at which HIV is passed from a mother to her infant. However, there are still many uncertainties, one of the most important being the extent to which the quality of breastfeeding, whether exclusive or mixed, and the condition of the breasts, affects the risk of transmission.

Great efforts have been made in recent years to promote breastfeeding by all mothers. There are considerable risks associated with not breastfeeding, particularly in resource poor settings. This has resulted in both policy makers and health workers being reluctant to suggest that a woman feed her infant in any other way. Accordingly, it has been difficult for health workers to advise HIV-positive women how best to feed their infants. It is perhaps even more difficult for a mother and her family to decide what is best, and women need accurate information and counselling to enable them to decide.

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 employ the method of their choice. By 1998, it was known that the use of anti-retroviral drugs could substantially reduce the risk of mother-to-child transmission before and during delivery, and it became more urgent to find ways to reduce the risk of post-natal transmission through breastfeeding. Guidelines developed in 1998 set out several feeding options to suggest to HIV-positive women, including breastfeeding in the usual way, breastfeeding exclusively and stopping early, and the use of replacement feeds such as commercial or home prepared formula. The guidelines also emphasised 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 now an urgent need to train health workers in MCH and primary care settings to counsel women about infant feeding according to these guidelines. Infant feeding counsellors are needed, who have the skills to enable HIV-positive mothers to make a fully informed decision of infant feeding method; to support them in their decisions; and to counsel mothers who are HIV negative or of unknown HIV status about breastfeeding. ***HIV and Infant Feeding Counselling: A training course (HIVC)*** has been developed in response to this need. The materials are designed to make it possible for trainers with limited experience of teaching the subject to conduct up-to-date and effective courses.

1.2 The meaning of the word ‘counselling’

The concept of ‘counselling’ is new to many people, and the word can be difficult to translate. Some languages use the same word as ‘advising’. However, counselling means more than giving advice. Often, when you advise people, you tell them what you think they should do. When you counsel a mother, you listen to her, and try to understand how she feels. You help her to decide what is best for her, and you help her to develop confidence to do what she decides.

1.3 Course objectives

The objectives of this course are to provide knowledge and skills for health workers who work with mothers and babies, to enable them to:

- counsel women who are HIV-positive about infant feeding decisions;
- enable women to decide how to feed their infants as effectively and safely as possible in their circumstances;
- refer women and their children for further HIV services and care as necessary;
- participate in local discussions on HIV and infant feeding policy;
- prevent spillover of artificial feeding, and erosion of breastfeeding, by women who are not HIV infected.

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 general living with HIV. This course covers only aspects specifically related to infant feeding.

This course is designed to be used with *Breastfeeding Counselling: A training course* and as part of other interventions to prevent or reduce mother-to-child transmission of HIV.

1.4 Target group

The course is for health workers who care for mothers and young children in maternity facilities, hospitals and health centres. This includes midwives, community health nurses, paediatric nurses, and doctors, particularly those who are working at the first level of health care, and those involved in other aspects of prevention of MTCT of HIV.

1.5 Requirement for prior knowledge of breastfeeding

Intending course participants are expected already to have a basic knowledge of breastfeeding counselling, as provided by the WHO/UNICEF 40 hour *Breastfeeding Counselling: A training course (BFC)* or an equivalent level of knowledge and skills. Course participants who are not familiar with breastfeeding counselling may need to acquire this knowledge first to benefit fully from this course.

Participants who have had some training on breastfeeding, but not on breastfeeding counselling, or who took part in a breastfeeding counselling course some time ago, can do a *Breastfeeding Counselling Update Course*.

Such an update course should include the following sessions from the *Breastfeeding Counselling: A training course*:

Session 1	Why breastfeeding is important (if needed)
Session 3	How breastfeeding works
Session 5	Observing a breastfeed
Session 6	Listening and Learning
Session 7	Listening and Learning exercises
Session 8	Health care practices (if needed)
Session 9	Clinical Practice 1
Session 10	Positioning a Baby at the Breast
Session 11	Building confidence and giving support
Session 12	Building confidence exercises
Session 13	Clinical Practice 2
Session 20	Expressing breastmilk
Session 21	“Not enough milk”
Session 33	Commercial promotion of breastmilk substitutes

These *Breastfeeding Counselling Update Course* sessions should take about 16 hours and can be conducted during 2-3 days prior to the *HIV and Infant Feeding Counselling: A training course* (HIVC).

1.6 Course structure

The HIVC training is for 16-24 participants, and 4-6 trainers, in groups of 4 participants each with one trainer. It takes about 18 hours not including meal breaks. It can be conducted intensively over 3 days or it can be spread out less intensively over a longer period, for example 1 day a week for 3 weeks, or half of every day for one week. 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 16 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of four participants with one trainer, with discussion, reading, role-play, practical work and exercises.

Order of sessions

The sessions are in a suggested sequence, but the order may need to be adapted to suit local facilities. Most sessions can be moved, but it is necessary for some aspects of the sequence to be maintained. The overview of HIV and transmission needs to start the course. Theoretical information on the infant feeding options needs to be given before the counselling skills can be practised.

Course trainers

One to three days are necessary for the preparation of trainers. This usually takes place preceding a 3-day course for participants, and enables trainers to become familiar with the course materials, and to learn how to conduct the different sessions. It also ensures that they have all the information and materials for their sessions.

1.7 Where to hold a course

Ideally a course should be residential, with classrooms and accommodation at the same site, so that you can use the evening for discussions and for watching instructional videotapes. If the course is not residential, allow adequate time for travel between the accommodation and the classrooms. The course venue needs a site where simple cooking methods such as an open fire, paraffin stove or a charcoal stove can be used by the participants to prepare feeds.

If a *Breastfeeding Counselling Update Course* is held, the course venue should be near a facility where participants can observe mothers and babies.

1.8 The course materials

Director's Guide (this book)

This present document contains guidelines on how to plan and conduct a course. It includes a course outline, instructions for necessary preparations and a description of the facilities, materials, and equipment needed.

Trainer's Guide

The Trainer's Guide is a comprehensive manual covering all 16 sessions of the course. It is an essential tool for the trainer, and contains all the information needed, with detailed instructions on how to conduct each session. It describes the teaching methods used, and includes all exercises together with possible answers. It also contains practical guidelines, summary boxes, forms, lists, and checklists; and the stories used during the course. A short list of key textbooks and other documents, which are additional sources of information about points made in the presentations, is also included.

Participants' Manual

The Participants' Manual follows the same pattern as the Trainer's Guide covering all 16 sessions. It contains the key information presented in the lectures and other sessions that it is useful for participants to remember. It contains the practical guidelines, summary boxes, forms, and lists. It also contains the exercises but without answers. For the written exercises, they write answers in their manuals in pencil. They can correct them if necessary when they receive feedback from the trainer or through group discussion.

Overhead Figures

This is a spiral bound flipchart containing the full-size copies of the overhead figures needed for the sessions. They may need to be copied onto acetate sheets. In circumstances where it is difficult to project overhead transparencies, trainers can use the pages as a flipchart to show the figures to the participants. Trainers can also use the flipchart while preparing the sessions that contain overhead figures.

Worksheets, story cards, lists, and Feeding Options cards

Three worksheets and two sets of counselling stories are needed during the course. These are included where applicable in the Trainer's Guide and in Section 9, the pages that follow page 45 of this guide to copy as needed. Counselling skills need to be written on flipchart sheets before Session 7 and used again in Sessions 14, 15 and 16. *Feeding Options cards* are pictorial aids that can be used when talking with a mother. Wording can be added in a local language if needed. A set of eight cards is provided for each participant, and is also included in the Participants' Manual.

Reference materials

The following are provided as part of the course materials for each participant:

- *HIV and Infant Feeding - guidelines for decision-makers.*
WHO/FRH/NUT/CHD/98.1; UNAIDS/98.3; UNICEF/PD/NUT/(J)98-1
- *HIV and Infant Feeding - a guide for health care managers and supervisors.*
WHO/FRH/NUT/CHD/98.2; UNAIDS/98.4; UNICEF/PD/NUT/(J)98-2
- *HIV and Infant Feeding - a review of HIV transmission through breastfeeding.*
WHO/FRH/NUT/CHD/98.3; UNAIDS/98.5; UNICEF/PD/NUT/(J) 98-3

The trainers may find the following reference materials useful to answer questions and provide additional information. They are not routinely provided for all trainers and must be requested separately if required.

Available from departments of WHO, Avenue Appia, 1211 Geneva 27, Switzerland:

Department of Child and Adolescent Health and Development (CAH): < cah@who.int >

- *Breastfeeding Counselling: A training course.* WHO/CDR/ 93.4; UNICEF/NUT/93.2
- *Evidence for the Ten Steps to Successful Breastfeeding* WHO/CHD/98.9
- *Relactation - a review of experience and recommendations for practice.*
WHO/CHS/CAH/98.14
- *Mastitis: causes and management* WHO/FCH/CAH/00.13

Sample copies of the above are provided with course materials.

Department of Nutrition for Health and Development (NHD) < nhd@who.int >

- *Complementary Feeding of Young Children in Developing Countries: a review of current scientific knowledge.* WHO/NUT/98.1
- *Complementary feeding: family foods for breastfed children* WHO/NHD/00.1 & WHO/FCH/CAH/00.6

Department of Food Safety (FOS) < fos@who.int >

- Adams M, & Motarjemi, Y. *Basic Food Safety for Health Workers*. WHO/SDE/PHE/FOS/99.1

HIS (HIV/AIDS/STI)

- *Source book for HIV/AIDS counselling training*, WHO/GPA/TCO/HCO/HCS/94.9
- *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 < unaids@unaids.org > UNAIDS 'Best Practice' Series,

- *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 UNICEF, Nutrition Section, 3 United Nations Plaza, New York NY 10017, USA: < wdemas@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 < talcuk@btinternet.com >

- Savage King, F. *Helping Mothers to Breastfeed* (Revised Edition, African Medical and Research Foundation, 1992, or an adapted or translated version.)
- Savage-King, F & Burgess, A, *Nutrition for Developing Countries*, ELBS, Oxford University Press, 1995.

2. Planning and Administration

The decision to conduct the course and several aspects of planning, such as the selection of participants, needs to be made in collaboration with persons responsible for other aspects of prevention of MTCT. Discuss with them the objectives of the course for HIV-positive and HIV-negative and untested mothers, and discuss how this can fit in with MTCT interventions and infant feeding policy in the country.

2.1 Using checklists

Careful planning and strong administrative support is essential both before and during any training course. The following sections describe how to organise the different parts of *HIV and Infant Feeding Counselling: A training course*.

Section 6 contains checklists that outline all the arrangements you have to think of. Use these checklists to be sure that you have not forgotten any essential steps in the planning process. As Course Director, you may not be directly responsible for all of the items of the checklists, but you can ask questions to ensure that appropriate arrangements are being made, or you can assign someone the responsibility for making them.

Arrangements may not be listed in the exact order in which they will be made. Space has been left for you to list any additional reminders you may wish to include.

2.2 Selecting trainers

The success of a course depends on the presence of motivated, enthusiastic trainers. There should be one trainer for each group of 4 participants. When you select trainers, try to be sure that they will be interested and available to conduct other training courses in 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 breastfeeding and who have some previous training experience. They should:

- believe that breastfeeding is important even in areas of high HIV prevalence;
- be interested in becoming an HIVC trainer, and have some experience of training:
 - either as trainers for *Breastfeeding Counselling: A training course (BFC)*
 - or as trainers in other breastfeeding courses and have done the *Breastfeeding Counselling Update Course* as outlined on page 3.
 - or as trainers on a previous HIVC 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.

Inviting trainers

Invite trainers early and confirm their availability, so that you know how many participants you can invite.

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.

2.3 Selecting participants

Participants should be people who care for mothers and babies, who will be required to counsel women about HIV and infant feeding, and who have prior knowledge of breastfeeding counselling. They may already be counselling HIV-positive women about this as part of a programme to prevent mother-to-child transmission of HIV, but may not have relevant training for the task.

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.

Try to ensure that appropriate and motivated participants come to the course. Discuss the selection with persons responsible for other aspects of PMTCT. This will make the training successful, and may stimulate the interest of others in infant feeding issues, so that they will also want to acquire the necessary skills.

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 4 participants).

It is recommended that you do not invite more than 24 participants to a course to ensure that they all benefit from the discussions and practical work.

2.4 Deciding where to hold a course

Classroom facilities

You need one large classroom to accommodate the whole class, including trainers and visitors. If a second large classroom is available for Session 10, this makes the preparation of this demonstration session easier.

Each classroom should be large enough for 2-3 groups of four participants to work in at the same time without disturbing each other. If this is not possible, then you need one or two additional rooms or areas for some small group sessions. The classrooms should be in a place where the participants are not disturbed by too much background noise.

Session 11 requires each group of four participants to prepare feeds using simple cooking methods such as an open fire, and paraffin or charcoal stoves. The space should be large enough for the participants to work in safety. A semi-covered outdoor area near the classroom is ideal, but any conditions that are like those of ordinary mothers at home can be used.

Classroom furniture

Ideally each of the two larger classrooms should have 2 flipchart stands, or one flipchart stand and a large blackboard. If sufficient flipchart stands are not available, make sure that it is possible to post up sheets from the flipcharts on the wall.

You need at least one table for each small group of 4 participants to work on, and additional table space to lay out the materials used during the course.

Accommodation and meals

For a residential course, it is necessary to arrange for suitable accommodation near the classroom. Unsatisfactory accommodation can hinder participants' learning. Suitable transportation needs to be available if needed, from the accommodation to the classroom. Arrangements also need to be made for meals. This should include midday meals and refreshments, such as coffee and teas, near the classroom.

Clerical and logistical support

Support staff is needed both before and during the course, to help with arrangements for transport, travel and meals. They can help to make photocopies, overhead transparencies and to prepare the evaluation questionnaires, type timetables, organise course materials and stationery, and prepare certificates and name tags. They should be able and willing to help with anything that requires their attention.

2.5 Course announcement

You need to inform people about the course. For example, regional health offices, and hospitals and health centres might send participants. Prepare a course announcement to send to them.

The announcement should describe clearly what the training aims to accomplish, and who will benefit from it. This creates appropriate expectations, and so helps to ensure that suitable and motivated participants are selected.

The announcement should include:

- name of the authority responsible for organising the course;
- aims of the training;
- number and characteristics of participants to be selected by each facility;
- outline of the course contents;
- description of the main skills that will be taught;
- dates of the course and the place where it will be held;
- accommodation, travel and financial arrangements;
- information on how to register participants and before which date.

It can also explain that a personal invitation will be sent to all participants who are selected.

An example of a Course Announcement is given in Section 6.2 of this guide.

Decide whom you will send the announcement to, and ask them to suggest suitable participants for the course.

When you have selected the participants, send a personal invitation to each of them, with similar information, and other relevant details.

2.6 Planning the timetable

An important responsibility of the Course Director is to plan timetables for both the preparation of trainers and the course for participants. You must decide the priorities for each group, and adapt the timetables to the local situation.

Section 6 includes examples of timetables for a continuous 3-day course for participants, a 3-day course for the preparation of trainers and a 3-day *Breastfeeding Counselling Update Course* for those participants who need this. You do not have to follow the exact order of the sessions and may need to adapt to meal or refreshment times if those are fixed by the facility. Most sessions can be stopped at the end of a section and continued after a break if necessary.

Plan a timetable for participants

Remember these points:

- Decide the times of the practical session. You should have discussed and agreed these with the facility staff. Other sessions fit round the practical session.
- Keep the subject matter in a logical order, for example “Replacement Feeding in the first six months” needs to be conducted before “Preparation of Milk Feeds”.
- In the early afternoon, hold sessions that require active participation, to keep participants alert.

Plan a timetable for the 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. All trainers need time to review the timetable, visit site facilities and check materials and equipment for their sessions.

Trainers are likely to be of one of four types:

- Experienced as a breastfeeding trainer for a course other than *Breastfeeding Counselling Course: a training course*. These trainers need to do the *BFC Update* course before *HIVC course* trainer preparation of 3 days.
- Experience of working as a trainer in the *BFC course* and no participation in the *HIVC course*. Usually 3 days preparation is needed for these trainers, covering items in column A, B and C.
- Experience of working as a trainer in the *BFC course* and also as a participant in the *HIVC course*. Usually 2 days of preparation are needed for these trainers, covering items in column B and C.
- Experience of working as a trainer in the *Breastfeeding Counselling Course: a training course (BFC)* and also as a trainer in the *HIV and Infant Feeding Counselling: a training course (HIVC)*. Usually 1 day preparation is needed for these trainers covering the topics in column C.

Preparation of Trainers Outline

A	B	C
Outline course training methods	Review training materials	Assign sessions and review timetable
Discuss teaching various kinds of sessions	Practise Sessions 5, 10 and 11	Review sessions including local information obtained
Practise some sessions and discuss teaching skills used	Practise other sessions as needed and time allows	Check materials and equipment Visit teaching facilities

The example of a three-day timetable for the preparation of trainers is in Section 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, for example those on counselling skills, measuring and preparing feeds.

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

Plan for a Breastfeeding Counselling Update Course

If participants have not done *Breastfeeding Counselling: A training course*, it will be necessary to arrange an update course for them before the *HIVC* course. This will need to be conducted by experienced *BFC* trainers.

If trainers are available who are experienced at conducting both *BFC* and *HIVC*, then it might be possible to hold the *BFC Update course* and the *HIVC course* during a continuous period of 6 days. The trainers would need to spend 2-3 days during the previous week preparing for both courses, and this is likely to be a very demanding task.

Alternatively, the two courses could be in succeeding weeks, with preparation and training for *BFC* during the first week, and preparation and training for *HIVC* during the following week. Or a longer time could be left between the two trainings. The exact arrangements would need to be worked out according to local convenience and priorities.

If *Breastfeeding Counselling: A training course* has not been conducted in the area, and there are no *BFC* trainers available, it is recommended that this course be conducted before starting *HIVC* courses.

2.7 Opening and closing ceremonies

It is usual to have opening and closing ceremonies for the course for participants. You may want to invite outside speakers for the ceremonies, and you may want someone special to give participants their certificates. It is important to involve representatives from the government and from key institutions, including those responsible for MTCT, to inform them about the training and to obtain or acknowledge their support for infant feeding activities.

The Opening Ceremony should include a speech about the importance of breastfeeding for the health of mothers and children in general, and its continued importance in areas of high HIV prevalence. It should also include the need for providing information to and for supporting mothers who are HIV-positive to decide how best to feed their children. This speech will usually be by an invited person of some importance.

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 give a speech. If you do wish them to speak, stress the exact time that will be available. Send them relevant information that it would be appropriate for them to mention, for example, about local infant feeding data, the reasons for the course, global initiatives to promote breastfeeding and information regarding HIV and infant feeding. Offer to provide additional information or a speech outline if required.

If possible, contact the persons who accept the invitation personally and try to ensure that they fully understand the context in which they make their speech before the course starts. It is important that lengthy or irrelevant speeches do not disrupt your course schedule, particularly on the first day.

The Closing Ceremony may include speeches about the usefulness of the course, lessons learned and future expectations. Make sure that someone is ready to thank the trainers, visitors, and participants for their interest, commitment and hard work.

Arrange for an appropriate person to give participants their course completion certificates.

2.8 Obtaining course materials

In Section 7 of this guide, you will find a series of lists of the materials and equipment that you need to conduct a course. Many are available from WHO or UNICEF and some you will have to obtain or prepare locally (such as stationery and equipment).

The lists are:

- 7.1 Materials needed for a HIV and Infant Feeding Counselling course
- 7.2 Materials needed for Breastfeeding Counselling Update Course
- 7.3 List of equipment and stationery
- 7.4 List of items for demonstrations
- 7.5 List of background information and resources

It is essential to have a life size baby doll and a model breast for some demonstrations. Baby dolls can often be obtained locally, but sometimes they are difficult to find. You may be able to arrange for someone who teaches or who sells handicrafts to make dolls and a model breast for you from cloth.

Alternatively, for the purpose of this course, you can make suitable dolls and a model breast from locally available materials. The boxes **HOW TO MAKE A MODEL DOLL AND HOW TO MAKE A MODEL BREAST** describe one way to produce these yourself. Prepare a doll and model breast before the course and make time during the preparation of trainers for them to make their own doll and model breast. It is important for trainers to be able to do this. Remember that the models do not have to be perfect.

HOW TO MAKE A MODEL DOLL

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

HOW TO MAKE A MODEL BREAST

A model breast can be made from a pair of skin coloured socks, stockings or tights, an old T-shirt or a piece of material, cotton wool or foam rubber.

1. To make the 'nipple' - In the middle of the piece of cloth, or heel of the sock, use a needle and thread make a small circle of 'running stitches'. Put a piece of material, cotton wool or foam into the middle of the circle. Pull the thread sufficiently to make a small nipple shape of the cloth.
2. To make the 'breast' - mould the cloth into a rounded shape with the 'nipple' in the centre. Fill the cloth with foam rubber, cotton wool, other material or old stockings. Sew the back of the 'breast' to prevent the filling coming out.
3. To make the areola - colour the area around the nipple with a pen or paint.

2.9 Funds required

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

- participants' travel and daily allowance;
- trainers' travel and daily allowance and special compensation if required;
- payment for clerical support staff;
- stationery, equipment, and items for demonstrations, including stoves if it is necessary to buy them;
- examples of locally available milks and micronutrients;
- milk, sugar and fuel for the practical demonstrations;
- refreshments;
- accommodation and meals (if not covered by daily allowance);
- travel to and from the accommodation if necessary.

3. Preparation of Trainers

3.1 General plan

Preparation of trainers takes place before the participants' training and is the responsibility of the Course Director. The preparation takes a minimum of 1 to 3 days as outlined above in 2.6 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. Also, 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.

During the preparatory period, trainers review the main course sessions under the supervision of the Course Director and they familiarise themselves with the materials. If they have not conducted the *HIVC course* before, they practise teaching sessions (or sections of sessions) following the Trainer's Guide. The Course Director is available during the whole period to explain how to teach the course, and to discuss points that are not clear.

There is no formal opening ceremony during the preparatory days, but it is important for the Course Director to introduce the course to the new trainers.

Introduce the preparation

“On (*dates*), we will be conducting *HIV and Infant Feeding Counselling: A training course* attended by (*number*) (*midwives, doctors and others*). The (*number*) of you have been selected to be trainers to help participants to learn the information and skills covered in the course materials. These days are your time to prepare.”

Introduce yourself and the trainers

Write the name that you wish trainers to call you by in large letters on a blackboard or flipchart. Ask the trainers to introduce themselves, and to write the names they wish to be called by on the list also. They may wish also to give other identifying information.

The following sections apply to new trainers who will have 2-3 days of preparation.

3.2 Outline course training methods

Distribute materials

Give trainers each a copy of the *Trainer's Guide*, the *Participants' Manual*, the *Overhead Figures*, 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, discussions, demonstrations and exercises. Explain how training is conducted partly with the whole class together and partly in small groups of 4 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 learn how to interact with participants;
- to practise the different teaching techniques, and to prepare to teach the different kinds of session;
- to discuss the management of the course.

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 tasks that they will be expected to do on the job. This course is based on experience of what health workers need to be able to do to help mothers who are HIV-positive to make infant feeding decisions and to carry through those decisions.

Active participation increases learning.

Participants learn how to do a task more quickly and efficiently if they actually do it, 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/him. They will be more likely to remember what they have learned. If a participant does not do an exercise correctly, help her/him to clear up any misunderstandings before they become strong beliefs, or before she/he 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.

3.3 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 overhead transparencies. 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 4 participants each with one trainer. These include practising counselling skills, discussion, exercises, reading, role-play and preparation of milk feeds.

Demonstration

Session 10 is conducted as a demonstration of using local measures. This session needs to be prepared by all trainers. One trainer presents it as the other trainers assist their groups to carry out the instructions.

Breastfeeding counselling clinical practice

If *Breastfeeding Counselling: A training course* or the *Breastfeeding Counselling Update Course* are conducted, Clinical Practice sessions will take place.

Discuss how to approach mothers who may be HIV-positive, and make sure that participants and trainers know how to respect confidentiality. Trainers and participants should avoid reading case notes without appropriate permission from staff or the mother concerned; they should avoid telling mothers how to feed their babies; and they should be careful not to assume that every mother who is artificially feeding her baby is HIV-positive. They can talk to mothers who are giving artificial feeds in the same way as all mothers, and ask about the feeding method and pattern, the help that the mothers have received before and after delivery, and the mother's plans when she goes home.

There is no need to discuss HIV, unless the woman mentions it herself.

3.4 Methods used and training skills required

Three methods are used to demonstrate and practise teaching procedures:

1. 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.
2. 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.
3. 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 session

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

- give a presentation with overheads;
- demonstrate counselling skills in a role play;
- conduct group work with 4 participants;
- lead or assist in a practical session;
- facilitate a discussion in a small group.

Summarise the main training skills required:

1. Giving lectures and using visual aids

Ask them to turn to the inside cover 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 practise sessions.

When you give feedback after their practise sessions, refer to this list.

2. 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 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.

3. Preparing and giving a demonstration

Study the instructions and collect the equipment

Prepare your assistant

Practise the demonstration. It is particularly important to practise the demonstrations from Session 10, 'Preparation of Milk Feeds – measuring amounts', as there are many parts to these demonstrations. Trainers should prepare for and practise this before the course starts.

Give the demonstration.

4. Conducting discussions

Some discussions consist of simple questions. Explain that it may help to write the main question and the main points of answers on a flipchart. Trainers should allow and encourage all members of the group to participate. From time to time they can summarise what has been said and restate the question in another way. They should give participants time to ask their own questions and answer the questions willingly.

5. Conducting small group sessions (practising counselling skills)

Participants work in pairs within the group to practise using the counselling skills, using the story cards. One of the pair plays the mother and the other plays the counsellor; the other two members may form another pair, or may be observers. The trainer follows the story and short comments 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.

6. 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 Participants' Manual and to compare the two. Make these points:

- The Participant's Manual contains the essential information for Sessions 1-16 that a participant needs to be able to remember or refer to. It contains the exercises and worksheets but without answers. The scripts for the demonstrations that participants assist with and most of the overhead figures are also included.
- 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*, *Outline* and *Before the Session*. Tell the trainers that they should look at these sections before they conduct a session, so that they can make all necessary arrangements.
- Look at the end of a session, and explain that for most sessions there are summaries.

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, (pages 1-14), to remind them about the teaching methods they will use.

Ask the trainers to look at page 14 in the Trainer's Guide, and to look at the box **WHAT THE SIGNS USED IN THE GUIDE INDICATE**. Explain that these signs are used throughout the guide, and they will soon become familiar.

Find in the guide an example of each sign in turn.

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

WHAT THE SIGNS USED IN THE GUIDE INDICATE

- an instruction to you, the trainer
- what you, the trainer, say to the participants
- ☺ that you ask participants for their help
- a section that participants read out
- that you write on the flip chart or overhead

Further information - these sections give extra information on topics in the text. You should not present them with the main presentation but they may help you to answer questions that arise in the course of the discussion

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.

Show trainers all the other materials, including the booklet of Overhead Figures, the worksheets, story cards and Feeding Options cards. Explain briefly what each is for.

3.5 Practising the sessions

Assign practise 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 practise sessions, select trainers who are more experienced or those whom you expect to be the best model for the less experienced trainers.

The Course Director may need to take the lead for the practical sessions (10 and 11) on measuring and preparing the milk feeds. He or she will need to model the trainer's role for the group of trainers, carefully and obviously following the instructions in the Trainer's Guide. All trainers need to be familiar with this session as they will assist their groups during the demonstration.

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

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/he did well, and then to suggest what she/he 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.

3.6 Preparation day for all trainers – new or experienced

Trainers who are not experienced with conducting the HIVC course will need the training as described above. Both new trainers and experienced trainers will need a preparation day covering the areas that follow.

Assign course sessions to trainers

Decide which trainer or trainers will be responsible for conducting each session.

Try to give them all an equal share, allowing for their different strengths.

Give trainers an opportunity to discuss their assignments. They may want to conduct the same ones that they practised during the preparation. Allow them to do this if they feel strongly about it, but encourage them to conduct at least some different sessions.

Decide which trainers should work together, balancing their strengths such as:

- personality (for example, pair a shy with an outgoing trainer);
- language fluency;
- motivation to be a trainer;
- previous experience of training;
- knowledge of infant feeding and counselling.

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.

Include local information

Trainers may be familiar with the course but in another area or at a different time. Review the local information such as prevalence of HIV, availability of VCT and associated services and sources of milk in the area. A list of the local background information to be obtained is in Section 7.5.

Visit teaching facility

Visit the teaching facility and ensure that trainers know where are the classrooms, the practical cooking area, and the arrangements for meals. Check that the overhead projector, screen, 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.
- Who is responsible for the course evaluation, and how it will be conducted.
- 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.

4. Director's Role During the Course

As Course Director you have overall responsibility for planning and preparing the participants' course, for preparing the trainers, for making sure that the course runs according to the planned timetable, and for ensuring that any necessary adjustments are made smoothly. You should be present throughout the course to help where needed.

You do not normally teach the sessions during the course for the participants, though you may give one or two of the lectures or facilitate a small group.

Your specific responsibilities during the course include:

- opening and closing the course;
- introducing the materials;
- supervising trainers;
- holding daily trainers' meetings;
- monitoring and evaluating the course
- modelling supportive teaching, gentle supervision and confidence-building in all interactions with trainers and participants.

4.1 Opening and closing the course

You are responsible for the Opening and Closing Ceremonies (see Section 2.7). After the Opening Ceremony, the Course Director introduces the course to participants and introduces the materials.

Introduce the course

Welcome participants.

Introduce yourself, write your name on a board, and explain how you would like participants to address you.

Explain the objectives of the course (see Section 1.3).

These are to enable health workers to develop the skills needed to support mothers who are HIV-positive to make infant feeding decisions and to carry these decisions out, while continuing to promote and support breastfeeding as the norm.

Explain how important it is for both hospital and primary health care workers to have the necessary skills to help mothers, especially in communities that are changing, and where traditional sources of help may not be so easily available.

Ask participants and trainers to introduce themselves

Ask participants to introduce themselves and to describe briefly the work that they do with mothers.

Make sure that they all have name tags, and suggest that they write on them the name by which they would like to be called.

Introduce all the trainers and describe their role during the course.

Explain the structure of the course

Make sure that participants have a copy of the course timetable. Ask them to look at it. Explain when the sessions start and end each day, and the times of breaks, and arrangements for refreshments and meals.

Explain that participants will work part of the time in groups of 4 with one trainer, and that they will belong to the same group for most of the course. You will tell them which group they belong to by the middle of the day.

Tell them where different sessions will be held, and if necessary how to get from one place to another.

Explain that the trainers have their own *Trainer's Guide* that they will refer to frequently. This ensures they are including all the necessary information and activities.

Closing the course

The Closing Ceremony may include an outside speaker and presentation of certificates. It will include thanking the trainers, participants and visitors for their commitment and hard work. You, as Course Director may be expected to give a speech also and you will need to prepare this speech when the format of the closing ceremony is decided.

4.2 Introducing the materials

Make sure that each participant has a notebook or pad of paper, a pen, pencil and eraser.

Make sure that each participant has a Participants' Manual and an Evaluation Questionnaire (if used).

Make sure that each participant has a copy of the reference materials:

- *HIV and Infant Feeding - guidelines for decision-makers*. WHO/FRH/NUT/CHD/98.1; UNAIDS/98.3; UNICEF/PD/NUT/(J)98-1
- *HIV and Infant Feeding - a guide for health care managers and supervisors*. WHO/FRH/NUT/CHD/98.2; UNAIDS/98.4; UNICEF/PD/NUT/(J)98-2
- *A Review of HIV Transmission through Breastfeeding*. WHO/FRH/NUT/CHD/98.3; UNAIDS/98.5; UNICEF/PD/NUT/(J)98-3

Explain that the Participants' Manual contains:

- key information summary boxes, and practical guidelines from the presentations and other sessions;
- copies of lists and worksheets;
- exercises that participants will do, but without answers.

Explain that they will use the manual both as a workbook during the course, and as a reference during and after the course. During some sessions, you will ask them to keep

their manuals closed while you discuss a topic. During other sessions, you will ask them to read from the manual. They should keep the manual with them at all times.

Explain that the reference materials are additional sources of information during and after the course. You will recommend that they read certain sections of the books, before, during or after some sessions.

Tell participants that you will give them other forms for doing exercises and practical work as the need arises during the course.

Explain how to fill in the Evaluation Questionnaire (if used, see Section 9).

4.3 Supervising trainers

During the course, you should be present at all times, to help where needed. Make sure that trainers know which tasks are assigned to them. Make sure that they have the necessary materials and offer to help them as needed.

Spend time with each of the trainers, observing them as they work. Make sure that they follow the sessions according to the instructions in the Trainer's Guide, and that they cover all the major points described. Encourage them to keep the Trainer's Guide open, in their hands if necessary, so that they can follow the sequence easily.

Make notes on good techniques that you observe trainers using and parts of the training that seem to be successful. Make notes on techniques and parts of training that they could improve. Give feedback later to each trainer about her performance. Remember that your main role is to be supportive, to help trainers develop confidence and skill. Reinforce and praise good performance, and try to suggest improvements in a way that is helpful, gentle and supportive.

As far as possible, give feedback in the trainers' meeting, because other trainers will also learn from what you say. However, if you feel that some comments will embarrass a trainer, you may need to give them privately.

4.4 Holding daily trainers' meetings

For the smooth running of a course, it is essential for the Course Director and the trainers to meet every day both during the course, and at the end of the course. The daily meetings are held usually at the end of the day.

During these meetings you discuss:

- the sessions held during the day;
- the progress of groups and individuals;
- trainers' performance;
- how to handle problems;
- plans for the following days.

Ask trainers to report on the sessions held during the day

Ask each trainer to describe their impression of the sessions, and how participants reacted to them.

Give your impression of the sessions.

Ask trainers to report on the progress of groups and individuals

Ask each trainer to describe the progress that their group made with the discussions and exercises. Ask which questions participants found most difficult, and which seemed most useful.

Ask if any participants are finding the course difficult, or are not enjoying it.

Discuss trainers' performance

Ask trainers to discuss the teaching techniques that they have tried.

Which techniques are useful and which are not useful? Which are difficult?

Ask for any practical ideas that other trainers could use.

Give trainers feedback on their performance:

Praise what they did well.

For example, praise them for conducting a session accurately, as described in the Trainer's Guide; or for giving a presentation in an interesting and lively way; or for helping participants who had difficulty understanding a session; or for interacting well with participants between sessions.

Suggest how they could improve.

For example, it might be better to give participants more time to ask questions.

Perhaps there were some major points that they did not make clear.

Perhaps they should speak more quietly when they give individual feedback.

Perhaps the trainers talked to each other all the time between sessions.

Remember to praise a trainer whose performance has improved following previous feedback.

Discuss how to handle problems

Ask trainers if they have had any problems that they would like help with. Ask other trainers for their ideas about what to do. Give your suggestions, and be prepared to take responsibility for helping.

If a problem arises in a group, which the trainer of that group cannot solve, they should talk to you, the Course Director. If discussions get off the subject or continue too long, suggest that you continue them later, for example during free time, or over meals.

If some participants do not understand the materials, or do not complete the exercises as quickly as others:

- avoid doing exercises for them;
- praise small successes;
- make sure that they understand the concepts, even if they do not complete the exercises;
- suggest which sections they should try to complete, and which they can leave out;
- offer to discuss with them anything that they do not understand afterwards.

Discuss plans for the following days

Look at arrangements for the next day. Check that tasks are assigned, and that all the trainers know what they have to do. Check that they have all the materials and equipment they need.

Look ahead to the day after next, and check the arrangements.

Make any adjustments that seem necessary from experience of the course.

Make any necessary administrative announcements, for example about supplies, room changes, or transport arrangements.

4.5 Monitoring and evaluating the course

The Evaluation Questionnaire has already been mentioned as part of the materials that you may need to introduce to participants.

Using a questionnaire is a useful way to ask participants for their opinions about the course, and about specific sessions. There is an example of a questionnaire in Section 9. You will need to review and revise this questionnaire to make sure that it is appropriate for evaluating the course that you plan.

Explain the evaluation to participants

Explain why you are asking them to fill in the questionnaire.

You want their ideas about the value of the course for their work, and how to make it better and more relevant in future.

Explain how the questionnaire is arranged, and what they need to do:

For example, if it similar to the questionnaire in Section 9

- fill in the front page, of general comments, at the end of the course.
- fill in other pages session by session, or not less often than day by day, while they can still remember the session.

If it is possible to provide a separate sheet for each day, you can ask participants to hand in their evaluations at the end of each day. Then you can discuss the results of each day in Trainers' Meetings.

5. Planning Course Follow-Up Activities

It is important to plan some follow-up activities to find out whether participants apply the skills that they learned in the course. If they are not applying them, try to find out why.

The follow-up should help you to decide:

- whether the training was effective;
- what you or others can do to help participants apply the skills.

The follow-up method that is appropriate and the persons to carry it out vary from course to course and place to place. You need to develop a plan, perhaps with the assistance of the trainers, which will be most appropriate for the participants from this course.

Where possible, a supervisor (who may also be a trainer) should visit each participant in her workplace about 4 weeks after the course. Discuss which skills she has been able to use and what difficulties she has had using what she learnt in the course. Observe her work and use your counselling skills to build her confidence and to provide feedback on her technique. Help her to find ways to overcome any problems that prevent her from applying her skills.

6. Checklists and Timetables

In the following pages, you will find all the checklists and examples referred to in the preceding pages. You can tick off each item as it is completed.

6.1 Checklist for planning and administration

Initial planning

1. Decide course schedule. For example, a 3-day course or 1-day meeting each week for 3 weeks.
2. Choose course site. This must include classrooms and an area to conduct the practical exercise. Ideally these should be at the same site. Make sure that the following are available:
 - Reliable transportation to and from participants' lodging to course site and return.
 - Easy access from the classroom to the area for the practical exercise.
 - A large room that can seat all participants and trainers for sessions with the whole class together, including guests invited to opening and closing ceremonies. This room will also be used by two or three groups of 4 participants.
 - A second large classroom for Session 10 makes the preparation of this demonstration session easier. This room can also accommodate groups of 4 participants to work in without disturbing each other. If this is not possible, then you need one or two additional rooms or areas for the small group sessions.
 - An area for the participants to prepare feeds using simple cooking methods such as an open fire, and paraffin or charcoal stoves. The space should be large enough for each group of four participants to work in safety.
 - Adequate lighting and ventilation, and wall space to post up large sheets of paper in each of the two larger rooms.
 - At least one table for each group of 4 participants and additional table space for materials.
 - Freedom from disturbances such as loud noises or music.
 - Arrangements for providing refreshments.
 - Room for at least one clerical or logistic support staff.
 - A place where supplies and equipment can be safely stored and locked up if necessary.
 - Access to mothers and babies if also planning a *Breastfeeding Counselling Update Course*.
 - 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. Decide exact dates of the course and the preparation of trainers, and the *Breastfeeding Counselling Update Course* if that also is planned. If possible:
 - Allow 1-3 days for the preparation of trainers, plus 1-2 days off before the course itself.
 - Allow 3-4 days for the *HIV and Infant Feeding Counselling: A training course* for participants.
 - If a *Breastfeeding Counselling Update Course* is planned, allow an additional 3 days before the *HIV and Infant Feeding Counselling: A training course*.

5. Arrange for responsible authority (for example Ministry of Health, National Breastfeeding Programme, HIV/AIDS programme) to send a letter to the district/regional office or to health facilities asking them to identify participants. This letter should:
 - Explain that *HIV and Infant Feeding Counselling: A training course* will be held, and explain the aims of the course.
 - Describe 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 health workers who are responsible for mothers and babies, and who have had training in breastfeeding. If they have not done *Breastfeeding Counselling: A training course* they will need to do the *Breastfeeding Counselling Update Course*.
 - Explain the duration of the course and that individuals should arrive in time to attend the entire 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.

6. Select and invite trainers. It is necessary that:
 - There is at least one trainer per 4 participants.
 - Trainers should be experienced breastfeeding trainers, if possible for the *Breastfeeding Counselling: A training course (BFC)*. If they are experienced breastfeeding trainers, but not for the *BFC* course, they must attend the *BFC Update Course* and the preparation for it. They must be willing and able to teach the *BFC Update Course*, if needed.
 - Trainers are able and willing to attend the entire course, including the preparatory period prior to the course.
7. Identify suitable participants, and send them letters of invitation stating:
 - The objectives of the training and a description of the course
 - The desired times of 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.
8. Arrange to obtain enough copies of the course materials (see Section 7.1 - 7.2)
9. Arrange to obtain necessary supplies and equipment (see Section 7.3).
10. Arrange to obtain the items needed for demonstrations (see Section 7.4).
11. Arrange to obtain the necessary background information for the country or the region (see Section 7.5).
12. Arrange to send materials, equipment and supplies to the course site.

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 organisation during the preparatory week. During the course you need to work with local staff to ensure that arrangements go well and that the trainers' and participants' work is not unduly interrupted.

13. Arrange to welcome trainers and participants at the hotel, airport and/or railway station, if necessary.
14. Make arrangements for typing and copying of materials during the course (for example timetables, lists of addresses of participants and trainers, course evaluation questionnaires). Be sure that acetate sheets are available to make all 29 overhead transparencies and more if *BFC Update course* is planned.
15. Make arrangements for meals and refreshments.

16. Check that at the area for the practical session on preparing of milk feeds it is safe to use open fires and stoves.
17. Check that it will be possible for participants to visit a shop or market to purchase milk, sugar and fuel needed for practical sessions. If it is not possible, consider what adaptations are needed to Session 6.
18. Make arrangements to reconfirm or change airline, train, or bus reservations for trainers and participants, if necessary.
19. Finalise plans for opening and closing ceremonies with relevant authorities. Check that invited guests are able to come.
20. Arrange clinical visits if *BFC Update course* is planned.
21. Prepare timetables for preparation of trainers and for course for participants. Examples are in Sections 6.2 to 6.4.
22. Adapt the Evaluation Questionnaire, and make enough copies for each trainer and participant. (See Section 9).

Actions during the preparation of trainers:

23. Provide a timetable for the preparatory period on the first day.
24. By end of the preparation, assign pairs of trainers to work together during the course.
25. By end of preparation, assign sessions to trainers, for them to conduct.
26. Organise course materials, supplies and equipment, and place them in the appropriate rooms at the course site.

Actions during the course

27. After registration, assign groups of 4 participants to one trainer. Post up the information in writing where everyone can see it.
28. Provide all participants and trainers with a Course Directory, which includes names and addresses of all participants, trainers and the Course Director.
29. Arrange for a course photograph, if desired, to be taken in time to be developed before the closing ceremony.
30. Prepare a course completion certificate for each participant.

Add any other points you need to check:

6.2 Example of course announcement

HIV AND INFANT FEEDING COUNSELLING: A TRAINING COURSE

MATERNITY HOSPITAL, (DATE)

Course organisers: (National Nutrition Committee)

Course director: (name)

Aim of the training

The course will develop health workers' skills for helping mothers who are HIV-positive in deciding how best to feed their infants, and supporting them in their decision.

Who should attend

Midwives, nurses, general duty doctors and other health staff who care for mothers and young children in health centres and hospitals. Twenty participants will be selected from among candidates nominated by facilities.

Please select (number) candidates from your facility.

Outline of course

The training is full time for 3 days (20 hours). There are classroom sessions in which skills are developed, through lectures, demonstrations, and exercises as well as practical sessions.

Main skills taught

- Infant feeding options for the HIV-positive mother;
- Basic counselling skills;
- Preparation of replacement feeds;
- Follow-up care of infants.

Date and place

5-7 July 2000, at the Midwives Training School at the Maternity Hospital.

Accommodation

The course is residential in the Midwives Training School. Accommodation and meals will be available from 4 July till 8 July.

Participants should arrive by 8 am on 5 July and are free to leave after 5 pm on 7 July. Travel costs will be refunded.

Applying for the course

Send the names of the candidates who wish to apply to the Course Director before 5 May 2000 to (Address:)

Applications should include the candidate's name, their present position, their work with mothers and infants, and how they expect to use the new skills. Information about in-service breastfeeding should also be included.

When participants have been selected, a personal invitation will be sent to your institution to forward to them.

6.3 Example of a timetable - Preparation of Trainers**HIV AND INFANT FEEDING COUNSELLING: A TRAINING COURSE**

Time	DAY 1	DAY 2	DAY 3
08.30	Welcome and introduction 30 min Introduction of course methods 60 min	Review training materials 30 min 5. Replacement Feeding in the first six months 45 min	Assign sessions Review timetable
10.00	1. Overview of HIV and Infant Feeding 60 min	14. Making Infant Feeding Choices 60 min	Review sessions checking local information
11.00	Break	Break	Break
11.30	2. Counselling for HIV Testing and for Infant Feeding Decisions 90 min	16. Follow-up Care of Children of HIV-positive Mothers (shortened) 45 min 10. Preparation of Milk Feeds – measuring amounts 60 min	Check materials and equipment Visit teaching facilities
13.00	Lunch	Lunch	Lunch
14.00	4. Breastmilk Options 60 min	10. Preparation of Milk Feeds – measuring amounts (continued) 60 min	Individual preparation of sessions
15.00	7. Review of Counselling Skills 90 min	11. Preparation of Milk Feeds – practical 90 min	continues
16.30	New trainers start to prepare for next day. Make dolls if necessary	Evaluation of training	continues
Evening	Individual preparation	Individual preparation	continues

6.4 Example of a timetable - Participants

HIV AND INFANT FEEDING COUNSELLING: A TRAINING COURSE

Time	DAY 1	DAY 2	DAY 3
08.30	Opening Ceremony Introduction of course Introduction of participants	8. Food Hygiene and Feeding Techniques 60 min	9. Replacement Feeding from 6 to 24 months 60 min
09.30	1. Overview of HIV and Infant Feeding 60 min	7. Review of Counselling Skills – start 60 min	12. Making Breastmilk Substitutes Available 60 min
10.30	Break 30 minutes	Break 30 minutes	Break 30 minutes
11.00	2. Counselling for HIV Testing and for Infant Feeding Decisions 90 min	7. Review of Counselling skills – continued - 60 minutes Organising of purchases for practical session 15 min (spare 15 minutes)	13. Costs of Replacement Feeding 30 min 14. Making Infant Feeding Choices 60 min
12.30	Lunch 60 minutes	Lunch 60 minutes	Lunch 60 minutes
13.30	3. Integrated Care for the HIV-positive Woman and her Baby 60 min	10. Preparation of Milk Feeds – measuring amounts 60 min	15. Teaching Replacement Feeding 45 min (spare 15 min)
14.30	4. Breastmilk Options 90 min	11. Preparation of Milk Feeds – practical 120 min	16. Follow-up Care of Children of HIV-positive Mothers 90 min
16.00	Break 30 minutes	Break may not be possible during Session 11.	Break as part of closing Closing session 60 min
16.30	5. Replacement Feeding in the first six months 45 min 6. Preparation for Practical exercise 15 min	11. Preparation of Milk Feeds – practical continues	
17.30	End of day Trainers' Meeting, preparation and practice for next day	End of day Trainers' Meeting, preparation and practice for next day	End of course Trainers' Meeting

6.5 Example of a Timetable - Breastfeeding Counselling Update Course

Time	DAY 1	DAY 2	DAY 3
08.30	Introduction of course Introduction of participants 1. Why Breastfeeding is Important 60 min	8. Health Care Practices 90 min	20. Expressing Breastmilk 70 min spare 20 min
10.00	Break 30 minutes	Break 30 minutes	Break 30 minutes
10.30	3. How Breastfeeding Works 60 min 5. Observing a Breastfeed 60 min	9. Clinical Practice 1 120 min	13. Clinical Practice 2 120 min
12.30	Lunch 60 minutes	Lunch 60 minutes	Lunch 60 minutes
13.30	6. Listening and Learning 60 min	11. Building confidence and giving support 60 min	21. Not enough milk 70 min
14.30	7. Listening and Learning exercises 60 min	11. Building confidence exercises 60 min	22. Not enough milk exercises 50 min
15.30	Break 30 minutes	Break 30 minutes	Early finishing
16.00	10. Positioning a Baby at the Breast 60 min	33. Commercial promotion of breastmilk substitutes 60 min	End of course Trainers' Meeting
17.00	End of day Trainers' Meeting	End of day Trainers' Meeting	

Session numbers refer to sessions in *Breastfeeding Counselling: A training course*. Sessions 1, 9 and 33 are optional if participants are familiar with these topics from previous breastfeeding courses. Counselling skills sessions, exercises and Clinical Practices should not be omitted.

7. Course Materials and Equipment

7.1 Materials needed for an HIV and Infant Feeding Counselling Course

With 6 trainers and 24 participants plus a few spares

Items usually provided from WHO or UNICEF

Item	Total	Director and Trainers	Participants
Director's Guides	10	✓	-
Trainer's Guides	10	✓	-
Overhead Figures (flipchart)	10	✓	-
Participants' Manuals	36	✓	✓
Feeding Options Cards (set of 8)	36	✓	✓
HIV and Infant Feeding (reference pack of 3 documents)	36	✓	✓
<i>Breastfeeding Counselling: a training course.</i> WHO/CDR/ 93.4; UNICEF/NUT/93.2	1	Per course	-
<i>Relactation-a review of experience and recommendations for practice.</i> WHO/CHS/CAH/98.14	1	Per course	-
<i>Mastitis: causes and management.</i> WHO/FCH/CAH/00.13	1	Per course	-
<i>Evidence for the Ten Steps to Successful Breastfeeding</i> WHO/CHD/98.9	1	Per course	-

Copies may need to be prepared (see Section 9)

Item	Total	Director and Trainers	Participants
Course timetable	36	✓	✓
Evaluation questionnaire	36	✓	✓
WORKSHEET 6.1 – Preparation for Practical Session	10	-	1 per group of 4
WORKSHEET 11.2 – Time Record Sheet	10	-	1 per group of 4
Set of 4 Counselling Stories- Session 7	10	-	1 per group of 4
Set of 5 Counselling Stories with weight charts – Session 16	10	-	1 per group of 4
Set of 29 Overhead Transparencies	1	Per course	-

7.2 Materials needed for Breastfeeding Counselling Update Course

For 6 trainers and 24 participants

The principal materials required are almost the same as for a complete 40-hour *Breastfeeding Counselling: A training course*. Some forms are omitted. If some of the intending *HIVC* course participants have already attending the full *BFC course* you will only need materials for the number who are doing the *BFC Update* course.

Item	Total	Directors and Trainers	Participants
<i>Usually provided from WHO:</i>			
Director's Guides	10	✓	-
Trainer's Guides	10	✓	-
Overhead Figures (flipchart)	10	✓	-
Participants' Manuals	36	✓	✓
Breastfeeding and maternal medications (booklet)	36	✓	✓
Slide booklets	36	✓	✓
Set of 50 Slides	1	Per course	-
Videotape: Helping a mother to breastfeed	1	Per course	-
Set of 50 Overhead transparencies	1	Per course	-
<i>May need to be copied:</i>			
Counselling Skills Checklist	36	✓	✓
B-R-E-A-S-Tfeed Observation Form	120	✓	✓✓✓✓
Answer sheets	36	✓	✓
Course Timetable	36	✓	✓
<i>References</i>			
Helping Mothers to Breastfeed	36	✓	✓
Protecting Infant Health: A health worker's Guide to the International Code of Marketing of Breast-milk Substitutes	36	✓	✓

7.4 List of items for demonstrations

For several sessions

1 Life size baby doll - make yourself if necessary

1 Model breast - make yourself if necessary

For Session 5

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 Session 8

Examples of commonly available cups, as small as possible and easily cleaned

Small cloth for bib

For Session 9

Cup or bowl that holds exactly 200 ml when full

Cloth to use as a bib for child

Spoon

Feeding bowl with small amount of soft food and a biscuit or piece of bread

For Session 10 (review full directions for this session)

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

The items need for the measuring methods chosen before the course (BOX 10.B) page 49 of this guide. This may include:

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

Balance to measure small weights (10 grams) (such as nutrition or letter scales) or a wooden school ruler and school rubber/eraser and local coins that total five and ten grams (check weights in the post office)

Two matched light containers (e.g. plastic lids) for use on balance

Syringe (at least 20 ml) without needle

The trainer will also need:

Easily available see-through small containers - jars, glasses

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

Sugar (about 100 gms)

Small cloth to work on when weighing sugar (e.g. clean handkerchief)

Cloth for mopping spilt water

Spoons of various sizes (as commonly used)

Tin opener if using evaporated milk

Funnel to pour fuel back into containers, if necessary

Large table to work on

Water - about 3 litres of drinking water plus water for washing-up

Milks you decided to discuss in Session 5. (You may already have the milks from Session 5 or your practice session)

- Powdered full cream milk
- Commercial or generic infant formula
- Cow's milk
- Evaporated milk or other milks available locally

Each group also needs:

- Set of measuring items for the measuring method chosen before the course
- Small cloth to work on when weighing sugar
- Cloth for mopping spilt water
- Their group's spoons and containers
- Marker suitable for glass
- Table or space to practise measuring water, sugar and milk powder.

For Session 11

- 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

Session 15

- Table and 2 chairs
- One set of feed preparation equipment similar to Session 10 – milk, sugar, micronutrients, water for washing and for feed, soap, cloths for covering preparation area and for drying hands and utensils, washing bowl(s), measuring cup, see-through glass and marker, small pot, spoon. Stove for boiling the water and/or milk if possible.

7.5 List of background information and resources

Session 1

Local prevalence of HIV infection among women of childbearing age and of women receiving antenatal care in the area

Session 2

Local availability of VCT and associated services and referral information

Session 5

Local availability of micronutrient supplements

Session 9

Main foods used locally to feed young children

National or local nutrition supplementation programmes and policies

Session 10

Dilution of local brand of powdered full cream milk and evaporated milk to make up full strength milk. Check with a nutritionist if packet directions are not clear

Session 13

Minimum legal wage for agricultural workers, urban domestic workers and casual workers in the area

Cost of micronutrients

8. Pre-Course Instructions for Session 10:**Preparation of Milk Feeds - measuring amounts**

During the preparation days, trainers will need to decide which methods of measuring are most suitable in the locality. Pages 45 - 48 will help in the preparation.

Session 10 PRE-COURSE INSTRUCTIONS

Preparation of Milk Feeds – measuring amounts

In Session 10 “Preparation of milk feeds – measuring amounts”, you will teach participants to teach mothers methods for measuring water, liquid milk, powdered milk, and sugar. You will need to experiment and find out which is the most suitable way of helping mothers to measure in your situation. Practise yourself, and then ask some experienced mothers to help you to decide which methods are the most practical ways to measure.

Measuring water and liquid milk

- First, you need a liquid measure that will show amounts from 30 ml to 100 ml:
 - This could be a measuring jug or cup, with volumes marked on it.
 - Or you could use a standard measure, such as a measure for medicines, which contains a standard volume such as 30 ml.
 - Or you might be able to use a large syringe.
 - If you do not have one of these measures, you can use a plastic feeding bottle. Cut off the top, so that it is easier to clean, and so that it cannot be used with a teat for feeding a baby. Do not use a feeding bottle if any other means of measuring is commonly available.
- Next, you need to decide how you will help mothers to make their own measures:
 - Some mothers may be able to obtain a measuring jug or cup.
 - Or they may choose to use a feeding bottle with the top cut off.
 - Alternatively, help them to make a measure from a small cup, a glass or a wide necked jar, which they can keep, especially for preparing the baby’s feeds.
- Find out what containers are easily available in the area. The container should be:
 - small, so that the mother can measure small amounts accurately;
 - see-through so that she can measure liquids against a mark on the outside; and
 - easy to clean and able to be boiled or sterilised by chemical methods.

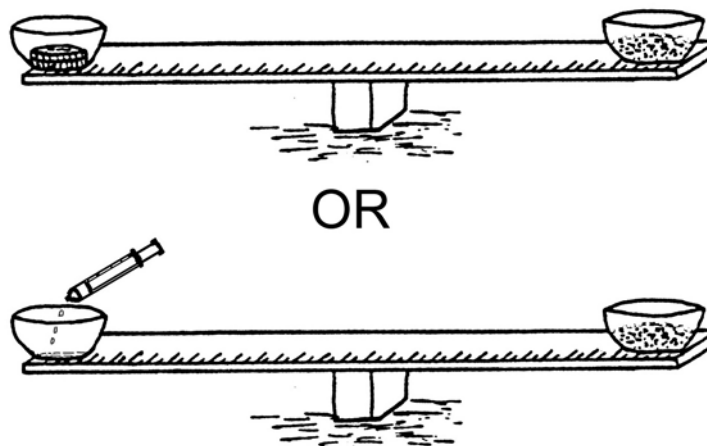
If it is difficult to find see-through cups or jars, she may need to use a plastic jar from which the top can be cut off, or a large spoon, so that the liquid can be measured by filling it full.

- Practise showing a mother how to use her container to measure:
 - Show her how to measure one standard small volume (such as 40 ml) and make a mark on her container (either a scratch, or a mark with a waterproof pen) to show where the milk or the water should reach.
 - Explain how many measures of milk to mix with how many measures of water to make a feed for her infant. (If using liquid milk, two measures of milk and one of water).
 - Mark her container for the amount of water for the feed if using powdered milk or commercial formula.
 - If using evaporated milk, mark her container for the amount of evaporated milk and for the total amount of water to use.

Measuring powdered milk and sugar

- When you make home-prepared formula, you need to add sugar to the milk mixture. If you make home-prepared formula from powdered full cream milk, you need to measure the powdered milk also. These small amounts of sugar and powdered milk are difficult to measure accurately.
- First, you can weigh some sugar or milk powder as accurately as possible:
 - You may be able to use a balance such as letter scales (used in a Post Office), nutrition scales, or pharmacist's balance that can help you to weigh small amounts.
 - Or, you can make a simple balance from a school ruler and eraser. For this, you need suitable weights to balance the sugar against.
 - Coins make useful small weights – and all the coins of a certain value weigh the same amount. Ask at the Post Office if you can use the balance to weigh some local coins, so that you know which coins you can use to make weights of 4 and 8 grams, for example. Write the weights on the coins with a waterproof pen.
 - Or, you can use a small syringe to measure a certain weight of water – remember, 1 ml of water weighs 1 g. So you can use 4 ml of water to weigh 4 g, 8 ml to weigh 8g, and similar for any weight you need.

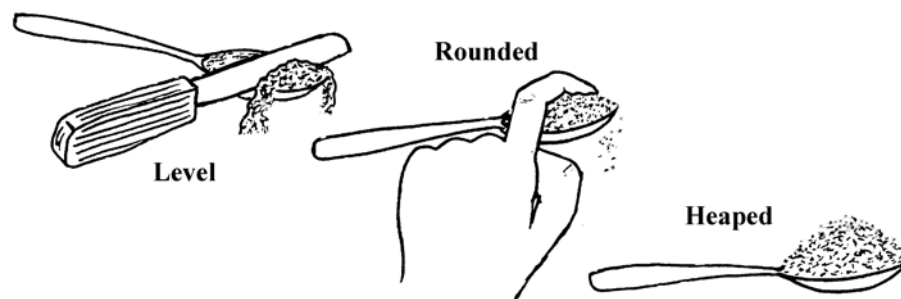
Figure 10.A **Simple balance**



- Step 1:** Stand the eraser on its side, and make the ruler balance on it. The eraser should be in the middle of the ruler.
- Step 2:** Take two equal sized light cups (or plastic lids), and put them one each end of the ruler. They should be exactly at the ends of the ruler. Make sure that the ruler balances with them on it.
- Step 3:** Put the (8g) weight into one of the cups (your coins, or the 8 ml of water – not the syringe). That end of the ruler will go down.
- Step 4:** Carefully put sugar into the empty cup on the other end of the ruler until it balances again.

- Practise using the simple balance, with coins or water, to weigh small amounts of sugar and milk powder. (See page 150 in your Trainer’s Guide).
- Then using a spoon, show how full to make it to measure the same weight – levelled with a knife, rounded with a finger or heaped. You may need to try different size spoons to find one that gives a suitable measure. Avoid having a recipe that uses a mixture of spoon sizes or different amounts to fill them. Keep this spoon for the demonstration.

Figure 10.B Measuring with a spoon



Calculate amounts of milk to measure

- In Session 5 “Replacement feeding in the first six months”, you decided which milks were most likely to be used locally. Purchase a tin or packet of powdered full cream milk and/or evaporated milk and a tin of locally available commercial or generic formula, as needed.¹
- *Powdered full cream milk and/or evaporated milk* - from the directions on the tin or packet, calculate how much is needed to make up 80 ml full strength liquid milk. (This will make up to 120 ml of formula). You may want to check this with a local nutritionist if it is not clear on the packet. Check the exact weight of the milk powder; practice weighing it and measuring it with a spoon as outlined previously.
- *Locally available commercial or generic formula* - from the directions on the tin or packet, calculate how many scoops of powder and how much water is needed to make a 120 ml feed. The number of scoops needed may be different in different brands of formula.
- When you have made these measurements, fill the amounts into BOX 10.A, as a reminder for use when you teach the course.

¹ If you have out of date formula you can use this for the demonstrations as the feed will not be used for a baby.

BOX 10.A CALCULATIONS FOR DEMONSTRATION

_____ g of powdered full cream milk plus _____ ml water to make up 80 ml full strength liquid milk.

This is _____ spoon(s) – level, rounded, heaped (circle one)

_____ ml of evaporated milk plus _____ ml water to make up 80 ml full strength liquid milk

_____ scoops of formula powder plus _____ ml water to make up a feed of 120 ml

- Read through the text for Session 10, and decide which methods are most suitable for your participants on this course.
- Make a list of the items that you need to give the demonstration in class. Mark in BOX 10.B the items that you will need for the demonstrations in class.

BOX 10.B ITEMS FOR DEMONSTRATIONS

Tick that items you will use for the demonstration to participants:

Measure for liquid

- _____ Measuring jug or cup
 _____ Standard measure, such as medicine cup
 _____ Large syringe
 _____ Plastic feeding bottle with the top cut off

Measure for sugar and powdered milk

- _____ Small weighing scales and weights
 _____ Balance made from a school ruler and eraser with cups or other containers at the ends and weights:
 _____ coins, or
 _____ water and syringe

You will also need the items listed at the start of Session 10

9. Items to Photocopy

The pages that follow page 49 contain the items that need to be copied for distribution to the participants. Include a few spare copies.

WORKSHEET 6.1	10	1 per group of four
Counselling stories – Session 7	10	1 set per group of four
WORKSHEET 11.2	10	1 per group of four
Stories and charts – Session 16	10	1 set per group of four
Evaluation questionnaire	36	1 for each participant

You will also need to copy for each participant and trainer:

Course timetable - 36

A local list of referral services as described in Session 2, if needed - 36

You may need to copy the Overhead Figures on to acetate sheets.

WORKSHEET 6.1: Preparation for Practical Session

Ingredients for the group to purchase			
Item	Price paid	Cost per	Who will purchase:
Tin/carton or packet of commercial infant formula suitable for use from birth		/ 500g	
Packet or box of powdered full cream milk		/ 500g	
Fresh cow's milk (250 ml is enough)		/ litre	
Other milk			
Sugar (60 g is enough)		/ kg	

Equipment for the group to borrow if possible	
Item	Who will bring
Wash basin for hands, soap, towel	
Wash basin for utensils, soap, towel, brush	
Mat or other covering to make a clean surface	
Container to carry water (2 litres)	
Pot or kettle to boil water	
Small pot for boiling milk	
Cover to use while milk is cooling	
Eating spoons used in homes (large and small)	
Tin opener (if needed for milk)	
Knife or scissors for opening packets (if needed)	
4 drinking glasses or see-through jars for mixing infant feeds. (Trainer may suggest local items) ¹	
Open cup for feeding formula to infant	

¹ The glass, jar or other container should be able to be boiled, if possible, or washed in very hot water for cleaning.

Counselling Stories for Session 7

Counselling Story 1

You are 34 weeks pregnant. You had an HIV test and were found to be HIV-negative. You received information about preventing HIV infection and were encouraged to breastfeed.

You have come to the infant feeding counsellor because you are still worried about breastfeeding and HIV transmission. You want to get the infant formula just in case you get HIV at some later time.

Statements that you might use:

“My baby is due soon and I want to find out about getting infant formula for him.”

“I had the test and they say I don’t have HIV, but I’m worried I might get it while I’m breastfeeding and then the baby would get it.”

“I think it would be better if I didn’t breastfeed at all - then the baby would be protected.”

CUT ✂ -----

Counselling Story 2:

Your baby is 24 hours old. You will be discharged from hospital later in the day. You found out that you were HIV-positive during this pregnancy and decided not to breastfeed.

You learned how to make home-prepared infant formula but you don’t think that home-prepared formula is as good as a highly advertised brand of commercial formula. You are worried that your baby won’t grow well on home-prepared formula and you want to find a way to buy the expensive, highly advertised infant formula.

Statements that you might use:

“I know about the home prepared formula but I will have to find the money to buy the (brand) formula as soon as I can.”

“I don’t know how we will find the money for the (brand) formula.”

“The ads for the (brand) formula say it is the best for the baby. If I use the home-prepared formula my baby may not grow as well.”

Counselling Story 3:

Your Baby is 1 month old. You are HIV-positive and plan to breastfeed for a few months and then stop. You are at a well-baby clinic.

You want to start giving the baby some drinks of tea, and sometimes cereals or milk. You breastfed your previous children for two years or more, giving them tea and thin porridge and soup from 1 month. They had diarrhoea a few times, but they grew quite well.

Statements that you might use:

“I am going to start giving my baby tea and porridge now, as he needs more than breast milk.”

“My other children started to take these foods from this age.”

“A baby can take thin porridge and tea from a bottle while I am out, and I can breastfeed when I get back”

CUT ✂ -----

Counselling Story 4:

Your baby was born last night in the hospital. He was three weeks early. You found out that you were HIV-positive two days ago, and you have not yet seen the infant feeding counsellor. You didn't have much time to consider how you would feed your baby.

You are very confused and stressed. Your mother tells you to breastfeed so the neighbours won't suspect you are HIV-positive. Your husband wants you to use formula to protect the baby.

Statements that you might use:

“You told me I have HIV. You tell me to decide how I will feed my baby. Just tell me what is best to do.”

“My mother says one thing, my husband says a different thing. I don't know what to do.”

WORKSHEET 11.2 Time Record Sheet

Group _____ cooking with _____ (kind of fuel)			
	Time started	Time ready to use	Time required
Fire			(a)
Kettle put to boil			(b)
<i>Fresh cow's milk formula</i> _____ ml			
<i>Powdered full cream milk formula</i> _____ ml			
<i>Commercial formula</i> _____ ml			
<i>Another formula made from</i> _____ ml			
<i>Another formula made from</i> _____ ml			

- Add the time needed to make the fire and boil the water (a) + (b) to the time required to prepare each type of feed.

Type of feed	Time to boil water (a) + (b)	Time required to prepare feed	Total time needed to prepare one feed
<i>Fresh cow's milk formula</i> _____ ml			
<i>Powdered full cream milk formula</i> _____ ml			
<i>Commercial formula</i> _____ ml			
<i>Another formula made from</i> _____ ml			
<i>Another formula made from</i> _____ ml			

Estimate of amount of fuel used: _____

**Bring this record sheet to
SESSION 13 - COSTS OF REPLACEMENT FEEDS**

Session 16: Follow-up Stories and Charts

Follow-Up Story A: Poor growth 0-4 months

The reason you have come: Hope is 6 weeks old. You have brought her for a routine follow-up check. Hope cries a lot and doesn't seem to be growing. She weighed 3 kg at birth and when she was weighed today she still weighs 3 kg.

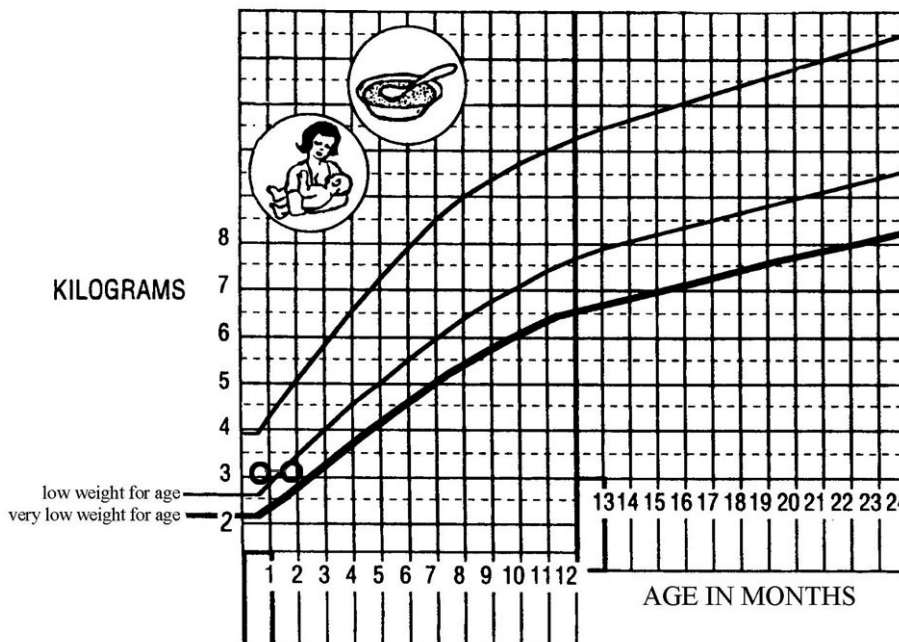
You decided to give Hope commercial infant formula. You watched a demonstration of how to prepare it, but you are a bit confused by the directions. You were given 1 tin of formula when Hope was born, and you have only just finished it. Luckily the tin has lasted longer than the infant feeding counsellor said it would.

You give 8 feeds a day with the measure of water (60 ml) you were shown and one scoop of formula powder. (The health worker may have said 2 scoops in 60 ml of water, but you are worried that would be too strong. The health worker told you that feeds that are too strong are dangerous.) You cup feed, and you prepare the feeds cleanly, washing with soap, and boiling all the utensils every day.

You were told to come back when Hope was 10 days old for a check but it was too far for you to travel, as you did not feel well. Anyway, you had enough milk so there did not seem to be any need to come. You do not read very well.

✂

Story A



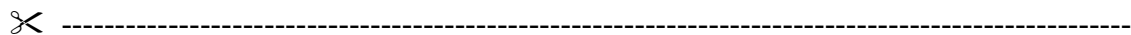
Follow-Up Story B: Low weight 6-12 months

The reason you have come: Maisie is 8 months old. She grew well for the first 3 months but her growth has slowed now.

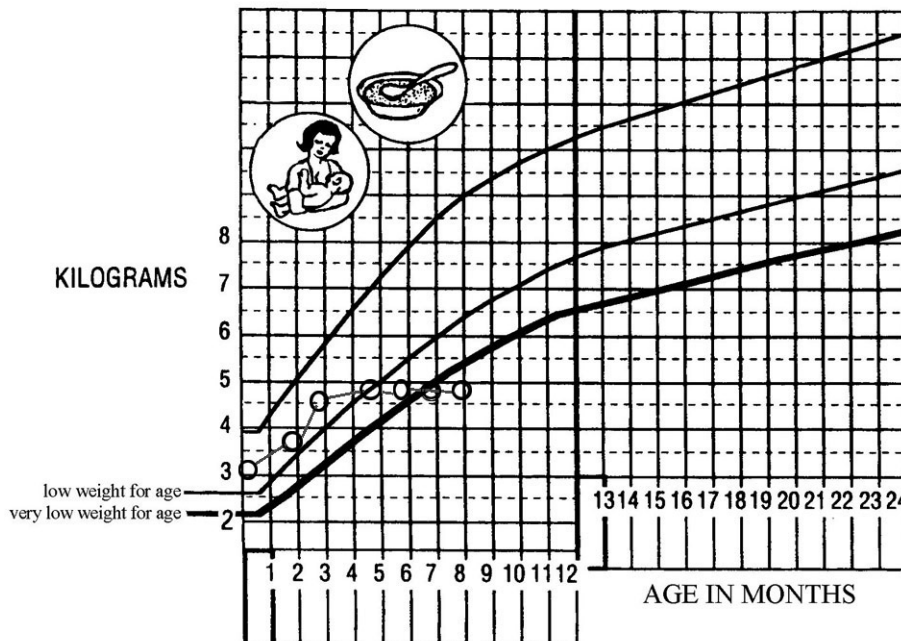
You give Maisie 6 cups each day (900ml) of home-prepared formula made from fresh cow's milk when you have the milk. You also give her micronutrients every day. You make the milk up carefully the way you were shown, and were made to practise in the hospital when Maisie was born. Sometimes the milk runs out, and then you give her thin cereal feeds until you can get some more milk. You do not give any other foods.

You are very worried that Maisie may have HIV infection, and were frightened to come to the clinic. Maisie does not have any symptoms of illness, but you can see that she looks thin.

You are interested in learning more and trying new ideas. You are young and do not live near your family, so there is no one telling you about caring for your baby.



Story B



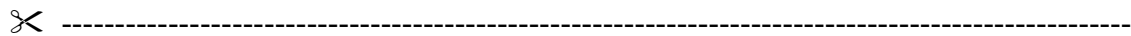
Follow-Up Story C: Illness in a young baby

The reason you have come: Sam is 3 months old, and often ill. He has had diarrhoea four times, and pneumonia once, and has been in hospital 3 times in his short life. He weighed 3.4 kg at birth and now weighs 4 kg.

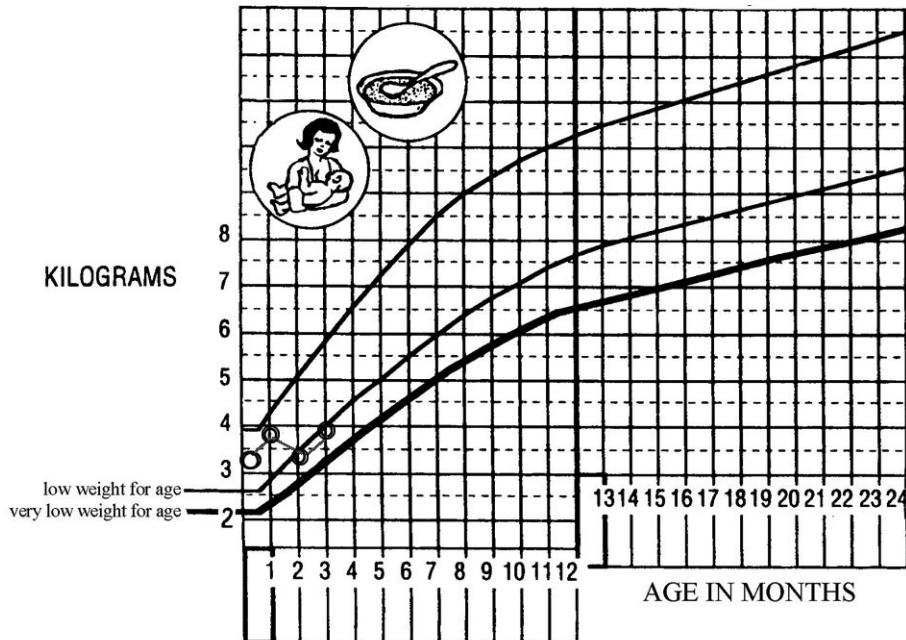
You feed Sam on commercial formula. You work in a store and can usually buy enough formula to feed him the right amounts as the counsellor explained. You think that cup feeding takes too much time. In the morning, you make up a large jug of about 700 ml of formula with drinking water and 24 scoops of formula powder in it. This is enough for the day and the next night.

You do not have a fridge, but the mixture does not go sour because it is cool. Your helper fills up the baby's bottle from the jug when the baby needs it. You do not have time to boil the bottle, and fuel is expensive, so you just rinse it out in soapy water when you wash the other things.

You are worried that Sam gets ill so often, and think that a different brand of formula might help – perhaps the special kind for babies with diarrhoea. You are also worried that he may have HIV, but you are afraid to tell the health worker this.



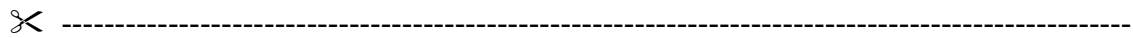
Story C



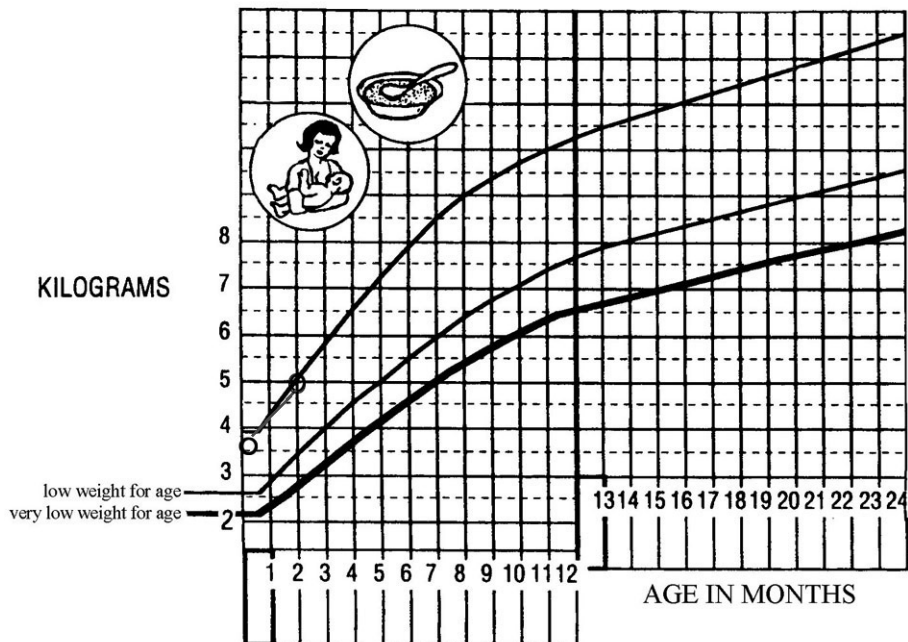
Follow-Up Story D: Breastfeeding

The reason you have come: Anna is 2 months old. You decided to breastfeed, and so far have breastfed exclusively. Anna is healthy and gaining weight well. You will go back to work in a few weeks and are thinking of giving Anna some formula in a bottle for when you are not there.

Anna is your first child. You do not live in your own family's village and you do not know much about different ways of feeding babies. Your husband's sister who will be minding your baby suggested that you give some formula from a bottle. You are confused and frightened because the health worker in the hospital told you to give only breastfeeding and nothing else or your baby might get HIV.



Story D WEIGHT FOR AGE CHART

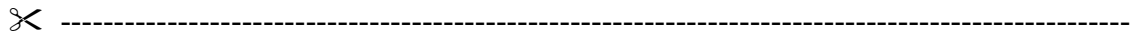


Follow-Up Story E: Recurrent illness

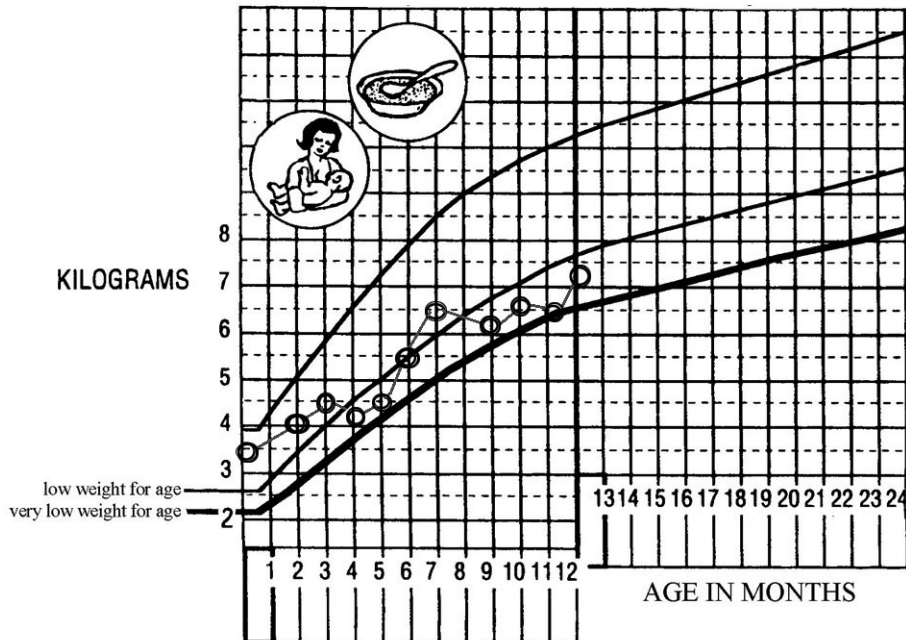
The reason you have come: David is 12 months old. He has had many episodes of illness and you bring him regularly for follow up.

David had commercial formula for the first six months, and you made the feeds up very cleanly and safely, using the correct quantities. You continue to give milk, and also feed David five times a day from the family foods, though sometimes he has no appetite and eats little.

David has had several attacks of diarrhoea, which take a long time to get better. Two months ago he had a severe cough with difficult breathing. The doctor at the hospital treated him. You are very worried that he may have HIV.



Story E



Evaluation Questionnaire

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. private practice, health centre, hospital)?
2. Did you find any aspect of the training especially difficult?
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.

Type of activity	Time spent was		
	Too short	Adequate	Too long
Presentation			
Demonstration of practical skills			
Demonstration of counselling skills			
Group work with 4-5 participants			

4. What additional support, if any, do you think you may need after this training to enable you to improve infant feeding counselling for HIV-positive mothers in your own facility?
5. How could the content and/or management of this training course be improved for future participants?

Title of session	Very useful	Useful	Somewhat useful	Not useful	Comments
Session 1 Overview of HIV and Infant Feeding					
Session 2 Counselling for HIV Testing and for Infant Feeding Decisions					
Session 3 Integrated Care for the HIV-positive Woman and her Baby					
Session 4 Breastmilk Options					
Session 5 Replacement Feeding in the first six months					
Session 6 Preparation for the Practical Exercise					
Session 7 Review of Counselling Skills					
Session 8 Food Hygiene and Feeding Techniques					

Session 9 Replacement feeding from 6 to 24 months					
Session 10 Preparation of Milk Feeds – measuring amounts					
Session 11 Preparation of Milk Feeds - practical					
Session 12 Making Breastmilk Substitutes Available					
Session 13 Cost of Replacement Feeding					
Session 14 Making Infant Feeding Choices					
Session 15 Teaching Replacement Feeding					
Session 16 Follow-up Care of Children of HIV-positive Mothers					