

Post Training DRAFT

**Essential Nutrition Actions (ENA)
and
Behaviour Change Communication (BCC)**

To Improve the Nutrition of Women and Children

**Recommended Breastfeeding and
Complementary Feeding Practices**

Helen Keller International/Nepal

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Introduction

The Essential Nutrition Actions (ENA) and Behaviour Change Communication (BCC) to Improve the Nutrition of Women and Children: Recommended Breastfeeding and Complementary Feeding Practices Module is intended to equip instructors with the basic theory and hands-on practice to train FCHVs in a community-based Essential Nutrition Actions (ENA) Behaviour Change Communication (BCC) approach.

The purpose of this Module is to train FCHVs in recommended infant and young child feeding practices/messages, optimal woman's nutrition messages, and negotiation and interpersonal communication skills. FCHVs will apply the knowledge and skills to help mothers/caregivers optimally feed their infants and young children, and to care for their own nutritional needs.

Training Agenda

The Module outlines a five-day training length. Each session describes specific learning objectives, activity details, materials/handouts, time, and methodologies for learning activities.

Training methodology

The training approach is based on the principles of Behaviour Change Communication of small doable actions, and the widely acknowledged theory that adults learn best by reflecting on their experience. Attempts have been made to make the training sessions relevant to the needs of Participants and their communities.

The participatory training approach uses the experiential learning cycle method and prepares Participants for hands-on performance of skills. The course employs a variety of training methods: demonstrations, practice, discussions, case studies, group discussion, and role plays. Participants also act as resource persons for each other. Participants benefit from community practice, working directly with breastfeeding mothers, pregnant women, and mothers/caregivers who have young children.

Respect for individual trainees is central to the training, and sharing of experiences is encouraged throughout the training. Participants complete pre and post training assessment questionnaires and discuss their evaluations at the end of each module.

Trainee Handouts

The Module has a complete set of handouts which are provided to the trainees. During the training the Participants use existing in-country Behaviour Change Communication materials and other available infant and young child feeding visuals.

Training Location




Wherever the training is planned, a community-based site should be readily available to support the practicum for negotiating with mothers/caregivers on doable infant and young child feeding practices. Prepare the practicum site by coordinating with clinic and/or community for arrival of Participants and arranging for space for practicing negotiation skills.

Review Energizers

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

Daily Evaluations:

- A. Ask Participants to write on a small page of paper their answers to one, two, or all of the following questions which have been displayed on a flip chart:
1. What did you learn today that will be useful in your work?
 2. What was something that you liked?
 3. Give suggestions for improving today's sessions.
- Collect Participants' answers, mix-up the papers, redistribute them and ask Participants to read the answers, **OR**
 - Collect Participants' answers, summarize and provide summary on the following day.
- B. A table measuring Participants' mood (filled out by Participants at the end of each day).

	MOOD Meter		
DAY			
1			
2			
3			
4			
5			

**ENA AND BCC TO IMPROVE THE NUTRITION OF WOMEN AND CHILDREN:
RECOMMENDED BREASTFEEDING AND COMPLEMENTARY FEEDING PRACTICES**

PURPOSE: Based on the principles of Behaviour Change Communication of small doable actions, provide FCHVs with the knowledge of recommended infant and young child feeding (IYCF) practices/messages, principles for feeding the sick child, woman's feeding practices/messages, skills for facilitation of support groups, and negotiation skills, in order to help mothers to optimally feed their infants and young children.

General objectives:

1. Reinforce the knowledge and practices of FCHVs in IYCF and women's nutrition in order to enable them to help mothers optimally feed their infants and young children.
2. Reinforce FCHVs practices on counselling/negotiation techniques to improve mothers, caretakers and parents infant and young child feeding, and maternal nutrition practices.
3. Strengthen the linkages between Female Community Health Volunteers (FCHVs), Homestead Food Production activities (HFPs), Village Model Farms (VMFs) and Homestead gardens.

Specific objectives:

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

1. Define Behaviour Change Communication and name the stages of behaviour change.
2. Describe the role of FCHV in nutrition programmes - the essential nutrition actions (ENA) and the contact points for discussing nutrition practices with women.

3. Explain the recommended infant and young child feeding (IYCF) practices: breastfeeding and complementary feeding.
4. Reinforce FCHVs knowledge and practices to improve feeding practices of the sick child.
5. Counsel/negotiate (ALIDRAA) to promote behaviour change to improve IYCF and women's nutrition.
6. Use a visual/story or role play in counselling/negotiating with mothers to adopt recommended IYCF practices.
7. Demonstrate how to facilitate a support group and an action oriented session.
8. Name the messages for optimal woman's nutrition.
9. Describe the malnutrition life-cycle.
10. Develop an action plan.



INFANT AND YOUNG CHILD FEEDING (IYCF) TRAINING OF TRAINERS FOR FCHVs

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
08:30-10:30	<p>Session 1</p> <ul style="list-style-type: none"> • Introductions • Expectations • Objectives • Pre-assessment <p>Session 2</p> <p>Why IYCF matters</p> <ul style="list-style-type: none"> • Undernutrition • Growth faltering • The essential Nutrition Actions (ENA) 	<p>Session 6</p> <ul style="list-style-type: none"> • Common Breastfeeding Conditions/ Difficulties • Special situations affecting breastfeeding <p>Session 7</p> <p>Breastfeeding Beliefs and Myths</p> <p>Session 8</p> <p>Recommended IYCF practices: Complementary feeding for children from 6-24 months</p> <ul style="list-style-type: none"> • Contribution that breast milk makes to complementary feeding • Characteristics of complementary feeding for each age group: FATVAH 	<p>Session 11</p> <p>Field Visit</p> <ul style="list-style-type: none"> • Counsel/ Negotiate with pregnant woman/mother/ caregiver • <i>Listening and learning counselling skills</i> • <i>Building confidence and giving support skills</i> • ALIDRAA steps <ul style="list-style-type: none"> - 0 - 6 months - 6 - 24 months 	<p>Session 13</p> <p>Field Visit</p> <ul style="list-style-type: none"> • Counsel/ Negotiate with pregnant woman/mother/ caregiver • <i>Listening and learning counselling skills</i> • <i>Building confidence and giving support skills</i> • ALIDRAA steps <ul style="list-style-type: none"> - 0 - 6 months - 6 - 24 months 	<p>Session 16</p> <p>How do FCHVs support the health of women and children in the community</p>
10:30-10:45	T E A K B R E A K				
10:45-12:45	<p>Session 3</p> <p>Behaviour Change Communication</p>	<p>Session 8 (cont'd)</p> <p>Session 9</p> <p>Feeding of the sick infant and</p>	Feedback from field visit	Feedback from field visit	<p>Session 17</p> <p>Action Plan: activities, people responsible, where (place) when (time)</p>

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
	Session 4 <ul style="list-style-type: none"> Risks of NOT breastfeeding Importance of breastfeeding 	young child			materials needed, and follow-up (who and when)
12:45-13:45	L U N C H				
13:45-15:45	Session 5 Recommended IYCF practices: Breastfeeding <ul style="list-style-type: none"> Good attachment and positioning 	Session 10 <ul style="list-style-type: none"> How to Counsel/ Negotiate with pregnant woman/ mother/caregiver <i>Listening and learning counselling skills</i> <i>Building confidence and giving support skills</i> ALIDRAA steps <ul style="list-style-type: none"> 0 - 6 months 6 - 24 months 	Session 12 <ul style="list-style-type: none"> How to conduct: <ul style="list-style-type: none"> Action-oriented group Sessions IYCF Support Groups 	Session 14 Women's Nutrition <ul style="list-style-type: none"> Malnutrition in life cycle Strategies to break the cycle Session 15 <ul style="list-style-type: none"> How to Counsel/ Negotiate with pregnant woman/mother/ caregiver 	Session 18 <ul style="list-style-type: none"> Post-assessment Evaluation Plan for role-out training
15:45-16:00	T E A B R E A K				
16:00-16:30	Session 5 (cont'd)	Preparation for Field visit	Preparation for Field Visit	Session 15 (cont'd)	



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SESSION 1

INTRODUCTIONS, EXPECTATIONS AND OBJECTIVES

Learning objectives

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

1. Begin to name fellow Participants, Facilitators, and resource persons.
2. Create a dynamic relationship among Participants and Facilitators/trainers.
3. Discuss Participants' expectations.
4. Explain objectives and purpose of the training.

Total Time: 1 hour

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Matching pairs of infant feeding pictures for presentation game
- ✓ Objectives written on flip chart
- ✓ Participants' folders

Detailed activities

Activity 1.1: Presentation game for introductions and expectations

Methodology: Matching pairs

- Infant feeding pictures are cut in 2 pieces; each Participant is given a picture portion and must find his/her match; pairs introduce each other's names, expectations of the training, and something of human interest (favourite food, hobbies, likes, dislikes, etc.)
- Facilitator writes expectations on flipchart.

Activity 1.2: Pre-assessment

Methodology: Individual pre-assessment

- Ask Participants to form a circle and sit so that their backs are facing the centre.
- Explain that questions will be asked, and ask Participants to raise one hand (with

open palm) if they think the answer is 'Yes', to raise one hand (with closed fist) if they think the answer is 'No', and to raise one hand (pointing 2 fingers) if they 'Don't know'.

- One Facilitator reads the statements from the [Pre-assessment](#) and another Facilitator records the answers and notes which topics (if any) present confusion.
- Advise Participants that these topics will be discussed in greater detail during the training.

Activity 1.3: Presentation of objectives

Methodology: Interactive presentation

- Facilitator introduces objectives and compares them with expectations of Participants.
- Expectations and objectives remain in view during training course.

Pre-assessment: What do we know now?

Code # _____

Post-assessment: What have we learned?

#		True	False	Don't know
1.	A support group is the same as an educational talk.			
2.	Inadequate infant feeding during the first 2 years of life results in poor growth and brain development.			
3.	A 6-9 month old needs to eat 2 - 3 times a day in addition to breastfeeding.			
4.	A pregnant woman needs to eat more than a woman who is breastfeeding.			
5.	At 4 months, infants need water and other drinks in addition to breast milk.			
6.	The most effective approach to changing behaviour is to <u>tell</u> a mother how to feed her child.			
7.	A woman who is malnourished can still adequately breastfeed her baby.			
8.	The more milk a baby removes from the breast, the more breast milk the mother makes.			
9.	Women need iron supplementation only once during pregnancy.			
10.	The mother should wait until the sick child is healthy before giving him/her more foods.			
11.	A baby's first complementary food should be a thin porridge so s/he can swallow it easily.			
12.	A malnourished mother is likely to give birth to a low birth weight child.			

SESSION 2

WHY INFANT AND YOUNG CHILD FEEDING MATTERS

Learning objectives

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

1. Recognize that growth faltering begins early in infancy
2. Outline the different activities and places where/when FCHVs support the improvement of women and their children's health
3. Recall in-country statistics on the situation of IYCF

Total Time: 1 hour

Handout

Handout: 1 The 7 Essential Nutrition Actions

Materials needed

- ✓ Training Aid 1: - Early Growth Faltering
- ✓ Flipchart papers (+ markers + masking)
- ✓ Flipchart with 7 essential nutrition actions written
- ✓ Flipchart with statistics: infants 0 - 6 months; infants and young children 6 - 24 months; women's nutrition

Detailed activities

Activity 2.1: Growth faltering

Methodology: Interactive presentation

- Ask Participants: What illnesses do children in your community have? As Participants mention a specific illness, show an illustration of the illness and tape it to flipchart.
- Ask Participants: What do you think will prevent these illnesses? Probe until the following is mentioned: adequate food, adequate care, and explain that along with illnesses these are the direct causes of malnutrition.
- Present Training Aid 1: Early Growth Faltering
- Explain the graph with content below
- Discussion and questions

Content

1. Early Growth faltering (Weight/Age) by region

- Undernutrition happens early - stunting & wasting begin early in childhood
- This graph shows that growth faltering begins early, at about 3 months with a rapid decline through 12 months. The important point is that the process of growth faltering begins early in infancy, is very common, and occurs in all regions of the world.
- The "window of opportunity" for improving nutrition is small - from before pregnancy through the first 2 years of life. If undernutrition is not corrected, the damage to physical growth and brain development that occurs during this "window of opportunity" is extensive and irreversible.

2. Direct causes of malnutrition

- Inadequate food intake
- Infections, diarrhoea, disease
- Inadequate care of children and women

Activity 2.2: Routine nutrition activities that the FCHV shares with women to improve their own and children's health? And where/when can the FCHV share these messages with women

Methodology: Brainstorm

- Brainstorm the routine nutrition actions that the FCHV shares with women to improve their own and their children's health
- Brainstorm the places where/when the FCHV shares these actions and messages with women
- Compare Participants responses with prepared flipchart on the 7 essential nutrition actions and the 6 contact points for implementing these activities
- Distribute Handout 1
- Discussion and summary

Activity 2.3: Presentation of statistics on the situation of IYCF

Methodology

- Refer to some findings on Infant and Young child feeding practices from national surveys and secondary sources

Content

Statistics from Nepal (Nepal Demographic Health Survey 2006)

Breastfeeding Practices:

- Initiation of Breastfeeding (within 1 hour) - 85%



- Exclusive Breastfeeding (for first 6 months) - 53% [was 68% in 2001]



Complementary feeding practices

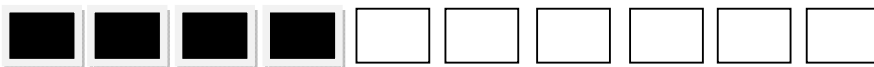
- Early and late starting of complementary feeding is a common problem in Nepal.
- Upon food introduction only 50% of children under 12 months of age consumed fruits and vegetables



Or



- Complementary Feeding (6-9 months) - 36% receive less than two meals a day and 64 % receiving less than 3 food groups



Women's nutrition

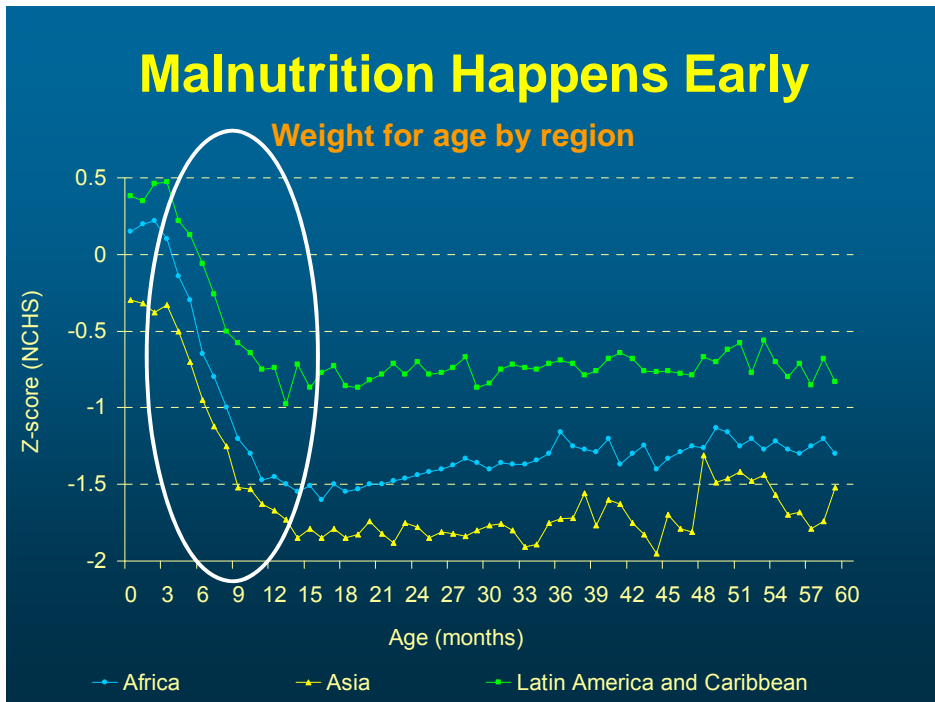
- Underweight - about 25%
- Anaemic- 36%

Other

- Low birth weight rate - 14.8 %
- First pregnancy, 18.5 % women are adolescent

Training Aid 1

Early Growth Faltering (Weight/Age) by Region



The 7 Essential Nutrition Actions and 6 Contact Points for Implementing Essential Nutrition Actions (ENA)

The 7 Essential Nutrition Actions:

- Recommended breastfeeding practices
- Complementary feeding to breastfeeding
- Feeding of the sick child
- Women's nutrition
- Control of Vitamin A deficiency
- Control of Anaemia
- Control of Iodine Deficiency Disorders

6 Contact Points for Implementing Essential Nutrition Actions (ENA)

- At every contact with a pregnant woman (at health centre or in the community)
- At delivery in hospital or at home
- During postpartum and/or family planning sessions at health centre (or in the community)
- At immunization sessions
- During well baby clinic sessions
- At every contact with mothers or caregivers of a sick child
- **Village Model Farms (VMFs)**
- **Monthly group meetings**

Also at:

- Supplementary feeding centres (SFCs)/CMAM centres

SESSION 3

BEHAVIOUR CHANGE COMMUNICATION (BCC)

Learning objectives

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

1. Define behaviour change communication.
2. Explain why knowledge is not enough to change behaviour.
3. Explain the stages of behaviour change.
4. Practice identifying behaviour change stage.

Total Time: 1 hour

Materials needed

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

Handouts

Handout 2 Stages of Change Model

Handout 3 Stages of Change and Interventions

Detailed activities

Activity 3.1: Definition of Behaviour Change Communication and explanation why knowledge is usually never enough to change behaviour

Methodology: Brainstorm, Buzz groups

- Brainstorm the definition of behaviour change communication.
- Give the following example to explain motivator/value: when you came to the training today you probably saw trash on the ground. Did you pick it up? (No) If you saw money on the ground, would you pick it up? (Yes) You know its value and you changed your behaviour to bend down and pick it up.
- Divide Participants into buzz groups of three. Ask groups to think about a time when someone told them what to do. Ask them to think about how they felt.
- Ask Participants to think about a time when someone asked them what they wanted to do. Ask them to think about how they felt in this situation.
- In plenary discuss the difference between how it felt to be told what do to and

how it felt to be asked what they wanted to do. Ask a few Participants to share their feelings.

- Discuss how information is usually never enough to change behaviour.

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

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

Activity 3.2: Explain the stages of behaviour change communication and the interventions required at each step of the change

Methodology: Interactive presentation

- On flip-chart draw steps and brainstorm with Participants how one generally moves through the different stages to behaviour change (use exclusive breastfeeding as an example)
- Distribute and discuss handouts: Stages of Change Model and Stages of Change and Interventions
- Ask Participants to close their eyes and think about behaviour (not alcohol or tobacco) they are trying to change. Ask them to identify at what stage they are and why. Ask what they think they will need to move to the next stage.
- Distribute Handouts 2 and 3 and discuss

Activity 3.3: Practice identifying what behaviour change stage a mother is in with regards to her infant feeding practices

Methodology: Small working groups

- Divide into 5 working groups - give each group 3 case studies. Group identifies which stage mother is in. Each group presents one case study.
- Discussion in plenary.

Behaviour Change Case Studies

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

2. A woman has brought her 8-month-old child to the baby weighing session. The child has lost weight. The health care worker tells her to give her child different food because the child is not growing.
3. The past month a health worker talked with a mother about gradually starting to feed her 7-month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day.

Behaviour Change Case Studies (Answer Key)

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

Contemplation/Intention

2. A woman has brought her 8-month-old child to the baby weighing session. The child has lost weight. The health care worker tells her to give her child different food because the child is not growing.

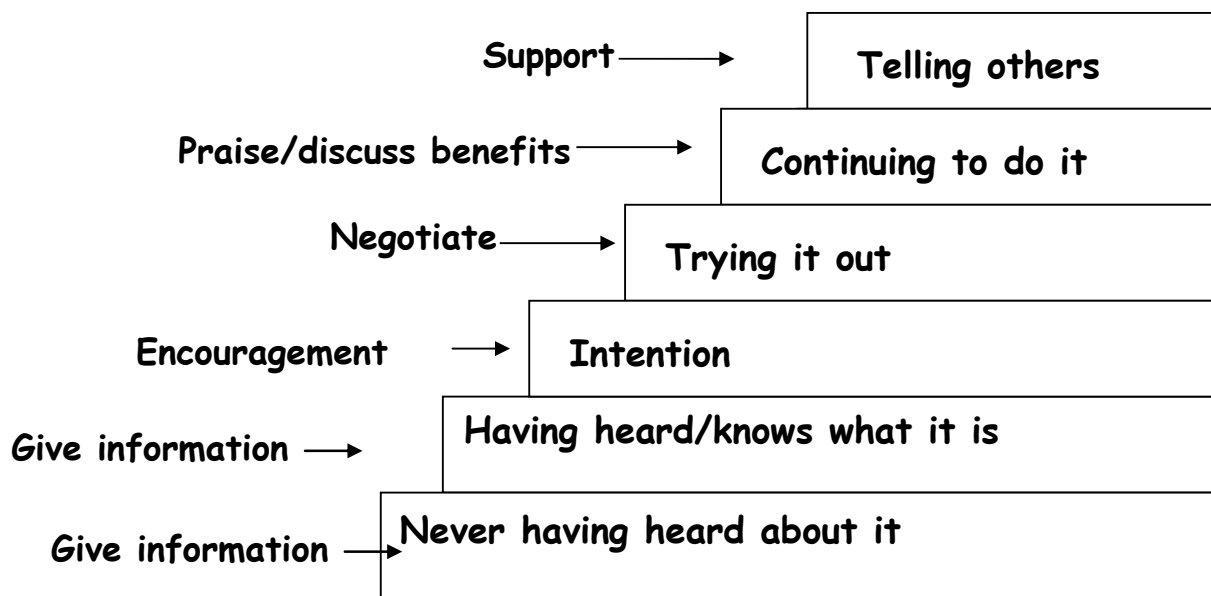
Awareness

3. The past month a health worker talked with a mother about gradually starting to feed her 7-month-old baby three times a day instead of just once a day. The mother started to give a meal and a snack and then added a third feed. Now the baby wants to eat three times a day.

Trial/Adoption

Stages of Change Model

Steps a person or group takes to change their practices



Stages of Change and Interventions

Steps	Appropriate interventions
Never having heard about the behaviour	Build awareness/provide information <ul style="list-style-type: none"> • Drama, fairs • Community groups • Radio • Individual counselling • Breastfeeding and Young Child Feeding Support Groups
Having heard about the new behaviour or knowing what it is	Encourage/discuss benefits <ul style="list-style-type: none"> • Group discussions or talks • Oral and printed word • Counselling cards • Breastfeeding and Young Child Feeding Support Groups
Thinking about new behaviour	Negotiate and help to overcome obstacles <ul style="list-style-type: none"> • Home visits, use of visuals • Groups of activities for family and the community • Negotiate with the husband and mother-in-law (or other influential family members) to support the mother
Trying new behaviour out	Praise/reinforce the benefits <ul style="list-style-type: none"> • Congratulate mother and other family members as appropriate • Suggest support groups to visit or join to provide encouragement • Encourage community members to provide support (radio programmes)
Continuing to do new behaviour or maintaining it	Provide support at all levels <ul style="list-style-type: none"> • Reinforce the benefits • Praise

SESSION 4

THE RISKS OF NOT BREASTFEEDING, AND THE IMPORTANCE OF BREASTFEEDING

Learning objective

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

1. Describe the risks of NOT breastfeeding.
2. Describe the importance of breastfeeding for the infant, the mother, the family, and the community/nation.

Total Time: 30 minutes

Materials needed

- ✓ Flipchart papers (+ markers + masking)

Handout

Handout 4 Importance of Breastfeeding

Detailed activities

Activity 4.1: Risks of NOT Breastfeeding

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

- Ask Participants to form groups of 3 with their neighbours and to brainstorm the risks of not breastfeeding
- Participants share their brainstorming list of the risks of not breastfeeding
- Summary in plenary using a prepared list of risks of not breastfeeding on flipchart (list below under Content)
- Facilitator fills-in gaps

Content

Risks of NOT breastfeeding

- More diarrhoea

- More frequent respiratory infections
- Malnutrition
- Under-development: retarded growth, under-weight, stunting, wasting
- Vitamin A deficiency
- Reduced absorption of iron
- More allergies
- Lower scores on intelligence tests
- Mother may become pregnant sooner
- Increased risk of anaemia (more bleeding after childbirth), ovarian cancer and breast cancer in mother
- Interferes with bonding

Activity 4.2: Importance of Breastfeeding for the infant, the mother, the family, and the community/nation

Methodology: Small working groups

- Divide Participants into 4 groups. Four flipcharts are set-up throughout the room with the following titles: Importance of breastfeeding for the infant, Importance of breastfeeding for the mother, Importance of breastfeeding for the family, and Importance of breastfeeding for the community/nation
- Each group has 3 minutes at each flipchart to write as many points as they can think of (without repeating those already listed), then the groups rotate to the next flipchart and repeat the exercise
- Discussion and summary in plenary
- **Distribute** Handout 4 and discuss

IMPORTANCE OF BREASTFEEDING FOR THE INFANT/YOUNG CHILD

Breast milk:

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

IMPORTANCE OF BREASTFEEDING FOR THE MOTHER

- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months provided that breastfeeding is exclusive and amenorrhea persists.
- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby's suckling stimulates uterine contractions.
- Reduces risks of bleeding after delivery.
- When the baby is immediately breastfed after birth, breast milk production is stimulated.
- Immediate and frequent suckling prevents engorgement.
- Reduces the mother's workload (no time is involved in boiling water, gathering fuel, or preparing milk).
- Breast milk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
- It is economical.
- Stimulates bond between mother and baby.
- Reduces risks of breast and ovarian cancer.

IMPORTANCE OF BREASTFEEDING FOR THE FAMILY

- No expenses in buying other milks , firewood or other fuel to boil water, milk or utensils. The money saved can be used to meet the family's other needs.
- No medical expenses due to sickness that other milks could cause. The mothers and their children are healthier.
- Births are spaced thanks to the contraceptive effect.
- Time is saved.
- Feeding the baby reduces work because the milk is always available and ready.

IMPORTANCE OF BREASTFEEDING FOR THE COMMUNITY/NATION

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

SESSION 5

RECOMMENDED BREASTFEEDING PRACTICES

Learning objectives

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

1. Explain the recommended breastfeeding practices
2. Explain the importance of each practice
3. Demonstrate proper attachment and positioning

Total Time: 1½ hours

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Large cards ($\frac{1}{2}$ A4 size)
- ✓ Dolls and/or babies
- ✓ Breast models

Handouts

Handout 5 Recommended breastfeeding practices
Handout 6 Good and Poor Attachment

Advance preparation

Note: If possible, make arrangements to have breastfeeding women present to demonstrate proper attachment and positioning.

Detailed activities

Activity 5.1: Recommended Breastfeeding Practices

Methodology: Small working groups

- Explain what is meant by "recommended": practices that have been formed by policy, government, and research
- Divide Participants into five groups, giving each Participant one card
- Each Participant will write 1 optimal breastfeeding practice on their card

- Small groups share, discuss and make a list of recommended breastfeeding practices
- Each group tapes their breastfeeding practices on the wall
- Discussion and summary in plenary
- **Distribute** and discuss Handout 5 on recommended breastfeeding practices
- Have these practices been accepted in Nepal?

Activity 5.2: Proper attachment and positioning and attachment

Methodology: Demonstration and Practice in Triads

- Using if possible a real mother, explain the 4 signs of good attachment and demonstrate the various positions deliberately and clearly (point out when head should not be held, and do not hold baby too far out to the side)
- If no mother is present, one Facilitator helps another Facilitator role play helping a mother attach baby to breast
- In small groups of 5 (with a mother and baby), Participants practice good positioning and attachment and receive feedback from each other
- If no mothers and babies are available, ask Participants to practise in triads with dolls or rolled-up towels/material: mother, FCHV, and observer - helping 'mother' to use good attachment (4 signs) and good positioning. Each Participant practises each role. (Participants can practise POSITIONING a baby and helping a mother to do so, but they cannot practise ATTACHMENT until they are with a real mother and baby. They can go through all the steps with each other and with a doll so that they know what to do with a real mother.)
- Two pairs demonstrate good positioning and attachment in plenary with baby or doll.
- **Distribute** Handout 6: Good and Poor Attachment
- Ask Participants: "What are the results of poor attachment?"
- Feedback and discussion.

Content

Attachment and position techniques

1. Signs of good attachment

Good attachment is important to enable the infant to suckle effectively, to remove the milk efficiently, and stimulate an adequate supply.

Poor attachment results in incomplete removal of milk, which can lead to sore nipples, inflammation of the breast and mastitis.

- Tease the infant's lower lip with the nipple, in order for the infant to open wide his/her mouth
- The infant's mouth covers a large part of the areola (there is more areola showing above rather than below the nipple)
- The infant's chin touches the breast
- Lower lip is turned outwards

2. Preparation and how to breastfeed (good positioning)

- The mother must be comfortable
- Hold the infant in such a way as to have his/her face at the mother's breast level (The infant should be able to look up at the mother's face, not flat to her chest or abdomen)
- The infant's stomach should be against the mother's stomach
- The infant's head, back, and buttocks are in a straight line
- The infant needs to be close to the mother
- The infant is brought to the breast; the baby's whole body should be supported, not just the head and shoulders
- The mother should hold her breast with her fingers in a C shape, the thumb being above the areola and the other fingers below. Fingers should not be in scissor hold because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth

3. Signs of efficient suckling (the areola and the nipple will stretch and become longer in the infant's mouth)

- Slow and regular sucking at the following rhythm: 2 suctions and one swallowing
- The infant takes slow deep sucks, sometimes pausing
- Suckling is comfortable and pain free
- The mother hears her baby swallowing
- The breast is softer after the feed

Demonstration of different breastfeeding positions

1. Sitting position

- Usual position of most mothers
- Make sure infant's and mother's stomachs are facing each other

2. Side-Lying

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

3. Under the arm

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

4. Cross-cradle hold

- This position is best used:
 - when babies are having difficulties latching-on
 - small premies and babies with low muscle tone, a weak rooting reflex, or a weak suck
- Mother's palm is placed on the baby's upper back with her thumb behind one ear and index finger and other fingers on baby's neck to support her/his head (not on back of baby's head)

Regardless of the position chosen, the mother must be comfortable. She should not lean toward the infant but rather draw him/her towards herself. For example, sitting position: back resting on the chair's back or cushion, feet crossed or raised on a stool.

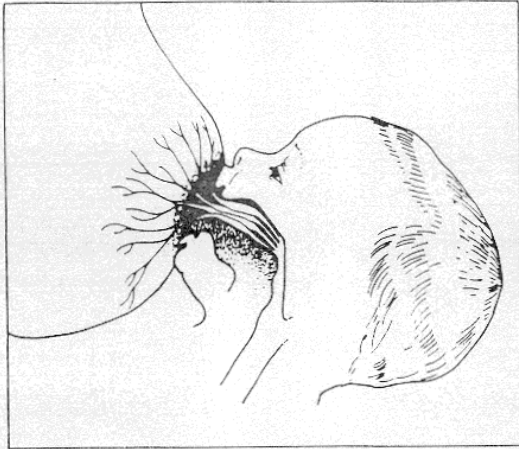
Recommended Breastfeeding Practices and Possible Points of Discussion for Counselling

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

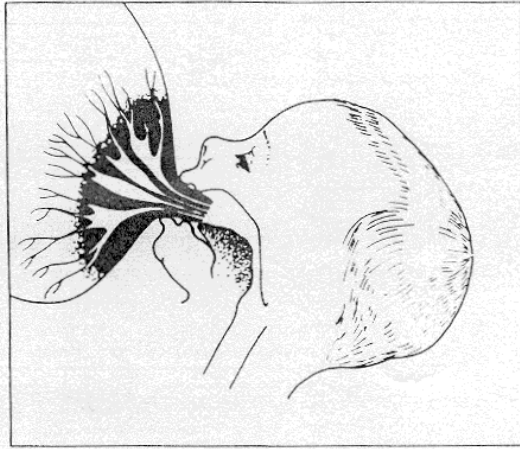
Recommended Breastfeeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
to the other breast	
Continue breastfeeding for 2 years of age or longer	<ul style="list-style-type: none"> • Breast milk contributes a significant proportion of energy and nutrients during the complementary feeding period and helps protect babies from illness. • In the first year breastfeed before giving foods to maintain breast milk supply.
Continue breastfeeding when infant or mother is ill	<ul style="list-style-type: none"> • Breastfeed more during illness. • The nutrients and immunological protection of breast milk are important to the infant when mother or infant is ill. • Breastfeeding provides comfort to a sick infant.
Mother needs to eat and drink to satisfy hunger and thirst	<ul style="list-style-type: none"> • The mother who is breastfeeding should eat 2 extra times a day • No one special food or diet is required to provide adequate quantity or quality of breast milk. • Breast milk production is not affected by maternal diet. • No foods are forbidden. • Mothers should be encouraged to eat supplemental foods where they are accessible.
Avoid feeding bottles	<ul style="list-style-type: none"> • Foods or liquids should be given by a spoon or cup to reduce nipple confusion and the possible introduction of contaminants.

Good and Poor Attachment

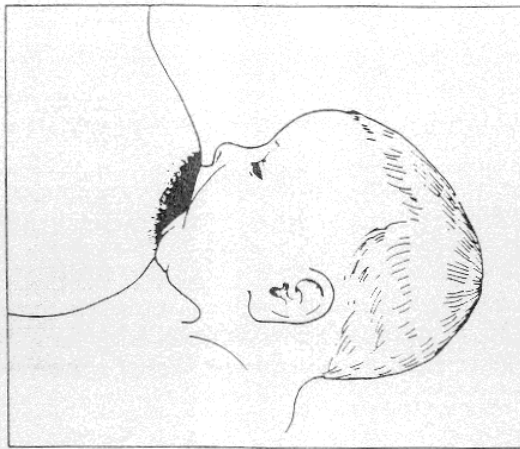
Good attachment



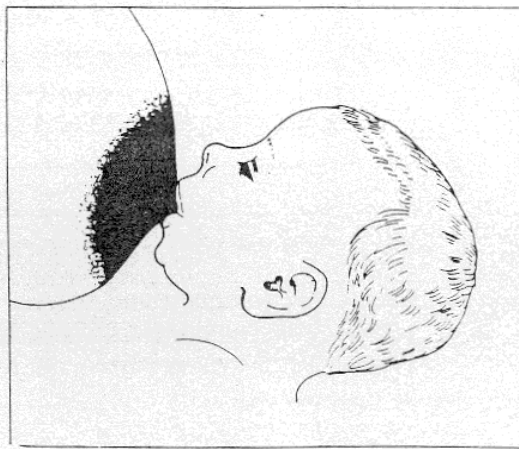
Poor attachment



Good attachment



Poor attachment



SESSION 6

COMMON BREASTFEEDING DIFFICULTIES: PREVENTION AND SOLUTIONS

Learning objectives

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

1. Identify common breast conditions that sometimes cause breastfeeding difficulties
2. List ways to prevent common breastfeeding difficulties
3. Adequately solve these difficulties
4. Discuss special situations that may affect breastfeeding

Total Time: 1 hour

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Case studies of common breastfeeding difficulties on cards

Advance preparation

Handouts

Handout 7 Common Breastfeeding Difficulties

Handout 8 Special Situations that may affect breastfeeding

Detailed activities

Activity 6.1: Identify common breast conditions that sometimes cause breastfeeding difficulties

Methodology: Brainstorm

- Brainstorm common difficulties that can occur during breastfeeding and on a flip-chart group the difficulties into 3 categories: difficulties related to mother, baby, and special situations

Activity 6.2: Identify prevention measures and solutions for 4 of the most common breastfeeding difficulties

Methodology: Small working groups

- Divide Participants into 4 working groups and give each group one of the following case studies
- Each group lists the prevention measures and solutions to one of the 4 most common breastfeeding difficulties: engorgement, sore and cracked nipples, plugged ducts that can lead to mastitis, and insufficient milk
- Each group presents the prevention measures and solutions of a common breastfeeding difficulty
- Discussion and summary in plenary
- **Distribute** Handout 7

Case 1

Rama delivered her second baby 4 days ago. Rama breastfed her first baby, but never exclusively, as she offered honey, sugar water and water from the first day. Today at 4 days postpartum she comes to you very engorged and says that breastfeeding all the time hurts too much and she wants to give a bottle at night so she can sleep.

Case 2

Geeta has come to you today (six weeks postpartum) because she is concerned that she is not producing enough breast milk for her baby. She says her baby seems to be crying more and wanting to feed more.

Case 3

Sita is three days postpartum, delivered by caesarean section, with a big baby boy. When you visit her, you find her grimacing in pain with the baby in her lap. Upon asking Sita where she is having pain, she tells you that her nipples hurt. When you examine her, you find a small crack on each nipple.

Case 4

Farida's mother-in-law has brought her and her two-month-old baby into your clinic. She says that recently Farida finds breastfeeding painful, that Farida has a red area on her right breast and complains of feeling very sick. She thinks that Farida has a fever.

Activity 6.3: Discuss "Special Situations" affecting breastfeeding (15 minutes)

Methodology: "Fishing-Game"

- Divide Participants into two groups for each group to play the fishing game.
- Give each group a fishing pole with a bent paper clip for the hook and a set of paper fish, each of which also has an attached paper clip. On the underside of each fish is a picture of a special situation affecting breastfeeding
- The fish are put on the floor with the special situation picture hidden from view
- Each group is divided into 2 teams
- One Participant from team 1 is asked to "fish," look at the picture, consult with other team members, and answer the question of how a woman with this special situation can be supported to successfully breastfeed her baby
- Discussion
- Then, one Participant from team 2 "fishes" and answers (with the help of team) the next special situation affecting breastfeeding
- Switch from one team to the other until all "special situations" have been fished
- **Distribute** Handout 8
- Discussion and summary

Common Breast Conditions which sometimes cause Breastfeeding Difficulties

Condition-Difficulty & Symptoms	Prevention	Solutions
<p>Engorgement</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Swelling, tenderness, warmth, redness, throbbing, pain, low-grade fever and flattening of the nipple • Skin on breasts is taut • Usually begins on the 3rd - 5th day after birth 	<ul style="list-style-type: none"> • Correct attachment and positioning • Breastfeed immediately after birth • Breastfeed on demand (as often and as long as baby wants) day and night: 10 - 12 times per 24 hours • Allow baby to finish first breast before switching to the second breast 	<ol style="list-style-type: none"> 1. Apply cold compresses to breasts to reduce swelling; apply warm compresses to "get milk flowing." 2. Breastfeed more frequently or longer 3. Improve infant attachment and positioning 4. Massage breasts 5. Express some milk 6. Apply a warm bottle (demonstrate use of warm bottle)
<p>Sore or Cracked Nipples</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Breast/nipple pain • Cracks in the nipples • Occasional bleeding • Nipples become reddened 	<ul style="list-style-type: none"> • Correct latch-on • Correct positioning of baby • Do not use bottles, dummies or pacifiers • Do not use soap on nipples 	<ol style="list-style-type: none"> 1. Make sure baby latches on to the breast correctly 2. Make sure baby is positioned well at the breast 3. Apply drops of breast milk to nipples and allow to air dry 4. Remove the baby from the breast by breaking suction first 5. Begin to breastfeed on the side that hurts less 6. Do not stop breastfeeding 7. Do not use bottles, dummies or pacifiers 8. Do not use soap or cream on nipples 9. Do not wait until the breast is full to breastfeed. If full, express some milk first.
<p>Plugged Ducts and Mastitis</p> <p>Symptoms of Plugged Ducts:</p> <ul style="list-style-type: none"> • Lump, tender, localized redness, feels well, no fever <p>Symptoms of Mastitis</p> <ul style="list-style-type: none"> • Hard swelling 	<ul style="list-style-type: none"> • Get support from the family to perform non-infant care chores • Ensure correct attachment • Breastfeed on demand • Avoid holding the breast in scissors hold • Avoid sleeping on stomach (mother) 	<ol style="list-style-type: none"> 1. Apply heat before the start of breastfeeding 2. Massage the breasts before breastfeeding 3. Increase maternal fluid intake 4. Rest (mother) 5. Breastfeed more frequently 6. Seek medical treatment; if mastitis antibiotics may be necessary 7. Position baby properly

Condition-Difficulty & Symptoms	Prevention	Solutions
<ul style="list-style-type: none"> • Severe pain • Redness in one area • Generally not feeling well • Fever (at times) 	<ul style="list-style-type: none"> • Avoid tight clothing • Use a variety of positions to rotate pressure points on breasts 	
<p>Insufficient Breast milk</p> <p>Mother "thinking" she does not have enough milk</p>	<ul style="list-style-type: none"> • Breastfeed more frequently • Exclusively breastfeed day and night • Breastfeed on demand at least every 3 hours • Correct positioning of baby • Encourage support from the family to perform non-infant care chores • Avoid bottles and pacifiers 	<ol style="list-style-type: none"> 1. Withdraw any supplement, water, formulas, tea, or liquids 2. Feed baby on demand, day and night 3. Increase frequency of feeds 4. Wake the baby up if baby sleeps throughout the night or longer than 3 hours during the day 5. Make sure baby latches-on to the breast correctly 6. Reassure mother that she is able to produce sufficient milk 7. Explain growth spurts 8. Empty one breast first (baby takes fore and hind milk)
<p>Insufficient Breast milk</p> <ul style="list-style-type: none"> • Insufficient weight gain • Fewer than 6 wet diapers/day • Dissatisfied (frustrated and crying) baby 	<ul style="list-style-type: none"> • Same as above 	<ul style="list-style-type: none"> • Same as above • Refer mother and baby to nearest health centre

Special Situations Affecting Breastfeeding

Special Situation	Solutions
Sick mother	<ul style="list-style-type: none"> • When the mother is suffering from headaches, backaches, colds, diarrhoea, or any other common illness, she SHOULD CONTINUE TO BREASTFEED HER BABY. • The mother needs to rest and drink a large amount of fluids to help her recover. • If mother does not get better, she should consult a doctor and say that she is breastfeeding.
Premature baby	<ul style="list-style-type: none"> • Mother needs support for correct latch-on. • Breastfeeding is advantageous for pre-term infants • Direct breastfeeding may not be possible for several weeks, but expressed breast milk may be stored for use by infant. • If the baby sleeps for long periods of time, he/she should be unwrapped to encourage waking and held vertically to awaken. • <i>Note: Crying is the <u>last</u> sign of hunger. Cues of hunger include rooting, licking movements, flexing arms, clenching fists, tensing body, and kicking legs.</i>
Low Birth Weight (LBW) Baby	<p>Kangaroo Mother Care</p> <ul style="list-style-type: none"> • Position (placed between mother's naked breast and secured in a cloth tied around the mother's chest) <ul style="list-style-type: none"> - Skin-to-skin contact (SSC) - Warmth • Early and exclusive breastfeeding by direct expression or expressed breast milk given by cup • Mother and baby are rarely separated
Malnourished mothers	<ul style="list-style-type: none"> • Mothers need to eat extra food ("feed the mothers, nurse the baby")
Mother who is separated daily from her infant	<ul style="list-style-type: none"> • Mother should express milk and store it for use while separated from the baby; the baby should be fed this milk at times when he/she would normally feed. • Mother should frequently feed her baby when she is at home. • Mother who is able to keep her infant with her at the work site should feed her infant frequently.
Inverted nipples	<ul style="list-style-type: none"> • After birth baby is usually able to extract nipple • In the case of engorgement after birth, mother may have to express breast milk first so that baby can more easily latch-on
Mother who will be away from her infant for	<p>Mother expresses breast milk by following these steps:</p> <ol style="list-style-type: none"> a. Washes hands b. Prepares a clean container c. Gently massages breasts in a circular motion with fingers d. Positions her thumb on the upper edge of the areola and the first two fingers

Special Situation	Solutions
<p>an extended period expresses her breast milk.</p> <p>Caregiver feeds expressed breast milk from a cup.</p>	<p>on the underside of the breast behind the areola</p> <ul style="list-style-type: none"> e. Compress and release the breast with the fingers and the thumb a few times f. If no milk is expressed, moves thumb and fingers towards or further away from the nipple and tries again g. Repeats compressing and releasing rhythmically h. Rotates the thumb and finger positions to remove milk from other parts of the breast i. Expresses 3-5 minutes from one breast, then the other breast, then back to the first side <p>(Some mothers find that pressing into the chest wall at the same time as compressing helps the milk to flow).</p> <ul style="list-style-type: none"> • Mother stores breast milk in a clean, covered container. Milk can be stored 8-10 hours at room temperature in a cool place and 72 hours in the refrigerator. • Mother or caregiver gives infant expressed breast milk from a cup. Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.
<p>Twins</p>	<ul style="list-style-type: none"> • The mother can exclusively breastfeed both babies • THE MORE THE BABY NURSES AND REMOVES MILK FROM THE BREAST, THE MORE MILK IS PRODUCED
<p>Pregnancy</p>	<ul style="list-style-type: none"> • In many countries a mother is expected to discontinue breastfeeding when she becomes pregnant. However, it is perfectly safe to breastfeed two babies and will not harm either baby - there will be enough milk for both. • If baby is under 1 year of age, it may be more beneficial to the baby to continue breastfeeding to sustain health, growth, and development. • Mother needs to be encouraged to eat more times a day for her own health and to support both breastfeeding and the growth of the fetus.

SESSION 7

BREASTFEEDING BELIEFS AND MYTHS

Learning objective

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

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

Total Time: 30 minutes

Materials needed

✓ Flipchart papers (+ markers + masking)

Detailed activities

Activity 7.1: Reflection on breastfeeding beliefs and myths as they relate to breastfeeding practices

Methodology: Brainstorm

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

SESSION 8

RECOMMENDED COMPLEMENTARY FEEDING PRACTICES

Learning objectives

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

1. Describe the contribution that breast milk makes to complementary feeding.
2. Describe the characteristics of complementary feeding for each age group with regard to: **F**requency, **A**mount, **T**exture (thickness/ consistency), **V**ariety (different foods), **A**ctive or responsive feeding, and **H**ygiene (**FATVAH**)
3. Describe recommended practices and counselling discussion points pertaining to child feeding from 6 to 24 months
4. Explain how to complement breast milk with family foods
5. Review complementary feeding questions

Total Time: 2 hours

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ 3 glasses with water: 100%, 50% and 33% filled respectively
- ✓ Pieces of paper with the chart responses from Handout 10: Recommended complementary feeding practices and local examples of foods
- ✓ Training Aid 4: Illustrations of texture (thickness/consistency) of porridge (cup and spoon)

Handouts

Handout 9 Recommended Complementary Feeding Practices

Handout 10 Key Messages on Recommended Complementary Feeding with Breastfeeding 6 - 24 months

Handout 11 Seasonal Food Availability Calendar for Home and Market Supplies

Detailed activities

Activity 8.1: Describe the contribution that breast milk makes to complementary feeding

Methodology: Brainstorming

- Ask Participants to reflect on the contribution that breast milk makes to complementary feeding from 6 - 12 months and from 12 - 24 months.
- Present the contributions noted in the 'Content' (below) and write them on a flipchart; leave posted throughout the training.
- Show visual illustrating energy gap: Energy required by age and the amount supplied by breast milk from 0 - 24 months.
- Demonstrate the energy gap using 3 glasses: 100%, 50% and 33% full respectively.

Content

- Breastmilk supplies ALL (or 100%) of baby's nutritional needs in the first 6 months of life
- Breastmilk continues to supply about $\frac{1}{2}$ (or 50%) of the nutritional needs of a child from 6 - 12 months
- Breastmilk continues to supply about $\frac{1}{3}$ (or 33%) of the nutritional needs of a child from 12 - 24 months

Activity 8.2: Characteristics of complementary feeding for each age group with regard to: Frequency, Amount, Texture (thickness/ consistency), Variety (different foods), Active or responsive feeding, and Hygiene (FATVAH)

Methodology: Brainstorming and working groups

- Brainstorm with Participants the question: What are the characteristics of complementary feeding?
- Probe until the following characteristics are mentioned: Frequency, Amount, Texture (thickness/consistency), Variety (different foods), Active or responsive feeding, and Hygiene (FATVAH).
- Discussion and summary

Activity 8.3: Recommended practices and possible points of discussion for counselling pertaining to child feeding from 6 - 24 months

Methodology: Participatory presentation; small working groups

- Prepare a flipchart with columns: Age, Frequency, Amount, and Texture and Rows: 6 - 9 months, 9 - 12 months, and 12 - 24 months
- Distribute pieces of paper with the chart responses from Handout 4 to Participants; use local examples of foods
- Ask 5 participants at a time to tape their chart responses in the appropriate box on flipchart
- Continue until all chart responses are on flipchart
- With group participation, Facilitator walks through flipchart rearranging responses to coincide with Handout 4: Recommended complementary feeding practices
- Together fill-in the chart with Participants
- **Distribute** Training Aid 4: Illustrations of texture (thickness/consistency) of porridge (cup and spoon) to describe texture of complementary foods
- **Distribute** Handouts 9: Recommended complementary feeding practices and Handout 10: Recommended complementary feeding practices and possible points of discussion for counselling and review together

Content

- See Handout 9: Recommended complementary feeding practices
- See Handout 10: Recommended complementary feeding practices and possible points of discussion for counselling
- Illustrations of texture (thickness/consistency) of porridge (cup and spoon)

Activity 8.4: Complement breast milk with family foods

Methodology: Interactive presentation; demonstration

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

- Ask Participants to add an animal food to the staple food-legume-vegetable/fruit (and assign the staple food-legume-vegetable/fruit and animal food as a "4 star food" by adding four **** beside the combination).
- Discuss and Facilitator fills-in gaps.

Content

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

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

Activity 8.5: Seasonal available foods calendar

Methodology: Small working groups

- **Distribute** Handout 11: Seasonal food availability calendar
- Participants will group themselves according to their region or village
- Each group will fill the calendar with foods available during the given season
- 2 groups present
- Discuss if the foods identified are adequate
- Participants are asked to finish filling the calendar once they get back to their own village or region

Recommended complementary feeding practices

Age	Frequency (per day)	Amount of food an average child will usually eat at each serving* (in addition to breast milk)	Texture (thickness/consistency)	Variety
6 months	2 times	2-3 tablespoons 'Tastes'	Thick porridge/pap	Breastfeeding + Staples (porridge, other local examples) Legumes (local examples) Vegetables/Fruits (local examples) Animal foods (local examples)
7-8 months	3 times	'Tastes' up to $\frac{1}{2}$ cup (250 ml)	Thick porridge/pap Mashed/pureed family foods	
9-11 months	4 times foods and snacks	$\frac{1}{2}$ cup/bowl (250 ml)	Finely chopped family foods Finger foods Sliced foods	
12-23 months	5 times foods and snacks	$\frac{3}{4}$ -1 cup/bowl (250 ml)	Family foods Sliced foods	
Note: If baby is not breastfed	Add 1-2 extra times food and snacks			
Responsive/Active feeding	Be patient and actively encourage your baby to eat			
Hygiene	<ul style="list-style-type: none"> • Feed your baby using a clean cup and spoon, never a bottle as this is difficult to clean and may cause your baby to get diarrhoea. • Wash your hands with soap and water before preparing food, before eating, and before feeding young children 			

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

- Use iodized salt in preparing family foods

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

Handout 10

Recommended Complementary Feeding Practices and Possible Points of Discussion for Counselling

Recommended Complementary Feeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
At six months of age add complementary foods (such as thick porridge 2-3 times a day) to breastfeeds	<ul style="list-style-type: none"> • Give local examples of first types of complementary foods
As baby grows older increase feeding frequency, amount, texture and variety	<ul style="list-style-type: none"> • Gradually increase the frequency, the amount, the thickness, and the variety of foods (FATV)
At 6 months begin to give 'tastes' of complementary foods	<ul style="list-style-type: none"> • Start with 2-3 tablespoonfuls of cooked porridge or mashed foods (give examples of cereals and family foods)
From 7 to 8 months breastfeed plus give 2-3 servings of foods	<ul style="list-style-type: none"> • Increase gradually to $\frac{1}{2}$ cup (250 ml cup). Show amount in cup brought by mother
From 9 to 11 months breastfeed plus give 4 servings of food or snacks per day	<ul style="list-style-type: none"> • Give finely chopped, mashed foods, and finger foods • Increase gradually to $\frac{1}{2}$ cup (250 ml cup). Show amount in cup brought by mother
From 12 to 23 months give 5 servings of food or snacks per day, plus breastfeed	<ul style="list-style-type: none"> • Give family foods • Give $\frac{3}{4}$ to one cup (250 ml cup/bowl). Show amount in cup brought by mother • Other solid foods (snacks) can be given as many times as possible each day and can include (give examples) • Foods given to the child must be stored in hygienic conditions to avoid diarrhoea and illness
Give baby 2 to 3 different family foods: staple, legumes, vegetables/fruits, and animal foods at each serving	<ul style="list-style-type: none"> • Try to feed different foods at each serving

Recommended Complementary Feeding Practice	Possible Points of Discussion for Counselling (choose most relevant to mother's situation)
Continue breastfeeding for two years of age or longer	<ul style="list-style-type: none"> • During the first and second years, breast milk is an important source of nutrients for your baby • During the first year breastfeed first to maintain breast milk supply
Be patient and actively encourage baby to eat all his/her food	<ul style="list-style-type: none"> • At first baby may need time to get used to eating foods other than breast milk • Use a separate plate to feed the child to make sure s/he eats all the food given
Wash hands with soap and water before preparing food, eating, and feeding young children	<ul style="list-style-type: none"> • Foods given to the child must be stored in hygienic conditions to avoid diarrhoea and illness
Feed baby using a clean cup and spoon	<ul style="list-style-type: none"> • Cups are easy to keep clean
Encourage the child to breastfeed more and continue eating during illness and provide extra food after illness	<ul style="list-style-type: none"> • Fluid and food requirements are higher during illness. • It is easier for a sick child to eat small frequent meals. Feed the child foods s/he likes in small quantities throughout the day. • Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness.

Note:

- Use iodized salt in preparing family foods
- Provide vitamin A supplementation to infant and young child beginning at 6 months, every six months



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

January	February	March
<u>Home</u>	<u>Home</u>	<u>Home</u>
<u>Market</u>	<u>Market</u>	<u>Market</u>

April	May	June
<u>Home</u>	<u>Home</u>	<u>Home</u>
<u>Market</u>	<u>Market</u>	<u>Market</u>



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

July	August	September
<u>Home</u>	<u>Home</u>	<u>Home</u>
<u>Market</u>	<u>Market</u>	<u>Market</u>

October	November	December
<u>Home</u>	<u>Home</u>	<u>Home</u>
<u>Market</u>	<u>Market</u>	<u>Market</u>



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Helen Keller
INTERNATIONAL

SESSION 9

FEEDING OF SICK CHILD AND DANGER SIGNS

Learning objectives

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

1. Counsel on child feeding during and after illness
2. Describe the home management of the sick child.
3. Name the danger signs to refer a child to health facility

Total Time: 30 minutes

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Posters on danger signs for immediate visit to health facility

Advance preparation

Handouts:

Handout 12 Feeding of the Sick Child

Detailed activities

Activity 9.1: Feeding of the sick child

Methodology: Brainstorming

- Ask Participants what the sick child feeding practices are in their community
- Write answers on flipchart
- Set-up 6 flipcharts throughout the room and divide Participants into 2 teams of 3 groups each; each group will spend 5 minutes at each flipchart answering the following:
 1. Advice on feeding 0 - 6 month old and 6 - 24 month old **during illness**;
 2. Advice on feeding 0 - 6 month old and 6 - 24 month old **after illness**; and
 3. Advice on feeding the malnourished child. Groups do not repeat the same information, but only add new information.
- After 5 minutes the groups rotate to another flipchart
- Each team presents in plenary
- **Distribute** Handout 12
- Discussion and summary

Helen Keller International: Action Against Malnutrition through Agriculture (AAMA) Project 2009

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Content

A sick child usually does not feel like eating. But s/he needs even more strength to fight sickness. Strength comes from the food s/he eats. If the child does not eat nor does not breastfeed during sickness, s/he will take more time to recover. The child will run a chronic state of sickness and undernutrition and may end up with a physical or intellectual disability related to undernutrition. The child takes more time to recover, sometimes the child's condition worsens and s/he might even die.

Therefore, it is very important to encourage the sick child to eat during sickness, and to eat even more during recuperation in order to quickly regain strength.

Advice on feeding the malnourished child

- Counsel as if the child was a sick child (breastfeeding and complementary feeding). Encourage the mother to actively feed her child so that child finishes his/her food.
- Refer the mother to a Supplemental Food Distribution Centre or a Therapeutic Feeding Centre.
- Refer to Handout 12 on Feeding of the sick child

Activity 9.2: Home Care Management

Methodology: Brainstorm

- On 4 different flipcharts write one of the following topics: 1) prevention of diarrhoea, 2) management of child with diarrhoea, 3) signs of sever dehydration, and 4) general danger signs of illness
- In plenary ask Participants to brainstorm the answers; Facilitator writes responses in the appropriate column
- Show the poster on the danger signs for immediate visit to a health facility
- Discussion and summary

1) Prevention of diarrhoea

- Exclusive breastfeeding 0 - 6 months
- Timely initiation of complementary feeding with FATVAH
- Hand washing before preparing food
- Hand washing before feeding infants and young children
- Hand washing after using the toilet
- Appropriate disposal of wastes

- Personal and environmental hygiene
- Adequate and safe water supply
- Vaccinations
- Vitamin A supplementation
- Avoid bottle feeding

2) Management of child with diarrhoea

- Continue exclusive breastfeeding if less than 6 months
- Increase liquids and foods if greater than 6 months, and increase frequency of breastfeeding
- Increase frequency of feedings
- Never use bottle feeding
- Identify and treat underlying cause

3) Signs of severe dehydration

- Sunken eyes, dryness of eyes
- Skin pinch goes back very slowly
- Lethargic or unconscious
- Failure to suckle, drink or feed

4) General danger signs of illnesses

- Inability to drink and eat
- Loss of consciousness or lethargy
- Vomits everything
- Convulsions

Messages on Feeding of the Sick Child during and After Illness

Infants 0 to 6 months	
Mother and father	During illness, increase the frequency of breastfeeding for your baby to recover faster.
Supporting information	<ul style="list-style-type: none"> • Continue to breastfeed during diarrhoea and increase frequency • Breastfeeding more during illness will help your baby to fight the sickness and not lose weight • Breastfeeding also provides comfort to a sick baby • Sick mothers can continue to breastfeed their baby
Mother	After each illness increase the frequency of breastfeeding for the baby to regain health and weight.
Supporting information	<ul style="list-style-type: none"> • Each time a baby is sick, s/he will lose weight so it is important to breastfeed as often as possible. • Your breastmilk is the safest and most important food you can offer your baby to regain her/his health and weight.
Children 6 to 24 months	
Mother and father	During illness, increase the frequency of breastfeeding and offer additional food to your child to help her/him recover faster.
Supporting information	<ul style="list-style-type: none"> • Fluid and food requirements are higher during illness. • Take time to patiently encourage your sick child to eat as her/his appetite may be decreased because of the illness. • It is easier for a sick child to eat small frequent meals so feed the child foods s/he likes in small quantities throughout the day. • It is important to keep breastfeeding and feeding complementary foods to your child during illness to maintain her/his strength and reduce the weight loss.
Mother and father	When your child has recovered from an illness, give her/him one additional meal of solid food each day during the two weeks that follow to help child recover quickly.
Supporting information	<ul style="list-style-type: none"> • Children who have been sick need extra food and should be breastfed more frequently to regain the strength and weight lost during the illness. • Take enough time to actively encourage your child to eat this extra food as s/he still may not appear hungry due to the illness.

SESSION 10

HOW TO NEGOTIATE WITH MOTHERS, CAREGIVERS, FATHERS, GRANDMOTHERS

Learning objectives

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

1. Name and practice the listening and learning skills
2. Explain the steps of negotiation (ALIDRAA)
3. Practice the initial visit of negotiation with a mother of a infant 0 - 6 months
4. Discuss negotiation for follow-up visits
5. Practice the initial visit of negotiation with a mother of a infant 6 - 24 months

Total Time: 2 hours

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Case studies on cards

Handout

Handout 13 Listening and Learning Skills

Handout 14 General Case Studies of infant 0 - 6 months

Handout 15: General Case Studies of baby 6 - 24 months

Detailed activities

Activity 10.1: Demonstration of listening and learning skills during negotiation to encourage mothers to try recommended breastfeeding practices: initial visit to mother with infant less than 6 months; and group discussion

Methodology: Demonstration

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

- Ask Participants to observe how the counsellor interacts with the mother in the role-play described below
- Model listening and learning skills between Rama with 2-month son Suresh and FCHV/Counsellor
- After the demonstration, ask Participants: "How did the counsellor interact with

the mother?"

- Probe until the listening and learning counselling skills have been mentioned and list on flipchart
- Explain that listening and learning counselling skills are the first set of skills to be learned and practised.
- Prepare and demonstrate different role-plays that demonstrate listening and learning skills. Use Handout 8: Listening and Learning Counselling Skills (team of 2 Facilitators).
- Ask Participants to identify the different skills.
- **Distribute** Handout 13: Listening and Learning Counselling Skills
- Discuss and summarize the different listening and learning skills

Demonstration of Case Study of infant 0 - 6 months: Rama and Suresh

Visit #1: Initial visit

Situation:

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

Listening and Learning Skills

1. Use helpful non-verbal communication
 - a. Keep your head level with mother
 - b. Pay attention
 - c. Remove Barriers
 - d. Take time
 - e. Appropriate Touch
2. Ask open questions
3. Use responses and gestures that show interest
4. Reflect back what the mother says
5. Empathize - show that you understand how she feels
6. Avoid using words that sound judging

Activity 10.2: Presentation of negotiation steps ALIDRAA

Methodology: Brainstorming and Participatory Presentation

- In plenary ask Participants: What are the different steps of negotiation? and How many visits are needed for the full process of negotiation? Write answers on flipchart
- Add any missing information
- Presentation of the steps of negotiation: Asks, Listens, Discusses, Recommends and Negotiates, Agrees and Repeats agreed upon action, follow-up Appointment (ALIDRAA)
- **Distribute** Handout 14 and discuss: General Case Studies of infant 0 - 6 months

Observation Checklist: Negotiation Visit #1 (ALIDRAA)

1. Greets the mother and establishes confidence.
2. **Asks** the mother about current breastfeeding practices.
3. **Listens** to the mother.
4. **Identifies** feeding difficulty, if any, causes of the difficulty, and selects with the mother the difficulty to work on.
5. **Discusses** with the mother different feasible options to overcome the difficulty.
6. **Recommends and negotiates doable actions:** Presents options and helps mother select one that she can try.
7. Mother **Agrees** to try one of the options, and mother **repeats** the agreed upon action.
8. Makes an **Appointment** for the follow-up visit.

How many visits are needed for the full process of negotiation?

At least 2 visits:

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

Example of possible follow-up negotiation visits to Rama:

Visit # 2: Follow up

Situation: The FCHV visits Rama to ask her whether she has been able to EXCLUSIVELY breastfeed Suresh during the past week. Rama answers that it seemed to her that, for the first two days, Suresh suckled for the whole day, but she EXCLUSIVELY breastfed him. She says her mother is coming to see her the following week and will surely advise her to feed Suresh other things besides breast milk.

Visit #3: Maintain the practice and/or negotiate another practice

Situation: Suresh is now 5 months old, and Rama has EXCLUSIVELY breastfed him for 3 months. She points out to the FCHV that Suresh has had neither diarrhoea nor a cold.

Activity 10.3: Practice negotiation in an initial visit to mother with infant 0 - 6 months

Methodology: Practice

- Facilitator asks Participants to recall the recommended breastfeeding practices
- Participants are divided into triads: mother, FCHV, and observer; triads are given 1 of the following case study to practice negotiation in an initial visit
- Repeat with 2 other case studies so that each Participant rotates the 3 different roles
- Two triads demonstrate a case study in plenary
- Discussion and summary

Practice Case Studies

Case Study #1:

You visit a new mother, Meera, who has a newborn low birth weight son. She is breastfeeding and her mother-in-law insists that she give water to her grandson.

Case Study #2:

Farida's baby is 4 months old and Farida thinks she does not have enough milk; Farida and her sister are seeking your advice on what they should give to their baby.

Case Study #3:

Sunita has a 3 month old son. She works very hard in the day and doesn't always have time to breastfeed him, but she does breastfeed her son at night.

Possible answers: Practice Case Studies 0 - 6 months

The Participants are expected to follow the negotiations steps [ALIDRAA] and use the listening and learning skills.

- Greets the mother and establishes confidence.
- Asks the mother about current breastfeeding practices.
- Listens to the mother.
- Identifies feeding difficulty, if any, causes of the difficulty, and selects with the mother the difficulty to work on.
- Discusses with the mother different feasible options to overcome the difficulty.
- Recommends and negotiates doable actions: Presents options and helps mother select one that she can try.
- Mother Agrees to try one of the options, and mother repeats the agreed upon action.
- Makes an Appointment for the follow-up visit.

Case Study #1:

You visit a new mother, Meera, who has a newborn low birth weight son. She is breastfeeding and her mother-in-law insists that she give water to her grandson.

Answer

The FCHV has to ask and listen to the current feeding practices and identify problems and causes for the problems.

In this particular case the main problem that has to be identified is giving water, the reason being the grandmother insisted that the mother do so. The FCHV has to ask why the grandmother thinks that the baby should take water. S/he also has to ask the mother whether she has been giving water or not.

The FCHV has to explain:

- The availability of adequate water for the baby in the breast milk, demonstrated by the baby passing urine six or more times in 24 hrs.
- The risks of giving water to the baby: risk of diarrhoea, baby's stomach getting full with water and feeding less, losing weight, infrequent feeding leading to decreased breast milk production
- Check position, attachment and effective suckling
- Discuss Kangaroo Mother Care
 - Skin-to-skin contact (SSC)
 - Warmth
 - Support

She has to recommend, negotiate and agree with the mother to try practicing exclusive breastfeeding (EBF) for about 2-3 days and make an appointment for a later date. She needs to talk to the grandmother. She praises the mother and thanks her for her time.

Case Study #2:

Farida's baby is 4 months old and Farida thinks she does not have enough milk; Farida and her sister are seeking your advice on what they should give to their baby.

Answer

The FCHV has to ask, listen and identify problems and causes with regard to current feeding practices. In this case, why do Farida and her sister think or believe that there is not enough milk for the baby. The FCHV should ask about the frequency of breastfeeding, presence of on-demand feeding, night feeding, emptying one breast before switching to the other, presence of additional feeds, about the babies health and weight, and frequency of passing urine in 24 hrs and other issues related to mother's health or worries.

- Explain that the breast is like a "factory" - the more demand (for milk), the more supply
- Discuss the benefits of EBF till 6 months and the role of frequent suckling on the amount of breast milk production.
- She should recommend and agree for continuation of EBF until 6 months and arrange a follow up visit after few days.

These are important signs that indicate your baby is receiving enough milk:

- The baby nurses frequently averaging at least 8-12 feedings per 24-hour period.
- The baby is allowed to determine the length of the feeding.
- Baby's swallowing sounds are audible as he is breastfeeding.
- The baby will be alert and active, appear healthy, have good color, firm skin, and will be growing in length and head circumference.
- Baby urinates at least 6 - 8 times in 24 hours

Case Study #3:

Sunita has a 3 month old son. She works very hard in the day and doesn't always have time to breastfeed him, but she does breastfeed her son at night.

Answer

The FCHV has to ask, listen and identify problems related to the current feeding practices, in this case - a working mother. The fact that the mother has continued breastfeeding during the night has to be praised and she should be encouraged to do so frequently. The FCHV has to recommend breastfeeding (BF) before the mother leaves the house in the morning, and asks about the possibility of someone bringing the baby to the work place of the mother (arrange for breastfeeding breaks).

Mother expresses breast milk by following these steps:

- a. Washes hands
- b. Prepares a clean container
- c. Gently massages breasts in a circular motion with fingers
- d. Positions her thumb on the upper edge of the areola and the first two fingers on the underside of the breast behind the areola
- e. Compress and release the breast with the fingers and the thumb a few times
- f. If no milk is expressed, moves thumb and fingers towards or further away from the nipple and tries again
- g. Repeats compressing and releasing rhythmically
- h. Rotates the thumb and finger positions to remove milk from other parts of the breast
- i. Expresses 3-5 minutes from one breast, then the other breast, then back to the first side

(Some mothers find that pressing into the chest wall at the same time as compressing helps the milk to flow).

- Mother stores breast milk in a clean, covered container. Milk can be stored 8-10 hours at room temperature in a cool place and 72 hours in the refrigerator.
- Mother or caregiver gives infant expressed breast milk from a cup. Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.

If bringing the baby to the work place is not possible, the main approach is to give expressed breast milk, and to feed the baby with a cup. The FCHV has to explain to the mother how to express breast milk and how to safely store it. The FCHV should teach her or refer her to a place where she can be taught breast milk expression technique.

Activity 10.4: Discussion of negotiation for follow-up visit(s) (15 minutes)

Methodology: Brainstorm

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

Negotiation Follow-up Visit(s)

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

Activity 10.5: Demonstration of negotiation to encourage mothers to try appropriate complementary feeding behaviours: initial visit to mother with child between 6 - 24 months; and group discussion

Methodology: Demonstration

- Facilitators demonstrate the initial visit of FCHV to Mukti with 6½ month daughter Anjou
- Participants discuss what happened in the demonstration visit
- Distribute and discuss the Handout 16: General Case Studies of baby 6 - 24 months

Demonstration of Case Study of baby 6 - 24 months: Mukti and Anjou

Visit #1: Initial Visit

Situation: The FCHV is visiting Mukti. Anjou, her baby is now 6 months and a half. She feeds her daughter cow's milk and gruel besides breastfeeding. The child screams and cries a lot. She is not gaining weight.

Examples of possible follow-up negotiation visits with Mukti

Visit #2: Follow-up of the child 6 to 24 months

Situation: Mukti has served Anjou some porridge with banana. She has some difficulties to vary the porridge because she does not have enough money to always buy meat.

Visit #3: Maintain the practice and/or negotiate a new practice

Situation: Anjou is now 8 months old. Mukti still breastfeeds her and has served her three times day since she was 6 months old. She also gives her a piece of fruit every day such as ripe papaya. Mukti is very healthy and grows well.

Activity 10.6: Practice negotiation in an initial visit to mother with child 6 - 24 Months

Methodology: Practice

- Facilitator asks Participants to recall the recommended complementary feeding practices
- Participants are divided into triads: mother, FCHV, and observer; triads are given 1 of the following case studies to practice negotiation in an initial visit
- Repeat with 2 other case studies so that each Participant rotates the 3 different roles
- Two triads demonstrate a case study in plenary
- Discussion and summary

Practice Case Studies 6 - 24 months

Case Study #1

You visit Meera whose baby is 6 $\frac{1}{2}$ months old. Meera tells you that her baby is too young for foods because the baby's stomach is too small and that she will just continue to breastfeed him until he is older. Her husband and mother-in-law agree with her.

Case Study #2

Fatema has a 9 month old daughter who is eating some watery porridge once a day. Fatema tells you that she cannot buy other foods. You talk to Fetema about the need to add other foods to soft porridge and to give fruit every day.

Case Study #3

Mukti's baby is 12 months old and mother gives bites of adult food at meal time only.

Possible answers: Practice Case Studies 6 - 24 months

The FCHVs are expected to follow the negotiations steps (ALIDRAA) and use the listening and learning skills. The FCHV has to ask about the current complementary feeding practices in the background of recommended complementary feeding practice recommendation for age 6 - 24 months (FATVAH)

- Greet the mother
- Introduce herself
- Ask permission to discuss with the mother her infant feeding practices
- Ask about current infant feeding practices and identify problems, if any, based on optimal infant feeding practices.
 1. Introduce complementary foods at the age of 6 months.
 2. Increase the frequency of feeding and the amount of food as the child gets older.
 3. Start with soft porridge and increase the food thickness and variety as the child gets older.
 4. Interact with the child during feeding.
 5. Practice good hygiene and safe food preparation.
 6. Breastfeed child on demand until 2 years and beyond.
 7. Continue to breastfeed when the child is ill and encourage the child older than 6 months to eat during and after illness.

Case Study # 1

You visit Meera whose baby is 6 $\frac{1}{2}$ months old. Meera tells you that her baby is too young for food because the baby's stomach is too small and that she will just continue to breastfeed him until he is older. Her husband and mother-in-law agree with her.

Case 1: Delayed initiation of complementary feeding

The FCHV has to ask and listen to current feeding practices and identify problems and causes for the problems. In this particular case the problem is delayed initiation of complementary feeding. The reason given here is the baby's stomach is too small.

The FCHV has to explain:

- Even though the baby's stomach is small, by the age of 6 months the gut of the baby is ready to receive food other than breast milk
- You can start soft foods like porridge so that the baby can swallow it easily
- Increase the amount of food that the baby eats and vary the diet by combining cereals and legumes to make the porridge, and by providing mashed fruits and vegetables
- For 6 - 8 month old baby give food 2 - 3 times daily and include 1-2 other solid foods (snacks) each day to ensure healthy growth
- Practice good hygiene during preparation of food and before feeding the child
- Interact while feeding
- Continue breastfeeding until 2 years and beyond

The FCHV has to recommend, negotiate and agree with the mother to try practicing adequate complementary feeding, then ask her to repeat the agreed points and arrange a 2nd visit. Finally praise the mother for taking her time and for her willingness.

Case study #2

Fatema has a 9 month old daughter who is eating some watery porridge once a day. Fatema tells you that she cannot buy other foods. You talk to Fetema about the need to add other foods to soft porridge and to give fruit every day.

Case 2: Inadequate complementary feeding practice

The FCHV has to ask and listen to current feeding practices and identify problems and causes for the problems. In this particular case the problem is inadequate complementary feeding practices in light of FATVAH. The FCHV asks what foods the mother presently has in her home, and what foods are available now in the market (feasible, local, available, and affordable). S/he has to discuss about the need to feed the baby:

- 3 - 4 times a day at this age with 1-2 snacks
- To increase the amount of food the baby eats, and enrich the diet by adding animal products, fruits and vegetables
- To give her solid foods
- Wash hands and utensils before preparation of food and feeding the baby.
- Store prepared food in clean area. Don't give food that was prepared the day before.
- Practice active feeding or interact while feeding
- Continue breastfeeding until 2 years and beyond

The FCHV has to recommend, negotiate and agree with the mother to try the new practice, then she asks the mother to repeat the agreed points and arrange for 2nd visit. Finally, praise the mother for her time and willingness.

Case Study #3

Mukti's baby is 12 months old and mother gives bites of adult food at meal time only.

Case 3: Inadequate complementary feeding practice

The FCHV has to ask and listen to current feeding practice and identify problems and causes for the problems. In this particular case the problem is that the mother is not following FATVAH. The FCHV has to discuss, recommend and negotiate on the following points:

- To feed the baby 3 - 4 times a day with 1 - 2 snacks
- To increase the amount of food the baby eats as he gets older
- Enrich the family diet by adding animal products like eggs, poultry, and liver
- Add fruits and vegetables
- Wash hands and utensils before preparation of food and feeding the baby. Store prepared food in clean area. Don't give food that was prepared the day before
- Practice active feeding or interact while feeding
- Continue breastfeeding until 2 years and beyond

The FCHV has to recommend, negotiate and agree with the mother to try the new practice, then asks her to repeat the agreed points and arrange for 2nd visit. Finally, praise the mother for taking her time and for her willingness.

Listening and Learning Counselling Skills

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

2. Ask open questions

3. Use responses and gestures that show interest

4. Reflect back what the mother says

5. Avoid using judging words

General Case Study of Baby 0 - 6 months

Visit #1: Initial Visit

Checklist of ALIDRAA

- Ask about feeding practices, age of the child and status
- Listen to the mother
- Identify feeding difficulties and causes of the difficulties
- Discuss different feasible options with the mother
- Recommend and negotiate doable actions
- Agree on which practice the mother will try; mother repeats agreed upon practice
- Appointment for follow-up

General Case Study of Baby 0 - 6 months

Visit # 2: Follow up

Checklist of Visit #2

- Ask the mother if she has tried the practice she was willing to try (example: exclusively breastfeeding for one week)
- Congratulate her for trying the new practice
- If she tried, what does she think of it?
- If she didn't try the new practice, why not?
- What changes did she make to the recommended practice and why?
- What did she like about the practice?
- Which difficulties did she encounter?
- Discuss the same recommendations or other ones with the mother
- Inform the mother on the nearest place where she can find support
- Plan with mother a follow up visit

General Case Study of Baby 0 - 6 months (continued)

Visit #3: Maintain the practice and/or negotiate new practice

Before making the visit, check the child's age. According to the child's age, should the mother keep the current practice or should she begin a new one?

Checklist of Visit #3: Maintain the practice

- Ask the mother if she has continued with the new practice
- Congratulate her if she has
- If she has not, why?
- Which changes did she make and why?
- What were the difficulties?
- How did she solve them?
- Listen to the mother's questions, concerns, and doubts
- Discuss the same recommendations or new ones with the mother. For example, if the new practice was exclusive breastfeeding, remind the mother that when her baby reaches the age of 6 months, she must give other foods besides breast milk to her baby (show her the poster on feeding of children 6 - 24 months and share the messages).

Checklist of Visit #3: Negotiate a new practice

- Encourage the mother to try a new practice
- Ask her which recommendation she thinks she can carry out
- Does she think she can practice it every day?
- If she thinks she can do it twice a week and do another practice for the rest of the week, encourage her to try it
- Inform the mother on the nearest place where she can find support

General Case Study of baby 6 - 24 months

Visit #1: Initial Visit

With the mother/caregiver recommend and negotiate doable actions, according to the child's health status, age, and the different feeding difficulties:

Checklist of ALIDRAA:

- Ask about feeding practices, age of the child and status
- Listen to the mother
- Identify difficulties related to breastfeeding and/or complementary feeding that need to be resolved (one of the components of FATVAH).
- Identify the possible causes of the difficulties
- Ask the mother/caregiver to suggest ways of improving her child's feeding using posters or other visuals if available
- Ask the mother/caregiver whether she is willing to try a new practice of FATVAH, which you will explain to her and whose advantages you will emphasize
- Discuss specific recommendations with the mother/caregiver
- Negotiate with the mother/caregiver so that she tries a new practice.
- Plan with mother/caregiver a follow-up visit

Visit #2: Follow-up visit after 1 - 2 weeks aiming to check how the mother/caregiver is doing with the new practice, congratulate and encourage the mother/caregiver to continue.

Checklist of Visit #2

- Ask the mother/caregiver if she has been able to carry out the practice she was willing to try
- Congratulate her for trying the practice
- If she has tried, what does she think of it?
- If she has not, why not?
- Which changes did she make to the new practice and why?
- What did she like about this practice?
- What difficulties did the mother/caregiver encounter?
- Discuss FATVAH recommendations and other practices that would improve complementary feeding.
- Inform the mother/caregiver on the nearest place where she can get support.
- Plan with mother/caregiver a follow-up visit

General Case Study of baby 6 - 24 months (continued)

Visit #3:1 - 2 months later

Make a follow up visit to check if the mother/caregiver still uses the new practice and negotiate new recommendations according to the child's age or any other difficulty.

Ask the mother/caregiver to share the practice with other mothers.

Checklist Visit #3:

- Ask the mother/caregiver if she still uses the new practice
- Congratulate the mother/caregiver if she does
- If she does not, why not?
- Did she make some changes to the recommended practice and why?
- In which way did she change the recommended practice and why?
- What were the difficulties?
- How did she resolve them?
- Listen to the mother/caregiver's questions, concerns, and doubts
- Discuss with the mother/caregiver the same recommendations or new specific ones based on the child's age
- Encourage the mother/caregiver to try out the new practice: ask her which practice she thinks she can carry out. Can she practice it every day?
- Inform the mother/caregiver on the nearest place where she can get support.

SESSION 11

FIELD PRACTICE

Learning objectives

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

1. Practice the negotiation technique by doing field practice at health centres or in villages
2. Reflect on strengths and weaknesses of counselling/negotiation field practice

Total Time: 2½ hours

Materials needed

- ✓ Visual support (posters, cards, health booklet etc.)

Advance preparation

- Make an appointment at the health centre a week ahead to do the field practice during immunization or weighing sessions, or
- Make an appointment with the community "leader" a week ahead for village visits
- Prepare groups, give instructions the day before

Handouts

Handout 16 Negotiation record

Handout 17 ALIDRAA checklist

Detailed activities

Activity 11.1: Field practice in health centres or villages

Methodology: Practice

- In plenary, review negotiation steps
- Divide Participants in pairs: one will counsel and negotiate with the mother while the other follows the dialogue in order to give feedback later
- Negotiator fills out "Negotiation Record" form Handout 16; colleague fills out ALIDRAA checklist Handout 17 and provides feedback
- Participants change roles until each Participant practices at least 1 counselling/negotiation with mother of child 0 - 5 months and 1 counselling/negotiation with mother/caregiver of child 6 - 23 months

Activity 11.2: Feedback on practice session

Methodology: Feedback exchange

- At training site, in plenary, each pair of Participants will summarize their negotiation experience by filling-in the summary sheet for negotiation visits (attached to the wall): Participant(s) name, child's name and age, difficulty identified, options suggested, and behaviour mother agreed to try
- Participants receive and give feedback
- Discussion and summary



Sample Summary Sheet for Negotiation during Field Visits

Initial Visit	1	2	3	4	5	6	7
FCHVs' names							
Child's name/age							
Difficulty(ies) identified							
Options suggested							
Behaviour mother agreed to try							

Use this as a sample to record each Participant's field visit experience. Draw this table on flipchart paper and display it throughout the rest of the training. Add additional columns for number of negotiation visits

Negotiation Record

Handout 16

	Infant 0 - 6 months Infant/Young Child 6 - 24 months
Initial Visit	
Name	
Age	
Feeding difficulty(ies) identified	
Options suggested	
What mother agreed to try	

Observation Checklist (ALIDRAA)

- Greets the mother and establish confidence
- Asks** the mother about current practices (breastfeeding/FATVAH)
- Listens** to what she says
- Identifies** key difficulties, if any, and selects the most important one to work on
- Recommends**: Presents options and **NEGOTIATES** with mother to help select one that she can try
- Helps the mother to **Agree** to try one of the options
- Reminds the mother of the behaviour and help her to overcome obstacles.
- Makes an **Appointment** for the follow-up visit.

Name one or more things the FCHV did well:

SESSION 12

ACTION ORIENTED GROUP SESSIONS AND IYCF SUPPORT GROUPS

Learning objectives

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

1. Facilitate an action-oriented group session.
2. Facilitate an infant and young child feeding support group of child caregivers (mothers, fathers, grandparents) and help them to support each other in their infant and young child feeding practices.
3. Discuss the role of the Facilitator; who facilitates the support group; the characteristics of a support group; who participates in the support group; and topics of an IYCF support group

Total Time: 2 hours

Materials needed

- ✓ Support group topics

Advance Preparation

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

Handouts

Handout 18: How to conduct an action-oriented group session: story, drama, or visual (OTTA)

Handout 19: Characteristics of an IYCF Support Group

Handout 20: Observation Checklist for Support Groups

Detailed activities

Activity 12.1: Conduct an action-oriented group session with Participants

Methodology: Experiential

- Facilitator models an action-oriented group session with Participants acting as community members by telling a story, conducting a drama and using a visual on

some aspect of IYCF - applying OTTA

- See examples of a story and mini drama scenarios (below)
- At the end of the story and mini drama ask the Participants/community members:
 1. What would you do in the same situation? Why?
 2. What difficulties might you experience?
 3. How would you be able to overcome them?
- Using a picture story/poster, ask Participants to comment on the following:
 1. Identify a recommended breastfeeding practice
 2. What are the messages pertaining to the selected breastfeeding topic?
 3. Identify the difficulties that could occur in practicing the recommendations
 4. Suggest solutions
- Discussion and summary

Use in-country materials

Content

- See Handout 18: How to conduct an action-oriented group session: story, drama, or visual (OTTA)
- Traditionally group talks are organized to communicate ideas or convey information to a group. Usually a leader directs the group talk, and group participants ask and answer questions. An "action-oriented" group talk is slightly different. Facilitators encourage group participants to **personalize the information and to try something new or different (an action)** from what they normally do.
- **OTTA**
 - **O** Observe
 - **T** Think
 - **T** Try
 - **A** Act
- Health talks are effective for giving information but do not necessarily lead to changes in behaviour. Using OTTA during health talks can motivate group participants to change their behaviour.

- Explain to Participants that OTTA is used to encourage group participants to reflect on and personalize their experiences so they can learn from them and make a decision to change their behaviour.

Story (example)

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

Mini-Drama Scenarios

Drama #1

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

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

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

Drama #2

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

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

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

Activity 12.2: Discussion on the group session experience

Methodology: Discussion

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- After the story, mini drama, and use of a visual the following questions are asked of the Participants:
 - What did you like about the action-oriented group session?
 - How was this group session different from an educational talk?
- **Distribute** and discuss Handout 18: How to conduct an action-oriented group session: story, drama, or visual (OTTA)

Activity 12.3: Conduct an Infant and Young Child Feeding support group with Participants

Methodology: Experiential

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

Activity 12.4: Discussion on the support group experience (10 minutes)

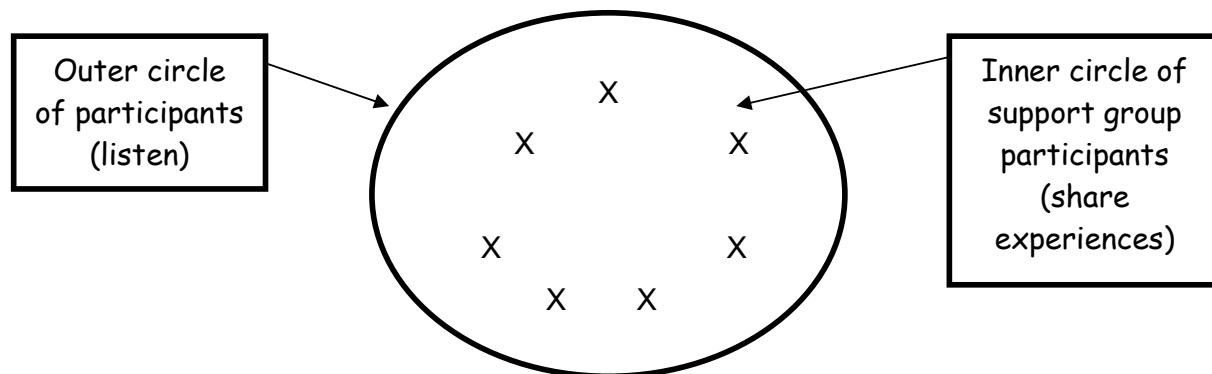
Methodology: Discussion

- After the support group the following questions are asked of the support group Participants:
- What did you like in the support group?
 - How is the support group different from an educational talk?
 - Were your questions answered?
 - Ask Participants who observed the support group and listened to share their observations and ideas
 - What contribution can a support group make to a CMAM program?
 - **Distribute** Handout 19: Characteristics of an IYCF Support Group

Content

Definition: A support group on infant and young child feeding is a group of mothers/caregivers who promote recommended breastfeeding and complementary feeding behaviours and provide mutual support. Periodic support groups are facilitated by experienced mothers who have infant and young child feeding knowledge and have

mastered some group dynamic techniques. Group Participants share their experiences, information and provide mutual support.



Activity 12.5: Practice conducting a support group

Methodology: Practice

- Divide Participants into groups of 8
- Each group chooses a topic out of basket for a support group meeting
- One Participant from each group will be Facilitator
- After support group, Participants fill in support group observation checklist Handout 20
- First group demonstrates a support group with their topic in plenary
- Discussion in plenary

Activity 12.6: Participants discuss the following: 1) the role of the Facilitator; 2) who can facilitate a support group; 3) the characteristics of a support group; 4) who can participate in a community support group; 5) topics of a support group; and 6) different types of existing groups (30 minutes)

Methodology: Rotation of flipcharts

- Six flipcharts are set-up throughout the room with the following headings:
 1. Role of the Facilitator
 2. Who can facilitate the support group
 3. Characteristics of a support group

4. Who can participate in a support group, and
 5. Topics for a community support group
 6. Different types of existing groups/gatherings in the community that could be support groups
- Divide Participants into 6 groups. Each group is given 3 minutes per flipchart
 - Presentation of groups

Content

1. Role of Facilitator

- Sits in a circle at the same level as the rest of the group
- Introduces self and asks the group Participants to introduce themselves
- Introduces the purpose and theme of the meeting
- Explains that the support group meeting will last 1-1½ hours
- Uses open-ended questions to encourage participation
- Encourages everyone to talk, even the quieter Participants
- Encourages Participants to share experiences and ideas
- Repeats key messages
- Asks Participants to summarize what they learned

2. Who can facilitate a community support group?

- Experienced trained mothers, health workers
- Formally trained health workers
- Community workers

3. Characteristics of a Community Support Group

- Provides a safe environment of respect, and trust
- Allows Participants to:
 - Share infant and young child feeding information and personal experiences
 - Mutually support each other through their own experiences
 - Strengthen or modify certain attitudes and practices
 - Learn from each other
- Allows Participants to reflect on their experiences, doubts, difficulties, popular beliefs, myths, information, and adequate infant practices. In this safe environment the mother has the knowledge and confidence needed to decide to either strengthen or modify her infant feeding practices.
- Is not a LECTURE or CLASS. All Participants play an active role.
- Focuses on the importance of interpersonal communication. In this way all the women can express their ideas, knowledge, and doubts, share experiences and receive and give support to the other women who make up the group.
- Has a seating arrangement that allows all Participants to have eye-to-eye

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contact.

- Varies in size from 3 to 15 Participants.
- Is usually facilitated by an experienced caregiver who listens and guides the discussion.
- Is open, allowing the admission of all interested pregnant women, mothers who are breastfeeding, women with older toddlers and other interested people.
- The Facilitator and the Participants of the infant and young child feeding support group decide on the length of the meeting and the frequency of the meetings (number per month).

4. Who can participate in an infant and young child feeding community support group?

- Breastfeeding mothers
- Mothers who have breastfed in the past
- Pregnant women
- Community workers
- Care takers/ parents
- Formally trained health workers

5. Topics of a community support group

- **Importance of breastfeeding**
 - For the mother
 - For the child
 - For the family and community
- **Techniques of breastfeeding**
 - Attachment
 - Position
- **Lactational Amenorrhea Method (LAM)**
 - The three criteria of LAM
 - The benefits of LAM
 - Who can use LAM?
- **Difficulties, prevention and solutions**
 - Insufficient breast milk production
 - Sore and cracked nipples, infections, and engorgement
 - Babies separated from their mothers
 - Twins

- Maternal or child sickness
- Woman's nutrition

- **Complementary feeding beginning at 6 months**
 - How to enrich children's foods?
 - What is active feeding?
 - How to vary feeding?
 - Why keep on breastfeeding?
 - Which snacks to give the child?
 - How to increase amount, frequency, and density
- **Feeding of sick child**
 - How to encourage sick child to eat or breastfeed?
 - How to vary and enrich feeding during and after sickness?
 - Why continue breastfeeding during child sickness?
 - Why give food supplement during recuperation?

- 6. **Different types of existing groups/gatherings in the community that could be support groups**
 - Food distribution sites
 - Therapeutic Feeding Centres
 - Community Growth Monitoring and Promotion
 - Agricultural groups, etc.

Use of a Visual: Poster, Counselling Card,

1. OBSERVE

- Ask the mother/caregiver:
 - What is happening in the picture?
 - What are the characters in the picture doing?
 - How did the character feel about what s/he was doing? Why did s/he do that?

2. THINK

- Whom do you agree with? Why?
- Whom do you disagree with? Why?
- What is the advantage of adopting the practice described in the picture?

3. TRY

- What would people in this community do in the same situation? Why?
- What would you do in the same situation? Why?
- What difficulties might you experience?
- Would you be able to overcome them? How?

4. ACT

Repeat the key messages.

- If you were the mother (or another character), would you be willing to try the new practice?
- How would you overcome any barriers to trying the new practice?
- Together identify doable actions that the mother can try

Characteristics of an IYCF Support Group

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

frequency of the meetings (number per month).

Observation Checklist for Support Groups

Community: _____ **Place:** _____

Date: _____ **Time:** _____ **Theme:** _____

Group Facilitator(s): _____

	✓	Comments
1. The Facilitator(s) introduce themselves to the group.		
2. The Facilitator(s) clearly explain the day's theme.		
3. The Facilitator(s) ask questions that generate participation.		
4. The Facilitator(s) motivate the quiet women to participate.		
5. The Facilitator(s) apply communication skills.		
6. The Facilitator(s) adequately manage content.		
7. Mothers share their own experiences.		
8. The Participants sit in a circle.		
9. The Facilitator(s) fill out the information sheet on their group.		
10. The Facilitator(s) invite women to attend the next mother-to-mother support group (place, date and theme).		
11. The Facilitator(s) thank the women for attending the mother-to-mother support group.		
12. The Facilitator(s) ask women to talk to a pregnant woman or breastfeeding mother before the next meeting, share what they have learned, and report back.		

Number of women attending the mother-to-mother support group: _____



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SESSION 13

FIELD PRACTICE

Learning objectives

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

1. Practice the negotiation with mothers/caregivers of a child 0 - 23 months by doing field practice at health centres or in villages
2. Practice facilitating an action oriented group session/support group
3. Reflect on strengths and weaknesses of counselling/negotiation field practice

Total Time: 2½ hours

Materials needed

- ✓ Visual support (posters, cards, health booklet etc.)

Advance preparation

- Make an appointment at the health centre a week ahead to do the field practice during immunization or weighing sessions, or
- Make an appointment with the community "leader" a week ahead for village visits
- Prepare groups, give instructions the day before
- Copy of summary sheet for negotiation for trainees

Handouts

Handout 16 Negotiation record

Handout 17 ALIDRAA checklist

Handout 20 Observation Checklist for Support Groups

Detailed activities

Activity 13.1: Field practice in health centres or villages

Methodology: Practice

- In plenary, review negotiation steps
- Divide Participants in pairs: one will counsel and negotiate with the mother/ caregiver of a child 0 - 23 months while the other follows the dialogue with the observation checklist in order to give feedback later
- Negotiator fills out Handout 16 "Negotiation Record" form; colleague fills out ALIDRAA checklist Handout 17 and provides feedback

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- Participants change roles until each Participant practices at least 2 negotiations
- Pairs practice facilitating an action oriented group session/support group; observation checklist is filled out after the support group: Handout 20

Activity 13.2: Feedback on practice session

Methodology: Feedback exchange

- At training site, in plenary, each pair of Participants will summarize their negotiation experience by filling-in the summary sheet for negotiation visits (attached to the wall): Participants' names, child's name and age, difficulty identified, options suggested, and behaviour mother/caregiver agreed to try
- Participants receive and give feedback
- Participants share their experiences on facilitating an action oriented group session and support group
- Discussion and summary

SESSION 14

WOMAN'S NUTRITION

General objectives

1. Improve woman's nutrition to promote maternal and family health
2. Improve child survival through woman's nutrition. "A healthy mother is the first defence of the child against death, malnutrition, and the cycle of poverty and sickness."

Learning objectives

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

1. Describe difficulties related to woman's nutrition
2. Describe the malnutrition life cycle
3. Name the consequences of malnutrition to the woman

Total Time: 2 hours

Materials needed

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

Advance Preparation

Handouts

Handout 21 Intergenerational Cycle of Malnutrition

Handout 22 Interventions to break the malnutrition cycle

Handout 23 Key Messages on Women's Nutrition

Detailed activities

Activity 14.1: Importance of promoting adequate feeding for women, and explanation of the intergenerational malnutrition cycle

Methodology: Brainstorm

- Brainstorm the question: Why is it important to promote adequate feeding for women?
- Write answers on flipchart and discuss
- Facilitator explains the intergenerational malnutrition cycle

Content

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

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

See Handout 21: Intergenerational malnutrition cycle

Activity 14.2: Interventions that can be used to break the malnutrition life cycle

Methodology: Small working groups

- Divide Participants into 4 groups and ask each group to focus on one point in the malnutrition life cycle (one arrow) developing strategies to break the cycle at that point
- Each group will present their work in plenary
- Discussion and summary
- **Distribute** Handouts 21, 22 and 23 and discuss

Content

Initiatives aiming to improve child survival must start long before conception. They should start by improving the woman's health status, and solving her economic and social problems.

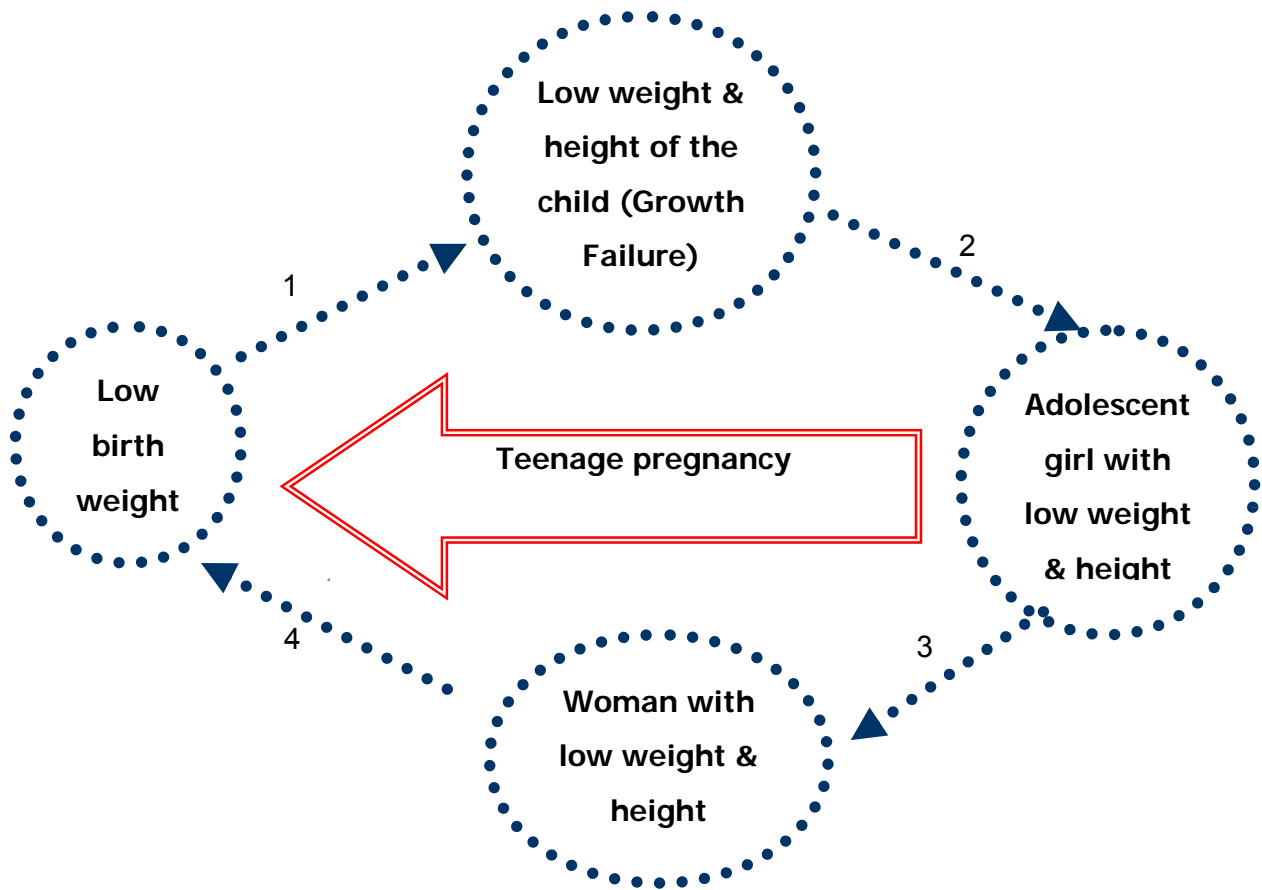
Interventions to break the malnutrition cycle (Handout 22)

Women's Nutrition

Intergenerational Cycle of Malnutrition

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

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



Interventions to break the malnutrition cycle

1. Prevent Low weight & height of the child (Growth Failure)

- Early initiation of breastfeeding
- Exclusive breastfeeding 0 - 6 months
- Timely initiation of complementary foods at 6 months with continuation of breastfeeding up to 2 years
- Feed sick child during illness and 2 weeks after recovery
- Vitamin A supplementation and consumption of foods rich in vitamin A
- Anaemia control (iron/folate supplementation and de-worming) and consumption of foods rich in iron
- Iodine deficiency control: Iodine salt consumption
- Immunizations
- Family Planning

2. Prevent low weight & height of adolescent girl

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

3. Prevent low weight & height of woman

A. Improve woman's nutrition and health

- Increase the food intake of the woman at every step of her life, especially during pregnancy or breastfeeding: "an additional meal, more food than usual, and a varied diet".

- Fight iron, vitamin A and Iodine deficiencies:
 - Iron/folate supplementation should be given to the mother from the 4th month of pregnancy to delivery and 45 days after delivery (6 months plus 45 days).
 - Encourage consumption of foods rich in iron (green leafy vegetables, meat, and liver).
 - Vitamin A supplementation after delivery (a single dose [1 capsule of 200,000IU] within 6 weeks after delivery).
 - Encourage consumption of foods rich in vitamin A (papaya, mangoes, carrots, pumpkins, liver, eggs)
 - Encourage consumption of iodized salt and foods rich in iodine (fish and seafood).
- Prevent and treat infections:
 - Complete anti-tetanic immunizations for pregnant women, 5 injections in total
 - Use of insecticide treated bed nets (ITNs)
 - De-worming of pregnant women during 2nd trimester (single dose)
 - Education on STI and HIV & AIDS transmission and prevention

B. Family planning

- Women need to visit a family planning centre in order to space the births of her children

C. Decrease energy Expenditure

- Delay the first pregnancy to 20 years old or more
- Encourage couples to use family planning
- Decrease pregnant and breastfeeding women's workload
- Rest more

D. Encourage men's participation

- In birth spacing, and good follow-up of pregnancy and delivery
- In supporting better feeding and a lighter workload for their wife/partner

E. Encourage parents to give equal access to education to boys and girls (schooling of the girl child)

- Risk of malnutrition decreases when girls/women receive a higher level of education.

4. Prevent low birth weight

A. Improve woman's nutrition and health

- Increase the food intake of the woman at during pregnancy: "an additional meal, more food than usual, and a varied diet".
- Fight iron, vitamin A and Iodine deficiencies:
 - Iron/folate supplementation should be given to the mother from the 4th month of pregnancy to delivery and 45 days after delivery (6 months plus 45 days).
 - Encourage consumption of foods rich in iron (green leafy vegetables, meat, and liver).
 - Encourage consumption of foods rich in vitamin A (papaya, mangoes, carrots, pumpkins, liver, eggs)
 - Encourage consumption of iodized salt and foods rich in iodine (fish and seafood).
- Prevent and treat infections:
 - Complete anti-tetanic immunizations for pregnant women, 5 injections in total
 - Use of insecticide treated bed nets
 - De-worming of pregnant women during 2nd trimester
 - Education on STI and HIV & AIDS transmission and prevention

B. Decrease energy Expenditure

- Delay the first pregnancy to 20 years old or more
- Encourage couples to use family planning
- Decrease pregnant and woman's workload
- Rest more

C. Encourage men's participation

- Follow-up of pregnancy and delivery
- In supporting better feeding and a lighter workload for their wife/partner

D. Encourage parents to give equal access to education to boys and girls (schooling of the girl child)

- Risk of malnutrition decreases when girls/women receive a higher level of education.

Key Messages on Women's Nutrition

1. Husband	Ensure that your pregnant wife has one additional meal every day to maintain her strength.
Supporting information	<ul style="list-style-type: none"> - Pregnant women need to eat a variety of foods, particularly animal products (meat, milk, eggs, etc), plus fruits & vegetables. - Ripe papaya & mango, orange, carrot & pumpkin - Pregnant women need to eat more food than usual.
2. Husband	Make sure your pregnant wife gets iron/folate tablets to maintain her strength during the pregnancy.
Supporting information	<ul style="list-style-type: none"> - Ask a Health Worker for iron/folate tablets to be given to your pregnant wife over a six month period. - Pregnant women have increased needs for iron. - Iron/folate pills are important to prevent anaemia in a pregnant woman and will help to keep her and the new baby healthy. - Liver is also a good food source of iron for pregnant women.
3. Husband	Make sure your pregnant wife gets de-worming pills once in the second trimester of pregnancy.
Supporting information	<ul style="list-style-type: none"> - Ask a Health Worker for mebendazole (500 mg) to be given once to your pregnant wife in the second trimester of pregnancy. - Intestinal worms can cause anaemia which leads to tiredness and poor health.
4. Husband	Ensure that your wife who is breastfeeding has two extra meals a day to maintain her health and the health of the baby.
Supporting information	<ul style="list-style-type: none"> - To maintain their health, breastfeeding women need to eat a wide variety of foods, particularly, animal products (meat, milk, eggs, etc), fruits and vegetables. - Ripe papaya & mango, orange, carrot, and pumpkin
5. Mother/ Husband/GM	During pregnancy eat more to make yourself stronger for the birth.
Supporting information	<ul style="list-style-type: none"> - In order to ensure that your wife/daughter-in-law is strong for birth, provide her with 1 extra meal a day.
6. Mother	Take Vitamin A supplementation within 45 days of delivery (6 weeks) for the baby's health and strength.
Supporting information	<ul style="list-style-type: none"> • Ask a Health Worker for Vitamin A supplementation after the baby's birth. • Taking a Vitamin A capsule will enrich the mother's breast milk with important nutrients to keep the baby healthy and strong.
7. All family members	Sleep under insecticide treated net (INT), especially pregnant women and children, to prevent getting malaria.
Supporting information	<ul style="list-style-type: none"> • Malaria causes anaemia which will make members of your family unwell and very tired • Family members with fever need to be taken to a health facility for immediate treatment

SESSION 15

HOW TO NEGOTIATE WITH WOMEN REGARDING THEIR NUTRITION

Learning objectives

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

1. Review listening and learning skills
2. Review the steps of negotiation (ALIDRAA)
3. Practice a negotiation visit with a woman regarding her nutrition

Total Time: 2 hours

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Case studies on cards

Activity 15.1: Review listening and learning skills and negotiation steps

Methodology: Brainstorm review

- Review with Participants: a) listening and learning skills; b) ALIDRAA steps
- Add any missing information

Activity 15.2: Demonstration of negotiation with women to encourage optimal nutrition practices for themselves

Methodology: Demonstration

- Facilitators demonstrate a visit of FCHV to Kavita, a pregnant woman of 6 months
- Participants discuss what happened in the demonstration visit
- In plenary ask Participants: What are the listening and learning skills? What are the different steps of negotiation? and How many visits are needed for the full process of negotiation?
- Add any missing information
- Review the listening and learning skills and the steps of negotiation (ALIDRAA): Ask, Listen, Identify difficulty, Discuss options, Recommend and negotiate, mother Agrees to practice and repeats agreed upon practice, follow-up Appointment

Activity 15.3: Practice negotiation with a woman regarding her nutrition practices

Methodology: Practice

- Participants are divided into triads: mother, FCHV, and observer; triads are given 1 of the following case studies to practice negotiation in an initial visit
- Repeat with 2 other case studies so that each Participant rotates the 3 different roles
- Two triads demonstrate a case study in plenary
- Discussion and summary

Note: Practicing negotiation is as important as knowing the content.

Content

Use the negotiation technique to encourage mothers to follow recommendations pertaining to:

- Adequate maternal nutrition
- Prenatal consultation (iron/folic Acid)
- Safe delivery with the help of a qualified person
- Accepting referral to a better-equipped centres in case of obstetrical emergencies
- Family planning

Practice Case Studies: Woman's Nutrition

Case Study #1

You visit Kavita who is 4 months pregnant. Kavita has not yet visited the health clinic and does not know where to have her baby.

Case Study #2

Farida tells you that she has 3 daughters between the ages of 5 and 2. What themes will you try to negotiate with Farida?

Case Study #3

Mukti is 35 years old and has 5 children. She is breastfeeding her youngest child who is 18 months.

Possible answers: Practice Case Studies Woman's nutrition

The FCHVs are expected to follow the negotiations steps [ALIDRAA] and use the listening and learning skills.

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- Greets the mother and establishes confidence.
- **Asks** the mother about current breastfeeding practices.
- **Listens** to the mother.
- **Identifies** feeding difficulty, if any, causes of the difficulty, and selects with the mother the difficulty to work on.
- **Discusses** with the mother different feasible options to overcome the difficulty.
- **Recommends and negotiates doable actions:** Presents options and helps mother select one that she can try.
- Mother **Agrees** to try one of the options, and mother **repeats** the agreed upon action.
- Makes an **Appointment** for the follow-up visit.

Case Study #1

You visit Kavita who is 4 months pregnant. Kavita has not yet visited the health clinic and does not know where to have her baby.

Answer

The FCHV has to ask and listen to the current practice and identify problems and causes for the problems. In this particular case the main problem that has to be identified is that Kavita is not attending the ante-natal clinic.

The FCHV has to explain the importance of:

- going to ante-natal clinic to ensure that the pregnancy is going well, to receive TT vaccines, and iron/folate supplementation
- eating well, one additional meal each day, particularly animal products as much as possible, fruits and vegetables.
- using iodized salt for her food and the family food.
- delivering at the health facility or at home with a trained birth attendant

Case Study #2

Farida tells you that she has 3 daughters between the ages of 5 and 2. What themes will you try to negotiate with Farida?

Answer

The FCHV has to ask and listen to the current practice and identify problems and causes for the problems. In this particular case the main problem is closely spaced pregnancies. The FCHV has to explain the importance of eating well, as these pregnancies might have been difficult for her body, she has to go to be checked for anaemia, and discusses the importance of her daughters having good nutrition and education.

Case Study #3

Mukti is 35 years old and has 5 children. She is breastfeeding her youngest child who is 18 months.

Answer

The FCHV has to ask and listen to the current practice and identify problems and causes for the problems. In this particular case the main problem that has to be identified is that Mukti has many children, and needs to take care of her own health.

The FCHV has to explain the importance of Mukti to eat well, eating 2 additional meals each day, particularly animal products as much as possible, fruits and vegetables, and to use iodized salt for her food and the family food.

SESSION 16

HOW DO FCHVS SUPPORT THE HEALTH OF WOMEN AND CHILDREN

Learning objectives

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

1. Define the role and activities of the FCHV
2. Use the form integrated community nutrition job aid to identify the feeding counselling and action to use in a given situation at the community level

Total Time: 1 hour

Materials needed

- ✓ 6 flipcharts (+ markers + masking)
- ✓ Questions on ENA

Handouts

Handout 24 Integrated community nutrition job aid

Detailed activities

Activity 16.1: How do FCHVs support the health of women and children

Methodology: Small working groups

- Divide Participants into 5 groups
- Each group is assigned a flip-chart with a question to discuss what ENA and key interventions that should be integrated into their health contact point
- Questions (1 per flipchart):
 1. How can a FCHV help mothers or caretakers achieve recommended infant and young child feeding?
 2. Which questions must be asked to pregnant mothers?
 3. Why must the mother take a vitamin A capsule at the health centre within 6 weeks after delivery?
 4. Why should iron supplementation be continued after delivery?
 5. What must be done when the child under 6 months is sick?

- Give each group 5 minutes at each flipchart,
- Present group work in plenary session
- Ask Participants to identify and complete any gaps after each presentation
- **Distribute** and discuss the Handout 24: Integrated community nutrition job aid
- Discussion and summary
- Explain that the ENA can be integrated at each contact of the health system and with other Child Survival and Safe Motherhood interventions.

Possible Answers:

Question 1: How can a FCHV help mothers or caregivers achieve the recommended infant and young child feeding practices?

- Discuss the importance of breastfeeding and birth spacing with the mother, her husband and family (if possible)
- Help the mother to **breastfeed immediately after delivery** at hospital, at home, or at the midwife's, and to **give colostrum**:
 - Protects infant from disease by providing the infant's first vaccine
 - Helps expel the placenta more rapidly and reduce blood loss
 - Helps expel meconium, the infant's first stool
 - Stimulates breast milk production
 - Keeps newborn warm through skin-to-skin contact
- Promote **exclusive breastfeeding from 0 - 5 months** because:
 - Breast milk contains all the water and nutrients that an infant needs to satisfy hunger and thirst.
 - Infants are likely to have fewer diarrhoea, respiratory, and ear infections.
 - Exclusive breastfeeding helps space births by delaying the return of fertility.
- ✓ **Initiate complementary foods at 6 months**
 From 6 months breast milk alone cannot meet all the nutritional needs for baby's growth and development.
 - Mother or caregiver begins complementary feeding by adding available, affordable, local foods to staple foods.
 - Mother continues to give breast milk as the main food throughout the infant's first year. Breast milk will continue to protect the child against illness.

Also

Helen Keller International: Action Against Malnutrition through Agriculture (AAMA) Project 2009
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- Answer mother or caregiver's questions
- Congratulate and encourage the mother/caregiver
- Encourage mother/caregiver to go to a community support group if she encounters breastfeeding difficulties
- Refer her to community support groups or the Health Centre for other FP methods
- Remind mother or caregiver to immunize the child: BCG, DPT, and Polio.

Question 2: Which questions need to be asked to pregnant mothers?

- How will you feed your baby?
- If the mother does not plan to breastfeed her baby, ask why.
- Have you heard of exclusively breastfed? **Reinforce the exclusive breastfeeding message (0 - 5 months).**
- Did you encounter breastfeeding difficulties with another baby?
- Have you already been to a health centre for ANC and for Iron/Folic Acid supplementation? Do you take them every day?
- Did you get your tetanus vaccination?

Question 3: Why must the mother take a vitamin A capsule within 6 weeks after delivery?

- Mother needs to increase her vitamin A stores for her health and the baby's (vitamin A passes into breast milk)
- Vitamin A capsule should not be administered during the woman's pregnancy because it is not good for baby. This is why **vitamin A should be administered within 6 weeks after delivery**, when the woman has no risk of being pregnant.
- Breastfeeding mothers must be encouraged to eat food rich in vitamin A (papaya, mangos, carrots, pumpkin, green leafy vegetables, eggs and liver)




Question 4: Why should iron supplementation be continued after delivery?

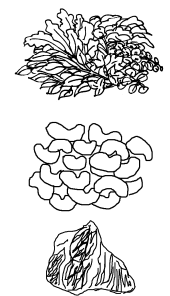
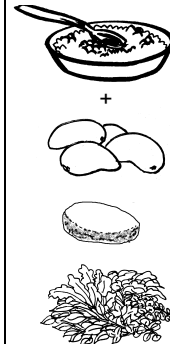


- Iron/folate supplementation should be given to the mother as soon as pregnancy is confirmed for a total of 180 tablets. After delivery the mother has to continue the supplementation up to 45 days of postpartum
- Because mother has lost blood during delivery, the mother needs to **increase her iron stores** for the sake of her health and the baby's (iron passes into breast milk).
- Breastfeeding mothers should be encouraged to eat food rich in Iron - greens: spinach, kangkong and amaranth leaves, meat, liver

Question 5: What must be done when a child under 6 months is sick?

- Mother should increase breastfeeding frequency.
- After each illness, increase the frequency of breastfeeds for 2 weeks so that the child may regain strength and weight.
- Ensure that s/he receive immunization.

Integrated Community Nutrition Job Aid

Counselling Assessment	Exclusive breastfeeding 0-5 months	Complementary feeding beginning at 6 months	Feeding of the sick child	Vitamin A supplementation	Anaemia control	Iodine deficiency Control	Woman's nutrition
Prenatal consultations	Counsel on early initiation of breastfeeding after delivery, EBF until six months, EBF on demand (8-12 times per day: day and night) <ul style="list-style-type: none"> • Help put child to the breast • Discuss LAM • Early initiation of BF after delivery • Proper positioning & attachment 				Go to ANC to receive: <ul style="list-style-type: none"> • Iron/Folic Acid during 6 months • Malaria treatment • De-worming by end of pregnancy • Counsel on how to avoid gastritis and constipation. Drink a big glass of water after the iron tablet and take during the meal. 	<ul style="list-style-type: none"> • Counsel on consumption and use of iodized salt. (Family can test shops' salt if they have a testing kit)	<ul style="list-style-type: none"> • Counsel on: <ul style="list-style-type: none"> – Healthy and varied diet: an additional meal, eat more than usual, eat fruits and vegetables – Diet rich in vitamin A (papaya, mangoes, pumpkin, carrots, liver, eggs) – Diet rich in iron (greens, meat, liver) • Link with VMFs and VMGs
During delivery				Counsel mother to go to health centres to receive vitamin A (within 6 weeks following delivery)	Counsel mother to go to health centres for more Iron/Folic Acid supplementation if she did not complete six months.		
Woman in post-natal and family planning	<ul style="list-style-type: none"> • Give counselling on: <ul style="list-style-type: none"> – Early initiation of BF after delivery – EBF until 6 months – BF on demand (8-12 times/24 hrs) – Proper positioning & attachment – Allow baby to release one breast before offering other • Help if BF difficulties occur • If LAM cannot be used anymore, counsel on another method 			<ul style="list-style-type: none"> • Check that the mother has received vitamin A (within 6 weeks after delivery) 			<ul style="list-style-type: none"> • Counsel on healthy and varied diet: An additional meal, eat more than usual, eat fruits and vegetables. • Link with VMFs and VMGs

Counselling Assessment	Exclusive breastfeeding 0-5 months	Complementary feeding beginning at 6 months	Feeding of the sick child	Vitamin A supplementation	Anaemia control	Iodine deficiency Control	Woman's nutrition
<p>During immunization (at health centre or outreach activities)</p>	<p>Counsel on:</p> <ul style="list-style-type: none"> • Early initiation of breastfeeding after delivery • EBF on demand, at least 10 times per day (day and night) • Allow baby to release one breast before giving the other • Help if BF difficulties occur 	<p>Counsel on:</p> <ul style="list-style-type: none"> • Breastfeeding until 2 years and more • Complementary feeding <u>6 to 8 months</u>: Breast+2-3 times • <u>At 9 to 23 months</u>: 3-4 times + 1-2 snacks + breast 	<p>Counsel on :</p> <ul style="list-style-type: none"> • Continue breastfeeding, and feeding if child is > 6 months • More frequent feeds in smaller amounts • Favourite foods • An additional meal/day during 2 weeks after recovery • Foods rich in vitamin A 	<ul style="list-style-type: none"> • Check the vitamin A supplementation of children between 6 to 59 months, every 6 months • Check that the mother has received vitamin A (within 6 weeks following delivery) • Counsel on a diet rich in vitamin A (papaya, mangoes, pumpkin, carrots, liver) 	<ul style="list-style-type: none"> • Check on the de-worming of children 2 to 5 years • Counsel on a diet rich in iron (leafy green vegetables, meat, liver) 	<ul style="list-style-type: none"> • Counsel on consumption and use of iodized salt. <p>(Family can test shops' salt if they have a testing kit)</p>	
<p>During growth control and promotion sessions (HEALTH CENTRES and outreach activities)</p>		<p>Enrich and vary each meal</p>			<p>Check the de-worming of children from 2 – 5 years</p>		<ul style="list-style-type: none"> • Counsel on healthy and varied diet: an additional meal, eat more than usual, eat fruits and vegetables. • Link with VMFs and VMGs

Counselling Assessment	Exclusive breastfeeding 0-5 months	Complementary feeding beginning at 6 months	Feeding of the sick child	Vitamin A supplementation	Anaemia control	Iodine deficiency Control	Woman's nutrition
Families with sick child	Counsel on: <ul style="list-style-type: none"> • Increase the number of breastfeeds during and after illness • Leave the child on breast as long as s/he wants. 	Individual plate	Counsel on: <ul style="list-style-type: none"> • Continue frequent BF if child < 6mos • Continue BF and feeding if the child is > 6 months • Feed more often in smaller amounts • Favourite foods • An additional meal/day during 2 weeks after recovery • Foods rich in vitamin A 	Check the vitamin A supplementation of children 6 to 59 months, every 6 months			



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SESSION 17

ACTION PLAN

Learning objective

By the end of the session, Participants will:
Develop a 3-month action plan.

Total Time: 1 hour

Materials needed

- ✓ Flipchart papers (+ markers + masking)
- ✓ Sample action plan of flipchart

Detailed activities

Activity 17.1: FCHVs from the same organization and/or community develop a 3-month action plan

Methodology: Small working groups

- Every FCHV from the same organization or community develops an activity plan for the following 3 months.

Activity 17.2: Presentation of action plans

Methodology: Interactive Presentation

- In plenary, each organization or community group presents their action plan.
- Feedback from Participants.



Sample Action Plan

Group/Community:

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



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SESSION 18

POST-ASSESSMENT AND FINAL EVALUATION

Learning objective

By the end of the session, Participants will:

1. Fill-out post-assessment
2. Evaluate Training

Total Time: 30 minutes

Detailed activities

Activity 18.1: Post-assessment

Methodology

- Pass out copies of the post-assessment to the Participants and ask them to complete it individually.
- Ask Participants to write their code number (previously assigned by random drawing of numbers) on the post-assessment.
- Immediately correct all the assessments, return both pre and post-assessment results to Participants, and clarify any doubts that remain

Activity 18.2: Participants fill out evaluation form; Facilitators present results

Methodology

- Distribute end-of-training evaluations to Participants and ask them to write their comments.
- Have Participants fill the form without writing their name on it.
- Check the corresponding box: good, average, unsatisfactory
- Explain that their suggestions will be used to improve future workshops.
- Present the results to the Participants.

Pre-assessment: What do we know now?

Code # _____

Post-assessment: What have we learned?

#		True	False	Don't know
1.	A support group is the same as an educational talk.		X	
2.	Inadequate infant feeding during the first 2 years of life results in poor growth and brain development.	X		
3.	A 6-8 month old needs to eat 2 - 3 times a day in addition to breastfeeding.	X		
4.	A pregnant woman needs to eat more than a woman who is breastfeeding.		X	
5.	At 4 months, infants need water and other drinks in addition to breast milk.		X	
6.	The most effective approach to changing behaviour is to <u>tell</u> a mother how to feed her child.		X	
7.	A woman who is malnourished can still adequately breastfeed her baby.	X		
8.	The more milk a baby removes from the breast, the more breast milk the mother makes.	X		
9.	Women need iron supplementation once during pregnancy.		X	
10.	The mother should wait until the sick child is healthy before giving him/her more foods.		X	
11.	A baby's first complementary food should be a thin porridge so s/he can swallow it easily.		X	
12.	A malnourished mother is likely to give birth to a low birth weight child.	X		

End-of-Training Evaluation

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

	Good	Average	Unsatisfactory
Training objectives			
Methods used			
Materials used			
Field Practice			
Capacity to carry out an identical training (for TOT)			
Tea breaks			

1. Which sessions did you find most useful?

2. What are your suggestions to improve the training?

Other comments: