

Combined course on growth assessment and IYCF counselling

Director's Guide



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1. Introduction to the course

1.1 Why this course is needed

The sixty-third World Health Assembly Resolution WHA63.23 urges Member States to implement the WHO Child Growth Standards by their full integration into child health programmes. This course combines the skills required to assess child growth accurately and to effectively counsel and support mothers in the appropriate feeding of their infants and young children.

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

The WHO Child Growth Standards, published in 2006, were developed using a sample of children from six countries: Brazil, Ghana, India, Norway, Oman, and the United States of America. The WHO Multicentre Growth Reference Study (MGRS)¹ was designed to provide data describing how children should grow, by including in the study's selection criteria certain recommended health behaviours (for example, breastfeeding, providing standard paediatric care, and not smoking). A key characteristic of the new standards is that they explicitly identify breastfeeding as the biological norm and establish the breastfed child as the normative model for growth and development² and are a most appropriate complement to the WHO/UNICEF Global Strategy on Infant and Young Child Feeding.

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

On the other hand, inappropriate feeding probably contributes to increased overweight/ obesity in childhood. The application of the WHO Child Growth Standards and the counselling on infant and young child feeding presented in this course aim to address as much the practices that lead to undernutrition as those that pre-dispose to the accumulation of excessive weight.

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

¹ de Onis M, Garza C, Victora CG, Bhan MK, Norum KR, editors. WHO Multicentre Growth Reference Study (MGRS): Rationale, Planning and Implementation. *Food Nutr Bull* 2004;25 (Suppl 1):S1–89.

² WHO Child Growth Standards. Mercedes de Onis, Cutberto Garza, Adelheid W. Onyango, Reynaldo Martorell, guest editors. *Acta Paediatrica*, 2006; Suppl 450: 1-101.

There is therefore an urgent need to train those involved in infant feeding counselling in the skills needed to support and protect breastfeeding and good complementary feeding practices. The growth assessment skills acquired in the present course will equip them to work with mothers towards achieving the complementary aims of appropriate infant and young child feeding (IYCF) and healthy child growth.

The present course is developed by combining the core elements of two existing courses:

- . WHO/UNICEF: Infant and Young child Feeding Counselling: An Integrated Course (5 days)
- . WHO: Training Course on Child Growth Assessment (3.5 days)

This 5-day *Combined course on growth assessment and IYCF counselling* does not set out to replace these courses. Sections that address special needs, e.g., IYCF in the context of HIV, are excluded from the present course but will be presented as a supplementary section for use in populations where special needs pose challenges to appropriate IYCF.

'Counselling' is an extremely important component of this course, as it is in the parent courses. The concept of 'counselling' may be new and can be difficult to translate. Some languages use the same word as 'advising'. However, counselling means more than simple advising. Often, when health workers advise people, they tell them what they think should be done. However, the aim of counselling is to listen and help the person decide what is best from various options or suggestions, and then build their confidence to carry out the decision. This course aims to give health workers basic counselling skills so that they can help mothers and caregivers more effectively.

1.2 Target audience

This course is aimed at the following groups of people:

- Lay counsellors
- Community health workers
- Primary Health Care nurses and doctors – especially if supervising and/or a referral level for lay counsellors, community health workers or PMTCT counsellors
- Clinicians at first referral level
- Paediatricians, family practice physicians, nurses, clinical officers, health assistants, and nutritionists who measure and assess the growth of children or supervise these activities

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

Trainers are expected to have a more specialized knowledge of infant feeding and/or the growth standards should have completed some or all of the following courses:

1. WHO Training Course on Child Growth Assessment
2. Infant and Young Child Feeding Counselling: An integrated course
3. Breastfeeding Counselling: a Training course

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

1.3 Course objectives

After completing this course, participants will be able to assess breastfeeding and complementary feeding, measure children, plot measurements on growth charts, and interpret growth indicators and counsel and support mothers to carry out WHO/UNICEF recommended feeding practices for their infants and young children.

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

This course is based on a set of competencies which participants are expected to learn during the course and subsequent practice and follow-up at their place of work. Competencies may be a concept that is new to trainers and participants. It is important to explain this clearly to the trainers on the training-of-trainers course and to the participants during the opening session and Session 38 of the participant's course. To become competent at something you need a certain amount of knowledge and be proficient in certain skills. The knowledge required to be competent at a task is to know 'what to do and when to do it.' The table of competencies listed on the following pages (and also in the Introduction to the *Trainer's Guide* and Session 38 of the *Participant's Manual*) reflects the content of this course and the knowledge and skills on which the participants will be assessed. You will see that the table is divided into three columns: the competency (column 1), the knowledge required for each competency (column 2) and the skills required for each competency (column 3).

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

The competencies are arranged in a certain order. The competencies at the beginning of the table are those which are most commonly used, and on which later competencies depend. For example, the competency 'use listening and learning skills to counsel a mother' is used in many of the other competencies.

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

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

Competency	Knowledge	Skills
9. Measure weight, length and height	<ul style="list-style-type: none"> ▪ Describe how to measure weight length and height ▪ Determine when to measure length and when to measure height 	<ul style="list-style-type: none"> ▪ Measure weight of a young child held by a mother and an older child alone ▪ Measure length correctly ▪ Measure height correctly
10. Plot single points on various growth charts	<ul style="list-style-type: none"> ▪ Explain how to place a point on a graph combining information from two axes ▪ Describe where to find the age, weight, and length/height on various growth indicator charts 	<ul style="list-style-type: none"> ▪ Plot weight and length/height points on weight-for-age and length/height-age charts ▪ Plot weight points on weight-for-length/height charts
11. Interpret single points on various indicator charts	<ul style="list-style-type: none"> ▪ Identify growth problems based on points plotted on a single indicator chart ▪ Define a growth problem using a combination of indicator charts 	<ul style="list-style-type: none"> ▪ Identify children who are stunted, underweight, wasted and overweight based on points plotted on several indicator charts
12. Interpret growth trends using a combination of indicators	<ul style="list-style-type: none"> ▪ Interpret trends on growth charts 	<ul style="list-style-type: none"> ▪ Identify a child who are growing normally, has a growth problem or is at risk of a growth problem
13. Take a feeding history for an infant 0-6 months	<ul style="list-style-type: none"> ▪ Describe the contents and arrangement of the Feeding History Job Aid, 0-6 Months 	<ul style="list-style-type: none"> ▪ Take a feeding history using the job aid and appropriate counselling skills according to the age of the child
14. Teach a mother the 10 Key Messages for complementary feeding	<ul style="list-style-type: none"> ▪ List and explain the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6) ▪ Explain when to use the food consistency pictures, and what each picture shows ▪ List and explain the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8) ▪ List and explain the Key Message about how to feed an infant or young child (Key Message 9) ▪ List and explain the Key Message about how to feed an infant or young child during illness (Key Message 10) 	<ul style="list-style-type: none"> ▪ Explain to a mother the 6 Key Messages about what to feed to an infant or young child to fill the nutrition gaps (Key Messages 1-6) ▪ Use the food consistency pictures appropriately during counselling ▪ Explain to a mother the 2 Key Messages about quantities of food to give to an infant or young child (Key Messages 7-8) ▪ Explain to a mother the Key Message about how to feed an infant or young child (Key Message 9) ▪ Explain to a mother the Key Message about how to feed an infant or young child during illness (Key Message 10)
15. Counsel a pregnant woman about breastfeeding	<ul style="list-style-type: none"> ▪ List the Ten Steps to Successful Breastfeeding ▪ Describe how the International Code of Marketing of Breast-milk Substitutes helps to protect breastfeeding ▪ Discuss why exclusive breastfeeding is important for the first six months ▪ List the special properties of colostrum and reasons why it is important 	<ul style="list-style-type: none"> ▪ Use counselling skills appropriately with a pregnant woman to discuss the advantages of exclusive breastfeeding ▪ Explain to a pregnant woman how to initiate and establish breastfeeding after delivery, and the optimal breastfeeding pattern ▪ Apply competencies 1, 2 and 6

Competency	Knowledge	Skills
16. Help a mother to initiate breastfeeding	<ul style="list-style-type: none"> ▪ Discuss the importance of early contact after delivery and of the baby receiving colostrum ▪ Describe how health care practices affect initiation of exclusive breastfeeding 	<ul style="list-style-type: none"> ▪ Help a mother to initiate skin-to-skin contact immediately after delivery and to introduce her baby to the breast ▪ Apply competencies 1, 2, 4 and 5
17. Support exclusive breast feeding for the first six months of life	<ul style="list-style-type: none"> ▪ Describe why exclusive breastfeeding is important ▪ Describe the support that a mother needs to sustain exclusive breastfeeding 	<ul style="list-style-type: none"> ▪ Apply competencies 1 to 8 and 13 appropriately
18. Help a mother to sustain breastfeeding up to 2 years of age or beyond	<ul style="list-style-type: none"> ▪ Describe the importance of breast milk in the 2nd year of life 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 2, 12 and 14, including explaining the value of breastfeeding up to 2 years and beyond
19. Help a mother with 'not enough milk'	<ul style="list-style-type: none"> ▪ Describe the common reasons why a baby may have a low breast milk intake ▪ Describe the common reasons for apparent insufficiency of milk ▪ List the reliable signs that a baby is not getting enough milk 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 3, 12 and 13 to decide the cause ▪ Apply competencies 2, 4, 5, 6, 7 and 8 to overcome the difficulty, including explaining the cause of the difficulty to the mother
20. Help a mother with a baby who cries frequently	<ul style="list-style-type: none"> ▪ List the causes of frequent crying ▪ Describe the management of a crying baby 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 3, 12 and 13 to decide the cause ▪ Apply competencies 2, 4, 5 and 6 to overcome the difficulty, including explaining the cause of the difficulty to the mother ▪ Demonstrate to a mother the positions to hold and carry a colicky baby
21. Help a mother whose baby is refusing to breastfeed	<ul style="list-style-type: none"> ▪ List the causes of breast refusal ▪ Describe the management of breast refusal 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 3, 12 and 13 to decide the cause ▪ Apply competencies 2, 4 and 5 to overcome the difficulty, including explaining the cause of the difficulty to the mother ▪ Help a mother to use skin-to-skin contact to help her baby accept the breast again ▪ Apply competencies 7 and 8 to maintain breast milk production and to feed the baby meanwhile
22. Help a mother who has flat or inverted nipples	<ul style="list-style-type: none"> ▪ Explain the difference between flat and inverted nipples and about protractility ▪ Explain how to manage flat and inverted nipples 	<ul style="list-style-type: none"> ▪ Recognize flat and inverted nipples ▪ Apply competencies 2, 4, 5, 7 and 8 to overcome the difficulty ▪ Show a mother how to use the syringe method for the treatment of inverted nipples

Competency	Knowledge	Skills
23. Help a mother with engorged breasts	<ul style="list-style-type: none"> ▪ Explain the differences between full and engorged breasts ▪ Explain the reasons why breasts may become engorged ▪ Explain how to manage breast engorgement 	<ul style="list-style-type: none"> ▪ Recognize the difference between full and engorged breasts ▪ Apply competencies 2, 4, 5, 6 and 7 to manage the difficulty
24. Help a mother with sore or cracked nipples	<ul style="list-style-type: none"> ▪ List the causes of sore or cracked nipples ▪ Describe the relevant anatomy and physiology of the breast ▪ Explain how to treat candida infection of the breast 	<ul style="list-style-type: none"> ▪ Recognize sore and cracked nipples ▪ Recognize candida infection of the breast ▪ Apply competencies 2, 3, 4, 5, 7 and 8 to manage these conditions
25. Help a mother with mastitis	<ul style="list-style-type: none"> ▪ Describe the difference between engorgement and mastitis ▪ List the causes of a blocked milk duct ▪ Explain how to treat a blocked milk duct ▪ List the causes of mastitis ▪ Explain how to manage mastitis, including indications for antibiotic treatment and referral ▪ List the antibiotics to use for infective mastitis 	<ul style="list-style-type: none"> ▪ Recognize mastitis and refer if necessary ▪ Recognize a blocked milk duct ▪ Manage blocked duct appropriately ▪ Manage mastitis appropriately using competencies 1, 2, 3, 4, 5, 6, 7, 8 and rest, analgesics and antibiotics if indicated. Refer to the appropriate level of care
26. Help a mother to breastfeed a low-birth-weight baby or sick baby	<ul style="list-style-type: none"> ▪ Explain why breast milk is important for a low-birth-weight baby or sick baby ▪ Describe the different ways to feed breast milk to a low-birth-weight baby 	<ul style="list-style-type: none"> ▪ Help a mother to feed her LBW baby appropriately ▪ Apply competencies, especially 7, 8 and 12, to manage these infants appropriately ▪ Explain to a mother the importance of breastfeeding during illness and recovery
27. Help mothers whose babies are over six months of age to give complementary feeds	<ul style="list-style-type: none"> ▪ List the gaps which occur after six months when a child can no longer get enough nutrients from breast milk alone ▪ List the foods that can fill the gaps ▪ Describe how to prepare feeds hygienically 	<ul style="list-style-type: none"> ▪ Apply competencies 1, 2, 12 and 14 ▪ Use the FOOD INTAKE JOB AID, 6-23 MONTHS to learn how a mother is feeding her infant or young child ▪ Identify the gaps in the diet using the FOOD INTAKE JOB AID, 6-23 MONTHS and the FOOD INTAKE REFERENCE TOOL, 6-23 MONTHS
28. Counsel a mother whose child has undernutrition	<ul style="list-style-type: none"> ▪ Describe causes of stunting, wasting, and underweight ▪ Involve the mother in identifying possible causes of her child's undernutrition ▪ Find age-appropriate advice for the problem identified 	<ul style="list-style-type: none"> ▪ Identify the key sections of the job-aid INVESTIGATING CAUSES OF UNDERNUTRITION ▪ Use the job-aid appropriately (find the correct pages for the child's age, complete the investigation before counselling, counsel using age-appropriate

Competency	Knowledge	Skills
	<ul style="list-style-type: none"> ▪ Set goals for improving growth of an undernourished child 	<p>recommendations)</p> <ul style="list-style-type: none"> ▪ Check mother's understanding using checking questions ▪ Involve mother in setting goals for improved growth
29. Counsel a mother whose child is overweight	<ul style="list-style-type: none"> ▪ Describe causes of overweight/obesity ▪ Involve the mother in identifying possible causes of her child's overweight ▪ Set goals for improving growth of an overweight child 	<ul style="list-style-type: none"> ▪ Identify the key sections of the job-aid INVESTIGATING CAUSES OF OVERWEIGHT ▪ Use the job-aid appropriately (find the correct pages for the child's age, complete the investigation before counselling, counsel using age-appropriate recommendations) ▪ Check mother's understanding using checking questions ▪ Involve mother in setting goals for improved growth

1.5 Course structure

The *Combined course on growth assessment and infant and young child feeding counselling* is for about 12- 24 participants, and 4 to 6 trainers, in groups of six - eight participants each with two trainers plus a course director/s. The course includes 38 sessions and takes approximately 36 hours excluding meal times and the opening and closing ceremonies.

Because of time constraints, written exercises are given as homework and it is expected that the trainer reviews the homework with the participants assigned to him/her before providing the answer sheets for each exercise.

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

The course uses a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of three to four participants with one trainer, with role-play, practical work and exercises. The sessions are structured around two 2-hour and one 4-hour practical session, during which participants practise measuring, counselling and technical skills, with mothers or caregivers and young children. The sessions are in a suggested sequence (see example of Timetable in section 4) but the order may need to be adapted to suit local facilities – for example, if mothers and infants are not available for practical sessions at the suggested times. The course begins with assessment of growth and breastfeeding. Following these are the sessions on complementary feeding and counselling on growth and feeding.

Some sessions can be moved, but it is necessary for some aspects of the sequence to be maintained. The main requirement is that the sessions that prepare participants for a particular practical session are conducted before the practical.

1.6 Where to hold the course - overview

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

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

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

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

1.7 Course materials

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

Director's Guide

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

The Trainer's Guide

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

Slides

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

Participant's Manual

A *Participant's Manual* is provided for each participant. This contains summaries of information, copies of Worksheets and Checklists for the practical sessions and exercises participants will do during the course (without answers). This Manual can be used for reference after the course, so it is not essential for participants to take detailed notes.

Answer sheets

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

Forms and checklists

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

- . BREASTFEED OBSERVATION JOB AID
- . FEEDING HISTORY JOB AID, 0-6 MONTHS
- . LISTENING AND LEARNING SKILLS CHECKLIST
- . COUNSELLING SKILLS CHECKLIST ('listening and learning' & 'confidence and support')
- . PRACTICAL DISCUSSION CHECKLIST (for trainers only)
- . SINGLE 3-PART JOB-AID INCLUDING:
 - o FOOD INTAKE JOB AID, 6-23 MONTH
 - o INVESTIGATING CAUSES OF UNDERNUTRITION
 - o INVESTIGATING CAUSES OF OVERWEIGHT
- . AGE CALCULATOR
- . BOY'S GROWTH RECORD
- . GIRL'S GROWTH RECORD

Updates

Periodic updates on the topics covered on this course will be available on the WHO website which should be consulted when preparing a course.

Training aids

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

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

HOW TO MAKE A MODEL DOLL

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

HOW TO MAKE A MODEL BREAST

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

1.8. Resource Materials

RESOURCE MATERIALS

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

These can be downloaded from WHO web sites: www.who.int/maternal_child_adolescent/en/ or www.who.int/nut/publications or www.who.int/childgrowth

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

- Annex to Breastfeeding Counselling: A training Course on Breastfeeding and Maternal Medication: Recommendations for drugs in the WHO Model List of Essential Drugs WHO/CDR/95.11
- Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. World Health Organization, Geneva, 2010.
- Breastfeeding Counselling: A training course. World Health Organization, Geneva, 1998 (Updated on 2012).
- Community-Based Strategies for Breastfeeding Promotion and Support in Developing Countries WHO 2003
- Complementary Feeding – family foods for breastfed children. WHO/NHD/00.1
- Complementary Feeding Counselling: a training course WHO 2004.
- Complementary Feeding of Young Children in Developing Countries: a review of current scientific knowledge. WHO/NUT/98.1
- De Onis M et al. The WHO Multicentre Growth Reference Study (MGRS): Rationale, planning and implementation. Food and Nutrition Bulletin 2004; 25 (Supplement 1): S3-S84
- Evidence for the Ten Steps to Successful Breastfeeding WHO/CHD/98.9
- Guidelines on optimal feeding of low birth-weight infants in low- and middle-income countries. WHO, Geneva, 2011.
- Guiding Principles for Complementary Feeding of the Breastfed Child. 2003, PAHO/WHO, Division of Health Promotion and Protection/Food and Nutrition Program, Washington, DC, USA.
- Guiding principles for feeding the non-breastfed child 6-24 months. Geneva, 2005
- Hepatitis B and breastfeeding update. WHO 1996
- Infant and young child feeding: Model chapter for textbook for medical students and allied health professionals. WHO, Geneva, 2009.
- Infant and young child feeding: A tool for assessing national practices, policies and programmes, Geneva 2003
- International Code of Marketing of Breast-milk Substitutes. Geneva, 1981.
- Mastitis: causes and management WHO/FCH/CAH/00.13
- Protecting, Promoting and supporting breast-feeding: the special role of maternity services. A joint WHO/UNICEF Statement, Geneva, 1989
- Relactation – a review of experience and recommendations for practice WHO/CHS/CAH/98.14
- The International Code of Marketing of Breast-milk Substitutes: Frequently Asked Questions. WHO, Geneva, 2006.
- WHO Child Growth Standards. Acta Paediatrica Supplement 2006; 450: 5-101
- WHO Training course on child growth assessment. Geneva, World Health Organization, 2008.
- WHO. The optimal duration of exclusive breastfeeding: a systematic review. WHO/NHD/01.08
- WHO. HIV and infant feeding 2010: an updated framework for priority action. Geneva, World Health Organization, 2012.
- WHO/UNICEF. Acceptable medical reasons for use of breast-milk substitutes. WHO, Geneva, 2009.
- WHO/UNICEF. Global Strategy for Infant and Young Child Feeding Geneva, 2003.
- WHO, UNICEF, USAID, AED, UCDAVIS, IFPRI. Indicators for assessing infant and young child feeding practices. Definitions. Measurement. Country Profiles. Geneva, 2003.
- WHO, UNAIDS, UNFPA, UNICEF. Guidelines on HIV and infant feeding 2010: Principles and recommendations for infant feeding in the context of HIV and a summary of evidence. World Health Organization, Geneva, 2010.

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

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

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

- Counselling for HIV/AIDS: a key to caring WHO/GPA/TCO/HCS/95.15
- HIV in Pregnancy: a Review WHO/CHS/RHR/99.15; UNAIDS 99.35
- Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. Recommendations for a public health approach (2010 version).
- Antiretroviral therapy for HIV infection in adults and adolescents. Recommendations for a public health approach: 2010 revision.

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

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

Available from WHO Regional Office for Europe, Copenhagen, Denmark

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

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

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

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

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

1.9 Clerical and logistical support

Make sure that clerical and support staff will be available at the site to make photocopies and to prepare, for example, the evaluation questionnaires and certificates, and to make transport arrangements. They should be able and willing to help with anything that requires their attention. A secretary/administrative assistant should be available to deal with administrative tasks 2-3 days before training begins.

1.10 Funds required

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

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

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

1.11 Opening and closing ceremonies

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

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

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

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

1.12 Role of the Course Director

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

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

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

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

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

2. Arranging Where To Hold A Course

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

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

2.1 Classroom facilities

You need one large room available for seating all facilitators, participants, and visitors; and one small classroom per group. The small classroom should have space for each group of six to eight participants and their trainers to sit at a table during the sessions. You need additional table space to lay out the materials used during the course.

The classrooms should be in a place where the participants are not disturbed by too much background noise. It should have adequate lighting and ventilation.

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

2.2 Accommodation and meals

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

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

2.3 Sites for Practical Sessions

Choosing sites for the Practical Sessions

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

- **Practical Session 1:** Option 1: An area in the facility where the classroom sessions take place, with enough space to accommodate: scales, measuring boards, chairs for mothers or caregivers and if possible for each group of 3-4 participants and their trainer. For this option mothers of children (under 2 years old and 2-5 years old) should be invited to the facility. Option 2: Child health centre or paediatric outpatient service, with enough mothers/caregivers and children for each pair of participants to measure at least one child under-2 years old and one 2-5 years old.
- **Practical Sessions 2:** Postnatal ward with enough breastfeeding mothers and babies for each participant to talk to at least one mother.
- **Practical Session 3:** Child health centre or paediatric outpatient service, with enough mothers/caregivers and children for each pair of participants to measure and counsel mother or caregiver of at least one child under-2 years old and one 2-5 years old.

If there is no single facility in an area large enough to provide enough mothers, caregivers and children, you may use another nearby facility and send some of the small groups of four participants to each site. As discussed earlier, for participants to become competent in the necessary skills it is important for them to practise, under supervision, as many of the skills as possible during the course. It is important, therefore, that there be enough mother/infant pairs for each of the practical sessions.

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

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

- **Practical Session 1** must be timetabled to occur after Sessions 5, 6, 7, and 8 'Introducing child growth assessment', 'measuring length, height and weight', 'Listening and Learning' and 'Listening and Learning exercises' have been completed.
- **Practical Session 2** should occur after Sessions 4, 11, 12 and 13 'Assessing a Breastfeed,' 'Positioning a Baby at the Breast', 'Building Confidence and Giving Support', and 'Building Confidence and Support exercises' have been completed.
- **Practical Session 3** should occur after Sessions 23, 27, 29, 30 and 32 'Building confidence and support exercises 2', 'Growth assessment results and counselling when child is growing well', 'counsel mother for undernutrition' 'Investigate and counsel mother for overweight', and 'counselling on complementary feeding, growth and malnutrition' have been completed.

Visit the health facility

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

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

Prepare the facility staff

It is important to prepare the health facility that will help during practical sessions. If necessary, arrange to give them appropriate orientation session, so that they understand the purpose of the course more clearly.

At the meeting, explain:

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

Leave some copies of reference materials for staff to read.

Example of an Information sheet for practical site**Combined course on growth assessment and IYCF counselling**

After completing this course, participants will be able to assess breastfeeding and complementary feeding, measure children, plot measurements on growth charts, and interpret growth indicators and counsel and support mothers to carry out WHO/UNICEF recommended feeding practices for their infants and young children.

On completion of the course, participants should be able to assess the growth of children 0-5 years old, provide anticipatory feeding guidance, assist mothers with breastfeeding difficulties, assess if the child is at risk of or has a problem of undernutrition/overweight and counsel mothers accordingly.

We would like your assistance with the practical sessions of this course. During these practical sessions, participants practise counselling skills with mothers (or in some situations another caregiver) of children between 0-5 years. There are three practical sessions. In Practical Sessions 1 and 3 participants talk to mothers or caregivers of children 0-5 years old, measuring the children, in Practical Session 3 they also assess growth and provide counselling on appropriate feeding of children, and management of undernutrition or overweight as appropriate. In Practical Session 2 participants talk to mothers in the postpartum unit and provide breastfeeding counselling and support.

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

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

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

Thank you for your assistance.

Course Organizers:³

.....

Course Venue:

.....

Course Dates:

.....

Course contact person's name and address:

³ e.g. Child Health Service

3. Selecting Trainers and Participants

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

3.1 Selecting trainers

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

Profile of a trainer

Trainers or facilitators will work in pairs with small groups of participants to guide them through work on the modules. Two facilitators are needed for each small group of 6–8 participants. Even in a very small course, at least two facilitators are needed; if necessary, the course director may serve as one of the facilitators. Trainers are ideally people who are already involved in the promotion and support of infant and young child feeding and/or in growth assessment, and who have previous training experience. They should:

- be convinced that growth assessment and infant and young child feeding are important
- be interested in becoming a trainer in the *Combined course on growth assessment and IYCF counselling*.
- be a trainer in one or more of the following courses:
 - *WHO/UNICEF Infant and young child feeding counselling: An integrated course*
 - *WHO training course on child growth assessment*
 - *WHO/UNICEF Breastfeeding counselling: A training course*
- be willing and able to attend the entire course, including the preparation for trainers
- be willing and available to conduct other courses in the future
- be available to conduct the follow-up assessment of participants.

The criteria below indicate the type of person that should be selected for training as a facilitator.

- Facilitators must have *good communication skills*, including the ability to explain things clearly and simply to others. Facilitators in this course are not expected to give lectures but to guide participants through written materials, discussions, etc. Facilitators must be observant individuals who can see when participants are having difficulty, can explain things clearly, and can give helpful feedback.
- Facilitators must be *familiar with the course materials* from previous training as facilitators or end-users. Ideally, when the course is first introduced in a country or region, a group of master trainers should receive facilitator training.
- If some participants have difficulties speaking the written language of the course, at least one facilitator per group should *know the spoken language of the participants*.

- Facilitators must be *organized*. They must be able to keep the group on schedule and plan ahead for the next task.
- Facilitators must be *available throughout the course*. They must have the energy and motivation to work a long day with participants and then attend a facilitator meeting to review the day's work and prepare for the next day.

Note: In any course, facilitators may identify participants who would eventually make good facilitators themselves. Ask facilitators to point out participants who:

- easily understand the modules
- communicate clearly
- help others and work well with others in their group
- participate confidently in discussions and role plays and
- work confidently and competently in clinical sessions.

Inviting trainers

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

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

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

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

It is hoped that some of the trainers will become Course Directors. Building capacity of new trainers is as important as training participants.

3.2 Preparation of trainers

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

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

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

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

Outline course training methods

Distribute materials

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

Explain the course structure and timetable

- Ask trainers to look at their copy of the timetable for the participants' course.
- Explain how the course is arranged with lectures, demonstrations, exercises and practicals.
- Explain how training is conducted partly with the whole class together and partly in groups of six to eight participants with two trainers.

Explain what will happen during the preparation days

Ask the trainers to look at the timetable for the preparation of trainers, and explain how it is arranged.

Explain that some time will be used on the practical aspects of the course management such as assigning sessions, checking materials and the facilities, and general planning. Tell them that they will go through some of the sessions, partly as 'participants' and partly as 'trainers'.

Explain to the trainers that they will start assuming the role of trainers on the second day, distribute to all one of the working timetables for facilitators/trainers provided in Section 4.6 (one is for a five-day training, the other for a six-day training) so they can list the names of the co-facilitators for each session as responsibilities are assigned. They will also assume responsibility of clinical practices starting on Clinical Practice 2.

Explain the objectives of the preparation

The objectives are:

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

Explain the principles of the course methods

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

Instruction should be performance based.

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

This course is based on experience of what those involved in infant feeding counselling need to be able to do to help mothers to optimally feed children who are 0-23 months of age and what is required for appropriate growth assessment, identification of risk and counselling for undernutrition or overweight among children less than 5 years old.

Active participation increases learning.

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

Immediate feedback increases learning.

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

Motivation is essential for instruction to be effective.

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

Trainers help to maintain this motivation if they:

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

Discuss teaching various kinds of sessions

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

Presentations

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

Group work

Sessions are conducted in small groups of six to eight participants with two trainers.

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

Methods used and training skills required

Three methods are used to demonstrate and practise teaching procedures:

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

Practise different kinds of sessions

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

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

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

Summarize the main training skills required

Giving lectures and using visual aids

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

Giving individual feedback

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

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

To practise the technique, one new trainer plays the part of a participant doing an exercise,

while the other trainer gives individual feedback on her answer. They sit in front of the class, positioned as a trainer and participant would be, for others to observe and learn from their performance.

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

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

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

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

Preparing and giving a demonstration

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

Conducting small group sessions (practising counselling skills)

In session 32 participants practise role-playing using their counselling skills. Participants work in groups of three to four using the story cards provided. One of the group plays the 'mother' or 'caregiver' and the other plays the 'counsellor'; the other member or two members are observers. The trainer follows the story contained in the *Trainer's Guide* to guide participants and make sure that they learn what is intended. The trainer helps the counsellor to improve his/her skills.

Helping participants

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

Review the Trainer's Guide and the other materials

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

The *Participant's Manual* contains the essential information for Sessions 1-38 that a participant needs to be able to remember or refer to. It contains the exercises and worksheets but without answers. The *Trainer's Guide* contains the same information, plus some further information to help to answer questions, and also detailed guidance on how to conduct each session, and possible answers to the exercises.

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

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

Read the introduction to the Trainer's Guide

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

Ask the trainers to look at page 20 in the *Trainer's Guide*, and to look at the box WHAT THE SIGNS USED IN THIS GUIDE INDICATE. Explain that these signs are used throughout the guide, and they will soon become familiar.

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

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

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

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

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

Show trainers all the other materials, including the worksheets and story cards. Explain briefly what each is for.

Practising the sessions

Assign practice sessions to trainers

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

Conduct the preparation

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

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

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

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

- Did they include all the main points?
- Did they keep to time?

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

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

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

Help trainers who have difficulty

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

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

Review the timetable

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

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

Visit sites for practical sessions

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

Check the equipment

Check that the projector, electrical extension cords if needed, flipchart, and all other equipment are in place or that the trainers know where to get them.

Make the following clear:

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

Thank them for their efforts

Thank the trainers for their work during the preparation.

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

Trainers' Meetings

Trainers' meetings are usually conducted for about 30-60 minutes at the end of each day. Trainers will be tired, so keep the meetings brief. They should be led by the Course Director/s.

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

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

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

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

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

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

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

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

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

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

3.3 Selecting participants

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

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

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

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

3.4 Example of Course Announcement

Combined course on growth assessment and IYCF counselling

Date:

.....

Venue:

.....

Course Organizers:⁴

.....

Objectives of the course: After completing this course, participants will be able to assess breastfeeding and complementary feeding, measure children, plot measurements on growth charts, and interpret growth indicators and counsel and support mothers to carry out WHO/UNICEF recommended feeding practices for their infants and young children.

Who should attend: The course is for Primary Health Care nurses and doctors, Clinicians at first referral lever, Lay Counsellors, Community Health Workers. They should be fluent in (state required language)

Outline of course: The course is full time for five days. There are 38 sessions which use a variety of teaching methods, including lectures, demonstrations, and work in smaller groups of four participants with one trainer, with role-play, practical work and exercises. The sessions are structured around two 2-hour and one 4-hour practical sessions, during which participants practise measuring, assessing the growth and counselling with mothers, caregivers and children.

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

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

Certification: Participants who complete the entire course will receive a certificate

⁴ (e.g. Child Health Service)

4. Checklists for Planning

4.1 Overall Planning Checklist

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

Initial planning

1. Decide course schedule. For example, a 5-day course or 1-day meeting each week for 5 weeks. Allocate 8 teaching hours per day with meal times in addition.
2. Choose a training venue. This must include a large classroom, 2-3 smaller classrooms and a facility to conduct the field practices. Ideally, these should be at the same site. Make sure that the following are available:
 - Easy access from the classroom to the area for the practical sessions.
 - A large room and 2-3 smaller rooms that can seat all participants and trainers for sessions, including space for guests invited to opening and closing ceremonies. There should be space for each group of six to eight participants and their trainers to sit at a table, with enough space for each to open up their course materials.
 - For training of trainers you will need one classroom that can accommodate eight to ten people.
 - Adequate lighting and ventilation, and wall space to post up large sheets of paper in each of the rooms.
 - At least one table for each group of six to eight participants and additional table space for materials.
 - Freedom from disturbances such as loud noises or music.
 - Arrangements for providing refreshments.
 - Space for at least one clerical or logistic support staff during training.
 - A place where supplies and equipment can be safely stored and locked up if necessary.
 - When you have chosen a suitable site, book it in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
3. Choose lodging for the participants. Ideally, the course should be residential. If lodging is at a different site from the course, make sure that the following are available:
 - Reliable transportation to and from the course site.
 - Meal service convenient for the course timetable.
 - When you have identified suitable lodging, book it in writing and subsequently confirm the booking some time before the course, and again shortly before the course.
4. Visit the health facility or other facilities that you will use for the practical sessions.
 - Confirm the hours during which it is possible to see mothers and young children (if you plan to visit more than one facility at each practical session, it is important to make sure they are available at the same time).
 - When you have chosen a suitable site, confirm it in writing and re-confirm shortly before the course.

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

Arrangements at the training venue, before the course begins

The course director (or a designated trainer) should arrive at the course site early to ensure that arrangements described below are made. Plan to arrive there at least a day or two before the preparatory period for trainers and continue with the organization during the preparatory days. During the course, the course director needs to work with local staff to ensure that arrangements go well and that the trainers' and participants' work is not unduly interrupted.

14. Confirm arrangements for:

- lodging for all trainers and participants
- classroom arrangements
- daily transportation of participants from lodgings to classroom and to and from practical session sites
- the practical sessions and that clinic staff are briefed on the visits ensuring that children and their mothers will be available when needed and determining a suitable way of thanking the mothers and children for their time. For example, small toys or fruit (bananas are easy to hand out) may be given to the children
- meals and refreshments
- opening and closing ceremonies with relevant authorities. Check that invited guests are able to come
- a course completion certificate (if one will be given) and when a group photograph will be taken in time to be developed before the closing ceremony (optional)
- arrangements for typing and copying of materials during the course (for example, timetables, lists of addresses of participants and trainers)

15. Arrange to welcome trainers and participants at the hotel, airport or railway/bus station, if necessary.

16. Prepare training timetables for trainers and participants. An example is provided in Section 4.6.

17. Adapt the Evaluation Questionnaire, and make enough copies for each trainer and participant (See Section 6).

Actions during the training of trainers:

18. Provide a timetable for the training-of-trainers on the first day.

19. At the end of the training, assign pairs of trainers to work together during the course.

20. Assign groups of six to eight participants to two trainers.

21. Give time to trainers for distribution of the sessions among themselves.

22. Organize course materials, supplies and equipment, and place them in the appropriate rooms at the course site.

4.2 Checklist of course materials

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

Item	Total Copies	Director and Trainers	Participants
Course Director's Guides	8	✓	-
Trainer's Guides	8	✓	-
Set of slides	1	per group	-
Participant's Manuals	32	✓	✓
Girl's growth record	32	✓	✓
Boy's growth record	32	✓	✓
Photo booklet	32	✓	✓
INVESTIGATING CAUSES JOB AID	32	✓	✓
AGE CALCULATORS	32	✓	✓

Items to be photocopied

Item	Total	Director and Trainers	Participants
Course timetable for trainers (5 day course)	8	✓	-
Course timetable for participants (5 day course)	32	✓	✓
Registration form	30	✓	✓
Evaluation form	30	✓	✓
BREASTFEED OBSERVATION JOB AID (Session 4)	64	✓	✓
Copies of Demonstrations: 7.B – 7.O; 12.A – 12.D; 18.A; 27.A; 33.A (Sessions 7, 12, 18, 27, 33)	2 of each		For participants helping with demonstrations.
Copies of Scripts 1, 2, 3 and 4 (Sessions 28, 29 and 30)	2 of each		For participants helping with demonstrations.
PRACTICAL DISCUSSION CHECKLIST (with counselling skills on back)	8	✓	-
LISTENING AND LEARNING SKILLS CHECKLIST	32	✓	✓
COUNSELLING SKILLS CHECKLIST (including listening and learning and confidence and support skills)	32	✓	✓
EXERCISE 25.A: What is in the bowl (Session 25)	8		1 per group of 4
FOOD INTAKE JOB AID, 6-23 MONTHS (Session 27)	90	-	3 per participant
Counselling stories and growth charts (Session 32)	8		1 set per group of 3 to 4
EXERCISE 33.A: Prepare A Young Child's Meal (Session 33)	8	-	1 per group of 3 to 4
Answer sheets	24	-	1 per participant
Course certificate	32	✓	✓

4.3 Checklist of equipment and stationery

Items needed	Number needed	
	For the course	Per group
Laptop	1	
Power Point projector	1	
Equipment for typing	Access to this equipment	
Photocopying equipment	Two reams (200 sheets)	
Photocopying paper	just for timetables and other incidentals. More if worksheets, etc. done at course	
Flipchart stands or blackboards	3	
Flipchart pads	3	
Markers for flip chart – black	3	
blue	3	
red	3	
green	3	
Chalk (if using black board)	2 boxes	
Chalk erasers	2	
Name tags and holders	32	
Pads or notebooks of ruled paper	32	
No 2 pencils	32	
Erasers	32	
Ballpoint pens – blue or black	32	
Highlighters	32	
Hand-held staplers	2	
Staples	1 box	
Scissors	2 pairs	
Pencil sharpeners	5	
Paper clips, large	approx. 100	
Masking tape to stick flip chart sheets onto walls or other surface	2 rolls	
Simple files for trainers to store papers	10	

4.4 Checklist of items needed for demonstrations, per group

General:

A taring scale

A length/height board set up to measure length

A length/height board set up to measure height

4 chairs that can be brought to the front of the room for demonstrations.

A bowl or cup that would be used when feeding a young child – approximately 250 ml.

4 life size baby dolls – these can be made yourself if necessary

1 model breast – this can be made yourself if necessary

Individual Sessions

Session 11

Dolls

Pillows and a blanket

Somewhere for the 'mother' to lie down e.g. a bed or a table

A model breast.

Session 20

Some examples of suitable containers to collect expressed breast milk, which would be available to ordinary mothers (for example, cups, jam jars)

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

A cloth or bib

A doll

Session 21

A 20ml disposable syringe

Session 24

Consistency demonstration:

Extra table or tray in case porridge spills

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

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

Measuring jug to measure 200 ml

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

Divide the cooked porridge into 2 even portions:

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

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

Extra water (about 200 ml) to dilute porridge

A large eating spoon

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

Session 25

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

Session 26

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

Session 27

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

Session 33

A room in which you can bring food. This session can be conducted in the canteen following lunch, if suitable

A table for each group to work at

Variety of common foods (cooked if needed) that young children would eat, enough to make a child size bowlful for each group, from the kitchen at the course facilities or elsewhere. Include some inappropriate food, if possible. Do not divide the food for the groups. Cover the food until you are ready to use it

One small bowl, knife, fork and eating spoon for each group. A plate to prepare food on or a chopping board

A local measure that holds 250 ml as used in Session 31. Do not distribute this until after the plate of food is prepared by the group

Facilities for washing hands before and after preparing food

Waste container and materials for cleaning up afterwards.

Session 34

Teaspoon, medium size spoon and a very large spoon

Feeding bowl with some mashed food in it, (for example, banana)

Piece of bread or other finger food

Cloth to use as a bib

Basin, water, soap and towel for hand washing (as part of the demonstration)

Mat or chairs to sit on while demonstrating how to feed a young child.

4.5 Checklist of background information needed

- How does this course link to local programmes such as IMCI
- What are the follow-up plans for course participants (see Session 38)
- Breastfeeding/Baby-friendly policy for local hospitals and clinics (if available)
- Are there any locally used materials on feeding infants and young children?
- Are there any locally used materials on food hygiene?
- Are there local growth charts?
- Is generic infant formula available?
- Is a micronutrient supplement available in the local clinics? What is the policy for giving out these supplements?
- Is the percentage known of young children who are undernourished (wasted, underweight or stunted)?
- Is the culture a vegetarian or meat-eating culture?
- Are germinated flours or fermented porridge used in the area?
- Any local or national nutrition supplementation programmes and policies?
- Any local systems for providing food to families living in poverty?

4.6 Timetables

The following page has an example of timetable for the Training-of-trainers and the participants.

The Training-of-Trainers timetable is flexible and should be adjusted depending on the experience of the trainers and which of the previous WHO infant feeding courses they have participated in.

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

Additionally there is an example of working timetable for Director/s and trainers, to include the names of the co-facilitators for each session and any additional information that would be useful when conducting the training of participants,

Example 1: Timetable

Time	Day 1	Day 2	Day 3	Day 4	Day 5				
08:00-08:30	Welcome and opening ceremony	Practical Session 1 Listening and learning Measuring children Session 9	Practical Session 2 Building confidence and giving support: Assessing a breastfeed and positioning a baby at the breast Session 16	Food to fill the energy gap Session 24	Hygienic preparation of feeds + demonstration Session 33				
08:30-09:00	Introduction to the course: objectives, materials, teaching methods			Food to fill the iron and vitamin A gaps Session 25 (50 min)					
09:00-09:30	Introduction to infant and young child feeding and to the growth standards Session 1			Coffee	(09:20) Quantity, variety and frequency of feeding Session 26 (45 min)	Feeding techniques Session 34			
09:30-10:00	Why breastfeeding is important Session 2								
10:00-10:30	Coffee	Coffee	Coffee	Coffee (10:05)	Practical Session 3 Measuring growth and counselling on growth and feeding Session 35				
10:30-11:00	How breastfeeding works Session 3	Measuring is not so easy! Session 10	Interpreting trends on growth charts Session 17	Growth assessment results and feeding counselling when the child is growing well Session 27 (50 min)					
11:00-11:30	Assessing a breastfeed Session 4	Positioning a baby at the breast + practice with dolls Session 11 (75 min)	Lunch	11:20 Investigating causes of undernutrition. Session 28					
11:30-12:00	Lunch	12:15 Lunch		12:20 Counsel mother for undernutrition Session 29 (40 min)					
12:00-12:30			Lunch	Lunch	Lunch				
12:30-13:00									
13:00-13:30	Introducing child growth assessment Session 5	Building confidence and giving support Session 12 (45 min) Homework: Building confidence and giving support exercises (Session 13)	Taking a feeding history Session 18 (20 min)	Lunch	Lunch				
13:30-14:00									
14:00-14:30	(14:40) Measuring length, height and weight Session 6	(13:45) Plotting points for growth indicators Session 14	(13:50) Common breastfeeding difficulties Session 19 (60 min)	Investigate and counsel mother for overweight Session 30 (60 min)	Overview of HIV and IF - Session 36				
14:30-15:00						(14:45) Interpreting points for growth indicators Session 15 (120 min)	(14:50) Expressing breast milk and cup feeding Session 20 (40 min)	Checking understanding, arranging follow-up Session 31 (30 min)	Feeding during illness and LBW babies Session 37
15:00-15:30									
15:30-16:00	Tea	Tea	Tea	Preparation for Sessions 32 & 35 ⁵	Follow-up after training Session 38 (Tea included)				

⁵ Use 15 minutes to prepare groups for Session 32 and 15 minutes to give instructions for Practical Session 3

Time	Day 1	Day 2	Day 3	Day 4	Day 5
16:00-16:30	Tea		Breast conditions Session 21 (45 min)	Tea	
16:30-17:00	Listening and learning Session 7 (60 min)	(16:45) Tea	(16:45) Importance of complementary feeding Session 22 (45 min)	Counselling on complementary feeding, growth and malnutrition - practice scenarios Session 32	Closing ceremony
17:00-17:30	Homework: Listening and learning exercises (Session 8)		Homework: Building confidence and giving support exercises-pt 2 (Session 23)		Goodbye!

Example 2: Timetable

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
08:00-08:30	Welcome and opening ceremony	Measuring length, height and weight Session 6	Interpreting points for growth indicators Session 15	Practical Session 2 Building confidence and giving support: Assessing a breastfeed and positioning a baby at the breast Session 16	Investigating causes of undernutrition. Session 28 (40 min)	Practical Session 3 Measuring growth and counselling on growth and feeding Session 35
08:30-09:00	Introduction to the course: objectives, materials, teaching methods					
09:00-09:30	Introduction to infant and young child feeding and to the growth standards Session 1	Practical Session 1 Listening and learning Measuring children Session 9	Coffee	Coffee	(8:40) Counsel mother for undernutrition Session 29 (60 min)	
09:30-10:00	Why breastfeeding is important Session 2				(9:40) Investigate and counsel mother for overweight Session 30 (60 min)	
10:00-10:30	Coffee				(10:40) Coffee	
10:30-11:00	How breastfeeding works Session 3	Coffee	Interpreting trends on growth charts Session 17	Breast conditions Session 21 (45 min) (11:15) Importance of complementary feeding Session 22 (45 min)	Checking understanding, arranging follow-up Session 31 (30 min)	Coffee
11:00-11:30	Assessing a breastfeed Session 4					
11:30-12:00		Measuring is not so easy! Session 10			Preparation for Sessions 32 & 35 ⁶	Overview of HIV and IF - Session 36
12:00-12:30	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
12:30-13:00						
13:00-13:30	Introducing child growth assessment Session 5	Positioning a baby at the breast + practice with dolls Session 11 (75 min)	Taking a feeding history Session 18 (20 min)	Food to fill the energy gap Session 24 Food to fill the iron and vitamin A gaps Session 25 (50 min)	Counselling on complementary feeding, growth and malnutrition - practice scenarios Session 32	Feeding during illness and LBW babies Session 37
13:30-14:00						
14:00-14:30	(14:40) Tea	Building confidence and giving support Session 12 (45 min) Homework: Building confidence and giving support exercises (Session 13)	(13:50) Common breastfeeding difficulties Session 19 (60 min)	(14:20) Quantity, variety and frequency of feeding Session 26 (45 min)	Hygienic preparation of feeds + demonstration Session 33	Follow-up after training - Session 38
14:30-15:00						
15:00-15:30	Listening and learning Session 7 (60 min)	(15:00) Tea	(14:50) Tea	(15:05) Tea	Tea	Closing ceremony

⁶ Use 15 minutes to prepare groups for Session 32 and 15 minutes to give instructions for Practical Session 3

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
15:30-16:00	Homework: Listening and learning exercises (Session 8)	Plotting points for growth indicators Session 14	Expressing breast milk and cup feeding Session 20 (40 min)	Growth assessment results and feeding counselling when the child is growing well Session 27 (50 min) Homework: Building confidence and giving support exercises-pt 2 (Session 23)	Feeding techniques Session 34	Goodbye!
16:00-16:30						

Example 1: Working Timetable for Facilitators/Trainers

Time	Theme	Co-facilitator	Co-facilitator	Comments
	Day 1			
	Registration			
08:00-08:30	Welcome			
08:30-09:00	Introduction to the course: objectives, materials, teaching methods (30 minutes)			
09:00-09:30	Session 1 Introduction to infant and young child feeding and to the growth standards (30 minutes)			
09:30-10:00	Session 2 Why breastfeeding is important (30 minutes)			
10:00-10:30	Coffee break			
10:30-11:00	Session 3 How breastfeeding works (30 minutes)			
11:00-12:00	Session 4 Assessing a breastfeed (60 minutes)			
12:00-13:00	Lunch			
13:00-14:40	Session 5 Introducing child growth assessment (100 minutes)			
14:40-16:00	Session 6 Measuring length, height and weight (80 minutes)			
16:00-16:30	Tea break			
16:30-17:30	Session 7 Listening and learning (60 minutes)			
17:30-17:35	Session 8 Homework: Listening and learning exercises (introduction)			
17:35-18:15	Facilitator's meeting			

Time	Theme	Co-facilitator	Co-facilitator	Comments
	Day 2			
08:00-10:00	Practical Session 1 Session 9 (120 minutes) Listening and learning Measuring children			
10:00-10:30	Coffee break			
10:30-11:00	Session 10 Measuring is not so easy! (30 minutes)			
11:00-12:15	Session 11 Positioning a baby at the breast + practice with dolls (75 minutes)			
12:15-13:00	Lunch			
13:00-13:45	Session 12 Building confidence and giving support (45 minutes)			
	Session 13 Homework: Building confidence and giving support exercises (introduction)			
13:45-14:45	Session 14 Plotting points for growth indicators (60 minutes)			
14:45-16:45	Session 15 Interpreting points for growth indicators (120 minutes)			
16:45-17:15	Tea break			
17:30-18:15	Facilitator's meeting			
	Day 3			
08:00-10:00	Practical Session 2 Session 16 (120 minutes) Building confidence and giving support. Assessing a breastfeed and positioning a baby at the breast			
10:00-10:30	Coffee break			

Time	Theme	Co-facilitator	Co-facilitator	Comments
10:30-12:30	Session 17 Interpreting trends on growth charts (120 minutes)			
12:30-13:30	Lunch			
13:30-13:50	Session 18 Taking a feeding history (20 minutes)			
13:50-14:50	Session 19 Common breastfeeding difficulties (60 minutes)			
14:50-15:30	Session 20 Expressing breast milk and cup feeding (40 minutes)			
15:30-16:00	Tea break			
16:00-16:45	Session 21 Breast conditions (45 minutes)			
16:45-17:30	Session 22 Importance of complementary feeding (45 minutes)			
17:30-17:35	Session 23 Homework: Building confidence and giving support exercises-pt 2 (introduction)			
17:35-18:15	Facilitator's meeting			
	Day 4			
08:00-08:30	Session 24 Food to fill the energy gap (30 minutes)			
08:30-09:20	Session 25 Food to fill the iron and Vitamin A gaps (50 minutes)			
09:20-10:05	Session 26 Quantity, variety and frequency of feeding (45 minutes)			
10:05-10:30	Coffee break			
10:30-11:20	Session 27 Growth assessment results and counselling when child is growing well (50 minutes)			
11:20-12:20	Session 28 Investigating causes of undernutrition (40 minutes)			

Time	Theme	Co-facilitator	Co-facilitator	Comments
12:20-13:00	Session 29 Counsel mother for undernutrition (60 minutes)			
13:00-14:00	Lunch			
14:00-15:00	Session 30 Investigate and counsel mother for overweight (60 minutes)			
15:00-15:30	Session 31 Checking understanding, arranging follow-up (30 minutes)			
15:30-16:00	Preparation for Sessions 32 & 35¹			
16:00-16:30	Tea break			
16:30-17:30	Session 32 Counselling on complementary feeding, growth and malnutrition-(60 minutes) Role Play			
17:30-18:00	Facilitator's meeting			
	Day 5			
08:00-11:00	Practical Session 3 Session 35 (180 minutes) Measuring growth and counselling on growth and feeding			
11:00-11:30	Coffee break			
11:30-12:30	Session 33 Hygienic preparation of feeds + demonstration (60 minutes)			
12:30-13:30	Lunch			
13:30-14:00	Session 34 Feeding Techniques (30 minutes)			
14:00-15:00	Session 36 Overview of HIV and IF (45 minutes)			

Time	Theme	Co-facilitator	Co-facilitator	Comments
14:45-15:15	Session 37 Feeding during illness and LBW (30 minutes)			
15:15-16:30	Session 38 Follow-up after training /Tea			
16:30-17:30	1st week Arrangements for 2nd week training. Groups' assignation. Distribution of responsibilities and assignation of sessions within groups			

Example 2: Working Timetable for Facilitators/Trainers

Time	Theme	Co-facilitator	Co-facilitator	Comments
	Day 1			
	Registration			
08:00-08:30	Welcome and introductions			
08:30-09:00	Introduction to the course: objectives, materials, teaching methods (30 minutes)			
09:00-09:30	Session 1 Introduction to infant and young child feeding and to the growth standards (30 minutes)			
09:30-10:00	Session 2 Why breastfeeding is important (30 minutes)			
10:00-10:30	Coffee break			
10:30-11:00	Session 3 How breastfeeding works (30 minutes)			
11:00-12:00	Session 4 Assessing a breastfeed (60 minutes)			
12:00-13:00	Lunch			
13:00-14:40	Session 5 Introducing child growth assessment (100 minutes)			
14:40-15:00	Tea break			
15:00-16:00	Session 7 Listening and learning (60 minutes)			
16:00-16:05	Session 8 Homework: Listening and learning exercises (introduction)			
16:05-17:00	Facilitator's meeting			

Time	Theme	Co-facilitator	Co-facilitator	Comments
	Day 2			
08:00-09:00	Session 6 Measuring length, height and weight (80 minutes)			
09:00-11:00	Practical Session 1 Session 9 (120 minutes) Listening and learning Measuring children			
11:00-11:30	Coffee break			
11:30-12:00	Session 10 Measuring is not so easy! (30 minutes)			
12:15-13:00	Lunch			
13:00-14:15	Session 11 Positioning a baby at the breast + practice with dolls (75 minutes)			
14:15-15:00	Session 12 Building confidence and giving support (45 minutes)			
15:00-15:05	Session 13 Homework: Building confidence and giving support exercises (introduction)			
15:05-15:30	Tea break			
15:30-16:30	Session 14 Plotting points for growth indicators (60 minutes)			
16:30-17:30	Facilitator's meeting			
	Day 3			
08:00-10:00	Session 15 Interpreting points for growth indicators (120 minutes)			
10:00-10:30	Coffee break			
10:30-12:30	Session 17 Interpreting trends on growth charts (120 minutes)			

Time	Theme	Co-facilitator	Co-facilitator	Comments
12:30-13:30	Lunch			
13:30-13:50	Session 18 Taking a feeding history (20 minutes)			
13:50-14:50	Session 19 Common breastfeeding difficulties (60 minutes)			
14:50-15:20	Tea break			
15:20-16:00	Session 20 Expressing breast milk and cup feeding (40 minutes)			
16:00-17:00	Facilitator's meeting			
	Day 4			
08:00-10:00	Practical Session 2 Session 16 (120 minutes) Building confidence and giving support. Assessing a breastfeed and positioning a baby at the breast			
10:05-10:30	Coffee break			
10:30-11:15	Session 21 Breast conditions (45 minutes)			
11:15-12:00	Session 22 Importance of complementary feeding (45 minutes)			
12:00-13:00	Lunch			
13:00-13:30	Session 24 Food to fill the energy gap (30 minutes)			
13:30-14:20	Session 25 Food to fill the iron and Vitamin A gaps (50 minutes)			
14:20-15:05	Session 26 Quantity, variety and frequency of feeding (45 minutes)			
15:05-15:30	Tea break			
15:30-16:20	Session 27 Growth assessment results and counselling when child is growing well (50 minutes)			

Time	Theme	Co-facilitator	Co-facilitator	Comments
16:20-16:30	Session 23 Homework: Building confidence and giving support exercises-pt 2 (introduction)			
17:30-18:30	Facilitator's meeting			
	Day 5			
08:00-08:40	Session 28 Investigating causes of undernutrition (40 minutes)			
08:40-09:40	Session 29 Counsel mother for undernutrition (60 minutes)			
09:40-10:40	Session 30 Investigate and counsel mother for overweight (60 minutes)			
10:40-11:00	Coffee break			
11:00-11:30	Session 31 Checking understanding, arranging follow-up (30 minutes)			
11:30-12:00	Preparation for Sessions 32 & 35¹			
12:00-13:00	Lunch			
13:00-14:00	Session 32 Counselling on complementary feeding, growth and malnutrition-(60 minutes) Role Play			
14:00-15:00	Session 33 Hygienic preparation of feeds + demonstration (60 minutes)			
15:00-15:30	Tea break			
15:30-16:00	Session 34 Feeding Techniques (30 minutes)			
16:00-17:00	Facilitator's meeting			

Time	Theme	Co-facilitator	Co-facilitator	Comments
	Day 6			
08:00-11:00	Practical Session 3 Session 35 (180 minutes) Measuring growth and counselling on growth and feeding			
11:00-11:30	Coffee break			
11:30-12:30	Session 36 Overview of HIV and IF (60 minutes)			
12:30-13:30	Lunch			
13:30-14:00	Session 37 Feeding during illness and LBW (30 minutes)			
14:00-15:00	Session 38 Follow-up after training /Tea			
15:00-16:00	1st week Arrangements for 2nd week training. Groups' assignation. Distribution of responsibilities and assignation of sessions within groups			

5. Guidelines for Follow-up After Training

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

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

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

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

The follow-up will be discussed with the participants in Session 38 of the course. The participants will also be asked to prepare some exercises and a log of skills ready for this follow-up.

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

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

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

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

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

6. Adapting the course to the local situation

This section provides information on key points to take into consideration when conducting the course in a specific setting.

Language

The course has been prepared in English only; therefore in many cases translation the first task might be translation of the course material to the local language. Those who need to translate should contact the Department of Nutrition for Health and Development, WHO to request the course files in MS Word. This will enable the Department to keep records of available translations that could be used by other countries that speak a common language.

Scope of this course

The course is designed to provide health workers with knowledge and skills that will allow them assess growth of children under five years of age, provide counselling on breastfeeding and complementary feeding to mothers/caregivers of children up to 2 years of age, and provide basic advice regarding management of children who are undernourished or overweight/obese

Additional sessions

The course includes an additional manual which contains – among others - sessions on HIV and infant feeding, further information on feeding of low-birth-weight babies, the Baby-friendly Hospital Initiative, the International Code of Marketing of Breast-milk Substitutes.

Should the country decide to add some of all the sessions included in the additional manual, they will have to plan additional days for the training. The manual will include a suggested schedule.

What this course does not address

This course is not intended to train health care providers to solve complex infant and young child feeding problems or to manage cases of severe acute malnutrition or morbid obesity. Supplementary information should therefore be made available on where to refer such cases for appropriate management. The section headed related courses gives a summary of additional training packages to be considered for health workers that have to manage the conditions outside the scope of this course.

Equipment and supplies considerations

To conduct the training it is important to check availability of scales and measuring boards. The original refers to specific type of scales and measuring boards. If the equipment types available in the setting are different, the corresponding sessions have to be modified so that participants learn how to use and maintain the available equipment.

Boys' and Girls' growth records from the WHO Training Course on Child Growth Assessment are used in this course but their printing and assembling may not be feasible in some situation.

Therefore, the length/height-for-age, weight-for-age and weight-for-length/height charts and other pages that are required for the exercises in this course are included in the Trainer's resource files that are available online along with the course manuals.

The child age calculator also is used in this course. National authorities planning to conduct this training should contact the WHO Country Representative's Office and through this office request age calculators from WHO/HQ, Department of Nutrition for Health and Development.

Related courses

The following related courses are available to cover specific training needs in countries:

1. Infant and young child feeding
 - a. Breastfeeding Counselling: A training course (2012) – a 5-day course to train health staff on counselling to protect, promote and support breastfeeding; these counsellors will be able to address complex breastfeeding problems, including the feeding of infants and young children in the context of HIV.
 - b. Infant and young child feeding counselling: An integrated course (2006) – a 5-day course to train health staff on infant and young child feeding counselling, including breastfeeding (no complex problems), complementary feeding, HIV and infant feeding
 - c. Complementary feeding counselling: A training course (2004) – a 3-day course to train health staff on complementary feeding counselling
 - d. Section 2 of the Baby-friendly Hospital Initiative package: Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers. (2009) – a half to 2 day course (various versions) to train decision makers at hospitals or health facilities to adopt the Ten Steps for Successful Breastfeeding and become baby-friendly facilities
 - e. Section 3 of the Baby-friendly Hospital Initiative package: Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff – a 20-hour course for health care staff and a shorter version for administrative staff of facilities interested in becoming baby-friendly. Provides basic knowledge and skills for care of mothers and newborns and promotion of optimal feeding.
 - f. Infant and young child feeding in emergencies: Module 1 for emergency relief staff (2001) – 1-3 hour course which provides an overall introduction to infant feeding in emergencies, and explains why it is an important concern. It discusses the many challenges, describes relevant aspects of the International Code of Marketing of Breast-milk Substitutes, gives agreed Operational Guidance for emergency relief staff and policy makers, and suggests how to establish conditions that support breastfeeding and reduce dangers of artificial feeding.
 - g. Infant and young child feeding in emergencies: Module 2: for health and nutrition workers in emergency situations (2007) - a five-hour course that can be split into various days. It includes information on relactation, and the management of breast conditions. Reflecting realities in the field, and in the context of a lack of guidance on these issues, *Severely malnourished infants less than 6 months old*, and *When children are not breastfed*, are also included as part of the Additional Material.
2. Growth assessment: *WHO Training Course on Child Growth Assessment* – a 3 ½ day course for health care providers who measure and assess the growth of children or who supervise these activities; is a tool for the application of the WHO Child Growth Standards, it teaches how to measure weight, length and height, how to interpret growth indicators, investigate causes of growth problems and counsel caregivers

3. Newborn care
 - a. Caring for the newborn at home: A training course for community health workers (2012) – a 6-day course for community health workers, which includes field-practice. The materials provide guidance for community health workers to conduct home visits in the antenatal period and the first weeks after the baby is born
 - b. Essential newborn care course: 4-5 day course aims to ensure health workers have the skills and knowledge to provide appropriate care at the most vulnerable period in a baby's life. Health workers are taught to use WHO's Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice (the PCPNC Guide)
4. Management of malnutrition
 - a. WHO training course on management of severe malnutrition (2009 update) – a 7-day course. The course provides daily practice in using case management skills so that participants can apply these skills correctly when they return to their own hospitals. In addition to daily classroom work, each small group of participants visits a severe malnutrition ward each day for practice identifying clinical signs and managing patients.
5. Management of children with illnesses
 - a. Integrated management of childhood illness: caring for newborns and children in the community (2011) – a 6-day course designed to help lay community health workers (CHW) assess and treat sick children age 2 - 59 months.
 - b. Integrated Management of Childhood Illness (IMCI) (1997) – 5-11 day course for training health workers on the comprehensive management of ill children aged 2 months to 5 years.

Adapting the training sessions to the local conditions

If the purpose is to train a cadre of trainers from different parts of the country (or if there has been an important attrition in number of trainers)

Organize a residential training (5 or 6 days as indicated in the examples of timetables provided)

According to budget available and distances, you may consider having the training in an extended period of time.

When dividing the course, ensure that sessions are organized in a way that each one builds onto those covering basic competencies.

If the purpose is to train staff from the same facility or district

Assess the possibility of dividing the course in various half or full-day sessions, on days that interfere as little as possible with the usual work at the facility or district

In the same facility, there is even the possibility of having on-the-job training over an extended period of time

7. Items to Photocopy

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

1. Trainers timetable (8 copies)
2. Course timetable for participants (32)
3. Course registration form (32)
4. Evaluation form (32)
5. BREASTFEED OBSERVATION JOB AID (64)
6. Copies of DEMONSTRATIONS: 7.B – 7.O; 12.A – 12.D; 18.A; 27.A; 33.A (2 of each for participants taking part)
7. PRACTICAL DISCUSSION CHECKLIST (8)
8. LISTENING AND LEARNING SKILLS CHECKLIST (32)
9. COUNSELLING SKILLS CHECKLIST (32)
10. EXERCISE 25.A: What is in the bowl for Session 25 (8)
11. FOOD INTAKE JOB AID, 6-23 MONTHS for Session 27 (90)
12. EXERCISE 33.A: Prepare a Young Child's Meal for Session 33 (8)
13. Answer sheets (one set for each participant)
14. Course certificate (32)

Course Registration Form

Please print clearly.

Your name: _____

E-mail address: _____

Best mailing address: _____

Name and address
of health facility
where you work: _____

What is your current work position or job title?

What are your current duties related to child growth assessment and/or IYCF counselling?

What professional training in health have you previously received?

What year did you complete your basic training in health?

Indicate any course(s) related to IYCF, IMCI or growth assessment that you have participated in and if you are a Trainer/Facilitator.

.

**Combined course on growth assessment and IYCF counselling –
Evaluation Form**

Place: _____

Date: _____

1. Your profile

Previous training experience with WHO courses	Experienced trainer	Trained and practiced	Trained but not practiced	Never trained
IYCF integrated course				
20 hours (BFHI)				
40 hours (BF counselling)				
WHO growth assessment				
IMCI				
Others (please specify)				
What is your profession?				
How many sessions did you miss during this training? (0, <3, 3-5, 6-10, >10)				
Did you miss any practical session? (indicate which)				

2. Which Session was most difficult for you? Why? (e.g., limited time, difficult skills, unclear content, the way it was facilitated)

3. Which session was most educative for you? In what respect?

BREASTFEED OBSERVATION JOB AID

Mother's name _____

Date _____

Baby's name _____

Baby's age _____

Signs that breastfeeding is going well:

Signs of possible difficulty:

GENERAL

Mother:

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

Mother:

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

Baby:

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

Baby:

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

BREASTS

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

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

BABY'S POSITION

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

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

BABY'S ATTACHMENT

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

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

SUCKLING

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

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

DEMONSTRATION 7.B CLOSED QUESTIONS TO WHICH SHE CAN ANSWER 'YES' OR 'NO'

Health worker: "Good morning, (name). I am (name), the community midwife. Is (child's name) well?"
Mother: "Yes, thank you."
Health worker: "Are you breastfeeding him?"
Mother: "Yes."
Health worker: "Are you having any difficulties?"
Mother: "No."
Health worker: "Is he breastfeeding very often?"
Mother: "Yes."

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

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

DEMONSTRATION 7.C OPEN QUESTIONS

Health worker: "Good morning, (name). I am (name), the community midwife. How is (child's name)?"
Mother: "He is well, and he is very hungry."
Health worker: "Tell me, how are you feeding him?"
Mother: "He is breastfeeding. I just have to give him one bottle feed in the evening."
Health worker: "What made you decide to do that?"
Mother: "He wants to feed too much at that time, so I thought that my milk is not enough."

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

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

DEMONSTRATION 7.D STARTING AND CONTINUING A CONVERSATION

Health worker: “Good morning, (name). How are you and (child’s name) getting on?”

Mother: “Oh, we are both doing well, thank you.”

Health worker: “How old is (child’s name) now?”

Mother: “He is two days old today.”

Health worker: “What are you feeding him on?”

Mother: “He is breastfeeding, and having drinks of water.”

Health worker: “What made you decide to give the water?”

Mother: “There is no milk in my breasts, and he doesn't want to suck.”

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

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

DEMONSTRATION 7.E USING RESPONSES AND GESTURES WHICH SHOW INTEREST

Health worker: “Good morning, (name). How is (child’s name) now that he has started solids?”

Mother: “Good morning. He’s fine, I think.”

Health worker: “Mmm.” (nods, smiles.)

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

Health worker: “Oh dear!” (raises eyebrows, looks interested.)

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

Health worker: “Aha!” (nods sympathetically).

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

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

DEMONSTRATION 7.F CONTINUING TO ASK FOR FACTS

Health worker: “Good morning, (name). How are you and (child’s name) today?”

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

Health worker: “About how often would you say?”

Mother: “About every half an hour.”

Health worker: “Does he want to suck at night too?”

Mother: “Yes.”

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

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

DEMONSTRATION 7.G REFLECTING BACK

Health worker:	“Good morning, (name). How are you and (child’s name) today?”
Mother:	“He wants to feed too much - he is taking my breast all the time!”
Health worker:	“(Child’s name) is feeding very often?”
Mother:	“Yes. This week he is so hungry. I think that my milk is drying up.”
Health worker:	“He seems more hungry this week?”
Mother:	“Yes, and my sister is telling me that I should give him some bottle feeds as well.”
Health worker:	“Your sister says that he needs something more?”
Mother:	“Yes. Which formula is best?”
Ask:	<i>What did the health worker learn from the mother?</i>
Comment:	The health worker reflects back what the mother says, so the mother gives more information.

DEMONSTRATION 7.H SYMPATHY

Health worker:	“Good morning, (name). How are you and (child’s name) today?”
Mother:	“(Child’s name) is not feeding well, I am worried he is ill.”
Health worker:	“I understand how you feel. When my child was ill, I was so worried. I know exactly how you feel.”
Mother:	“What was wrong with your child”.
Ask:	<i>Do you think the health worker showed sympathy or empathy?</i>
Comment:	Here the focus moved from the mother to the health worker. This was sympathy, not empathy. Let us hear this again with the focus on the mother and empathizing with her feelings.

DEMONSTRATION 7.I EMPATHY

Health worker:	“Good morning, (name). How are you and (child’s name) today?”
Mother:	“He is not feeding well, I am worried he is ill”
Health worker:	“You are worried about him?”
Mother:	“Yes, some of the other children in the village are ill and I am frightened he may have the same illness.”
Health worker:	“It must be very frightening for you.”
Ask:	<i>Do you think the health worker showed sympathy or empathy?</i>
Comment:	Here the health worker used the skill of empathy twice. She said “You are worried about him” and “It must be very frightening for you.” In this second version the mother and her feelings are the focus of the conversation.

DEMONSTRATION 7.J SYMPATHY

Health worker:	“Good morning, (name). You wanted to talk to me about something?” <i>Smiles.</i>
Mother:	“I tested for HIV last week and am positive. I am worried about my baby.”
Health Worker:	“Yes, I know how you feel. My sister has HIV.”
Ask:	<i>Do you think the health worker showed sympathy or empathy?</i>
Comment:	Here the focus moved from the mother to the sister of the health worker. This was sympathy, not empathy. Let us hear this again with the focus on the mother and empathizing with her feelings.

DEMONSTRATION 7.K EMPATHY.

Health worker:	“Good morning, (name). You wanted to talk to me about something?” <i>Smiles.</i>
Mother:	“I tested for HIV last week and am positive. I am worried about my baby.”
Health Worker:	“You’re really worried about what’s going to happen.”
Mother:	“Yes I am. I don’t know what I should do?”
Ask:	<i>Do you think the health worker showed sympathy or empathy?</i>
Comment:	In the second version the health worker concentrated on the mother’s concerns and worries. The health worker responded by saying “You’re really worried about what’s going to happen.” This was empathy.

DEMONSTRATION 7.L ASKING FACTS

Health worker:	“Good morning, (name). How are you and (child’s name) today?”
Mother:	“He is refusing to breastfeed since he started eating porridge and other foods last week – he just pulls away from me and doesn’t want me!”
Health worker:	“How old is (child’s name) now?”
Mother:	“He is seven months old”.
Health worker:	“And how much porridge does he eat during a day?”
Ask:	<i>What did the health worker learn about the mother’s feelings?</i>
Comment:	The health worker asks about facts and ignored the mother’s feelings. The information the health worker learnt did not help the health worker to assist the mother with her worry that the baby won’t breastfeed since other foods were offered. The health worker did not show empathy. Let us hear this again.

DEMONSTRATION 7.M EMPATHY

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

DEMONSTRATION 7.N USING JUDGING WORDS

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

DEMONSTRATION 7.O AVOIDING JUDGING WORDS

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

DEMONSTRATION 12.A ACCEPTING WHAT A MOTHER THINKS

Mother: "My milk is thin and weak, and so I have to give bottle feeds."
Health worker: "Oh no! Milk is never thin and weak. It just looks that way." (nods, smiles.)

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

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

Mother: "My milk is thin and weak, so I have to give bottle feeds."

Health worker: "Yes – thin milk can be a problem."

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

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

Mother: "My milk is thin and weak, so I have to give bottle feeds."

Health worker: "I see. You are worried about your milk."

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

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

DEMONSTRATION 12.B ACCEPTING WHAT A MOTHER FEELS

Mother (in tears): "It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."

Health worker: "Don't worry, your baby is doing very well."

Ask: *Was this an appropriate response?*

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

Mother (in tears): "It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."

Health worker: "Don't cry – it's not serious. (Child's name) will soon be better"

Ask: *Was this an appropriate response?*

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

Mother (in tears): "It is terrible, (child's name) has a cold and his nose is completely blocked and he can't breastfeed. He just cries and I don't know what to do."

Health worker: "You are upset about (child's name) aren't you?"

Ask: *Was this an appropriate response?*

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

DEMONSTRATION 12.C USING SIMPLE LANGUAGE

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

DEMONSTRATION 12.D USING SIMPLE LANGUAGE

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

DEMONSTRATION 18.A TAKING A FEEDING HISTORY, 0-6 MONTHS

Health Worker:	“Good morning, I am Nurse Jane. May I ask your name, and your baby’s name?”
Mother:	“Good morning, nurse; I am Mrs Green and this is my daughter Lucy.”
Health Worker:	“She is lovely – how old is she?”
Mother:	“She is 5 months now.”
Health Worker:	“Yes – and she is taking an interest in what is going on, isn’t she? Tell me, what milk have you been giving her?”
Mother:	“Well, I started off breastfeeding her, but she is so hungry and I never seemed to have enough milk so I had to give her bottle feeds as well.”
Health Worker:	“Oh dear, it can be very worrying when a child is always hungry. You decided to start bottle feeds? What are you giving her?”
Mother:	“Well, I put some milk in the bottle and then mix in a spoonful or two of cereal.”
Health Worker:	“When did she start these feeds?”
Mother:	“Oh, when she was about 2 months old.”
Health Worker:	“About 2 months. How many bottles do you give her each day?”
Mother:	“Oh, usually two – I mix up one in the morning and one in the evening, and then she just sucks it when she wants to – each bottle lasts quite a long time.”
Health Worker:	“So she just takes the bottle little by little? What kind of milk do you use?”
Mother:	“Yes – well, if I have formula, I use some of that; or else I just use cow’s milk and mix in some water, or sweetened milk, because they are cheaper. She likes the sweet milk!”
Health Worker:	“Formula is very expensive isn’t it? Tell me more about the breastfeeding. How often is she doing that now?”
Mother:	“Oh she breastfeeds when she wants to – quite often in the night, and about 4 or 5 times in the day – I don’t count. She likes it for comfort.”
Health Worker:	“She breastfeeds at night?”
Mother:	“Yes she sleeps with me.”
Health Worker:	“Oh that makes it easier, doesn’t it? Did you have any other difficulties with breastfeeding, apart from worrying about not having enough?”
Mother:	“No, it wasn’t difficult at all.”
Health Worker:	“Do you give her anything else yet? Any other foods or drinks?”
Mother:	“No – I won’t give her food for a long time yet. She is quite happy with the bottle feeds.”
Health Worker:	“Can you tell me how you clean the bottles?”
Mother:	“I just rinse them out with hot water. If I have soap I use that, but otherwise just water.”
Health Worker:	“OK. Now can you tell me about how Lucy is. Has she got a growth chart? Can I see it? [mother hands over growth chart] Thank you, now let me see.... She was 3.5 kilograms when she was born, she was 5.5 kilograms when she was 2 months old, and now she is 6.0 kilograms. You can see that she gained weight fast for the first two months, but it is a bit slower since then. Can you tell me what illnesses she has had?”

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

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

Mother: "They were normal."

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

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

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

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

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

Mother: "Yes."

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

Mother: "Sure – I am 22."

Health Worker: "And how is your health?"

Mother: "I am fine."

Health Worker: "How are your breasts?"

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

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

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

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

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

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

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

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

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

DEMONSTRATION 27.A LEARNING WHAT A CHILD EATS

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

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

DEMONSTRATION 33.A SUPPORTIVE TEACHING

Health Worker:	“Good morning (mother name). How are you and (child’s name) today?”
Mother:	“We are well, thank you.”
Health Worker:	“A few days ago, we talked about feeding (child’s name) and you decided you would try to offer (child’s name) some food more often. How is that going?”
Mother:	“It is good. One time he had about a half of a banana. Another time he had a piece of bread with some butter on it.”
Health Worker:	“Those sound good snacks. Now, we want to talk about how much food to give for his main meal.”
Mother:	“Yes, I’m not sure how much to give.”
Health Worker:	“It can be hard. What sort of bowl or cup do you feed him from?”
Mother:	“We usually use this bowl.” (Shows a bowl – about 250 ml size) ⁷
Health Worker:	“How full do you fill the bowl for his meal?.”
Mother:	“Oh, about a third.”
Health Worker:	“(Child’s name) is growing very fast at this age so he needs increasing amounts of food.”
Mother:	“What foods should I use?”
Health Worker:	“You have some of the food here from the family today. Let us see.” (Uncovers food) ”First we need to wash our hands.”
Mother:	“Yes, I have some water here.”(Washes hands with soap and dries them on clean cloth.)
Health Worker:	“Now, what could you start with for the meal?”
Mother:	“I guess we would start with some rice.” (Puts in 2 large spoonfuls)
Health Worker:	“Yes, the rice would almost fill half of the bowl.” “Animal-source foods are good for children – is there some you could add to the bowl?”
Mother:	“I kept a few pieces of fish from our meal.” (Puts in 1 large spoonful)
Health Worker:	“Fish is a good food for (child’s name). A little animal-source food each day helps him to grow well.”
Mother:	“Does he need some vegetables too?”
Health Worker:	“Yes, dark-green or yellow vegetables help (child’s name) to have healthy eyes and fewer infections. What vegetables could you add?”
Mother:	“Some spinach?” (Puts some)
Health Worker:	“Spinach would be very nutritious. Some would fill half the bowl.”
Mother:	“Oh, that isn’t hard to do. I could do that each day. Two spoons of rice, a spoon of an animal-source food and some dark-green or yellow vegetable so the bowl is half full.”

⁷ If a different size cup or bowl is used, adjust the text according. If a smaller cup is used, it will need to be a full cup. If a larger cup is used, it may only need to be less than half full.

Health Worker: "Yes, you are able to do it. Now, what about his morning meal?"

Mother: "I can give some porridge, with milk and a little sugar."

Health Worker: "That's right. How much will you put in the bowl?"

Mother: "Until it is at least ½ full."

Health Worker: "Yes. So, we've talked about his morning meal, and the main meal with the family. (Child's name) needs three to four meals each day. So what else could you give?"

Mother: "Well, he would have some banana or some bread like I said before."

Health Worker: "Those are healthy foods to give between meals. (Child's name) needs at least ½ full bowl of food three to four times a day as well."

Mother: "Oh, I don't know what else to give him."

Health Worker: "Your family has a meal in the middle of the day. What do you eat in the evening?"

Mother: "Usually there is a pot of soup with some beans and vegetables in it. Could I give him that?"

Health Worker: "Thick foods help him to grow better than thin foods like soup. Could you take out a few spoons of the beans and vegetables and mash them for (child's name). And maybe soak some bread in the soup?"

Mother: Yes, I could do that easily enough.

Health Worker: "So, how much will you put in (child's name) bowl for each meal?"

Mother: "I will fill it ½ full."

Health Worker: "Very good. And how often each day will you give him some food?"

Mother: "I will give ½ bowlful of food three to four times a day. If he is hungry I will give some extra food between meals."

Health Worker: "Exactly. You know how to feed (child's name) well. Will you bring (child's name) back to the health centre in two weeks so we can look at his weight?"

Mother: "Yes, I will. With all this food, I know he will grow very well."

PRACTICAL DISCUSSION CHECKLIST

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

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

To the participant who practised:

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

To the participants who observed:

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

Listening and learning skills (give feedback on the use of these skills in all practical sessions)⁸

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

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

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

Key messages for complementary feeding (give feedback on the use of these skills in practical Session 35)⁹

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

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

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

⁸ See list of skills on the following page

⁹ See list of key messages on the following page

COUNSELLING SKILLS

Listening and learning skills:

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

Building confidence and giving support skills:

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

KEY MESSAGES FOR COMPLEMENTARY FEEDING

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

LISTENING AND LEARNING SKILLS CHECKLIST

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

COUNSELLING SKILLS CHECKLIST

Listening and Learning Skills

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

Building Confidence and Giving Support Skills

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

EXERCISE 25.A WHAT IS IN THE BOWL?



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

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

FOOD INTAKE JOB AID, 6-23 MONTHS

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

EXERCISE 33.A PREPARING A YOUNG CHILD'S MEAL

Group:

Task	Achieved	Comments
Mixture of foods:		
Staple		
Animal-source food		
Bean / pulse <i>plus</i> Vitamin C fruit or vegetable		
Dark-green vegetable or yellow-coloured fruit or vegetable		
Consistency		
Amount		
Prepared in a clean and safe manner		

Answer Sheets for Sessions 5, 14 and 17

Answers to Written Exercise A

1. Salaam's age today: 1 yr 9 mo

The growth charts to be used for Salaam are:

Length-for-age, Boys, 6 months to 2 years, on page 33
Weight-for-age, Boys, 6 months to 2 years, on page 34
Weight-for-length, Boys, Birth to 2 years, on page 35

2. Ruby's date of birth: 1/5/2005

Ruby's age today: 11 mo

The growth charts to be used for Ruby are:

Length-for-age, Girls, 6 months to 2 years, on page 33
Weight-for-age, Girls, 6 months to 2 years, on page 34
Weight-for-length, Girls, Birth to 2 years, on page 35

3. Ivan's age today: 12 wk

The growth charts to be used for Ivan are:

Length-for-age, Boys, Birth to 6 months, on page 29
Weight-for-age, Boys, Birth to 6 months, on page 30
Weight-for-length, Boys, Birth to 6 months, on page 31

Answers to Written Exercise B: Continuing Case Studies

Nalah

Note that only minimal information about feeding is recorded on the Personal Data page. More details of the child's feeding history may be recorded in the Visit Notes. There is no need to write "still breastfeeding" for Nalah on the Personal Data page; leave the line after "age at termination of breastfeeding" blank until termination occurs. Also leave the line for "adverse events" blank unless some event has occurred; do not write "none" as something may happen later.

1. Nalah's Personal Data page should look something like the following:

Personal Data	
Child's name <u>Nalah Parab</u>	<input checked="" type="checkbox"/> Girl <small>If a boy, must use a Boy's Growth Record</small>
Identification/Record number _____	
Parents' names <u>Hamid and Shira Parab</u>	
Address <u>40 Rim Road</u>	
Birth information:	
Date of birth <u>7-2-2006</u>	
Gestational age at birth <u>38 wk</u>	Single/multiple birth? <u>Single</u>
Measurements at birth:	
Weight <u>2.9 kg</u>	Length <u>49 cm</u>
Birth rank <u>1st</u>	Head circumference _____
Date of birth of next younger sibling (born to mother) _____	
Feeding:	
Age at introduction of any foods or fluids <u>3wk (water)</u>	<i>More details of feeding history may be recorded in Visit Notes</i>
Age at termination of breastfeeding _____	
Adverse events (dates):	
(such as death of parent, death of sibling age <5 years) _____	

2. Nalah's Visit Notes (first row) should appear as follows:

Date of birth: 7-2-2006		Visit Notes			
Date of visit	Age today (Completed years/months or weeks)	Measurements (Record below; then plot on charts)			Reason for visit, observations, recommendations
		Weight (kg)	Length/Height (cm)	BMI*	
25-3-2006	6 wk				immunization

3. The health care provider should use the following growth charts for Nalah at this visit:

- Length-for-age, Girls, Birth to 6 months, page 29
- Weight-for-age, Girls, Birth to 6 months, page 30
- Weight-for-length, Girls, Birth to 6 months, page 31

Toman

1. Toman's Personal Data page should look something like the following:

Personal Data	
Child's name <u>Toman Baruni</u> Identification/Record number _____ Parents' names <u>Mother: Salwa Baruni</u> _____ Address <u>100 Centre Street, Apt 22</u> _____	<input checked="" type="checkbox"/> Boy <small>If a girl, must use a Girl's Growth Record</small>
Birth information: Date of birth <u>10-7-2005</u> Gestational age at birth <u>term</u> Single/multiple birth? <u>single</u> Measurements at birth: Weight <u>3.5 kg</u> Length _____ Head circumference _____ Birth rank <u>2nd</u> Date of birth of next younger sibling (born to mother) _____	
Feeding: Age at introduction of any foods or fluids <u>at birth (formula)</u> <small>More details of feeding history may be recorded in Visit Notes</small> Age at termination of breastfeeding <u>3 mo</u>	
Adverse events (dates): (such as death of parent, death of sibling age <5 years) _____ _____	

2. Toman's Visit Notes (first row) should appear as follows:

Date of birth: 10-7-2005		Visit Notes			
Date of visit	Age today (Completed years/months or weeks)	Measurements (Record below; then plot on charts)			Reason for visit, observations, recommendations
		Weight (kg)	Length/Height (cm)	BMI*	
15-8-2006	1yr / mo				Note: Earlier Growth Record lost. Immunizations up-to-date at 6mo. Well child visit, measles immunization needed

3. The health care provider should use the following growth charts for Toman at this visit:

- Length-for-age, Boys, 6 months to 2 years, page 33
- Weight-for-age, Boys, 6 months to 2 years, page 34
- Weight-for-length, Boys, Birth to 2 years, page 35

Answers to Written Exercise C: Continuing Case Studies

Nalah

Nalah's Visit Notes page should appear as follows (ignore the BMI values).

Date of birth:
7-2-2006

Visit Notes

Date	Age today (Completed years/months or weeks)	Measurements (Record below; then plot on charts)		Reason for visit, observations, recommendations
		Weight (kg)	Length/Height (cm)	
25-3-2006	6 wk	3.5	51.3	immunization
20-4-2006	10 wk	4.2	54.8	immunization
22-5-2006	3 mo	4.3	54.8	diarrhoea
26-6-2006	4 mo	4.8	56.2	immunization
15-8-2006	6 mo	5.4	58.1	well-baby visit

Other information (e.g. drug or food allergies, chronic conditions):

Toman

Toman's Visit Notes page should appear as follows (ignore the BMI values).

Date of birth:
10-7-2005

Visit Notes

Date	Age today (Completed years/months or weeks)	Measurements (Record below; then plot on charts)		Reason for visit, observations, recommendations <i>Note: Earlier Growth Record Lost - Immunizations up-to-date at 6 mo</i>
		Weight (kg)	Length/Height (cm)	
15-8-2006	1yr 1mo	11.9	79.0	well-child visit, measles immunization needed
15-12-2006	1yr 5mo	13.5	84.5	well-child visit
16-3-2007	1yr 8mo	15.0	87.0	ear pain
12-7-2007	2yr 0mo	16.8	90.9	well-child visit

Other information (e.g. drug or food allergies, chronic conditions):

Answers to Session 14 exercises

Short answer exercises (Anna, Amahl and Tran)

Anna

1. The dots on the graph should be connected.
2. 98 cm at 3 years and 3 months
3. 103 cm at 4 years and 2 months

Amahl

1. 8 kg
2. 1 year and 1 month
3. 1 year and 6 months, 9.1 or 9.2 kg
4. Completed graph for Amahl:



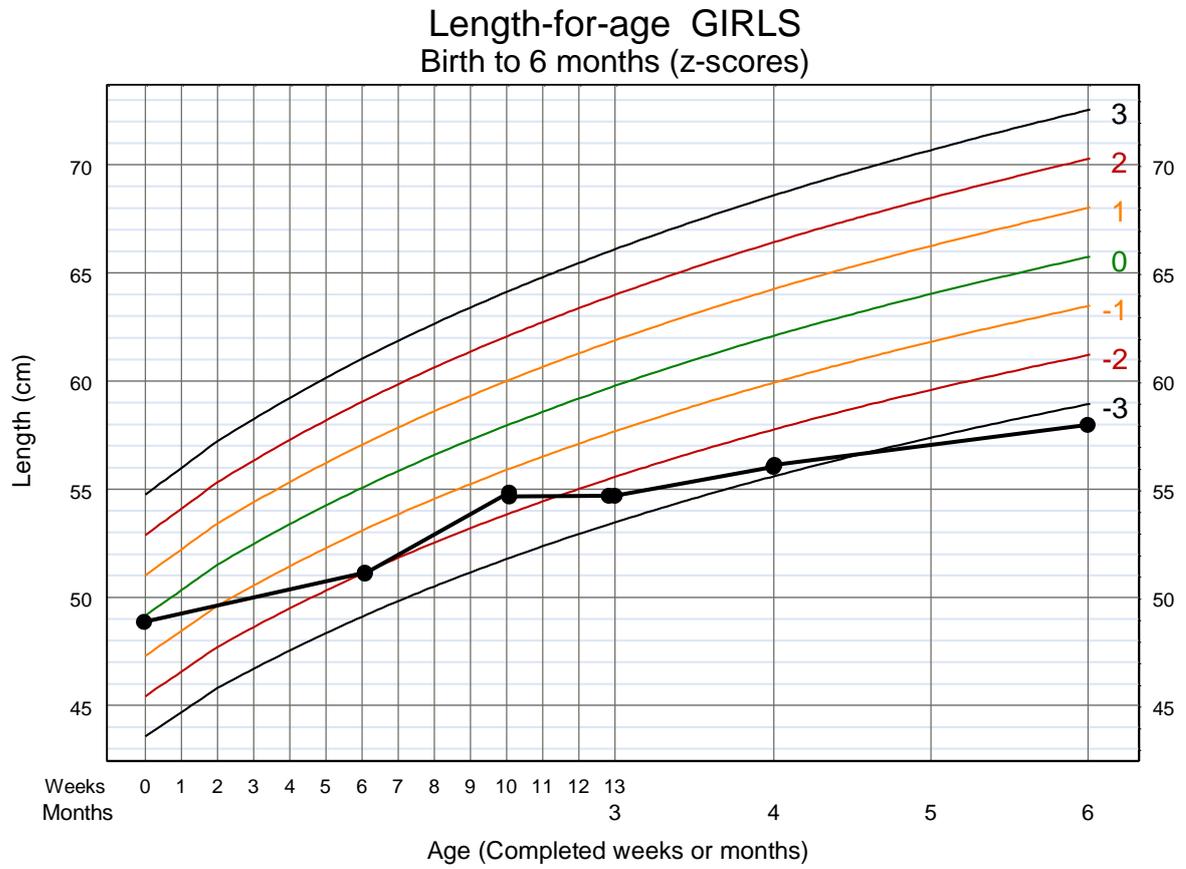
Tran

1. about 97 cm
2. 16 kg
3. Completed graph for Tran:

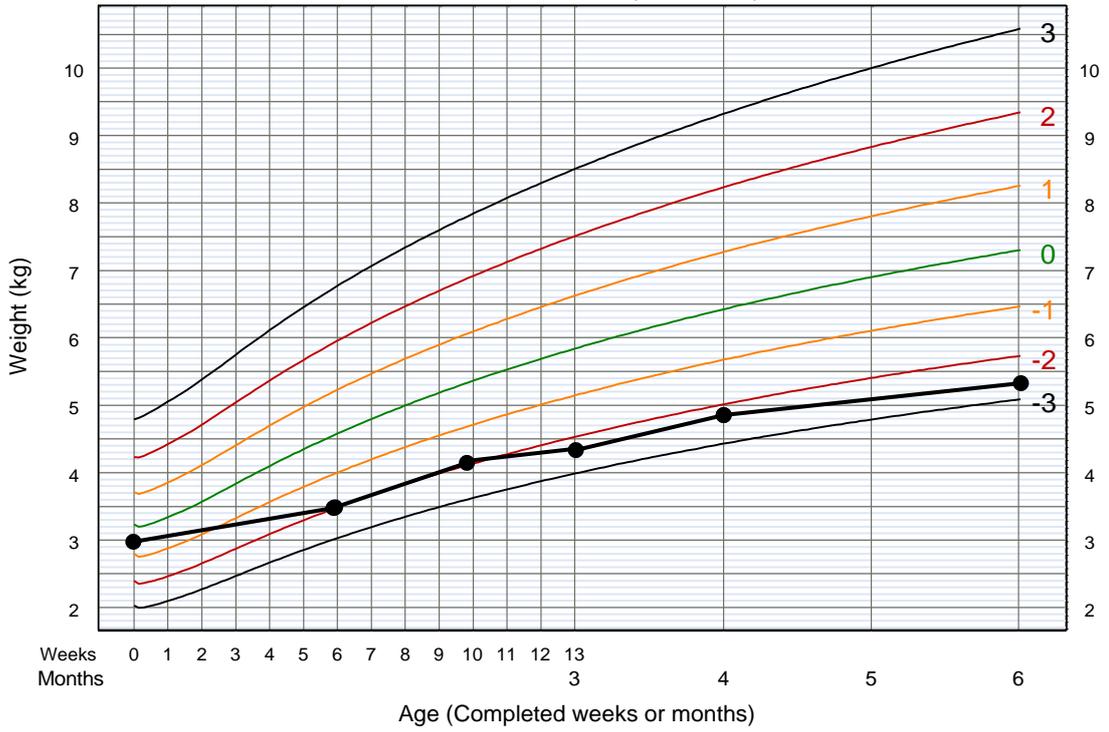


Answers to Written Exercise D: Continuing Case Studies

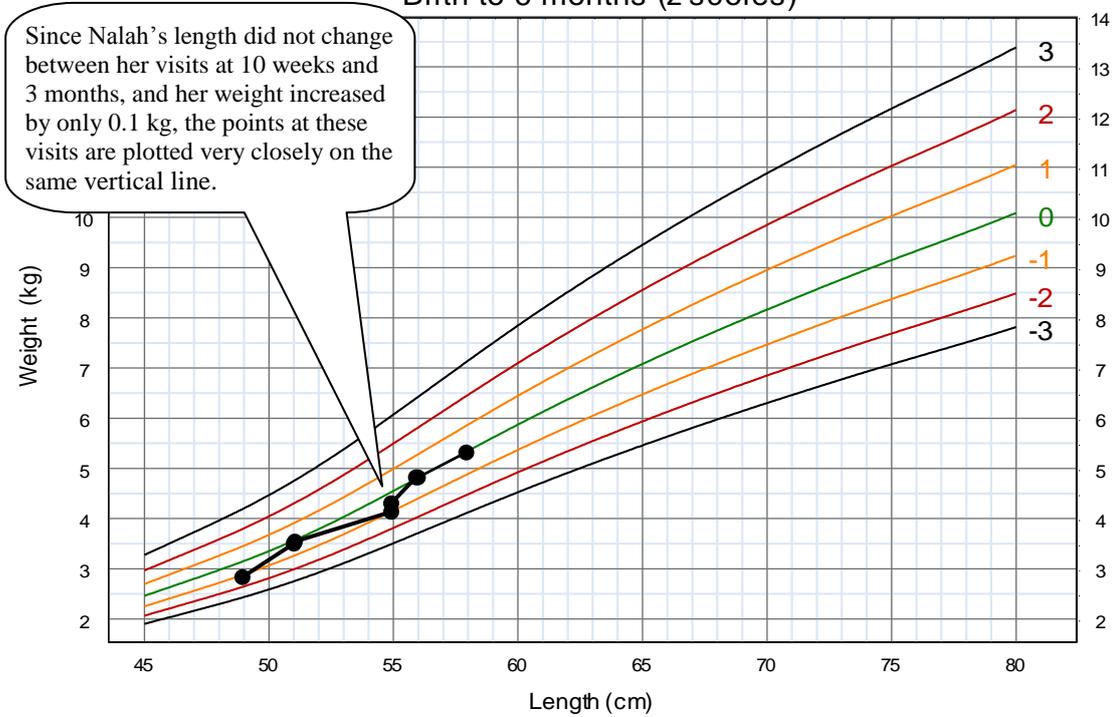
Nalah's plotted growth trends



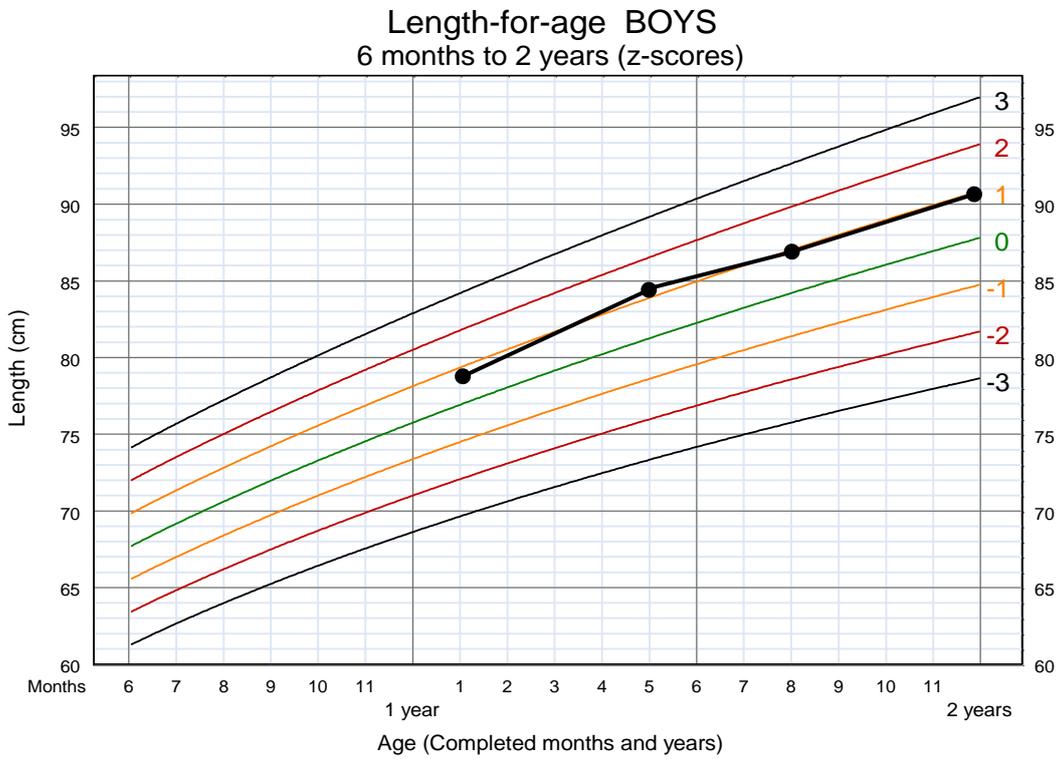
Weight-for-age GIRLS Birth to 6 months (z-scores)



Weight-for-length GIRLS Birth to 6 months (z-scores)

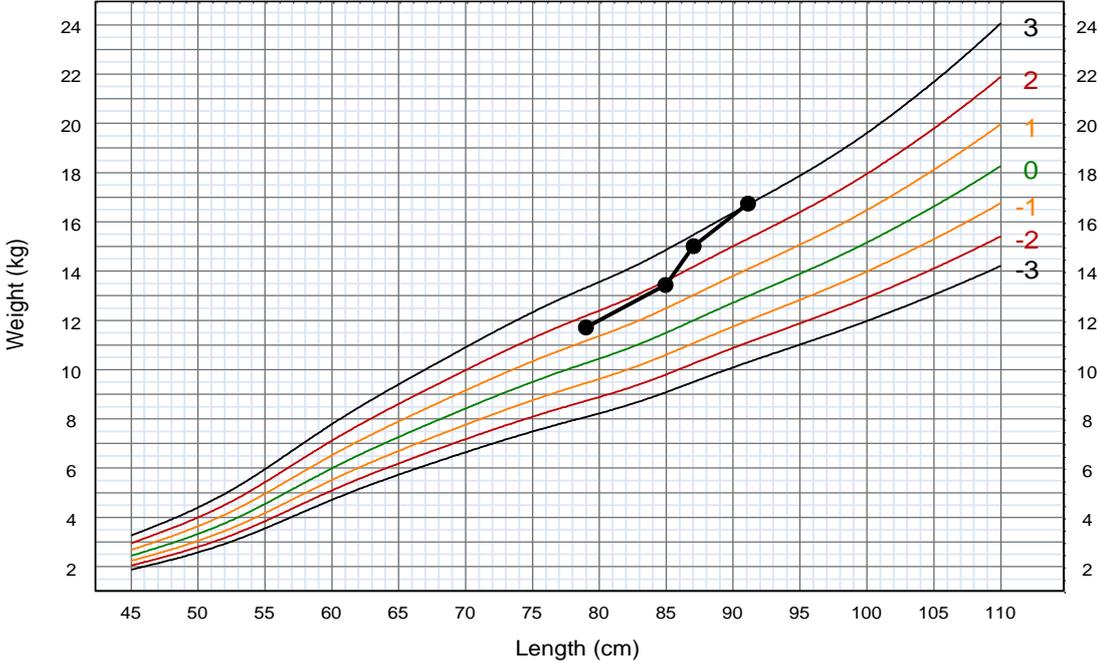


Continuing Case Studies – Toman's plotted growth trends



Weight-for-length BOYS

Birth to 2 years (z-scores)



Answers to Session 17 exercises

Continuing Case Studies - Interpreting growth trends

Answers to Written Exercise E:

Nalah

- a) Nalah was an average length at birth but has experienced periods of slow growth and stagnation. Her length-for-age has thus dropped from the median at birth to below -3 z-score at 6 months.

b) At 6 months, Nalah is severely stunted.
- a) Nalah's weight at birth was just below the median but because of periods of very slow growth (e.g., birth to 6 weeks, 10 to 13 weeks), followed by inadequate catch-up growth (e.g., at 6 to 10 weeks and at 3 to 4 months), her weight-for-age has dropped systematically to below -2 z-score at 6 months.

b) Nalah is underweight.
- a) Nalah's weight-for-length has fluctuated between -1 z-score and the median since birth and at 6 months is tracking along the median.

b) The weight-for-length chart shows the stagnation in length that occurred when Nalah was 55 cm long but currently it does not indicate a growth problem or risk of a problem.
- Although Nalah was average length at birth, she became severely stunted by the age of 6 months. Her growth in both length and weight stagnated between age 10 weeks and 13 weeks, perhaps because of the episode of diarrhoea for which she was seen at the end of this period. Her weight has stayed appropriate for her length, so problems are not apparent on the weight-for-length and BMI-for-age chart. However, she is severely stunted and underweight according to the length-for-age and weight-for-age charts.

Toman

- a) His length-for-age has been consistent, staying very close to the 1 z-score line.

b) No problem or risk of a problem is evident on the length-for-age chart.
- a) Toman's weight is increasing too rapidly in relation to his age. His weight-for-age line has crossed the 2 z-score line and continued rising.

b) The weight-for-age chart shows that Toman is very heavy for his age, but a judgment of whether he has a problem with overweight should be based on his weight-for-height or BMI-for-age.
- a) Toman's weight is increasing too rapidly in relation to his length. His weight-for-length has crossed the 2 z-score line and reached the 3 line.

b) The weight-for-length chart shows that Toman is overweight and is at risk of becoming obese.
- Toman has grown normally in length, tracking along line 1 z-score. But his weight has increased too rapidly for his length and his age, as shown on three of the growth charts (weight-for-age, weight-for-length, and BMI-for-age), where his growth lines are near or on the 3 z-score line. He is overweight and has a definite trend towards obesity.

Answer Sheets for Sessions 8, 13 and 23

Exercise 8.a Asking open questions

How to do the exercise:

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

Example:

'Closed' Question

Do you breastfeed your baby?

'Open' Question

How are you feeding your baby?

To answer:

'Closed' Questions

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

Suggested answers for 'Open' Questions

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

Exercise 8.b Reflecting back what a mother says

How to do the exercise:

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

Example:

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

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

To answer:

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

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

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

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

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

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

Your husband wants you to stop breastfeeding your baby?

Exercise 8.c Empathizing - to show that you understand how she feels

How to do the exercise:

Statements 1-4 are things that mothers might say.

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

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

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

Example:

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

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

To answer:

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

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

2. My breast milk looks so thin - I am afraid it is not good.

- a. That's the foremilk - it always looks rather watery.
- ✓ b. You are worried about how your breast milk looks?
- c. Well, how much does the baby weigh?

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

Possible answers include:

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

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

Possible answers include:

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

Exercise 13.a Accepting what a mother THINKS

How to do the exercise:

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

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

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

Example:

Mother of a six-month-old baby:

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

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

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

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

To answer:

- | | | |
|---|--|------------------|
| 1. Mother of a one-month-old baby:
"I give him drinks of water, because the weather is so hot now." | "Oh, that is not necessary! Breast milk contains plenty of water." | <i>Disagrees</i> |
| | "Yes, babies may need extra drinks of water in this weather." | <i>Agrees</i> |
| | "You feel that he needs drinks of water sometimes?" | <i>Accepts</i> |
| 2. Mother of a nine-month-old baby:
"I have not been able to breastfeed for two days, so my milk is sour." | "Breast milk is not very nice after a few days." | <i>Agrees</i> |
| | "You are worried that your breast milk may be sour?" | <i>Accepts</i> |
| | "But milk never goes sour in the breast!" | <i>Disagrees</i> |

How to do the exercise:

Examples 3-5 are some more mistaken ideas which mothers might hold. Make up a response that accepts what the mother says, without disagreeing or agreeing.

Example:

- | | |
|--|---|
| Mother of a one-week-old baby: "I don't have enough milk because my breasts are so small". | <i>"Mm. Mothers often worry about the size of their breasts?"</i> |
| | <i>"I see you are worried about the size of your breasts"</i> |
| | <i>"Ah ha"</i> |

To answer:

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

Exercise 13.b Accepting what a mother FEELS

How to do the exercise:

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

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

Example:

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

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

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

To answer:**Story A.**

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

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

Story B.

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

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

Exercise 13.c Praising what a mother and baby are doing right

How to do the exercise:

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

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

Example:

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

Mark the response which praises what she is doing right.

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

To answer:

Story C.

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

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

Story D.

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

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

Exercise 13.d Giving a little , relevant information

How to do the exercise:

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

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

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

After the description of each mother there are six letters.

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

To answer:

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

Exercise 13.e Using simple language

How to do the exercise:

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

Example:

Information:

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

Using simple language:

“The first yellowish milk that comes what a baby needs for the first few c

To answer:

Information:

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

Using simple language:

“Breast milk alone is all a baby needs until he is about six months old.”

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

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

Exercise 13.f Making one or two suggestions, not commands

How to do the exercise:

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

Rewrite the commands as suggestions.

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

Example:

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

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

To answer:

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

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

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

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

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

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

Exercise 23.a Accepting what a mother THINKS

How to do the exercise:

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

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

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

Example:

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

“You are worried about giving him milk?” *Accepts*

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

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

“Yes, fat babies tend to turn into fat adults.” *Agrees*

To answer

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

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

“Oh, no, you must not give him less breast milk. That is a bad idea.” *Disagrees*

“I see...” *Accepts*

“Yes, sometimes babies do get full up on breast milk?” *Agrees*

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

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

“Yes, often foods can make the diarrhoea worse.” *Agrees*

“You are worried about giving foods at the moment?” *Accepts*

“But solids help a baby to grow and gain weight again – you must not stop them now.” *Disagrees*

How to do the exercise:

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

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

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

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

“You feel unsure if your child is getting enough to eat?”

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

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

Exercise 23.b Accepting what a mother FEELS

How to do the exercise:

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

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

Example:

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

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

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

To answer:

Story A.

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

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

Story B.

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

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

Exercise 23.c Praising what a mother and baby are doing right

How to do the exercise:

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

Example:

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

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

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

“Your child is growing well on the food you are giving him.”

To answer:

Story C.

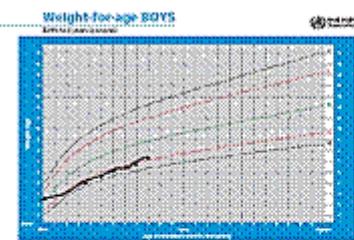
A 15-month-old child is breastfeeding and having thin porridge and sometimes tea and bread. He has not gained weight for six months, and is thin and miserable.

“It is good that you are continuing to breastfeed him at this age.”

Story D.

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

“Your baby gained weight last month on the food that you are offering him.”



Exercise 23.d Giving a little, relevant information

How to do the exercise:

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

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

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

After the description of each mother there are four letters.

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

To answer:

Mothers 1-4

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

Information

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

Exercise 23.e Using simple language

How to do the exercise:

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

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

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

Example:

Information:

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

Using simple language:

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

To answer:

Information:

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

Using simple language:

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

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

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

Exercise 23.f Making one or two suggestions, not commands

How to do the exercise:

Below are some commands which you might want to give to a mother. Rewrite the commands as suggestions.

Example:

Command:

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

Suggestions:

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

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

To answer:

Command:

1. “You must use thick foods.”

Suggestions:

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

“Family foods with a thick consistency nourish and fill the child.”

“Would you be able to use thicker foods?”

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

“Increasing amounts of food helps a child grow.”

“Could you give your child a full bowl of food at mealtimes?”



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